Innovation Leadership and Employee Behaviours in Nurse Recruitment in Saudi Arabian Hospitals: A Qualitative Study.

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ABSTRACT

Nursing shortages are a global issue, and Saudi Arabia is no exception as attracting and retaining nurses have become increasingly difficult for Saudi hospitals. As only a few studies have explored innovation as a solution to resolving nursing shortages, this study therefore aims to explore the factors which impact innovative practices in nursing recruitment in the Saudi healthcare system. It does so from the perspective of Saudi staff, inclusive of both managers as well as those they manage. The study has four objectives: to understand the effects of culture on leadership and staff innovation; to explore how leadership practices shape innovation; to understand the concept of innovation from the perspective of Saudi staff; and to identify and overcome barriers to innovation practices in the recruitment and nursing staff. The study employed a qualitative research design using semi-structured interviews, and included a sample of 20 managers and staff in total. The sample was drawn from two divisions at two hospitals in Saudi Arabia: recruitment management, and nursing management. Thematic analysis was used to analyse the data, and the findings indicate that there is a general lack of understanding of the concept of innovation among the staff. In addition, the results suggest that there are certain conditions which need to be met in order for innovation to be encouraged to help solve the nursing shortage problem. The findings also indicated that the characteristics of Saudi healthcare leaders, which can be described as primarily a transactional style of leadership, actually hinders innovation in nursing and recruitment departments. Moreover, this was also found to negatively impact other aspects of the work environment and staff motivation, which hinders innovation further. In relation to culture, the present study found that aspects of Saudi society such as personality, belongingness, religion, education and family can have a negative impact on innovation in terms of nurse recruitment. Finally, the present study offers a number of practical implications, and outlines several areas which future researchers may wish to address.

CHAPTER ONE: Introduction

1.1 Introduction

Saudi Arabia's healthcare system aims to provide effective and efficient healthcare services to all Saudi citizens. Accordingly, in line with the fast-growing population of Saudi Arabia, the Saudi government has allocated a significant percentage of its budget to healthcare provision. Saudi Arabia provides free healthcare access for all Saudi citizens, as well as non-Saudi citizens who work in the public sector. This is administered via the Ministry of Health (MoH). It has been reported that 9.20 % of the government's expenditure goes to financing MoH healthcare services (MOH annual book, 2018). Furthermore, Saudi Arabia has ambitious plans to undertake a national transformation, an important process arising from the "Saudi Vision 2030" initiative. The vision has many significant goals, and one of the primary goals is to reduce the dependence on oil sectors by finding alternative sources of wealth creation and subsequent corporatisation thereof. The majority of the government sectors such as the healthcare system have begun planning for corporatisation and have, in tandem, expanded their services. Furthermore, in line with the ambitions of the Saudi Vision 2030 objectives, the aforementioned expansion of services has been undertaken in order to improve the quality of services more generally. These plans and reforms have been set because the government is keenly aware of the impending future demands on the Saudi healthcare system. For instance, the Saudi population (which is expected to be 39.8 million by 2025, and 54.7 million by 2050) will see a marked increase in the number of aged persons in Saudi society. Hence, it is imperative to have a healthcare system which is able to cope with this future demographic scenario, and to that end the necessary improvements to Saudi healthcare services have already begun (Alluhidan et al. 2020).

Nursing plays a significant role in providing safe and effective in-patient hospital care. Without sufficient numbers of suitably qualified nursing staff, hospitals will not be able to provide adequate quality services. There is an important link between quality healthcare services and qualified nursing staff who are satisfied and thus

retained. This is because nursing has been considered one of the more important roles within Saudi healthcare and thus constitutes the largest staff numbers therein. Hence, government health care reform plans must consider and focus upon the nursing sector if they are to be successful. To that end, a critical issue is the ability to provide qualified nurses and retain them within the Saudi healthcare system for a long time in order to reduce the long-term costs for the healthcare system (Alluhidan et al. 2020). However, nursing shortages have become a global problem which affect many countries in the world (Marć et al. 2019). Saudi Arabia is not immune to this global problem, and thus needs to develop innovative ideas in order to solve this problem. In 2018, Saudi Arabia undertook a wide-ranging statistical analysis and found that there are 184,565 nurses within the kingdom, but only 70,319 (around 38%) were Saudi citizens whilst the rest were foreign. The most recent statistics show that there are 1.2 nurses per 1000 inhabitants (Alluhidan et al. 2020).

Innovation and creativity can have a significant influence on healthcare provision, and this is a global phenomenon. In particular, this impacts upon nursing recruitment around the world. Innovative practices may generate useful ideas, improve the quality of the provided services, and minimise costs. Innovation refers to changes which can be undertaken in various forms. These can include: products and services; processes (a change in the mechanisms used to generate and deliver services and products); positional (a change in the setting of the products and services); or, paradigmatic (a change in the hidden mental model of the organisation) (Tidd et al. 2005).

Based on my work experience in many Saudi hospitals, where I held different positions in Human Resources and hospital administration, I observed several different issues in relation to nursing shortages, leadership roles, and innovative practices. This led me to focus my attention on this topic and, more specifically, to consider these areas in the context of Saudi hospitals. Nursing shortages are a problem that I continuously encountered and which Saudi hospitals, most if not all, are susceptible to. The number of Saudi nurses is limited and therefore there is an ongoing need to attract foreign nurses from a number of countries in order to cover shortfalls in the number of available nursing staff. The necessity of attracting and

retaining nurses means that Saudi hospitals face several pressures in terms of time and cost and therefore, as I noticed during my working experiences, most hospitals engage in continuous advertising in order to recruit nurses. Furthermore, hospitals undertake recruitment trips to recruit international nurses many times a year. Latterly, this is costly for the hospitals as well as the Saudi Arabian healthcare system more generally. Despite the efforts which have been made to retain and recruit nurses, Saudi hospitals still struggle to retain them and there is a high turnover of both Saudi and non-Saudi nursing staff. This has resulted in serious problems which require prompt solutions. For example, one of the problems in the previous hospital where I worked was a necessary reduction in accepting patients to ICU departments due to high turnover rates amongst nursing staff which was compounded by the fact that there was a persistent inability to attract suitably qualified nurses to this particular area. Another serious issue is that due to ongoing nursing shortages, hospitals frequently have to delay or jettison planned expansions of various departments.

Beyond nursing shortages, I also observed issues in relation to the role of leaders and employees in Saudi hospitals. Leaders (whether managers or directors) tend to set guidelines, goals, and give instructions to employees. The employees' duties are to follow these instructions and accomplish the dictated goals. Therefore, a lack of communication and interaction between the workers and top-level managers was noted. Additionally, most managers and directors in Saudi Arabia do not encourage innovative practices nor support change. Consequently, the healthcare services provided do not always meet expectations. When factored together, this leads to workplaces becoming disappointing environments for some healthcare workers. Influenced by numerous issues which I observed during my professional career, I became motivated to search the literature in relation to attitudes towards innovation and nursing. Upon commencing my search of related literature, I came to realise that this area is one of the least explored areas, especially in the Saudi context. Furthermore, I realised that there were/are various gaps that need to be addressed in terms of addressing nursing shortages, challenging attitudes, and encouraging innovative practices. To that end, I undertook this study in order to address the aforementioned gaps. Therefore, this study has been conducted to explore innovation in the area of nursing recruitment

within Saudi hospitals from the perspective of the Saudi staff themselves. Its primary aim is to explore the factors which impact upon innovative practices in nursing and recruitment within the Saudi healthcare system but from the perspective of Saudi staff, both managers and those they manage.

1.2 Rational for choice of topic

The current nursing shortage is a global problem, and most countries face similar challenges when it comes to recruiting and retaining qualified nurses. Armmer (2017) has argued that the shortage in nursing will be an ongoing problem which may last for many decades. Similarly, the World Health Organisation (2020) has, alongside its institutional partners, called for urgent investment in nurses given that all countries, particularly developed and developing countries, have marked shortages of nursing staff (Aboshaiqah 2016). The World Health Organisation (WHO) has produced a report in conjunction with the International Council of Nurses (ICN) wherein they found that there are just 28 million nurses around the world, and that the world needs at least 5.9 million more to fill the ubiquitous gaps. This is especially true in the Eastern Mediterranean region, Africa, South East Asia, and some parts of Latin America. Furthermore, an additional threat to the nursing workforce is ageing: globally, one in six nurses is expected to retire in the next 10 years. The report asserted that those countries experiencing acute nursing shortages will have to work diligently on three important issues, namely increasing the number of nursing graduates by 8% per year, improving the ability to recruit nurses, and retain qualified nursing staff (WHO 2020).

As indicated, the problem of nursing shortages is not only limited to Saudi Arabia: rather it is universal albeit to greater or lesser extents depending on local circumstances. Saudi Arabia consistently faces challenges when it comes to recruiting and retaining qualified nurses. According to Alluhidan et al. (2020, p. 2) in '2018, KSA had a total of 184,565 nurses, however only 70,319 (around 38%) were Saudi citizens. Some 62% of Saudi nurses are female, compared with 90% of foreign nurses. Foreign nurses (nurses with non-Saudi citizenship) are predominantly Indian, Philipino, and Malaysian'. There are many reasons for shortages of both Saudi and non-Saudi nursing staff, such as culture, the working hours, and various other reasons which will be mentioned later.

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According to Falatah et al. (2018), a substantial portion of medical staff in Saudi Arabia, such as nurses and doctors, prefer to go to Western countries for career progression and professional education. This is a risk indicator for the future. Indeed, Saudi hospitals have deliberately increased their budgets to attract staff from outside of the country due to the Saudi hospital staff shortages. However, non-Saudis face many challenges when dealing with Saudi patients owing to often marked language and cultural differences. Alluhidan et al.'s (2020) study, which summarises the evaluation of current challenges in the area of nursing in Saudi Arabia as considered by the Saudi Ministry of Health (MOH) and the Saudi Health Council's (SHCs), highlights high turnover in both Saudi and foreign nurses to be one of the key challenges. Between 17 to 60% of nursing staff per year go abroad, and this is also tied to nursing staff who have an average of four years working experience. This high turnover in nursing gives indications that nursing as a profession is not a preferable career: rather, it is seen as one with low earning potential and is undervalued by society. In a recent study, Al-Dossary (2018) found that people who are responsible for nursing policy-making must prioritise the strategic development of the nursing sector within Saudi Arabia immediately. This must be done in conjunction with clear educational and practical guidelines to meet the 2030 Vision for Saudi Arabia. In this study, Al-Dossary investigated the current progress of the transformation of the nursing profession in Saudi Arabia. To do this, she reviewed a number of related studies conducted between 2001 and 2017, utilising databases such as Medline, PubMed and PsychInfo.

The many challenges facing nursing recruitment, chronic shortages, and ongoing retention problems in Saudi Arabia will necessarily require innovative solutions. To that end, the best people to find such solutions are likely to be staff involved in recruiting nurses, namely the Nursing and Recruitment Departments respectively. The first step to the successful practice of innovation within hospitals includes examining barriers at cultural, hospital, managerial, and individual levels. Additionally, this research study intends to explore the attitudes towards innovation within the context of hospital leadership and its broader impact upon employee behaviour in the recruitment of nursing staff for Saudi hospitals.

1.3 Significance of the study

Many studies have examined a number of factors which can have an influence upon leadership and innovation, but with a primary focus upon leadership style. However, only a small number of studies have examined the role of culture and its impact upon innovation. There is a significant paucity of research examining attitudes towards innovation specifically in relation to hospital leaders and their impact on staff behaviours. To that end, my study is unique since it not only aims to explore attitudes towards innovation and its impact upon staff behaviour, but it further extends and explores the barriers to innovation in the area of nursing recruitment, by examining cultural, organisational, and individual factors.

In reference to the Saudi context, most studies found in the literature are quantitative in nature. This, therefore, afforded participants little space to offer their own insights, perspectives, and opinions on the topic under examination: specifically, most quantitative data collection methods are unsuited to this. Hence, participants' voices have not been fully explored from a qualitative perspective. My study is different from previous studies given that it has employed qualitative methods of data collection using semi-structured interviews. It aims to provide an in-depth understanding about barriers to innovation in nursing recruitment by providing a detailed analysis of this problem. Thus, it addresses this particular gap in terms of methodology and methods of data collection.

1.4 Research aims and objectives

This research aims to explore the factors which impact innovative practices in nursing recruitment in the Saudi healthcare system from the perspective of Saudi staff, both managers and those they manage. The key objectives are:

• To understand the effects of culture on leadership practices and staff innovation;

• To explore how leadership practices shape innovation in the recruitment of nursing staff in Saudi hospitals;

• To understand the concept of innovation from the perspective of Saudi staff within the context of Saudi hospitals;

• To identify and overcome barriers to innovation practices in the recruitment of nursing staff in Saudi hospitals

1.5 Research Questions

This study attempts to answer three main questions which were developed for the purpose of fulfilling the aim and objectives of this study. They are:

1. What is the perceived relationship between Saudi Arabian culture and innovation for those in leadership positions, and for others involved in nursing and recruitment?

2. To what extent do Saudi healthcare leaders influence innovation behaviours in the area of nursing recruitment?

3. How do Saudi healthcare workers in leadership positions, and those they work with who are involved in nursing recruitment, understand, perceive, and deal with innovation?

1.6 The structure of the thesis

This thesis consists of nine chapters. The first chapter introduces the topic of this thesis and outlines the rationale for choice of topic, the significance of the study, and the research aims and objectives. It also presents the research questions this study will address. The second chapter includes the context of the study and covers the following sections: demographics, culture, healthcare system, nursing, human resources practise, leadership, and the context of the hospitals in Saudi Arabia where the study was carried out. In addition, it will define the concepts used in the research, including culture, leadership, leadership theories, innovation, innovation theories, and national culture.

Chapter Three contains two main sections. The first section presents a detailed strategy of the literature search, while the second section critically evaluates the literature which covers the following themes: leaders' attitudes and skills, and how they are related to innovative worker behaviour; the impact of culture on leaders' attitudes toward innovation behaviours; leadership and innovation in the context of

Saudi Arabia; Saudi leadership characteristics; and innovation and nursing recruitment in the context of Saudi Arabia. The fourth chapter describes the methodology of the study and includes theoretical considerations explaining the study's epistemological, ontological and axiological stance, and the researcher's theoretical lens and ontological, theoretical, and methodological "fit". It also discusses the paper's research procedures, including its qualitative descriptive design, sample selection method, the study setting, and the data collection and analysis procedures. It goes on to outline the process used to conduct the interviews, and examines the ethical considerations. Enhancing the quality of the study through reflexivity, the researcher's performance as a novice interviewer, and insider status.

The fifth, sixth and seventh chapters highlight the findings of this research, with each focusing on a different theme and sub-themes. Chapter Five presents theme one, which is concerned with Saudi factors that impact innovation, along with three sub-themes: Saudi culture frustrates innovation, the influence of Saudi education on attitudes to innovation and the self and others as a hindrance to innovation. Chapter Six presents theme two, which addresses how organizational culture impacts innovation, and three sub-themes: hospital culture and orientation may deter innovative practice; hospital systems impact innovation; leadership and management perspectives have different impacts Chapter Seven presents theme three, which explores the ambiguous nature of innovation in Saudi hospitals, and comprises three sub-themes: competing conceptualisations of innovation; accounts of innovation in relation to nursing recruitment; and overcoming barriers to innovation. The eighth chapter presents a discussion of the findings, and answers the three main research questions of this thesis. The final chapter provides a number of conclusions based on the findings and includes a summary of the results. It will also discuss the research's practical implications, outline its limitations, and outline a number of suggestions for potential future avenues of research.

CHAPTER TWO: The context of the study

2.1 Introduction

This chapter presents information regarding the context of this work. It presents pertinent demographic information about the Kingdom of Saudi Arabia in general before discussing the Saudi Arabian healthcare system more specifically, particularly with respect to information relating to nursing and nursing recruitment in Saudi Arabia. The next section examines the relevant Human Resources roles and regulations in Saudi Arabia including the role of human resources management (HRM), the role of HR professionals, and the place of HR in recruitment. This is followed by an introduction to various pertinent aspects of Saudi culture, beginning with a brief definition of the concept of culture as used in this work, along with the dimensions of Hofstede's (2009) model, followed by a definition of leadership and an introduction to leadership theories. After that, innovation is defined as a concept and theories of innovation are presented, followed by a discussion of national culture and its impact on innovation. Finally, the chapter offers some more detailed context of the hospitals where the current study was carried out, before ending with a summary of all information covered.

2.2 Demographics of Saudi Arabia

As one of the largest countries in the Middle East, Saudi Arabia is located in the far eastern part of South Western Asia. The total land area of Saudi Arabia is 2,218000 km^2, and is divided into 13 administrative regions (see Figure 1 below)

Figure 1

Although the Arab peninsula is an old region, Saudi Arabia, as a nation-state, is new. King Abdul-Aziz Al Saud, the first Saudi leader, unified the people and the tribes under the statehood of "Saudi Arabia" in 1932. It should be noted that 'the official religion in Saudi Arabia is Islam, and most citizens, if not all, are Arabs and Muslims' (El Mallakh 2015, p. 25).

The Saudi General Authority for Statistics released the latest annual population figures for 2020, which amounted to 35,013,414 for that year. 20 million of the Saudi population are male, whilst almost 15 million are female. The annual growth rate of the Saudi population is 2.11% (SAMA 2013; Alroqi 2017). The rapid growth of the Saudi population has resulted in increased pressure on the healthcare system, especially since most Saudi healthcare providers are public.

2.3 The Saudi Arabian healthcare system

Saudi Arabia is usually associated with oil production since the economy of Saudi Arabia largely depends upon oil production: indeed, it comprised of more than 95% of its exports and almost 70% of its revenues (Colliers International 2012; Aldawood 2017). This has resulted in economic growth which, in turn, gives a strong focus upon and priority to healthcare services. It has been reported that 9.20 % of government expenditure goes to MOH healthcare services (MOH annual book 2018, p.40). According to the WHO, the Saudi Arabian healthcare system is ranked 26th amongst 91 healthcare systems worldwide.

The commencement of public healthcare services in Saudi Arabia date back to 1949 when there were only 111 doctors and almost 100 beds (Sebai et al. 2001). Since then, the country has worked to develop its healthcare system until its present situation which sees a massive number of medical staff being employed: namely, 104,775 physicians, 184,565 nurses, 29,125 pharmacists, 124,312 health allied personnel, and 72,981 beds in 2018. Saudi Arabia provides free healthcare access for all Saudi citizens and non-Saudi citizens who work in the public sector. However, healthcare insurance applies to non-Saudi citizens who do not work in the public sector, or usually work in the private sector (Al-Yousuf et al. 2002; Aldossary et al. 2008).

The Saudi Ministry of Health has many roles, including: managing the Saudi healthcare system; planning and setting strategies and health policies; and, controlling and monitoring all healthcare activities. There are three providers of healthcare services in Saudi Arabia: The Ministry of Health (MOH); other government agencies; and, the private sector (Al-Yousuf et al. 2002). First, the MOH provides almost 59% of all healthcare services in Saudi Arabia (MOH annual book, 2018). The MOH provides the services through primary care centres around the Kingdom under a referral system linked to the general and specialist hospitals when a case is either critical or advanced (Abu-Zinadah 2006; Aldossary, et al., 2008). The MOH has 19 health regions and is managed by one director. Every region has many health sub-sections and there is at least one general hospital and a number of health schools and centres within each section (Al Yousuf et al. 2002). The second healthcare provider is government agencies. These hospitals provide services to their employees and their families directly, such as Military hospitals, National Guard hospitals, security forces hospitals, University hospitals, Saudi Aramco, and other commissions or organisations. Around 17% of the total services are provided by these entities (MOH annual book 2018, p 41). The third healthcare provider is the private hospital sector, which provides healthcare services for people who want to have quick access, or who have private healthcare insurance such as is found amongst private companies' employees and their families. The Saudi government is a strong supporter of private hospitals: in reflection of this, it has established a finance programme to support businessmen who want to start

this type of business. Private hospitals provide almost 24% of the total healthcare services in Saudi Arabia (MOH annual book 2018).

Table 1 (MOH annual report 2018, p. 41)

Healthcare Services providers in KSA	Number of hospitals	Number of beds	Rate of provide health service in Saudi Arabia
Ministry of Health	284	43680	59%
Other government agencies	47	12662	17%
Private sector	163	18883	24%
	494	72981	100%

At present, the Saudi government is working to improve this huge ministry as well as the responsibilities that is expected from it in every region. The vision of 2030 has set some strategic initiatives for healthcare system in Saudi Arabia. One such initiative is 'the separation of healthcare services from the Ministry of Health, and transferring those services to Accountable Care Organisations (ACOs) that compete on the basis of quality, efficiency, and productivity' (National Transformation Program Document 2018, p.17). This initiative has already been implemented in some MOH hospitals and other government agency healthcare providers. Recently, Saudi Arabia has been working to create radical change in line with the vision of 2030. The Vision of 2030 is an ambitious one which covers many significant issues, for instance, following a plan which strives to enhance and improve healthcare quality and prepare healthcare sectors for privatisation in the future. Improving quality will be done through the expansion of various digital services in order to reduce delays and cut tedious bureaucracy which can be automated and/or streamlined substantially. In addition, Saudi Arabia is working on the development of private medical insurance. The vision also states that the 'government is welcoming any ideas that help to improve in any sector.' (Vision, 2030, P.7). Another initiative in healthcare transformation 'aims to establish a national centre to encourage and foster creativity and innovation in healthcare (National Transformation Program Initiative 2018, p.19). Influenced by the 2030

Vision, the current orientation of the Saudi government and health ministry emphasises innovation to find solutions for various challenges which will require innovative solutions. This encourages leaders and staff to look at the bigger picture in terms of the nursing shortage challenge, and from that macro-level perspective then come up with innovative ideas for improving hospital care by attracting Saudi nurses and retaining nurses more generally. If this can be accomplished, it will help to reduce the cost for bringing in nurses from other countries and eliminate their high turnover rates.

2.4 Nursing in Saudi Arabia

When discussing nursing in Saudi Arabia, Saudis tend to refer to nurses in Islam who accompanied armies and caretakers and provided services to members of the Muslim armies injured in wars during the era of the Prophet Mohammed. In peace times, female nurses were working as midwives and serving the sick. Recently, following the establishment of Saudi Arabia, there were unorganised activities for nursing, such as working individually and volunteering. In 1985, formal training for nursing started at a formal health institution established under the Ministry of Health (MoH) in Riyad, the capital of Saudi Arabia. This institution worked and cooperated with the WHO. During that time, only fifteen male students were enrolled in a one-year nursing programme after having finished their schooling. Following this, other programmes were also run in some cities in Saudi Arabia. Subsequently, King Saud University ran a Bachelor's degree programme in Nursing in 1976, and followed this with a Master's programme in 1987. Beyond this, King Abdulaziz University in Jeddah and King Faisal University in Dammam also developed colleges for nursing and began delivering Bachelor's programmes in 1977 and 1987, respectively. King Abdelaziz University's Bachelor's programme commenced with only six Saudi female students (Tumulty 2001). Today, in Saudi Arabia, the total number of nurses is 184,565; and 97,713 of them are Saudis. These numbers are divided amongst three health care providers in Saudi Arabia (see Table 2), and are simply not enough to meet Saudi Healthcare needs. This needs gap will only increase as planned improvement and expansion of services begins to be implemented (Gazzaz 2009: AlMadani 2015).

Table 2 The total number of nurses in three Saudi health care providers (MOH annual report 2018, p. 43-44).

Providers	N	Saudis	Non-Saudis
Ministry of Health	105,493	62,662 (59.4%)	42,831 (40.6%)
Other Government Providers	35,697	5,925 (16.6%)	29,772 (83.4%)
Private Sector	43,395	2126 (4.9%)	41,269 (95.1%)
Total	184,565	79,713	113,872

2.5 Nursing recruitment in Saudi Arabia

After reviewing the related literature and identifying the gaps, specifically to explore Saudi culture and attitudes towards innovation amongst hospital staff, I identified the importance of addressing this gap in order to solve the challenges of nurse recruitment which, frankly, demands innovative solutions. The study explores innovative practice in the area of nursing recruitment where it is applied to both the managers and those lead in the nursing and recruitment departments.

There is no doubt that nurses play an important role in the healthcare systems as they always form the front line amongst all healthcare practitioners. They play a significant role in delivering effective care. Nurses constitute the largest group of healthcare staff who provide care directly to patients. Regarding nursing recruitment, Aboshaiqah (2016) has indicated that Saudi Arabia faces a problem in attracting and retaining Saudi nursing staff. Aboshaiqah (2016) investigated nursing shortages in Saudi Arabia and proposed several solutions. He reviewed the literature on nursing shortages in Saudi Arabia published between 1993 and 2013 and found that there were various social and cultural factors behind Saudi nursing shortages. Moreover, he saw that Saudi Arabia depends heavily upon expatriates to keep its healthcare system running. He also found that there is a shortage of Saudi nurses due to various reasons, such as socio-cultural factors, education opportunities, and working environments. This shortage has a direct

impact on healthcare services. The factors contributing to Saudi nursing shortages are culture and beliefs; a negative image of nurses; work environment; and, the expatriates. AlYami et al. (2014) published an overview article about nursing in Saudi Arabia with the thesis that Saudi Arabia depends on expatriate nurses in their health system and thus recruits nurses from different countries (with over more 52 nationalities employed at the time of writing). These nurses were mostly women. In Saudi Arabia, foreign nurses from Western countries enjoy better benefits and privileges than indigenous nurses. Based on my own work experience in HR in many hospitals in Saudi Arabia, I can testify that there are different salary scales and that these were created based on two factors: staff qualification level, and the level of development of their respective home countries. Examples of these salary scales are as follows: Western salary scale, Middle Eastern salary scale, Far Middle Eastern salary scale, and the Saudi salary scale. Aboshaiqah (2016) has proposed a number of solutions for the shortage of Saudi nurses, namely: innovative ideas for clinical education; supporting nurses' training programmes; reviewing the nurses' course curricula; and, providing friendly schedules for nursing staff enabling them to use their time effectively by way of attending more training, workshops and seminars.

Lamadah et al. (2014) explained the challenges facing nursing in Saudi Arabia and indicated that the primary challenge is nursing education. In Saudi Arabia, there are many educational providers for nursing, such as the Ministry of Health, Education Ministry, and other sectors. This problem requires a long-term plan in order to avoid the overlapping and differentiation of the outcome. The second challenge is hospital-based education, which means that nurse satisfaction and retention in the organisation are based on training and continuous education. The third challenge is poor working conditions, which is related to unacceptable social factors such as gender-mixing, long working hours, and different shifts. This also can have an effect on the mother nurse in terms of her duty to take care of her own family also, thereby leading to hospitals losing nursing mothers. The fourth challenge is nurse turnover, which leads to staff shortages, onerous workloads, financial problems, and low-quality healthcare services. The fifth challenge is nursing policies and regulations, which are concerned with nurses' satisfaction and retention, and how work is required to improve nursing policies in areas such as:

life-long professional development; work environment; career pathways; flexible scheduling; and, competitive salaries. The sixth challenge is the wider social rejection of nursing within Saudi Arabia, which is related to the public image of nurses in Saudi Arabia. Saudi culture itself contributes to this social rejection as it places some restrictions on women working in some places. This idea was clearly stated by Lamadah et al. (2014): "society looks at nurses with some suspicion and disrespect so that girls are afraid of joining nursing even if they like it" (Lamadah et al. 2014, p. 22). However, when looking at Islam apart from Saudi culture, we can note that nurses in Islam have a respectable reputation. In the Prophet Muhammad's time, for example, there were nurses who served soldiers in Muslim armies during wars (AlYami et al. 2014).

The seventh challenge is language of communication, which refers to the fact that most nurses in Saudi Arabia are expatriates which, in turn, means that their native language is not Arabic or English. This decreases both the patients and their family's satisfaction as they can only communicate using the Arabic language. The final challenge is individual challenges faced by student nurses themselves. Some nurses are afraid of the society, afraid of failure, and/or from taking risks or experiencing difficulties.

One more important challenge to have emerged lately is the COVID-19 pandemic. This pandemic has massively impacted upon countries in many different ways, including healthcare systems and hospitals, the number of people dying, and the immense volume medical resources consumed. In relation to healthcare providers, it has an effect on one important aspect, namely the nursing staff since it is they who were on the frontlines helping anyone who had been affected by the disease. Al Thobaity and Alshammari (2020) reviewed 56 articles published between December 2019 to April 2020, in English and in peer-reviewed journals. Each of these studies were focused upon the challenges facing nurses during the COVID-19 crisis across the world. It was concluded that nursing shortages is prevalent amongst the other issues also facing hospitals. Latterly, this includes: a shortage in beds, medical supplies, and personal protective equipment; psychological deterioration; and nurses' valid fears of infection and thus premature death. In Saudi Arabia, the nursing shortage had been a challenge even before the onset of

the COVID-19 pandemic. Consider Aboshaiqah and Alghamdi (2020, p.34): "[Saudi Arabia] has a shortage of registered nurses at only 57/10,000 population compared to the US at 98/10,000 or Japan at 112/10,000 population. Therefore, health care sectors in Saudi Arabia require an additional 54K nurses by the end of 2022 to achieve the target of 70 nurses per 10,000 population as an international benchmark".

Furthermore, during the pandemic, Saudi health systems faced shortages in nursing because nurses had to deal with an increased number of infected cases. Aboshaiqah and Alghamdi (2020, p.6) noted: "Whilst most of the covid-19 patients appear with mild symptoms and isolate themselves at home and recover with a week or two, there are some groups of people who experience serious Covid-19 symptoms and require hospitalisation for sure". Thus, it is clear that there is a serious challenge facing the Saudi healthcare system, and that there is therefore am urgent need to explore factors which encourage innovation solutions in the area of nursing shortages. Thus, this research aims to explore the factors which impact upon innovative practices in nursing recruitment within the Saudi hospital setting, and specifically from the perspective of Saudi staff, both managers and subordinates.

2.6 Human resources regulation in Saudi Arabia

Currently, in Saudi Arabia, there are two legal employment framework systems in operation. First, the Civil Service system which works under the auspices of the Ministry of Civil Services. Laws and regulations of civil services apply to all types of employees within government sectors. To explain further, recruitment in the government sector is subject to the regulations of civil services regulations. This employment system was founded in 1929, and its role was to 'follow-up and maintain public employee affairs, and public service jobs' (Ministry of Civil Services). It also aims to ensure 'equal opportunities for all citizens in the selection and recruitment process as well as promotions, qualifications, training and other areas of the civil service' (Ministry of Civil Services). Second, the labour office

which works under the Saudi Ministry of Labour and Social Development. Regulations of the labour office apply to employees in private sectors. For example, the recruitment process in semi-governmental hospitals such as military hospitals, as well as some of the Health Ministry's hospitals is subject to the law and regulations of the labour office. Following the launch of the National Transformation Program (NTP) in 2016 (which aims to increase privatisation of government services) many organisations, ministries, and hospitals are being transferred to the system of labour office. One advantage of working under the labour office is providing organisations (such as hospitals who work under Civil Services) with more flexibility in setting their own rules under its expansive legal framework. These labour laws were introduced in 1968 and were referred to as the *Workers' and Labour Law* (Madhi and Barrientos 2003). The name was changed in 2005 to *Saudi Labour Law* (Mellahi 2007).

In relation to HR Management in Saudi Arabia, HR functioning depends upon the organisation of services, as well as the sector, size, culture, and philosophy. Based on my own experience, there are many different HR organisational charts in hospitals, and these usually reflect hospital management views towards HR. For instance, during my work in one of the hospitals, the Human Resource Management reported to the administrative assistant of the hospital Chief Executive Officer. Additionally, divisions of personnel, recruitment, manpower planning, government relations, and payroll operated under HRM. However, in other hospitals where I have worked, Human Resources functioned under the Financial and Administrative Executive Director. Moreover, divisions of recruitment, HR operation, employee relations, admin training, and government relations were under HRM's authority. Manpower planning reported directly to the CEO, and payroll reported to the financial director. The differences in management philosophies observed between these hospitals (and their vision concerning HR's position more broadly) were evident in the way they reported some of HR's divisions. In the military hospital, payroll work was conducted under the auspices of HR and it was responsible for employees' salary, benefits, and overtime. On the other hand, other hospitals follow different organisational patterns wherein payroll deals with money and thus has been put under the control of the financial department.

Moving beyond HR, a further example can be observed in international recruitment. In Saudi hospitals, for instance, international recruitment works under the leadership of HRM. This division is concerned with recruiting international medical staff due to the shortages of Saudi medical staff, especially in nursing. This section is important in hospitals where they have responsibilities to: make contracts with international agencies in order to provide nursing and other medical staff CVs; arrange with the concerned department (e.g., the nursing department) as to whether to make recruitment trip plans to bring nurses to the hospital itself, or undertake the interviews online (as happened during the Covid-19 pandemic); contact with the relevant government agencies to fulfil necessary visa requirements and prepare contracts with candidates. However, international recruitment in other Saudi organisations (e.g., banks) does not exist. This is because these sectors attract enough Saudi employees and are thus not looking to recruit international employees going forward. Hence, it is clear that the functions of HRM management are not fixed within Saudi Arabia, but they differ from one organisation to another.

2.7 Human Resources Management (HRM)

Human Resources Management relates to all issues of managing employees in companies, institutions, or organisations. It includes various activities such as strategy and knowledge, HRM development, manpower planning, recruitment, talent management, learning and training, rewards systems, employee relations, well-being, and providing employee services (Armstrong at al. 2014, p.4). According to Boxall and Purcell (2011), HRM 'refers to all those activities associated with the management of work and people in organisations' (Boxall and Purcell, 2011, p.1). The concept of HRM deals with policies, procedures, and practice which organise employees in order to achieve the necessary work (Boxall and Purcell, 2011, p.3).

HR functions are not always fixed. Rather, they differ from one firm to another and from small organisations to bigger ones. Generally speaking, HR functions in order to provide organisations and managers with pertinent and useful information, counsel, and services required in order to achieve the organisation's goals through its employees. HR activities can be divided into *transformational* and *transactional*

activities. Transformational activities (strategies) refer to activities that are aligned to the progress of the organisations strategies whilst transactional activity refers to activities responsible for delivering services such as training and development, recruitment, rewards, and employee relations (Armstrong et al. 2014, p. 38).

2.8 The Role of Human Resources Professionals

HR leaders, managers, or supervisors can play many significant roles. This includes supporting strategic organisational plans by working to achieve the employer's plans and targets. HR professionals provide services to their customers and thus play a significate role in change and innovation, or at least facilitation of the process (Armstrong, et al. 2014, p.43).

HR professionals should encourage innovation by proposing novel ideas or procedures which generate benefits for the organisation. Innovative ideas should be applied easily and successfully in a way that fulfils organisations' desires. They should also be beneficial for the organisation, for instance, innovative ideas that aim to reduce time wasted and/or facilitate work processes (Armstrong, et al. 2014, p.45).

2.9 Human Resources recruitment

Recruitment refers to processes used to attract candidates to apply for open positions. Suitable candidates need to have matching skills and competences in order to fit into the job quickly and well. This will help the organisation to have enough valuable staff as well as attract talented staff after vacant positions are advertised (Compton 2009, p.15-17). HR recruitment and selection processes are described as follows: 'Defining requirements, attracting candidates, sifting applications, interviewing, testing, assessing candidates, obtaining references, checking applications, offering employment, following up' (Armstrong, et al., 2014: p. 226). There is a joint role between the concerned department that has a vacant position and the HR department through the recruitment division (Compton 2009, p.22). In relation to the ongoing nursing shortages, those departments responsible for attracting new nurses are Recruitment and Nursing and they should co-operate to find and hire suitable staff in the most efficient way.

2.10 Definition of culture

This literature review identified that 'culture' or 'national culture' is a complex term; one that is defined differently by several researchers. In his discussion of the term, Williams (1977) considered it as one of the most complicated terms in the English language (Avruch 1998). The origin of the word culture comes from the Latin word 'cultus' which means care. It also stems from the French word 'colere' which means 'to till' as in 'till the ground'. Researchers such as Kroeber and Kluckhohn (1952) - two American anthropologists - attempted to provide an overview of the different definitions of the word culture and managed to find 150 definitions (Avruch 1998). However, I will only refer to selected definitions which I found relevant to the current study.

In 1871, Edward Taylor, a British anthropologist was the first to define the term "culture". According to him, culture refers to a complex idea covering knowledge, belief, art, morals, law, customs, and most abilities and habits obtained by man as a follower of (a particular) society (Tharp 2009). Another definition of the word culture was introduced by Hofstede (1980). For him, culture refers to collective notions that lie in the brains of a group of people and distinguish them from other groups. Similarly, Bik (2010) argued that every society has a culture that distinguishes it from other societies. Accordingly, culture includes a set of values, beliefs, behaviours and attitudes which members of a society share and thereby distinguishes them from other societies (Tian et al. 2018).

As illustrated by the above definitions, culture is a complex term which has been viewed differently by researchers. It includes several aspects which interrelate and which distinguish one culture from another. Given that this study aims to explore the factors which impact upon innovative practices in nursing recruitment in the Saudi healthcare system from the perspective of Saudi staff (both managers and those they manage), it is important to understand Saudi culture as it is one of the main elements shaping the attitudes and behaviours of Saudi people in workplaces such as hospitals. Thus, the next section explains the definition of the theory of national culture put forth by Hofstede and attempts to understand the impact of culture upon innovative behaviour within a society.

Hofstede was one of several prominent academic authors who proposed a number of dimensions by which to classify national cultures. In a series of studies, Hofstede (1979, 1980, 1982, 1983) investigated a number of national cultures: firstly with 40 cultures, then with another 52 (Hofstede 2009). In 1971, Hofstede was working as manager of personnel research and surveyed employee opinion in more than 70 national branches of IBM around the world. He visited Europe and the Middle East to conduct interviews and surveyed people's behaviour in large organisations and how they collaborated. He collected more than 100,000 questionnaires, one of the largest cross-national databases at that time. The result was that there is a significant difference between national cultures in a range of organisations, but he obtained the same ranking of answers by country. Between 1979 and 1980, he worked on his data and connected it with literature in psychology, sociology, political science, and anthropology for an expansion of his project. He finally published his findings in a book named *Culture's Consequences*. Consequently, he identified four cultural dimensions which are related to anthropological/societal issues: Power Distance; Uncertainty Avoidance; Individualism versus Collectivism; and, Masculinity versus Femininity (Hofstede and Bond 1984). Hofstede (1993) recently added a fifth dimension, namely long-term orientation. Most recently, in the 2010 edition of *Cultures and Organisations: Software of the Mind*, Hofstede added a sixth dimension, that is indulgence versus self-restraint. Table 6 below is adopted from Hofstede (2009) and House et al. (2002). It presents definitions of Hofstede's cultural dimensions of a society or national group.

Table 3 Definitions of Hofstede's cultural dimensions

Power Distance	**"The degree to which members of a collective expect power to be distributed equally" (House et al., 2002, P. 6).**
Uncertainty Avoidance	"The extent to which a society, organisation or group relies on social norms, rules and procedures to alleviate unpredictably of future event" (House et al. 2002, P. 6).
Individualism versus Collectivism	"Individualism is defined as situation in which people are supposed to look after themselves and their immediate family only. Whereas its opposite pole, collectivism, is defined as people belonging to in-groups or collectivises which are supposed to look after them in exchange for loyalty" (Hofstede 2009, P. 6).

Masculinity versus Femininity	"Masculinity defines a situation in which the dominant values in society are success, money and things. Whereas the opposite, femininity, defines a situation in which the dominant values in society are caring for others and quality of life" (Hofstede 2009, P. 6).
Long-term orientation	"First called "Confucian dynamism", it relates to the long-term orientation of the society and therefore refers to future-oriented values like persistence and thrift, whilst a short-term orientation refers to past- and present-oriented values like respect for tradition and fulfilling social obligations" (Hofstede 2009, P. 6).
Indulgence versus Restraint	The extent to which members of the society try to control their desires and impulses. Whereas indulgent societies have a tendency to allow relatively free gratification of basic and natural human desires related to enjoying life and having fun, restrained societies have a conviction that such gratification needs to be curbed and regulated by strict norms (Hofstede 2009, P. 6).

Thus, it is clear that there is strong connection between national-culture in every country and the attitudes and behaviours of its people. As demonstrated by the results of Hofstede's studies, these cultural dimensions shape the normative thinking, action, and behaviour within a society. Thus, in this research, I attempted to explore the cultural factors which impact upon innovative practices in the recruitment of Saudi nursing staff. Moreover, it is more important to understand manager and staff behaviour, specifically insofar as their attitudes are rooted in their culture and how this can have an impact on their capacity for innovative practice in nursing recruitment area. This trajectory has been chosen because of the limited number of studies that were found in relation to the Saudi context vis-à-vis the relationship between culture and innovation therein. The next chapter will examine how the symbiotic concepts of nationhood and culture combine to have a deep impact upon the innovative abilities of a given society.

2.11 Saudi Arabian culture

The term culture refers to a set of behaviours, values, beliefs, and symbols which are shared between members of a group (Al-Shahri 2002; Banks 1997, p. 8). Many factors contribute to the formation of cultural milieu: education; economy; race; politics; and, environment (Al-Shahri 2002). The culture of Saudi Arabia can be described as a mix between Islam, as the dominant aspect, and various other Arab

traditions. Saudi Arabia is an Islamic country and all Saudi citizens are officially considered Muslims. Islam is a religion that is based on obedience and conformity to God. In Saudi Arabia, Islamic behavioural regulations come from two sources: the Quran, as the main source, and Sunnah which refers to verbal records of the Prophet Mohammed's words, actions and way of life which complements the entire religious practice in a practical, daily sense (Bjerke and Al-Meer 1993). The Prophet Mohammed mentioned that Islam's Five essential pillars are: '(1) no god but Allah; and, that Muhammad is Allah's messenger; (2) to perform prayers; (3) to pay obligatory charity; (4) to fast during Ramadan; and, (5) to perform a pilgrimage to Mecca if financially and physically able' (Alkhuli 2000; Alroqi 2017). Furthermore, there is one important value in Islam, namely pre-destination. This principle leads Muslims to believe that whatever has happened ultimately originates from God, and as such they surrender themselves to God's will. Saudi Arabia is a country governed closely by the Islamic religion because Mecca and Medina, the two Islamic holy cities and the 'house of religion', are located in Saudi Arabia (Gallagher and Searle 1985). Thus, 'Saudi Arabia is considered the keeper of the Islamic religion' (Baki 2004).

Parssinen (1980), a Western author, has described the Saudi population and its socio-cultural diversity. She classified the Saudi population according to the following characteristics: 'urban and nomadic, tribal and non-tribal, city-dwellers and villagers, literate and illiterate, open-minded and conservative' (Parssinen 1980; Gazzaz 2009). Arab traditions play a significant role in the formation of Saudi culture. One characteristic of Saudi society is 'tribalism'. 'Tribal belonging' means family or tribe members who cooperate and help each other. Loyalty to tribes comes first before loyalty to government. This is based on a belief that assistance to face life challenges comes from family or tribe, not from government. This feature is deeply rooted in Saudi culture and thus also Saudi identity.

Members of a tribe who have moved to urban cities remain in contact with other tribe members as much as possible. Thus, tribe members have less (or no) contact or interaction with other people who live in urban cities (Frisbie 1995; Gazzaz 2009). It has been argued that tribal affiliation affects the way tribe members deal with each other, or with members from other tribes, or with non-tribal people (Al-

Said 1982; Aldawood 2017). Additionally, tribal affiliation can be used for the benefits of tribe members, or against other people (Kostiner 1991; Aldawood 2017). Although modernisation and globalisation has applied pressure to raise people's awareness against tribalism, this feature nonetheless remains a part of Saudi society. Thus, healthcare environments and workers employed therein are also involved in the dynamics of tribal affiliation (Aldawood 2017). Saudi Arabia is a large country, and people who live in the central region of Saudi Arabia, that is the Najed region, have a slightly different culture from those who live in the west, east, north, and south. For example, people in the western part, where Mecca and Medina are located, are more open-minded than people in other parts of the kingdom. This is because people in the Western region interact more with Muslims who come from different parts of the world as pilgrims (namely, Hajj pilgrims). Similarly, people in the eastern region, which attracts multinational employees to work for big oil companies such as Aramco (Al roqi 2017), are also more open-minded than people in other parts of the kingdom. Furthermore, men have more power and authority than women in social life. Obedience and respect for elders are also key features of Saudi Arabian society (Long 2003; Gazzaz 2009). Young people must show respect for older people, such as parents, and elder people have the right to impose their thoughts and ideas without any objections. This paternalistic modality of socialisation permeates Saudi society (Alfahadi 2012).

In relation to family structure in Saudi Arabia, parents have authority over their children. Children who follow parents' instructions are considered good and well-behaved. Additionally, society has a norm that children who have different thinking or opinions to their parents are considered as disobedient and disrespectful. These children will face criticism from their extended family members and society in general. Moreover, in Saudi society male members of the family have authority over female members. This social structure affects females' decision-making and opinions in all areas of life such as education, marriage, and so on (Al-Johani 2009).

More widely, education makes a significant contribution to the formation of the Saudi cultural milieu. Islam emphasises the importance of education. This is clearly shown in the first verse of the holy book (the Quran): 'Read, In the Name of the

Lord and Cherisher who Create. Who taught the use of the pen?' (The Holy Quran, Sura xvi Verse 1). Islam encourages Muslims to seek knowledge that is useful to humankind, learning another language, and acquiring more information to help build and construct the world and do the right thing for humankind. Being an Islamic country, Saudi Arabia is thus influenced by such Islamic values which give priority and importance to education (Alfahadi 2012). In the past, education in Saudi Arabia was restricted to religious education that focused upon teaching the holy book (the Quran), ethics, and Islamic values for male students in mosques (Al Johani 2009; Alfahadi 2012). Moreover, basic knowledge, Arabic and traditional customs, attitudes and behaviour were also taught to children by their families. In 1926, King Abdul-Aziz established the Directorate of General Education: this marked the beginning of formal education in Saudi Arabia. This system was developed by drawing from other Arab educational systems, for example that of Egypt (Al Johani 2009; Alfahadi 2012). Since then, the Saudi government has made a lot of effort to develop education, and this has given rise to many schools and universities spreading across the kingdom of Saudi Arabia in our present time.

The education system in Saudi Arabia includes three stages of learning. The first stage is primary school, which lasts for 6 years and where students commence their education at the age of 6]. The second is the intermediate stage, that lasts for 3 years. The final stage is the secondary stage, which also lasts for 3 years. The teaching methodology that is followed in most Saudi schools at different stages of learning relies heavily upon memorisation of information (Al-Rashudi 2002; Rugh, 2002; AlMohanna, 2010; Vassall-Fall 2011). Teachers are the only source of information for students, and there is no encouragement towards students' interaction. This method of teaching has been also applied in most universities in the Middle East both in the past and the present (Vassall-Fall 2011). In Saudi Arabia, this method of teaching has been transferred to us from Islamic schools that existed during the 7th century, a time when the memorisation of the Quran and holy text were at the core of education (Rugh 2002; Vassall-Fall 2011).

2.12 Definitions of leadership

Several scholars have provided a number of definitions of leadership and each focus upon a different variable that describes it. In a review conducted by Fairholm

(2002), Bennis and Nanus (1985) identified 350 definitions from a large number of studies on leadership. Furthermore, Rost (1991) found 221 definitions in 587 books and articles that were published from 1900 to 1990. To better understand the difference between these definitions, researchers have grouped them into categories according to particular perspectives. For example, Rost (1993) has classified the definitions of leadership according to five standards that he took into consideration in the process of analysis, namely change, influence, leaders and followers, mutual purpose, and philosophical content (Shepard et al. 1997).

Reviewing the large numbers of studies on leadership, there are many different definitions of the concept. Leadership is a complex concept and thus it is not easy to find a unified definition that covers all its aspects. Stated simply, Horner (1997) defined leadership by the traits, qualities, and behaviours of a leader (Horner 1997). These traits can influence subordinates to be innovative or to perform well. Similarly, Arnold et al. (2005) and Grint (2005) concentrated on the abilities and qualities of a leader more than other aspects (Alonderiene et al. 2016). From a different perspective, other researchers viewed leadership as a way to influence people to attain specific goals (Howell and Costley 2006; Pardey 2007; Alonderiene et al. 2016). Likewise, Marshall (2011) defined leadership as "the discipline and art of guiding, directing, motivating and inspiring a group or organisation toward the achievement of common goals" (Marshall 2011, p.2). For Bass (1985), leadership is viewed as a transformational process achieved by a leader through creating an organisational future vision and providing new ways for the followers to gain organisational goals (Aldawood 2017). All leadership definitions hold the common view that leadership involves influence, meaning that leadership has the capability to influence others (Vroom and Gago 2007). Leadership styles can significantly influence employee behaviour regarding innovation practice. Several studies have shown that leadership can affect positively worker behaviour regarding innovation (Reuvers et al. 2008). However, we have to take into consideration that there are many factors which have an impact on leadership, such as context, culture, situations, working environment, laws and regulations (Amabile et al. 2004). Thus, in the present study I considered the influence of the Saudi context on managers and leaders in nursing, and in recruitment departments in hospitals.

2.12.1 Leadership theories

During the 20th century, there was enormous interest in studying leadership and thus numerous leadership theories have been developed. These theories concentrate on several aspects of leadership. They commence with the characteristics and qualities of leaders, then go on to concentrate on natural, skills, contextual, and situational factors and also ability. There are many leadership theories which emerged during the 20th century, and the major theories are grouped under the Great Man Theory. These include: Trait theory, Contingency theory or Situational theories, Behaviour theories, Participative theory and Management theories (Porter-O'Grady & Malloch 2010, p.1). In addition, Nawaz et al. (2016) also stated that, during the 20th century the main leadership theories which emerged are: The Great Man theory, Trait theory, Process leadership theory, Style and Behavioural theory, Transformational, Transactional and Laissez-Faire leadership theory. These theories are almost identical, but still retain some key differences which will be discussed later.

I will give a brief overview of these leadership theories to give the reader an overview regarding how leaders behave, and the origins of each theory. The first theory is the Great Man Theory, which was introduced in 1847. Thomas Carlyle defined it as leaders who are born and not made and it stems from being heroic, which is a leadership style only belonging to those who are endowed with heroic characteristics. These personal natural characteristics distinguish leaders from non-leaders (Nawaz et al. 2016). The Great Man theory indicates that leaders are those who possess natural characteristics and can direct society to change for the better (Vroom and Gago 2007). However, there are some studies which criticise this theory and which have demonstrated that there are also several social factors which help individuals to be heroic. Thus, leaders are made and not born (Organ 1996).

The second theory is Trait Theory. This views traits as a personal characteristic of a leader (Gehring 2007). Intelligence, values, and appearance are examples of the personal characteristics of a leader. According to this theory, 'it was commonly believed that leaders must possess superior abilities that enable them to effectively

control and influence their followers' (Gehring 2007, p.45). Furthermore, for this theory, it is not important if these characteristics are inborn or acquired. Jenkins classified personal characteristics into two categories. The first is genetic traits, which includes height, intelligence, attractiveness, self-confidence, and effectiveness. The second category is traits that are obtained by learning or experience. These include charisma as a fundamental component of leadership (Nawaz et al. 2016). However, this theory was criticised by some researchers who argued for the impact of context and culture on leadership. For example, Judge et al. (2009, p.585) mentioned that "whether traits are linked to leader emergence and leadership effectiveness may depend on context".

The third theory is Contingency Theory and/or Situational Theory. Some researchers, such as Porter-O'Grady and Malloch (2010) view these as two distinct theories; however, other researchers, such as (Nawaz et al. 2016), view them as one single theory and thus give them one definition. Porter-O'Grady and Malloch (2010) defined situational theory as the ability of leaders to choose the most appropriate action according to the situation they are in. They also defined Contingency theory as being centred around situational factors that impact upon a specific leadership style. Nawaz et al. (2016, p.2) defined both theories thusly: "no leadership style is precise as a stand-alone as the leadership style used is reliant upon the factors such as the quality, situation of the followers or a number of other variables". Contingency theory focuses on the relationship between leaders and followers, and Situational theory states that this relationship is based on the subordinate and their role to determine this relationship (Nawaz et al., 2016). As with any theory, these theories received criticism from other researchers. Some criticised this theory on the grounds that it is difficult to identify situational style (McCleskey 2014). Additionally, it was argued that both theories, Contingency and Situational theory, have no clearly defined concepts (Tosi et al. 1984). This is because there is no definite leadership style, but this rather this depends upon various internal and external environmental factors which are needed for a leader to adjust to a particular situation (Nawaz et al. 2016).

The fourth type is behaviour theories which concentrate on leaders' actions that are developed via teaching and observation (Porter-O'Grady et al. 2010). In a

series of studies that were conducted by Ohio State University in the 1940s, the University of Michigan in the 1950s, and Blake and Mouton in 1964, researchers attempted to define leadership behaviour. They classified leadership theory into two main styles. The first style is called 'people-oriented leadership' and it is connected, unsurprisingly, with people. The second style is called 'task-oriented leadership' and it relation to production (Algarni 2018).

The fifth theory is Leadership Participative Theory in which the leader takes on board their subordinates' input and shares their ideas on making decisions (Lenssen et al. 2009). Participants' leadership has the ability to make the team feel involved and committed to decision-making and he/she can encourage subordinates to contribute and participate (Amanchukwu et al. 2015).

The sixth theory is that of process leadership which Nawaz et al. (2016), described as leaders who focus on process and is a type of servant leadership. Servant leaders are those leaders who consider the needs of their employees and help them to be independent and knowledgeable. Additionally, servant leaders tend to focus on serving the organisation's vision, not the employees alone (Nawaz et al. 2016). This type of leadership not only focuses on staff, but also concentrates on organisational vision.

The seventh category is management theories, or transactional leadership. It refers to the exchange that happens between leadership and subordinates. Transactional leadership makes tasks and objectives clear for subordinates to complete. Furthermore, this type of leadership focuses on efficiency and tends to avoid risk (Sadeghi & Pihie 2012). Transactional leaders set clear steps for their subordinates to follow with the aim of achieving some pre-determined goals, such as producing better quality output, providing more services, and reducing the cost of production (Sadeghi and Pihie 2012, p.188). However, (Burns 1978; McCleskey 2014) argued that a transactional leadership style can result in a short-term exchange relationship between leaders and followers.

The eighth category is relational theories, or transformational leadership. Transformational leadership refers to proactive leaders who encourage subordinates to achieve not only their role requirements, but more than that,

namely to achieve unexpected goals (Sadeghi and Pihie 2012). For Nawaz et al. (2016) transformational leaders interact with their followers according to values, beliefs and goals that are held in common. This influences performance and leads to the achievement of aims. However, this not always the case. As argued by (Yuki 2010; Algarni 2018), the qualities of transformational leadership might influence the followers negatively, such as engaging in unethical behaviours.

The last theory is the Laissez Faire leadership theory. Luthans (2005, p.562) and Robbins (2007, p.475) defined this theory as it "abdicates responsibilities avoids making decisions". Chaudhry et al. (2012) indicted that this style of leadership usually avoids interference in decision-making. Laissez Faire leadership always provides freedom and power to their staff to enable them to make decisions related to work. Furthermore, this type of leadership gives little support and direction for the subordinate and steps out of the leader role. (Sadeghi and Pihie 2012).

These are a number of leadership theories which concentrate on several aspects of leadership, including various characteristics and qualities of leaders. These are: natural-related; ability-related; skills-related; contextual; and, situational factors. These major leadership theories, which emerged during the 20th century, are summarised as follows: the Great Man Theory, Trait theory, Contingency or Situational theories, Behaviour theories, Participative theory, Management or Transactional theories, Process leadership theory, Style and Behavioural theory, Transformational, and Laissez Faire leadership theory. These theories were discussed since one of the objectives of this research was to explore the leadership styles found in Saudi hospitals and in nursing recruitment and their relation to innovative practice. It might be useful to explore Saudi manager characteristics and where are they in light of these theories and how they are connected to innovative practices. The next section presents the studies on leaders' attitudes and skills in relation to innovative worker behaviour.

2.13 Leadership in Saudi Arabia

From the above it can be seen that culture plays a major role when considering leadership as a concept. As argued by Dirani et al. (2017, p.246), "the effect of culture is very powerful when considering the concept of leadership". This means

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that leadership definitions can differ according to cultural background. Thus, it is important to think about the cultural background when we define leadership in the Saudi context. Dirani et al. (2017) argued that there are several factors which shape leadership style and behaviours, such as culture, religion, Bedouin life, villagers and other professions (such as farmers, fishers, traders, and teachers). Considering these factors is also important when defining leadership in the Saudi context. In Middle Eastern countries, for example, 'leaders were previously selected based upon the strength of the tribe or community to which the male leader belonged' (Cochran et al. 2010; Dirani et al. 2017). In Saudi Arabia, in addition, being a leader is strongly determined by family and kin-based tribal factors. Likewise, it is argued that social identity is influenced by culture, traditions, and religion and this undeniably impacts upon Saudi leadership attitudes and characteristics. This means that any change or development can fail if these elements are not fully understood and taken into consideration (Aseri 2015).

Islam and traditional culture have an ongoing influence on Saudi society. It affects Saudi people directly: their practices; lifestyles; behaviours; morals; and rules within family, community, and work relationships. Similarly, tradition and culture still influence leadership effectiveness. Traditionally, tribal leaders must be related to a tribe and have relations with other tribes as well. Moreover, individuals should understand tribal morals, such as generosity, pride, courage, and sacrifice for the collective good. Dirani et al. (2017) argued that such attitudes and behaviours reflect on the leaders and staff organisations.

2.14 Innovation definitions

Several perspectives frame innovation differently, and this has resulted in widely different definitions. Drucker defined innovation as the consideration and application of new ideas in a particular setting. It can orient the organisation towards development and change for the better Drazin (1985, p. 509). Rogers (1998, p. 6) introduced five types of innovation: '1- Introduction of a new product, or a qualitative change in an existing product; 2- Process innovation new to an industry. 3- The opening of a new market. 4- Development of a new source of supply for raw material or other input. 5- Changes an industrial organisation.'

Innovation refers to a set of human behaviours. Therefore, psychologists have introduced a more precise term which can describe employee behaviour innovation, namely 'innovative worker behaviour'. This refers primarily to the creation and encouragement of novel ideas which benefit individuals, groups of workers, or the workplace as a whole (Scott and Bruce 1994, Janssen 2000, Janssen and Van Yperen 2004). According to several researchers, innovative worker behaviour can include two main things: the creativity of new ideas, and the implementation of new ideas (Amabile 1988; Axtell et al. 2000; Anderson and Nijstad 2004). As argued by Damanpour and Schneider (2006, p. 216), 'innovation is studied in many disciplines and has been defined from different perspectives.' Those perspectives are related to the industry, organisation, and the individual (Damanpour 1996). Furthermore, innovation is a complex term which has been defined differently by several authors (Damanpour and Schneider 2009). For instance, Kaya et al. (2016, p.3) provides a related concept of innovation: "Innovation is often used along with the terms such as creativity, design, invention and exploitation. It is also closely associated with terms such as growth and change". The author further attempts to differentiate between the concept of "innovation" and similar terms which have been used interchangeably by some and which might, therefore, be the reason behind the unstable definition of innovation encountered in the literature. Example of these are as follows:

- **Innovation and invention:** There is a difference between invention and innovation. Whereas the former refers to creating something that did not exist before, the latter goes beyond the creation of a new thing.

- **Innovation and growth**: Innovation is development and results in the improvement of the economy. Innovation is (therefore) important for growth.

- **Innovation and creativity**: Creativity is the progenitor of innovation. Creativity is just an idea, but innovation is an idea with application.

- **Innovation and change**: describing innovation as change is inaccurate since change might be positive *or* negative, whilst innovation is most often considered positive.

- **Innovation and knowledge**: after creating an idea and working on it following innovation, there is a subsequent result called knowledge that can be learned/disseminated.

2.14.1 Innovation theories

When hospitals need to *succeed* in innovation, the starting point is to concentrate on staff behaviours and dispositions towards innovation. Much evidence has shown that innovative and creative employees add positive values to organisations, as well as benefits and economic outcomes (Amabile et al.1996; Nonaka 1991; Al-Farhan 2018). In point of fact, in relation to hospitals in general the primary source of innovation tends to arise from employees who hold innovative behaviours. The individual employee starts with a concern and recognises the problem, or the area which needs improvement, and then thinks about new ideas for solutions or adopts new ideas. At that point, the next step is how this employee promotes the idea and finds someone in the organisation to support them in implementing this innovative idea (Al-Farhan 2018).

There are many theoretical frameworks a researcher can choose to work within when studying innovation vis-à-vis work behaviour and innovation processes. In this study, I have introduced two theories which bear relation to my study: the componential theory of creativity, and the interactional framework for organisational creativity. The first theory - the componential theory of creativity - was introduced by Amabile (2011, p.1), and it has been described by them as "a comprehensive model of the social and psychological components necessary for an individual to produce creative work". There are four elements which are important in creativity according to Amabile (2011): the first three function at the level of the individual whilst the fourth is related to the surrounding environment. Primarily, these refer to domain-relevant skills, namely 'knowledge, expertise, technical skills, intelligence, and talent in the particular domain where the problem-solver is working'(ibid.)

- The first element is domain-relevant skills. This includes various skills, such as talent in a specific area of work, experiences, knowledge, technical skills, and intelligence.
- The second element is creativity-relevant processes. This consists of a cognitive style or personality attributes which make the individual independent, a risk-taker, finding new perspectives in order to solve problems, having a disciplined work style, and generating ideas and skills.

- The third element is intrinsic task motivation: namely, to have the motivation to complete a task without awaiting rewards, not just for fulfilling a task as a duty in a particular scenario. This kind of motivation operates internal motivations, rather than from external motivating factors. This concept of "internal" motivation has been more fully defined by Amabile (2011, p.4): 'interest, enjoyment, satisfaction, and challenge of the work itself, passion, the motivation to undertake a task or solve a problem because it is interesting, involving, personally challenging.'
- The final element is the social environment which refers to the surrounding settings such as workplace or the social environment. There are a number of environmental factors which can hinder creativity (e.g., criticism of new ideas, conflicts and workplace politics, the attitudes of top management such as being against taking risks, work time constraints etc.) Likewise, there are several factors that can encourage creativity (e.g., positivity and cooperation in the workplace; encouragement of new ideas and innovation from supervisors and top management, an orientation towards creativity at work by existing processes which help to develop new ideas and apply them in their organisations) Amabile (2011, p.4).

The second theory is the "interactional framework for organisational creativity" proposed by (Woodman et al.1993). According to this theory, creativity is defined as the 'complex product of a person's behaviour in a given situation' (Al-Farhan 2018, p. 294). Furthermore, creative behaviours are influenced by contextual and social factors in a given situation (Al-Farhan 2018). 'Woodman and Schoenfeldt (1989, 1990) "proposed an interactionist model of creative behaviour at the individual level. In this model, they suggest that creativity is the complex product of a person's behaviour in a given situation. The situation is characterised in terms of the contextual and social influences that either facilitate or inhibit creative accomplishment. The person is influenced by various antecedent conditions, and he or she brings to bear both cognitive abilities and noncognitive traits or predispositions" (Woodman et al. 1993, p. 294).

These theories have been highlighted because innovation in nursing and recruitment is a key focus of this research. I have chosen these theories because they are the most relevant to the present study. The next section presents the

definition of culture, and later I will examine the mechanisms by which culture influences innovation.

2.15 National culture and innovation

National culture has a deep impact on the innovative ability of a society (Taylor and Wilson 2012). National culture can support or inhibit innovation by being a source of authority, responsibility, and aspiration. When the culture of countries value creative people, they will experience a greater number of innovations. Wallace (1970) found that culture influences society towards acceptance of new ideas. There are many studies that have explored how cultural dimensions, and Hofstede's cultural dimensions in particular, affect innovation. These cultural dimensions can be applied in different societies as they vary in terms of degree, whether high or low. For example, Nourian et al. (2015) indicated that East Asian cultures are collectivism-dominant and have a notable power distance element. To explain, they argued that members of these societies "show low tolerance for deviation from established norms" (Nourian et al. 2015, p. 901). Likewise, Heine and Buchtel (2009) found that a culture which is categorised as low power distance and individualistic, encourages its members to express unique ideas and investigate new methods for performing tasks. However, these might not be the only dimensions that influence the innovation. Rujirawanic et al. (2011) undertook a qualitative study in Thai manufacturing which aimed to explore how Hofstede's five cultural dimensions influence the innovation process. It was found that only four of Hofstede's cultural dimensions influenced innovation along with other Thai cultural factors that were not mentioned before in Hofstede's studies. Moreover, results of this study emphasised the importance of understanding local culture given that it plays a significant role in both success and lack of innovation. Additionally, Efrat (2014) conducted a study that examined the direct and indirect impact of national culture on motivation to innovate. Data from 33 countries in 1998, 2003, and 2007 were investigated but three countries (Iceland, Singapore, and Hong Kong) were excluded because there is insufficient information about their cultural processes. Results of the study indicated that there are many cultural factors that influence innovation, such as the quality of governance, the political system and openness. More specifically, trust, corruption, civic rights, form of

governance, and education are all crucial factors. Moreover, in studying the Bulgarian knitwear industry, it was found that there was a positive impact on creativity when there was support from family members and friends (Madjar et al. 2002). Furthermore, a personal element can impact innovation, for example, Nouri et al. (2005, p.7), indicated that "the personal characteristic of openness to experience, which correlates with creativity, did not differ across members of different cultures". This supports the idea that, although societies share some factors with others, every society has its unique elements that can, in turn, influence innovation. Thus, this study aimed to explore the elements that positively or negatively influence innovative practices in the area of nursing in Saudi hospitals. This is important since this context is considered to be unique with various cultural and other factors having a combine impact upon the processes and outcomes of nursing recruitment.

Some studies have shown how varieties of context can bring different findings about a culture's effect on innovation. Tian et al. (2018) did a systematic review study to examine how culture influences innovation, and it included 61 studies between 1980- 2017. They were classified into two categories: 25 studies on national culture and innovation, and 41 studies on organisational culture and innovation. It was found that there are some cultural dimensions of national culture which have significant impact on innovation, namely: power distance; individualism/collectivist; masculinity/femininity; uncertainty avoidance; indulgence; and Confucian dynamism. Although this systematic review has shown that there are limited cultural dimensions in general that might influence innovation directly, it would be difficult to restrict these to cultural dimensions which affect innovation only. As noted, Confucian dynamism is *not* classified as a cultural dimension. This is because every community or society has many different aspects which might have *not* been mentioned in these dimensions. Such aspects might have an influence on innovation, whether positively or negatively. For example, Middle Eastern culture is markedly different from Western culture, and it may well have more than these factors alone impacting upon innovation. Moreover, cultural dimensions are not only limited to Hofstede's categories: there are also other cultural elements which can influence innovation and these must be taken into consideration. Hence, this study focused on nursing and recruitment staff' culture

as an impactful factor to explore elements that might influence innovation, and which might not have been mentioned in the literature. These elements depend on both internal and external contextual factors (Rujirawanich et al. 2011).

Many scholars have argued that individualistic members of any society are more creative and supportive of innovation whereas collectivist members tend to have negative attitudes towards innovation (Tian et al., 2018). Zha et al. (2006) conducted a quantitative study which indicated that Western culture is considered individualistic, particularly American culture. By contrast, researchers considered Asian cultures as primarily collectivist. Barnett (1953) found a positive relation between individualism, culture, and innovation whereas in a quantitative study, Shane (1993) found a negative relationship between innovation and individualism. The conclusion that individualistic societies allowed more space for innovation has thus found some support. This supports the argument that individualistic societies might be more prone to innovate. However, there are also some studies which have found contradictory results to this argument. For example, Paletz and Peng (2008) found in their quantitative study with a data set of more than 400 students from Japan, China, and the United States that Chinese people tended to possess more novel products than Americans. Similarly, Tian et al. (2018) conducted a systematic review project on existing literature which analysed the impact of culture on innovation and indicated that innovation actually increased in some Asian countries that were considered collectivistic societies. Taylor and Wilson (2012) analysed a number of independent datasets on culture and innovation from 62 countries between 1975 and 1995. They found that national culture plays an important role in influencing innovation in all countries. Although it was found that an individualistic culture has positive effects on innovation, there is a type of collectivism culture that also encourages innovation, such as patriotism at the national level. Hofstede and Bond (1984 p. 419) defined collectivism as "where people belong to in-groups or collectives which are supposed to look after them in exchange for loyalty". Patriotism is simply defined as 'devotion to and vigorous support for one's country' (Oxford English Dictionary 2010).

Shane (1992) studied the number of invention patents granted to people in 33 countries in the following years: 1967, 1971, 1976, and 1980. The researcher

argued that the best way to measure inventiveness is to calculate the numbers of inventions patented. This is because it is perhaps better to use patents as a measure of innovation as indicated by Day (1990), Kuznets (1959), and Schmookler (1950, 1953, 1954). He compared the number of invention patents in the studied countries according to two Hofstede's cultural dimensions: power distance and individualism. Two questionnaires were used for data collection across four years. The results showed that individualistic and non-hierarchical societies were more inventive than other types of society during the four years examined. This is because individualistic societies have more freedom and there is no great emphasis on loyalty. Moreover, in a hierarchical society, less communication exists between superiors and subordinates which, in turn, this contributes to the restriction of creativity.

When it comes to the influence of national culture on the workplace, it was found that national culture also contributes to the formation of organisational culture. The culture of an organisation comes, in one way or another, from the national culture and is affected by it, and thus has an impact on leadership innovation. Hofstede and Hofstede (2005) argued that there are similarities which exist between national culture and organisational culture. However, obvious differences between the two definitions of cultures do exist. As stated by Erdman (2018, p. 45) "national culture is based on values whereas organisational cultures are based on practice". In addition, it was found that there are some factors of organisational culture that also affect innovation. These are Innovation-Oriented Culture, Learning Culture, Adhocracy/Developmental Culture, Hierarchical Culture, Clan Culture, and Market/Rational Culture. Namely, when the culture of the organisation differs notably from the culture of the society, such organisations will not last for a long period.

Although culture has a significant impact on innovation, it would nonetheless be difficult to limit the number of cultural dimensions since every society has unique characteristics that may appear when we study every context. Thus, I became interested in understanding how the Saudi context influences attitudes towards innovation. As a result, this study was conducted with the aim to explore the factors that impact innovation in the Saudi hospital from the perspective of both managers

and subordinates in nursing recruitment. To that end, the following sections present definitions of leadership and theories of leadership.

2.16 The context of the hospitals where the study was carried out

The study was conducted in two large hospitals in the Riyadh region of Saudi Arabia. Both hospitals are governmental and provide free health care services for Saudi people. The first hospital is a tertiary hospital and provides healthcare services to Saudi citizens. The second is a secondary hospital. Both hospitals are very well-known to Saudi people.

2.17 Summary

This chapter has discussed the context of this research, and presented information regarding Saudi Arabia in order to provide context for the study. It has introduced information concerning a number of pertinent elements: Saudi Arabian demographics; the healthcare system in Saudi Arabia; the nursing system and recruitment in use within Saudi Arabia; human resources regulations in Saudi Arabia; human resources management (HRM) in general; the role of HR professionals; HR recruitment; and Saudi culture. It has provided definitions of leadership and outlined several leadership theories as well as what leadership means in Saudi Arabia. In addition, it has defined the concept of innovation and introduced innovation theories, national culture and innovation, and briefly introduced the context of the hospitals where the study was carried out. This information is important to prepare the reader for the next chapter, which is the literature review which will help to identify the contribution that this study could make.

CHAPTER THREE: Literature Review

3.1 Introduction

This chapter reviews the relevant extant literature in relation to the current study. It will begin by outlining this paper's literature search strategy in detail, including the identification of keywords, database selection and a summary of the overall search strategy process. The following section focuses on the studies which were discussed and critically evaluated, including the emerging themes which arose from the literature review, and the identification of any gaps that were subsequently identified. The studies which were included in the review deal with the attitudes and skills of leaders as they relate to innovative worker behaviour, as well as the impact of culture on the attitudes of these leaders towards innovation behaviours. This is followed by a discussion of leadership in Saudi Arabia more generally, which includes an analysis of Saudi leadership characteristics and innovation. Finally, leadership and innovation within the Saudi context (and innovation observed therein) will be examined in order to better understand these concepts within this particular context. The emerging themes in this regard are national Saudi culture and its impact on innovation; the attitudes and skills of leaders related to innovative worker behaviour; the impact of culture on the attitudes of leaders towards innovation behaviours and leadership; and innovation and nursing recruitment studies in Saudi Arabia. These themes emerged from my critical review of the literature. A table was created to present a summary of studies classified according themes (Table 7). The chapter concludes with a brief summary of the above.

3.2 Strategy of the literature search

3.2.1 Identification of keywords
In order to find literature relevant to the topic, the chosen main keywords came from the research questions. These are:

1. What is the perceived relationship between Saudi Arabian culture and innovation for those in leadership positions and for others involved in nursing and recruitment?

2. To what extent do Saudi healthcare leaders influence innovation behaviours in the department of nursing recruitment?

3. How do Saudi healthcare workers in leadership positions, and those they work with who are involved in nursing recruitment, understand, perceive and deal with innovation?

The search for relevant literature commenced with the identification of related and synonymous words which were related to the research questions. I started with the first research question, breaking it down and picking important words. For example, from the first research question: "**What is the perceived relationship between Saudi Arabian culture and innovation for those in leadership positions and for others involved in nursing recruitment**", I chose four key words: leadership, culture, innovation, and nursing recruitment. The search focused on various terms and combinations of terms and arranged in different combinations in order to obtain more results as outlined in Table 4. However, a search strategy should be both sensitive and specific. As argued by Aromataris and Riitano (2014, p. 49) 'a sensitive search will recall relevant studies, whilst a specific search will exclude irrelevant studies.' An asterisk was added to the main keywords, as advised by the librarian, in order to make the search wider. Asterisks are used to pick up variants of some terms of the intended word. Innovat*, for example, can be used to capture words such as Innovation, Innovations, Innovator, Innovate, and Innovative. This was implemented to cover all potentially relevant articles and studies. Boolean logic operators (AND, OR) were implemented to enable a more rigorous search of the database based on the research questions to identify the relevant literature. The use of such tools also made the search process more efficient by allowing simultaneous combinations of queries. I searched using each word along with other keywords as follows: (Innovat* OR Chang* OR Develop* OR Creat* OR Improv*) AND (Cultur* OR attitud* OR behavio* OR Saudi Culture OR Middle East Culture) AND (Leader* OR Manager* OR Director* OR Admin* OR Supervisor* OR Management*) AND (Hospital* OR Healthcare* OR Nursing OR Recruitment* OR Nursing Shortage OR Nursing Recruitment). This process was applied to all the study research questions as outlined in Tables 4-6. Based on the importance of assessing the quality of the selected studies, strict appraisal criteria were applied. This necessitated evaluating each study in term of both the design and methods of

data collection, as well as evaluating its relevance with respect to the research questions. The process also helped shape decisions about which study types to focus on in this chapter.

Table 4 Identification of search terms for the first research question: What is the perceived relationship between Saudi Arabian culture and innovation for those in leadership positions and for others involved in nursing recruitment?

Leadership	Innovation	Culture	Nursing Recruitment
(Leader* OR Manager* OR Director* OR Admin* OR Supervisor* OR Manage*)	(Innovat* OR Chang* OR Develop* OR Creat* OR Improv*)	(Cultur* OR attitud* OR behavio* OR Saudi Culture OR Middle East Culture)	(Nursing OR Recruitment* OR Nursing Shortage, Nursing retention plan OR Nursing attractive).

Table 5 Identification of search terms for the second research question: To what extent do Saudi healthcare leaders influence innovation behaviours in the department of nursing recruitment?

Leadership	Innovation	Health worker	Nursing Recruitment
(Leader* OR Manager* OR Director* OR Admin* OR Supervisor* OR Manage*)	(Innovat* OR Chang* OR Develop* OR Creat* OR Improv*)	(Hospital staff * OR Healthcare staff*)	(Nursing OR Recruitment* OR Nursing Shortage, Nursing retention plan OR Nursing attractive).

Table 6 Identification of search terms for the third research question: How do Saudi healthcare workers in leadership positions, and those they work with who are involved in nursing recruitment, understand, perceive and deal with innovation?

Leadership	Innovation	Health worker	Nursing Recruitment

(Leader* OR Manage* OR Director* OR Admin* OR Supervisor* OR Manage*)	(Innovat* OR Chang* OR Develop* OR Creat* OR Improv*)	(Hospital staff * OR Healthcare staff *)	(Nursing OR Recruitment* OR Nursing Shortage, Nursing retention plan OR Nursing attractive)

3.2.2 Database selection

In order to ensure that a comprehensive literature search was conducted, the following databases were used:

1. CINAHL (EBSCO)

2. Library Search

3. Trip PRO

4. Google Scholar

5- Scopus

6- Business Source complete.

3.2.3 Inclusion criteria

The literature search was thus limited to

1.Studies published since 2010.

2. Peer reviewed articles.

3. Studies making a signific contribution in terms of identifying or investigating knowledge factors that might impact innovation in nursing recruitment in hospitals.

4. Articles based on recognised research design formats (qualitative, quantitative, mixed method, and systematic reviews).

5. Articles written in English.

6. Studies on innovation.

7. Studies on nursing shortages.

8. Studies on Human Resources.

9. Studies on leadership.

Figure 2 presents a PRISMA chart that summarises the flow of studies throughout the review. Using the databases presented in section 3.2.2, 238 articles were identified, mostly based on the terms and techniques noted earlier, although several studies for inclusion were also identified through back-chaining. Of these, 66 were excluded due to duplication and 22 were excluded due to irrelevance to the study, leaving 157 articles to be screened. After further screening based on reading the titles and abstracts, 15 further articles were excluded because they were not relevant. This left 142 articles to be fully assessed before potential inclusion in this review. Following this assessment, 28 more articles were excluded: 17 were deemed to be excessively outdated, while nine were irrelevant to the precise field of this study. This left 116 articles for consideration. In addition, 8 websites were used as references.

Figure 2: Summaries of the process of the search strategy

Identification of studies via databases and registers | Identification of studies via other methods

Identification

Records identified from*:
Google scholar (n = 133)
Scopus (n=23)
Business source complete (n = 0)
CINAL (EBSCO) (n=33)
Library (n=49)
Trip PRO (n=0)

Records removed *before screening*:
Duplicate records removed (n =60)
Records removed for other reasons (n = 21)

Records identified from:
Websites (n = 2)
Organisations (n = 10)

Screening

Records screened (n = 157)

Records excluded** (n =15)

Reports sought for retrieval (n = 0)

Reports not retrieved (n =0)

Reports sought for retrieval (n = 0)

Reports not retrieved (n =0)

Reports assessed for eligibility (n =142)

Reports excluded:
Reason 1 out dated (n = 17)
Reason 2 irrelevant field (n = 9)

Reports assessed for eligibility (n = 12)

Reports excluded:
Reason 1 irrelevant (n = 4)

Included

Studies included in review (n = 116)
Reports of included studies (n = 8)

3.3 Leaders' attitudes and skills related to innovative worker behaviour

3.3.1 Leadership style and innovation

Several studies have aimed to investigate the factors which influence the relationship between leadership and innovative employee behaviour. These include motivating factors; organisational culture; leadership style; managerial role and performance; knowledge management; and, the nature of the job itself. Piansoongnern (2016) carried out a study that explored the perceptions of Thai employees regarding their Chinese leaders. It also examined the impact of Chinese leadership on the innovative work behaviour of Thai employees. Semi-structured interviews were conducted with 25 Thai senior executives and 10 workers employed in a Chinese Thai automotive company. The results showed that the Chinese leaders demonstrated features of dictatorship and immoral role models. Moreover, innovative work behaviour was not exercised by the Thais. However, this study was limited as it only explored the employees' perceptions but not the perceptions of the Chinese leaders. Another limitation is that the study did not take place in a healthcare context.

A group of studies have examined the relationship between leadership style and innovation (Reuvers et al. 2008, Pieterse et al. 2010, Khan and Aslam 2012, Ababneh & Bae 2012, Alblooshi et al. 2021). Pieterse et al. (2010) carried out a questionnaire study which aimed to examine the relationships between transformational and transactional leaders and their followers' innovative behaviours, with psychological empowerment as the moderating factor. The participants consisted of 230 employees at a government agency in the Netherlands and a quantitative methodology was used. The survey was sent to the employees who had worked with their supervisor for more than three months. The instrument consists of three factors: a multifactor leadership questionnaire, follower psychological empowerment, and follower innovative behaviour. The multifactor leadership questionnaire measures transformational and transactional leadership. The follower psychological empowerment questionnaire measures meaning, competence, self-determination and impact. The follower innovative behaviour questionnaire measures problem recognition, generation of ideas or solutions,

building support for ideas, and idea implementation with four items each. The results showed that there was a positive relationship between transformational leadership and innovative behaviour and a negative relationship between transactional leadership and innovative behaviour in the presence of high psychological empowerment. Psychological empowerment is very important in influencing the followers to be innovative. It motivates employees to have control over actions, performance, environmental influence, and job meaningfulness. The study has a limitation in having ignored cultural factors which are very important in shaping the attitudes of the leadership. Additionally, the results of the study cannot be generalised to all contexts due to cultural differences.

Khan and Aslam (2012) undertook a study which investigated the influence of three different leadership styles (transactional, transformational and laissez-faire) on predicting innovative work behaviour. The study was conducted in Pakistan in two cities: Rawalpindi and Islamabad. The samples were: 100 bank managers; 22 women; and, 78 men. The study was quantitative, and data was collected using the Multifactor Leadership Questionnaire (MLQ-Form 5X; Bass & Avolio, 1990). The results showed that innovative work behaviour could be predicted from transactional and transformational leadership, but not from a laissez-faire leadership style. This study was limited because of the following reasons. First, the study focused on managers rather than the workers. This means that subordinates were not given a chance to evaluate their managers. Second, bias might occur in data given that managers were the only ones who rated themselves when responding to the survey. Third, the sample of the study is quite small, which means that results cannot be generalisable to other contexts or workplaces since it was conducted in Pakistani Banks. In the same vein, Ababneh and Bae (2012) carried out a study that examined the effect of the transformational leadership style on innovation, and 358 employees responded to the survey. They were working in different public sector organisations located in Jordan. The results suggested that transformational leadership fosters innovation. However, this study was not focused on a specific context – such as healthcare or banks - since every sector has different affecting factors. Furthermore, it doesn't take into consideration the impactful factor of cultural influence.

Similarly, Reuvers et al. (2008) examined 335 participants in four hospitals in Australia. The participants were drawn from 40 multidisciplinary teams and included the following: nurses, medical doctors, psychologists, and allied health professionals. The data were collected using the Multifactor Leadership Questionnaire (MLQ) (Bass and Avolio, 1994). This questionnaire consists of 20 items that measure four particular transformational behaviours, namely: Intellectual Stimulation; Inspirational Motivation; Individualised Consideration; and Idealised Influence. They found a positive relationship between transformational leadership and employee innovative work behaviour. Additionally, this study also examined the effect caused by the gender of the manager and the gender of the employees on innovation behaviour. It found that innovative employee behaviour increased when the transformational leader is male. However, the study is limited because the used questionnaire only measures four distinctive behaviours of transformational leadership. Moreover, it would be difficult to generalise the results of the study to other contexts due to cultural differences. Moreover, 77.9% of the sample were females, meaning the sample was not equal. Alblooshi et al. (2021) performed a systematic, reviewing 64 journal articles to explore the relationship between leadership styles and innovation. They found that various different leadership styles have positive impacts on organisational innovation, both directly and indirectly. Most of the articles examined had been published three to four years previously, and they were commonly quantitative in nature, using surveys to gather data. This indicates the ongoing need to investigate the relationship between leadership and innovation qualitatively. In addition, while most studies investigated the relationship between leadership and innovation, they only did this by considering the impact of leadership on innovation, rather than examining the inverse relationship.

3.3.2 Work environment-related factors that impact innovation

Other studies have examined the impact of other variables on innovation (Masood et al. 2017, Dorner 2012, Kheng et al. 2013, Janssen 2005). Masood et al. (2017) conducted a study in public sector hospitals in Pakistan where the nurses are directly supervised by the doctors. The study examined how transformational

leadership amongst doctors may influence the innovative work behaviours of their followers (i.e., nursing employees) through psychological empowerment, knowledge sharing, and intrinsic motivation. The participants consisted of 587 nurses and 164 doctors. The study was quantitative in nature. It employed a cross-sectional design and data were collected using structured questionnaires. The questionnaires measured the following components: transformational leadership; psychological empowerment; innovative work behaviour; knowledge sharing behaviour; intrinsic motivation; empowerment role identity; and, trust in the leader. The findings demonstrated that there was a positive relationship between transformational leadership and innovative work behaviours. However, it is difficult to generalise the findings of this study to all leaders around the world due to marked differences in cultural and management styles. Furthermore, it doesn't provide a clear picture of nurses and doctors' perspectives on transformational leadership in general.

Likewise, Dorner (2012) used two models in their study. The first model examined the role that employee expectations play in innovative work behaviours, and it also examined the positive relationship between task performance and innovation work behaviours. The participants in the first model consisted of 350 employees and their direct supervisors in a Swiss insurance company. This model addressed their research questions, and data were collected via an online survey. The second model examined the employees' characteristics related to innovative self-efficacy. The participants in the second model consisted of 422 employees, it addressed the research questions, and data were collected via an online survey. The results showed that task performance and self-efficacy had a strong influence on innovative work behaviours whilst the outcome expectations did not contribute to such behaviour. However, it is difficult to generalise the findings of the study due to contextual differences. Kheng, June and Mahmood (2013) also conducted a study which investigated the relationship between a pro-innovative climate, leader-member exchange, and social work capital with innovative work behaviour. They used a questionnaire and the samples were random. Data were collected through an online survey. The participants consisted of 335 workers out of 1,520 workers who worked in the knowledge-intensive business services (KIBS) Malaysian sector. Measurements were drawn from the following sources: Janssen's (2000)

instrument which measures the level of innovation work behaviour (IWB) of employees; and, Liden and Maslyn's (1998)'s instrument which is used for leader-member exchange (LMX). The results demonstrated that there was a significant relationship between a pro-innovation climate, social capital, and leader-member exchange with innovative work behaviour manifesting amongst knowledge workers.

Janssen (2005) examined the impact of the supportiveness of supervisors and the subsequent perceived influence on employees' innovative behaviours. This was measured by the Voice Manager Scale developed by Saunders, Sheppard, Knight and Roth (1992), and Janssen's (2001), a nine-item scale of individual innovation. The participants consisted of 170 non-management employees working in a Dutch energy industry company. The researcher asked the immediate supervisors to rate their employees' innovative behaviour to try and avoid mono-method bias. The results showed that the supervisors' supportiveness enhances and encourages the employees' level of innovation at work. However, it is difficult to generalise the findings of the study as the sample size was quite small.

A further group of studies also found that a leader can support or hinder followers' level of innovation. Denti and Hemlin (2012) conducted a systematic review study on the relationship between leadership and innovation. Data consisting of 30 studies on leadership focusing on innovation at three levels of behaviours - individual, team, and organisational levels – was examined. The first group of studies involved 17 studies which measured transformational and transactional leadership. The second group of studies covered 3 studies which measured leader-member exchange. The third group included 10 studies which measured leadership traits or behaviours. At the individual level, it was found that creative self-efficacy might increase motivation and generate individual ideas. Additionally, it was found that organisational-based self-esteem (OBSE), which refers to "the employee's self-perceived value as an organisational member" (Denti and Hemlin 2012, p. 7), supports the relationship between individual innovativeness and leadership. This is important for employees, especially those who have low levels of OBSE. Furthermore, it was found that self-presentation, which refers to "the way in which individuals engage in impression-management and modify their behaviour

in order to reflect the expectations from the social context" (Denti and Hemlin 2012, p. 7), has a strong effect on the relationship between transformational leadership and individual innovativeness. At the team level, it was found that team reflection, team heterogeneity, and task characteristics influence the relationship between leadership and team innovation. At the organisational level, it was found that organisational structure impacts upon the relation between leadership and innovation. Beyond this, there are two ambiguous contingency factors, psychological empowerment and team climate, and it was unclear whether or not these two factors influence the relationship between leadership and innovation. Finally, the authors proposed three new factors, external work contacts and personal initiative on the individual level – this is in addition to group developmental stages at the team level.

3.4 The impact of culture on the leaders' attitude towards innovation behaviours

Ali et al. (2011) conducted a study in Pakistan to examine the cultural impact on leadership effectiveness and organisational performance. Their aim was to investigate the role of national culture using Hofstede's model in organisational performance. The model proposed different dimensions of national culture in which each dimension explains peoples' customs, behaviours, norms, and attitudes. It also proposed that these dimensions tend to vary from one society to another. The findings indicate that national culture and organisational culture affect leadership effectiveness and leadership style, which likewise has an impact on performance of the organisation. It was also found that leadership effectiveness correlates positively with organisational performance. Consequently, leadership is very important for successful change (Ali et al. 2011).

3.4.1 Relationship between innovative leadership and culture

Few studies were found to have explicitly examined the relationship between cultural context and innovative leadership (Elenkov et al. 2005, Engelen et al. 2014, and Semiarty and Fanany 2017). Elenkov et al. (2005) carried out a study that tested a model used for top management (CEOs or presidents and five top-level managers) to determine their influence on innovation. Two research questions

were addressed: (1) 'Does socio-cultural context directly affect leadership?'; and (2) 'Does socio-cultural context moderate the relationship between leadership within the top-management and their influence on innovation?' Concerning methodology, the researchers drew participants from 468 single business firms in 12 European countries. Leaders were asked to provide details about the main products of the business, how long they had been working there, and the number of employees. Additionally, the researcher contacted five managers working under these leaders as well as four employees involved in the innovation process, for instance, generation of ideas or leaders' projects. The researcher collected data via surveys from those who agreed to follow the data collection process. There were 1,774 participants in total, including (270) titular heads, (783) immediate followers, and (721) key employees in the innovation processes. These participants were drawn from 297 European firms in 12 European nations. Two types of questionnaires were used. The first questionnaire was the Multifactor Leadership Questionnaire that was completed by followers of the CEOs. The second questionnaire was designed to measure top management and their influence on innovation. It was directed to participants who were involved in the innovation process. With regards to leadership, results have shown that there was a negative relationship between a Laissez-faire leadership style and organisational innovation. With regards to Socio-cultural Context and Leadership, results have shown that there are three styles of leadership that were affected by social culture. Transformational leadership was positively related to power distance, individuals, and masculinity; it was, however, negatively related to Uncertainty avoidance. It was also found that the corrective avoidant leadership style was positively related to power distance and uncertainty avoidance, but negatively to individuals and masculinity. Furthermore, developmental/transactional leadership was positively related to power distance, uncertainty avoidance, and individuals; it was related negatively with masculinity. Thus, results suggested that top-management innovations are influenced primarily by leadership factors.

Beyond this, socio-cultural factors play a role in organisational innovation and leadership behaviour. However, the authors concluded that further research is required to uncover the influence of socio-cultural factors on the core values and outcomes of the innovation process itself. The authors have proposed that

perceptions concerning a leader and leadership behaviour are influenced by socio-cultural context. Therefore, the authors indicated that the relationship between leadership and innovation is influenced by socio-cultural values.

Engelen et al. (2014) conducted a survey which investigated the relationship between transformational leadership of those who are in top management positions and the level of innovation observed in 954 organisations across eight countries. Their study focused on how these six transformational leaders' behaviours influenced innovation orientation inside these firms, and how the three major cultural dimensions - power distance, individualism/collectivism, and uncertainty avoidance - contributed to this (inter-)relationship. This study focused on transformational leadership since most studies related transformational leadership to innovation. The author argued that this is the first study to explore these relationships between national identity and cultural values and their effect on transformational leadership vis-à-vis six behaviours and the level of innovation observed in the organisation. Two research questions were addressed in this study: (1) How does each transformational-leader behaviour influence innovation orientation? (2) How does national culture moderate the influence of transformational-leader behaviours on innovation orientation? (Ali et al. 2011, p.125). The researchers collected surveys from 951 organisations in different sectors, including: IT; construction; chemicals/pharmaceuticals; electrical energy services; financial; and, engineering; etc. These firms were located in different countries: 99 in Austria; 198 in Germany; 139 in Singapore; 70 in Switzerland; 209 in Thailand; 75 in the United States; 80 in Argentina; and, 81 in China. By examining the interactions between cultural dimensions and leader behaviours, it was found that this positively influences innovation. However, two of these six behaviours - accepting group goals and providing an appropriate model - were nonetheless culturally independent. However, the other four – articulating a vision, having high performance expectations, providing individualised support, and providing intellectual stimulation - were culture dependent. To summarise, transformational leader behaviours seem to vary according to cultural dimension(s). For example, when individualism is high, leader behaviour - such as articulating a vision, having high performance expectations, and providing individualised support - tends to strongly affect innovation orientation more in

comparison to when individualism is low. Furthermore, it was found that there is an inverse relationship between individualism and providing intellectual stimulation leader behaviour. However, it was also found that there is no correlation between innovation orientation and transformational leader behaviours, including accepting group goals or providing an appropriate model when it comes to individualism. This study is limited by the fact that it only focuses on the managerial level: additionally, the perceptions of subordinates of top managers should also be investigated in order to provide deeper understanding. Moreover, Tian et al. (2018) undertook a systematic review that examined 61 articles published over the previous 37 years (1980 to 2017). The aim of their study was to analyse the impact of culture on innovation, and they determined that various different dimensions of both organisational culture and national culture have an impact on innovation. Various cultural dimensions played roles in different innovation process, including new product development, service innovation, and administrative innovation. The review also highlighted several trends in the research on culture and innovation from 1980 to 2017.The majority of earlier studies were case or theoretical studies focusing on the impact of culture on innovation, which were followed by a number of studies that applied both qualitative and quantitative methods of data collection. After 2010, however, the research focus shifted to looking at the complex relationships between culture, innovation, and leadership rather than simply assessing the impact of culture on innovation. In addition, the earliest studies were conducted mainly in a European and US context; this has changed recently as more studies have evolved in the Asian context.

3.4.2 Islamic culture influences leadership behaviours

Semiarty and Fanany (2017) conducted a qualitative study on Islamic culture. The study aimed to present the experience of the three hospitals' experiences of the manner in which they balance the demands of the healthcare system and the traditional view of leadership in this particular community. This was because there was a problem related to healthcare leadership and funding in West Sumatra, Indonesia. Moreover, researchers indicated that local culture has huge impact on healthcare leadership, and this is an area which had not been explored previously in Indonesia. Furthermore, these hospitals faced challenges in acquiring hospital

accreditation which met the quality requirements for healthcare providers in Indonesia. Although these hospitals work under the national healthcare system, they have different achievements, as well as administrative and management processes. This is because the national healthcare system in Indonesia adopts a decentralised approach.

Qualitative in-depth interviews were conducted with the directors, senior administrators, and employees in different professional capacities. These included: financial director; director of medical services; two senior managers; five nursing staff in different areas; and five members of the medical committee. The findings indicate that staff reported a number of problems in the following areas: the administrative hierarchy; the decision-making process; and delegation of responsibility. These areas are important for meeting the hospital goals, which involves providing effective and sufficient care to patients and in achieving the standards mandated by the Ministry of Health. They are also important in maintaining the accreditation of the Ministry of Health and in enhancing their quality ranking. Furthermore, these areas are *not* in line with the encouragement of innovation: indeed, subordinates seem not to be involved in decision-making in the hospital. It was found that traditional views about leadership remain strong in both the community and hospital and thereby shape the expectations of healthcare workers in the hospital*.* This shows that culture plays an important role in influencing leader behaviours.

3.5 Saudi leadership characteristics and innovation

Throughout this search, four cultural characteristics were observed which might affect leaders' attitudes towards innovative work behaviours. These characteristics were found and taken from a group of studies, namely: Shane (1992), Bjerke and Al-Meer (1993), De Jong et al. (2007), Najm (2015), and Al Garni (2018). The first is related to the high-power distance differential. Hofstede (2011, p. 9) defined high power distance as the way in which the "followers expect to be told what to do". In his classification of different cultures, Najm (2015) conducted a study in which he analysed 11 models of international culture, and six models of Arab national culture in order to provide a further and better understanding of how Arab managers behave in organisations. Najm (2015) stated that the Arab culture is a high 'power

distance' society. In high power distance societies, superiors have power and control over their subordinates. Accordingly, decisions are made by the superiors. The subordinates are expected to follow the instructions and to avoid participating in decision-making. This characteristic might be evident in managers and employees in Saudi hospitals. Managers and Directors are expected to set guidelines, goals and to give instructions to their employees. The employees are expected to follow instructions and accomplish the dictated goals. In one of the few studies on management and culture in the Saudi context, Bjerke and Al-Meer (1993) used the same copies of Hofstede's questionnaire, and they translated them into Arabic. They collected data from 78 Saudi students on the MBA programme at King Fahd University in 1990 in Saudi Arabia. They measured Hofstede's national culture dimensions - power distance, uncertainty avoidance, individualism/collectivism, and masculinity/femininity – and in the results, they argued that managers in high power distance communities are content with having top managers who are authoritative.

3.5.1 Saudi culture impacts communication between staff

The second cultural characteristic is related to the type of communication that exists between managers and employees. In a seminal study that involved 33 counties from 1967 through to 1980, the study investigated the 'inventiveness' of different countries. This was done by investigating data by comparing the number of inventions with the number of citizens. The independent variables were adopted from Hofstede's categories (1980) (see previous). Shane (1992, p. 29) found that "communication enhances invention because a lot of people's inventive activity requires input from others". He argues that there is a difference in communication styles between superiors and subordinates in hierarchical and non-hierarchical societies. Saudi society is an example of a hierarchical society. As indicated by Bjerke and Al-Meer (1993, p.31), "Islam and Arab tradition recognise status hierarchy" in which less communication may occur between superiors and subordinates. This feature is also reflected in the Saudi healthcare sector where less communication may take place between managers and healthcare workers. This is a practice which may well impede innovation from emerging let alone flourishing.

3.5.2 Saudi culture influences staff decision-making

The third cultural characteristic is related to the leaders' approach to decision making. Bjerke and Al-Meer (1993) asserted that in high power distance cultures, such as the Saudi culture, employees are afraid to disagree with their managers. According to Hofstedes' measurement of power distance for 40 countries, they found that Saudi Arabia was ranked 73. This indicates that Saudi Arabia is a high-power distance culture and that this cultural dimension is often reflected in Saudi hospital settings. Although this study is not a recent one, it is included due to the limited number of studies of this sort in the Saudi context. Saudi managers usually make decisions in an authoritative and dominant manner. Employees are also expected to comply with the rules and to follow the dictated procedures. De Jong et al. (2007) carried out a study aimed to understand innovative leader behaviours which, in turn, encourages innovative behaviour amongst employees. The study was qualitative, and the data was collected via interviews. The participants were 12 managers or business owners. To recruit participants, the researchers contacted consultants working in a Dutch non-profit consultancy firm, *Syntens*, which has 250 consultants and aims to provide advice and information for the purpose of motivating innovation within small enterprises. The consultants were asked to nominate managers who showed excellence in stimulating innovative worker behaviour but also managers who did not show this excellence. De Jong et al. (2007, p. 56) found that "monitoring impedes the employees idea generation because it makes them feel insecure and unsafe at work – their jobs may be threatened if they make mistakes". Thus, it can be concluded that the way that leaders make decisions could influence worker's innovative behaviours in broadly negative ways.

3.5.3 Belongingness as a cultural factor that influences relationship between staff

The final characteristic concerns the nature of the relationship between leaders and workers. As elucidated by Al Garni (2018), in Saudi Arabia, sometimes rewards and promotions are given to employees depending on the nature of social and personal relationships with managers rather than the quality of their work. In this study, they investigated how Saudi leaders and followers recognise the concept of "authenticity", and how their perceptions of leadership are shaped by a

cultural perspective. Data was collected through interviews with 36 leaders and subordinates. The result indicates that there are some attitudes and behaviours of Saudi leaders and managers which can lead to unfair treatment. This type of unfair treatment can lead to problems in the workplace, including the workers' attitude to innovative behaviours. Bjerke and Al-Meer (1993) cited a study that was carried out by Harris and Moran (1987) which was undertaken in order to investigate the manner in which performance appraisal works within three different national cultures (namely, the USA, Japan and Saudi Arabia). It was found that personal connections are important when it comes to performance appraisal in the Saudi context. Thus, when a high power distance dynamic and poor communication between leaders and employees exists, the leaders' approach to decision making - with a notable lack of fairness when dealing with employees in healthcare organisations - are all factors which may combine to hinder the employees' level of innovation within Saudi hospitals. In turn, the healthcare services suffer and employee satisfaction may be negatively affected.

3.5.4 Leadership style in the Saudi culture

Discussions of the nature of leadership within Saudi Arabia have perceived it as a multifaceted phenomenon. In their book entitled Leadership Development in Emerging Market Economies, Dirani et al (2017), considered contextual aspects which influence the character of Saudi Arabian leadership, concluding that three types of leadership exist: autocratic, paternalistic, and consultative. Autocratic leadership exists to a great extent within Saudi society. These leaders avoid engaging in the delegation of tasks and leave it to the subordinates to do things by themselves. Autocratic leaders prefer their followers to apply and follow their decisions without any enquiries. These leaders rarely take ideas from staff who work in lower positions and they avoid working with staff who are less professional than themselves. The paternalistic leadership style is a type of authoritarian leadership, and it also exists to a great extent within Saudi society. This leadership style operates in a fatherly manner, and takes care of subordinates. They expect loyalty and commitment without any conditions. Furthermore, they expect obedience from subordinates and they feel that they are responsible for their

followers and their families. These leaders respond to the social activities of their followers, for instance by attending their weddings and other personal events.

Consultative leadership is a type of leadership that is also common within Saudi society. This type of leadership is shaped by the values of tribal cultures and its norms. Consultative leadership also connects to the Arabic word (*shawra*) which means to consult. Thus, these leaders tend to listen to subordinates and followers before taking decisions. This can create an environment in which staff can provide their opinions. The first negative aspect of this leadership type is that they expect ideas to come from older and more experienced people. The second negative aspect is the expectation that young people should learn and listen from them *in order* to improve their leadership/wisdom skills. The third negative aspect is that subordinates *have* to follow and obey a consultative leader when he/she takes a decision.

3.6 Leadership and innovation in the Saudi context

A limited number of studies were found in the area of Saudi leadership and innovation. These were: Alghamdi (2018), Al Shehri et al. (2013), Alharbi (2018), Alarifi et al. (2013) and, Al-Kandari and Dashti (2014). In the Saudi context, Alghamdi (2018) conducted a study which used a descriptive cross-sectional method on the college staff in Albaha University in order to examine the relationship between two elements of ambidextrous leadership, and two elements of employees' ambidextrous behaviour and the subsequent interactions between leader behaviours and their impact upon the performance of employee innovation.

The theory of leadership ambidexterity for innovation states that leadership has two types of behaviour. The first is "opening behaviour", which means the actions that can drive employee exploration, for example, supporting different methods in order to achieve the tasks required, but also accepting mistakes along the way. The second one is the "closing behaviour", which means that actions facilitate exploitation of ideas, such as to be sure that policies and procedures are followed. The study used a self-report questionnaire and was completed by 147 out of 400 faculty of which 55.8% were assistant professors, and 85.7% with a doctorate degree. The questionnaire consisted of four parts: participants' demographic

information; ambidextrous leadership, mainly opening and closing leadership behaviours; ambidextrous employee, namely exploration and exploitation behaviours; and, employee innovative performance. The study found that there is a positive relationship between employee innovation and leader opening and closing behaviour on the one hand, and the interaction between leaders' opening and closing behaviour on the other.

3.6.1 Elements that have an impact on innovative Saudi leaders

Al Shehri et al. (2013) conducted a study in a Saudi health sector which aimed to identify the patterns of creativity amongst healthcare managers and to examine the difference in the level of healthcare managers' creativity in terms of gender, educational level, and income level. The surveys were collected from different departments at seven hospitals in Saudi Arabia. Only 175 managers out of 284 replied to the questionnaire. Data was collected using the Multifactor Creativity Questionnaire which consists of three parts: personality of the manager; the problem-solving approach that managers employ; and, the work environment of organisation. The data showed that age, sex, and income did not correlate significantly with all domains of creativity. However, educational level was correlated significantly with the work environment *and* creativity potential. Another study carried out by Alharbi (2018) examined the role and contribution of the transformational leadership style when related to the readiness for change in healthcare organisations in Saudi Arabia. In fact, this research focuses on Saudi leadership behaviours towards readiness to the change process itself. The researcher used a questionnaire and surveyed 83 middle managers amongst 18 hospitals in the Al-Qassim region. The questionnaire consists of 16 items and measures four elements: intellectual stimulation; idealised behaviour; inspirational motivation; and, individual consideration. They measured for the transformational leadership style and the readiness to organisational change through three factors: intentional readiness, cognitive readiness, and emotional readiness for change. Results showed a positive and significant relationship between transformational leadership and the readiness for change. Alshehri's (2013) study and Alharbi's (2018) study were both conducted on general managers, which means that there were no specifics as to whether they were top level or middle managers.

Alarifi et al. (2013) also carried out a study which aimed to investigate the effects of transformational leadership on their followers' creativity in relation to psychological empowerment, intrinsic motivation, and organisational learning in a public sector organisation. The researchers used the Multifactor Leadership Questionnaire (MLQ) to measure the effects of the leadership factor. This questionnaire includes four parts: idealised influence; inspirational motivation; intellectual stimulation; and, individual consideration. Additionally, the questionnaire measures three more variables: intrinsic motivation, psychological empowerment, and employee learning. The participants totalled 1000, from which 503 employees responded. It was found that transformational leadership was positively related to employee creativity. Furthermore, employee learning factors and psychological empowerment were positively correlated with the two variables, however, the intrinsic motivation factor was not positively correlated. The study is limited because the data did not provide a clear picture of participants' experiences. Moreover, it might be that there are other factors which can have an impact on the relationship between transformational leadership and their followers' creativity, but which remain as yet undiscovered.

Alrefaei et al. (2022) developed a quantitative research design using questionnaires, with a sample consisting of 330 nurses working in five general hospitals in Saudi Arabia. Their study aimed to investigate the relationship between the nursing practice environment (NPE) and innovation behaviour (IB) in Saudi Arabia. NPE as a term was used to refer to a wide range of factors that organisations use to support professional nursing practice, including autonomy, exemplary professional nursing practice, management support, personnel and resource sufficiency, and team relationships. The results showed a positive correlation between the nursing practice environment (NPE) and innovation behaviour (IB).

3.6.2 Saudi culture and staff perspective

In the area of culture and leadership, one study has been conducted by Algarni (2018) in order to investigate how Saudi leaders and followers recognise the

concept of authenticity and how their perceptions of leadership are shaped by a cultural perspective. This would then be used to answer the following research question: How do Saudi leaders and followers perceive authenticity in leadership? The study was qualitative in nature and data was collected using face-to-face semi-structured interviews. This instrument was mainly chosen for the purpose of fulfilling the exploratory nature of this particular research. The researcher recruited 36 participants and divided them equally into leaders and followers. They were all males and they held at least a Bachelor's degree. The study was conducted in 18 private companies in six industries within the Saudi Arabia. Data was analysed using a thematic analysis approach. The findings indicated that culture is the key concept in terms of impactfulness. Participants indicated that Saudi culture influences their authenticity and Islamic values. Additionally, Saudi culture and Islam view the concept of authenticity in leadership differently, with there being eight distinct practices and behaviours related to authenticity. These eight behaviours were classified under two categories: self-behaving, and relational behaviours. The category of self-behaving refers to the leader behaving and acting in relation to his own authenticity. It includes the following behaviours: self-awareness; leading by example; leader interests matching organisational interests; admitting mistakes; and, accepting feedback. The category of relational behaviours focuses on the interaction between the leader and his followers. It encompasses the following behaviours: transparency with followers; developing followers; positive relationships with followers; and, justice and fairness towards followers. The findings show that there is a difference between how leadership authenticity is viewed by Saudi and Western cultures. This can strengthen the argument that Saudi culture can have an effect on the leaders' attitude towards innovation-related work behaviours. However, results of this study cannot be generalised because it was conducted within a specific context, namely the private sector which functions markedly differently from governmental and semi-governmental sectors in Saudi Arabia.

3.6.3 Islamic culture and innovation

In the area of religion and innovation, Al-Kandari and Dashti (2014) analysed the influence of Muslim religious scholars on the diffusion of innovation via the Internet

in Saudi Arabia between 1999 to 2012. In Saudi Arabia, religious scholars play significant roles that guide a large part of Muslims' behaviour and actions by issuing *fatwas*. *Fatwa* refers to a religious scholars' opinion that is based on their understanding of the Quran and the Prophet Mohammed's practice of Sunnah, regarding any new issues. This might hinder or encourage the adoption of innovation. The religious scholars published 34 fatwas, 11 approved decisions, 11 disapproved decisions, and 12 conditionally-approved decisions. The researchers considered that only the fatwas from the 47 most well-known Saudi religious scholars were of any importance in terms of impact upon innovation. These results highlighted the manner in which culture affects society when it comes to the acceptance of new ideas. To explain this further, people in Saudi Arabia seem to always respect and follow the opinion of religious scholars. This ultimate acceptance of the religious scholars' opinions is the result of the interplay between culture, religion, and education. Herbig and Dunphy (1998) examined the connection between culture and innovation and they found that religion has a notable effect on people's decisions, shared beliefs, behaviours, and actions. As argued by Herbig and Dunphy (1998, p.19), 'change becomes a high risk; as a result, Islamic beliefs have a detrimental effect upon the innovative potential of Islamic states.' This is because Islam is not only a faith, but a political community with direct political integration, unlike Christianity which has evolved to enforce a separation between Church and State. Moreover, they stated that religion can affect worker practices and levels of innovation within society. Thus, the Saudi leaders' attitudes may well be a factor in promotion or reduction of innovative work behaviours.

Table 7

A summary of studies classified according to themes.

Studies	Aim	Methodology and sitting	context	Results	Main focus/Themes
Ababneh and Bae (2012)	This study examined the effect of the transformational leadership style on innovation.	A total of 358 employees working in different public sector organisations in Jordan responded to the survey.	Jordan	The results suggested that transformational leadership fosters innovation.	
Alblooshi et al. (2021)	This study explored the relationship between various leadership styles and innovation.	A systematic review of 64 journal articles.		Different leadership styles had positive impacts on organisational innovation, either directly or indirectly. This review covered articles focusing on the relationship between leadership and innovation. Most articles were published three to four years previously in innovation and management related journals. They were, mostly quantitative in nature, using surveys, which highlights the need to investigate the relationship between leadership and innovation qualitatively. In addition, most studies investigated the relationship between leadership and innovation only in terms of the impact of leadership on innovation, rather than looking at the inverse relationship.	**Leaders' attitudes and skills related to innovative worker behaviour**
Denti and Hemlin (2012)	These researchers conducted a systematic review on the relationship between leadership and innovation	The systematic review examined 30 previous studies on leadership, with a focus on innovation.		At the individual level, creative self-efficacy was found to potentially increase motivation and generate individual ideas. Organisational-based self-esteem (OBSE) also supports the relationship between individual innovativeness and leadership. Self-presentation has a strong effect on the relationship between transformational leadership and individual innovativeness. At the team level, team reflection, team heterogeneity, and task characteristics influence the relationship between leadership and team innovation. At the organisational level, organisational structure impacts the relation between leadership and innovation.	

Janssen (2005)	This researcher examined the impact of the supportiveness of supervisors and their subsequent perceived influence on employees' innovative behaviours.	The participants were 170 non-management employees working in a Dutch energy industry company.		The results showed that supervisors' supportiveness enhanced and encouraged the employees' level of innovation at work.
Khan and Aslam (2012)	These scholars investigated the influence of three different leadership styles (transactional, transformational, and laissez-faire) on the prediction of innovative work behaviour.	The study was conducted in Pakistan using a quantitative methodology. A questionnaire was thus answered by 100 bank managers, 22 of whom were women and 78 of whom were men.	Pakistan	The results showed that innovative work behaviour could be predicted from transactional and transformational leadership, but not from the laissez-faire leadership style.
Kheng, June and Mahmood (2013)	This study investigated the relationships between a pro-innovative climate, leader-member exchanges, and social work capital and innovative work behaviours.	An online survey questionnaire was used by 335 workers from the knowledge-intensive business services (KIBS) sector in Malaysia.	Malaysia	The results demonstrated a significant relationship between a pro-innovation climate, social capital, and leader-member exchange and innovative work behaviours amongst knowledge workers.
Likewise and Dorner (2012)	These researchers used two models in their study. The first model examined the role that employee expectations play in innovative work behaviours, while the other examined the positive relationship between task performance and innovative work behaviours.	The participants in the first model were 350 employees and their direct supervisors in a Swiss insurance company. Data were collected via an online survey. The second model examined the employees' characteristics as related to innovative self-efficacy. There were 422 participants in the second model. Data were again collected via an online survey.	Switzerland	The results showed that task performance and self-efficacy had strong influences on innovative work behaviours, whilst outcome expectations did not contribute to such behaviour. However, the researchers noted that it is difficult to generalise the findings of this study due to contextual specificity.
Masood et al. (2017)	The study examined how transformational leadership amongst doctors may influence the innovative work behaviours of their "followers" (i.e.,	The study was conducted in public sector hospitals in Pakistan where the nurses are directly supervised by the doctors. The participants were 587 nurses	Pakistan	The findings demonstrated a positive relationship between transformational leadership and innovative work behaviours.

	nursing employees).	and 164 doctors, and the study was quantitative in nature.		
Piansoongnern (2016)	The aim of the study was to explore the perceptions of Thai employees regarding their Chinese leaders. It also examined the impact of Chinese leadership on innovative work behaviours among Thai employees.	Semi-structured interviews were conducted with 25 senior Thai executives and 10 workers employed in a Chinese Thai automotive company.	China	The results showed that the Chinese leaders demonstrated features of dictatorship and acted as immoral role models. Innovative work behaviour was not exercised by the Thais.	
Pieterse et al. (2010)	These scholars aimed to examine the relationships between transformational and transactional leaders and their followers' innovative behaviours, taking psychological empowerment as the moderating factor.	The participants were 230 employees of a government agency in the Netherlands; a quantitative methodology was used.	Netherland	The results showed a positive relationship between transformational leadership and innovative behaviour and a negative relationship between transactional leadership and innovative behaviour in the presence of high psychological empowerment.	
Reuvers et al. (2008)	This study explored the relationship between transformational leadership and innovative employee work behaviour. In addition, it examined the moderating effects of gender of the manager and gender of the employee.	The researchers examined 335 participants across four hospitals in Australia. The participants were drawn from 40 multidisciplinary teams and included nurses, medical doctors, psychologists, and allied health professionals.	Australia	A positive relationship between transformational leadership and innovative employee work behaviour was identified. Additionally, this study also found that innovative employee behaviour increased when the transformational leader was male.	
Alarifi et al. (2013)	These researchers aimed to investigate the effects of transformational leadership on followers' creativity in relation to psychological empowerment, intrinsic motivation, and organisational learning in a public sector organisation.	A questionnaire was used to measure the effects of the leadership factor among 503 employees.	Saudi Arabia	Transformational leadership was positively related to employee creativity. Furthermore, employee learning factors and psychological empowerment were positively correlated with psychological empowerment and organisational learning. However, intrinsic motivation was not positively correlated to those factors.	

Alghamdi (2018)	This study aimed to examine the relationship between two elements of ambidextrous leadership and two elements of employees' ambidextrous behaviour, as well as the subsequent interactions between leader behaviours and employee innovation.	The study used a questionnaire that was completed by 147 respondents, of whom 55.8% were assistant professors, and 85.7% had doctorates.	Saudi Arabia	The study found a positive relationship between employee innovation and leader open and closed behaviour as well as with interactions with leaders' open and closed behaviour.	**Leadership and innovation in the Saudi context**
Alharbi (2018)	This study examined the role and contribution of the transformational leadership style as related to the readiness for change in healthcare organisations in Saudi Arabia.	A questionnaire was used to survey 83 middle managers across 18 hospitals.	Saudi Arabia	The results showed a positive and significant relationship between transformational leadership and readiness for change.	
Al-Kandari and Dashti (2014)	This study investigated the influence of Muslim religious scholars on the diffusion of innovation via the Internet in Saudi Arabia between 1999 and 2012.	The work analysed 34 fatwas published by religious scholars: only those fatwas emanating from the 47 most well-known Saudi religious scholars were considered in terms of impact upon innovation, and only 34were relevant to the topic in the chosen period.	Saudi Arabia	The chosen religious scholars published 34 fatwas, consisting of 11 approved decisions, 11 disapproved decisions, and 12 conditionally-approved decisions in the selected period. The results highlighted the manner in which culture affects society with respect to the acceptance of new ideas.	
Al Shehri et al. (2013)	This aimed to identify patterns of creativity amongst healthcare managers and to examine any differences in the levels of healthcare managers' creativity in terms of gender, educational level, and income level	Surveys were collected from 175 managers at seven hospitals in Saudi Arabia.	Saudi Arabia	The findings showed that age, sex, and income did not correlate significantly with all domains of creativity. However, educational level did correlate significantly with work environment *and* creativity potential.	
Algarni (2018)	This study examined how	A total of 36 male participants were	Saudi Arabia	Participants indicated that Saudi culture influences their perceptions of	

	Saudi leaders and followers recognise the concept of authenticity and how their perceptions of leadership are shaped by their cultural perspective.	divided equally into leaders and followers. The study was conducted in 18 private companies		authenticity and leadership based on Islamic values.	
Bjerke and Al-Meer (1993)	These researchers measured Hofstede's national culture dimensions: power distance, uncertainty avoidance, individualism/collectivism, and masculinity/femininity.	Hofstede's questionnaire was translated into Arabic to collect data from 78 Saudi students on the MBA programme at King Fahd University in Saudi Arabia in 1990	Saudi Arabia	Based on the results, managers in high power distance communities are content with having top managers who are authoritative.	**Saudi leadership characteristics and innovation**
De Jong et al. (2007)	This study aimed to understand innovative leader behaviours with respect to these encouraging innovative behaviour amongst employees	The study was qualitative, with data collected via interviews. The participants were 12 managers or business owners	Netherland	The findings included the fact that "monitoring impedes the employees' idea generation because it makes them feel insecure and unsafe at work – their jobs may be threatened if they make mistakes"	
Najm (2015)	This study analysed 11 models of international culture and six models of Arab national culture in order to provide a better understanding of how Arab managers behave in organisations.	Critical analysis of 11 models of international culture and six models of Arab national culture.		The Arab culture can be categorised as a high "power distance" society. In societies of this type, managers have both power and control over their subordinates.	
Ali et al. (2011)	This study examined cultural impact on leadership effectiveness and organisational performance. The aim was to investigate the role of national culture using Hofstede's model of organisational performance	The study was conducted in Pakistan as an exploratory investigation of the importance of leadership styles and their impact on decision making, which influences the overall performance of the organisation.	Pakistan	The findings indicated that national culture and organisational culture affect leadership effectiveness and leadership style, which likewise has an impact on the performance of the organisation. It was also found that leadership effectiveness correlates positively with organisational performance. Consequently, leadership is very important for successful change.	
Elenkov et al. (2005)	This study tested a model of top	Surveys were used for the data	Europe	The results indicated a negative relationship between a Laissez-faire	

	management (CEOs or presidents and five top-level managers) to determine their influence on innovation. Two research questions were addressed: (1) "Does socio-cultural context directly affect leadership?", and (2) "Does socio-cultural context moderate the relationship between leadership within the top-management and their influence on innovation?"	collection process, with 1,774 participants in total, including 270 titular heads, 783 immediate followers, and 721 key employees in innovation processes. These participants were drawn from 297 firms across 12 European nations.		leadership style and organisational innovation. With regard to Socio-cultural Context and Leadership, the results confirmed that three styles of leadership were affected by social culture: these were transformational leadership, the corrective avoidant leadership style, and developmental/transactional leadership. Thus, the results suggested that top-management innovations are influenced primarily by leadership factors.	**The impact of culture on the leaders' attitude towards innovation behaviours**
Engelen et al. (2014)	This study investigated the relationship between transformational leadership among those in top management positions and the level of innovation in an organisation.	Surveys were collected from 951 organisations in various sectors, in different countries: 99 from Austria; 198 from Germany; 139 from Singapore; 70 from Switzerland; 209 from Thailand; 75 from the United States; 80 from Argentina; and 81 from China.	Austria, Germany, Singapore, Switzerland, Thailand, the United state, Argentina, and China.	An inverse relationship between individualism and providing intellectual stimulation was found in leader behaviour. However, no correlation was identified between innovation orientation and transformational leader behaviours, including accepting group goals, or providing an appropriate model with respect to individualism.	
Tian et al. (2018)	The aim of this study was to analyse the impact of culture on innovation.	A systematic literature review reviewing including 61 articles published between 1980 and 2017.		This study found that different dimensions of both organisational and national culture have impacts on innovation. The review also showed several trends in research on culture and innovation from 1980 to 2017. Earlier studies were case or theoretical studies focusing on the impact of culture on innovation. These were followed by a number of studies that applied both qualitative and quantitative methods of data collection. After 2010, the research in this area shifted to focus on the complex relationships between culture, innovation, and leadership rather than examining only the impact of culture on innovation. In the early years, studies were conducted mainly in a European and US context; however, this has changed recently as more studies have evolved in the Asian context.	

Semiarty and Fanany (2017)	The study aimed to present three hospitals' experiences of balancing the demands of the healthcare system and traditional views of leadership in a particular community.	Qualitative in-depth interviews were conducted with directors, senior administrators, and employees in various professional capacities, including the financial director; the director of medical services; two senior managers; five nursing staff in different areas; and five members of the medical committee. The hospitals selected were all located in West Sumatra, Indonesia.	Indonesia	Staff reported a number of problems in relation to: the administrative hierarchy; the decision-making process; and delegation of responsibility. Traditional views about leadership remain strong in both the community and hospital, thereby shaping the expectations of healthcare workers and highlighting that culture plays an important role in influencing leader behaviours. Moreover, the researchers noted that local culture has a significant impact on healthcare leadership, an area which had not been previously explored in Indonesia.	

3.8 Summary

In summary, this chapter introduced a review of literature that is relevant to the present study. In the first section, studies were discussed and critically evaluated. Table 7 shows a summary of studies classified according themes. The following themes have emerged: leaders' attitudes and skills are related to innovative worker behaviour; the impact of culture on the leaders' attitude toward innovation behaviours; leadership and innovation in the context of Saudi Arabia and Saudi leadership characteristics; and innovation. The review of literature indicated that there were a number of gaps that have not been explored before. Although there were many studies that have examined a number of factors that can have an influence on leadership and innovation (with a main focus on leadership style and their followers), only a small number of studies have, however, examined the crucial role of culture and its impact. In addition to this, studies were conducted across different contexts, and the majority used quantitative methods of data collection. Although quantitative studies tend to aim for generalisation, ultimately cultural variations might make generalisation impossible. There is thus a need to conduct an in-depth exploration of innovation in the field of nursing recruitment

using qualitative research methods. Thus, this study is undertaken in order to fill in these gaps within the literature in relation to the followings: the effects of culture on leadership practices and staff innovation; how leadership practices shape innovation; staff's understanding of the concept of innovation; and the barriers to innovation practices in the recruitment of nursing staff in a specific context, namely the Saudi context. In order to adequately explore these gaps, a qualitative-based methodology was applied in this study. Such methods will be utilised to ascertain a detailed description and comprehensive analysis of the phenomenon. The methodology employed in this study is presented in detail in the following chapter.

CHAPTER FOUR: Research design

4.1 Introduction

This chapter presents the methodology and methods used in this study to explain and clarify the process by which the findings were obtained. This should also help to familiarise the reader with the ways in which the research methodology of the study was constructed. The chapter is thus divided into five sections: the first section offers a brief explanation of the aims of the study and introduces the research questions that the study answers, while the second provides an explanation of the selected research methodology and the theoretical considerations used to make this selection, including the ontology, epistemology, and axiology underpinning the study and how these offer a theoretical and methodological "fit" for the study's aims. The third section then discusses the research design and the research procedures, outlining the qualitative descriptive design and the selected sample, study setting and data collection methods. This section also includes an overview of the data analysis processes, include the many steps applied to gather and analyse the data such as conducting interviews, familiarisation with the data, initial coding, searching for themes, reviewing themes, defining themes, and producing a report. After that, the fourth section provides a discussion of the ethical considerations of this study, as well as offering a reflexive consideration of the quality of the study, with the latter including a reflection on the researcher's performance as a novice interviewer and the implications of the researcher's insider status. The chapter concludes with a brief summary of its overall content.

This study employed a qualitative design, collecting data by means of semi-structured interviews. The research aims were to explore the factors that impact innovative practices in nursing recruitment in Saudi hospitals from the perspective of Saudi staff at both manager and subordinate level. It thus aimed to fulfil the following objectives:

• To understand the effects of culture on leadership practices and staff innovation;

• To explore how leadership practices shape innovation in the recruitment of nursing staff in Saudi hospitals;

• To understand the concept of innovation from perspective of Saudi staff within the context of Saudi hospitals;

• To identify and overcome barriers to innovation practices in the recruitment of nursing staff in Saudi hospitals.

To achieve this, attempts were made to answer the following research questions:

1. What is the perceived relationship between Saudi Arabian culture and innovation for those in leadership positions, and for others involved in nursing and recruitment?

2. To what extent do Saudi healthcare leaders influence innovation behaviours in the area of nursing recruitment?

3. How do Saudi healthcare workers in leadership positions, and those they work with who are involved in nursing recruitment, understand, perceive, and deal with innovation?

4.2 Theoretical Considerations

4.2.1 Epistemological, ontological and axiological stance

This study is based on a constructivist paradigm, and this underpins the study's ontological, epistemological, and axiological stances. Constructivism is based on a belief that, through the application of personal cognitive mental processes, individuals each construct a world of experience. Constructivism thus differs from positivism in that it asserts that knowledge about the world cannot be known directly, as the world of experience exists only in the mind. Constructivism thus represents an epistemological position concerning the ways in which knowledge and meaning are constructed and developed. Under constructivism, several families of thoughts exist and the most common of these are the following three: Radical constructivists that view reality as constructed by one's mind only, as explained by Von Glaserfeld (1995); more moderate constructivists, such as Kelly (1955) and Piaget (1969), who considers the construction of reality as the result of

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systematic relationships between individuals and the world outside; social constructivists, as Bruner (1990) and Vygotsky (1978), who assert that "influences on individual construction are derived from and preceded by social relationships" (cited in Young and Collin, 2004, p. 376).

Constructivism is oftcen confused with constructionism, and the distinction between these terms must thus be clearly defined. Constructivism and constructionism differ with regard to whether the construction of the world is an individual cognitive process or a social process, and there is thus an ongoing argument with respect to the close relationships between their epistemologies and ontologies. Some researchers do not recognise a clear difference between constructivism and social constructionism, however, while others have identified several perspectives in which the concepts overlap, such as the many commonalities between social constructivism and social constructionism. This has led some works to use the terms interchangeably (Burr 1995; Gergen 1999), potentially creating ambiguity. This has arisen as both views were introduced recently, and, as such, are still developing concepts, especially with regard to social constructionism. According to Burr (1995, p.2), there is a "family resemblance" or a series of "fuzzy sets" between the various perspectives found under social constructionism. Thus, constructivism and social constructionism can be said to be different though related approaches, coming from within the same extended "family" of thought.

Nevertheless, there are clear differences between social construction and constructivism that mean that it is not hard to distinguish between them. In short, constructivism "focuses on meaning making and the constructing of the social and psychological worlds through individual, cognitive processes" whereas social constructionism "emphasizes that the social and psychological worlds are made real (constructed) through social processes and interaction" (Young and Collin, 2004, p.375). Kant (1781, 1998) argued that social constructionism lies within the constructivist family; however, it focuses on the social rather than the individual. Similarly, for Gasper (1999), knowledge in social constructionism is the result of social practices and institutions, or the interaction between certain social groups of people, rather than individual experience.

In general, social constructionism claims that knowledge is developed by means of social processes, and that knowledge and social action thus usually move together. This approach is less concerned with the cognitive processes that coincide with knowledge. Martin and Sugarman (1999, cited in Young and Collin, 2004: 376) suggested that social construction processes construct knowledge through interaction, thus acting to "externalize the mental world that is constructed through discourse". This offers another element that draws a difference between social constructionism and the main constructivist family, as the ontological position of social constructionism is both anti-essentialist and anti-realist (Burr 1995). The epistemology of social constructionism asserts that knowledge as constructed is specific to its historic and cultural context; further, while language contains reality, it does not reflect it, being a condition of thinking and a form of social action. This implies that exploration of reality should concentrate on interaction and social practices. Gergen (2001) further asserted that, in addition to saying that things are socially constructed, social constructionism must pay attention to the location of such construction in terms of history and culture. Social constructionism thus provides a means of discussing how interpretations are shaped by social factors the way the social world is constructed through relational practices and social processes. The majority of social constructionists are thus strongly opposed to any and all orthodox and positivist assumptions.

In terms of ontological stance, the constructivist paradigm means that the researcher must construct a reality by means of interactions with the research participants, as reality does not exist in and of itself "waiting to be discovered" (Neuman 2014, p. 94). For interpretive researchers, reality is seen as both multiple and as lying within the minds of participants. thus, culture and society both contribute and relate to the ways in which reality and knowledge are constructed. Moreover, such reality can be related to sets of words that can be analysed (Tracy 2013). The epistemological stance best related to constructivism is thus subjective, so that the researcher must draw conclusions based on interactions with participants. This is achieved by applying a methodology that allows the formation of answers to questions such as "what happens", "why" and "how". The main axiological stance adopted in this study to support this is that "belief is valuable and ethical" (Killam 2013, p. 6). This study thus has value for the healthcare field

in Saudi Arabia and may contribute to improving healthcare services by helping explore the barriers that hinder innovation in nursing recruitment area among Saudi healthcare staff and by solving such challenges through the development of innovative ideas in the area of nursing staff shortages.

4.2.2 Ontology

Ontology is concerned with the nature of reality, and there are two main ontological positions: realist and nominalist. Realists view the world as existing "out there" independent of humanity, waiting to be discovered, whereas nominalists believe that reality does not exist except with reference to the ways humans experience the world and how they interpret it (Neuman 2014). In relation to this study, the relevant ontological beliefs are situated within a nominalist position in that the author believes that reality is multiple and thus can be socially constructed. With respect to this study, reality, in terms of the concept of innovation and innovative practices and attitudes towards innovation in nursing recruitment, can be viewed as being defined by the ways in which participants in this study, both managers and staff, experience it and interpret it (Neuman 2014).

This research was guided by the belief that multiple realities could be discovered through researcher interactions with selected interviewees, including both nursing and HR staff. In addition, many elements in the Saudi context that might influence the practice of innovation in hospital and nursing recruitment staff were identified, alongside a potential relationship between the Saudi context and innovation for both those in leadership positions and those involved in nursing and recruitment. At the ontological level, constructivism is thus the main philosophical assumption which lies behind this study, and this asserts that knowledge about the world cannot be achieved directly, as such knowledge exists only in people's minds (Young and Collin 2004). This was therefore reflected in the choice of methodology and methods for this study, which employed a qualitative descriptive design and collected various perspectives through individual interviews with several participants. These views were influenced by cultural beliefs and hospital context and shaped participants' experiences, as cultural worldview and personal life order a person's experiences, albeit subconsciously (Neuman 2014). In this study, reality was thus assumed to be multiple rather than singular, and its construction was regarded as an active process in which participants participate together to

construct the world in relation to their perspectives on history, culture, hospital environment, and similar factors (Young and Collin 2004). Ontological assumptions frame reality as either objective or subjective; in this research, reality was thus seen as based on experiences influenced by participants' inner subjectivity, hospital context, and cultural worldviews (Neuman 2014).

4.2.3 Epistemology

Epistemology is related to a view of the surrounding world and what makes a given assumption true; this has been framed as "How we know and what we know" (Crotty 2015, p. 8). Proper consideration of epistemology helped to provide and shape the knowledge arising from this research, using the interactions with participants to develop socially constructed meaning and knowledge. In this study, constructivism was adopted as the main epistemological position affecting what is known and meaning is developed (Young and Collin 2004.). From a nominalist perspective, the production of knowledge about reality is naturally affected by interpretations and subjective views; thus, the researcher's interactions with the participants allowed social construction of the meaning of innovation and the attitudes toward it from the perspective of nursing recruitment staff in two Saudi hospitals. The underlying epistemology of constructivism is subjectivism, which means that knowledge in this case was constructed through both the respondents' individual perceptions and their interactions with the researcher (Denzin and Lincoln 2008). Epistemology "is concerned with ways of knowing and learning about the world [and it] focuses on issues such as how we can learn about reality and what forms the basis of our knowledge" (Ritchie et al 2013, p. 6), attention was paid to gathering interviewees' inner thoughts and interpretations based on their engagement in the everyday life and activities of their workplaces. Interpretations in this work are thus based on the resultant thoughts about staff innovation behaviour and practices and the reasons behind these attitudes in the specific contexts of both recruitment HR and nursing staff in two hospitals in Saudi Arabi.

4.2.4 Researcher's theoretical lens

During my career, which has spanned many years and spread across several hospitals in Saudi Arabia, I have noticed a lack of innovation among hospital

employees in general. When I have discussed this issue with my colleagues, most of their answers tend to be superficial; they seem to consider innovative people to have God-given talent, rather than simply trying things. Some of them also referred to hospital management as a reason for a lack of innovation, but none of them have offered further details on why this is the case or what exactly is the matter. Nobody seems to think very deeply about the matter or attempts to find the reasons behind this. In addition, the organisational culture in Saudi hospitals does not appear to be very interested in innovation. My own views about this also changed when I started my PhD programme and discovered the wider global literature relevant to this research topic. I now believe that there are many factors and elements that affect such views of the world, which are then expressed as attitudes and behaviours. These factors are both multiple and do vary, being determined by a variety of elements such as social context, education, culture, and workplace environment. One of the more interesting theories that has guided my understanding of how culture can have an effect on innovation was developed by Hofstede (1979, 1980, 1982, 1983) and his studies in the field of psychology with regard to the relationship between psychological characteristics and culture. Hofstede initially investigated 40 national cultures, expanding this later to 53 cultures. Based on this, he identified four cultural dimensions related to anthropological/societal issues: Power Distance, Uncertainty Avoidance, Individualism versus Collectivism, and Masculinity versus Femininity (Hofstede and Bond 1984). Hofstede (1993) also more recently added a fifth dimension, long-term orientation and a sixth dimension has also been added by some other researchers. Examining this theory led me to connect the Saudi context's influence with attitudes towards innovation during my work life. As a result, this study was developed to explore the factors that impact innovative practices in nursing recruitment in Saudi hospitals from the perspective of Saudi staff at both manager and subordinate level, employing Hofstede's cultural dimensions as a theoretical lens.

This research is located within the interpretive paradigm because this is most congruent with my personal ontological and epistemological beliefs. The role of paradigm in this type of research is to provide the researcher with lenses that enable observation of the fieldwork based on certain philosophical assumptions

(Burke 2007). The interpretive paradigm refers to the construction of reality by means of interactions with the participants; for interpretive researchers, reality is thus seen through the participants' lenses, as in this study. Culture and society both contribute and relate to how reality and knowledge are constructed in this manner, and the impact of this thus shaped one of the research questions for the current study (Tracy 2013). Adopting constructivist assumptions also enabled development of understanding of the historical and cultural settings of the participants (Creswell 2014), as constructivism supports the exploration of how a particular group of individuals makes sense of a situation taking place at a particular time in a shared manner. Thus, while reality is subjective rather than objective or fixed and varies between individuals, it is also acknowledged as varying between groups and societies (Bisman and Highfield 2012). The results of the study are thus specific to the Saudi context, as the constructivist approach is context-specific, based on both culture and society contributing and relating to how reality and knowledge are constructed. However, this focus helps to produce meaning in the context of the specific factors involved.

4.2.5 Ontological, theoretical, and methodological "fit"
Ontology and epistemology are strongly connected, and both drive a researcher's choice of suitable methodology, which in turn helps determine the researcher's choice of appropriate research methods (Braun Clarke and 2013). Based on an underling belief that reality is not unitary and cannot be measured, a nominalist position is adopted in this research. As a researcher, my belief is that attitudes towards innovation are not stable, being based on a specific context that may change. This means that the realities that exist in the minds of people involved in HR nursing recruitment must be exposed by means of a developmental qualitative research methodology. To construct such realities, the researcher must become part of the relevant world and interact with participants, based on constructivism as an epistemological position that is concerned with how reality can be known and how meaning is developed, based on the firm assertion that knowledge about the world cannot be known directly as it exists only in the minds of participants (Young and Collin 2004). Thus, constructivism was the theoretical assumption reflected in my ontological positioning, with realities held as being multiple and dynamic, generating an epistemological construct which asserts that knowledge is gained

only through interaction with participants. A qualitative methodology was therefore most congruent with this philosophical positioning and was deemed the most appropriate fit, as this enabled the gathering of rich data from participants to better fulfil the aims and objectives of this research.

4.3 Research procedures

4.3.1 Qualitative descriptive design

To date, only a little research has been carried out in the relevant field which is innovation in nursing recruitment area, making a qualitative approach appropriate for this work (Eisenhardt 1989; De Jong et al 2007; Creswell 2014; Padgett 2016). Among the small quantity of prior literature that exists in this field, the majority has been quantitative in nature (Pieterse et al. (2010), Khan and Aslam (2012), Ababneh and Bae (2012), Reuvers et al. (2008), Masood et al. (2017), Dorner (2012), Kheng, June and Mahmood (2013), Janssen (2005), Elenkov et al. (2005), Engelen et al. (2014), Bjerke and Al-Meer (1993), Najm (2015), Alghamdi (2018), Al Shehri et al. (2013), Alharbi (2018), Alarifi et al. (2013), and thus does not examine the cultural aspects that were the focus of research questions. It was therefore envisaged that a qualitative research design could address the resulting gaps in the literature. This approach was also deemed suitable because of its interest in meaning (Braun and Clarke 2013). The qualitative design thus enabled exploration of both managers' and workers' perceptions of and attitudes towards innovation which, in turn, contributed to an understanding of innovative work behaviours, innovative practices in hospitals, the barriers to innovation experienced in nursing recruitment, and the development of solutions or innovative ideas to address nursing shortage. In addition, it enabled me to better understand Saudi leaders' attitudes towards innovative work behaviour by allowing me "to capture (lived experience) from the perspective of those who live and create meaning from it" (Padgett 2016, pp. 16-18).

As the current study is concerned with people's working lives, requiring consideration of cultural and social factors and a variety of complex social processes, a qualitative approach was also appropriate with respect to facilitating a deeper understanding of complex phenomena specific to the Saudi context (Padgett 2016, Ritchie et al 2013). Among the several types of qualitative designs

available, such as phenomenology, ethnography, narrative inquiry, and grounded theory, a qualitative descriptive design was selected for various reasons. In particular, qualitative descriptive design is useful in explaining perceptions and experiences especially in areas that have not been fully explored, as well as being an important way to investigate a topic subjectively by exploring multiple experiences and by describing the results of such exploration qualitatively (Creswell, 2014). Moreover, this type of design is appropriate where the researcher holds philosophical assumptions such as constructivism that require the use of interpretive methods. A qualitative research design is more generally appropriate for use in research that aims to explore individual experiences within a particular context (Doyle et al 2019), while the descriptive design was most suitable for this research because of the aim to describe the innovation practice extant in nursing recruitment in the Saudi context, which is new area that has not been fully explored in any way. In addition, this work investigated multiple experiences across the nursing and recruitment field from both managers' and subordinates' perspectives. Within the theoretical framework of constructivism, this design was thus seen as an appropriate way to examine these two concepts within their particular context.

4.3.2 Sample

The sample for this study was a cohort of 20 managers and staff (15 males and 5 females). Pseudonyms were used to refer to participants for the purpose of anonymising their identity. As explained by Braun and Clarke (2013, p. 55), "a sample size of between 15 to 30 individual interviews tends to be common in research which aims to identify patterns across data", and in this case, the sample included managers and departmental staff employed in two hospitals in Saudi Arabia who were working in either Recruitment Management or Nursing Management. These two departments were selected because these are responsible for providing nursing services, retaining nursing staff, and finding solutions to nursing staff shortages. The nursing department is responsible for selecting, retaining, and attracting candidates and managing staff, while the recruitment department also has responsibility for attracting staff, as well as for applying retention plans in the hospital and appointing staff. Purposive sampling was employed to ensure that the chosen participants could provide rich data for analysis (Braun and Clarke 2013), as purposive sampling enables selection of

those participants whose experiences best fit the research problem addressed (Silverman 2013). The sample was chosen based on the following inclusion criteria:

- Managers or supervisors in Nursing, Recruitment, and HR who deal directly with staff under their supervision and the staff who work under them.

- Managers and staff who are of Saudi nationality and who have worked and have experience in Recruitment, HR, or the nursing department.

- Staff employed by one of the two selected hospitals in either HR recruitment or the nursing department.

4.3.3 Study setting

This study was conducted in Riyadh, the capital of Saudi Arabia. It included two hospitals, both of which are funded and overseen by different providers. The rationale for choosing these two hospitals was that the first hospital has a committee that supports change and innovation, which rewards departments and employees who offer novel ideas for improvements, while the other hospital does not have such a programme.

4.3.4 Data collection

This study employed individual face-to-face semi-structured interviews. An interview can be defined as a "professional conversation" (Kvale 2007), conducted here in order to achieve an understanding of participants' experiences and their perspectives on the research questions (Braun and Clarke 2013).

The planned interview schedules included *opening and closing* questions. Each interview thus began with a general question: "From your point of view, can you tell me what your understanding of innovation is in general?" Open-ended questions were then used to encourage the participants to express their personal views and perspectives (Creswell et al 2018), beginning with general questions and moving on to more specific questions to focus the interviews in various directions as interesting points emerged. This included specific questions focusing on staff innovation practices in nursing recruitment, general Saudi and more specific hospital culture, and the impressions of managers working in nursing

recruitment processes (Jacob and Furgerson 2012). At the end of each interview, a closing question was used: "Do you want to add any information relevant to our conversation?" This helped to ensure the richness of the data and offered participants a chance to talk about any issues they had an interest in. Further richness of data was related to the *sequence of questions*, and this was encouraged by organising the questions logically. As an example of this, sensitive questions such as "Describe how your manager might encourage staff to be innovative?" were asked later in the interview rather than at the beginning, allowing participants to become comfortable before addressing potentially difficult ideas. The third step involved the *construction and wording of questions,* while the final step was related to developing *prompt questions*. These prompt questions were used more explicitly to encourage participants to provide further details.

The interviews thus covered several themes, including innovation, culture, leadership, and nursing recruitment. At the end of the interview drafting process, all questions were therefore reviewed to ensure that they could provide answers to the research questions, that they would be meaningful to the interviewees, and that they could generate sufficient information (Braun and Clarke 2013).

Several steps were involved in developing the interview questions used to collect data for this study. The first step was a review of the literature to illuminate suggestions of questions requiring investigation. The second step drew on my work experience in the field. Subsequently, 19 questions linked to the research questions were identified. These were discussed with the supervisors for this work, and a final 17 interview questions were collectively agreed upon. Then, the original schedule was then further developed into two types of interviews. The first was specially designed for the managers, while the second focused on the relevant employees (Appendix 5). Whilst similar, these interview schedules differed in several ways, particularly in relation to those questions for employees that aimed to explore their manager's attitudes towards innovation in general and more specifically with respect to nursing recruitment. Once the two interview schedules were designed, these were translated into Arabic, as all of the participants were Saudi, and their native language was thus Arabic. Back translation was thus performed for both interview schedules in order to ensure the quality of the

translation, though all translations were done by certified translators from official translation offices.

Before the main interviews were conducted, the interview questions were tested by means of a pilot study. The significance of piloting interviews lies in their ability to determine whether there are any weaknesses in the interview questions. Moreover, they can be used to check whether the timings of the interviews are appropriate, as well as highlighting any limitations in the questions prior the start of the data collection to allow amendments to be made in a timely manner (Kvale 2008). In this case, a pilot study was undertaken with three Saudi health workers who were employed in different hospitals in August 2019. The participants in the pilot study were not part of the sample used in the main study. Two of them worked in the Human Resources Department, one an acting recruitment manager and the second, his subordinate, worked as a recruitment specialist in nursing recruitment. The third employee was a nurse. The results of the pilot study suggested that two of the original questions were not sufficiently clear, and that more explanation was required by interviewees. These observations were thus taken into consideration and the two questions were modified appropriately.

Among other reasons, semi-structured interviews were chosen as the instrument for data collection to better embrace the philosophical assumptions of constructivism. Semi-structured interviewing, which is the most common type of qualitative interviewing, allows the researcher to prepare an interview schedule covering a set of questions to ask participants to ensure that the research questions are adequately addressed; however, these leave room for participants to raise issues that may not have been predicted by the researcher (Braun and Clarke 2013). Alongside this, prompts were added to the interview schedules after the pilot study and were deployed at the necessary points. Semi-structured interviews as a method of data collection thus have several advantages. They are particularly suitable for research that explores the experiences of participants with regard to a particular topic, and as the current research focused on manager and staff experiences of innovation in nursing recruitment in the context of Saudi hospitals, semi-structured interviews were particularly relevant, based on the type of information required. In addition, individual semi-structured interviews also

facilitate the use of questions that require openness on the part of participants that might not be possible where focus group are used as an interviewing method: as explained by Adams (2015, p. 494), "If you need to ask probing, open-ended questions on topics that your respondents might not be candid about if sitting with peers in a focus group".

Additionally, although semi-structured interviews are guided by an interview schedule, they offer tremendous flexibility, both in terms of questions asked and on the part of participants as they discover space in which to be open about their experiences. Nevertheless, semi-structured interviews may employ an interview schedule and can thus guide the interview to a satisfactory conclusion by creating a focus on those matters most relevant to the study, allowing researchers can carry out comparable interviews without necessarily following the same order of questions each time. In addition, as the area of this thesis may be considered novel, and thus to require in-depth general investigation, it is notable that semi-structured interviews are particularly useful for new research in terms of supporting the later design of large-scale follow-up surveys. This factor is useful for researchers who plan to explore an area in further depth in the future using survey questionnaires, as the semi-structured open-ended interviews can help them determine the types of questions that are most effective, or those that should not be used, in that context for future questionnaires (Adams 2015).

There are, however, also some disadvantages to semi-structured interviews such as the fact that they are "time-consuming, labour intensive, and require interviewer sophistication" (Adams 2015, p.494). A researcher intending to do semi-structure interviews must be intuitive, delicate, quick witted, and self-controlled, as well as having the requisite knowledge about sensitive issues related to the subjects' experiences. The time and effort that researchers must expend with respect to preparing, conducting, and analysing such interviews are extensive, and the process is not easy (Adams 2015). Semi-structured interviews are time consuming and require a great deal of efforts on the part of the researcher; each step, from designing the interview schedule through arranging interview appointments and conducting the interviews requires significant effort and time on the part of the researcher, while the actual semi-structured interviews are also time-consuming

for participants, with each interview in this study, for example, lasting from 30 to 70 minutes.

Although semi-structured interviewing has certain limitations, this type of interview was selected as the method of data collection in this case because it enabled exploration of staff experiences of innovation and their attitudes towards it in various aspects of the nursing recruitment area, which supported the main aim of this study. It also provided rich data that were particularly useful for answering the research questions and fulfilling the objectives of the research. The aim was to explore and construct meaning through verbal interactions with relevant participants, developing meaning related to innovative practice in nursing recruitment and hospitals. Although I, as the researcher, have worked in many hospitals over the years, and I have thus experienced some of the problems faced by nursing recruitment, I avoided presenting myself as an expert or as knowledgeable in the field; participants were instead approached as experts, with my role as a researcher being to learn from their views and experiences.

Each interview took from 30 to 70 minutes. Two audio recorders were used to record the interviews in order to avoid any unexpected technical problems such as sudden stoppage. This enabled a more dedicated focus on the interview data rather than the process. These high-quality digital recorders also helped with filing and retrieving the data in due course; however, live notes were also taken during each interview. The interviews were conducted in Arabic language as all participants were Saudis, whose native language is Arabic. Once interviews were complete, the recorded interviews were listened to and transcribed. These transcriptions were then translated by a certified professional translator. The time taken for data collection was approximately four months: interviews with the managers and staff in the first hospital were carried out over a period of 10 weeks and interviews with the managers and staff in the second hospital were carried out over a further six weeks. All interviews were conducted in a private place in the relevant participant's workplace to avoid any disturbance during these conversations.

4.3.5 Data analysis

This study was inductive, with all results were built up from existing evidence in such a manner as to reveal new insights. The inductive approach clarifies complex data and produces meaning based on developing a summary and themes (Thomas 2006). This supports a view of knowledge "based on an induction…a (bottom-up) process through which patterns are derived from observations of the world" (Ritchie et al 2013, p. 6). To work with this in an inductive manner begins with taking observations of the empirical world and then moving from these towards a theoretical understanding. This research thus began with the selection of a topic and the development of several related ambiguous ideas prior to inductive work to produce more specific concepts (Neuman 2014). Thematic Analysis (TA) was thus employed in this study, which is a method of data analysis that enable the researcher to identify recurring and emergent themes for further analysis (Braun and Clarke 2006). There are many reasons supporting this choice of TA as an analysis approach. It allows for great flexibility, and as such can be used in research that answers any type of research question to analyse almost any type of data. TA is also a good starting point for researchers with little experience in qualitative research, as it is not particularly conceptually difficult to learn and apply. It can also be used in describing both a phenomenon as a whole or its various aspects, as well as being suitable for use in the analysis of data generated using a bottom-up approach.

To prepare for data analysis, the steps introduced by Braun and Clarke (2013) were adopted. All interviews were conducted in Arabic, as the participants were Saudis whose native language is Arabic. After each interview, the recording was listened to in order to ensure that the quality of recording was sufficient. A certified translator was then hired to perform both transcription and translation. This step offered an additional challenge, however, as although a translator with a master's degree in English translation who was fully certified was hired, the resulting translations were not up to the expected level. After seven transcripts were completed and sent them to the project supervisor, on discussion they were found to lack the required quality and did not meet expectations. The translator had focused on translating the literal meaning of statements, and this negatively influenced the presentation of participants' voices, particularly as compared to the

Arabic versions of the transcripts. Various language and cultural-related meanings had been omitted, negatively affecting the quality of the translation. Further translation was then sought from an accredited office, with each translation individually reviewed in conjunction with the project supervisor to check that the language generated was appropriately complex and rich. In addition, to validate the quality of the translations, a back translation method was applied, with the English versions of the transcripts re-translated into Arabic and compared to the relevant participant's Arabic transcript to see whether similar meanings still emerged.

4.3.5.1 Familiarisation

The next essential step is familiarisation. This step is very important, as it allows the researcher to become familiar with the data and to absorb any information emerging in relation to the research questions. Familiarisation thus goes beyond understanding the superficial meaning of the words into reading the data "actively, analytically and critically" (Braun and Clarke 2013, p. 205). It also allows the researcher to think about the meaning of the data by focusing on points such as why and how each interviewee makes sense of their experiences and how they discuss the topic, allowing consideration of researcher responses to those experiences and the emotions generated by those situations.

4.3.5.2 Initial coding

The next step was initial coding, which involves "a process of identifying aspects of the data that are related to your research question" (Braun and Clarke 2013, p. 206). In qualitative analysis, there are two main approaches to coding, selective coding and complete coding. Selective coding refers to focusing on only the particular data most relevant to the phenomenon at hand, while complete coding, on the other hand, involves identifying both obviously relevant data and anything that may be of interest in terms of answer the research questions. In this study, a complete coding approach was adopted within the process of data analysis. This coding process enabled the development of blocks of analysis that were then used to identify the most common themes. In this context, a code is defined as "a *word* or *brief phrase* that captures the essence of why you think a particular bit of data may be useful" (Braun and Clarke 2013, p. 207). Codes thus capture ideas may

be important in the data analysis, and these can be considered to be the building blocks of theme construction. The transcripts were all printed out and read closely and individually least twice, with any text related to the codes already identified highlighted in each passage. All the data that might be relevant and which could address the research questions were coded in this way. Data of interest, but which might be irrelevant were also coded, as all codes were reviewed at a later stage, as advised by Braun and Clarke (2013), and removing irrelevant data is easier than reading the text again to recode additional points.

4.3.5.3 Searching for themes

After the coding process was complete, a set of codes emerged that included many ideas that shaped the resulting themes. Each theme had a "central organising concept" which included many ideas and aspects related to it (Braun and Clarke 2013, p. 224). These themes were identified by gathering all data related to each code, which helped determine the relevant similarities and differences between codes to identify the concepts to which the different codes were related (see Appendix 7). Where codes had minor connections or only slight differences, these were gathered within a single theme unless doing this would affect the answers to the research questions. All codes were also titled, and the texts within each marked with the number of the line from which they were extracted and the code for the participant's transcript. After revision, all codes that were irrelevant or which did not address the research questions were excluded. The many themes with central organising concepts related to my research questions were then examined further, with each theme providing ideas and issues meaningfully related to the answers sought. These themes were naturally revised repeatedly with the help of the project supervisors to ensure that they remained relevant. Moreover, the relationship between the themes had to be considered, as it was important for the themes to fit together in order to shape a fully comprehensive analysis.

In the next step, sub-themes were generated from the three main themes that emerged, based on categorising all texts under these different sub-themes within the three main themes. A visual thematic map, which allowed a better view of the relationships between themes and sub-themes, was used to achieve these

relationships. Data was assigned from twenty transcripts under the three main themes that emerged from the analysis and the research questions. All texts were thus categorised under the nine different emergent sub-themes, divided across the three main themes:

1- **Saudi Factors that Impact Innovation**
- Saudi culture frustrates innovation
- The influence of Saudi Education on attitudes to innovation
- The self and others as a hindrance to innovation

2- **Organizational culture impacts innovation**
- Hospital culture and orientation may deter innovative practice
- Hospital systems impact innovation
- Leadership and management perspectives have different impacts

3- **The ambiguous nature of innovation in Saudi hospitals**
- Misunderstandings of the concept of innovation
- Innovation is rare in nursing recruitment
- Innovation is restricted to immediate requirements'

The next step required reviewing and revising the themes, and the most important thing in this step was to ensure that the generated themes represented the coded data. Completed properly, themes should provide a story that is accurate and reflects the data. This was achieved as follows: all of the data and codes were re-read to ensure that all the themes were related to codes. Once it was confirmed that the generated themes were related to the research questions and that each theme had a central organising concept, the remaining uncoded data was reviewed to ensure that no information relevant to the identified themes had been omitted.

It should be noted that before the final themes were confirmed, this process was repeated across multiple different cycles of reviewing, merging, and re-wording themes, a long process that took considerable time and effort, that was discussed repeatedly with the two experts in the field supervising this project. Initially, six themes and more than 20 sub-themes were identified, and these were then narrowed down by merging appropriate themes together. For example, the theme

"Leadership style and staff innovation" was combined with the theme "Organisational culture as a factor influencing innovation" because these themes were clearly related and thus better considered under the same heading. Thus, a broader theme based on how organisational culture overall impacts innovation, which covers both facets, was created.

The next step was defining and naming themes. In this step, the focus was on defining themes in such a way as to indicate the aim of each theme. This included creating a synopsis of the core of each theme in the form of a short descriptive sentence so that each theme had an aim and a scope that differentiated it from other themes, while together, the themes created meaningful data and rich information. The final step was writing up the analysis and finalising it. In this step, each theme was examined to extract and clarify all the main aspects surrounding the theme. An illustrative approach was taken to achieve this which means that the "analytic narrative provide[d] a rich and detailed description and interpretation of theme, and data quotations inserted throughout are used as examples of the analytic points you are claiming" (Braun and Clarke 2013, p. 252). In this way, a description of every theme was created that allowed provision of meanings for the data to emerge within the illustrative approach.

4.4 Ethical Considerations

In any kind of research, it is important to consider a range of ethical issues. This includes protecting the privacy of the individual with respect to the rights of participants. Qualitative research also has several specific challenges with respect to ethical considerations including obtaining informed consent, recruiting candidates, obtaining access to the research context, privacy, the researcher's role in the research and the impact of researcher knowledge and interpretations. In addition, the researcher may also be faced with challenges arising from the demands of the ethical committee responsible for the research, such as the ethics committee of the relevant universities or other research institutes (Ponterotto 2010). This study was fully guided by the comprehensive Cardiff University ethical framework throughout. In order to conduct the study, a letter of approval was thus obtained from the Research Ethics Committee of Cardiff University School of Healthcare Sciences; approval was also obtained from the two hospitals in which

the study was carried out (see Appendix 3). To facilitate this, the two hospitals asked for certain documentation, such as a letter from Cardiff University, a brief overview of the research, the information sheet, the consent form, and a letter from my sponsor. The hospitals then reviewed the study by passing it through their respective research ethics committees, finally providing me letters of permission to conduct the study and facilitating contact with potential participants in the relevant Nursing and Recruitment Departments.

All participants who wished to participate were also given an information sheet (appendix 1) and a consent form (as shown in appendix 2) that confirmed that they agreed to be part of the research and that they recognised their role and were aware of the nature of the research (Brown and Coombe 2015). The information sheet was used to inform the participants of the purpose of the study, the voluntary nature of their participation, and their right to withdraw at any time without explanation. Participants' responses from the interviews were highly protected at all times, and participants were assured that all data obtained would be kept confidential. In addition, their organisation, place of work, and personal identity was anonymised.

As part of the process of reporting results, all collected data was stored confidentially and participants' identities were concealed via anonymisation at every stage of the study through the use of pseudonyms or codes. A digital audio device was used to record the conversations, which were immediately uploaded to the researcher's dedicated laptop and placed in a secure file that was locked with a password. In cases of emotional distress arising during the interview process, procedures were in place to minimise the impact of such feelings, including taking a break or redirecting the participant's attention to a less emotional topic. Once the interview processing was complete, all of the recordings were transferred to a password protected device. The recorded interviews were then transcribed anonymously and stored electronically on a secure file with a password on the researcher's laptop. All interviews were deleted from the audio-digital recorder when the transcription and translation process was complete, and only the research team have access to the saved data. In addition, all participants were informed that all data will be destroyed once the relevant academic degree is

awarded. A notebook was also used to record certain points during the interviews, and this notebook was destroyed after the process of transcription and translation was completed, using a confidential waste service provided by Cardiff University. No known conflicts of interest emerged prior to or during the research.

4.5 Enhancing the quality of the study through reflexivity

Reflexivity refers to "an awareness of the researcher's role in the practice of research and the way this is influenced by the object of the research enabling the researcher to acknowledge the way in which he or she affects both the research processes and outcomes" (Haynes 2012, p. 74). This thus refers to how my pre-understanding as a researcher and the goal of the research continually affect each other during the various research steps. While doing this research, I paid attention to and was critical throughout the process, as well as considering the tools used in the research carefully. This involved more than just reflection, incorporating the consideration and selection of appropriate ontology, epistemology, and methodology, based on my belief that my research, which explores the attitudes towards innovation among hospital leaders and the impact of these upon worker behaviours with respect to the recruitment of nursing staff in Saudi hospitals, needed to adopt certain particular methods in order to discover the realties expressed in the individual interviews.

Reflexivity is important for good qualitative research, though it can take both functional and personal forms (Braun and Clarke 2013). In terms of personal reflexivity, I was physically involved in developing the research method, attending the interviews, and thus becoming part of the related knowledge production. I also contributed to shaping the knowledge through my own experience of working in the same field as the participants with respect to my hospital and HR experience. On the functional level, our shared culture helped, as I was aware that it is not easy to extract the information from participants unless a certain level of rapport is created; I thus adopted specific techniques, such as a warm-up stage, to help participants feel relaxed and comfortable, and to develop a sense of trust during the interviews. To avoid personal bias in terms of interpreting and analysing participant's transcripts, however, I applied a validity technique to improve the trustworthiness and the quality of the study. This technique is known as "member

validation", and it required me to share my analysis of transcripts with participants and to ask for their comments on the product of that analysis. This process is designed to ensure that the researcher avoids and subjective misinterpretations of participants' responses (Braun and Clarke 2013).

4.5.1 My performance as a novice interviewer

My prior experience in qualitative research and the use of semi-structured interviews was limited: although I had performed many exit interviews for employees during my time as a Human Resources Operational Manager, those interviews were structured using just a few questions, and the organisations involved usually placed little reliance on them, making them procedural rather than explorative. In this study, I thus gained experience with every interview, and the first interview was necessarily different to the last interview because I had become more experienced and had learned from previous interviews by the time of the latter. Although I asked the same questions and used the same prompts throughout, in the later interviews, I felt more able to use further prompts to elicit more details. Reflexivity "may be used as a technique or tool for evaluation of the role of researcher in the research process, often with a view to eradicating bias in research design and analysis, in order to maintain the objective position of the researcher" (Haynes 2012, p. 74). As I began the interviews, I expected to rely on my experience as a junior staff member and then a manager, and this led to the expectation that the conversation I envisaged would be similar to that in participants' minds. However, I remained mindful of the need to avoid influencing participants' answers, focusing on using neutral formulations such as "what do you think?", "how?", and "tell me more".

During the interviews with the directors and managers, I noted that most of them attempted project a good image of themselves by presenting themselves as having the qualities of innovative leaders. In addition, I noticed that many of them were afraid to express their thoughts and views due to their holding sensitive positions in their organisations. Although I assured them that all the information obtained from them would be kept confidential and had ensured that they were willing to participate by means of the consent form, they were still fearful of expressing their views and reluctant to be honest. I tried to overcome these challenges by beginning

the interviews with a warm-up phase, offering participants coffee before their interviews, and giving them the opportunity to choose the place for their interviews in order to make them feel more comfortable. One manager, code SA, was highly conservative at the start of the interview, and he insisted on calling the Education Department to ensure I really had approval from the hospital for the interviews, despite my having shown him the relevant approval letter. After that call, which occurred before I began the interview, I told him that I had heard about his performance as a recruitment manager and how he had managed to recruit a good number of staff to the hospital despite the institution being relatively new: after we discussed this for few minutes, I felt that he became more relaxed, and I then began the interview.

During the interviews, especially when working with managers, I reminded participants repeatedly that the conversations were to be totally confidential and that nobody would listen to them except the research team, allowing their identities to be kept anonymous. In contrast, interviewing junior staff was often easier, as they were more open, and the only challenge lay in getting open answers to questions asking them about their managers. Some such staff tried to avoid answering these answers until I reminded them that this study could help develop work environments in Saudi Arabi and that their answers would be kept confidential, as nobody would listen to the recording except the research team. For most participants, the interview process itself was a challenge, as it was their first time being interviewed and participating in such research. However, when I informed them about the aim of the research and I assured them both that everything would be kept confidential and that their identity, including names and places of work, would be anonymised in any case, they came to feel more comfortable and opened up.

4.5.2 Insider status

Being an insider gave me several benefits in terms of this research. My experience in the medical field, particularly in HR and nursing recruitment, helped me to draw the emerging picture of this field, and while interviewing the participants, I understood their perspectives and how they felt more readily having been in their position in the past. I had been involved in many similar challenges, such as solving

conflicts between staff members and their managers or being a member of the many committees drawn up to address nurse shortages. While many participants' answers were different to those I had expected, my insider role allowed me to discover the multiple realities that the participants presented based on their differing views and perceptions of the topic. In addition, being within the field helped me to design the interview questions and to ask more in-depth questions from the beginning. As one of the research objectives was to explore the impact of culture on Saudi staff innovation, and as I also come from this culture, this aspect of being an insider helped me to understand various cultural issues that arose during the course of the interviews, as well as enabling me to ask prompt questions related to such issues. In addition, having worked in many hospitals facilitated my access to the hospitals used in this project, helping me to rapidly obtain research approval (Merriam et al 2001). This also helped me to build rapport with the participants, as we are all professionals within the same field and thus share some manners of thinking.

My position as a researcher was as an insider, which played a part in the social construction of reality undertaken with the participants. As defined by Edwards (2002), insider research refers to "research undertaken by a person who has been a member of an organisation or community under study for a minimum of five years" (Galea, 2009, p. 4). However, being an insider in this way does offer some disadvantages, among the most important of which is the risk of role duality inherent in being both a researcher and a member of hospital staff. I attempted to avoid the impact of this role duality by not expressing my own observations, thoughts, and feelings during the interview process; where important realisations occurred, I thus wrote these down and took notes rather than engaging the participants with my own thoughts (Unluer 2012). In addition, sharing similar characteristics with the participants created another challenge in terms of my insider role, which I had to attempt overcome by taking on a deliberately neutral role during the interview process (Roulston 2010).

4.6 Summary

This chapter summarised the methodology used in this study, as well as offering a description of the research processes carried out during the data collection phase in Saudi Arabia. It briefly discussed the underlying paradigm of the study, which is constructivism, as well as explaining the descriptive qualitative research design. An overview of the research procedures, including the sample selection, study siting, data collection, and data analysis processes, was offered. Furthermore, the chapter explained the ethical considerations underlying the work, as well as discussing the ways in which the quality of this study was enhanced through reflexivity, including reflection on my performance as a novice interviewer and my insider status. The next chapter presents the findings of this methodology process, based on the rich data achieved, which is then described across the following three chapters to answer the research questions.

CHAPTER FIVE

Findings: Theme One

5.1 Introduction

This chapter presents the results of the analysis of the qualitative data which was collected through the semi-structured interviews with the staff who are employed in the nursing recruitment area. The findings are divided into three main chapters, with each chapter tackling a new theme. The three core themes are primarily concerned with innovation in the nursing recruitment area; the relevance of several issues involved in these themes emerged from the interview data. This chapter introduces the first theme, which is 'Saudi Factors that Impact Innovation', and includes the sub-themes: 'Saudi culture frustrates innovation', 'The influence of Saudi Education on attitudes to innovation' and 'The self and others as a hindrance to innovation'. Chapter six introduces the second theme, which is 'Organizational culture impacts innovation' and includes three sub-themes: 'hospital culture and orientation may deter innovative practice', 'hospital systems impact innovation' and 'leadership and management perspectives have different impacts'. Finally, Chapter 8 presents the third theme, 'The ambiguous nature of innovation in Saudi hospitals' which encompasses three sub-themes: 'Misunderstandings of the concept of innovation', 'Innovation is rare in nursing recruitment' and 'Innovation is restricted to immediate requirements'. A summary of the three overarching themes and their corresponding sub-themes is presented in Figure 3.

Figure 3

Summary of themes and sub-themes

As outlined in Chapter 3, this study employed a qualitative design in which data were collected from 20 participants through semi-structured interviews lasting between 30 and 70 minutes which an average duration of 50 minutes. A summary of the study participants is presented in Table 8.

Table 8
Detailed description of study participants

	Pseudonym	Position and duties	Experience in current role	Age	Gender
1	Falah	A Recruitment Manager, his responsibilities cover all recruitment process in the hospital as well as attracting qualified staff to the hospital. In addition, he is responsible for nursing recruitment and thus recognise the challenge of nursing shortages. Two of his staff were also interviewed, Yaseen and Talab, both of whom work in nursing recruitment.	5 years	36	M
2	Yaseen	A Nursing Recruitment Specialist, he works in nursing recruitment at both local and international levels; he is aware of the nursing shortages and the difficulties of attracting nursing staff.	1.5 Years	33	M
3	Ayman	A nursing supervisor, his responsibilities include training nurses, supervision of Saudization for nurses, and nursing clubs all of which help attract nursing staff and retaining them. One of his staff members, Dalal, was also interviewed.	17 years	41	M
4	Dalal	A staff nurse, she has many responsibilities as coordinator of the Saudization programme and nurses club; her direct supervisor is Aymen. She is responsible for nursing student internships and writes evaluations about them as part of her job, as well as working to attract and retain nursing staff.	3 years	27	F
5	Rafiee	A nursing recruitment senior specialist, his responsibilities include recruiting both Saudi and non-Saudi nursing staff.	9 years	34	M
6	Hade	As a nursing recruitment specialist, he works on the process for recruiting both Saudi and non-Saudi nursing staff. He is also involved in nurses' exit interviews.	1.5 Years	26	M
7	Talab	A senior specialist in nursing recruitment, his responsibilities include attracting and recruiting both Saudi and non-Saudi nursing staff.	5 years	32	M
8	Shaker	As a HR deputy for recruitment with experience of both recruitment and working on retention planning in the hospital, he has supervision of Hade and Omer.	10 years	40	M
9	Hana	As recruitment manager, she is in charge of all nursing recruitment in the hospital. She has direct supervision of nursing recruitment, and both Waleed and Rafiee work under her supervision.	1 year	41	F
10	Waleed	A senior specialist in nursing recruitment, he is responsible for nursing recruitment, including attracting nurses' CVs to the nursing department and performing interviews with new candidates for the nursing department.	3 years	29	M

11	Ismaeel	Newly-promoted to HR Director, he has worked in the HR department for long time. He has supervision of Hamad and Hana.	1 year	44	M
12	Omnia	A Head Nurse on one of the hospital wards, she deals with many nurses. She works under Hussein.	12 years	31	F
13	Hussein	As Nursing Director, he is responsible for all nursing sections and activities, as well as acting to apply nursing strategies in line with hospital strategy.	14 years	35	M
14	Nawal	A Senior Staff Nurse, she is in charge of the Saudi nursing club, running activities to train Saudi nurses to facilitate improvement and retention. She works under Hussein.	10 years	34	F
15	Sabir	His position is HR Director, and he has extensive experiences in hospital HR. His role includes responsibility for all HR activities. including recruitment. He has supervision of Shaker and Falah.	26 years	51	M
16	Hamad	An assistant HR director with extensive experiences in HR recruitment, despite having only just been promoted to this position.	1 year	33	M
17	Omar	A Recruitment Specialist in nursing recruitment, he is working on a process for recruiting both Saudi and non-Saudi nursing staff. He is also involved in nurses' exit interviews, making him highly aware of the challenges of and reasons for nursing turnover and shortages among both Saudi and non-Saudi nurses.	9 years	34	M
18	Naif	A Nursing Manager with many subordinates, his responsibilities include ensuring that the nursing department provides full service for the hospital, based on recruiting qualified staff and developing and retaining them. He has supervision of Mashari and Dema.	21 years	41	M
19	Mashari	A Staff Nurse with extensive experience in both nursing and associated admin work, he trains Saudi nurses during their internships.	11 years	34	M
20	Dema	As a Staff Nurse working in one of the wards in the hospital, she has experience dealing with her direct manager in relation to nursing students and interns.	2 years	26	F

The study sought to answer the following research questions:

1. What is the perceived relationship between Saudi Arabian culture and innovation for those in leadership positions and others involved in nursing and recruitment?

2. To what extent do Saudi healthcare leaders influence innovation behaviours in the department of nursing recruitment?

3. How do Saudi healthcare workers in leadership positions, and those they work with who are involved in nursing recruitment, perceive the role of innovation in effective leadership?

5.2 Theme one: Saudi factors that impact innovation

This main theme answers the first research question: "What is the perceived relationship between Saudi Arabian culture and innovation for those in leadership positions and others involved in nursing and recruitment?". It considers factors that are specifically related to Saudi culture and impact the ability of Saudi staff to be innovative in the recruitment of nurses. This theme emerged as one of the most important concepts in this research and was discussed by the majority of participants who are working in the nursing recruitment area. This theme includes the following sub-themes: Saudi culture frustrates innovation; The influence of Saudi education on attitudes to innovation and the self and others as a hindrance to innovation. Explanations, reflections and interpretations of insights gained from the interview transcripts are presented in the sub-themes below.

5.2.1 Saudi culture frustrates innovation

The findings of this research suggest that culture is a very important factor and has a significant impact upon Saudi people's views and understandings of innovation. The majority of participants suggested that Saudi culture shapes innovation in the nursing and Human Resources, and recruitment departments in the Saudi hospital context. As evident in the interview data, whether it is managers or employees involved in nursing recruitment, most staff view culture as a factor that negatively influences innovation, and has an impact on the process of attracting, retaining and recruiting nurses. Culture was also found to have an impact on the attitudes

towards innovation held by staff working both in nursing and Human Resources, and recruitment departments, as well as managers involved in nursing recruitment. The interview data indicate that Saudi culture has an impact on innovation in the workplace. For example, Sabir, who is a director in Human Resources, asserted that the culture of Saudi society has strongly impacted innovation, as shown in the following extracts:

> *"Culture affects innovation significantly, and it is considered the largest impact on innovation".*

> *"The Saudi culture in general needs to develop innovation and needs to encourage innovation greatly while it is still in the cradle and under the process of development and has many things in order to encourage innovation".*

> *"If human culture is narrow and does not accept the other's opinion or accepts other ideas, innovation will be affected". (*Sabir, HR Director)

As shown clearly in the above extracts, this participant indicates that Saudi society must do more, and it will have to make stronger efforts to encourage more innovation. This is because Saudi culture is an ongoing process, rather than something fixed and does not support innovation. Moreover, the participant asserted that a conservative culture, similar to the Saudi culture, which does not always accept ideas or opinions from others, adversely impacts innovation in the nursing recruitment area. According to this participant, Saudis need to work on their culture in order for it to be open and more tolerant of diverse ideas and points of view and to not to be mired by its traditions, manners and habits.

This point was also asserted by Rafiee, who works in nursing recruitment. He noted that by viewing all new ideas as shameful, incorrect or mistaken, Saudi culture itself can have a negative impact on innovation, and this could also extend to area of nursing recruitment. The participant explained that anything new or innovative that does not come from Saudi culture, or does not align with Saudi heritage, would be considered a source of shame or a fault in the individual. This view might have

an impact on staff who are involved in nursing recruitment, as they may avoid presenting their ideas in this field:

> *"Our society sees everything as a shame, a mistake, a fault, and*
> *this is culture". (*Rafiee, Nursing Recruitment Senior specialist)

Additionally, the majority of participants agreed that in Saudi culture, there are fears around change, and this leads to the rejection of new ideas. Regarding pre-established rules, Yaseen asserted that Saudi people tend to reject new ideas due to the influence of Saudi culture even if the idea is good:

> *"We fight innovation. There is a tendency in our culture that we do*
> *not accept anything new. Even if this is a good thing in some ways,*
> *if it is new, it will be rejected". (*Yaseen, Nursing Recruitment
> Specialist)

Similarly, Nawal, who is a staff nurse, mentioned that there are people in Saudi society who avoid and fear new experiences, which is likely to influence innovation in general and in nursing as well. She attributed this to the influence of the family and provided an example of her own experience with her father when he did not allow her to drive a car until he saw how this particular change worked for others in Saudi society:

> *"There are people who are afraid of this new experience. For*
> *example, my father said, 'If I see other girls in our family drive, I*
> *will let you drive. First, let's wait to see the experiences of others*
> *in our big family and their notes regarding women driving". (*Nawal,
> Staff Nurse)

In relation to the workplace, Hade, who works in nursing recruitment, indicated that staff are fearful of change because they are concerned that this might affect their work in nursing recruitment:

> *"This is due to the fear of the new change and how it might affect*
> *their work".* (Hade, Nursing Recruitment Specialist)

Dema, who is a nurse, also claimed that Saudi society does not accept innovative ideas and is fearful of new ideas, because society rejects any ideas which are perceived to be against Saudi culture:

> *"I notice that society does not accept any innovative idea, even if it is positive. As long as it is against our culture, meaning that when a new idea is proposed, you will find that society will not accept it quickly, as it will have a fear of anything new and it may not accept it because it is against our culture". (*Dema, Staff Nurse)

The data also revealed that fear of change can also stem from the nature and character of Saudi society. For example, Shaker explained that innovation means change and Saudi society at all levels are afraid of change. He linked these behaviours to the nature of Saudi people who, he asserted, prefer working and living their lives by adopting the same routine and not looking for development. Such behaviours might hinder innovation and the search for new ideas in nursing recruitment:

> *"We are afraid of change and the endpoint of innovation is change. Fear of change is present whether at the administrative level or the broader and social levels".*
>
> *"Humans always think that their situation and working in the same daily routine is a normal thing". (*Shaker, HR deputy for Recruitment)

Shaker uses a metaphor to illustrate Saudi society's inflexibility and resistance to change by referring to the rigidity of non-living objects. A rigid society means that the community is not flexible and not able to change or adopt change in any aspect, including innovation in nursing recruitment. Moreover, the participant emphasised that innovation means change, indicating a strong relationship between change and innovation:

> *"If we do not change, this means that we are rigid. Rigidity is the characteristic of non-living objects. Accepting ideas and change is*

all about accepting innovation". *(*Shaker, HR deputy for Recruitment)

The data also suggest that belongingness has a significant impact on innovation. This can include tribal, regional, religious and personal connections. This factor influences everyday practices, such as introducing bias in communication and relationships between people in Saudi society; the influence extends to all dealings between people. Sabir indicated that tribal and religious affiliation that stems from Saudi culture, affects connections between people. Tribal affiliation is a historic feature of Saudi culture and stems from their belief in highlighting the differences that exists between different groups of people. This can lead to heightening the value placed on supporting those who belong to the same tribe or family. In respect to religious affiliation, religious people use personal connections to support each other, and to exert control over the religious beliefs of the community to accommodate their own religious orientation. This is evident in the way religious people occupy sensitive positions in order to keep their religious orientation and prevent any change that is not in line with their ideology:

> *"There are some societal factors, such as tribal affiliation and religious affiliation that reduce the chances of innovation due to assumptions and beliefs in assumptions related to traditions, and this inheritance in most societies is inherited and not original; and it focuses on fixed social factors, which are not stable in terms of tribes, religion, or society, but is related to traditions and customs. So, believing in difference will not reduce innovation, but rather will increase the opportunities for innovation".* *(Sabir, HR Director)*

The data suggests that personal connections can hinder innovation resulting in decreased development and change especially in nursing recruitment as discussed during the interview.

Likewise, Rafiee commented on the Saudi hospital context and nursing recruitment departments in many instances during his interview, adding that tribal affiliation leads to bias among staff. Bias can include both favourable or unfavourable treatment among managers and staff or among staff themselves. People from the

same tribe usually support each other and stand with each other when it comes to problems. Tribal bias includes support, promotions, training and recruitment, which as he asserted, has a negative impact upon innovation:

> *"… Tribal culture and dealing on the basis of tribe… affects innovation … tribal culture is present, and we have it here in the hospital, and I expect it to be the same in any other hospital and in all facilities".*

> *"… I mean bias…" (Rafiee, Nursing Recruitment Senior specialist)*

Likewise, Talab confirmed the prominence of tribal affiliation as well as regional affiliation. Staff tend to support other staff members who belong to their own tribe or from their own region. This is evident in the language used to communicate with each other, using words that reflect strong tribal affiliation, such as "the son of my tribe and region". Such words highly encourage affiliation and place a responsibility on members whom they expect support from. This is of relevance to the first research question as it presents the effects of culture on innovation in nursing recruitment:

> *"In fact, yes, tribal matters and regional matters still exist and are somewhat restricted for us. The nature of a young Saudi male or female is that they have belonging to a certain race or a certain region, and unfortunately it still exists to this day, so he says 'this is a son of my tribe or a son of my region', and this still exists".*
> *(Talab, Nursing Recruitment Senior specialist)*

In Saudi culture, people also believe in and follow many proverbs which they think are the result of knowledge and experience. In this respect, Shaker referred to a proverb which is famous among Saudi people: "I and my brother against our cousin and I and my cousin against a stranger". These words influence Saudis' relationships with their relatives and society; however, it also affects staff performance, and the way individuals deal with their managers. Staff who think differently, or have new ideas that are not supported by their manager, choose not to present them. It is clear that encouraging innovative ideas, whether in nursing recruitment or in hospitals, might depend on connections with managers:

"There is a Saudi proverb which says: 'I and my cousin against a stranger, and I and my brother against our cousin'. This proverb is similar to the situation when all team members do not innovate and just submit to the manager".

"If I innovate, I want to develop my work. And then the manager brings someone who has lower knowledge and qualifications and cannot add anything to the organisation and puts him/her in a position higher than the position of employees who innovate. After this, the employee will not innovate or even think about innovation".

"You will find that the manager recruits someone who is his/her relative and promotes someone. This is because the tribe asks him/her about his/her achievements and what he/she offered to his/her relatives and tribe members". (Shaker, HR deputy for Recruitment)

Similarly, Shaker added that an important aspect of the tribal affiliation relates to tribe members supporting each other, with pressure on the person who occupies a higher position to provide a service to his/her other tribal members. This is reflected in the workplace and has an effect on the recruitment of qualified staff as well as promotions. This might also impact innovation in nursing recruitment staff, particularly if they feel that there is no equality in the workplace and hence feel frustrated.

Waleed, who worked in nursing recruitment, explained how belongingness in the Saudi culture is strongly reflected in the process of recruitment in the workplace. He asserted that the recruitment of relatives exists and has been a feature of Saudi culture for a long time. This can have a strong impact on other staff who are innovative and hard workers, because it supports bias, which can be demotivating and frustrating for those staff who wish to be innovative:

"For example, if I will talk about tribalism, I will talk about recruitment. There were many times in which we noticed that a

person recruits from his/her relatives. And by the way, this way of thinking still exists".

"Yes it has an effect. For example, imagine that I work hard and innovate but no one is paying attention to me, because I do not come from a certain place or a certain tribe, or a certain social group. Definitely, this will affect me and this exists". (Waleed, Nursing Recruitment Senior specialist)

Omnia, who is a head nurse, also stated that some staff share a view in which they consider that occupying high positions is based on tribal affiliation; no one can reach some positions unless they belong to the tribe and have some connections with the higher levels of the administration. Omnia explained that some staff had told her this and asked her with wonder how she had been assigned to her current position without any type of connections. In addition, she said that staff who are supportive of tribal affiliation consider people who are not from certain tribes as non-pure Saudis. They seem to relate citizenship to tribal affiliation; therefore, those who do not belong to a tribe do not deserve a good position even if they are appropriately qualified. As a result, staff who do not belong to a tribe can feel frustrated. They can feel that they are from a lower social class, which can hinder their ambition and desire to innovate. This is a problem for nursing recruitment, as it needs innovation to overcome its issues:

"Yes, there is. For example, I heard them saying, 'You are not a pure Saudi and you don't belong to any tribe. How did you become a head nurse? How did you reach this place?' Yes, they said it in front of me and behind my back: 'You are not originally Saudi'. This affects innovation. This is because you don't see me as I am, but whether I belong to a certain tribe or not. If this is the case, how can I be innovative? I need to raise my voice and I need people to hear it". (Omnia, Head Nurse)

According to the data, Islam encourages innovation but there is a misunderstanding of Islamic religious instructions among Saudi people and this impacts innovative practices. For example, Talab indicated that a

misunderstanding of religion makes Saudi people stick to one way of thinking and to reject any discussions regarding new issues or ideas that do not have roots in Islam. In addition, Saudi people tend to mix religion with customs and traditions, which makes it difficult to distinguish between them. This mixing makes people avoid accepting any ideas that are not approved by religious people:

> *"They will fight you, and the problem is that our society sometimes does not accept, or rather we say that religion is a red line, and some people unfortunately include religion in the customs and traditions or things that our parents and grandparents are accustomed to". (Talab, Nursing Recruitment Senior specialist)*

Waleed emphasised that Islam does not totally hinder innovation but rather it encourages development and innovation more widely. However, historically there have been misunderstandings, although this has slightly changed as Saudi people have begun to conceptualise their misinterpretations of many ideas:

> **"***I believe that religion has opened a great space for change and development. Also, there are many ideas that have become clear to us after the passage of time that they are not correct and that they are far from religion and the reasons are due to wrong ideas and interpretations". (Waleed, Nursing Recruitment Senior specialist)*

As with the majority of participants, Shaker also stated that there is a misconception about Saudi culture, which means that people tend to relate Saudi culture to Islam, and this does not encourage innovation. However, he stated that most rules and norms found in Saudi culture come from Arab heritage and traditions; they are a reason for not encouraging more innovation. According to him, there are two sources from which Muslims take their Islamic instructions, which are the Quran and Sunnah (Prophet Mohammed's sayings), and Islamic religion encourages innovation. For example, he referred to some verses from the Quran as evidence that Islam encourages innovation, such as "think", "Why will you not give thought?

"Yes. I mean our concept about religion is not right. It is wrong to say that our religious culture doesn't encourage innovation. When we say that our Saudi culture doesn't encourage innovation, we are not talking about it as a religious culture because religion is the first to encourage and call for innovation. I mentioned a verse from the Quran about equality: 'We have made you into nations and tribes, so that you might come to know one another'. Knowing one another is openness and good listening. There are a lot of Quranic verses that encourage innovation. It is a fruitful environment for innovation. You will find that real Muslim society has a passion for change. Another Quranic verse that encourages innovation is: 'Think', 'Do not you think', thus a lot of them are supportive of innovation". (Shaker, HR deputy for Recruitment)

Similarly, Hamad indicated that religion is a very important factor that can encourage innovation. According to him, Islam is flexible and is not against innovation, but the problem lies within the individual themself if they are strict and conservative. He asserted that having such personal attributes can lead to misunderstanding religious instructions. Saudi people usually take their religious instructions from religious leaders who have interpreted the religious regulations based on some established rules and their own understanding. These concepts and interpretations usually change over time and also differ from one religious leader to another:

"I do not think the problem lies in religion. On the contrary, I see that it is a contributor to innovation, but sometimes it is the wrong understanding of religion or religiosity that leads to such behaviours. As for the issue of religion, it is not complicated, but a wrong understanding has negative effects. Religion is simple, not difficult. But religion might be misunderstood, and this might have negative effects". (Hamad, Assistant HR director)

Similarly, Omar argued that Islamic culture has supported innovation because Islamic instructions always encourage Muslims to think and contemplate, as shown in many verses in the Quran and Prophet Mohammed's sayings (Hadeth). He

further added that there is a confusion between culture and religion and Saudi culture almost dominates Islamic culture:

> "I personally see in our religious culture, the truth is all supportive of innovation, and from the forms of creativity that if you do not contemplate and think, you will not be innovative, and the orders in our religious culture always encourage reflection and contemplation".

> "Yes, there is a confusion between the concepts of religion and the concepts of culture, and I am certain that cultural concepts overwhelm religious concepts". (Omar, Recruitment Specialist)

Interestingly, Sabir made it clear that Saudi ethnic identity can negatively influence innovation by creating obstacles that might hinder it, arguing that it is likely that Saudis' Islamic beliefs and tribalism are rooted in their Saudi ethnic identity, and this may have an influence on innovation:

> "The negative impact stems from the strong link with religious identity or tribal identity, and this strong association may reduce the chances of innovation. If the society breaks many barriers that differentiate between society and its groups this will increase the chances of innovation". (Sabir, HR Director)

However, Nawal, who is a staff nurse, strongly emphasised that any idea that does not have a root or is not mentioned in the Quran would not be accepted by her. She supported her point of view by providing an example about drawing skills and that, when anyone has skills in drawing and his drawing is not in line with Saudi culture, which is an Islamic culture, according to her view, then she will not accept it. This constriction seems to be against innovation as it leads to narrow thinking, which restricts the production of innovative ideas in general and in the area of nursing recruitment as well:

> "As for me, anything in the Holy Qur'an, I am convinced of it, but if it contradicts that, I reject it and belittle it. Yes, for example, if you

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have the drawing skill, if it is not familiar or out of the culture and
religion, I do not accept it". (Nawal, Staff Nurse)

Likewise, Mashari has never accepted any idea that he thinks might affect his religious beliefs:

"If it does not affect religious belief, then we are supposed to
implement it, because we thank Allah for giving us great resources
and capabilities". (Mashari, Staff Nurse)

Yaseen also confirmed that introducing an idea, which is in line with Islam, is a condition for its success. He believed that, for an idea to be accepted and to succeed, it should be in line with Islam or Saudi heritage:

"If you succeed, then you choose an idea characterised by
religious images or heritage images; it is often supported if it
follows these religious images or images of cultural heritage".
(Yaseen, Nursing Recruitment Specialist)

Thus, Islam in general is viewed as an obstacle to innovation by a number of participants. For example, Talab confirmed the view that any innovative or new idea which is not in line with Islam will be rejected by Saudi society. He also added that the idea will be rejected even if there is a suspicion about it. This clearly shows the way the Saudi society adheres to Islamic regulations and avoids any search or thoughts about a new idea. The participant mentioned people being "suspicious of Islam", which means that Saudi society stops any new idea based on suspicion rather than certainty. This could have an impact on innovation in nursing recruitment:

"Indeed, society still adheres to the Islamic faith and rejects
anything that is against or [is] suspicious of Islam, praise be to
Allah; but if there is anything that does not oppose religion, society
accepts and welcomes it relatively". (Talab, Nursing Recruitment
Senior specialist)

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Talab also indicated that religion restricted women in many areas in life and this led to a lack of innovation:

"From the religious point of view, religion was previously restricting women to a large degree, and restriction prevents you to be innovative". (Talab, Nursing Recruitment Senior specialist)

To explain his point of view, Talab provided an example that shows how religious groups fight creativity and innovation. He relayed the story of a stage play that was being performed at one of the universities in Riyadh being interrupted and stopped by religious people. This was because the play addressed some of society's issues and was encouraging Saudi society to be more moderate. Those religious people went there, fought with the actors, and forced the university to stop the play because they viewed it as being against religion and as something forbidden:

"Yes, it motivates, I mean, for example, years ago, if there were plays, and they are all of the male component, you see that clerics enter and break and stop these activities and these behaviours are what prevent them from thinking innovatively". (Talab, Nursing Recruitment Senior specialist)

Yaseen, who is nursing recruiter, also added that viewing new ideas from an Islamic religious perspective can also hinder innovation. He described how Saudi people had rejected the use of mobile phones with a camera, which constituted the introduction of a new idea. This rejection was based on a fatwa given by religious people who prohibited their use because phone cameras could breach the privacy of Saudi families by exposing women's faces at weddings or in their homes:

"It is possible some ideas can be looked at from a religious perspective; there may be extremism, although it has nothing to do with this at all. For example: When the mobile camera phone was invented; all new things are rejected". (Yaseen, Nursing Recruitment Specialist)

5.2.2 The influence of Saudi education on attitudes to innovation:

There was evidence in the interview data that educational practices can have an influence on attitudes towards innovation in the Saudi context, and this extends to hospital context in general and nursing recruitment staff in particular. The majority of participants made comments, in which they related education to innovation and discussed many issues about the Saudi educational system that impact innovation negatively in nursing recruitment. In regard to the teaching methods employed in schools, Hussein, who is nursing director, described how schoolteachers in Saudi Arabia silence students who want to gain more information. According to him, such teaching methods might kill any desire to innovate from an early age and might have an impact on innovation in nursing recruitment:

> *"Sadly, we might find a teacher who kills this talent when the person is young. For example, the child might ask about something, and the teacher tells them to be quiet". (Hussein, Nursing Director)*

Nawal also criticised the Saudi educational system, asserting that it aims to educate students to only fulfil the needs of a required profession, rather than support innovative careers. She further explained that the main aim is to have students who study and pass exams, not to have innovative ideas. Therefore, education plays a major role in inhibiting innovation in nursing recruitment as staff focus only on doing their duties:

> *"Education has a big role. I studied every day and attended lectures in order to pass, not to be innovative. When they train you as part of your profession, they train you only to do certain duties". (Nawal, Staff Nurse)*

Additionally, Mashari asserted that the Saudi education system has had problems for a long time, because its teaching methods largely rely simply on recall. This method prevents students from expressing their opinions and ideas. It also does not allow them to have a clear goal and vision about their future; hence, it hinders their innovative thinking:

> *"Education is a basic problem from ancient times".*

"We graduate from the high school by relying on memorisation without paying attention to student feedback or knowing the goal of this memorisation and instruction, as well as the absence of vision or knowledge of your scientific future or your desire as a student". (Mashari, Staff Nurse)

Similarly, Naif also criticised this method. He said that in school, the educational approach relied on memorisation. Success thus depends on memorising the given information without allowing students the opportunity to think beyond the scope of the required materials. This teaching method was viewed as a hindrance to innovation, and this might contribute to staff's avoidance to generate new ideas in nursing recruitment:

"The teaching method was based on initiation, memorisation and success". (Naif, Nursing Manager)

At university level, Omar described how professors who taught him had dealt with students in a way that hinders innovation. He described the professors as being arrogant, having authoritative attitudes and not allowing students to speak. He also said that they perceived students as inferiors and relationships were based on a lack of respect. This, in turn, influenced students, by either making them non-innovative, or by making them fight innovation in their future career. In addition, this view is reflected in the practices of managers, as they do not accept new ideas from staff in nursing recruitment:

"I expect that there is a part that education bears, because of the arrogant professors that we have, and I remember that university professors did not give you the opportunity to speak or criticise him or even criticise his idea. I also remember an argument that occurred between me and a university professor, who told me that 'I [the professor] studied in America, and you [Omar] studied in a public school, and you argued with me while you did not know anything.' There is ignorance on the part of the professors and the managers as well. And a praise to the employer by the student who has been employed as this view has transferred to a student's

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work. It is the student who applied his instructor's random and arrogant way of teaching in the workplace after becoming a director". (Omar, Recruitment Specialist)

Mashari made an interesting point, which is that universities in Saudi Arabia focus more on theory than practice. This is especially relevant for nursing majors. He believes that theory and practice should receive equal emphasis, and is important for innovation:

"If our university students come to practical application and training, I explain to them that practical application is essential and very important for specialisation in order to understand the theoretical side as this alone is not enough; but through the development of your skills and practical training comes innovation. We also have a problem in studying nursing. For example, internship, where the practical training for them is in the last six months. Is it reasonable for the theoretical side to be four or five years and the training to be in the last six months?" (Mashari, Staff Nurse)

Participants who had had experience of studying abroad tended to compare the Saudi educational system with systems in other countries where they had studied. They indicated that these countries focus on innovation more than the Saudi educational system. For example, Hussein raised his concerns about this issue. He had studied in Australia and found that they cared about innovation from a young age and developed this concept to raise a generation aware of innovation skills and meaning:

"Frankly, we totally differ from them. I studied abroad and they develop innovation from an elementary level". (Hussein, Nursing Director)

Nawal raised the same issue stemming from her work experience with different nationalities in the nursing department and building friendships with them. She said that in Eastern countries, such as the Philippines, innovation is promoted from childhood, equipping them with necessary skills:

> *"Foreigners have a certain culture like the Philippines culture, in which the Philippines knows about innovation from education. They acquire talents from childhood and they are guided to acquire talents by their culture to be innovative". (Nawal, Staff Nurse)*

Similarly, Ismael argued that if innovative people are required, interventions need to start in children's schools:

> *"I think it starts from schools from the very beginning. I do not like to compare with other societies, but in some other societies, there are children of small ages, yet you find that they are lovers of life and has specific hobbies, and their ways are clear from childhood in what they want to achieve in the future. In our society, I think the vision is not clear and I think it starts from school…"(Ismael, HR Director)*

Omar compared the education methods of other countries and criticised Saudi education methods, asserting that the method of memorisation and spoon-feeding that is common in Saudi education prevents the development of innovative people. The participant asserted that the USA and European countries follow methods that encourage innovation and help to make students creative. He stated that encouraging research and giving students a chance to argue the subject, are ways to create innovative students:

> *"The educational method depends on indoctrination and not on giving the opportunity, while in other countries such as America, Britain and [in] Europe there are many methods of education, where these methods depend on research and experience. So they give you the head of the subject and want you to search for it, where the searching is considered an innovative style to create new ideas". (Omar, Recruitment Specialist)*

Some of the participants referred to parents' educational levels as influencing innovation. The data suggests that parents who are educated can raise their children's awareness about innovation. In this respect, Waleed asserted that family

education is important for children's innovation. Educated parents are more aware of the role of innovation and, hence, they motivate their children to be innovative:

> "*The strength of the family depends on proper education and upbringing. If you have a child, you have to develop the innovative side since childhood, in addition to continuing to develop this approach until he grows up, and that includes advice and guidance". (Waleed, Nursing Recruitment Senior specialist)*

Mashari claimed that there is a positive relationship between family education and accepting ideas from their children. Educated parents motivate their children to introduce new ideas and apply them:

> *"It is on the part of the principle of education, the better the educational level of the family, the more you accept, for example, motivation for the culture of society. You may be told this is a good idea, then say yes (go ahead)". (Mashari, Staff Nurse)*

In addition, Mashari emphasised that the parent's education is one reason for raising children to be more innovative. He viewed parents' education as beneficial to the innovation process in general and in nursing recruitment as well:

> *"The more there is a better level of education for the family, the stronger the impact will be on the children, on the upbringing, on innovation, and on the opportunities in general. Where there will be parents with a background on where this boy or girl will be, and knowledge of where he will arrive, and this helps in the innovation process". (Mashari, Staff Nurse)*

When asked about the influence of family on children's innovation, Rafiee answered that around half of Saudi families support their children in being innovative. The participant indicated that parents' encouragement of innovation was based on the acceptance of new ideas and thought. However, acceptance depended on parents' education and awareness of innovation:

> *"Yes, generally, there is support and the accountability is almost fifty per cent."*

> *"Depending on the idea that you offer about innovation, does this person accept or not accept? Is the person educated and understand the innovative idea". (Rafiee, Nursing Recruitment Senior specialist)*

5.2.3 The self and others as a hindrance to innovation:

This sub-theme is concerned with aspects of the self that impacts innovation. It has three aspects: the individual's personality attributes, age and gender. In this respect, Yaseen asserted that innovation is related to personality or one's nature rather than culture. According to him, personality is a motivator for innovation by nursing staff:

> *"To be frank, it is not the culture to encourage the employees. If there is motivation, it is on a personal level or the nature of a person". (Yaseen, Nursing Recruitment Specialist)*

In the extracts below Hussein also asserts that being innovative is based on one's personality. He claimed that a person can frustrate himself/herself and, thus, not be so innovative in everyday life. He listed some characteristics that one should possess in order to be innovative, such as being patient, insistent, optimistic, proactive and not being frustrated by experiences:

> "*A person must be patient, and if you have an idea, you must apply it. Many times, a failure will make you stronger. You must be a person who fights, and who is not desperate".*

> *"When a person takes the initiative, it becomes innovation". (Yaseen, Nursing Recruitment Specialist)*

Similarly, Omnia argued that lacking some personal characteristics can hinder innovation. For example, a person who does not insist on presenting their idea lacks innovation. Thus, according to him, "insisting" is an important characteristic for being innovative in general and in nursing department as well:

> *"I am not the type of a person that keeps on insisting that I should be able to introduce his/her ideas. If the work environment doesn't encourage innovation, I will just finish my work and go home".*
> *(Omnia, Head Nurse)*

In addition, Waleed emphasised that one's way of thinking is very important for innovation. He provided a somewhat different view from other participants, who perceived policy and procedures as a hindrance to innovation. Waleed perceived one's way of thinking as being a greater hindrance to innovation especially in nursing recruitment than policy and procedures:

> *"Yes and, a way of thinking is a hindrance more than the policy itself". (Waleed, Nursing Recruitment Senior specialist)*

Moreover, Hade added an interesting point, in which he stated that some people who are organised and accurate in undertaking their roles are usually not innovative. This is because they prefer doing their work in the same ways and do not look for change:

> **"***Some people are accurate and organised in arranging their affairs and do not want to add anything new to their work or even the way they are performing the work, as they don't want to deal with a new approach, but rather want to follow the same old approach". (Hade, Nursing Recruitment Specialist)*

Hade further added that individuals who experience fear and anxiety might not be innovative, as the fear acts as a deterrent:

> *"They have a desire but there is a fear and anxiety". (Hade, Nursing Recruitment Specialist)*

In addition, to the aforementioned characteristics, Shaker also added other personality factors needed for being innovative in Human Resources and nursing recruitment, such as having self-confidence, taking the initiative, presenting the idea and fighting for it:

> *"The employees' confidence in their abilities. A lot of us work as an ordinary employee. When in bed, we have a lot of innovative ideas but in the morning, you don't have the confidence to present them to your manager".*

> **"***Initiative is important; the employee has to start presenting and fighting for his ideas not just saying that 'I have ideas' and waiting for someone to ask him about his ideas". (Shaker, HR deputy for Recruitment)*

Age also emerged from the data as an aspect of the self, influencing innovation. Some participants held the view that older people are less inclined to innovate than younger staff. For example, Waleed indicated that age is a significant factor that impacts innovation in the hospital:

> *"The factors of age, method of thinking and management are very important". (Waleed, Nursing Recruitment Senior specialist)*

Likewise, Talab explained that older people tend to reject any new ideas:

> *"I am talking about those who are older than us, as they meet anything new with rejection". (Talab, Nursing Recruitment Senior specialist)*

Dalal also commented on age as a factor hindering innovation. She said that:

> *"… people between the ages of 50 and 55 are conservatives and do not welcome new or innovative ideas". (Dalal, Staff Nurse)*

In addition, Dalal also claimed that older staff members do not welcome new ideas and prefer to stick with the old ways. She again emphasised that age is the important reason behind this attitude because young staff have a greater desire to adopt new and innovative ideas in the hospital and in their field of work which is nursing:

> *"This is because as he gets older, he says that I spent many years working following the same routine. However, young and new*

employee would understand the necessity of innovation and the necessity of involving others in decision-making. So, the tolerance of the young is more". (Dalal, Staff Nurse)

The interview data indicated that gender is also an important factor affecting innovation in the Saudi context. There were many instances in the data where a number of participants referred to gender-related factors, for example, Hade indicated that Saudi culture has a tradition of segregation between males and females. Even if they work with each other such as in nursing recruitment section, there are still barriers between them, which could be both psychological or physical. This means that the staff come into contact with each other only in specific areas and that discussions that are restricted to certain topics (e.g. work performances and tasks). This means that opportunities for sharing innovative ideas are limited, especially those from female staff in the recruitment department:

"Some female colleagues have innovative ideas, but some people reject the discussion, as they only consider it in the performance of the work or the scope of the work routine. So, the work environment requires you to deal with women openly". (Hade, Nursing Recruitment Specialist)

In addition, Hade stated that the workplace has to be a place of harmony between staff. Whether male or female, cultural barriers that make their relationships and connections unacceptable need to be overcome in order to avoid a lack of innovation:

"… sometimes great elements may be lost due to the inconsistency and harmony between these two groups, and in order for there to be an opportunity to achieve innovation. However, [the] work environment requires isolating them from each other as each has their own idea"'. (Hade, Nursing Recruitment Specialist)

Gender-related factors were also evident in the data. Participants provide several comments that show how the innovation opportunities of female staff can also be affected by regional variations. For example, Hussein, a nursing director, explained

that regional cultural differences also exist in the Saudi culture; these influence females' ability to introduce new ideas and hence innovation. He asserted that females from the western region of Saudi Arabia are more open, and they can do their tasks aligned with men. In contrast, girls who come from other regional cultures, face obstacles in presenting their skills, ideas and working closely with men:

> "People from western regions are open-minded and I have no problem that a girl goes to a mall and gives a lecture there or be accompanied by two men. People in some cultures would say, 'How a girl would go out and present a lecture with a man and uncover her face?' Such thoughts are obstacles". (Hussein, Nursing Director)

In addition, differences in terms of dealing with both sexes also affects innovation. In this respect, Dalal indicated that, in Saudi Arabia, there are some families who are still conservative and deal with their girls differently to boys for issues such as choosing a career, workplace and study majors. This kind of treatment is a key factor that may hinder females' engagement in innovation in nursing recruitment:

> "As for the negative side, until now there are some families, who are conservative and closed; they do not allow the girl to be innovative in any field". (Dalal, Staff Nurse)

In addition to the above, discrimination between male and female staff is another gender-related factor that influences innovation. Falah explained that discrimination against females exists in some workplaces, such as banks, and that might influence innovation. According to him, discrimination might make females feel inferior and unequal to men and thus lead to them avoiding innovation in the workplace:

> "The aspects that affect innovation … are the aspect of gender discrimination, and I expect that in some sectors they still have this culture and this creates a gender barrier where women will feel inferior and this will negatively affect innovation". (Falah, Recruitment Manager)

Additionally, the data also revealed that others around an individual can influence innovation. These 'others' could be social (i.e., family or friends) or professional (i.e., colleagues at the workplace). According to the interview data, a number of participants indicated that other people can influence one's innovation and can stop them from providing and applying new ideas. In this respect, Mashari claimed that people can impact innovation negatively and this is an important reason underpinning a lack of innovation. When an innovative person in the nursing department discusses or shares their ideas with negative people, they may receive negative feedback from them. Thus, those people can have an effect on their ideas in a way to frustrate them. Although the idea might be perfect, their limited view might have an effect on the decision to continue with the idea or to apply it in practice:

> **"***One of the negative things we have [is] when those around you intervene and say 'do not do that' and limit your possibilities. Sometimes the family and society around you affects you and their impression is very negative and stops innovation. There are people who have ideas and want to implement them, but the influence of those around them is what hinders that". (Mashari, Staff Nurse)*

Hussein confirmed the same point, and argued that those around us play an important role in influencing other's innovation through their words and opinions:

> **"***The most important thing that hinders innovation is the people surrounding you. The people surrounding you are the ones who encourage or hinder you". (Hussein, Nursing Director)*

Moreover, Omnia asserted that sometimes presenting and talking with people about one's innovative ideas might discourage an individual to apply them. Omnia referred to an example that shows how words from colleagues in the nursing department can significantly hinder innovation:

> *"People surrounding you… if these people are demotivating you. For example, if you discuss an innovative idea with them, they will*

not encourage you to apply it. They just tell you to do your work
and go home".

"The people surrounding us have a great influence on innovative
behaviour". (Omnia, Head Nurse)

In addition, according to the interview data, others might also affect innovation. This is evident in the participants' comments about judgement from others appearing to discourage innovation. A number of participants explained that, sometimes, people judge other people based on their ideas. For example, when asked why an innovative idea that is positive, is rejected, Naif, who is nursing manager, answered that one of the reasons for its rejection is fear of other's judgement. He explained that fear of being judged by others as being a secular or a liberal person is common. It is perceived that if one is secular or liberal in Saudi society one must be against Islam and Saudi culture. Similarly, the perception is the individual is not a good or trustworthy person with no Islamic and Arab values. As a result, Naif explained that this leads to people avoiding introducing ideas even if they are positive:

"For me, I do strongly stop at these points, because you do not
know, perhaps tomorrow you may be charged with being a secular
or liberal person". (Naif, Nursing Manager)

Dema also indicated that introducing new ideas is inhibited as a result of fear of other's judgement and criticism, which affects innovation. This participant explained that a person may sometimes refrain from introducing an idea because he/she is afraid of the criticism of other members of the society. This is because, in Saudi culture, members of a tribe who commit a mistake are usually abandoned by other members of the tribe. In addition, this can influence an individuals' self-confidence and, hence, inhibit innovation in general or in the workplace:

"When members of society become afraid of the opinions of
others, this thing will have a negative impact and will kill the spirit
of innovation".

"For example, in the past, if someone made a mistake in something, he would become ostracised from the tribe, and this thing had an effect on an individual's self-confidence, meaning that you do not have confidence in proposing an idea because you are afraid of the opinions of others and you are afraid that your idea will be wrong". (Dema, Staff Nurse)

Fear of introducing new ideas due to the judgement of others also applies in the workplace. Dema indicated that employees are afraid of being evaluated negatively by colleagues and managers. Therefore, they avoid presenting new ideas in nursing department or in nursing recruitment area and prefer to stick to their routine work:

"This thing exists in the workplace as well. When an employee is afraid of being evaluated by his colleagues and managers, he will not have enough courage to come up with any innovative ideas and will work within the scope of routine work only". (Dema, Staff Nurse)

Moreover, the interview data indicated that modesty, saving face and degrading others or being degraded by others were found to be cultural aspects that also influence innovation. For example, in relation to degrading people, Yaseen emphasised that, in Saudi culture, students who are doing very well, are often humiliated by other students by calling them "Egyptians", which is a term used to describe a person who devotes their whole life to studying, with no time for leisure or fun. This might have an impact on a student's self-confidence and may influence their future performance and innovation negatively:

"Let me go back. I told you that since we were studying at the primary stage, a good student was called what? Egyptian, we called him Egyptian! We made fun of a superior or good student, because we could not get to his level".

"*Everyone is afraid to show his/her innovation because it may face either negative criticism of him/her and his/her idea or even not be*

taken into account. They are often afraid of criticism or that people are laughing at it".

"They always mock the achievements of others and despise the achievements and the ideas of others". (Yaseen, Nursing Recruitment Specialist)

In the above extract, the participant pointed out that Saudi people may avoid providing their ideas because they are afraid of being denigrated by others. Saudi people sometimes face this attitude from others including family, friends and colleagues. In addition, the participant mentioned that people sometimes faced being laughed at for their ideas and this may prevent innovative people from sharing their ideas. He also added that Saudi society does not just criticise innovative ideas, but also mocks the achievements and ideas of innovative people. It is apparent from the above extract that Saudi people may underestimate successful innovative people or their achievement. This is likely to frustrate innovative people and deter them even in the workplace.

In addition, Shaker asserted that people raised in Saudi culture hold attitudes whereby a person has to be sure that when they provide ideas, the idea has to be perfectly innovative or it should not be provided at all. This attitude can stop many attempts to present innovative ideas that can improve life or the workplace especially in nursing recruitment.

"I mean, innovation in our culture. We grew up in a culture where we must either come up with something supernatural to be considered innovative or not".

"This is because you can find an innovative person in the field of security guards and you find our community says this is just a security guard, or a security employee, as if they are mocking and degrading the ideas and talents". (Shaker, HR deputy for Recruitment)

In the above extract, the participant added that, in Saudi culture, some people might frustrate or denigrate an innovative person by making fun of their ideas or their profession. For example, Shaker mentioned the ideas or opinions of people who work in lowly positions, such as security guards, (in Saudi Arabia, security guards require low qualifications) are regarded to be inferior because they are not well qualified, or it is assumed that they do not have ability to be innovative. In addition, if those people do share their ideas, they will face mockery. This is a further example of cultural frustration in Saudi Arabia.

Family was also found to play an important role in influencing innovation. The majority of the participants emphasised the role of family in shaping children's thinking and enhancing their innovation. For example, Hussein indicated that the way a family might deal with children's discussions or sharing of opinions, might stop children's innovation. Hussein explained that Saudi families practice authority by putting in place instructions for their children to follow and by feeding them with information in a way that does not allow them to think or present their ideas. These authoritative practices could inhibit children's ability to innovate and this might extend to the workplace:

> "The family might kill this innovation. For example, the child might ask about something and you ask him to be quiet. I noticed this and there are other parents who explain the information to the child, and teach him/her and repeat the information for him/her". (Hussein, Nursing Director)

In the same vein, Hussein emphasised that in Saudi culture, the family are involved in their children's decisions. They can even have control over their children's decisions because they believe that they need advice and guidance in life. This is because parents view their children as lacking experience in life and fear that they might make poor decisions. This eventually leads to restricting children's innovation:

> "The family doesn't want to impose things but they think that a man at a certain time in his life needs guidance from a good guide. They

> *see a student at secondary level as someone who is not mature*
> *and needs guidance". (Hussein, Nursing Director)*

In addition, participant Nawal indicted that family can stop children's innovative skills by controlling their passions for change and innovation. The participant gave examples of some professions or skills that are unacceptable to some families, such as becoming a make-up artist. She indicated that this type of family authority makes the person hide their talent and avoid showing it:

> *"There are things that are unacceptable for some families. For*
> *example, in my family, it is impossible to accept work such as*
> *becoming a make-up artist or a photographer. This is because*
> *they do not accept this thing. You may find that talent is an internal*
> *thing that you cannot expose". (Nawal, Staff Nurse)*

Moreover, some participants emphasised that family interfere more in the lives and decisions of female family members than they do in male members of the family. For example, participant Nawal indicated that male family members such as the father, brother and husband have control over a woman's life and they would expect her to follow their instructions, even if she were an adult. The participant mentioned the example of her sister, who wanted to study psychiatry as her desired major. She would be innovative in that major, but unfortunately, her father refused her decision because he believed that this would significantly affect her life in the future:

> *"For me, I respect my father's decisions, even if I am not*
> *convinced and even if I do not agree. And I will follow them just to*
> *satisfy him".*
> *"There is the influence of the husband, the father and the brother.*
> *All of them have a major impact".*
> *"… greatly limits innovation. For example, one of my sisters*
> *wanted to enter psychiatry, but my father refused. She did not*
> *enter psychiatry and entered nursing instead; she has no desire*
> *except in psychiatry". (Nawal, Staff Nurse)*

Similarly, Omar indicated that fathers in Saudi culture have rights to guide their sons and daughters in relation to their future and their life. Sometimes children have different opinions, but they cannot do anything about that as, they have to follow their father's instructions. The participant mentioned an example, which showed how children could lose their passion for their future because their family controls their decisions and guides them to another future, which impacts on their ability to be innovative later in life:

> *"Sometimes your father tells you to do this and not work that up, and sometimes you are not convinced, but you must do it, and sometimes he even paints the future for you. For example, he tells you that you must become a doctor and you do not have a tendency to study medicine and you have a tendency to other aspects, for example, if you became a painter, poet or music player, it would be better for you than a doctor". (Omar, Recruitment Specialist)*

Talab indicted how elderly people have to be respected in relation to their opinions and ideas. In Saudi culture, people who are older expect respect from younger people by them listening to them and not arguing with them or disagreeing with their ideas. As a result, children will stop expressing and discussing their ideas and opinions, which hinders their ability to be innovative and to present their innovative ideas, which is an attitude that might take place even during work:

> *"… The elderly always frustrate those around them when sharing an opinion and there are many cases of frustration in this situation. For example, there are some families who have a negative and frustrating reaction to the ideas of their children and this certainly affects the person negatively". (Talab, Nursing Recruitment Senior specialist)*

In the same vein, Ayman indicated that some Saudi families still denigrate their children's opinions even if they are educated and have a valid opinion, because the family still views them as too young and unqualified to present their ideas or that they have no right to an opinion. In addition, elderly people view the ideas and

opinions of younger people as a kind of insult, because they are older and have more experiences in their life:

> "Some families do not accept the opinion of others, especially when the opinion comes from a particular age group member. Such as to say that this is from my point of view, or this is my view based on my university study".

> "If the opinion comes from a young person, it will not be accepted by the older person. I see that they think of it as an insult. However, I think this attitude is starting to fade".

Likewise, Omar also added the dominance of elderly people over the young's speech, which might lead to lack of innovation. He explained that, in Saudi society, young people are not supposed to speak in the presence of their elders. They are expected to listen and remain silent. This can lead to inhibition about presenting new ideas or discussing an alternative point of view and, hence, a lack of innovation:

> "If we talk about society in Saudi Arabia, I remember that a young person does not speak when there are adults [present], to the point that you find this young person knows, sees and knows about the reality of a topic and wants to give and explain facts about this topic, but he was silenced. The family community does not want you to convey to it a certain truth about a topic, so what do you think of a new and different opinion?" (Omar, Recruitment Specialist)

Omnia commented on the way a family can destroy their children's passion to innovate by their words. She indicated that family is an important factor that hinders one's innovation:

> "If you ask a person why they are not innovative, they might answer: 'I am unable to be, because my family told me that you are unable to achieve anything". (Omnia, Head Nurse)

5.3 Summary

The data presented in this chapter clearly support the development of the main theme, which is 'Saudi factors that impact innovation'. The chapter has highlighted factors related to Saudi society or culture, which impact Saudi staff innovation in general, as well as specifically impacting those staff who work in nursing recruitment. This is one of the important themes that emerged from the data in this research, and was raised by the majority of participants during the interviews. The following sub-themes were identified from the data on this topic: Saudi culture frustrates innovation; The influence of Saudi education on attitudes to innovation; and the self and others as a hindrance to innovation. The theme presented in this chapter, explains how culture and other factors impact Saudi staff in nursing recruitment area and the hospital work in general and, in turn extends to the next theme: 'Organizational culture impacts innovation'. which reports on the data concerning the behaviours and attitudes of nursing recruitment staff in the hospitals. This theme will be explored in the next chapter, together with the identification of further barriers that also hinder innovation in hospitals.

CHAPTER SIX

Findings: Theme Two

6.1 Theme two: Organizational culture impacts innovation

The theme that is presented in this chapter builds upon theme one, which was concerned with Saudi culture's particular impact in the context of Saudi hospitals and the recruitment of nurses. Theme Two demonstrates how the hospitals' system, culture, orientation, leaders and managers also have a negative effect on innovation. This theme addresses the second research question: "To what extent do Saudi healthcare leaders influence innovative behaviour in the context of nursing recruitment?". The overarching theme, "Organizational culture impacts innovation", has three sub-themes: hospital culture and orientation may deter innovative practice; hospital systems impact innovation; and leadership and management perspectives have different impacts. The first sub-theme, relating to how hospital culture and orientation may deter innovative practice, arose from participants' comments emphasising the importance of understanding both the concept of innovation and the role of hospitals in supporting the operationalization of innovation. Hospital culture and orientation, their attitude towards innovation and their motivation for innovating are also important. The second sub-theme, which deals with how hospital systems impact innovation, relates to the interaction that occurs between systems and the people working within them. The impact of leadership and management on innovation is explored in relation to participants' perceptions as to the difference between a manager and a leader; this constitutes the third sub-theme, which also considers leadership and management perspectives have different impacts.

6.1.1 Hospital culture and orientation may deter innovative practice
The first finding to emerge from the data was the view that there was a lack of knowledge regarding the concept of innovation, and this might present a barrier to innovative practice. Participants expressing this view blamed staff's lack of awareness of innovation on the absence of knowledge transfer on this issue in hospitals, suggesting that hospitals should make greater efforts in this area. It was

suggested that staff should be helped to understand the concept of innovation, so that they might generate innovative ideas. In this respect, Omnia suggested that staff need such guidance:

> *"They want to innovate but they don't know how to begin. In my conversations with friends, they say that they want to be innovative but have no idea where to start". (Omnia, Head Nurse)*

Similarly, Mashari stated that once staff understand the concept of innovation, then they will be able to be innovative in the nursing recruitment area:

> *"If they knew and understood the concept of innovation […] you will see that there are many ideas". (Mashari, Staff Nurse)*

Shaker emphasised the principle that staff must first have a grasp of the concept of innovation in order to be able to generate innovative ideas:

> *"Understanding innovation itself and the concept of innovation. I believe that the first point is: do we understand the meaning of innovation? If we understand it, we will be able to create an innovative work environment". (Shaker, HR deputy for Recruitment)*

The majority of the participants felt that the orientation and culture of an organisation can present a major barrier to innovation. There was also a strong feeling that hospital leaders' orientation had a negative effect on innovation in the context of nursing recruitment. In this regard, Hussein, a nursing director, emphasised the important influence that the head of a hospital has on that organisation's ethos, which might entail focusing on innovation, or merely wanting to concentrate on task completion. He indicated that hospital managers currently must follow the orientation and direction of their CEO:

> *"From my experience, I see that the manager has to work in line with the orientation and expectations of the head of the organisation (the head of the pyramid). Sometimes, the head of the organisation is a person who wants things to go smoothly,*

following a set rhythm. There is a type of administration that wants
to get the work done quickly, a type of administration that needs
development and a type of administration that motivates. This is
exactly what is happening with the current administration".
(Hussein, Nursing Director)

Yaseen supported this point of view by stating that an organisation's orientation, which might be one of centralisation, may reflect the predominant beliefs of the organisation's leader, which may, in turn, create a significant barrier to innovation in general including nursing recruitment:

"*From my point of view, the biggest obstacle to innovation is the*
centralisation of decisions". (Yaseen, Nursing Recruitment
Specialist)

The analysis of data also revealed that hospital culture which reflects the culture of society as a whole, is likely to influence leaders' ability to innovate, as participant Shaker explained:

"The main factors are the culture of the organisation and the
culture of individuals and society. All influence the scope for
innovation". (Shaker, HR deputy for Recruitment)

In the above extract, Shaker was linking organisational culture and that of the individual and of society, suggesting that both affect innovation.

Moreover, Sabir suggested that organisational culture plays a significant role in encouraging staff innovation, which can result in more ideas being generated and an environment that is more open to innovation:

"It depends on the culture of the organisation. If the culture of the
organisation encourages innovation, they will welcome it, and vice
versa. If you encourage them, they will be encouraged to create
an innovative environment". (Sabir, HR Director)

In relation to a hospitals' management and nursing and recruitment departments, Shaker indicated that some higher administration staff hinder innovation by

imposing their orientation and by creating a culture that does not encourage change and resists the adoption of innovation:

> *"They [hospital management]do not accept changes to a procedure because they have formed parties that have certain orientations. This hinders innovation".*

> *"Yes, and there is a reluctance to embracing innovation, and there is no innovation in the organisation". (Shaker, HR deputy for Recruitment)*

Shaker described how innovation can be stifled by a hospital's higher administration, illustrating the way in which the views of decision-makers can discourage innovative ideas:

> *"I see that the innovative idea is opposed by the managers themselves, including the line-manager, the manager of the organisation or the decision-maker". (Shaker, HR deputy for Recruitment)*

In contrast, Ismaeel, a Human Resources director, insisted that, in the hospitals, upper and middle management staff both encourage and accept ideas from staff:

> *"On all levels, senior and middle management all accept ideas. If there is really an interest or a benefit, they accept and support them immediately". (Ismael, HR Director)*

Interestingly, Waleed, who was working under Ismaeel's management in the hospital, in a recruitment position, disagreed with Ismaeel's view, suggesting that higher management had failed to take up an innovative suggestion that had been made in relation to recruitment. The innovative idea was important in the context of being able to recruit the best person, but higher management did not consider the change to be appropriate:

> *"After we made the change, the senior management opposed the new ideas, as from their point of view, the change was illogical; so, is it reasonable for recruitment and employee selection to fall*

> *within the remit of the director of the department? We made it clear that we would take care of recruitment, but 70% of the responsibility for the decision falls on the director of the department, as he knows what is needed and what qualifications are required for a job. We also received a great deal of criticism from management". (Waleed, Nursing Recruitment Senior specialist)*

Similarly, Rafiee, who worked under Ismaeel's management in the hospital, with responsibility for recruiting nursing staff, reinforced the notion that the attitude of management can stifle innovation. Rafiee claimed that, based on his experiences, higher management had the attitude that innovation was unnecessary, and that following established policies and procedures was all that was needed:

> *"The current management says that we follow a system and policies. Why change policy? They don't want to change policy". (Rafiee, Nursing Recruitment Senior specialist)*

The research data also indicate that innovation depends a great deal on motivation and encouragement from within the hospital and all component elements. Most participants felt that innovation was restricted by the absence, in hospitals, of mechanisms for encouraging innovation. Rafiee argued that motivation is important for innovation and confirmed that there were no incentives in this particular hospital that encouraged staff to be innovative:

> *"There are no incentives in the hospital". (Rafiee, Nursing Recruitment Senior specialist)*

Similarly, Nawal suggested that financial and non-financial support is the main determinant of whether staff are innovative:

> *"For example, in the Saudi Nursing Club, we have a problem with financial and non-financial support. If there is no encouragement, you are disappointed. If you feel that the people around you don't care, then you ask yourself: 'Why should I be innovative?'. So,*

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there has to be encouragement and financial and non-financial support". (Nawal, Staff Nurse)

Similarly, Talab said that, in his experience, there was little motivation among staff to be innovative:

"I don't know, but here we don't have much motivation". (Talab, Nursing Recruitment Senior specialist)

Mashari suggested that hospitals risk losing staff's willingness to innovate if they do not provide the necessary flexibility, incentives and encouragement, thus creating an environment that does not promote innovation beyond traditional practices:

"If there were no incentives, there will be no flexibility in work, and there will be no motivation for the employee that made him/her presents his/her talents. He/she will view him/her self just as a machine. An environment like this will kill innovation, as innovation has no chance in that traditional environment". (Mashari, Staff Nurse)

Dalal also stated that innovation requires motivation and that staff usually enquire about the benefits of an innovation. According to her, this mean there are no incentives:

"There is no return if you innovate, and after innovation what will be the benefit?". (Dalal, Staff Nurse)

Yaseen stated that there is no culture in the hospital that motivates staff to be innovative:

"Motivation is not a culture, and, to be frank, it is not the culture to encourage the employees". (Yaseen, Nursing Recruitment Specialist)

In addition to the aforementioned motivational support, some participants emphasised the importance of promotion and a career path, the absence of which might hinder innovation. In relation to this, Naif, a nursing manager, said that staff

were frustrated because of the lack of promotion, and that there was no career path for them, which hinders innovation:

> *"Most employees are frustrated because personal development, and even promotions, are not available to them; it is like being fixed in the same place". (Naif, Nursing Manager)*

Nawal also emphasized the importance of promotion and career advancement in encouraging staff to be innovative. She indicated that the hospital needs to provide a future plan for staff, including promotion opportunities and a career path:

> *"I have asked for a promotion, even if it does not occur now but in the future. What I mean is that I want them to make a career path, or a plan, for me, and, most importantly, that does not necessarily involve being promoted this year". (Nawal, Staff Nurse)*

Falah also felt that staff can be encouraged to be innovative if their successes are seen to be appreciated by management staff:

> *"Then, if you are productive and work hard, and you perceive appreciation from your manager, whether it is in the form of thanks, promotion or an incentive (overtime), then this will reflect positively on the employee and on the facility as a whole, and create opportunities for innovation". (Falah, Recruitment Manager)*

6.1.2 Hospital systems impact innovation

In the context of this sub-theme, the majority of the participants felt that innovation among staff members was affected by the hospital system, specifically referring to the impact of issues such as the nature of the workplace and the work environment.

Mashari stated that the presence of a system of support can encourage innovation:

> *"If there is a system that allows them to think and to be creative, and which supports them in that endeavour, you will see that there are many ideas and innovation in generating these ideas". (Mashari, Staff Nurse)*

Dema also stated that the hospital work environment was an important contributor to hindering innovation when it did not support it, adding that the absence of a supportive work environment would both stifle staff innovation and impede their self-development:

> *"There are many factors that hinder innovation, the first of which is the work environment; when it is not supportive of innovation, the employee will stop innovating and even neglect self-development". (Dema, Staff Nurse)*

One aspect of the hospital system comprises policies and procedures; this refers to the way in which the processes of the hospital are organised. This may also include external policies originating from government sectors that involve the hospital and the nursing staff recruitment process. According to the research data, most participants indicated that policies and regulation affect innovation negatively in their hospitals and constitute one of the main barriers to innovation. For example, Rafiee argued that policies and procedures hindered the development of new ideas because of the difficulty of applying and modifying those policies and procedures:

> *"It is very hard to change it. It is difficult if you have an idea because there is a specific policy that should be followed, and you must follow the policy and system".*

> *"They need you to follow policies because it protects the department from the System and General Auditing Bureau (Nazaha). Any change often takes time and there are risky opinions such as the change in the human resources section". (Rafiee, Nursing Recruitment Senior specialist)*

In this quotation, Rafiee was pointing out that the government, as well as the hospital, requires employees to adhere to policies. Hospitals have to follow the policies set by a government organisation called Nazaha, which is responsible for reporting any deviations from the policies set by the government.

Similarly, Falah confirmed that staff have no choice but to follow policies and procedures:

> *"The employee must, sooner or later, follow the hospital's policies". (Falah, Recruitment Manager)*

Shaker pointed out that innovation in nursing recruitment in the hospital setting can be discouraged by the fact that failing to adhere to policies might place employees in a vulnerable position:

> *"In my organisation, in fact, it doesn't help me to go beyond policy. It will, in fact, create a big problem for me … Yes. These policies and procedures discourage innovative ideas sometimes". (Shaker, HR deputy for Recruitment)*

Waleed also identified policies and procedures as a barrier to innovation in nursing recruitment, stating that not making any changes to policies means there will be no improvements:

> *"We have not been able to change because there are many obstacles and policies that hinder change". (Waleed, Nursing Recruitment Senior specialist)*

Talab added that, generally, managers did not support the creation of an innovative environment, and that there was little dialogue between management and staff working in nursing recruitment area when it came to the generation of ideas, because of a preference for ensuring that staff merely follow policies and procedures:

> *"But, in general, I see that there is not always support for innovation. We have the old system. There is also often a gap between the manager and the employee, as there are many managers who do not prefer open discussion, their management method being to only follow a certain approach and not violate it. Unfortunately, this is the case for many managers". (Talab, Nursing Recruitment Senior specialist)*

hospital system: workload and routine. Most participants complained that workload and routine were among the main barriers to innovation. On this issue, Hana, a

recruitment manager, identified workload and a large number of duties as being obstacles to innovation:

> *"The thing that can hinder innovation the most in the recruitment department is the amount of work and responsibilities that we have. This is the biggest obstacle for us". (Hana, Recruitment Manager)*

Similarly, Hade referred to workload and the shortage of staff in the recruitment section as a main reason for the lack of innovation. A high workload reduces the time that staff have in which to complete tasks, meaning there is no time to think about innovation in response to the challenges in nursing recruitment:

> *"Also, we have work pressure because the number of people who work in nursing recruitment is small"*

> **"***With the current work pressure in employment, with tasks taking a long time to complete, there is no time or space in which to think or to develop plans and innovative ideas". (Hade, Nursing Recruitment Specialist)*

In the same vein, Rafiee confirmed that the amount of work involved in nursing recruitment did not give staff time to think about innovation:

> *"The amount of work here does not give you an opportunity to innovate". (Rafiee, Nursing Recruitment Senior specialist)*

There were other participants who agreed with the assertion that routine tasks stifled innovation, such as Mashari:

> *"If the environment consists of a routine, with a fixed pattern and based on traditional thought, and with no feedback being given to employees, then this can prevent even the brightest among them from being innovative". (Mashari, Staff Nurse)*

Waleed emphasised, in his interview, the impact of staff being restricted to a fixed routine of work:

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"Because there are many people who have been in the hospital for a long time and are accustomed to a certain routine". (Waleed, Nursing Recruitment Senior specialist)

According to the research data, some participants identified the relationship between departments in hospitals as being a major barrier to innovation, since many innovative ideas need cooperation between departments. In this regard, Hade gave the example of an innovative idea that was not applied because of the conflict between departments:

"*Because it conflicted with other departments it could not be applied". (Hade, Nursing Recruitment Specialist)*

Yaseen also indicated that the relationship between departments might hinder innovation, given that some ideas might concern other departments and many people might be involved in approving them:

"You cannot innovate in a field that is linked to other departments, because you are not the only person who makes the decision".

"But there is another department that opposes the idea, saying that it disrupts their work. Innovative ideas might be opposed due to 'work jealousy". (Yaseen, Nursing Recruitment Specialist)

Yaseen also mentioned that jealousy between departments might cause an idea to be rejected, and that an innovation might be opposed because of an additional workload being imposed upon a given department.

The data also showed that the nature of interaction in the hospital between members of staff can have a negative impact on innovation. Participants made several comments about unhelpful competition and jealousy or envy between staff members in Saudi hospitals, which is likely to hinder their desire to innovate. Nawal explained that some employees might oppose the ideas of others in order to prevent them from bettering themselves:

"It is sometimes because of envy between them. Some of them have negative thoughts, not wishing their colleagues to be better

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than them. He or she does not want you to be distinguished from
him or her". (Nawal, Staff Nurse)

Ayman mentioned jealousy as being a reason for innovative staff having their ideas opposed:

"There might be some people who feel jealous of an innovative
employee because they were unable to accomplish and reach
what he/she has". (Ayman, Nursing Supervisor)

Yaseen suggested that unethical competition between employees might also stifle innovation, in addition to jealousy among staff:

"A bad environment, a bickering environment, a bad competition
environment – these affect innovation".

"A negative environment, whether or not it arises from jealousy
among employees". (Yaseen, Nursing Recruitment Specialist)

The data also revealed the negative impact of staff-manager interaction on innovation, with there being many instances of managers fearing competition, directing staff to focus on their work and ignoring staff. Nawal argued that Saudi managers fear competition, thinking that someone will take his/her position:

"To be honest, they fear that I will be a competitor to them. I
searched and found no other reason". (Nawal, Staff Nurse)

Shaker felt that some managers suppressed innovation in order to counter competition from others and so safeguard their own position, and that they also perceived that no improvements were required:

"Sometimes, if the employee has an innovative idea, the manager
does not want the idea to be presented. This is because this can
make the idea's owner prominent. The manager might not want
the employee to be prominent".

"From his perspective [the manager], work will continue with or
without the employee's innovative idea. You [the employee] might

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also pose a danger for him/her [the manager]. For example, for his/her [the manager] position or for other things. This exists in our organisations". (Shaker, HR deputy for Recruitment)

Shaker suggested that there are many traditional managers in hospitals who do not believe that teamwork improves performance and these managers also fear competition from other staff members:

"The reason is that traditional managers, and we have many of them in our organisation, fear for their position and do not believe in the spirit of work, teamwork and the ability of the team to help them reach the top". (Shaker, HR deputy for Recruitment)

Hussein indicated that some try to hinder young, innovative members of staff due to jealously. These individuals feel that young people do not deserve to achieve because of their subordinate position, so they criticise their ideas:

"Sometimes, he/she might find an innovative person who is younger than him/her and who occupies a lower position. He/she wants to frustrate this young employee, and so asks, for example, 'What was the outcome of your innovation?' 'How did you benefit?' Don't waste your time without a benefit". (Hussein, Nursing Director)

The hospital system gives managers full authority in instructing staff tin the fulfilment of tasks, with no thought given to innovation or development, which precludes innovative thinking. Waleed described this phenomenon as follows:

"It is a closed environment, as it obliges staff to merely complete their work, without considering anything else, even if it is important. It is an environment in which it is impossible to find an innovative employee, even one with innovative thoughts, as he will keep them to himself". (Waleed, Nursing Recruitment Senior specialist)

Rafiee confirmed that managers do not encourage staff to be innovative, ignoring their ideas and directing them to concentrate on their core tasks:

> "They refuse to consider any idea submitted by an employee, telling them that they are very busy so that they must focus on their work, instead of trying to innovate, which is not their job. Of course, we hear this here … The problem is the managers themselves". (Rafiee, Nursing Recruitment Senior specialist)

Hana suggested that innovation was stifled by managers telling staff that they need to complete their core tasks first, before considering innovations, since it leads to robotic behaviour among employees:

> "By focusing on the work side only and continually saying 'get the job done first and then think about innovation', employees will eventually give up on innovation". (Hana, Recruitment Manager)

Omnia made a similar point about the impact of managers reacting to an innovation suggested by an employee by reminding them that they should first meet their main responsibilities, specifying that some managers tell employees to just complete their duties and then go home:

> "There is a barrier to innovation when you introduce an idea and you get the response: 'Please finish your work before talking about other issues.' Sometimes, you feel that you work like a robot and only get the work done. If you have an idea and you try to introduce it, they will tell you to leave it for later".

> "They tell you to do the job in working hours and then finish". (Omnia, Head Nurse)

Similarly, Omar stated that some managers asked staff to just do their work, with no discussion and no questions:

> "Your manager also tells you to work without discussion and with no enquiries". (Omar, Recruitment Specialist)

The research results indicate that a major reason for the suppression of innovation among staff is managers' decision to ignore employees' suggestions. According to Naif, some staff stop being innovative as soon as they have an idea that is ignored by their manager:

> *"I noticed a colleague here say: 'I just want to work and get paid'. This is because, one day, he tried to create or modify a regulation, but nobody paid him any attention and he was frustrated". (Naif, Nursing Manager)*

Similarly, Talab spoke of an occasion when he put forward an idea which his manager failed to implement. This offended him and he stated that this behaviour further hinders innovation:

> *"There was one occasion when I was bothered as a result of a simple matter. I had an idea to design a specific template for extracting ID data. I showed it to my managers and they took it and thanked me but, unfortunately, it was not implemented". (Talab, Nursing Recruitment Senior specialist)*

Dalal also provided an example of the way in which managers ignore staff ideas. She said that, sometimes, managers say that they have received the idea and they thank the member of staff concerned, but this also means that this is the end of the matter:

> *"Sometimes, when you talk about a certain topic and offer a specific opinion, they say your message has been delivered and the topic has ended, meaning that they have considered the opinion and that the matter is now closed". (Dalal, Staff Nurse)*

Falah agreed that ignoring staff had a great impact on innovation:

> *"Ignoring the employee has a great impact". (Falah, Recruitment Manager)*

Talab referred to a bad personal experience with a previous manager, who did not listen to the ideas of staff, which made them feel that their ideas were not valued:

> *"In fact, in my previous work, I had a problem with the manager's refusal to listen to the opinions and ideas of employees, which was to prevent them from feeling that they had better ideas than he did". (Talab, Nursing Recruitment Senior specialist)*

The research has also found that innovation can be stifled when managers take the credit for employees' innovative ideas without informing the employees involved. This causes staff to not come forward with ideas, for fear that their ideas will be 'stolen'. Nawal gave the example of a nurse who provided many ideas that were not attributed to her:

> *"However, previously she had introduced many ideas, but they did not attribute these ideas to her". (Nawal, Staff Nurse)*

Nawal added:

> *"One more thing - we have a problem of taking the idea of an employee and attributing it to oneself or to the department, as if it is one's own idea, not theirs!". (Nawal, Staff Nurse)*

Similarly, Omnia said that she would not put forward an innovative idea if she were forced to share credit for the idea with a colleague, with that colleague not providing any input:

> *"If they take my idea or they let a colleague share this idea with me, without any effort from him, I will not innovate". (Omnia, Head Nurse)*

The research also provided evidence of the availability of resources being important in enabling staff to develop innovative ideas. Such resources include offices, PCs, printers, parking and so on. For example, Talab cited the lack of equipment in the hospital for supporting innovative ideas as being one of the factors that hinders innovation. He said that he had had an innovative idea but, because he knew about the lack of equipment, he did not put the idea forward:

> *"In fact, I did not propose this idea but, if I had raised it, I know that the equipment and the means for implementation would not have been available". (Talab, Nursing Recruitment Senior specialist)*

Hana suggested that staff innovation requires both material support, with office equipment, for example, and psychological encouragement through the provision of facilities such as car parking:

> *"It must provide all employees with what they need, which includes the facilities they need, whether these be office materials, a printer or parking facilities. These are very important things, as they affect innovative behaviour. This is because innovation can occur when people both have the necessary resources, and feel psychologically comfortable". (Hana, Recruitment Manager)*

Profession-related factors also emerged, from the data, as a contributor to the propensity for staff to innovate. Both Ayman and Omnia felt that when staff enjoy their profession, they will be innovative. According to Ayman, this was due to:

> *"Love for one's own profession, and a focus on reaching an aim". (Ayman, Nursing Supervisor)+(Omnia, Head Nurse)*

Ayman also felt that nursing staff might lose their ability to develop innovative ideas when they are asked to work in an administrative role:

> *"If he was asked to work in administration, he wouldn't be able to do the job of an administrator. He might become frustrated, and even stifled, because he is innovative in his usual role but not in management". (Ayman, Nursing Supervisor)*

Similarly, Omnia argued that staff who do not enjoy their profession will not be innovative:

> *"If I work in a place that I do not like, I will not be innovative". (Omnia, Head Nurse)*

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Omnia added that transferring from one hospital to another reduced her ability to be innovative:

> **"***Because I do not stay long in one hospital. I have worked in several hospitals. I keep moving from one hospital to another".* (Omnia, Head Nurse)*

6.1.3 Leadership and management perspectives have different impacts

This sub-theme describes the characteristics of leaders and managers in Saudi hospitals and discusses findings from the research relating to how their behaviours can promote or deter innovation among members of staff. Some staff participants were aware of and pointed out that there were differences in the way in which managers and leaders encourage staff to innovate. They agreed that leaders have a more significant impact on staff innovation than managers. Mashari explained that leaders support innovation, whereas managers focus on following rules and are afraid of change:

> *"There is always a difference between the leader and the manager. The leader understands innovation but the manager merely applies systems, using one approach, being afraid of change. The latter hinders the innovation process, whereas the leader supports it". (Mashari, Staff Nurse)*

Yaseen thought that leaders encourage staff to be innovative, while managers hinder innovation by failing to consult their staff when making decisions:

> *"Yes. This determines whether or not there is innovation, because there is a difference between a leader and a manager - a manager holds you back and a leader is behind you to push you. This is because a leader is a member of the team, and he leads the team in terms of guidance and not in terms of decision-making". (Yaseen, Nursing Recruitment Specialist)*

Ayman added that, unlike a manager, a leader will consult staff when making decisions, which will please them and so encourage them to be innovative:

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> *"He/she is the leader and, as you know, there is a difference between a leader and a manager. A leader is someone who tries to satisfy all employees and at the same time is firm in making a decision". (Ayman, Nursing Supervisor)*

Rafiee estimated that about half of all Saudi healthcare managers supported innovation, whereas leaders were more likely to encourage it. In addition, stated that he had negative feelings toward Saudi managers support of innovation:

> *"There are leaders who encourage innovation … 50% of Saudi managers support innovation, and I have a bad impression in relation to Saudi managers' supporting the innovation". (Rafiee, Nursing Recruitment Senior specialist)*

In contrast to Mashari, Yaseen and Ayman, Shaker suggested that Saudi leaders in hospitals that are entirely or partially controlled by the government do not support innovation in the workplace*:*

> *"I believe that Saudi leaders are not supportive of innovative ideas, especially the ones working in governmental and semi-governmental sectors, unlike some of those in private enterprises". (Mashari, Staff Nurse)*

Some participants agreed that an employee's immediate line-manager can have a very significant negative impact on innovation in the context of hospitals. For example, Naif, a nursing manager, felt that managers should encourage innovation by not being dictatorial:

> *"Yes, they have a major role. They have an influential role, as long as they make people around them involved in the work. The manager must not be dictatorial". (Naif, Nursing Manager)*

Hana agreed that a person's line-manager can have an important impact on their ability to be innovative:

> *"Yes, the manager plays a very important role, more than the department director when it comes to influencing innovative behaviour".* (Hana, Recruitment Manager)

There was general agreement as to the reasons for Saudi managers having a tendency to suppress innovation. Nawal, for example, described her manager in the nursing department as being arrogant and not easy to deal with, especially in relation to supporting innovation. These personality traits caused her to avoid him and to consider looking for another job:

> *"He still has this arrogant look and self-conceit, which is annoying and makes me want to avoid him. I am looking for peace of mind and I want to get out of here and to look for another job opportunity".* (Nawal, Staff Nurse)

Nawal also provided an example from her own experience of management hindering innovation, citing an instance of having been punished when her manager discovered that she had provided an opinion for senior managers on the obstacles that were being encountered in the nursing department:

> *"For me, this has been the most tiring year. I recall an incident that happened to me. The medical director asked me to tell him about the obstacles that I faced in our department, and I mentioned these to him. Unfortunately, my department understood things differently. As a result, my evaluation decreased this year from 90 to 86 and the comments that were written on the evaluation report were very bad. For five years, my evaluation had been outstanding".* (Nawal, Staff Nurse)

Hamad also described how some managers in his hospital represent an obstacle to innovation:

> *"The mentality of some managers is that they do not like development in the place and they strive to suppress any spirit of innovation. This is something that frustrates employees and hinders their development".* (Hamad, Assistant HR director)

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Dalal cited the example of her line-manager in the nursing department being unsupportive to her when she has an innovative idea, in contrast to the more helpful attitude of a senior manager, thus demonstrating that managers' attitudes and behaviours regarding innovation vary:

> *"I presented the idea to the senior manager, who adopted it. My idea was not welcomed by my direct manager, but the senior manager welcomed it very much, meaning that my direct manager was an obstacle to the idea". (Dalal, Staff Nurse)*

Likewise, Dema believed that Saudi managers' propensity to support innovation and development depended on their personality.

> *"This depends on the person and differs from one person to another, as there are some Saudi managers, of course, who support creativity - but we cannot say that all Saudi managers support innovation because there is also a large percentage of them who do not and who are against change and development". (Dema, Staff Nurse)*

Managers participating in the research expressed a contrary view to the negative perceptions presented above regarding managers' attitudes and behaviour regarding innovation. For example, Hussein, a nursing director, described his own reaction to staff members' innovative ideas. He gave an example of rejecting an employee's idea for budgetary reasons, and added that he supported innovative work behaviour through rewards, encouragement and maintaining open communication channels:

> *"An employee may have a good idea that we cannot implement straight away. An employee might say: 'Why don't we bring in a program that designs nurses' schedules, instead of wasting nurses' time in making schedules?' I will respond: 'I think it is a good idea, but the project needs a huge budget - 4 million riyals - and I cannot provide this". (Hussein, Nursing Director)*

Hussein also described his attitude towards an innovative idea from a member of staff who was careless or whose performance was not good:

> "*Sometimes you have an innovative person, but you find their attendance to be weak, and this affects your attitude toward their innovation. In this case, I cannot support their innovation while they are careless. However, it is known that, although Einstein, Galileo, Aristotle and Plato were innovative people and thinkers, they were unsuccessful and not good at studying*". (Hussein, Nursing Director)

Conversely, Nawal, who worked under Hussein, suggested that there was a bias in terms of managers' support for innovation, in as much as their support appeared to be limited to employees to whom they had a personal connection:

> "*There is encouragement but only for people that he likes or wants*". (Nawal, Staff Nurse)

Another difference between leadership and management also exists in terms of handling risk-taking. The research data suggest that taking risks is very important for innovation, as is staff members' approach to dealing with risk in nursing and recruitment departments. For example, Omnia argued that:

> "*You must take risks at work. If you want to be innovative in your life, you must take risks*". (Omnia, Head Nurse)

Hade suggested that risks must be taken in the workplace in the context of the generation of innovative ideas:

> "*You must take risks at work. Sometimes, you may have ideas and hesitate to make a decision about them. You must take that decision by considering the risks, but the risks should not prevent you from creating a new and innovative idea*". (Hade, Nursing Recruitment Specialist)

Participants also provided reasons for staff's avoidance of taking risks. Rafiee, for example, stated that he supported taking risks, but that he avoided doing so because he had previously been blamed by his manager (Hana); because of that, he and all the other staff stopped taking risks and just followed procedures:

> *"Yes, I do it, but we are blamed by the department. For example, if an employee submitted his resignation, I have to search for a new employee and fill out a job application, but what if the employee suddenly retracts his resignation?. This is a kind of risk-taking. The manager will thank me if the recruitment process has been done and will blame me if the employee retracted his resignation".*

> *"Currently, you will be punished severely for making any mistake. Yes, currently I and all employees are conservative and currently we merely implement policies". (Rafiee, Nursing Recruitment Senior specialist)*

Waleed confirmed that his manager (Hana) did not support him in taking risks, so that he, too, just followed policy:

> *"No, he tells us to follow the rules and regulations without thinking about anything else". (Hana, Recruitment Manager)*

Hana stated that she sometimes took risks, but only if there were clear benefits for doing so, and that she nevertheless stayed within policy guidelines:

> *"This is a good thing and I personally like it very much. If the result is good or is productive, then the answer is yes, I take risks. The most important thing is that I do not do anything wrong and I do not deviate from the regulations; I take the risk and then take full responsibility for the consequences". (Hana, Recruitment Manager)*

Nawal stated that Hussein, her manager, was risk-averse and ensured that she take responsibility for any decision she made:

> "*They are not brave and courageous in their work. If I ask them about any decision, they ask me to take it and to take full responsibility for it, which means, 'The ball is in your court.' From my experience of working with them, no, they don't take a risk".*
> *(Nawal, Staff Nurse)*

Omnia confirmed that Hussein was not a risk taker, preferring to take 'the safe option':

> *"My manager does not take on anything that is risky. He always likes to be on the safe side. He says 'I will look into the matter, but let us stay on the safe side". (Omnia, Head Nurse)*

In relation to the above quotation, Hussein confirmed what his colleagues had said, claiming that his strength lay in not taking risks, instead following policies and procedures and consulting his line-manager before taking actions:

> *"I rarely take risks. I always refer to my direct manager. And this is one of my points of strength. I like to consult and I believe in consultation. Even if a person came to me and asked me to change my office, you would find me going to the secretary and asking for his opinion. I like to consult employees before taking a decision". (Hussein, Nursing Director)*

Naif supported the principle of assessing risk before making a decision and of being sure of the outcome of that decision:

> *"Taking-risk depends on the idea. Will the idea improve the current situation? How much is the rate of development in that idea? How can we pilot the idea in order to assess whether the idea is suitable or not?". (Naif, Nursing Manager)*

Similarly, Mashari confirmed that his manager (Naif) supported taking a risk, but within policy guidelines, because he worked in a government hospital:

> *"Yes, the manager encourages employees to take risks. Yes, we have to stick with policies and procedures because we are a*

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> *governmental organisation, not a private organisation. You must*
> *follow procedures, but you can also take risk, yes you can"*
> *(Mashari, Staff Nurse)*

Dema confirmed that her manager does not take risks and that he directs them to follow the regulations:

> *"As for my manager, I note that he prefers to stick to the policy and procedures, the type of manager that does not motivate me to take risks".*

> *"As I told you, my manager prefers to stick to the policy and procedures". (Dema, Staff Nurse)*

Talab reported that he was never encouraged by his manager to be a risk taker, either in the context of implementing innovative ideas or in general:

> *"No, he is never motivated to take risks, even if it is about innovating". (Talab, Nursing Recruitment Senior specialist)*

Managers' attitude toward task completion was also identified by the research as another aspect that draws a difference between management and leadership in the context of hospital. In this context, Waleed stated that following a new method in order to complete task is unacceptable, even if this method proves to be beneficial. This is because there is a requirement to follow the policy. If there is a better approach to completing a task, then policy can be changed accordingly:

> *"Even so, the regulations must be changed first, and then we can follow the new method; otherwise, the regulations must be followed". (Waleed, Nursing Recruitment Senior specialist)*

Waleed also emphasised the importance of a manager being able to complete tasks quickly:

> *"Unfortunately, the most important thing is that you must be fast in carrying out the required tasks". (Waleed, Nursing Recruitment Senior specialist)*

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Omnia stated that she preferred to follow regulations when completing a task and that her manager might accept another method provided that she documented that alternative method to ensure that he understood it:

> *"He likes to follow the regulations. He said that, for anything, you need to follow the regulations, step by step. He might accept other ways, but he needs to have them explained to him first, so he asks me to write them down. He likes to have everything documented. I agree with him; you have to have everything documented". (Omnia, Head Nurse)*

Hade's view was that tasks need to be completed according to set policies and procedures, but that a manager might intervene in order to resolve any issues that might be encountered:

> *"The traditional routines and procedures without violating or deviating from them. The manager may intervene personally if difficult problems arise, or he may assign someone he deems appropriate to assist you". (Hade, Nursing Recruitment Specialist)*

Hamad stated that employees have to follow policies and procedures in completing their tasks and to not innovate:

> *"I rely on the culture of giving employees freedom to complete tasks, but within the limits of existing policies and procedures". (Hamad, Assistant HR director)*

Naif, a nursing manager, pointed out that another manager might insist on an employee carrying out a task in the prescribed way, even if the method they are using instead works well. This, he believed, is in order to protect staff:

> *"First, you must sit with him and make sure you understand how he solved the problem. If he has violated policy, you must stop the process and revert to the approved procedure, even if the problem has been solved. You are trying to direct and protect him for the future". (Naif, Nursing Manager)*

Hana, a recruitment manager, preferred that policies and procedures should be adhered to:

> "*I like him to perform his duties as completely as possible. It is not necessary for every step to be completed perfectly. This is something that I've learned. I don't want to achieve perfection, because that takes time, and it may slow down my progress in comparison to other people. The most important thing is to complete it following the same steps or following a checklist on the right time. I don't like delays and slow work. I don't care about the staff attendance but what I really care about is achievement and completion of tasks". (Hana, Recruitment Manager)*

Ismaeel, a human resources director, felt that staff should be expected to complete tasks correctly, within the time prescribed and within policy guidelines; alternative approaches might be used if they can be implemented within policy guidelines and provided that there are benefits for doing so:

> "*The work must be in accordance with the rules and regulations. If the desired final result is achieved, or if there are no drawbacks, then there is no problem for me. If regulations are violated, then this is a different matter, but if savings can be made without contravening regulations, then I have no problem with that at all". (Ismael, HR Director)*

Leaders and managers have different views when it comes to what constitute a hard-working employee. According to the research data, participants who were managers had certain perceptions regarding the characteristics of a hard-working employee. Naif, for instance, considered the attributes of such an employee to include having a good attendance record, a sound attitude, a willingness to learn, an ability to be disciplined in their work and a sense of responsibility:

> "*Attendance, a good attitude and a willingness to learn. From my point of view, these three things are qualities that must be seen in an employee, as I see that success depends upon discipline at work and a sense of responsibility". (Naif, Nursing Manager)*

Hamad added the ability to complete a task on time, an adherence to policies and procedures, and being active, to the list of attributes of a hard-working member of staff:

> "If he is an active employee and is willing to work from the beginning of the working day, and he accomplishes his work in a specific time, according to policies and procedures". (Hamad, Assistant HR director)

Hana believed that a hard-working employee is one who has commitment, who is responsible, who is keen to complete tasks and who is willing to search for information:

> "A diligent employee is one who carries out his work continuously, on a daily basis, and is keen to do the work assigned to him; one who takes responsibility, asks questions and searches for information. Someone like that is a diligent employee". (Hana, Recruitment Manager)

Similarly, Ismaeel's view was that a hard-working employee is one who is committed to their work, has initiative, is keen to learn new skills and who is active, helpful and positive:

> "In my view, a diligent employee is an employee who duly completes his work and always has a sense of initiative and an eagerness to develop and acquire new skills. Also, he is characterised by being active and having vitality, both in regard to his own work and to helping others. Generally, his character should be positive". (Ismael, HR Director)

Ayman suggested that a hard-working employee should maintain a high level of discipline in the workplace, carry out tasks effectively and adhere to regulations. Ayman felt that these characteristics were enough, regardless of whether the staff member is innovative, but he added that he would give an employee credit for any innovation:

"A hard-working employee is one who is disciplined in his/her work. He/she is the one who performs his/her duties to the fullest and follows the regulations. These two points are enough for me and if he/she is an innovator, this will be excellent and I will accept and support his/her innovative ideas and make sure that he/she will be credited for them". (Ayman, Nursing Supervisor)

Managers in human resources and nursing departments shared their views on how they evaluated their staff and the criteria they used. Hussein, a nursing director, explained his department's staff evaluation system, which uses a panel of four staff: two from the staff member's section and two from an outside section:

"We have a system whereby employees in nursing are evaluated by at least four people, on every aspect. These are the head nurse, two people who work with him/her and him/herself. Then, we score every activity and calculate a total score". (Hussein, Nursing Director)

Hamad explained that staff were evaluated based on their job description, behaviour, attendance, teamwork and task completion:

"They are evaluated on the basis of several elements, as each job has tasks and a job description, and there is also a behavioural aspect, attendance and teamwork, in addition to the tasks assigned to them according to the job description". (Hamad, Assistant HR director)

Hana, a recruitment manager, described a system of staff evaluation that considered employees' performance (including any mistakes they make), their ability to follow policies and procedures, personal development targets and their attitude toward colleagues:

"Employees are evaluated on the basis of many things, including specific issues requiring attention and past mistakes, previously discussed with me. The supervisor or the senior manager responsible for instructing them on how to follow procedures and

policies are also involved in this process. As for me, there is another aspect, which is personal development. There is also the issue of how you deal with clients, with managers and with interview candidates, and I consider these things to be very important". (Hana, Recruitment Manager)

Ismaeel described a different valuation system based on task completion, attendance, teamwork, initiative and commitment:

"There are many elements in the evaluation, including the completion of work, attendance, teamwork, initiative and commitment; I have seven or eight elements that I use for evaluation". (Ismael, HR Director)

Ayman described a system of evaluation of nursing staff that was based on standards defined by an organisation that oversees quality standards in hospitals in Saudi Arabia. This system is based on 24 elements, most of which are evaluated online, while some are evaluated using oral and practical means:

"We as an administration follow a certain global standard, and there is a Saudi standard of classification - 'SABAHI'. The evaluation consists of 20 to 23 questions; three of them are completed online and 20 are oral questions. The oral questions need practice. For example, we observe nurses in the process of inserting a cannula into a patient". (Ayman, Nursing Supervisor)

6.2 Summary

In summary, the data presented in this chapter have demonstrated how hospital culture, orientation, systems and management styles could have a negative influence on innovation. In addition, this chapter has answered the second research question: "To what extent do Saudi healthcare leaders influence innovation behaviour in the department of nursing recruitment?". The research data have revealed that Saudi hospitals face significant obstacles in relation to innovation in general and in nursing recruitment area in particular. The following chapter will present the research findings in relation to misunderstandings

regarding the concept of innovation, the lack of innovation in nursing recruitment and the immediate requirements for innovation in the context of the Saudi healthcare system.

CHAPTER SEVEN

Findings: Theme Two

7.1 Theme three: The ambiguous nature of innovation in Saudi hospitals

The third main theme is the ambiguous nature of innovation in Saudi hospitals. This theme illustrates how the Saudi staff perceived the concept of innovation and how this impacted upon innovative practices in the nursing recruitment departments of each hospital. Furthermore, it shows how the staff perceived the conditions required for innovative practice, the restrictions placed upon innovative practice and some ways to overcome them. This theme includes several sub-themes: Competing Conceptualisations of Innovation; Account of innovation in relation to nursing recruitment; and, Overcoming barriers to innovation. This theme addresses the third research question, namely: "How do Saudi healthcare workers in leadership positions, and those they work with who are involved in nursing recruitment, understand, perceive and deal with innovation?

7.1.1 Competing conceptualisations of innovation:

The data suggested that innovation is not a constant on the part of the Saudi staff who worked in the nursing and recruitment departments of the two hospitals, with regards to their conceptualisation of the term. There was evidence in the data which demonstrated that staff hold unstable perceptions concerning innovation. Staff provided variable definitions, accompanied with different examples. For example, some participants viewed innovation as an outstanding performance and related it to carrying out tasks to a high degree of quality. This perception was indicated by Omnia, who explained that innovation is about achieving excellent performance:

> *"Innovation is when you will achieve and perform better". (Omnia, Head Nurse)*

Omnia mentioned that the midwifery clinic is one example of innovative practice. Omnia indicated that attracting patients to this clinic is, in and of itself, evidence of innovation since antenatal clinics have not previously existed in Saudi Arabia:

> *"You can establish a midwifery clinic because we don't have one. Innovation is how we attract patients. In our culture, we don't have special exercises that help to prepare pregnant women for labour. You can be innovative in this area and attract people". (Omnia, Head Nurse)*

Naif described innovation as performing tasks in a perfect way, or in such a way that high evaluation scores were gained. Naif also related innovation to staff productivity when undertaking their duties:

> *"This thing is called "Perfect" with a proportion of 100%, or the thing that gets a higher evaluation in all fields, and that's the innovation in all fields". (Naif, Nursing Manager)*

Naif gave an example of innovation related to continuous education in the nursing and medical field and asserted that the updating which has occurred in these areas is considered a kind of innovation:

> *"For example, I'll talk about the education, where in the nursing field and the medical field in general, there is a continuous update, this in itself is an innovation". (Naif, Nursing Manager)*

In addition, Hade asserted that innovation is concerned with performing tasks to a high level of quality and accuracy in a short time:

> *"Briefly, this is reflected in the way you perform a work task or mission assigned to you… with high quality and with minimal time and effort". (Hade, Nursing Recruitment Specialist)*

Hade provided an example of innovation, namely completing tasks via the efficient use of technology in recruitment, e.g. e-mails being used instead of papers or searching for candidates rather than placing generalised job advertisements:

> *"For example, some procedures take more time or use more paper, so your role is to add the innovation aspect to it, by using e-mail communication or Twitter. For example, in recruitment, how*

> *you can find the candidate in the least amount of time and in the*
> *best and quickest way". (Hade, Nursing Recruitment Specialist)*

A different group of participants referred to the concept of innovation as something strange or unfamiliar, and unexpected. In this vein, Talab mentioned that innovation is considered as something which dazzles and deeply impresses people owing to its qualities:

> *"Anything that dazzles a person is an innovative thing". (Talab,*
> *Nursing Recruitment Senior specialist)*

Talab added an example of innovation, specifically electronic devices and software. The participant refers to how life is easier now than before thanks to smartphones which enable us to do many things that would otherwise be much more difficult:

> *"Thank Allah (God) for making it easy for us to have electronic*
> *devices and programs, which we call smart devices, as they have*
> *facilitated many things in life in general. They are amongst the*
> *most innovative and creative things that can be said about the best*
> *creative development to have occurred during the last ten years".*
> *(Talab, Nursing Recruitment Senior specialist)*

Omar indicated that innovation relates to new ideas, or when something is unusual i.e., something not common nor ordinary:

> *"Innovation usually boils down to creating new ideas, which is*
> *something unusual". (Omar, Recruitment Specialist)*

Omar offered an example of innovation, namely finding different methods for recruitment which can reduce costs whilst maintaining high quality processes:

"In relation to how an idea is innovative and reduces the cost, as for recruitment, we had two things, which is how to reduce the cost in exchange for raising the quality". (Omar, Recruitment Specialist)

Similarly, Shaker mentioned that innovation is characterised by unfamiliarity, meaning the creation of uncommon or extraordinary methods:

> *"The creation of new methods and styles in an unfamiliar way".*
> *(Shaker, HR deputy for Recruitment)*

Shaker added an example in relation to companies' strategies in order to attract customers and reflectively utilising their feedback in order to develop/refine their products:

> *"There are many examples of innovation, such as customer service. A lot of companies think about how to reach the customers instead of waiting for the customer to reach them. They try to use the customers' voice in order to develop their products. This is one of the innovative ideas". (Shaker, HR deputy for Recruitment)*

Similarly, Rafiee conceptualised innovation as having the quality of unfamiliarity, or as referring to new inventions:

> *"Innovation is unfamiliar and relates to the invention of a new thing". (Rafiee, Nursing Recruitment Senior specialist)*

Rafiee gave an example of innovation, namely the process of producing summaries of reports or shortcuts for various processes in the hospital:

> *"For example, we work in a routine way and we have reports in the hospital and these reports contain shortcuts and summary of operations". (Rafiee, Nursing Recruitment Senior specialist)*

Another group of participants, however, defined innovation as relating to change and development. For example, Dalal viewed innovation as developing a new way of doing things in place of older methods, suggesting that this serves as a primary impetus for innovative development:

"Innovation in general is to create a new way, or create something new to renew the old with new ideas for development, and this is almost innovation". (Dalal, Staff Nurse)

Dalal provided an example of innovation, namely delivering information using new means such as incorporating pictures and videos in order to explain health and medications to children, in order to simplify the information and make it understandable:

"For me, in my career and dealing with internship nursing students, sometimes innovation comes in providing new information to the patient in different ways, especially for children. This means that the information comes to you from the internship student in the form of graphics or videos. They create videos and pictures creatively so that they explain the information to the child easily and in detail". (Dalal, Staff Nurse)

Waleed, however, viewed innovation as a change in the system, meaning doing the work without being restricted to a specific work routine:

"Innovation means that you change the system without being bound by a specific daily routine, and then apply it to the same (process)". (Waleed, Nursing Recruitment Senior specialist)

Waleed provided one example of innovation which had reduced the time for recruitment from six months to almost one month:

"We have completed the recruitment procedures of the Saudi health practitioner within three weeks, or a month, instead of six months". (Waleed, Nursing Recruitment Senior specialist)

Likewise, Mashari perceived innovation as a change for the better. In relation to the workplace, innovation was understood to be concerned with change in order to bring about development:

> *"Innovation is the ability to change and develop. Generally speaking, that you are changing something for the better".*
> *(Mashari, Staff Nurse)*

Mashari gave an example of innovation, namely a device used for patients requiring blood tests. This device can help the phlebotomist to see the exact location of the veins in order to avoided repeated venepuncture. The device works by utilising radiation to penetrate the skin barrier and thus visualise the necessary information. It has multiple benefits for the patients:

> *"It is a device that works with radiation and shows you all the veins when you want to draw blood. This is an innovation in itself, and a facilitation of all matters related to patients. It prevents the patient from having to suffer from frequent punctures in the same area, for example because you have to draw blood more than once, and I would consider this idea to be innovative". (Mashari, Staff Nurse)*

For Falah, innovation is also conceived as a change to the working routine for the purposes of improvement. It was asserted that such improvements have several benefits, such as efficiency and creating a positive impact on the work overall:

> *"Innovation means to innovate an opportunity or idea to change from the routine being used, in order to improve the quality of work and reduce time consumption. All of these things are new ideas and have a (positive impact) on the final results". (Falah, Recruitment Manager)*

Falah explained this through an example, namely the transition from paper-based work to digital systems in the hospital such as advertising vacancies through e-mails:

> *"I remember that there was an experience which I went through here in the hospital when the work was initially on paper until we began using email in order to advertise jobs via the hospital's e-mail system. This enabled us to target the most appropriate candidates with specific jobs". (Falah, Recruitment Manager)*

Likewise, Nawal viewed innovation as occurring when you are doing something for the purposes of development and/or improvement:

> *"Innovation is excellence, or development. For example, if I innovate or excel in a particular job or idea. This is my understanding of it". (Nawal, Staff Nurse)*

To explain her point, Nawal referred to creative and talented people as examples of innovators, such as writers or artists. She related these examples to a nurse who worked with her:

> *"Yes. Such as talented people, or to be innovative in a particular area. For example, we have a Staff Nurse who is innovative and talented in a particular way – with drawing and writing". (Nawal, Staff Nurse)*

Another participant saw innovation as a way of dealing with the workplace environment. Saber mentioned that innovation is about bringing abnormal or unusual ideas to the fore in order to deal more effectively with workplace regulations and the working environment itself:

> *"Innovation is trying to think outside the box and come up with unorthodox ideas to deal with action procedures, policies, and work environment". (Sabir, HR Director)*

Saber provided an example of an innovative idea, namely the suggestion by one staff member to display a card in the employee office which has thankful and motivational words:

> *"For example, one of the employees suggested the idea of motivation for employees through submitting cards (via the leader or manager) which include simple thankful words with a friendly language, and putting these in the employee's office without warning. Hence, it will be a surprise for the employee in the morning". (Sabir, HR Director)*

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Dema also viewed innovation as doing something different for a change in the workplace, especially in the working environment. This change, or the ideas more generally, have the potential to produce positive benefits:

> *"In my view, I see innovation as doing something unusual in order to change the work environment, meaning that through designing and implementing new innovative ideas, the workplace can benefit positively". (Dema, Staff Nurse)*

Dema has also referred to digitalisation of work processes as an example for innovation. To that end, she recalled how the hospital transitioned from paper-based to electronic processes:

> *"For example, in the past, most of the work was done in paper files, and it used to take effort and time on the part of the employees to a great extent. Now, with the developments and innovations in the field of technology, everything has become dependent on electronic systems. Even transactions have become electronic, and paper files only have to be dealt with on a small scale". (Dema, Staff Nurse)*

The data also presented the positive and negative aspects of innovation according to the participants' perceptions. Some participants listed several potential positive aspects of innovation which have been implemented in the hospital or could be. In this respect, Naif emphasised that there are no negative aspects of innovation:

> *"From my point of view, there is nothing negative arising from innovation". (Naif, Nursing Manager)*

Nawal stated that there are many positive aspects of innovation, such as the positive influence of innovation in terms of its ability to motivate staff as well as its positive influence on the institution, teamwork, and employees:

> *"Yes. Sure. There are positive aspects. There is also the influence of the individual himself, the institution, the work team and the employees". (Nawal, Staff Nurse)*

Talab mentioned that one of the positive aspects of innovation is time-saving, cost-reduction, and generally reduced efforts for the hospital workforce. Additionally, innovation helps to facilitate working processes with more direct control of the work being possible:

> *"One of the innovative aspects of innovation is that it will facilitate procedures at work, save time and effort, and allowing me to have control over the course of things inside the workplace". (Talab, Nursing Recruitment Senior specialist)*

Waleed also noted a positive aspect of innovation, namely the development of the organisation and changes in the work from being routine and boring to a more positive working environment:

> *"The positive aspects of innovation can be summed up in development and change, because if you are innovative in a specific thing, this means that you love it and it entails this development and changes within it. This gives a positive direction away from the boring routine". (Waleed, Nursing Recruitment Senior specialist)*

Yaseen emphasised that the positive aspect of innovation is to facilitate the work process and make it easier for staff:

> *"The positive aspects are certainly facilitating work greatly". (Yaseen, Nursing Recruitment Specialist)*

Regarding negative aspects, Hussein indicated that misunderstanding innovative ideas by others can be viewed as negatively, especially for innovative staff members:

> *"The innovative person always fights for a certain thing. Unfortunately, such fighting to prove one's opinion or idea might be misunderstood". (Hussein, Nursing Director)*

Talab mentioned that there are no negatives associated with innovation, unless the outcome of the innovation is not good. In such circumstances, this would be a negative aspect of innovation:

> "*The idea may be excellent, but if it is implemented in such a way that it does not produce good results, although innovative it is nonetheless a negative thing, in my opinion". (Talab, Nursing Recruitment Senior specialist)*

Waleed stated that a negative aspect of innovation arises when an innovative idea is applied without sufficient study beforehand, and according to an inappropriate timescale:

> *"One of the negative effects that we can face in the process of innovation is that these ideas are not sufficiently studied, and undertaken in a hurry without choosing the right time or place to apply them". (Waleed, Nursing Recruitment Senior specialist)*

7.1.2 Accounts of innovation in relation to nursing recruitment:

It was notable that despite the nursing shortage outlined in Chapter three, innovation was reported to be a rarity in nursing recruitment. Since the interviews were conducted with staff working in HR and Nursing Departments, which are jointly responsible for nursing recruitment, it was anticipated that these particular staff who knew the reasons behind the nursing shortage would be best placed to provide relevant solutions and innovations. For example, Hade a nursing recruitment specialist, explained that staff involved in recruitment record nurses' reasons for resignation:

> *"On our part as the recruitment section, we record the relevant departmental data indicating a large leak rate, and we listen to the reasons of the employees if they come here, and then we file the*

reasons to the department". (Hade, Nursing Recruitment Specialist)

Similarly, Naif, who is a nursing manager, emphasised that they perform exit interviews with nursing staff in order to ascertain their reasons for leaving:

> *"Here we only do exit interviews, we are doing an internal study of what they call (Exit interview) and this helps us in understanding job leakage, which is knowing the reasons for resignations, for example, or with regards to housing. As you know, the job dropout rate for nurses is very high".* (Naif, Nursing Manager)

Participants also had an insight into the reasons behind the nursing shortage in Saudi hospitals. For example, Hana, a recruitment manager, explained that shortages were not restricted to a particular nationality since it shortages were consistent amongst both Saudis and international staff:

> *"We want to expand in dealing with different nationalities because it is a good thing to have multiple nationalities and not rely on a specific nationality".*

> *"Never, as I mentioned earlier, Saudization is opened throughout the year and we are working on another parallel plan for Saudization employment".* (Hana, Recruitment Manager)

Participants provided various factors exacerbating the nursing shortage. The first related to government and hospital regulation. In this respect, Dalal indicated that the unified salary scale is a significant reason for nursing shortages in particular hospitals. She explained that nurses working in one of the Saudi hospitals' which is famous, and which has its own salary scale for nurses, are given more benefits which are not included in the unified salary scale for health practitioners. Specifically, she outlined unfair variation in the application of the unified salary scale for nursing staff in Saudi hospitals:

> *"Some hospitals are not subject to this. Such as the King Fisal specialised hospital, and they have their own salary scale, for*

example, some departments of the Ministry of Health have allowances of their own that are not present in the (unified salary scale). These can affect the presence of the Saudis in some of the ideas that we put forward in terms of incentives on the one hand, whilst on the other there will be promotions for people with experience and a period of service. The goal of innovation, as I mentioned above, is to attract innovators and generate new ideas". (Dalal, Staff Nurse)

Similarly, Talab, who worked in nursing recruitment, emphasised that the health practitioners' unified salary scale was a key reason to avoid a nursing career. She explained that this was because when one compares the salary of staff working in administrative positions to staff working in nursing, nursing staff receive markedly lower salaries:

"… seven to ten years ago (the health practitioners' scale) was applied, and this made us the owners of government health facilities. This piece of legislation required us to provide a basic salary with a transportation allowance and also a scarcity allowance for all health practitioners. However, if you see the administrative salary, it is much higher than that of nursing, especially since it includes an additional housing allowance of 25 percent". (Talab, Nursing Recruitment Senior specialist)

Furthermore, Hamad indicated that all hospitals suffer when it comes to attracting Saudi nurses owing to the salary scale of Saudi health practitioners. Simply put, the salary that is given to nurses is not consistent with their efforts. Additionally, he also indicated that attracting non-Saudi nurses is easier than attracting Saudi nurses:

"On the contrary, we have an approved salary scale and a scale of Saudi health practitioners, and I think that all facilities face the same problem. As for attracting non-Saudis, it will be easy, and it varies from one establishment to another according to the salary,

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but generally, I think that everyone suffers from this problem".
(Hamad, Assistant HR director)

According to the data, placing nursing staff into other fields of work was an additional reason for the nursing shortage. For example, Naif asserted that there is misuse of nursing staff because the administrators assign them to different fields thereby amplifying the shortage:

"I will give you an example of some departments that have improperly allocated nursing staff… they take them out of the field of nursing and put them in another area of the department and this is a big problem". (Naif, Nursing Manager)

Shaker also commented on this factor as a reason for the nursing shortage. He explained:

"Nurses themselves leave nursing and switch to administrative work or other jobs". (Shaker, HR deputy for Recruitment)

Other factors also emerged from the data. Nawal added that the problem might be due to the internal processes of the Human Resources department which were reported to be rather slow.

"I think there is no shortage. There are thousands of nurses who have graduated from universities. Some of my colleagues applied, but they did not receive a response until now. They told them to wait for a call. But no one contacted them. I think the problem lies in the recruitment process and HR generally. They are really slow. I don't know, maybe this is because of the internal processes [which they must follow]". (Nawal, Staff Nurse)

In addition, management staff were also reported as a mitigating factor behind the ongoing nursing shortage. Rafiee mentioned that Saudi experts and fresh graduate nurses are available, but the main issue around nursing shortages and high turnover is their dealings with their Direct Managers. He related his experience when interviewing some staff from other hospitals in which nurses informed him

that they would quit their jobs even if the other job had a lower salary because of the behaviour of their respective managers:

> "*New graduates, and those with experience are present. However, it may be because of an example in another hospital (within which most of their department's employees wanted to quit) and we undertook personal interviews with them. I think the main problem they have is that of the direct managers and their dealings with them, to the point of being ready to bring in an employee with a salary lower than SAR2000". (Rafiee, Nursing Recruitment Senior specialist)*

Experience was also a contributing factor behind the nursing shortage, and this was evident in the data. Yaseen believed that the shortage only related to qualified nurses.

> "*With regards to nursing shortages, if we talk about the Saudis, there is no shortage of nursing staff, but there is a shortage of qualified nurses" (Yaseen, Nursing Recruitment Specialist*

Similarly, Yaseen added that the difficultly lies in finding Saudi nurses who have suitable work experience. The working environment was another important reason for nurses leaving their jobs, and thus perpetuating the nursing shortage. He noted:

> "*You are looking for a Saudi candidate that has this experience. It is a little difficult; however, you may find someone who wants to get out of an organisation because it is uncomfortable, or because of a work environment or something else" (Yaseen, Nursing Recruitment Specialist).*

Participants also discussed factors impacting negatively that are related to Saudi culture in general. They emphasised that the Saudi culture itself is a reason for the ongoing nursing shortage. For example, Shaker asserted that the nursing shortage is a global problem, and Saudi universities cannot attract Saudi nurses to cover the shortage because of the nature of Saudi culture. The participant emphasised that Saudis' views towards a career in nursing requires consideration since it is

regarded as a non-prestigious, difficult, and tiring job which is, furthermore, not easy to study:

> *"Because the problem of nursing is a global problem, even universities in our country cannot attract students to study nursing. The problem is the view of the culture of the society towards the job of nursing".*

> *"Society's view of nursing is still the same: it is not a prestigious job and it is both a hard and tiring job. Hence, students do not want to study nursing because it is a difficult major [before and after graduation]". (Shaker, HR deputy for Recruitment)*

Hussein, a nursing director, indicated that a significant reason for nursing shortages is that Saudi female nurses prefer departments which require shifts only during the daytime due to their wider family responsibilities:

> *"I understand the situation of Saudi female nurses. Some of them are married and have family responsibilities and cannot work for 12 hours straight, or during nightshifts. Although they have signed contracts which they should be committed to (and I have the ability to end their contracts if they don't stick to them) I try to be understanding. In spite of this, they agreed to all the contract terms during the job interview, such as working in any place in the hospital and at any time, but they don't stick to it afterwards, I try to help them". (Hussein, Nursing Director)*

Similarly, Rafiee, a recruiter, asserted that whilst the number of Saudi nurses has increased, the problem of attracting them to permanent roles in Saudi Arabia relates to their reluctance to work shift duties:

> *"[the] Saudi employee wants fixed duty rotas and does not want shifts" (Rafiee, Nursing Recruitment Senior specialist)*

Talab referred to the nursing shortage also relating to Saudi Arabia having a deeply conservative society with its own (strictly enforced) customs and traditions. Consequently, it rejects the nature of work required of nurses, for example the

requirement for women to work 12 hour shifts during the day and at night. Later in his interview, the participant referred to a further social reason which contributes to the nursing shortage is related to how the job is viewed by members of Saudi society. Saudis view the job of nursing as restricted to East Asian countries rather than being suitable for Saudis. He indicated that many Saudi families refuse to permit their daughters, or female family members, to work in a mixed-gender workplace such as with the nursing profession:

> *"The second thing is especially for women, and by virtue of the fact that nursing often has shifts of 12 hours, both during days and nights […] the society we have is conservative and has customs and traditions which reject this system of work".*

> *"Perhaps because the person who works in nursing is [usually] foreign or Filipino in particular, the impression is therefore that this job is for East Asians and not for Saudis".*

> *"The third thing is society. It is often that the nature of this type of work [nursing] is a mixture between males and females, and many families refuse this work because of [gender] mixing". (Talab, Nursing Recruitment Senior specialist).*

Family pressure/obligations were also reported as contributory factors by Omnia who also indicated that sometimes families refuse to allow their girls to work in jobs which have long working hours, or they may not be permitted to work in specific sections of hospitals. Thus, female nurses leave their jobs for those reasons:

> *"I will give you an example. The employee may come to work excited and start working, but suddenly she would say 'I do not want to work because my family do not agree with this work because of the length of the working hours, and because my family don't want me to work in this section'. This happens a lot. I face this especially with female Saudi nurses. This affects innovation in the hospital" (Omnia, Head Nurse).*

Furthermore, Omnia emphasised that society regards female nurses in broadly negative terms and this leads to many leaving the job. She relayed what she had heard from other female nursing staff who left their nursing job in hospitals due to pressure from their family members and society as whole:

> "This happens with females more. There are some female employees who left their job and moved to work in a primary hospital or a female clinic. When I told one of them, 'You studied hard and got a high certificate to work in a small clinic! Why?' She said: 'This is what society requires. I may not marry because of this, my family does not want this, or my husband does not want this. I want to fit in with society" (Omnia, Head Nurse).

Factors relating to the recruitment of international nurses also emerged from the data, with some participants referring to the resignation of a large percentage of international nursing staff and the difficulty in retaining them. For example, Hade explained:

> "Yes, 75% resign every two years, and the number of resignations in the past period is very large, reaching 500 employees" (Hade, Nursing Recruitment Specialist).

Mashari also noted that there is a high turnover of international nurses because they came to Saudi Arabia simply to obtain training for a nursing career and subsequently leave for Europe, Britain and the USA. This is because Saudi hospitals have advanced equipment and use advanced technology and the aforementioned countries selectively target nursing staff who are already trained:

> "In Saudi Arabia we mostly have a training environment for foreign employees, like East Asians, where they come to work and they consider it as a training period for them. We are advanced in terms of medical devices and services, because our technical capabilities are high. So, they stay until they are trained, developed, and have mastered [the necessary] skills well, then they go to Europe, Britain and the USA, and this is well known to all". (Mashari, Staff Nurse)

Similarly, Hade stated that most international nurses go to America or any European country after gaining the requisite experiences in Saudi Arabia:

> *"The majority acquire two years of experience, and in a hospital like our hospital and with experience like this, they then depart to America or any European country where they can obtain a high salary" (Hade, Nursing Recruitment Specialist).*

Naif also added that for nursing, the high turnover leads to an ongoing shortage which countries such as American and Europe exploit by seeking to attract foreign nurses already working in Saudi Arabia.

> *"There are secondary reasons […] most foreigners stay for a year or two to acquire experience, and then go to America and Germany". (Naif, Nursing Manager)*

Hade, a nursing recruiter, noted that transportation, housing, work pressure and salary are amongst the most prominent reasons for the high turnover of both international and Saudi nurses:

> *"Only these two aspects (transportation and housing), and sometimes work pressure, and there is another aspect, which is salary increase or lack of experience". (Hade, Nursing Recruitment Specialist)*

In relation to innovation in the context of the nursing and HR departments, the interview data revealed that some staff commented that there is no desire on the part of their managers and high-level administrators to provide a permanent solution to the ongoing nursing shortage. For example, Nawal stated that the Direct Manager never asks for staff opinions or feedback in relation to the nursing shortage nor are they invited to share what could be useful ideas:

> *"Now, they do not ask me to share my ideas". (Nawal, Staff Nurse)*

Furthermore, the participant reported that despite having a Nursing Saudi Club in the hospital, which allows staff to discuss many issues, such as solutions to

problems, awareness activities, and other sensitive topics, the topic of persistent nursing shortages has never been addressed:

> *"Yes, I am the chairperson of the Saudi Nursing Club […] we [members in nursing club] haven't discussed nursing shortage issue [..]however, we participate in providing solutions, awareness activities and other sensitive topics" (Nawal, Staff Nurse).*

Similarly, Waleed emphasised that the manager does not ask for staff opinions or feedback when it comes to the nursing shortage because the nursing shortage is a *general* problem, meaning that it does not need to be discussed *specifically*:

> *"No, because there is nothing that calls for this, to make us discuss this issue, because this is a problem that exists in all hospitals. All we had to do was try to provide the best we could in order to provide a sufficient number of Saudi nurses to meet the needs [required at a particular moment]". (Waleed, Nursing Recruitment Senior specialist)*

The data also revealed some innovative ideas that were provided by both Human Resources and nursing staff. These were in relation to the nursing shortage and potential solutions based on their experiences and perceptions which could, in turn, help to solve nursing shortage problems, for instance, the Saudization program. Ismaeel indicated that the Saudization program is one solution to attract Saudi nurses. This programme is designed to attract Saudi nurses by creating contracts with universities in Saudi Arabia in order to attract student nurses during their internship year and to train them within this period. Subsequently, they choose the best of these students who are fully qualified:

> *"Yes, there are ideas, as we have an ongoing Saudization program and we are working on a program to contract with Princess Noura University so that the year of excellence for nursing and training for our nurses will be under our supervision and for distinguished people; they will be recruited and appointed directly". (Ismael, HR Director)*

Similarly, Hana, who is a recruitment manager, commented on the Saudization programme, and the process of establishing contracts with universities in order to provide nurses as well as retention plans for Saudi nurses:

> *"The most important thing we have come up with is the Saudization system in nursing. It seeks to attract students from the time of their studies as a student, or as an internship student, or as a new employee within approximately six months" (Hana, Recruitment Manager).*

Hussein, a nursing director, mentioned another idea, namely the 'Residence Programme' for the Saudization of nursing staff. He argued that this offers a solution to the problem of nursing shortages in Saudi Arabia. This programme attracts nurses during their internship period and pays them half the salary set for the position until they have finished the programme and have been assigned in the targeted positions.

> *"It is a programme called the "Residence Programme". It is when the hospital offers a half salary to distinguished graduate nurses, or nurses in their internship year for the purpose of attracting and training them to work with us" (Hussein, Nursing Director).*

Other participants, including Hana, mentioned a further innovative idea in the form of the incentive programme, which refers to a competition between hospitals vis-à-vis incentives used to attract nurses. As Hana noted, there are differences between hospitals in relation to the financial incentives on offer.

> *"We came with innovative ideas such as incentives, and often we have a problem in Kingdom of Saudi Arabia, the incentives are different and frankly, the nurse leaves the hospital that you have because another hospital provides a higher financial incentive". (Hana, Recruitment Manager).*

Another participant, Rafiee, asserted that staff share ideas with each other in order to find potential solutions for the nursing shortage. He mentioned that some

solutions were applied to solve the shortage and high nursing resignation episode of 2018, such as improving annual bonuses and annual vacation time:

> *"The last problems we faced with regards to nursing were during the 2018 turnover. The resignations were very, very high, and we were employing three nurses and at the same time nine nurses resign. The number of resignations was very high so much so that the Nursing Department sent us letters indicating that some nursing departments would be closed if you didn't find a solution to the problem. When we discussed this, we realised there were problems due to the annual bonuses and the annual vacations compared to other hospitals, and these issues were resolved. Now, this year we experienced the lowest turnover and the number of new recruits exceeds resignations" (Rafiee, Nursing Recruitment Senior specialist).*

Naif also listed some ideas that could help to retain and solve the nursing shortage, namely: providing more benefits for nursing staff, helping to retain them, and helping staff to get a scholarship in order to complete their studies in critical areas such as the Intensive Care Unit (ICU) and Emergency department (ER):

> *"There are other things like that in some hospitals (i.e., an ICU), and just with in-patient departments, there is no difference between them in terms of importance or motivations. As for here in the hospital, it depends on the [relative] importance, and the nurse is given an allowance of 15% or 20% depending on the ward, so this is considered a kind of motivation. We also give priority to anything related to scholarship, study, and development for important sections such as the ICU an ER […] only then do we move to the rest of the sections". (Naif, Nursing Manager)*

Another group of participants provided similarly innovative ideas in relation to retention plans for nursing staff. For example, Yaseen confirmed that *retaining* nursing staff is more important than *attracting* them in the first place:

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> *"Keeping them is more important than attracting them"* (Yaseen, Nursing Recruitment Specialist)

Likewise, Naif, who is a nursing manager, asserted that there are no novel ideas from the staff for combatting the nursing shortage, except the retention programme:

> *"No, but in the past and up to this day we are working on this issue and we have discussed the reasons for (retention) and annually submit a report to the department. Then, the department submits the reports to human resources management who in turn assess the procedures, such as the reasons for resignations"* (Naif, Nursing Manager).

Another innovative idea was referred to by three participants, namely to establish a training centre for nursing. For example, Hamad indicated that there is currently an innovative idea which is concerned with specifically establishing a training centre in order to recruit Saudi nurses into positions which are difficult to be filled and then to train and to recruit them during this process:

> *"There is an idea which is currently in the study phase, which is to have a training centre that ends with recruiting into some nursing positions, so that we can attract Saudi graduates and have training for them and then appoint them in the facility".* (Hamad, Assistant HR director).

Similarly, Yaseen asserted that an innovation idea, which involves making a contract with a company that offers training for nursing staff, means that hospitals recruiting nursing staff can send them for training to this company for a specific period of time in order to fully prepare them for work:

> *"Yes, there is an idea which is external companies or partners. You can now take an employee and make a contract with him/her and then send him/her to them to train him/her to be ready for work".* (Yaseen, Nursing Recruitment Specialist)

Mashari indicated that one innovative idea is to attract non-qualified nursing staff and train them up to a qualified level. There are some private colleges which some students graduate from, but few have qualified in nursing skills. To that end, the idea is to attract them and train them to become qualified nurses. Additionally, he mentioned that Human Resources have hindered this idea:

> *"I mentioned an idea, and it relates to the number of graduates of private diplomas in the Kingdom (who are numerous) and do not work, and there are Royal orders in this regard to employ them. We have tested a large group of them, and they are now employees, and I see that these people are very strong resources that we have not optimised to use because we can hire them at the lowest cost".*

> *"In fact, I do not know, as this is a problem of recruitment from human resources, and I think it is very easy to train them, because they are less costly to attract and employ". (Mashari, Staff Nurse)*

Another innovative idea was also introduced by a number of participants, namely to open more nursing positions in order to attract more nurses. In this regard, Hussein put forward an innovative idea that has been raised by staff to solve the nursing shortage. The idea is to undertake a research study and to use the results to convince the relevant government minister to open more positions for nurses:

> *"Yes, we have a proposal, and a complete file which the general manager took himself to the minister. This resulted in 79 jobs that were added to us. He showed me a presentation that shows problems in nursing and all recruitment details (the number of quitters was 130 in 2018, which includes the number who rejected offers, problems in some departments, and challenges). One of the suggested solutions is to have a number of job vacancies of 340. However, I only received 79 job vacancies". (Hussein, Nursing Director)*

Rafiee raised an example of applying a new idea to change the policy in relation to recruiting new staff, called 'pool'. The idea took two years to be applied because of the complicated procedures:

> *"The current solution is 'Pool"*

> *"I expect that the problem is the administration, but the idea was present two years ago as an innovative idea and it was rejected because the formal procedure is that you bring the new employee in after the job is vacant from the resigning employee, and this procedure takes time. The process may reach six months. At that time, we were saddled with at least 10 jobs to be filled during the submission of employee's resignations" (Rafiee, Nursing Recruitment Senior specialist).*

Finally, in this regard Yaseen claimed that there is no solution for the ongoing nursing shortage in hospitals other than the traditional solution, which is to recruit through their website:

> *"So far, we are working on this subject but there are no solutions currently other than the traditional solutions to recruit through our website" (Yaseen, Nursing Recruitment Specialist).*

In relation to the shortage of international nurses, there is a challenge to both attracting and retaining them as Hussein, a nursing director, outlined that in the hospital the turnover rate was almost 13%. Thus, it was argued that increasing recruitment trips is an acceptable way to speed up the process of nursing recruitment and thus solving the nursing recruitment shortage:

> *"However, we did not reach the global bench mark. We have a turnover of almost 13%. This is because we have new positions. We made four recruitment trips and this helped us to increase the speed of recruitment. It is one of the strategies that is done now. Increasing recruitment trips"(Hussein, Nursing Director)*

Hana added another innovative idea to facilitate the procedures for international recruitment, namely to attract multinational nurses from many countries in order to meet the nursing shortage:

> *"Yes, we are still working on the plan for the coming year and we will make recruitment trips, as we have visited many places and will see most places where the largest numbers are, and nurses were accepted quickly and with quick and easy procedures. Moreover, we want to expand in our dealing with different nationalities because it is a good thing to have multiple nationalities and not rely on a specific nationality" (Hana, Recruitment Manager).*

Ismaeel suggested that recruitment of international nurses could be enhanced by providing a good offer with competitive benefits:

> *"Let us divide the question into two parts, which are the national nurses and foreign nurses. Of course, nurses from outside Saudi Arabia in the labour market are governed by competition and job offers. If your offers are good, you can attract nurses, but if they are not good, no one will come to you, but internally we need good educational outcomes". (Ismael, HR Director)*

Hade emphasised that there is high turnover of international nurses, and at one time they faced a resignation from some 200 nurses. After this particular case, they went with the idea of recruiting international staff across the year, instead of recruiting them all at once:

> *"The reason for not being able to apply this idea periodically is that the contract period is two years, and when applying this idea for two months in a row you will have 200 employees and after two years i.e., after the end of the contract period, you will lose 200 employees at one time. So, we have this idea at a time of crisis or every six months so that you lose 100 employees in one month after two years. The reason for this is that the percentage of resignations is very high, as the percentage of those who renew*

their contracts is only 10 or 15%" (Hade, Nursing Recruitment Specialist).

Waleed added another idea in the form of specifically utilising an outsourcing company that can provide nursing coverage for some departments. In this way, the hospital can reduce workloads and confront the high turnover challenge:

"*No, it was among the ideas that we have to come with a specialised company to solve a part of the nursing problem with regards to the long stays. This will reduce work stress and there will be a part of the work with the company that will, in turn, be responsible for this and we will cover the rest of the parts" (Waleed, Nursing Recruitment Senior specialist).*

Similarly, Shaker suggested that the hospital recruitment process should be outsourced. The idea was to deal with Philippine companies directly in order to provide nursing staff instead of recruiting them directly, thereby reducing the cost of recruiting nurses. Shaker, who is a deputy director of HR, stated:

"*If we talk about our organisation, one of the solutions and suggestions is for nursing to be outsourced. This means that there will be a company that is responsible for providing nurses from A to Z. For example, if we talk about a licensed nurse who has a bachelor's degree, I will give him a salary of 3,000 Riyals. But the hidden cost might reach 10,000 Riyals including the recruitment process, the holidays, the benefits, housing, and medical insurance. The idea is to make a contract with a Philippine company which is a university, and a company which at the same time trains and teaches. For example, we can sign a contract with them so that the salary for each nurse will be 6,000 Riyals and the company will be responsible for the holidays, benefits, housing and medical insurance. I just give them the salary and they work for me by the hour. Of course, this idea is for the long term and it is at a level that is higher than the level of our administration and*

other parties which might be involved" (Shaker, HR deputy for Recruitment).

Shaker also suggested establishing a contract with a university in the Philippines in order to attract students during their internship year:

> *"In addition, for the short term, the idea is that we go to the Philippines and sign contracts with universities to attract students and we pay the student a salary from the stage of internship. We sign a contract with them as a commitment to start the service at any place. However, this is a quick solution"* (Shaker, HR deputy for Recruitment).

Naif offered another idea for tackling the nursing shortage, which is to create a university or nursing college in the Philippines in order to provide nursing education services with the explicit aim of recruiting all the subsequent nursing graduates into Saudi hospitals.

> *"Yes, one of the other attractions ideas that confronted me when I was in the Philippines a while back was a problem with the lack of nursing in Australia, so the Australians put a special college for teaching and graduating nursing, so that you enter their area and feel that you are in Australia and not the Philippines through deliberate design and other techniques. This is my suggestion, not only to the hospital, but I spoke to the Saudi consul and attachment regarding the proposal, so that a university is established in the Philippines which adopts the nurse from the moment they graduate from high school until they graduate as a nurse while also ensuring employment, like the Australians. My suggestion was that because the economy they have helped them to adopt new ideas, students were faced with less fees and this would result in a large hiring pool of candidates and many requests for employment. I also talked with a group of Saudi offices to attract nurses to cooperate to open a university, and to provide education services"* (Naif, Nursing Manager).

Furthermore, Hussein introduced an idea in relation to retaining international staff as there are some Saudi cultural values and language barriers which create barriers to communication with foreign nurses. For example, when the new nurses arrive there is a lack of welcoming interactions, such as people who meet them wearing a face covering which means that the new nurses cannot see their smile and the language used is not very welcoming. To that end, he suggested improving the training of welcoming staff in order to give the new recruits a good first impression:

> *"I noticed that no one talks to newly recruited nurses except with basic greetings ("Hi") when they first come. They just sit in the meeting room. Girls who work in HR wear the Niqab, thus new nurses will not know if they are smiling or not. After that, they finish their paperwork and go to the nursing department. This came up with a foreign employee who came from a far-away place and then was met by a driver who didn't speak English. Nor was she adequately welcomed into the housing. Now, I have made a change in this regard, and made sure the person who meets the foreign employee speaks English, and that he/she is then driven to the housing and welcomed appropriately there". (Hussein, Nursing Director).*

7.1.3 Overcoming barriers to innovation

The data clarifies that participants were aware of the need for innovation in the nursing and human resources sections of Saudi hospitals. In the previous chapters, several factors emerged that might impact innovation negatively in nursing and recruitment teams, while the sub-themes discussed in this chapter offer ways to begin to overcome the barriers to innovation in these two hospital departments. This sub-theme focuses on participants' comments around how to overcome barriers to innovation during the interview process, which required certain elements before implementation: admitting that there is a need for innovation, staff's perception of a lack of innovation in nursing recruitment, as well as in the hospitals more generally; staff members' desire to innovate; and having the necessary conditions for innovation. The majority of the participants agreed

that their hospitals, including nursing and human resources departments, are in need of innovation, and this can be seen as the first step to overcoming many innovation barriers. The desire to innovate can make staff more willing to overcome challenges in order to achieve innovation in the nursing and recruitment departments in the hospitals. Generally, however, the participants showed positive attitudes towards the need for innovation, both at the level of their department (recruitment or nursing), or at hospital level. Furthermore, they agreed that there is currently a lack of the innovation in their respective hospitals and, more specifically, the recruitment and nursing departments. For example, Rafiee stated that his hospital requires innovation and that there has been a notable lack of innovation in the hospital for some time, except in a few small areas:

> *"Frankly, innovation is needed for the hospital. From 2008 until now, there is nothing new, and there is no change, except very few things in terms of the system" (Rafiee, Nursing Recruitment Senior specialist).*

Beyond this, Nawal noted that innovation is vital in the hospital setting, and that the Nursing Department in particular requires innovation:

> *"Innovation is very important".*

> *"Yes. It needs a lot, especially in nursing" (Nawal, Staff Nurse).*

Waleed also underscored that there is a need for innovation in the hospital but also in the recruitment section which lacks innovation and does not compete effectively in the marketplace:

> *"Yes, this section needs more innovative ideas, as we are very late compared to the development in the market" (Waleed, Nursing Recruitment Senior specialist).*

Hamad emphasised that innovation is important for the hospital to cope with the Saudi Kingdom's 2030 vision, and that success in any area (not just healthcare and nursing) is based on continual innovation:

> *"Innovation is important in relation to the Kingdom's vision for 2030, which is tremendously important. Almost 90% of the success of things is attributed to the innovation of individuals"* (Hamad, Assistant HR director).

It is evident from the interview data that the majority of participants in both nursing and recruitment departments have positive perceptions towards staff's desire to innovate. This is an important requirement for overcoming innovation barriers. For example, Rafiee indicated that there is sufficient evidence of the staff's desire to innovate, namely there are various ideas which have been applied, such as electronic checklists and job offers:

> *"In terms of capability and desire, it is continuously desirable for us in the section. The evidence is that the employees come with ideas such as the idea of some models and job offers, and also a checklist has been submitted by a girl"* (Rafiee, Nursing Recruitment Senior specialist).

Nawal emphasised that staff have a desire to innovate since everyone wants to be unique and innovative:

> *"Sure. they have a desire for innovation. Any employee has a desire to be distinguished and innovative"* (Nawal, Staff Nurse).

Additionally, Omnia has indicated that most staff have a desire for innovation, which is to say that roughly 80% of them would like to be innovative*:*

> *"Not everyone. Some of them want while others don't. Approximately 80% of the employees want innovation"* (Omnia, Head Nurse).

Yaseen has emphasised that all staff think about being innovative:

> *"Everyone thinks about innovation. There is no employee who doesn't think of it"* (Yaseen, Nursing Recruitment Specialist).

The data also indicates that there are certain conditions which are required to successfully apply and implement innovation. For example, Rafiee also

emphasised that a requisite condition for innovation is the managers' and department's encouragement of staff:

> *"The innovative environment. If the supervisor and the department support you, then innovative ideas will emerge" (Rafiee, Nursing Recruitment Senior specialist).*

Nawal also described other conditions necessary for innovation to transpire, namely: encouragement, support and offering staff another opportunity when they make a mistake:

> *"It is support. There must be support and encouragement. There also should be a way of giving an excuse. Even if the employee made a mistake, give him a chance. You should not put him\her on a blacklist directly and treat him/her badly". (Nawal, Staff Nurse).*

Motivation also appeared in the data as a requisite condition for innovation to emerge. With reference to this, Talab indicated that giving staff time to think, good manager-employee communication, and setting up meetings to generate ideas are all import. Talab said:

> *"I think in the first place that the first thing that must be done is to motivate employees and give them a space and opportunity to think innovatively. Moreover, the role of the supervisor is very important, as he can make the employees meet with each other, even for an hour a week, for an open discussion or conversation, not a meeting for a specific purpose" (Talab, Nursing Recruitment Senior specialist).*

In addition to creating a suitable environment which fosters good communication between managers and staff, Dema also included the psychological aspect noting that good communication between managers and staff is a pre-condition for innovation:

"[it] provides him with a work environment that supports innovation, in which there is communication between the manager and the employee."

"I see that the conditions which must be met before innovation are psychological preparation, and the [creation of a positive] surrounding environment" (Dema, Staff Nurse).

Likewise, Waleed underscored those psychological considerations should be taken into account before asking for innovative ideas, but also that the offering of such ideas will be supported. Moreover, training staff to be ready to provide innovative ideas is vital:

"I should provide him with all psychological comfort and tell him that I will support you in all your opinions and ideas. Moreover, I should give him training courses to raise his level and improve his performance in order to come to the workplace in a good condition, not to come while he is forced to work" (Waleed, Nursing Recruitment Senior specialist).

Omar emphasised that the conditions for innovation are to enable the employees to reach the stage where they are comfortable and happy. Furthermore, empowering them to feel that they are important and valuable in the workplace:

"You must make the employee comfortable and happy, and this is [done] through his feeling the importance and the value of his presence" (Omar, Recruitment Specialist).

Expertise and professionalism were also referred to by participants as conditions for innovation. For example, Ismaeel explained that innovation requires a person who is an expert and professional in the respective area in order to fully grasp our need for innovation. Beyond this, hospital management has to be genuinely interested in innovation:

"This person must have knowledge and expertise to do his work properly."

> *"Also, I must know my work from my side, and on the other hand, there must be an interest in time, and there must be more interest from management, since management must always pay attention to time in order to improve a particular service"* (Ismael, HR Director).

Falah also confirmed that being professional is a condition for innovation:

> *"There are no specific conditions, but the person from whom the ideas are taken must be professional".*

> *"I am the director of the employment department, the person who gives me the idea must be an employment specialist and I should not listen to any advices from the non-specialists".*

> *"Because he is a qualified person who has experience and knowledge and he is the one who performs the tasks. In addition to that, I benefit from him in the first and last place"* (Falah, Recruitment Manager).

Similarly, Ayman has also indicated that innovation should come from a person who has high quality skills in the specific area in order to be truly innovative within it.

"First, I have to know what skills and capabilities a person has and whether it is possible for him to innovate in any case" (Ayman, Nursing Supervisor).

Hade included another condition, namely being aware of hospital policies and procedures for providing innovative ideas. Furthermore, he indicated that staff should study the idea in-depth, its benefits, and the person who can help to implement the idea successfully:

> *"The employee should be aware of the procedures in the work environment so that his time is not lost in coming up with an innovative idea that contradicts the hospital policies and procedures. In addition to realising to what extent he can reach, he should know the person who can benefit him. For example, you*

may have an innovative idea, but you submitted it to the wrong person, so you must communicate with the person who can support you and benefit you in applying the innovative idea on the ground" (Hade, Nursing Recruitment Specialist).

A contrasting point of view was offered by Omnia, who seemed to be against the idea that innovation requires certain (pre-)conditions in order for it to be implemented successfully. He indicated that if there are (pre-)conditions for innovation, this means that there will, in fact, be no innovation:

"As long as there are conditions that determine innovation, this process will be restricted. For example, what if I have an innovative idea that doesn't meet those conditions? I will be demotivated. Therefore, I think that we should accept all innovative ideas, classify them, and see what works better" (Omnia, Head Nurse).

According to the data, participants suggested a number of solutions to overcome the various barriers to innovation. For example, Rafiee indicated that openness to change is one of the most important solutions to overcoming barriers to innovation:

"Frankly, the change must be performed" (Rafiee, Nursing Recruitment Senior specialist).

Likewise, Waleed asserted that change at every level is an important solution to overcome barriers to innovation. Furthermore, change should transpire on all levels, starting from a single person, moving on to administration, and then to the whole system:

"We can overcome these obstacles through openness to change, because change is an important matter, whether at the level of hospital administration, or the system as a whole and even at the personal level. If the employee does not find an opportunity to be innovative in the place where he works, he can leave and search for another place" (Waleed, Nursing Recruitment Senior specialist).

Beyond openness to change, the manager was also viewed as a solution to overcoming barriers to innovation. As indicated by Omnia, the manager can overcome these barriers by deliberately assigning time for innovation to occur, and by devoting attention to fostering innovation:

> *"This can be done if the manger sets aside part of his/her time. I know that mangers are busy with meetings and other duties but it would be better to set some time of your day aside for this matter" (Omnia, Head Nurse).*

Likewise, Mashari commented on the manager as an answer to the question of overcoming barriers to innovation. He indicated that listening to staff is very important in overcoming barriers to innovation:

> *"By listening, one of the things that has an important impact in improving the environment is that there is an opportunity for the employees to meet the leader in order to hear their problems and ideas" (Mashari, Staff Nurse).*

Omar has asserted that a manager who listens to staff is a primary conduit for overcoming obstacles to innovation:

> *"Managers must think about how to overcome the obstacles to innovation, as they must be good listeners" (Omar, Recruitment Specialist).*

Dema has highlighted that overcoming innovation barriers is possible by cooperation between staff, especially when geared to improving the innovative work environment in order for it to be made amenable for innovation to emerge:

> *"Overcome by having good cooperation between all parties in the work environment, meaning that there should be cooperation between the employees, the manager and the facility to create a work environment that stimulates creativity" (Dema, Staff Nurse).*

Moreover, Nawal mentioned that the administrative personnel have to impose some forms of control upon management staff in order to overcome barriers to innovation:

> *"There must be positive thinking and control in the administration"*
> *(Nawal, Staff Nurse).*

Yaseen mentioned that creating a committee or department primarily concerned with development and innovation in the hospital would be a good thing. This committee or department would have the role of presenting innovative ideas to the senior administration:

> *"[Innovation can be fostered] by setting up a committee or a department under the management of organisational development, as we have here for hospital management organisational development, and which is concerned with the development of innovative places and periodically presented to the executive management" (Yaseen, Nursing Recruitment Specialist).*

By contrast, Hussein mentioned an issue related to overcoming innovation barriers in the hospital. He disagreed with the previous committee that existed in the hospital, where all the staff put their ideas forward which were then studied by the committee who then approved or disapproved them:

> *"In the hospital, we had a suggestions committee which was supervised by a person from the training department. Meanwhile, this committee no longer works because we have a referred period due to changing the CEO. I am with stopping the work of this committee because it takes a long time. The employee has to upload his/her project on a website for the quality department. Now, the situation is better as each department has to do the following. I have employees who present projects to me directly. Our job is to decide whether the project is worthy or not" (Hussein, Nursing Director).*

To the contrary, Nawal (who works under Hussein) agreed with the idea of a committee which can overcome barriers to innovation: moreover, she has had good experiences with that committee when her department refused one of her ideas but the committee nonetheless supported and approved it:

> "As I told you, I submitted an idea that contained two projects, but I did not receive support from the department, but I did receive it from the Quality Department" (Nawal, Staff Nurse).

7.2 Summary

In conclusion, this chapter presented the third main theme from the data analysis, namely the 'ambiguous nature of innovation in Saudi hospitals. The data revealed that most participants have an unstable understanding of the concept of innovation. Furthermore, it has highlighted numerous reasons underpinning the ongoing nursing shortage in Saudi hospitals, as well as providing some examples of innovative ideas in the context of nursing and HR departments. Moreover, according to the data, participants have increased their perceptions regarding the need for innovation and their own motivations towards this. Additionally, participants have presented their views concerning the requisite pre-conditions that need to exist before innovative practices can emerge. To that end, they also reflected upon and provided ways to overcome barriers to innovation. The data accumulated (and its subsequent analysis) answered the third research question: "How do Saudi healthcare workers in leadership positions, and those they work with who are involved in nursing recruitment, understand, perceive and deal with innovation?". This final chapter is a continuation of the previous chapters which focused upon innovation in Saudi culture, and in the hospital and nursing recruitment contexts in particular. It also examined the concept of innovation itself and innovative recruitment practices according to the data and their interpretation. The following chapter will focus on a discussion of all the findings of this study in relation to the existing literature. It will, additionally, present answers to the research questions, considering the research findings in terms both of the existing literature and also against the relevant theoretical perspective.

CHAPTER EIGHT: Discussion

8.1 Introduction

This chapter discusses the research findings in order to address the main objective of the study, which is to explore the factors impacting the creation and adoption of innovative practices in nursing recruitment in the Saudi healthcare system from the perspective of both managers and those they manage. The other study objectives, which are to understand the effects of culture on leadership and staff innovation; to examine how leadership practices shape innovation; to understand the concept of innovation from the perspective of Saudi staff; and to identify and overcome barriers to innovation practices in the recruitment and nursing staff, are also considered in this discussion. These findings are also discussed in relation to relevant theoretical perspectives, including innovation theories such as Hofstede's theory (Hofstede 2009), the componential theory of creativity (Amabile 2011), and the interactional framework for organisational creativity (Woodman et al.1993): all of these are drawn upon in order to situate the findings theoretically. The findings are compared with the key papers included in Chapter 3, table 7 earlier. This will allow comparisons to be drawn with existing research and highlight the contribution of this study. Examination of the findings in this manner suggests that previous studies in this area are generally confirmed by the results of the present study: in relation to the putatively innovative ideas presented by participants, however, most would not be considered to be innovative ideas in most other studies, which reflects a lack of innovation in this area that has arisen as a result of the various barriers discussed throughout this chapter.

8.2 Research question: How do Saudi healthcare workers in leadership positions, and those they work with who are involved in nursing recruitment, understand, perceive, and deal with innovation?

8.2.1 Lack of understanding on the concept of innovation

The findings of this study suggest that the participants had different perspectives regarding the meaning of innovation in nursing and recruitment. It was often associated with other concepts, some of which were close to the definition of

innovation while others were not, for example participants seemed to confuse innovation with other concepts such as outstanding performance, strangeness, unfamiliarity, unpredictability, change and development, and abnormality. Others demonstrated a complete lack of understanding of the concept mentioned in chapter 5, section 7.1.1, p 166. Drucker defines innovation as the implementation of novel ideas that can improve a particular workplace and take it in a positive direction (Drazin 1985, p. 509). The definitions offered by participants did not align with this definition. For example, some staff associated innovation with outstanding performance which, as Worrell et al. (2016, p. 260) outline, pertains to "the upper end of the distribution in a talent domain even relative to that of other high-functioning individuals in that domain". Change was also confused with innovation, as mentioned by some participants in this study. Although these two concepts are closely connected, Sullivan (2008) argues that change can be either positive or negative but that innovation is most often considered positive. Although change is the outcome of innovation, associating innovation with change might lead to an inadequate definition (Sullivan 2008). Thus, there was an unclear and unstable conceptualisation of innovation among staff involved in nursing recruitment in Saudi hospitals.

The literature suggests that the participants' different perspectives on innovation as a concept may relate to its complex nature and ambiguity regarding clear definitions. As Kahn (2018, P.453) argued, ''much of what is being said about innovation contributes to misunderstanding', emphasising that "One must recognize that innovation is three different things: innovation is an outcome, innovation is a process, and innovation is a mindset". As outlined in chapter 2, section 2.13, p 31, there are several perspectives of innovation and this has resulted in different definitions which may explain the various conceptualisations held by staff members in the current study. Indeed, 'innovation' is complex and has been defined differently by various authors (Damanpour and Schneider 2009). However, the data also suggest that most participants seemed to lack knowledge about innovation as a concept. Likewise, Kahn (2018) identified a lack of understanding, arguing that there is a common misunderstanding among some individuals and organisations that the concept of innovation refers to something that is radical and new and thereby disregards minor, incremental innovation.

Ambiguity or misunderstandings regarding the concept of innovation among staff members might negatively impact innovative practices in the fields of nursing and recruitment in Saudi hospitals. Therefore, As outlined in chapter 2, section 2.14, p 32, as argued by Kaya et al. (2016), it is necessary to teach staff about innovation and integrate education about innovative practice into nursing education since it is not clearly understood at present, as shown in the literature. Moreover, Kahn (2018) found that when individuals and organisations misunderstand the concept of innovation, they are more likely to make poor decisions and organisations are more likely to view innovation as something that is difficult to apply in practice.

In chapter 7, section, 7.1.2, p 175, participants presented a number of examples of innovative ideas in nursing recruitment from their perspectives. However, not all of the ideas presented constituted an innovative idea. Examples of these are: a programme or the 'Residence Programme' for Saudization and making agreements with outsourcing companies. However, these ideas are not fully innovative as they have been implemented previously, as indicated by Albejaidi and Nair (2019) with the Saudization programme introduced by the government in the early 1970s and subsequently applied as part of the sixth development plan (1995-1999).

Other ideas that were mentioned by participants were retention programmes that create incentives or improve annual bonuses and vacation time or help staff obtain scholarships in order to complete their studies in critical areas such as the intensive care unit (ICU) or emergency department (ER). However, hospitals already provide scholarships, training, incentives and allowances for nursing in hospitals and international nurses specialising in critical areas. For Saudis, the unified salary scale, unfortunately, has no allowances for critical areas and this is why the unified salary scale is one of the hindrances to innovation while also causing nursing staff shortages, as mentioned by the participants. Almalki et al. (2011, p. 309) referred to this idea in their study by indicating that national nursing workforce planning strategies and healthcare leaders must turn their attention to nursing shortages and other challenges, such as how to improve the public perception of nursing. Additionally, some ideas were suggested to help solve nursing shortages, such as encouraging young Saudis to choose a nursing career, improving nursing education, creating more jobs and offering more incentives. It was also suggested

that the media be leveraged to educate people about how nursing is an important and valuable field of work.

Recruitment trips were another example of an innovative idea that was suggested by these participants. In relation to the shortage of international nurses, there are challenges to both attracting and then retaining them. Participants argued that increasing recruitment trips is an acceptable way to speed up the process of nursing recruitment and thus help solve the nursing staff shortage. Furthermore, attracting international nurses from diverse countries could help to solve the shortage problem. However, this procedure has already been applied in all hospitals in Saudi and is already part of the process of recruiting nurses. AlYami and Watson (2014) indicated that as part of the recruitment process, Saudi hospitals have attracted nurses from over 50 countries.

One staff member suggested one idea that has already been used to decrease the turnover rate for international nurses. One hospital in particular had a 75% resignation rate every two years, with 500 international nurses resigning in one year. In a study that investigated the factors behind the resignation of Filipino nurses in Saudi Arabia, a number of factors were identified by Aljohani and Alomari (2018) and listed as follows. Low salary (18.3 per cent) low nurse/patient ratio (15 per cent), end of contract (14.5 per cent), discrimination (13.5 per cent), and bad accommodation (9 per cent). Beyond this, the study also offered some suggestions for the retention of staff, which included: financial motivations (34 per cent), administration support (25 per cent), quality of life (25 per cent), and work environment (16 per cent). Nursing and recruitment departments then began recruiting international staff across the whole year, rather than having one recruitment period at a single point in the year. However, trips outside of the country to recruit nurses usually take between one and two weeks, and recruiting staff sent by the Saudi hospitals must sign a contract with the nurses during this time unless they go there frequently during the year, which is costly for the hospital.

Similarly, the suggestions to enlist the help of an outsourcing company that could provide international nursing coverage for some departments, and to form an agreement with a foreign university in order to attract students during their internship year, are not innovative ideas because they already exist. Interestingly,

participants did not refer to any of the ethical issues relating to overseas recruitment discussed by Carney (2005) perhaps suggesting a lack of critical thinking, which may also pose an additional challenge to innovation in this area.

8.2.2 Condition for innovation

In chapter 7, section 7.1.3, p 193, the findings of the current study suggest that staff who are involved in nursing and recruitment have their own mechanisms of adapting to innovation. The participants emphasised that for innovation to occur, and for barriers to innovation to be overcome, certain conditions must be met regarding nursing, recruitment and hospitals. Firstly, profession-related factors have an effect on innovation in nursing, such as nurses' enjoyment in their profession, their desire for innovation, their expertise and professionalism, and their awareness of hospital policies and procedures for instigating innovative ideas. This finding is confirmed by Amabile (2011, p.1), who introduced the componential theory of creativity. The theory has four elements and under these elements are many individual skills and characteristics that are needed for creativity and innovation, such as interest, enjoyment, satisfaction, challenge, passion and talent, both in the particular domain where the problem-solver is working, as well as in the specific areas of work, experience, knowledge, technical skills and intelligence. Secondly, a requisite condition is sufficient staff encouragement provided by both managers and whole departments. This includes good manager-employee communication, offering understanding when mistakes occur, giving staff time to think and setting up meetings to generate ideas. In addition, creating a suitable environment is also a condition that is important for staff members' psychological wellbeing as well as empowering them and providing training for them to be innovative in nursing recruitment. Demircioglu and Audretsch (2017) conducted a quantitative study using questionnaires and suggested that in public organisations, there are important conditions that might influence innovative activity. The results suggested that 'experimentation, responding to low performers, feedback, and motivation to make improvements, are all positively correlated to the likelihood of innovative activity in the public sector context' (p. 1687). Experimentation, as indicated by the authors, is 'when employees are given opportunities and are able to experiment, employees can enjoy their work and increase their capability, knowledge, and experience; thus, they are more likely to make innovations' (p.

1682). This confirms the findings of the present study regarding the conditions necessary for innovation, which include managers offering understanding in the event of mistakes being made and allowing staff members time to think and innovate. This finding is relevant to the findings of the present study whereby staff who were stressed needed encouragement from multiple levels and further training, but this was lacking. Demircioglu and Audretsch (2017) suggest that having managers provide feedback to staff members about performance is also a necessary condition for innovation. This finding is closely aligned with the findings of the current study, which also identified good communication between managers and staff members as being crucial for innovation to occur. Further, the current study reached this conclusion qualitatively, while Demircioglu and Audretsch (2017) employed quantitative methods of data collection in an Australian Public organisation, an entirely separate context.

The finding also confirmed by Sinha and Kumar (2016) who conducted a study that examined the relationship between innovative behaviour and organisational culture in relation to psychological empowerment. The results were in line with the findings of this study, which suggest that psychological empowerment mediates the relationship between adaptable organisational culture missions and innovative behaviour. Similar findings were also found in Bhatnagar (2012), who used data from 291 managers to identify that psychological empowerment is a strong mediator for innovation, with greater psychological empowerment thus leading to high levels of innovation. That study was again quantitative in nature, in contrast to the present study, which followed a qualitative methodology, while further variations exist in terms of sample and context. Bhatnagar's (2012) sample only included managers, while the study overall was conducted in an Indian context in sectors other than hospitals, creating major differences with the current study. Likewise, the componential theory of creativity that was introduced by Amabile (2011, p.1) includes all of these conditions for innovation including the four elements that cover the social and psychological elements necessary for an individual to encourage creative and innovative work.

On the contrary, one staff member seemed to be against the idea that innovation requires certain preconditions in order for it to be implemented successfully. He

indicated that if there were preconditions for innovation, there would, in fact, be no innovation at all. The majority of my study's findings emphasized the need to consider certain conditions for innovation to be implemented successfully, however, little evidence in the data also suggested that innovation should not be restricted by conditions. Although, not lot of data in my study support this finding, it is unique to this study and could add to the existing literature.

8.3 Research question: To what extent do Saudi healthcare leaders influence innovation behaviours in the field of nursing recruitment?

8.3.1 The transactional style of Saudi leaders hinders innovation

In chapter 6, section 6.1.3, p 152, the majority of participants who were involved in nursing and recruitment held significantly negative feelings towards Saudi managers, including their immediate line-managers and top-level administrators, especially in relation to supporting innovation. The data suggest that this may, in part, account for the lack of ideas among participants in addressing the nursing staff shortage problem. As suggested by these data, there are a number of characteristics associated with Saudi leadership in the context of Saudi hospitals and nursing recruitment, which are as follows: an authoritarian and dictatorial management style, risk avoidance, how managers want staff to complete tasks, and who they judge to be the hard-working employees from their perspective as well as how the managers evaluate their staff in nursing recruitment.

Additionally, it was found that Saudi leadership styles can impact innovation negatively because of their impact on motivation and the work environment. An authoritative leadership style is one common aspect of Saudi leadership that was consistently emphasised by participants as a factor hindering innovation in the fields of nursing and recruitment. Managers were described as instructing staff to focus only on completing tasks, without providing any time for discussing innovative ideas. Some of the participants described frustrating experiences, such as managers rejecting or ignoring their ideas, not attributing ideas to the correct staff members and taking the credit for employees' innovative ideas, adopting an attitude of arrogance and a dictatorial management style, not being flexible or easy to deal with, not encouraging innovation, disciplining staff, and adopting an overly authoritative attitude. This could all be related to aspects of Saudi culture. As

discussed in chapter 3, Table 7, Najm (2015) describes Arab culture as a high 'power distance' society. In these high power distance societies, managers have power and control over those they lead and are the ones who make decisions. Staff members must follow their instructions and do not participate in decision-making. Bjerke and Al-Meer (1993), using Hofstede's questionnaire, also found that the Saudi community is a high-power distance community and that top managers within this community are often authoritarian. This is in contrast to other studies mentioned in chapter 3, Table 7, such as Engelen et al. (2014), who found that "power distance does not influence the relationship between innovation orientation and articulating a vision, providing an appropriate model, or accepting group goals" (p.130).

Risk aversion was another characteristic that the data of this study suggested regarding the Saudi leadership style. Staff who worked in nursing and recruitment confirmed that Saudi managers do not support risk-taking, whether for themselves or their staff, and avoid taking responsibility for risks. This is evident in an example from these data where one participant was blamed by her manager after he had attempted to change some recruitment procedures; the manager later directed the participant to follow the old procedures. In the same context, El Melegy et al. (2016) conducted a quantitative study in Saudi Arabia of five architectural organisations, producing findings consistent with those of the present study regarding managerial practice and its importance in encouraging the risk-required for creativity and innovation. While this study was performed in a similar context to the current study, however, it was again conducted using quantitative methods, unlike the current study, which is qualitative. In addition, the research sample in that case included 210 professionals from five architectural companies, while this study targeted both staff and their managers in a very different organisational context. Risk-taking is an important element of creativity and innovation, as confirmed by the componential theory of creativity that was introduced by Amabile (2011, p.1) and which asserted that the attitudes of top management, such as being against taking risks, can hinder innovation and creativity. The manner of task completion was another characteristic that subordinates within nursing and recruitment departments also mentioned. Participants explained that following a new method to complete a task was often regarded as unacceptable by managers, even if the

method was innovative and there were benefits to using it. In addition, the participants stated that managers would intervene in staff's work if they observed them completing tasks by following procedures outside of routine procedures and thereby correct them. They habitually asked staff to work following established policies and procedures in an efficient and accurate manner and within the specified time. According to the participants, most managers did not encourage the use of innovative methods in everyday practice. This was confirmed by Al-Khatib (2008, p, 83), who stated that 'Saudi is high (68/100) on uncertainty avoidance (rules and procedure designed to limit risk and uncertainty, intolerance for abnormal ideas and behaviours)'.

The views of Saudi leaders regarding hard-working employees have also been found to hinder innovation. The participants in the current study, which included managers, described characteristics associated with hard-working employees, such as good attendance, a willingness to learn, an ability to be disciplined in their work, a sense of responsibility, the ability to complete tasks on time, adherence to policies and procedures, initiative to complete tasks, and a proactive, helpful and positive attitude. Managers involved in nursing and recruitment did not suggest providing new or innovative ideas, for example, to address the current challenge regarding the nursing staff shortage problem, as an important characteristic of hard-working employees. For example, staff were evaluated based on their job description, behaviour, attendance, teamwork, task completion, performance, ability to follow policies and procedures, initiative and commitment. It is clear from the research data that hospitals and managers in the fields of nursing and recruitment were not interested in innovative ideas and attitudes. Indeed, participants revealed that the Saudi managers with whom they worked exhibited characteristics and behaviours that did not promote innovation among members of staff. These characteristics were related to transactional leadership styles, as confirmed by Odumeru and Ogbonna (2013, p. 358), who state that "transactional leaders are concerned with processes rather than forward-thinking ideas".

There are two possible explanations for the characteristics commonly found in Saudi leaders. The first of these is that Saudi leaders seem to embrace a transactional leadership style that controls the behaviour of staff and thus restricts

innovation in the workplace. A transactional leadership style mainly focuses on mutual gains between leaders and employees, meaning that completing the required duties can result in rewards given by the leader to the employee or, conversely, employees can be disciplined by leaders if they fail to carry out certain tasks. This system is implemented with the aim of ensuring the smooth running of the organisation. In his definition of the transactional leadership style, McCleskey (2014) indicated that these types of leaders are those who control employee behaviour in order to focus on achieving a particular objective. Such managers reward employees for accomplishing a required task, avoid risk-taking and criticise and discipline employees for deviating from their control. Burn (1978) described this as an authoritative leadership style as the leaders mainly focus on exercising authority. This leadership style is also likely to discourage staff innovation in the workplace by controlling their behaviour and threatening them with criticism or disciplinary measures should they use a new method to complete a task. Subsequently, staff tend to avoid suggesting new ideas and simply follow what leaders routinely ask them to do. Thus, the findings of this study are in line with those of Alheet et al. (2021), who studied the effect of leadership styles on innovative work behaviours in employees in an Arab context, most particularly at Amman university. They found that transactional and laissez-faire leadership styles had a negative impact on employees' innovative work behaviours, suggesting that the more leaders embrace a transactional leadership style, the less innovation there may be in the workplace. That study used quantitative methods and focused on employees rather than leaders, however, unlike the present study, which is qualitative and includes both staff and leaders. Moreover, the context of that study was university employees, as contrasted with the current hospital context. Khan and Aslam (2012) also undertook a study which investigated the influence of three different leadership styles (transactional, transformational, and laissez-faire) with respect to predicting innovative work behaviours. Their study was conducted in the Pakistani context, which must be considered an Islamic one, with results that showed that innovative work behaviour in such a context could be predicted by both transactional and transformational leadership, but not by the laissez-faire leadership style. That study was once again quantitative, however, while the sample included only bank managers and not their staff, thus minimising the evaluation of the managers that forms a major part of the present study. The

sample of in that case was formed of 100 managers from the banking sector, creating a very different context from that seen in the hospitals used in the present study, see Chapter 3, Table 7.

The second possible explanation relates to the context of Saudi Arabia. A close examination of Saudi leaders' behavioural patterns and practices suggests that social aspects of authority, hierarchy and power distance are influential. According to Al-Johani (2009, p. 3), Saudis have a common belief 'in the importance of one voice, one thinker, one responsible person, and one speaker in every part of their lives'. There is also a sort of hierarchy that begins in the context of the family and this continues to be influential in other settings. For example, in a tribe or family, there is often a hierarchy whereby the leader or father has some authority over other members of the tribe or family. Such an authoritative person expects obedience and respect from their followers. Followers are expected to adhere to the instructions imposed upon them and might receive punishment or criticism if they deviate from the rules (Al-Johani, 2009). These social aspects also extend to the workplace and can explain why leaders behave in this manner. Saudi leaders in Saudi hospitals similarly exercise authority, which increases the distance between them and their staff; this was emphasised by staff during the interview process. Many staff comments indicated a high power-distance relationship between themselves and their leaders and suggested that an authoritative leadership style was often embraced by their leaders. This was confirmed by Al-Khatib (2008, p, 83), who stated that "Saudi Arabia is high (86/100) on power distance (deep divisions of wealth and power, limited interaction and movement between social classes)". This is also in line with Piansoongnern (2016), who explored the perceptions of Thai employees regarding their Chinese leaders, thus examining the impact of Chinese leadership on the innovative work behaviours of Thai employees. The results from that study showed that the Chinese leaders demonstrated features of dictatorship and were seen as immoral role models from the perspectives of their Thai employees. Unsurprisingly in such circumstances, innovative work behaviours were thus not notable among Thai employees, see Chapter, 3, Table 7. However, while that study was both qualitative and focused on both managers and staff in a similar manner to the current study, it was conducted study in a very different context due to its specifically Thai and Chinese

sample, which was drawn from an automotive company. Thus, it can be concluded that such social aspects likely govern Saudi leaders' behaviours and influence staff by causing them to avoid suggesting new ideas, refrain from interacting with their leaders and carry out their routine duties without question. This all leads to a lack of innovation in the workplace.

8.3.2 Hospital culture and work environment can hinder innovation

According to these data shown in chapter 6, section 6.1.1, p 135, Saudi leaders contribute to shaping the culture of hospitals and the work environment and the level of motivation felt by team members; this can result in a lack of innovation and even create significant barriers to innovation in nursing and recruitment and in hospitals in general. Based on their experiences, staff members confirmed that leaders did not view innovation as important and insisted that staff follow routine policies and procedures without seeking new methods or suggesting creative ideas. As explained by Shahbaz (2017), management can contribute to creating a stable and comfortable hospital culture that develops the whole organisation. This can be done by motivating the employee, involving the employee in decision-making and creating a work environment that is suitable for innovation and development.

Regarding motivation, the majority of participants claimed that hospital leaders and top administrators did not encourage a culture of motivation such as incentives, flexible working, promotions or other forms of career progression, chapter 6, section 6.1.1, p 138. This was not present as a way to support innovation, and thereby contribute to solving nursing staff shortage problem. The participants linked motivation to financial and non-financial support and confirmed that high administration motivation is the main reason to encourage staff to be innovative. The findings of this study regarding motivation are in line with those of Mbindyo et al. (2009), who also found that leaders play an important role in motivating or demotivating employees and that a lack of incentives can decrease employees' motivation to work. In addition, Mbindyo et al. (2009) concluded that hospital managers, such as CEOs, can also play a significant role in motivating or de-motivating employees. Mbindyo et al. (2009) explained that incentives and rewards are among the many ways to maintain employees' motivation at work based on a

qualitative study using individual in-depth interviews and focus group discussions. Data in that study were gathered from 185 health worker across eight district hospitals. In the current study, participants also asserted that external motivators, such as financial motivators, are an important factor in innovation, contradicting the componential theory of creativity as proposed by Amabile (2011), which identifies the third element of innovation as being intrinsic task motivation, thus suggesting that this occurs where workers have the motivation to complete a task without expecting any reward or having a perceived duty in a particular scenario. The componential theory thus was not confirmed by the results of the present study. Amabile (2011, p. 4) more fully defined the concept of 'internal' motivation: 'interest, enjoyment, satisfaction, and challenge of the work itself, passion, the motivation to undertake a task or solve a problem because it is interesting, involving, personally challenging'. Some managers in this study expressed an opposing opinion and insisted that hospital leaders support innovation by accepting and supporting staff members' ideas. However, the majority of subordinates in both nursing and recruitment departments disagreed with those managers' views and described several instances where staff members suggested new ideas for the nursing and recruitment departments to find that these ideas were not considered by management.

Regarding the work environment, the majority of the nursing and recruitment staff agreed that their hospital work environment negatively impacted innovation, chapter 6, section 6.1.2, p 141. The participants' comments on the work environment included several elements that led to a lack of innovation. These elements were workload, routine, policies and procedures, conflict between departments, staff interaction and items. Top leaders need to find solutions to these issues as they have a significant impact on the innovative practices of staff members in nursing and recruitment. These elements were confirmed in the componential theory of creativity that was introduced by Amabile (2011) under the fourth element, which addresses social environment and can include, for example, the workplace. There are a number of environmental aspects that might hinder innovation, such as conflicts and workplace politics between staff and departments, the attitudes of top management (for example, being averse to taking risks), work time constraints and criticism of new ideas (Amabile 2011, p. 4).

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Participants from nursing and recruitment indicated that workload and routines were major factors that had a significant effect on innovation to resolve the nursing staff shortage problem. Both the managers and staff members stated that workload and routine were the main barriers to innovation as participants were required to spend all their time completing tasks and had no time to innovate. In a systematic review of studies that focus on the public sector, Moussa et al. (2018) similarly concluded that heavy workloads are a barrier to innovation in an organisational context. According to them, organisations that are concerned with workload tend to concentrate on the time taken to deliver services rather than paying attention to innovation.

In this study, staff members partly attributed the lack of innovation to policies and procedures. According to them, the hospital culture did not support change regarding standard policies and procedures. The majority of staff members involved in nursing and recruitment indicated that policies and procedures in the hospitals negatively impacted innovation and this was one of the main hindrances to the creation and implementation of innovative ideas that could help solve the nursing staff shortage problem. There was a consensus among hospital staff that for a new idea to be implemented, standard policies and procedures must be modified, but the motivation to do this was severely lacking. These findings were confirmed by Patanakul and Pinto (2014) who also concluded that Regulation and policies might work as obstacles and hindrance to innovation. Although policies in relation to innovation have been applied in different ways across various countries, little research investigating the effectiveness of such policies has been conducted in specific areas. The current study was conducted in a specific context, that of Saudi Arabia, whereas Patanakul and Pinto (2014) performed their research in the United States.

Additionally, staff in nursing and recruitment viewed the conflicts or relationships between departments in hospitals and interactions between staff members as significant barriers to innovation. Participants agreed that the implementation of innovative ideas requires cooperation between staff and departments and, if this is absent, it impacts innovative ideas regarding solving the nursing staff shortage problem. These hospitals did not focus on encouraging teamwork or improving relationships between staff and departments to facilitate innovation. Nursing and

recruitment staff made several comments about negative competition, jealousy and conflict between staff members and departments in Saudi hospitals; these situations frustrated staff and diminished their desire to innovate. This finding is confirmed by Tuan and Venkatesh (2010), who found that communication between heads of departments and staff members can positively contribute to innovation. In contrast, a lack of communication can create an obstacle that hinders the generation of new ideas. However, while their study was also a case study using in-depth interviews and observation visits across eight hospitals, it was conducted in a different context, being based on Vietnam.

Nursing and recruitment staff emphasised the importance of the availability of tools for staff to create and develop innovative ideas concerning the nursing staff shortage problem. Staff members referred to some resources that were needed such as offices, computers, printers, parking spaces and so on. This is likely because the availability of resources creates a relaxed atmosphere for employees and provides them with further opportunities to innovate. Moussa et al. (2018) also confirmed this in their study as they found that a lack of resources causes a hindrance to innovation in organisational contexts.

8.4 Research question: What is the perceived relationship between Saudi Arabian culture and innovation for those in leadership positions and others involved in nursing and recruitment?

The findings from these interviews revealed that contextual factors can also impact innovation. As evident in the interview data; most staff, whether managers or employees in nursing and recruitment, confirmed that Saudi culture has an influence on innovation and that that influence appears to be negative. Participants who were involved in nursing and recruitment indicated that the Saudi culture is not conducive to innovation, particularly in the workplace, as the society is conservative and thus does not easily accept new ideas. Participants also commented on many factors regarding Saudi culture that hinders innovation in hospitals and nursing and recruitment departments and how this results in a lack of solutions concerning the nursing staff shortage problem. These cultural factors as presented by the participants are society, the individual, belongingness, religion, education and family.

8.4.1 Society

<u>8.4.1.1 Fear</u>

According to the interview data, the majority of staff who were involved in nursing and recruitment indicated that Saudi society fears change and judgment from others (family, friends and colleagues), chapter 5, section 5.2.1, p 103. According to staff members, the culture encourages modesty and avoiding embarrassment more than generating new ideas. Participants stressed that these factors translated to the work environment and were reflected in staff behaviours, leading to a lack of innovation in nursing and recruitment departments in hospitals which, in turn, negatively impacted efforts to find solutions to the nursing staff shortage problem.

Staff indicated a reluctance to express or share their ideas with others for fear of receiving negative criticism or judgement instead of encouragement. They seemed to believe that by not suggesting ideas, they could avoid being criticised or mocked. These findings in relation to the socio-cultural factors can be explained in terms of the Saudi culture. In respect to fear of change, it could be that Saudi people generally develop these fears due to their culture and upbringing. Saudi society follows some traditions and established social rules and thus Saudis commonly believe that people must follow instructions from their families and tribal and religious leaders and that any type of change should be implemented or at least approved by such authority figures. Rees and Althakhri (2008) described Arab societies as the type of societies that avoid change as they view it as a threat to their way of life. Thus, as Saudi society is an Arab society, Saudi people might develop these same types of feelings towards change, resulting in an avoidance of change. This social factor is reflected in the workplace and influences Saudi staff behaviour (both staff and managers) in nursing and recruitment. They fear any change that has not come from an authority figure and decisions are made by the superiors, which can result in a lack of innovation among staff members (Najm 2015). Organizational change does not seem to be preferable to Arab managers. This attitude is influenced by tribalism which is a cultural feature of Arab society (Rees and Althakhri, 2008).

These findings are also consistent with Hofstede's cultural dimension theory. Obeidat et al. (2012, p. 515) indicated that, according to Hofstede (1980),

uncertainty avoidance cultures are characterised by formalised management and the constraint of innovation by rules (Hofstede, 2001). Furthermore, employees in this type of culture believe that an organisation's rules should be strictly followed. Saudi culture, which is an Arab culture, can be categorised as a culture that has high levels of uncertainty avoidance. Moreover, Mellahi (2009) emphasised that the behaviour of Arab nations is determined by elements of high levels of uncertainty avoidance, lower levels of tolerance to novel ideas, fewer attempts to instigate change and obedience. Thus, it is likely that having strong uncertainty avoidance, not tolerating new ideas and obediently following instructions result in a lack of innovation. This is confirmed by the results of Laukkanen (2015); his study explored the role of uncertainty avoidance on innovation resistance in the banking context. Laukkanen (2015, p. 3603) found that uncertainty avoidance has a significant influence on innovation and that there is a relationship between cultures with high uncertainty avoidance and innovation resistance. However, Engelen et al. (2014) noted that "The relationship between the remaining four transformational-leader behaviours and innovation orientation is not influenced by the level of uncertainty avoidance" (p. 130), as mentioned in chapter 3, Table 7.

Saudi people also tend to avoid highlighting their successes and achievements due to fear of judgement and the cultural tendency towards modesty and avoiding embarrassment. Al-Johani (2009) described Arab people, including Saudis, as people who tend to think carefully before offering an idea or providing an answer to a question. This belief regarding the need to display modesty and avoid embarrassment is reflected in staff behaviour in the context of Saudi hospitals and leads to a lack of innovation. A staff member with a new idea might likely refrain from introducing it for fear that their idea is not at the expected level, which would cause others, including managers and colleagues, to criticise them or judge them negatively. Arabs and Saudis can view criticism as something negative that threatens their dignity. In Arab culture people draw connections between criticism, reputation, and pride. For Arab people, the criticism of ideas is generally considered to be a form of disgrace that affects a person's honour (Al-Kandari and Gaither 2011). This type of culture might act as a barrier to innovative ideas, as nursing and recruitment staff may prefer to avoid making suggestions in order to avoid appearing to criticise others such as their managers.

<u>8.4.1.2 The individuals</u>

Three factors emerged from the data concerning individuals that impact innovation; they are as follows: personality, age and gender, chapter, 5 section 5.2.3, p 121. According to the participants, personality can impact innovation, that is, an individual's personal attributes can motivate or demotivate one to innovate. Participants listed a number of characteristics that they believed to be essential for innovation to occur, such as 'patience', 'ambition', 'initiative', 'persistence', 'optimism', 'proactiveness' 'not being frustrated by experiences', 'presenting the idea and fighting for it', 'self-confidence' and 'lack of fear and anxiety'. In addition to these, 'disorganisation' was an interesting characteristic that participants also mentioned during interviews. According to them, this is because they prefer doing their work in the same ways and do not look for change. Thus, personality attributes can play a role in innovation. These findings are in line with those of Yesil and Sozbilir (2013), whose study explored the impact of personal characteristics on an individual's innovative behaviours. They found a connection between personality and innovation, thus concluding that personality plays a significant role in the development of innovative behaviours among staff in the workplace. Their study used different methods to the current work however, being a quantitative investigation, and their sample consisted of 215 workers in the banking sector in Turkey. The findings of the present study also relate to the componential theory of creativity. Amabile (2011, p. 1) defined this theory as 'a comprehensive model of the social and psychological components necessary for an individual to produce creative work'. The theory has four elements, two of which are of most relevance to the findings of this study in terms of personality as a factor that impacts innovation. The first element is domain-relevant skills, which include knowledge, experience, intelligence, talent in a specific area of work and technical skills. The second element is creativity-relevant processes, which consist of cognitive styles or personality attributes such as independence, being a risk-taker, finding new perspectives in order to solve problems, having a disciplined work style, and generating skills and ideas. This means that possessing some of these skills and creativity-relevant processes can enhance an individual's creativity, thus leading to innovation.

Age and gender were also found to be factors that influence innovation at the individual level. In terms of age, some staff involved in nursing and recruitment indicated that younger staff have a greater ability to innovate than older staff members who usually prefer to follow the same routines and often reject change and new ideas. This is a unique finding of this study and contrary to those of most other studies that have investigated age as a variable that influences innovation. In a meta-analysis of 98 empirical studies, Ng and Feldman (2013) found that older employees and those with longer tenures tended to engage in more innovative activities than younger employees. Based on this finding, Ng and Feldman argued that generalising older employees and those with longer tenures as less innovative than younger employees is inaccurate and based on limited evidence. One study by Al Shehri et al. (2013) was conducted in the Saudi context; however, this contradicted the findings of the present study concerning age. Al Shehru et al. (2013) examined the Saudi health sector to identify patterns of creativity among healthcare managers, and they identified no significant correlations between age and creativity, Chapter 3, Table7. Moreover, gender was found to have a negative impact on innovation, as indicated by the findings of the present study. Participants mentioned the following aspects regarding how gender affects innovation in nursing and recruitment: segregation between the male and female employees in the workplace and a lack of communication between male and female employees. They indicated that males and females were separated in the workplace by both physical and psychological barriers. In addition, they stated that communication between male and female staff members in nursing and recruitment was limited to the completion of given tasks. This might be due to the Saudi culture, which heavily emphasises the need to separate men and women in all areas of life, including the workplace. According to Varshney (2019), segregation between the sexes is dictated by Islamic laws and principles. According to Islam, women must have a workspace that is separate from men's to keep them protected from harassment. Albugami and Ahmed (2016) also emphasised this point by arguing that communication and cooperation between the sexes is not allowed in the Saudi context. Their study focused on the Information Communication and Technology (ICT) field at that time, where only a limited number of professions were available to women in Saudi Arabia; such roles as were available were also commonly inferior and less authoritative than those occupied by men. In addition, men are

given more power and authority over women in social life in the country, which might tend to suppress women's expression of their ideas. Although men and women work in the same places more frequently nowadays, there is still a great deal of discrimination, as emphasised by the participants in this study. Women are still controlled by men and thus less involved in decision-making. Influenced by this, Saudi women are naturally more reluctant to present their ideas, even in the fields of nursing and recruitment, which leads to a lack of innovation. However, Al Shehri et al. (2013) conducted a study in the Saudi health sector that produced different results; their work suggested that gender does not correlate significantly with any of the domains of creativity among healthcare managers, as presented in Chapter 3, Table 7. That study was quantitative, however, unlike the current study, which applied a qualitative methodology to access more in-depth information in this area.

8.4.2 Belongingness as a factor influencing innovation

In chapter 5, section 5.2.1, p 107, the majority of participants commented on belongingness as a factor that negatively impacts innovation in nursing and recruitment. Participants claimed that there was bias in recruitment selection; managers did not treat all staff in the same manner, and often showed favour based on tribal affiliation, familial or personal connection, particularly regarding promotions, support and training in nursing and recruitment departments. Participants claimed that this had long been standard practice in working environments in the Saudi Arabian context. This could be a significant factor impacting staff members' ability to be innovative and suggest ideas to solve the nursing staff shortage problem. In addition, participants also mentioned some words and expressions that are used by Saudi people in the workplace to reinforce affiliation with a tribe, family or region, such as 'the son of my tribe and region' and 'I and my brother against our cousin and I and my cousin against a stranger'. These findings are similar to those of Cassell and Blake (2012, p. 154), who also indicated that recruitment and promotions in Saudi Arabia are usually influenced by belongingness rather than by qualifications or professional excellence. In addition, the findings of this study confirm Hofstede's cultural dimension theory, which categorises Saudi society as 'a "collectivistic" society wherein there is long-term commitment to the family and extended relationships' (Saxena, 2018, p. 128).

Belongingness and collectivism are thus features of the Saudi culture and are reflected in the practices of nursing and recruitment staff in hospitals. As explained by Aldraehim et al. (2012, p. 2), collectivism occurs in the workplace in the way leaders embrace a 'paternalistic' role and offer employees with whom they have familial relations recruitment opportunities and advantages over other employees. Such practices lead to a lack of innovation as this creates an unfair work environment that frustrates rather than motivates staff in the fields of nursing and recruitment. This cultural value puts increased pressure on Saudi staff as their families, tribes, sheikhs and elders ask them to help other family or tribe members once they reach a high position in their profession. Al-Kandari and Gaither (2011, p. 271) confirmed that often people go to the sheikh of their tribe who acts as a mediator with official authorities to get a tribe member a job. The staff in nursing recruitment asserted that there is bias in relation to recruit staff which might impact in innovation as could lead to recruiting non-qualified staff.

8.4.3 Religious misinterpretation as a factor that negatively impacts innovation

The majority of participants indicated that the Islamic religion encourages innovation but according to the data, misunderstandings of Islamic instructions occur among conservative religious groups who interpret them presented in chapter 5, section 5.2.1, p 110. Al-Kandari and Gaither (2011, p. 272) argued that Arabs usually trust their ancestors, which often results in them following established values and norms without question. At one time the Arab people had more faith in the expertise of old scientists who possessed greater knowledge of a variety of subjects, including religion, compared to the current ones. Their view on knowledge is thus fixed and not subject to change, hence why the Arab people react negatively to any criticism of the abilities of such historical figures. A reliance on ancestral traditions may prevent the Arab people from presenting new ideas. The cultural value placed on ancestors extends to the workplace, and even to nursing and recruitment staff. Such workers will avoid making any suggestions that might have a relation to Islamic culture. One of the members of staff in a nursing department mentioned that he avoids proposing ideas related to culture out of fear of being judged by other staff who may label him 'liberal' or 'secular'. These two defining characteristics are often used society-wide to describe individuals opposed to Islam or Islamic culture in Saudi Arabia.

In relation to viewing the concept of innovation from an Islamic perspective, some participants described it using terms such as 'prohibited', 'shame' and 'taboo'. This could be related to the misunderstanding and misuse of two important concepts in Islam, which are *bida* and *Ijtihad*, that were created by Muslim clerics. *Bida* is a concept that has negative meaning for Islamic clerics as *Bida* might be against Islamic beliefs or Arab values or heritage. *Bida* is the result of innovation in something, meaning that when you begin to innovate or create a new or novel idea that does not exist in Islam, you have done *bida.* When Muslims refer to an idea as *bida*, they are claiming that the idea might be contrary to Islam and therefore could be classified as something that is forbidden. Thus, having *bida* as an Islamic concept might prevent novel ideas from being suggested and create an obstacle to innovation. Abd-Allah (2006, p. 2) argued that considering a new idea as *bida* restricts creativity. This is because the classification of something as *bida* is often not thoughtful or logical but simply the implementation of a practice that is done to prevent the spread of new ideas within the Islamic community. By contrast, *Ijtihad* has a positive meaning in Islam. It is used when religious figures put forward an innovative idea as a solution for some obstacles or for a new issue that does not exist in Islam. This practice is a legal authority and restricted and only used by religious people in a high position Abd-Allah (2006). Muslims usually follow these leaders who they trust. As mentioned in section 8.4.1.1 in relation to the fear of change factor, they consider them as guides in their life because they believe that they have more knowledge. The data suggest that this can negatively impact innovation in the fields of nursing and recruitment and hinders efforts to find a solution to the nursing staff shortage problem. It is likely that the participants adopted this culture which could result in avoidance of presenting ideas and a belief that change should be come from above.

Influenced by these concepts, Arab and Saudi societies tend to reject new ideas, particularly those that are not in line with purely Islamic concepts that were introduced hundreds of years ago based on ancient ways of life Al-Kandari and Gaither (2011). This is a result of the complex understandings of Islam, which appeared to negatively impact innovation in the fields of nursing and recruitment in the current study. During interviews, there were many instances where participants attempted to describe this by providing examples. One example that

was provided was an anecdote regarding an incident that had occurred years earlier when a stage play was performed at a university in Riyadh; it was interrupted and halted by some religious people who then fought with the actors because the play addressed some social issues and encouraged Saudi society to be more moderate. Thus, the play was considered to be against religion and something that should be forbidden since it did not have the approval of any formal religious institution. Another example was also provided of an incident that occurred when Saudi society rejected the use of mobile phones with cameras, which caused a new idea to be introduced. This rejection was based on a *fatwa* given by religious people who prohibited their use because phone cameras breach the privacy of Saudi families by exposing women's faces at weddings or in their homes, which is considered to be forbidden in their interpretation of Islam. These incidents are good examples that show how misinterpreting Islam can negatively influence innovation. That being said, the society of Saudi Arabia is now beginning to make changes and such incidents do not occur as frequently as they did before. However, the concepts of *Ijtihad* and *bida* continue to be present in the cultural consciousness and in the literature that people read. This was stressed by Almalki and Ganong (2018, p. 383), who argued that although Saudi Arabia is developing, the process of change is not a rapid one and the society is still influenced by "the inherent conservative and religious nature of the society" (p. 383)

8.4.4 The impact of Saudi education on attitudes towards innovation

In chapter 5, section 5.2.2, p 116, most of the participants from the nursing and recruitment departments argued that the lack of innovation in nursing has its root in and is the result of education, which is a fundamental aspect of Saudi life. The participants stated that education has an impact on attitudes towards innovation and that its impact appears to be negative. According to the participants, there are three aspects of education that influence innovation negatively, which are teaching methods, teachers and educational systems (such as the Saudi educational system versus other international educational systems). In the Saudi educational system, teaching methods focus mainly on memorisation. Thus, students' success depends on their ability to memorise rather than their critical thinking skills or their ability to generate new ideas. This emphasis on learning by memorisation is then transferred to the workplace and nursing and recruitment departments where they

aim for professional success by applying the teachings of the managers and supervisors rather than engaging in critical thinking to generate new ideas in relation to work-related problems such as the nursing staff shortage problem. The findings of this study regarding education and its impact on innovation are in line with those of Rugh (2002) and Vassall-Fall (2011), who both found that memorisation is the dominant teaching method in the Saudi educational system. They argued that this method is the outcome of historical and Islamic ways of teaching the Quran and Al-Hadeth (the prophet Mohammed's narration) that was used during the 7th century. During that time, the aim of education was to teach students to memorise the Quran and Al-Hadeth in order to pass these texts on to subsequent generations, Chapter 2, section 2.10, P 21. In relation to the exploration of critical thinking as a supporter of innovation, Eggers et al. (2017) explored whether there were any relationships between critical thinking, creativity enhancement, and business performance. They found a positive link between critical thinking and creativity, though their study focused only on unique product developments and advertisements created in a computer-simulated in business environment, which is a very different context to that of the current study. Nevertheless, their initial investigation suggests that the higher levels of critical thinking observed, the more creativity may be evident.

The data suggested that in the Saudi educational context, teachers and professors are viewed as 'spoon-feeders' whereby their role is to provide students with information without allowing space for discussion or argument. Teachers and lecturers usually silence students when they criticise or disagree with the information provided to them because they are not regarded as knowledgeable individuals. In addition, discussing or criticising information is considered disrespectful to teachers and students are disciplined for doing it. The teacher's authoritative role can cause them to be arrogant, teach with an authoritarian attitude and create barriers for students who wish to express their innovative ideas (Al-Johani 2009), Chapter 2, section 2.11, p 25. These practices, which are likely to stem from education, are also present in the workplace and negatively influence the innovative behaviours of staff and leaders in nursing and recruitment departments. Vassall-Fall (2011) described how Saudi teachers view themselves as a source of knowledge and have an intolerance of student discussion of taught

information. The findings of this study concerning education are consistent with Hofstede's cultural dimension theory, as explained by Cassell and Blake (2012, p. 153), which categorises Saudi Arabia as a high-power distance society with a rank of 80. The ranking of 80 is 'indicative of a high level of inequality of power and wealth within the society' (p.153). Within high-power distance societies, there is a kind of power imbalance between members in a particular context. In addition, distances between teachers and students were also found in high-power distance societies in which there was a lack of trust towards students and a belief that they need direction. This is contrary to low-power distance societies, in which a close relationship between teachers and students was observed, in addition to a sense of trust in the students.

Additionally, the data suggested that participants who studied for their master's degrees abroad were able to make comparisons between methods of teaching in Saudi universities and those used in North American and European universities. They noted that differences exist and indicated how North American and European educational systems focus on developing the innovative skills of students and support critical thinking and the use of research methods from the beginning. This is in contrast to the Saudi educational system, which focuses more on memorisation and spoon-feeding. Moreover, in the Saudi educational system, most of the curriculum and courses are based on theoretical teaching, meaning that they do not focus on the practical side of curricula. In this study, some participants indicated that nursing education during the four years of study is mostly theoretical rather than practical and little attention is given to the development of practical skills. Thus, a lack of practical education might lead to a lack of innovation, which then becomes evident in the fields of nursing and recruitment. Almnakrah and Evers (2020) argued for the need to implement new methods of teaching that aim to enhance critical thinking and equip teachers with knowledge about skills regarding creativity, problem-solving, critical thinking and interaction.

8.4.5 Family

The data in chapter 5, section 5.2.3, p 121, found that the family plays a significant role in influencing innovation and this is notable in the nursing and recruitment departments of hospitals. A family can shape a child's way of thinking and thus enhance their ability to innovate, according to the participants in this study. The

first element of the family factor is practising authority in relation to dealing with children's discussions or the sharing of their opinions and control over children's decisions when families believe that their children need advice and guidance even if they become mature in many levels such as choosing their degree major or their profession. It is likely that the influence of family on their children contributes to the lack of innovation in the workplace by producing dependent employees who believe that their role is to follow instructions and not interfere with established procedures or present new ideas, as evident in the interview data of the current study. Al-Johani (2008, p. 4) explained that Saudi parents assign a passive role to their children who are regarded as needing to learn everything from adult members of the family; 'In the family, the majority of parents view children as passive recipients whose role is to learn from the adults (parents, teachers or any adult who holds a high position in the family)'. In addition, in the Saudi culture, there is a difference in the way that males and females are handled. Some Saudi families still treat their children differently based on gender, particularly regarding their children's choice of career, workplace and study major. For example, one participant described an incident where her sister was obligated by her parents to change her degree because her father disapproved of the degree she originally chose, which was her passion, deeming it unsuitable for a female student. The participant also stated that male family members, such as fathers, husbands and brothers, exert control over women's lives, even when they have reached adulthood. This kind of discriminatory treatment may negatively impact Saudi women's abilities to innovate. In Saudi society, authority, and who has authority, are viewed as very important, and traditional authoritarian structures are applied to all aspects of life, including within families and in the workplace. As indicated by Al-Johani (2009, p. 5), "In Saudi culture, the paternalistic familial pattern and its authoritative hierarchy extend throughout society. To give reasons and share them with children is considered by some parents to be a questionable practice, as children should view parents as authority figures", chapter 2, section 2.11, p 25.

Some staff members stated that parental education was important for influencing children to be innovative. They believed that educated parents were more motivated and flexible and, therefore, would be more likely to seek ways to develop their children's abilities to innovate and accept new ideas, thoughts and criticism

from their children. Parents who are educated might have a less paternalistic attitude, which might encourage innovation. This has been confirmed by Al-Sharfi (2017, p. 7), who found that the family's level of education has a positive impact on innovation. Educated parents may become more aware of the need to solve children's problems in a proficient manner and involve older children in decision-making. As indicated by nursing and recruitment staff, family is an important to encourage children's innovation. And thus, was found to be a reason leading to a lack of innovation and limited solution for nursing shortage.

8.5 Practical implications

This study has practical implications at the levels of government and hospitals especially in nursing recruitment area. In terms of the governmental level, the findings suggest that there are certain barriers to innovation in the context of Saudi hospitals, particularly in the fields of nursing and recruitment, that must be addressed. The findings indicate that cultural factors can contribute to a lack of innovation. There is evidence to suggest that staff behaviour is governed by their cultural beliefs, which leads them to avoid presenting their ideas and causes a lack of self-confidence, a lack of autonomy and a lack of interest in innovation in nursing recruitment area. These beliefs also govern the behaviour of leaders who adopt an authoritative leadership style, maintain a distance between themselves and staff members and exhibit an intolerance of interference or criticism from others regarding decision-making. This creates a tense work environment and discourages employees from engaging in innovative practices and subsequently leads to difficulty in finding solution for nursing shortage.

It would be useful for the Saudi government to set a plan that instigates change in several cultural aspects, starting with increasing the level of individualism among Saudi people to support individual freedom in relation to decision-making and supporting free-thinking among staff by allowing them to express their ideas without fear. This could impact views of the nursing career, causing people to choose nursing as a career based on individual factors rather than on societal or cultural factors, as emphasised by (Lamadah et al. 2014, p. 22) in the literature review chapter "society looks at nurses with some suspicion and disrespect so that girls are afraid of joining nursing even if they like it". This could lead to the creation

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of nurses who are enthusiastic about their careers and innovation in nursing and recruitment. Moreover, authoritative issues emerge at many levels such as the level of society, the level of family, the level of education and the level of workplace. These have a clear impact on staff members' abilities to innovate. Saudi Arabia is categorised as a culture that has a high level of power distance, which creates a hierarchy among people. This means that authority is a dominant feature in this society. Therefore, the government must review the policies and cultural aspects that foster authoritarian attitudes and work to decrease the level of these by changing laws and working with educational institutions and the media to decrease authoritarian attitudes among tribes, religious people, families and workplace. This could cause many people to alter their manner of thinking and actions.

However, changes in culture are not easy, especially where such changes impact aspects considered to be values of the Saudi culture that have been practiced for hundreds of years. Minimising the impact of these values on long term planning must thus begin with increasing people's awareness of the negative impact of applying these values excessively. There may nevertheless be resistance from some people against such trends, as these values form the cornerstone of their lives, based on what they learned from their families, school, and society at a young age. Attempts to make changes must thus be both continuous and based on planned, long-term, transformative programmes that can assess and analyse the current situation and its challenges and then work to make a social impact to allow people to accept change. Such programmes must aim to get people to adopt initiatives on their own terms. To develop the social impetus to effect change, the government might seek to use its platforms and recruit influential people in social media to work with those of younger generations, as this would be likely to contribute more to effecting change in the near future. In addition, the government needs to take into consideration that the Saudi educational system needs improvement in relation to the teaching methods employed and the role of both teachers and students in the educational process. Teachers must be trained to be more open to discussions with their students by embracing a facilitative role rather than an authoritative one. Moreover, the curriculum should focus on critical thinking rather than memorisation. Finally, the government must address the belongingness issue, which causes problems within organisations. From the data,

it is clear that belongingness, personal connection and tribe affiliation negatively impact innovation in nursing recruitment area. The government should minimise these practices as they have a strong impact on staff performance and innovation and could lead to organisational corruption. In addition to this, government and the healthcare ministry has to look into the unified salary scale of healthcare practitioners. The salary for nurses is not comparable to other careers and this is perhaps one of the most important reasons for why people avoid joining the nursing career. This shortage of applicants subsequently leads to a shortage in innovative nursing staff who possess the solutions to solve the aforementioned shortage. Frustration among nurses as a result of unified salary scale clearly impacts their innovative behaviour. Salary is then a clear hindrance to enegage in innovation.

At the level of organisation, the first step is for hospitals to address how far innovation is encouraged in the work environment, beginning by teaching the concept of innovation and promoting a culture of innovation in hospitals. Organisations must foster belief in innovation and the importance of working hard for positive change among staff members at every level, including nursing, recruitment and administrative departments. This would be an important solution and allow hospitals to overcome barriers to innovation in nursing and recruitment departments. This can be done by allowing staff time to generate innovative ideas and devoting attention to encouraging innovation, listening to staff, emphasising the importance of cooperation between staff and involving innovation as an element in staff evaluations. In addition, organisations must ensure the recruitment of managers who are enthusiastic regarding innovation as managers have a strong impact on innovative practices in nursing and recruitment departments, as suggested by the result of this study. This can be done by ensuring a rigorous interview process and using written exams or questions that aim to uncover managers' personal attributes and attitudes towards innovation. In addition, administration departments must monitor and control managers and address any authoritarian leaders in order to overcome barriers to innovation in nursing recruitment departments. Moreover, some staff called for the establishment of a committee or department that is primarily concerned with development and innovation in hospitals. This committee or department could present innovative ideas to senior administrative staff. Although one hospital that some of the

participants worked at did establish such a committee, the committee was later disbanded. From the findings of this study, it was clear that the nursing staff were not happy that the committee was disbanded and thus called for it to be reinstated as it had encouraged them to be more innovative.

The second step is to address culture. As mentioned before, this seems to be rooted in cultural beliefs which control the behaviour of individuals. It should be noted, however, that changing cultural beliefs is not a simple matter; it requires an examination of the relationship between cultural beliefs that stem from the society, culture, and the behaviour of the individual. Through cultural beliefs, individuals develop expectations about themselves and others regarding what is expected from them in certain situations, and what they should expect from others. Saudi leaders, for example, might have expectations that control their behaviour in the organization (e.g., embracing an authoritative role and expecting obedience from followers). Thus, examining the relationship between cultural beliefs and behaviour and raising awareness about this issue can be beneficial. At the organization level, awareness can be raised through preparation programmes that introduce leaders and employees to the issue of cultural beliefs and behaviour and make them aware of the barrier this creates in terms of innovation.

8.6 Limitations and suggestions for future research

The first limitation of this study is in relation to generalisation. This study is qualitative in nature and employed qualitative methods of data collection in the form of semi-structured interviews. One limitation of qualitative methods is in relation to generalisability as findings from these types of studies are always specific to the context in which the study is conducted and the people involved. Quantitative research features an aspect known as generalisability, which is similar to the concept of transferability in qualitative research. The sample of qualitative research is usually small as its aim is not to generalise the results. The results of qualitative research are thus always context-bound and one would therefore think that the results cannot be transferred to another context (Shenton 2004). Braun and Clarke (2013) define transferability as "the extent to which aspects of qualitative results can be transferred" to other group of people and context" (p.282). To achieve this, the researcher must provide thick descriptions of the data,

including substantial quantities of data about the location and participants. In this case, the context chapter provides full information about the study context in Saudi Arabia, including the geographic location, culture, religion, and dominant society. Moreover, in the methodology chapter, detailed information about the participants in the study, including their positions, work experience, ages, and gender was provided to allow the reader to consider applying the results in another relevant context (Braun and Clarke, 2013). Lodico et al. (2006) argue that the assessment of this criterion is based on providing a detailed description of the context of the study. This should allow readers to assess the similarity of the research context to their own context and thus transfer the procedures carried out by the researcher to a similar context or participants. While achieving full transferability in qualitative research is difficult, this study might offer valuable insights for those planning similar work within the Saudi culture or within other Islamic cultures such as those of the GCC and similar Arab countries. The second limitation is in relation to the purposive sampling procedure that was employed in this study. This sampling procedure also limited the study's findings to the context of the two hospitals where the study was conducted and the participants were involved. Although qualitative research and purposive sampling are disadvantageous in terms of generalisation, they were chosen as the design of this study and procedure of sample selection as the study aimed to provide a more in-depth understanding of both managers' and workers' perceptions of and attitudes towards innovation. Thus, this study contributes to the understanding of innovative work behaviours, innovative practices in nursing recruitment area, barriers to innovation in nursing and recruitment, and the development of solutions or innovative ideas to address the nursing staff shortage problem. Thus, future research might aim for generalisation by implementing other methods of data collection such as questionnaires.

The second limitation is in terms of these hospitals as both were in Riyadh, which is in the centre of Saudi Arabia and thus the sample of this study included participants who were drawn from this particular region. This is because this study aimed to explore Saudi culture and, according to the participants, there were variations at the regional level, such as the one referred to between the west and the east and other areas. Thus, future research might enlarge the sample by including participants from other hospitals in various regions of Saudi Arabia as

this can add to the understanding of the role of Saudi culture concerning innovation at the regional level. In addition, although my study found that age and gender contribute to a lack of innovation, there is a need to further investigate these variables in the Saudi context.

In terms of age, participants asserted that young staff were more acceptable and thus more innovative; this finding is context-bound to Saudi Arabia. Investigating age in other cultures might yield different results; thus, it is important to study this area and the impact of culture on this issue. In respect to gender, the findings suggest that females are more negatively influenced by the Saudi culture than males. However, this variable could be explored further in other contexts due to social and cultural variations. Moreover, participants did suggest that in the private sector, there is more flexibility than there is in government hospitals and this might lead to more innovation in those hospitals. Thus, future research could investigate innovation in the context of private hospitals as this could enhance the understanding of innovation in Saudi Arabia in hospitals in both sectors in the fields of nursing and recruitment.

8.7 Conclusion

This chapter discussed the three main research questions for this thesis. Answering the research questions fulfils the main aim of the study, which was to explore the factors that impact innovative practices in nursing and recruitment area in the Saudi healthcare system from the perspective of Saudi staff, including both team leaders and team members. This aim was achieved by revealing a number of elements concerning staff in the fields of nursing and recruitment that directly or indirectly influence and shape their behaviours and practices regarding innovation. This thesis began by assessing external and social factors such as the surrounding environment and Saudi culture. Then, it discussed other factors that influence staff, including the workplace and managers and leaders. This led to an exploration of other elements that were found to contribute to innovative practices in hospitals such as barriers to innovation, staff perceptions of innovation and some examples the staff considered them as innovation ideas whether they have been applied or not.

My study explored how staff understand and perceive innovation and how staff members in nursing and recruitment might be willing to adapt to innovation. This study found that participants have lack of understanding of the concept of innovation and they may confuse innovation with other concepts; many ideas presented by the staff as innovative ideas did not fit the criteria for being an innovative idea. The staff in nursing and recruitment also described some conditions that should be met in order for innovation to be encouraged and for the nursing staff shortage problem to be resolved. My study also explored the characteristics of Saudi healthcare leaders and how they influence the hospital culture and innovation behaviours in nursing and recruitment departments. Employees involved in nursing and recruitment had negative feelings towards Saudi leaders in relation to supporting innovation and described some characteristics that indicated that those leaders adopted a transactional style of leadership that hindered innovation in hospitals and nursing and recruitment departments. Saudi leadership can negatively impact other aspects of the work environment, such as staff motivation, which hinders innovation and discourages innovative practices. Finally, in regard to the relationship between Saudi Arabian culture and innovation for staff in nursing and recruitment in Saudi hospitals; this study found that society, personality, belongingness, religion, education and family can have a negative impact on innovation.

To conclude, nursing shortages exist within the Saudi healthcare system and have persisted for many years. This can be dangerous for multiple reasons, including in a time with new proposals are being put forward for the expansion of healthcare services; with a noticeable growth in the Saudi population with figures expected to rise to 39.8 million by 2025, and then 54.7 million by 2050; with an increase in the number of elderly people; and with the Saudi government orienting itself to reduce the dependency on oil as a primary resource of the economy (Alluhidan et al. 2020). Although several attempts have been made to solve this shortage problem, the situation remains. An easy solution is therefore not possible and a considerable innovation in approaches to healthcare must be sought out. The healthcare system requires new solutions for solving this nursing shortage. In its current state, the shortage high costs for the healthcare system to solve. Research surrounding this problem might benefit from looking to those factors that hinder innovation in order

to reach the necessary levels of staff to satisfy the need of all Saudi hospitals in the future. In response to this, this research runs concurrently with the increasing awareness of the importance of innovation in all healthcare systems. The planned healthcare transformation which 'aims to establish a national centre to encourage and foster creativity and innovation in healthcare' will be presented and introduced by the Saudi Vision in 2030 and will require innovation to succeed (National Transformation Program Initiative 2018, p.19).

8.7.1 Reflective notes on my PhD Journey

My PhD journey has been a pathway to many aspects of learning, beginning with the acquisition of knowledge as a researcher and eventually leading to self-development on both a professional and a personal level. My years of PhD study were often challenging; there were difficulties I had to overcome and the demands on my time could be arduous. But the journey has also been a joyful one, culminating in the achievement of my doctorate.

At the level of researcher, my initial perception of commencing a PhD project was that it would be uncomplicated. However, I came to realise the complexities of undertaking such study when I reached the stage of the programme, which required me to spend my first year searching for resources and reading references in order to identify gaps in current literature. My interest in the topic of innovation and its impact on healthcare began during my career, through my experience of working in Human Resources and the recruitment process in hospitals. Recruitment is of particular significance due to the concerns around the nursing shortage in Saudi Arabia, and the necessity to find a solution for this. Certain steps have been taken to resolve what is a very clear problem, but there is a notable lack of innovative ideas being introduced to alleviate what is now a critical issue. Such absence of innovative behaviour may result from restrictions in the established working style that is currently in place.

My PhD study was useful in many ways. It equipped me with the necessary skills required for the various methods of data collection, in particular the qualitative approach that would be applied to my area of research. The use of qualitative methodology in data collection afforded me the opportunity to investigate the reality faced by the participants who were involved in the areas of nursing and recruiting

and to explore their personal feelings. This in turn aided in my study of the factors which influence innovative behaviour in the field of recruitment. My choice of the qualitative research method was primarily due to the limited amount of research in this area, particularly in the Saudi context. Through my own research I was able to identify a number of potential explanations for an absence of innovation, such as culture and leadership.

From a professional viewpoint, my previous role as a Human Resources manager did not provide me with any insight into the minds of nursing staff. However, their participation in the interviews for this study provided an opportunity for nursing staff and leaders to voice their opinions on the nature of the work and their desire for innovation. It was important to understand not only the factors which influence innovation in their workplace, but also the attitudes of the staff on a cultural and psychological level and the effect this may have on their lives.

As my PhD journey progressed, I encountered a number of challenges during the phases of my research. Data collection was frequently problematic and time-consuming when recruiting participants who were willing to be interviewed. In particular, managers would often be reluctant to share the details of their roles or relationships with staff, or to discuss the barriers to innovation and any negative aspects of the profession. There were occasions where a participant would agree to meet for an interview and then fail to attend. However, through my endeavours to build a rapport and trust with participants I was ultimately able to collect the data I required for the study.

Further challenges related to the methods of accessing information on sensitive issues concerning managers and their culture. I was able to address this through my chosen method of data collection which was conducted via individual interviews and facilitated by cultivating rapport and trust with the participants. I found the choice of one-to-one interviews to be advantageous as this helped me to obtain the data I required for the study. This choice was also influenced by the results of the pilot study which revealed that individual interviews are appropriate for Saudi participants whose conservative culture might influence their agreement to participate; I had previously considered that participants might be reluctant to provide sensitive information on the negative aspects of their workplace or their

manager in the presence of persons they do not trust for cultural reasons. Accordingly, I ensured that all interviews were conducted in a reassuring space, in a room where only the interviewer and the interviewee would be present in order to maintain a relationship of trust with them.

Additional complications also arose because this PhD project was undertaken in the midst of the COVID-19 pandemic. A number of difficulties were presented due to limited access to crucial resources for my research, and the quarantine regulations which restricted university attendance and interactions with my supervisors and colleagues. However, I resolved to overcome the situation by maintaining a positive and optimistic attitude, and was able to continue on my study pathway through online contact with supervisors and colleagues, all of whom were very supportive throughout the process. Despite the many challenges I experienced on my PhD journey, it is one of the most interesting and rewarding achievements in my life.

APPENDICES

APPENDIX 1: Participant invitation and Information Sheet:

CARDIFF UNIVERSITY

PRIFYSGOL CAERDYDD

Invitation Letter

All recruited subjects

Study Title: Attitudes towards innovation in hospital leadership and its impact upon worker behaviours in the recruitment of nursing staff in Saudi Hospital

I am inviting you to take part in a study that aims to explore the attitudes towards innovation in hospital leadership and its impact upon worker behaviours in the recruitment of nursing staff in Saudi Hospitals. This study will provide a background for future research that will be conducted in Saudi Arabia with Leadership innovation.

I am currently enrolled in the Doctorate of Philosophy (PhD) course at Cardiff University in Wales (UK). Before you decide whether to take part in this research area, I would like

you to read the information sheet that is enclosed with this letter. The information sheet explains why the research is being done and what it would involve for you. If you would like to discuss any aspect of this research without any obligation to take part, please call Mohammed Bindayel.

Yours sincerely

Mohammed Bindayel

Participants Information Sheet

(Individual interviews)

Study Title: Attitudes towards innovation in hospital leadership and its impact upon worker behaviours in the recruitment of nursing staff in Saudi Hospital

What is the purpose of the study?

The aim of this study is to explore the attitudes towards innovation in hospital leadership and its impact upon worker behaviours in the recruitment of nursing staff in Saudi Hospital

Why have I been invited?

You have been invited because you are a manager or a supervisor and staff in nursing or recruitment department in the hospital. I would like to ask you about issues of innovation work behaviour.

Do I have to take part?

Whilst your contribution would be valuable, it is up to you to decide to join the study. If you agree to take part, I will then ask you to sign a consent form. You are free to withdraw at any time, without giving any reason. If you decide to withdraw from the study, your data will remain within the study for analysis and reporting purposes.

What will happen to me if I take part?

If you agree to participate in this study, you will be contacted by Mohammed Bindayel to arrange a mutually convenient time for individual interviews. The interview procedure will be clearly explained to you before the interviewing process commences. The interview procedure and questions used in the interview have been developed using expert opinions from the School of Healthcare Sciences, Cardiff University, and Cardiff, UK. All the questions will be about innovation, culture and leadership of nursing and recruitment. The Interview will not include any sensitive questions, and you may skip any questions you feel uncomfortable answering. The interviews will be audio recorded using an electronic digital audio recorder.

What will I have to do?

As a manager or a supervisor or employee, I would like you to participate in a face to face interview. The interviews will last for 60 minutes. The interview will be recorded and transcribed anonymously for the purposes of analysis. The result of the analysis may be used for publication in the future however the anonymity of all participants will be maintained.

What are the risks of taking part in this study?

There are no known risks from participation are anticipated in this study. If you find the question of the interview is upsetting, you are free to withdraw. However, the collected information will be treated confidentially and your name will be changed to protect your identity during the analysis and the writing phases of this study. All of the information collected in the study will also be securely stored and subsequently destroyed, using the guidance for storing research information set out by Cardiff University.

What are the possible benefits of taking part?

There are no personal benefits but there is a general benefit to increasing knowledge and possibly improving the quality of innovation work behaviour in SA.

Will participation in this study be kept confidential?

The identity of your organisation will be known, but your identity and place of work (e.g. name of unit) will be protected. I will follow the ethical and legal practice of Cardiff University and all information about you will be handled in confidence. The recorded conversation will be transcribed anonymously and stored electronically on a secure encrypted server (OneDrive) provided by Cardiff University. The researcher will use a digital audio device to record the conversations. These conversations will be immediately uploaded to a secure encrypted server (OneDrive) provided by Cardiff University. Then, the conversations will be deleted from the audio device. The previous steps will be followed to maintain the confidentiality of the participants. Only the research team will access the saved data.

What will happen to the results of the research study?

The results of this study may be presented at conferences and published in scientific journals. If you would like a summary of the results, please send an email to the researcher and the results can be sent to you after completion of the study.

Who is organising and funding the research?

The study is for the completion of my PhD. The study will be carried out by the main researcher Mohammed Bindayel with supervision from Professor Daniel Kelly and Dr Clare Bennet. This study is funded by the Ministry of Education in Saudi Arabia.

Who has reviewed the study?

The study has been reviewed by the School of Healthcare Sciences Research Screening and Ethical Review Committee in Cardiff (Wales), and by the Research Ethics Committee in the hospital Saudi Arabia.

What if there is a problem?

If you have a concern or a problem about any aspect of this study, you may speak to.

Contact for further information

If you would like to discuss any part of the project in greater detail then please do not hesitate to contact Mohammed Bindayel at:

School of Healthcare Sciences, Cardiff University

Thank you for your time and consideration

Mohammed Bindayel

APPENDIX 2: Consent form:

Interviews Consent Form

Study Title: Attitudes towards innovation in hospital leadership and its impact upon worker behaviours in the recruitment of nursing staff in Saudi Hospital: An exploratory study

Please Initial box

1- I confirm that I have read the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2- I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my legal rights being affected.

3- I understand that the observation sessions will be recorded on a notebook or a digital recording device, I give permission for this.

4- I understand that data collected will not be transferred to any commercial organisation but may be used anonymously for publication, presentation at conferences, for teaching purposes and for future studies. I give permission for this.

5- I understand that if I lose the capacity to consent, that I will be withdrawn from the study. I understand that any information collected from the observations before the loss of consent will still be included in the study. I give permission for this.

6- I agree to take part in the above study

_____   _____   _____
Name of Participant   Date   Signature

_____   _____   _____
Name of Person taking consent   Date   Signature

APPENDIX 3: Ethical Approval Certificate:

School of Healthcare Sciences
Head of School and Dean Professor David Whittaker

Ysgol Gwyddorau Gofal Iechyd
Pennaeth yr Ysgol a Dean Yr Athrawes David Whittaker

CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD

12 June 2019

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Mohammed Bindayel
School of Healthcare Sciences
Cardiff University

Dear Mohammed

Attitudes towards innovation in hospital leadership and its impact upon worker behaviours in the recruitment of nursing staff in Saudi Hospitals : An exploratory study

At its meeting of *11 June 2019*, the School's Research Ethics Committee considered your research proposal. The decision of the Committee is that your work should:

Pass –and that you proceed with your Research after discussing the reviewers' comments with your supervisor

The Committee has asked that the lead reviewers' comments be passed onto you and your supervisor, please see below.

Please note the comments on the PIS and Consent Form

Please note that if there are any subsequent major amendments to the project made following this approval you will be required to submit a revised proposal form. You are advised to contact me if this situation arises. In addition, in line with the University requirements, the project will be monitored on an annual basis by the Committee and an annual monitoring form will be despatched to you in approximately 11 months' time. If the project is completed before this time you should contact me to obtain a form for completion.

Please do not hesitate to contact me if you have any questions.

Yours sincerely

Mrs Liz Harmer – Griebel
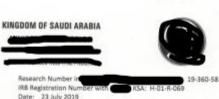Research Administration Manager

Cc : Daniel Kelly, Clare Bennett

Cardiff University is a registered charity, no. 1136855
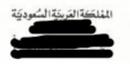*Mae Prifysgol Caerdydd yn elusen gofrestredig, rhif 1136855*

APPENDIX 4: Letter of Permissions to Conduct the Study:

Kingdom of Saudi Arabia █████████████

المملكة العربية السعودية █████████

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Institutional Review Board

مجلس المراجعة المؤسسي

█Registration Number with █████ KSA: H-01-R-059

July 29, 2019
IRB Log Number: 19-0095
Project Title: Attitudes towards innovation in hospital leadership and its impact upon worker behaviors in the recruitment of nursing staff in Saudi hospitals: An exploratory study
Category of Approval: EXEMPT

Dear Mohammed Abdullah Bindayel,

Thank you for submitting your proposal to the █████ Institutional Review Board. Your proposal ██ evaluated considering the national regulations that govern the protection of human subjects. The ██ has determined that your proposed project poses no more than minimal risk to the participants. Therefore, your proposal has been deemed _**EXEMPT**_ from ██ review. Please note that this approval is from the research ethics perspective only. You will still need to get permission ██████████ ████████ or an external institution to commence data collection.

The title of the research has the main key words that may require reordering to emphasize that the research is on attitudes of the leaders towards making innovations/new in the methods of nurse recruitment. The underlying assumption is that the present recruitment methods are inadequate and are related to the dissatisfaction of the nurses. Underlying this assumption is that bad recruitment methods bring on board nurses who do not fit the job or the job environment.

Please note that the research must be conducted according to the proposal submitted to the █████. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the ████ before implementation. For any proposed changes in your research protocol, please submit a Request for Modification form to the █████. Please be aware that changes to the research protocol may prevent the research from qualifying for exempt review and require submission of a new ██ application or other materials to the █████. In addition, if an unexpected situation or adverse event happens during your investigation, please notify the █████ as soon as possible. If notified, we will ask for a complete explanation of the event and your response.

Please be advised that regulations require that you submit a progress report on your research every 6 months. Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. You are also required to submit any manuscript resulting from this research for approval by ███ before submission to journals for publication.

We wish you well as you proceed with the study. Should you have additional questions or require clarification of the contents of this letter, please contact me.

الرقم:	التاريخ : / / 143هـ
المستشفى جلات:	

KINGDOM OF SAUDI ARABIA ███████ المملكةالعَرَبيَّةالسُّعوديَّة

Research Number in ████████ 19-360-58
IRB Registration Number with ████ KSA: H-01-R-069
Date: 23 July 2019

Mr. Mohammed Bindayel
PHD Student, Healthcare Studies
Cardiff University, UK

Dear Mr. Bindayel,

The research committee in ██████████ is constituted and functions in accordance with the National Committee of Bio Ethics (NCBE) in Saudi Arabia, Accreditation number (H-01-R-069). The Committee has reviewed the research proposal for compliance with national requirements and the approval of this research is conditional upon your continuing compliance with this document.

I am pleased to confirm a favorable ethical opinion for your research on the basis described in the documents submitted with your proposal titled; *"Attitudes towards Innovation in Hospital Leadership and Its Impact upon Worker Behaviors in the Recruitment of Nursing Staff in Saudi Hospitals : An Exploratory Study"*, without funding guaranteed.

As evidence of continuing compliance with each research approved by the committee, the primary researcher is responsible to send documents to the research committee in ████████████ about his ongoing research every six months and on the time of publication.

For more information please do not hesitate to contact me.

Best regards,

APPENDIX 5: The Interview Schedule:

Questions for staff in non-management roles:

The first part will include the collection of the following information from participants:

1- Job title
2- Length of time in current position.

The second part will include the following questions:

First Research Question:	**1. How do Saudi healthcare workers in leadership positions, and those they work with who are involved in nursing recruitment, perceive the role of innovation and effective leadership?**
Interviews Questions:	1- In your point of view, can you tell me what your understanding of innovation?
	2- To what extent do you think your hospital needs innovative ideas?
	3- How far, do you think, innovation is important?
	4- From your point of view, to what extent, do you think, encouraging the staff to be innovative is important?
	5- What do you think about generating innovation idea from the staff?
	6- What do you think are the barriers that might hinder innovation in general?
	7- How do you think an innovative leader should behave when facing a challenge in the workplace?
	8- The nursing shortage is a global problem and according to previous studies, Saudi Arabia is facing the same problem when it comes to recruiting and retaining qualified nurses.

	In addition, your department is involved in this challenge. To what extent does your manager ask you for your opinion when it comes to this problem?

Second Research Question:	2. **What is the perceived relationship between Saudi Arabian culture and innovation for those in leadership positions and others involved in nursing recruitment?**
Interviews Questions:	1- Many studies have shown that society and culture have a significant impact on innovation practices. How do you perceive the role of culture in relation to innovation in the hospital setting? 2- As we are Saudis, we have our own cultural values. How do you perceive the role of Saudi culture in relation to innovation in the hospital setting or your department? 1- What aspects of Saudi culture influence innovation?

Third Research Question:	3. **To what extent do Saudi healthcare leaders influence innovation in nursing recruitment?**
Interview Questions:	1- Leaders have a significant impact on innovation and work behaviour. From your point of view, in general, can you discuss the role of Saudi leaders when it comes to encouraging innovation in relation to work behaviour? 2- What do you think about taking risks in the job? 3- Can you explain in which way your manager prefers the staff to complete a task? 4- As we know, innovation and creativity need to create a suitable environment for the staff. In your opinion, can you explain what working-place atmosphere is needed to encourage the worker's innovative behaviour?

	5- To what extent does your manager share with you the vision and mission of the department? Explain.
	6- To what extent the relationship between managers and staff can influence innovation?

Managers' Questions:

The first part will include the collection of the following information from participants:

1- Job title
2- Length of time in current position.

The second part will include the following questions:

First Research Question:	**1- How do Saudi healthcare workers in leadership positions, and those they work with who are involved in nursing recruitment, perceive the role of innovation and effective leadership?**
Interviews Questions:	1- In your point of view, can you tell me what your understanding is of innovation?
	2- To what extent do you think your hospital need innovative ideas?
	3- How far, do you think, innovation is important?
	4- From your point of view, to what extent, do you think, encouraging the staff to be innovative is important?
	5- What do you think about generating innovation idea from the staff?
	6- What do you think are the barriers that might hinder innovation in general?

	7- Leaders have a significant impact on innovative work behaviour. From your point of view, in general, can you discuss the role of leaders when it comes to encouraging innovative work behaviour? 8- What do you think about the qualities of an innovative leader? 9- What do you think about taking risks on the job? 10- The nursing shortage is a global problem and according to studies, Saudi Arabia is facing the same problem when it comes to recruiting and retaining qualified nurses. In addition, your department is involved in this challenge. To what extent are you and your staff able to find solutions when it comes to this problem?

Second Research Question:	**11- What is the perceived relationship between Saudi Arabian culture and innovation for those in leadership positions and others involved in nursing recruitment?**
Interviews Questions:	3- Many studies have shown that society and culture has a significant impact on innovation practices. How do you perceive the role of culture in relation to innovation in the hospital setting? 4- As we are Saudis, we have our own cultural values. How do you perceive the role of Saudi culture in relation to innovation in the hospital setting or your department? 12- What aspects of Saudi culture influence innovation?

Third Research Question:	1- **To what extent do Saudi healthcare leaders influence innovation in nursing recruitment?**
Interview Questions:	1- Many studies have shown that a positive relationship between staff and leaders has a significant impact on innovative work behaviour. From your point of view, in general, can you discuss how you think the relationship between managers and staff should be to encourage innovative work behaviour? 2- Please explain what are the issues that hinder staff innovation? 3- As we know, innovation and creativity need to create a suitable environment for the staff. In your opinion, can you explain what working-place atmosphere is needed to encourage the innovative behaviour of the workers?

(Mrs. Nawal, Nurse)

1. In your point of view, can you tell me what your understanding of innovation in general?

Innovation is excellence, or development. For example, if I innovate or excel in a particular job or idea. This is my understanding of it

2. Can you give me an example of innovation from what you have seen or read, or experienced?

Yes. Such as talented people, or to be innovative in a particular area. For example, we have a Staff Nurse who is innovative and talented in a particular way – with drawing and writing

3. Can you describe an example of innovation from your role or workplace?

I had two projects in this hospital but, unfortunately, I did not get support from my department. However, the support that I got is from the Quality Department. They have a programme that is called 'improvement quality'. They also have a website for uploading employees' ideas. I have submitted my ideas and got approval.

4. Can you give me an example?

Like 'education Pamphlet'. I noticed that it needs development. I told them about that problem and how to solve it. I suggested this idea for the education coordinator; the employee from the Education Department. In addition, in the Saudi Nursing Club, I introduced this problem to the nurses and listened to their solutions and this also encourages them to work as a team.

5. To what extent do you think your hospital needs innovative ideas?

It needs a lot. However, before this, it needs to provide support to employees. In addition, you need to put the right person in the right place and this is what we missed in our hospital.

6. How about your own department?

Yes. It needs a lot, especially in nursing.

7. Have you tried applying any innovative ideas there before?

Actually, there is nothing that supports me to offer something now I am a senior staff nursing here and my supervisor is a nursing technician. In addition, she is dealing with me in an unprofessional way. This thing frustrates me, and all my thinking became focused on looking for a job outside the hospital. This means that you receive no support in order for you to be innovative in your workplace.

8. So, you didn't give an idea because of that?

As I told you, I submitted an idea that contained two projects, but I did not receive support from the department, but I did receive it from the Quality Department

9. Why did this happen?

To be honest, they fear that I will be a competitor to them. I searched and found no other reason

10. How far, do you think, innovation is important?

Innovation is very important

11. what are the positive aspects of innovation in relation to your role or workplace?

It is the work environment. Actually, innovation can create a suitable environment in the workplace.

12. What about innovation itself? what are the positive aspects of innovation in relation to your role or workplace?

Yes. Sure. There are positive aspects. There is also the influence of the individual himself, the institution, the work team and the employees. For example, there are some staff here who are innovative but no one knows about them – that was until one

of them became the head of nursing. Now everyone knows about her and she develops and innovates in her division. This has influenced her colleagues at work and thus improved the working environment.

13. what are the negative aspects of innovation in your opinion?

If innovation is not within the culture or the religion. For innovation to have no negative aspects, it must be within a particular cultural mainstream or limits that are in line with the context and the culture of the society and the religious constraints.

14. From your point of view, to what extent, do you think, encouraging the staff to be innovative is important?

It is very important and, as I mentioned to you, it is important that a leader is a suitable person.

15. how far do you thank that innovation is desirable among your staff?

Sure. they have a desire for innovation. Any employee has a desire to be distinguished and innovative

16. With regards to employees, do they generally like or want innovation?

It is sometimes because of envy between them. Some of them have negative thoughts, not wishing their colleagues to be better than them. He or she does not want you to be distinguished from him or her

17. Is envy a negative aspect of innovation?

Yes. She/he does not want anyone to outperform her/him. He/she might be trying to stop any idea or frustrate her/him.

18. In general, does the employee want to be innovative?

As I told you, if there was a suitable work environment and encouragement from the people surrounding me, I would be innovative. But if I find the opposite, my thinking will be different, focusing on looking for another job opportunity.

19. How do you think we can encourage and discourage them to be innovative?

The positive thinking for a leader. If a leader has positive thinking, he/she will understand the results of innovation on the individual and the organisation and his/her personal level. However, if the leader has negative thinking, he/she will frustrate the employee.

20. What are the ways in which a leader can encourage or discourage an employee?

As I mentioned to you, the work environment is very important. I must create a healthy work environment. In addition, there must be monitoring not only from the leader but also of the leader him/herself. Is he/she performing well? Or are there problems? A leader should be evaluated, for example, through survey. Just as the other staff members are being evaluated by the leader, he/she should also be evaluated by his/her staff members too.

21. can you recall an incident in which your innovative idea was encouraged and discouraged? How do this happen and what was the outcome? What did you learn from this experience?

For me, this has been the most tiring year. I recall an incident that happened to me. The medical director asked me to tell him about the obstacles that I faced in our department, and I mentioned these to him. Unfortunately, my department understood things differently. As a result, my evaluation decreased this year from 90 to 86 and the comments that were written on the evaluation report were very bad. For five years, my evaluation had been outstanding

22. And do you think that this is related to the note that you wrote down?

Yes. My boss told me this verbally. She told me that this is the result of what I have done. Then I filed a complaint and submitted it to the employee complaints. And since October until now, no one has answered me. I asked her for evidence of why I have got an outstanding evaluation for five years and this year my evaluation is different and decreased but she did not answer me at all.

23. Does this behaviour frustrate an employee who wants to be innovative?

Yes, it frustrated me a lot. Thus, I am looking for another job outside the hospital. Moreover, I have asked for a promotion even if it does not occur now, but in the future. What I mean is that I want them to make a career path or a plan for me, and most importantly, that is not necessarily involving being promoted this year. They understand it differently and I do not know exactly what they are thinking of. They responded with 'You do not have enough experience!' but I have ten years of experience; isn't it enough? I also have educational qualifications. This is in contrast to my supervisor who is not qualified because she is a technician, a foreigner and has been due for retirement for five years. So, there is no support for Saudis. At the same time, they said we are supporting Saudi employees!

24. What do you think about generating innovation idea from the staff?

This is a beautiful thing. We have set up a committee which is called a 'unit-based committee'. In this committee, we did, like, brainstorming and the employees had nice ideas. I was amazed that such ideas were coming from some employees.

25. And dose the committee still there?

No. we stopped it. This is because we did it in the MAGENT, which is an American accreditation for nursing. We have done it with our previous leader. There were different groups and we hear ideas, and the pros and cons of the workplace from nurses who have had training in other hospitals.

26. Did you come up with good ideas?

Yes, we got good ideas and help to develop our department.

27. What conditions do you think need to exist before they might do so?

Observing power. Some employees have the power of observation. For example, some employees who came from another hospital, they have ability to observe the

difference. Thus, they can give you the positive and negative points and innovative ideas.

28. Why or why not is generating ideas necessary?

It is necessary to develop the place. If you hear suggestions from these employees, it will support the workplace more.

29. What conditions do you think need to exist to generate innovative ideas?

It is support. There must be support and encouragement. There also should be a way of giving an excuse. Even if the employee made a mistake, give him a chance. You should not put him\her on a blacklist directly and treat him/her badly. We need to know his/her shortcomings in order to support him/her.

30. What do you think are the barriers that might hinder innovation in general?

For example, in the Saudi Nursing Club, we have a problem with financial and non-financial support. If there is no encouragement, you are disappointed. Moreover, if you feel that all the people surrounding you are careless, then you ask yourself, 'Why should I be innovative!' So, there has to be encouragement and financial and non-financial support. This is also in general. For example, if you don't offer your children gifts, rewards, moral and financial support, they will be not innovative. There must be moral and financial support and the most important thing is the financial support and encouragement.

APPENDIX 7: Identifying themes:

Text	Codes	Sub-theme
I don't make a decision, but I expect it will be rejected by the hospital itself and by the community itself.	Innovation that is not in line with Saudi culture will be rejected even if it has positive outcome.	Culture as a factor that influence innovation
Tribal culture and dealing on the basis of tribe… affects innovation … tribal culture is present, and we have it here in the hospital, and I expect it to be the same in any other hospital and in all facilities	Tribalism influences innovation.	Belongingness as a factor influencing innovation
Tribal culture and dealing on the basis of tribe No, I mean bias, and I speak in general, this is present here, not just our facilities. Yes, affects the innovation.	Tribalism in general supports bias.	Belongingness as a factor influencing innovation
Sure, as we are talking about the workplace. If someone supports you, you will have innovation and creativity and the family as well.	Culture as related to family influences innovation.	Family as a factor influencing innovation
Depending on the idea that you offer about innovation, does this person accept or not accept? Is the person educated and understand the innovative idea	Parents education, tribalism and the nature of ideas are factors that determine whether families support/discourage innovation.	Parents education and belongingness as a factor influencing innovation

To be sure that the sub-them reflect the goal of this study and answer research question, I

have reviewed all codes and see if they exactly reflect the sub-them statement. I

completed this step through organizing the data in schedule by gathering all similar codes

under the sub-themes that they were related to and divide the codes of factors that hinder

or support innovation if needed and based on the larger theme (see example below)

| Culture as a factor that influence innovation negatively. | Expect there is a relation between innovation and culture and might have an effect on the hospital culture. Saudi cultural values affect innovation significantly on the personal level. Variation within Saudi culture influence innovation in the hospital. Saudi culture was conservative. Innovation that is not in line with Saudi culture will be rejected even if it has positive outcome. Culture has an influence on innovative practices in relation to music or dancing for patient; which is not allowed in Saudi culture. Culture can hinder innovation. Saudi culture dose not encourage innovation from childhood. Culture hinders staff in hospital to be innovative. There are different cultural variations within the Saudi culture such as Western regions being more open-minded. In the past, Nursing profession was unacceptable due to lack of separation between the two sexes. Innovation that is not in line with Saudi culture will be rejected even if it has positive outcome. Innovation that is not in line with Islamic religion and Saudi culture will be rejected even if it has positive outcome with an example Positive perceptions in relation to Saudi culture that everything must be in line with culture. | Perceive the role of Saudi culture in relation to innovation in the hospital and his department as positive and negative. Do not expect there is impact now, this is because culture being open than before. Enhancing foreign nurses' understanding of cultural variations is important for innovation. In our culture patients prefer to listen to Quran more than music. Saudi culture has changed a lot. Culture has an impact which is both positive and negative.

Saudi society has various cultures.

If innovation is considered positive but goes against our culture, I will accept it. |

	Saudi culture influences innovation negatively.	
Belongingness as factor influencing innovation negatively.	Tribalism influences innovation. Tribalism in general supports bias. Bias has an effect on innovation with an example. Culture as related to tribalism, belongingness and personal connection as a factor that hinders innovation in work environment. In the hospital there is no bias in terms of tribal belongingness in relation to manager encouraging some of the staff who belong to the same tribe. Some staff believe that their ideas were rejected because of bias and belongingness. Belongingness culture in Saudi affects innovation negatively. Racism affects innovation in all societies. Previously, religion restricted women to a large extent and this prevented them from being innovative. Misunderstanding Islam leads to restricting women's freedom. Tribe and family affiliation exist in the recruitment and impact innovation. When manager deals with staff based on tribal affiliation, there will be no production. Belongingness culture exists based on the organization culture. Belongingness culture affects innovation with explanation.	Does not believe that the society has a culture of belongingness.

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