



***The Impact of Managers Efficiency on Quality of Strategic  
Decision- making under Crises Management***

**An Empirical Study in a Sample of Private Hospitals in Baghdad/ Iraq**

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Master in E-Business

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**May / 2012**

## Authorization

I am ***Maisam W. AL-Shinewi***; authorize Middle East University to make copies of my dissertation to libraries, institutions, or people when asked

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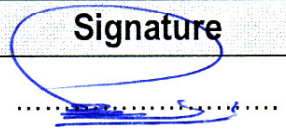
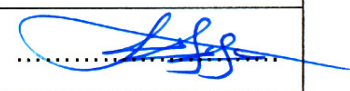
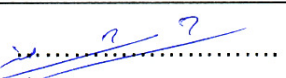
## DISCUSSION COMMITTEE DECISION

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I would like to extend my special thanks to my tutor, for without his encouragement and support, I wouldn't have been here completing my degree's final requirements.

*Sincerely Yours,*

*Maisam W. AL-Shinewi*

## **Dedication**

To

My dear mother and father

My loveable husband

My two sweet daughters

All who helped me thank you

God bless you all

*Sincerely Yours,*

*Maisam W. AL-Shinewi*

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*The Impact of Managers Efficiency on Quality of Strategic Decision-  
making under Crises Management*

*An Empirical Study in a Sample of Private Hospitals in Baghdad/ Iraq*

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*Abstract*

The main objective of this study is to explore the impact of Managers Efficiency on Quality of Strategic Decision- making directly and indirectly through Crises Management in Private Hospitals in Baghdad/ Iraq.

This study was applied on Private Hospitals in Baghdad/ Iraq, and choose a random sample that consists of (100) managers (administrative and physicians) in private hospitals in Iraq.

In order to achieve the objectives of the study, the researcher designed a questionnaire consisting of (44) paragraphs to gather the primary information from the study sample. Data were analyzed using relevant statistical methods ranging from regression analysis to path analysis.

The study came to show a high level of importance for the study variables in Private Hospitals in Baghdad/ Iraq, and showed:

1. There is a significant positive direct impact of Managers Efficiency (Employee Satisfaction about Work, Idealized Influence, Professional Growth of Staff,

Intellectual Advice and Empowerment) on Quality of Strategic Decision making in Private Hospitals in Baghdad ( $\alpha \leq 0.05$ ).

2. There is a significant positive direct impact of Managers Efficiency (Employee Satisfaction about Work, Idealized Influence, Professional Growth of Staff, Intellectual Advice and Empowerment) on Crises management in Private Hospitals in Baghdad ( $\alpha \leq 0.05$ ).

3. There is a significant impact of Crises management on Decision (Exceptional, Continuity and Guidance) in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

4. There is a significant positive indirect impact of Managers Efficiency (Employee Satisfaction about Work, Idealized Influence, Professional Growth of Staff, Intellectual Advice and Empowerment) on Quality of Strategic Decision making through Crises management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

Finally, the study sets the following recommendations:

1. To improve the managers' ability in order to reveal the future of private hospitals workplace.
2. The manager should encourage his staff by involving them in events which could improve their career.

## المخلص باللغة العربية

# أثر كفاءة المديرين على جودة اتخاذ القرارات الاستراتيجية بوجود إدارة الأزمة

دراسة تطبيقية في عينة من المستشفيات الخاصة في بغداد \_ العراق

إعداد

ميسم الشنوي

إشراف

الأستاذ الدكتور

محمد عبد العال النعيمي

هدفت هذه الدراسة إلى بيان أثر كفاءة المديرين على جودة اتخاذ القرارات الاستراتيجية بشكل مباشر وغير مباشر وذلك بوجود إدارة الازمات. طبقت الدراسة على المستشفيات الخاصة بمدينة بغداد وتم إختيار عينة عشوائية بلغت (100) مدير (إداريين وأطباء) .

ولتحقيق أهداف الدراسة قامت الباحثة بتصميم استبانة شملت (44) فقرة لجمع المعلومات الأولية من عينة الدراسة. وتم تحليل البيانات المجموعة باستخدام الوسائل الإحصائية الملائمة من تحليل الإنحدار وتحليل المسار. وبعد إجراء عملية التحليل لبيانات الدراسة وفرضياتها توصلت الدراسة إلى عدد من النتائج أبرزها:

1. وجود أثر ذي دلالة إحصائية لكفاءة المديرين (تحقيق رضا الموظفين عن العمل ؛ التأثير المثالي ؛ النمو المهني للموظفين ؛ الاستشارة الفكرية ؛ التمكين) على جودة القرارات الاستراتيجية في المستشفيات الخاصة بمدينة بغداد عند مستوى دلالة  $(\alpha \leq 0.05)$ .

2. وجود أثر ذي دلالة إحصائية لكفاءة المديرين (تحقيق رضا الموظفين عن العمل ؛ التأثير المثالي ؛ النمو المهني للموظفين ؛ الاستشارة الفكرية ؛ التمكين) على إدارة الأزمات في المستشفيات الخاصة بمدينة بغداد عند مستوى دلالة  $(\alpha \leq 0.05)$ .

3. وجود أثر ذي دلالة إحصائية لإدارة الأزمات على جودة القرارات الاستراتيجية (الاستثنائية ؛ الإستمرارية ؛ التوجيه) في المستشفيات الخاصة بمدينة بغداد عند مستوى دلالة  $(\alpha \leq 0.05)$ .

4. وجود أثر غير مباشر ذي دلالة إحصائية لكفاءة المديرين (تحقيق رضا الموظفين عن العمل ؛ التأثير المثالي ؛ النمو المهني للموظفين ؛ الاستشارة الفكرية ؛ التمكين) على جودة القرارات الاستراتيجية بوجود إدارة الأزمات في المستشفيات الخاصة بمدينة بغداد عند مستوى دلالة  $(\alpha \leq 0.05)$ .

وقد أوصت الدراسة بما يلي:

1. تنمية قدرة المديرين على الكشف عن مستقبل العمل في المستشفيات الخاصة من خلال إشراكهم في دورات خاصة بآليات العمل في المستشفيات.
2. على المديرين العاملين في المستشفيات الخاصة تشجيع الموظفين من خلال إشراكهم في الأحداث التي تساعدهم على نموهم المهني.



# CHAPTER ONE

## General Framework

(1-1): Introduction

(1-2): Study Problem and Questions

(1-3): Significance of the Study

(1-4): Objectives of the Study

(1-5): Study Model & Hypotheses

(1-6): Study Limitations

(1-7): Study Delimitations (Difficulties)

(1-8): Terminologies

## (1-1): Introduction

Preparing for what may happen and dealing with what happened is no secret acquainted with the course of events especially political ones, as crises have all kinds of roles in the history of people and communities, both in terms of demolition and construction.

If we look at the folds of the major historical events, we find that crises over the centuries mediate an important stage in the life of people, between each stage and the stage of a new crisis, there is a move in mind and inflammation of conflict.

It was for the growth and expansion of communities, lack of various resources and the intensity of political and economical competition that lengthened the life of crises.

Here grew a serious thought to study and analyze crises and to try to get out with minimal losses and delay of the subsequent crises that cannot be disabled.

So, Crisis Management is the solution to unexpected problems that could lead to disaster if not solved quickly, because a crisis is, any event that is, or expected to lead to, an unstable and dangerous situation affecting an individual, group, community or a whole society.

Crises are deemed to negative changes in the security, economic, political, social or environmental affairs, especially when they occur abruptly, with little or no warning, on the other hand, it is a term meaning 'a test in time' or an 'emergency event'

A Crisis has several defining characteristics.

Seeger, et..al, (1998) said that crises have four defining characteristics that are "specific, unexpected, and non-routine events or series of events that [create] high levels of uncertainty and threat or perceive threat to an organization's high priority goals." Thus the first three characteristics are that an event:

1. Is unexpected.
2. Creates uncertainty.
3. Is seen as a threat to important goals.
4. Need for change.

Venette (2003) argues that "crisis is a process of transformation where the old system can no longer be maintained." Therefore the fourth defining quality is the need for change. If change is not needed, the event could more accurately be described as a failure.

Apart from natural crises that are inherently unpredictable (volcanic eruptions, tsunami) most of the crises that we face are created by human. Hence the requirements of their being 'unexpected' depend upon man failing to note the onset of crisis conditions. Some of our inability to recognize crises before they become dangerous is due to denial and other psychological responses that provide succor and protection for our emotions (Mitroff & Silvers, 2002).

A different set of reasons for failing to notice the onset of crises is that we allow ourselves to be 'tricked' into believing that we are doing something for reasons that are false.

Managers of organizations play a key role in crisis management, through reducing the damage to an organization, also his personality plays a key role in reducing the damage, his characteristics that can be identified by a set of attributes, most notably his leadership, experience and his efficiency both in scientific and practical life, these qualities represent variables with effective perseverance by accepting change, reforming and learning from the mistakes of others, leaders must be capable of thinking effectively and must have the ability to imagine, perceive and deal with problems and should also be familiar with knowledge and skills required for a commander in order to deal with crises when they occur, efficiently and successfully, as well as understanding the nature of learning programs must have a futuristic look to the future. (Shlaim, Avi, 2004)

A Manager is often the person most experienced at work; he is the decision-maker and the high authority in a company or enterprise; he is also the owner of the highest salary, and has the best features that the average employee cannot obtain, compared to the supervision and progress of work within his organization and development.

Managers of hospitals may be with an administrative specialization, or may be with a medical certificate (physician, for example) and through this theme we will select whichever is best placed to take quality decisions at Crises Management.

This study will focus on the impact of Managers Efficiency on Quality of Strategic Decision making at Crises Management in a Sample of Private Hospitals in Baghdad/ Iraq.

## **(1-2): Study Problem and Questions**

The lives of individuals are vulnerable to crises and since antiquity to modern times, also in cases of administrative organizations, they face various crises levels, by nature or degree of impact; also they differ in how they are managed from one organization to another, or from one nation to another, but how such crises are managed is still lacked on the curriculum specialist in management of scientific management.

The problem of the study revolves around the level of efficiency and crisis management in a sample of Iraqi hospitals in Baghdad and the extent of attention in managing crises and taking advantage of the crises and making quality administrative decisions and making administrative changes necessary to improve the performance of the organization, in line with aspirations of patients and consumers and the public.

The subject of Crisis management and making quality decisions is one of the most important modern topics that an organization must give special importance.

Based on the above, that may demonstrate the study's problem via stirring up the questions below:

**Question One:** Is there a positive direct impact of Managers Efficiency (*Employee Satisfaction about Work, Idealized Influence, Professional Growth of Staff, Intellectual Advice and Empowerment*) on Quality of Strategic Decision making at Private Hospitals in Baghdad?

**Q<sub>1-1</sub>:** Is there a positive direct impact of Employee Satisfaction about Work on Quality of Strategic Decision making at Private Hospitals in Baghdad?

**Q<sub>1-2</sub>:** Is there a positive direct impact of Idealized Influence on Quality of Strategic Decision making at Private Hospitals in Baghdad?

**Q<sub>1-3</sub>:** Is there a positive direct impact of Professional Growth of Staff on Quality of Strategic Decision making at Private Hospitals in Baghdad?

**Q<sub>1-4</sub>:** Is there a positive direct impact of Intellectual Advice on Quality of Strategic Decision making at Private Hospitals in Baghdad?

**Q<sub>1-5</sub>:** Is there a positive direct impact of Empowerment on Quality of Strategic Decision making at Private Hospitals in Baghdad?

**Question Two:** Is there a positive direct impact of Managers Efficiency (*Employee Satisfaction about Work, Idealized Influence, Professional Growth of Staff, Intellectual Advice and Empowerment*) on Crises Management at Private Hospitals in Baghdad?

**Q<sub>2-1</sub>:** Is there a positive direct impact of Employee Satisfaction about Work on Crises Management at Private Hospitals in Baghdad?

**Q<sub>2-2</sub>:** Is there a positive direct impact of Idealized Influence on Crises Management at Private Hospitals in Baghdad?

**Q2-3:** Is there a positive direct impact of Professional Growth of Staff on Crises Management at Private Hospitals in Baghdad?

**Q2-4:** Is there a positive direct impact of Intellectual Advice on Crises Management at Private Hospitals in Baghdad?

**Q2-5:** Is there a positive direct impact of Empowerment on Crises Management at Private Hospitals in Baghdad?

**Question Three:** Is there a positive direct impact of Crises Management on Quality of Strategic Decision making at Private Hospitals in Baghdad?

**Q3-1:** Is there a positive direct impact of Crises Management on Decision Exceptional at Private Hospitals in Baghdad?

**Q3-2:** Is there a positive direct impact of Crises Management on Decision Continuity at Private Hospitals in Baghdad?

**Q3-3:** Is there a positive direct impact of Crises Management on Decision Guidance at Private Hospitals in Baghdad?

**Question Four:** Is there a positive indirect impact of Managers Efficiency (*Employee Satisfaction about Work, Idealized Influence, Professional Growth of Staff, Intellectual Advice and Empowerment*) on Quality of Strategic Decision making under Crises Management at Private Hospitals in Baghdad?

**Q4-1:** Is there a positive indirect impact of Employee Satisfaction about Work on Quality of Strategic Decision making under Crises Management at Private Hospitals in Baghdad?

**Q4-2:** Is there a positive indirect impact of Idealized Influence on Quality of Strategic Decision making under Crises Management at Private Hospitals in Baghdad?

**Q4-3:** Is there a positive indirect impact of Professional Growth of Staff on Quality of Strategic Decision making under Crises Management at Private Hospitals in Baghdad?

**Q4-4:** Is there a positive indirect impact of Intellectual Advice on Quality of Strategic Decision making under Crises Management at Private Hospitals in Baghdad?

**Q4-5:** Is there a positive indirect impact of Empowerment on Quality of Strategic Decision making under Crises Management at Private Hospitals in Baghdad?

### **(1-3): Significance of the Study**

"Crisis" is defined as a threat or danger expected or unexpected with the objectives, values, beliefs and properties of individuals, organizations, limiting the decision-making process. For that, crisis management requires quick decisions, and the factor of time is essential, as characterizing a crisis as a complex surprise with lack of information and complicated in matters as they occur.

Crisis management helps to maintain the organization's property and assets in an event of a crisis, including the tasks of managers trying to avoid or mitigate this crisis, and its impact on the organization.



Therefore, a successful manager must be prepared to deal with the crisis, if expected in order to prevent their occurrence or minimize their effects.

In addition to the preparation of a successful manager and to prevent any inappropriate decision, he/she should build experience from previous events to ensure a high level of awareness in the future, as he/she must have successful planning in case of the emergence of a new crisis.

The essential role of a manager in an organization is considered the foundation, to avoid risks and crises, or his/her ability to minimize these risks if they should occur.

A manager must make the right decision at Crises Management, and to take the right decision, the manager must have a range of qualities. He must be qualified scientifically and academically as he/she should be experienced in these areas, also he must have participated in specialized courses in crisis management.

However, a manager of the hospital, should carry a specialty in management, or may be of any scientific discipline therefore holds a medical degree.

Through this study we will show who is best able at making the quality decisions at Crises Management;

Is it a manager who holds an administrative specialty or a manager who holds a medical specialty?

The importance of this study can be summarized through the following points:

1. Identifying the impact of Managers Efficiency on Quality of Strategic Decision-making in private hospitals in Baghdad/ Iraq.
2. Identifying the impact of Managers Efficiency on Quality of Strategic Decision-making at times of Crises in private hospitals in Baghdad/ Iraq.

### (1-4): Objectives of the Study

This study seeks to achieve the following objectives:

1. Identify the impact of Managers Efficiency (*Employee Satisfaction about Work, Idealized Influence, Professional Growth of Staff, Intellectual Advice and Empowerment*) on Quality of Strategic Decision making at Private Hospitals in Baghdad.
2. Represent the impact of Managers Efficiency (*Employee Satisfaction about Work, Idealized Influence, Professional Growth of Staff, Intellectual Advice and Empowerment*) on Crises Management at Private Hospitals in Baghdad.
3. Determine the impact of Crises Management on Quality of Strategic Decision making at Private Hospitals in Baghdad
4. Identify the indirect impact of Managers Efficiency (*Employee Satisfaction about Work, Idealized Influence, Professional Growth of Staff, Intellectual Advice and Empowerment*) on Quality of Strategic Decision making under Crises Management at Private Hospitals in Baghdad.

## (1-5): Study Model & Hypotheses

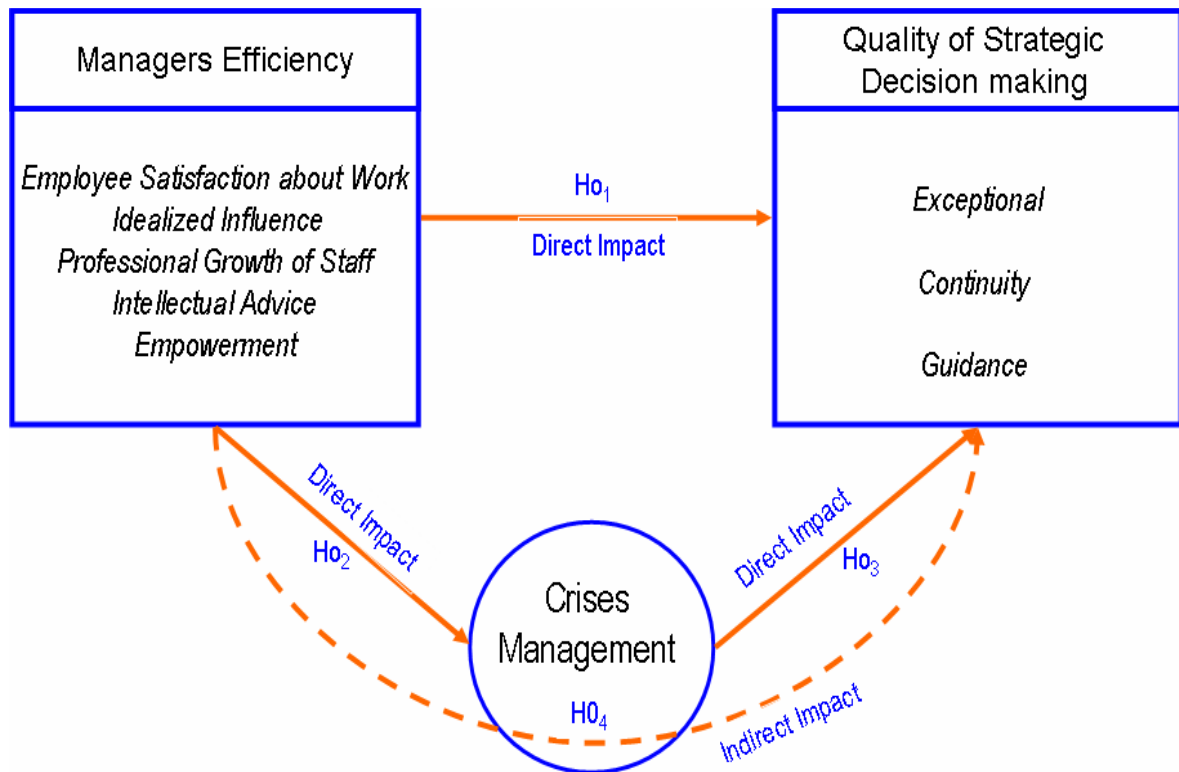


Figure (1 – 1)

Study Model

Prepared by researcher

The researcher in measuring Managers Efficiency depends on the suggested measurement by (Shaukat, 2009). In the measurement of Crises the researcher depends on (Mostafa, et.al, 2004). Finally, in the measurement of Quality of Strategic Decision making the researcher depends on (Wheelen & Hunger, 2008).

Based on the study problem and the literature review, the following research hypotheses were examined:

**HO<sub>1</sub>:** There is no significant positive direct impact of Managers Efficiency (*Employee Satisfaction about Work, Idealized Influence, Professional Growth of Staff, Intellectual Advice and Empowerment*) on Quality of Strategic Decision making in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>1-1</sub>:** There is no significant positive direct impact of Employee Satisfaction about Work on Quality of Strategic Decision making in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>1-2</sub>:** There is no significant positive direct impact of Idealized Influence on Quality of Strategic Decision making in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>1-3</sub>:** There is no significant positive direct impact of Professional Growth of Staff on Quality of Strategic Decision making in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>1-4</sub>:** There is no significant positive direct impact of Intellectual Advice on Quality of Strategic Decision making in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>1-5</sub>:** There is no significant positive direct impact of Empowerment on Quality of Strategic Decision making in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>2</sub>**: There is no significant positive direct impact of Managers Efficiency (*Employee Satisfaction about Work, Idealized Influence, Professional Growth of Staff, Intellectual Advice and Empowerment*) on Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>2-1</sub>**: There is no significant positive direct impact of Employee Satisfaction about Work on Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>2-2</sub>**: There is no significant positive direct impact of Idealized Influence on Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>2-3</sub>**: There is no significant positive direct impact of Professional Growth of Staff on Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>2-4</sub>**: There is no significant positive direct impact of Intellectual Advice on Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>2-5</sub>**: There is no significant positive direct impact of Empowerment on Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>3</sub>**: There is no significant positive direct impact of Crises Management on Quality of Strategic Decision making (*Exceptional, Continuity and Guidance*) at Private Hospitals in Baghdad in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>3-1</sub>:** There is no positive direct impact of Crises Management on Decision Exceptional in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>3-2</sub>:** There is no positive direct impact of Crises Management on Decision Continuity in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>3-3</sub>:** There is no positive direct impact of Crises Management on Decision Guidance in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>4</sub>:** There is no significant positive indirect impact of Managers Efficiency (*Employee Satisfaction about Work, Idealized Influence, Professional Growth of Staff, Intellectual Advice and Empowerment*) on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>4-1</sub>:** There is no positive direct impact of Employee Satisfaction about Work on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad.

**HO<sub>4-2</sub>:** There is no positive direct impact of Idealized Influence on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad.

**HO<sub>4-3</sub>:** There is no positive direct impact of Professional Growth of Staff on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad.

**HO<sub>4-4</sub>:** There is no positive direct impact of Intellectual Advice on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad.

**HO<sub>4-5</sub>:** There is no positive direct impact of Empowerment on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad.

## (1-6): Study Limitations

**Human Limitations:** The current study includes Managers in Baghdad/Iraqi Private hospitals.

**Place Limitations:** Private hospitals at Baghdad/Iraqi.

**Time Limitations:** The time needed for study accomplishment from February 2012 to May 2012.

**Scientific Limitations:** The researcher in measuring Managers Efficiency depends on the suggested measurement by (Shaukat, 2009). In the measurement of Crises the researcher depends on (Mostafa, et..al, 2004). Finally, in the measurement of Quality of Strategic Decision making the researcher depends on (Wheelen & Hunger, 2008).

## (1-7): Study Delimitations (Difficulties)

1. The study concentrates on the Private hospitals in Baghdad/Iraqi chosen using them as a case study.
2. The accuracy of the study depends on the private hospitals managers' cooperation.
3. Events in Baghdad/Iraqi.

## (1-8): Study Terminologies

***Mangers Efficiency:*** is the quality of achieving something nearest to the goal of the company, also efficiency at management is when management is capable of achieving a greater output be it tangible or intangible over a shorter period of time without a fall in the quality of what has been achieved, as well as their ability to make the right decision at the time of crisis (Venette, 2003)

***Employee Satisfaction about Work:*** is the terminology used to describe whether employees are happy and contented and fulfilling their desires and needs at work (Modic, 2005).

***Idealized Influence:*** the behavioral counterpart to charisma with the leader's traits promoting commitment among followers in order to tap their full potential (Yukl, 2006).

***Professional Growth of Staff:*** refers to skills and knowledge attained for both personal development and career advancement (Speck & Knipe, 2005).



*Intellectual Advice:* refers to a leader's capability to stimulate followers to become curious and creative about thinking and problem solving (Yukl, 2006).

*Empowerment:* giving people their head. It means that the management is delegating the authority to the employees while commanding less, giving up some control to the employees and sharing information regarding company goals and achievements of the employees, its acceptance of risk by taking more Responsibility (Laschley, 1999).

*Quality of Strategic Decision making:* Is to take the right decision, at the time of crisis, as should the decision maker provide special qualities that should assure the continuity and survival of the organization (Mitroff.I, 2005).

*Exceptional:* Strategic decisions are unusual and typically that have no precedent to follow (Wheelen & Hunger, 2008).

*Continuity:* Strategic decisions commit substantial resources and demand a great deal of commitment from people at all levels (Wheelen & Hunger, 2008).

*Guidance:* Strategic decisions set precedents for fewer decisions countable and future actions throughout an organization (Wheelen & Hunger, 2008).

*Crisis:* is a serious threat expected or unexpected with the objectives, values and beliefs and property of individuals, organizations and countries that limit the decision making process (Venette, 2003).

## **CHAPTER TWO**

### **Theoretical Framework & Previous Studies**

(2-1): Introduction

(2-2): Efficiency & Managers Efficiency

(2-3): Crises Management

(2-4): Strategic Decision making

(2-5): Previous Studies

(2-6): Study contribution to knowledge

## (2-1): Introduction

Research into various healthcare topics is becoming prevalent within Operations Management. Much of this research has placed healthcare operations firmly within the purview of service operations (Chase & Apte, 2007). Application of strategic operations management to healthcare has also been researched (Li, et.al., 2002). A large portion of this research has been devoted to various aspects of quality and performance within the healthcare environment (Gowen, et.al., 2006).

Effective management is the foundation for creating high morale, high productivity, a sense of meaning and belonging for the employees and also for the organization. The success of an organization depends on the ability of the organization to continuously nourish the satisfaction of its employees so that they can perform their best for the organization.

Crisis management is a science and the art of conflict resolution or it means the possibility of dealing with any unusual condition that threatens the goals and activities of an organization, and crisis management at a corporate level means raising the efficiency and the ability of a system of decision-making.

This chapter is divided into the following five sections: Efficiency & Managers Efficiency; Crisis; Quality of Strategic Decision making; previous studies and study contribution to knowledge.

## (2-2): Efficiency & Managers Efficiency

According to Robbins & Coulter (2003) the word 'Efficiency' entered in the management lexicon about a hundred years ago by Harrington Emerson, an engineer and management consultant, who worked with the father of scientific management, Fredrick Winslow Taylor. Actually, the ideas of two men were quite separate and distinct.

Taylor's scientific management system was based on concept what is now called technical efficiency: break work down into its separate component tasks, and then re-engineer each task to the optimum performance level. Emerson, who referred to his own set of ideas as the 'efficiency system', saw efficiency as a natural rather than a mechanical concept.

In the academic literature, efficiency is defined by many ways, Witzel (1998) for example looks at the origin of the term and finds that it has two meanings: technical efficiency or ensuring that systems and process work to their optimal level, and total efficiency, or ensuring that the organization as a whole is fit to meets its goals.

According to Edwards (2001) "Efficiency is minimum utilization of resources and getting maximum output". It is getting the least amount of input and getting high outputs bettered to as doing things right.

Aldag and Stearns (1987) define efficiency by cost point of view that "Efficiency is the relationship between inputs and outputs, seeks to minimize

resource costs". Druker (1982) defines efficiency as "It is doing job successfully without wasting time or energy. Efficiency means compatibility between inputs and outputs. It is saving time, money or efforts"

In economics, efficiency is also defined in a number of ways. The one which is commercially used is referred as the "Pareto-Koopman's" definition which is articulated as "A Decision Making Unit (DMU)-firm, institution, hospital is efficient if and only if it is not possible to improve some of its inputs or outputs without worsening of some of its other inputs or outputs". A Decision Making Unit is technical efficient if it "either maximizes output for a given amount of input Or minimizes input to achieve a given level of output"(Anderson, 1986).

Modern Economists define it, as "Efficiencies require that any given output is produced at minimal cost, which means that both waste and technological inefficiencies are avoided and that appropriate input is used to find the cost minimizing production process". In other words efficiency of a production unit means a comparison between the observed and the optimal values of its outputs and inputs (Edwards, 2001).

Daft (1999) argues that the term productivity is commonly used as a synonym for efficiency. However, productivity specifically refers to the efficiency of human resources. Productivity improves when fewer workers are required to produce same amount of output, or, alternately, when the same number of workers produces a large number output.

So to conclude, it can be said that since managers deal with input resources that are scaremainly peoples, money, and equipment-they are concerned with the efficient use of these resources. Management therefore is concerned with minimizing resources costs.

Management efficiency, therefore, is the degree to which organizational resources contribute to productivity. The proportion of total organizational resources used during the production process measures the efficiency.

There are many types of efficiency and many methods to measure it. Before outlining the different methods to measure efficiency, it is necessary to first look at the number of types of efficiency and the way they relates to each other. Terms used to measure the efficiency are cost efficiency and X-efficiency. These are concisely described as under: Cost efficiency means that a firm minimizes its expenditures given the services it provides without reducing the service quality. X efficiency can also be termed as overall efficiency (Nunamaker, 1985).

Overall efficiency means that the cost of producing observed output of both technical and allocative efficiencies are assumed relative to observed cost (Forsand & Sarafoglou,1998). They used the term overall efficiency for all technical and allocative efficiencies of individual firms distinguishing from scale and scope efficiencies. It can further be decomposed into technical efficiency and allocative efficiency.

Allocative efficiency measurement is the extent to which input choices of a firm fail to satisfy the marginal equivalences for cost minimization (Forsand & Sarafoglou, 1998).

The technical efficiency as defined by Nunamaker (1985) that “a firm is technical efficient if it can produce existing level of output with at least one less unit of input, or with existing inputs it can produce at least one more output”. Technical efficiency can further decomposed into scale efficiency and pure technical efficiency. Scale efficiency is defined relatively to the form of the locus of technical efficiency production plans. It is investigated by analysis of the shape of the frontier. Pure technical efficiency can be obtained by dividing the technical efficiency by scale efficiency. Pure technical efficiency is composed of congestion efficiency and other effects.

The congestion efficiency is the measure of the component of pure technical efficiency due to the existence of negative marginal returns to input and inability of a firm to dispose of unwanted input costlessly (Forsand & Sarafoglou, 1998).

Efficiency can be measured by many ways. The organizational efficiency is a measure of the "productivity" of the aid intervention process, i.e. to what degree the outputs achieved derive from efficient use of financial, human and material resources. In principle, then, it means comparing outputs against inputs. It takes the limited operational perspective of the key implementing institutions. Broadly speaking, assessment of organizational efficiency can be drawn from

two types of data i.e. 1) Performance indicators, which measure specific factors thought to provide a partial reflection of underlying efficiency 2) Comprehensive measures, designed to provide an indication of overall organizational efficiency (Tofallis, 1999).

In a project, efficiency will be measured as an aggregate of the efficiency associated with individual outputs. In larger evaluations at sector or country level the efficiency will have to be expressed as an aggregate of the efficiency associated with all the aid interventions involved.

Walrad & Moss (1993) state that efficiency and effectiveness do not mean the same thing. In fact, they are often natural enemies. Often one can have one, or the other, but not both (Unless one is lucky or one wants to spend a lot of money). Being efficient means that one spends less time on something, one spends less money on something or one spends less efforts (or number of workers) on something. Being effective means that one does his job well. In other words, the output (finished product) is of high quality. It is a rare and delightful occasion where a solution to a problem is both efficient and effective; one usually has to decide because one usually cannot have both. Efficiency and effectiveness can be entirely unrelated, so as their measurement.

Oz (2005) says that one may assume that organizational effectiveness can be determined by comparing the actual performance with the intended performance for each goal and totaling the results. However this would not provide a manager with an accurate picture of overall effectiveness. For instance,



the organization may achieve the goal of increased market share, product innovation, product quality, consumer satisfaction, and social responsibility. Yet, the organization may fail miserably at achieving the goals of profitability, forcing the organization into bankruptcy. This is because the organizational goals are not necessarily equal in importance and their importance can fluctuate over time. In addition, a measure of organizational effectiveness must incorporate factors both inside and outside the organization. If the organization were to achieve the goal of high profits at the expense of consumer satisfaction, managers of other organizations might conclude that the organization is ineffective and decide to enter the industry. Thus, the diversity and inequality of organizational goals make measurement of effectiveness a highly complex problem.

Seddon, et.al (2003) say that efficiency is less problematic for managers to assess in most organization. Organization efficiency as defined in above discussions is the ratio of an organization's outputs to its inputs. Inputs consist of raw material, labor, and capital.

Outputs consist of products or services. When compared to similar organizations, an organization is considered more efficient when fewer inputs are used to achieve an equivalent number of outputs. Thus, efficiency is an internal measure of organization performance which focuses on how the organization achieves its goals rather than whether the organization achieves its goal.

In this research the researcher depends on measuring Managers Efficiency on five factors, listed below:

## (2-2-1): Employee Satisfaction about Work

According to Marc Drizin, an employee loyalty specialist, “Employees are assets with feet. They’re the only resource companies have that make a conscious decision to return the next day” (Modic, 2005).

Employee satisfaction means different things to different people. While we intuitively believe that employee satisfaction is necessary for high performance, studies in the past have not supported this belief. Several years ago, Wilson Learning Worldwide began asking why, and concluded that the problem was in the definition of satisfaction (Wilson Learning Worldwide Inc, 2006).

The dictionary defines satisfaction as “gratification of an appetite and pleasure.” In general, people most often associate satisfaction with happiness and comfort. It is likely that in most of the previous studies, people responded to the question “Are you satisfied?” by interpreting the question as “Are you comfortable in your work? Do you feel secure and content?” While this may not have been the intent of the question, this understanding of the question does suggest why organizational performance has not been linked statistically to employee satisfaction. We don’t often associate high performance with contentment, security, and comfort (Wilson Learning Worldwide Inc, 2006).

The effects employee satisfaction has on an organization’s business are numerous. Some of the most relevant and profitable effects are described below.

Studies show that businesses that excel in employee satisfaction issues reduce turnover by 50% from the norm, increase customer satisfaction to an

average of 95%, lower labor cost by 12% and lift pretax margins by an average of 4% (Carpitella, 2003).

Wilson Learning Worldwide Inc (2006) defines employee satisfaction as below:

- ***Satisfaction with the job:*** To be fulfilled, people need to value their day-to-day work activities. People need to have a sense of accomplishment or pleasure from the work itself.
- ***Satisfaction with relationships:*** People also need to value the relationships they have on the job to be fulfilled. People want to like working with their coworkers. While people know that conflicts will arise, they want to be assured that the focus is not on the interpersonal differences, but the task differences.
- ***Satisfaction with leadership:*** If people do not think that they are being managed or led effectively, it is hard to have fulfillment in the work.
- ***Knowing that others are satisfied in their work:*** One of the key findings from our research is the importance of the open expression of fulfillment in the workplace. Knowing that others gain fulfillment in their work is a powerful motivator.
- ***Knowing that others are satisfied with the organization's leadership:*** It is difficult to be fulfilled if there is not open trust and support for leadership. Equally, when that open trust and support is present, it helps to create an environment where people feel empowered and willing to give their full engagement.

## (2-2-2): Idealized Influence

Bass (1999: 19) described idealized influence as the "transformational manager's ability to clearly articulate a vision to followers and the ability to motivate followers to join the vision". As a result, followers place a high degree of trust in the leader (Bass, 1985).

Yukl (2006) stated that idealized influence behaviors arouse strong follower emotions and identification with the manager. Banjeri and Krishnan (2000) found that followers usually describe this aspect of transformational manager in terms of charisma. Banjeri and Krishnan (2000: 407) went on to note "that followers describe their charismatic leaders as making followers enthusiastic about tasks, commanding respect, and having a sense of mission that they transmit to followers".

Managers behave in ways that allow them to serve as role models for their followers. The managers are admired, respected, and trusted. Followers identify with the managers and want to emulate them; managers are endowed by their followers as having extraordinary capabilities, persistence, and determination. Thus, there are two aspects to idealized influence: the manager's behaviors and the elements that are attributed to the leader by followers and other associates. These two aspects, measured by separate sub factors represent the interactional nature of idealized influence — it is both embodied in the manager's behavior and in attributions that are made concerning the leader by followers. For example the manager's emphasizes the importance of having a collective sense of

mission.” A sample example from the idealized influence attributed factor is “The manager’s reassures others that obstacles will be overcome” (Bass & Riggio, 2006).

In addition, managers who have a great deal of idealized influence are willing to take risks and are consistent rather than arbitrary. They can be counted on to do the right thing, demonstrating high standards of ethical and moral conduct (Bass & Riggio, 2006: 6).

### (2-2-3): Professional Growth of Staff

Professional Growth refers to skills and knowledge attained for both personal Growth and career advancement. Professional Growth encompasses all types of facilitated learning opportunities, ranging from college degrees to formal coursework, conferences and informal learning opportunities situated in practice. It has been described as intensive and collaborative, ideally incorporating an evaluative stage (Speck & Knipe, 2005).

There are a variety of approaches to professional Growth, including consultation, coaching, communities of practice, lesson study, mentoring, reflective supervision and technical assistance (National Professional Development Center on Inclusion, 2008).

Professional Growth opportunities can range from a single workshop to a semester-long academic course, to services offered by a medley of different professional Growth providers and varying widely with respect to the philosophy,

content, and format of the learning experiences. Some examples of approaches to professional Growth include (National Professional Development Center on Inclusion, 2008):

- **Case Study Method:** The case method is a teaching approach that consists in presenting the students with a case, putting them in the role of a decision maker facing a problem.
- **Consultation:** to assist an individual or group of individuals to clarify and address immediate concerns by following a systematic problem-solving process.
- **Coaching:** to enhance a person's competencies in a specific skill area by providing a process of observation, reflection, and action.
- **Communities of Practice:** to improve professional practice by engaging in shared inquiry and learning with people who have a common goal.
- **Lesson Study:** to solve practical dilemmas related to intervention or instruction through participation with other professionals in systematically examining practice.
- **Mentoring:** to promote an individual's awareness and refinement of his or her own professional Growth by providing and recommending structured opportunities for reflection and observation.
- **Reflective Supervision:** to support, develop, and ultimately evaluate the performance of employees through a process of inquiry that encourages their understanding and articulation of the rationale for their own practices.

- **Technical Assistance:** to assist individuals and their organization to improve by offering resources and information, supporting networking and change efforts

Professional Growth is a broad term, encompassing a range of people, interests and approaches. Those who engage in professional Growth share a common purpose of enhancing their ability to do their work. At the heart of professional Growth is the individual's interest in lifelong learning and increasing their own skills and knowledge.

#### (2-2-4): Intellectual Advice

Avolio, et. al. (1999: 444) described intellectual Advice as getting followers to question the tried and true methods of solving problems by encouraging them to improve upon those methods. Intellectual Advice encourages followers to challenge leader decisions and group processes, thus encouraging innovative thinking (Bass & Steidlmeier, 1999).

Brown and Posner (2001) advocate intellectual Advice as a component of organizational learning and change by appealing to follower needs for achievement and growth in ways that the follower finds attractive. Brown and Posner (2001) found that the intellectual Advice component of transformational manager plays a healthy and beneficial role in organizational learning because managers place value in learning for both themselves and their followers.

Intellectual Advice stimulates their followers' efforts to be innovative and creative by questioning assumptions, reframing problems, and approaching old

situations in new ways. Creativity is encouraged. There is no public criticism of individual members' mistakes. New ideas and creative problem solutions are solicited from followers, who are included in the process of addressing problems and finding solutions. Followers are encouraged to try new approaches, and their ideas are not criticized because they differ from the leaders' ideas. For example managers get others to look at problems from many different angles (Bass & Riggio, 2006: 7).

### (2-2-5): Empowerment

Empowerment means that the management is delegating the authority to the employees while commanding less (Rock, 1994). In management point of view, empowerment is "giving up some control to the employees and sharing information regarding company goals and achievements of the employees, its acceptance of risk by taking more responsibility" (Lorette, 1991). "When employees are encouraged to take decisions and initiate actions with less control and direction from their manager then that means they are empowered by their manager" (Handy, 1993). Empowerment is a process in which the feelings of self efficiency are enhanced in the employees of the organization by identifying the conditions which promotes powerlessness and by removing those conditions by formal organizational practices and informal techniques of providing effective information throughout the organization (Conger & Kanungo, 1988).



The concept of employee empowerment is not fairly used when it is compared with the size of employee population and it can also be easily misconstrued by the organization as every employee involvement is very closely related. Employee involvement is a concept which is more easily understood and uniform throughout the organizations. Employee involvement is defined as “a participative process which is used to get benefit and to use entire capacity of the employee and which is designated to encourage the commitment of the employees to the success of the organization” (Lawler, 1989). According to Hummuda and Dulaimi, (1997) the empowerment process is to give an employee a combination of influence, information and incentives.

Based on a review of the empowerment literature (Laschley, 1999; Spreitzer, 1997; Thomas and Velthouse, 1990) and interviews of 20 managers from diverse organizations, their study pointed out that empowered employees conscientiously assume their work-related responsibilities and proactively initiate changes in their work environment.

## (2-3): Crises Management

Crisis management is a science and the art of conflict resolution or it means the possibility of dealing with any unusual condition that threatens the goals and activities of an organization, and crisis management at a corporate level means raising the efficiency and the ability of a system of decision-making.

Crisis management is the process by which an organization deals with a major event that threatens to harm the organization, its stakeholders, or the general public. The study of crisis management originated with the large scale industrial and environmental disasters in the 1980's (Shrivastava, et..al, 1988: 286).

Three elements are common to most definitions of crisis: (a) a threat to the organization, (b) the element of surprise, and (c) a short decision time (Seeger, et..al, 1998: 232).

Venette (2003) argues that "crisis is a process of transformation where the old system can no longer be maintained."

A simplified definition of management is that it is the art of management control, it is possible to say that they try to control events and not to allow it to fall out of hand, or in other words to keep events under control, but the definition of crisis management may seem the contrary to what is mentioned, it is an attempt to manage the unmanageable (Sharif, 2006).

During the crisis management process, it is important to identify types of crises in that different crisis necessitates the use of different crisis management strategies (Coombs, 1999). Potential crises are enormous, but crises can be clustered in seven types of crises (Lerbinger, 1997):

### **1. *Natural disaster***

Natural crises, typically natural disasters considered as 'acts of God,' are such environmental phenomena as earthquakes, volcanic eruptions, tornadoes and hurricanes, floods, landslides, tsunamis, storms, and droughts that threaten life, property, and the environment itself.

### **2. *Technological crises***

Technological crises are caused by human application of science and technology. Technological accidents inevitably occur when technology becomes complex and coupled and something goes wrong in the system as a whole (Technological breakdowns). Some technological crises occur when human error causes disruptions. People tend to assign blame for a technological disaster because technology is subject to human manipulation whereas they do not hold anyone responsible for natural disaster, when an accident creates significant environmental damage.

### **3. *Confrontation***

Confrontation crises occur when discontented individuals and/or groups fight businesses, government, and various interest groups to win acceptance of their demands and expectations. The common type of confrontation crises is

boycotts, and other types are protest, sit-ins, ultimatums to those in authority, blockade or occupation of buildings, and resisting or disobeying police.

#### **4. *Malevolence***

An organization faces a crisis of malevolence when opponents or miscreant individuals use criminal means or other extreme tactics for the purpose of expressing hostility or anger toward, or seeking gain from, a company, country, or economic system, perhaps with the aim of destabilizing or destroying it. Sample crises include product tampering, kidnapping, malicious rumors, terrorism, and espionage.

#### **5. *Organizational Misdeeds***

Crises occur when management takes actions it knows will harm or place stakeholders at risk for harm without adequate precautions. There specified three different types of crises of organizational misdeeds: crises of skewed management values, crises of deception, and crises of management misconduct.

Crises of skewed management values are caused when managers favor short-term economic gain and neglect broader social values and stakeholders other than investors. This state of lopsided values is rooted in the classical business creed that focuses on the interests of stockholders and tends to disregard the interests of its other stakeholders such as customers, employees, and the community.

Crises of deception occur when management conceals or misrepresents information about itself and its products in its dealing with consumers and others.

Crises of management misconduct are caused not only by skewed values and deception but deliberate amorality and illegality.

## **6. Workplace Violence**

Crises occur when an employee or former employee commits violence against other employees on organizational grounds.

## **7. Rumours**

False information about an organization or its products creates crises hurting the organization's reputation. Sample is linking the organization to radical groups or stories that their products are contaminated.

Mitroff (2005) Characteristics of crises in:

1. Surprise, sudden change.
2. Lack or false information.
3. Escalation of events, events that follow crises.
4. Loss of control: all the events of the crisis lie outside the scope of individual abilities, expectations and deviate from the normal routine of the institution.

Successfully defusing a crisis requires an understanding of how to handle a crisis – before they occur. Fink (2007) found the different phases of Crisis Management. There are 3 phases in any Crisis Management that are shown as below:

1. The diagnosis of the impending trouble or the danger signals.
2. Choosing appropriate turnaround strategy.
3. Implementation of the change process and its monitoring.

Al-dhabe (2001) put some Features of crises as below:

1. Recognition of the turning points, admitting there is a new situation that needs to be solved.
2. Require quick decisions, before changing into a disaster.
3. Threaten the goals and values of the participating parties (individuals, institutions, governments).
4. The results determine the shape of the relationship between the parties.
5. Some interdependence crisis groups result from events after crises under a new set of circumstances.
6. The increase of uncertainty and lack of clarity.
7. Loss or lack of control over events.
8. The available information is inadequate and does not increase accuracy.

## (2-4): Strategic Decision making

Every individual, whatever his position, takes a series of decisions that vary in their importance and values based upon the quality of the decision and its importance and gravity, Political-decisions on war or peace can change the course and life of a nation as a whole, negatively or positively, it is no less important than making educational decisions concerning the education of individuals to educate them; so is the decision-making process it is a complex process intertwined with many different factors that need a lot of knowledge and experience.

The process of decision-making and the administrative function process is an administrative function that is of main responsibilities greater than to be taken by a manager alone; they are the product of the efforts of many individuals in a form of groups or boards of directors, and in some cases, an output of a computer.

Foreman at the present time does not work in isolation but is influenced in its views and ideas of those around him and the nature of the environment in which it operates.

The decision-making activity of a human compound begins with a sense of doubt and uncertainty on the part of the decision maker about what to do about a problem, and ends by choosing one of the best solutions or alternatives

that are expected to remove the event of doubt and uncertainty and thus help in reaching a solution to the problem at hand (Mitroff, 2005)

The uncertainty of the world of business and the ever-changing requirements of organizations require that leaders have the courage, the will, and the ability to make difficult decisions. Decision-making is a part of managing the organization. A good manager is separated from a bad manager by the decisions that are made. The diversity of decisions makes it difficult, if not impossible, to examine and evaluate the ability of a leader to make decisions that will accomplish the organizational mission while ensuring the welfare of the people in it (Nonaka & Takeuchi, 1995).

Decisions are based upon an individual's morals, integrity, and values. In discussing decision-making, it is important to concentrate on one or more of three factors: (a) the decision-making process, (b) the decision-maker, and (c) the decision itself.

Ofstad (1961: 5) stated alternative definitions in the following passage: To say that a person has made a decision may mean (1) that he has started a series of behavioral reactions in favor of something, or it may mean (2) that he has made up his mind to do a certain action, which he has no doubts that he should do. But perhaps the most common use of the term among leaders is this: to make a decision means (3) to make a judgment regarding what one ought to do in a certain situation after having deliberated on some alternative courses of action.



Schull, Delbecq, and Cummings (1970) defined the decision process as a conscious and human process involving both individual and social phenomena. It is based upon factual and value premises that include a choice of one behavioral activity from among one or more alternatives with the intention of moving toward some desired state of affairs.

Simon (1976), in his classic work on science of management decision-making, treated decision-making as a process synonymous with the whole process of management. Simon enunciated three phases of decision-making: finding occasions for making decisions, finding possible courses of action, and choosing among the courses of action.

Emory and Niland (1968) viewed a decision as only one step in an intellectual process of differentiating among relevant alternatives. They further explained that it is the point of selection and commitment - the decision-maker chooses the preferred purpose, the most reasonable task statement, or the best course of action.

Eilon (1971) accurately observed that most of the definitions of a decision indicate that the decision-maker has several alternatives and that his choice involves a comparison between these alternatives and an evaluation of their outcome. For purposes of this study, therefore, decision making is defined as a moment in time, as a part of an ongoing process of examining and evaluating alternatives where expectations in reference to a course of action led the

decision-maker to select the course of action that will best fulfill the requirements of the objective.

The decision-making process is based primarily upon the values that are held by a leader and how these values affect the leader's judgment. The leader's values make up the ethical standards that leaders use in making decisions and are, therefore, a key component of the leadership methodology.

Johnson & Scholes (1997) in their book *Exploring Corporate Strategy*, define Strategic decisions as below:

1. Strategic decisions are likely to affect the long-term direction of an organization.
2. Strategic decisions are normally about trying to achieve some advantage for the organization.
3. Strategic decisions are likely to be concerned with the scope of an organization's activities: Does (and should) the organization concentrate on one area of activity, or does it have many? The issue of scope of activity is fundamental to strategic decisions because it concerns the way in which those responsible for managing the organization conceive its boundaries. It is to do with what they want the organization to be like and to be about

Wheelen & Hunger (2010) said Strategic decision making deals with the long-run future of the entire organization and have three characteristic:

1. Rare: Strategic decisions are unusual and typically have no precedent to follow.

2. Consequential: Strategic decisions commit substantial resources and demand a great deal of commitment.
3. Directive: strategic decisions set precedents for lesser decisions and future actions throughout the organization.

Mintzberg & Quinn (1996) Characteristics Strategic Decisions as:

1. Strategic decisions have major resource propositions for an organization. These decisions may be concerned with possessing new resources, organizing others or reallocating others.
2. Strategic decisions deal with harmonizing organizational resource capabilities with the threats and opportunities.
3. Strategic decisions deal with the range of organizational activities. It is all about what they want the organization to be like and to be about.
4. Strategic decisions involve a change of major kind since an organization operates in an ever-changing environment.
5. Strategic decisions are complex in nature.
6. Strategic decisions are at the top most level, are uncertain as they deal with the future, and involve a lot of risk.
7. Strategic decisions are different from administrative and operational decisions. Administrative decisions are routine decisions which help or rather facilitate strategic decisions or operational decisions. Operational decisions are technical decisions which help execution of strategic decisions. To reduce cost is a strategic decision which is achieved through operational decision of

reducing the number of employees and how we carry out these reductions will be administrative decision.

According to Henry Mintzberg (1973), the most typical approaches or modes of strategic decision making are entrepreneurial, adaptive and planning.

**Entrepreneurial mode:** where formulation of strategy is done by a single person, focus is on opportunities and growth. Advantage is the speed with which strategy can be formulated and implemented. Disadvantage is that does not consider problems that may arise in the processes. Strategy is characterized by bold decisions.

**Adaptive mode:** it is characterized by reactive solutions than proactive search for new opportunities. Example: introduction of customized personal computers in response to DELL in Indian market or coke. This results in fragmented strategy for incremental improvement.

**Planning mode:** this involves systematic information gathering for situational analysis generating alternate strategies and selection of appropriate strategy. This mode includes both reactive and proactive solutions to current problems. Ex: entry of MNCs in the automotive markets in India made the lead player Maruti Suzuki come out with new models and slowdown production of non moving models

## (2-5): Previous Studies

**Densie** (1997) under title “**Consumer Health Informatics and Patient Decision-making**”. Aimed to explain the patient health informatics tools can potentially empower patients to make more informed choices; there is limited empirical evidence of the outcomes of their use and of their overall value. Few controlled and comparative studies exist on the effectiveness of tools intended to inform patients about their medical choices, treatment alternatives, and the risks and benefits of alternatives according to a study by Research Triangle Institute for the Agency for Health Care Policy and Research (AHCPR). The study looked at tools that include interactive computer discs, videotapes, audiotapes, brochures, and computer-generated fact sheets to help patients make decisions about medical screening and treatment. According to the study, most research has looked more at the effects of the tools on patient knowledge and satisfaction than on patient-clinician communications and health behavior and outcomes.

**Dooley & Fryxell** (1999) under title “**Attaining decision quality and commitment from dissent: the moderating effects of loyalty and competence in strategic decision-making teams**”. Aimed to taking an information-processing perspective through two factors that affect perceptions of trustworthiness within strategic decision-making teams--loyalty and competence--play different roles in enabling dissent to enhance decision quality and build decision commitment. Results from a sample of 86 strategic decision-making teams in U.S. hospitals

indicate that perceptions of loyalty within teams strengthen the relationship between dissent and decision quality. Perceptions of within-team competence strengthen the relationship between dissent and decision commitment.

*Abadleh* (2000) under title "*The obstacles to crisis management in the water sector in Jordan*". Aimed to identify the types of obstacles encountered by the department concerned to confront crises in the water sector in Jordan, and to know the impact of these crises in the sector, and then study the relationship between those with disabilities and the severity of the impact of crises. The study found a set of results to show that the impact of crises in the water sector was high, where the study showed that the following factors with strong influence in the water sector are arranged by decreasing the power of impact (pollution of water sources, water scarcity in the summer, excessive use of water, the increase is not regular in the agricultural area, the cost of providing the citizens with water, dehydration, and the burden posed by water resource planners, and then double the specialized technical competencies). The study recommended attention to economic conditions of the organs of the water sector, and by providing incentives and financial allocations for holding training courses and professional training forces to respond to crises, as well as the need to focus on aspects of organizational and technical (technological) and environmental. And the establishment of specialized information centers linked to effective communication channels with emphasis on

administrative and technical leadership and give them the necessary powers to take appropriate decisions in times of crisis.

**Dooley & Fryxell** (2003) under title "***Environmental dynamism and strategic decision-making rationality: an examination at the decision level***". Aimed to explore environmental dynamism as a contingent predictor of the relationship between rational-comprehensive strategic decision-making and firm-level performance. At the decision level of analysis, however, small sample sizes, low statistical power, and statistical dependence have plagued the research. Through the use of a simulated decision-making environment and multilevel analysis, this study examined 400 decisions from 54 executive teams. Consistent with much of the existing firm-level research, the results indicated that environmental dynamism may moderate the relationship between rational-comprehensive decision making and decision quality. Surprisingly, the form of the relationship differed from much of the firm-level research.

**Sekeres** (2004) under title "***Decision-making and quality of life in older adults with acute myeloid leukemia or advanced myelodysplastic syndrome***". Aimed to explain the older patients with acute myeloid leukemia (AML) and advanced myelodysplastic syndrome (aMDS) must decide between receiving intensive induction chemotherapy (IC) or nonintensive chemotherapy/best supportive care (NIC). Little information exists about what factors influence treatment decisions and what quality of life (QOL) is associated with treatment choices. We prospectively

examined 43 patients 60 years or older who were interviewed at diagnosis and periodically over 1 year. IC choice was associated with younger age (66 vs 76 years,  $P=0.01$ ) and AML diagnosis, but not with performance status, comorbidities, or QOL. In total, 63% of all patients reported not being offered other treatment options despite physician documentation of alternatives. Patient and physician estimates of cure differed significantly: 74% of patients estimated their chance of cure to be 50% or greater, yet for 89% of patients physician estimates of cure were 10% or less. IC patients experienced decreased QOL at 2 weeks, but rebounded to baseline and to NIC levels by 6 weeks. Initial QOL is not associated with treatment choice in older AML and aMDS patients. Regardless of treatment choice, patients report not being offered treatment options and overestimate their chances of cure. In IC patients, QOL decreases during hospitalization but rebounds after discharge.

**Mostafa, et..al**, (2004) under title "***Strategic preparation for crisis management in hospitals: empirical evidence from Egypt***". Aimed to examine Egyptian managers' perceptions of their hospitals' preparation for crisis management. A total of 259 participants completed a 24-item Strategic Preparation for Crisis Management (SPCM) instrument. The instrument was found to be valid and reliable in a non-Western context. The study detected a positive relationship between long-term strategy and crisis readiness. A significant statistical relationship was also found between external strategic orientation and crisis



readiness. Finally, organizational complexity was found to be significantly and negatively associated with perceived crisis readiness.

*Rahman* (2006) under title "*Measuring and explaining the managerial efficiency of private medical clinics in Bangladesh: An exploratory study*". Aimed to: (1) assess the status of the health care services provided by these medical clinics in terms of their technical efficiency; (2) explore the potential cost-savings by eliminating inefficiency; and (3) examine what factors contributed to the inefficiencies. Based on the extended Pareto-Koopmans definition of efficiency and Leibenstein's X-inefficiency theory, this dissertation examined what organizational, clinical-management and environmental factors lead to inefficiency at the medical clinics. I used the Data Envelopment Analysis (DEA) technique to evaluate the efficiency of 202 medical clinics located nationwide. The data was obtained from the Survey of Private Medical Clinics in Bangladesh, a study undertaken by the Ministry of Health and Family Welfare. The Banker Charnes and Cooper model, which measures technical efficiency, was used under the assumption that the clinics may not be operating at the optimal scale level. After the efficiency measures were determined through the DEA model, the efficiency scores were regressed on some explanatory variables to test hypotheses using Tobit analysis. The study found that there is considerable inefficiency in the way medical clinics in the private sector currently operate. The study determined that as much as 1,146 beds, 406 doctors, 600 nurses and 2,475 staff could be reduced if all the clinics

operated at the 'best practice' level. In contrast, an additional 14,386 outpatients, 2,844 surgical patients and 6,404 more gynecological patients could be treated with existing resources. In addition, regression analyses identified a number of variables that were associated with efficiency of the medical clinics. The research revealed that: (1) clinics located in rural areas, accredited by the health directorate and managed by professionals (rather than doctors themselves) were likely to be more efficient; (2) older clinics, possibly entangled with bureaucracy, tended to be less efficient which supported the 'structural inertia' theory of Hannan and Freeman (1984); (3) clinics can improve their efficiency by employing more nurses in the clinics; (4) market competition can drive efficient performance in medical clinics; (5) a positive relationship between efficiency and profitability, suggesting that clinics could increase their profitability by being more efficient.

**Qutop** (2007) under title "*The effectiveness of management information systems and their impact on crisis management: a field study in industrial companies of Jordan*". Amid to identify the de effectiveness of systems parameters management in the management of industrial companies in Jordan to the crises that were exposed, the study showed that the influence of the effectiveness of management information systems in the management of industrial companies of the crises they face. The impact of effective management information systems varied in each stage of the management of these companies to the crises that are exposed, and that more elements of influence which: the volume of use, which was

its impact on all stages of crisis management with the exception of the discovery phase of warning signals, and respond to emerging changes which had its impact on all phases of crisis management with the exception of the stage of learning, the study provided a set of recommendations to assist management in dealing with crises that can pass by.

*Preston, et..al*, (2008) under title "***Examining the Antecedents and Consequences of CIO Strategic Decision-Making Authority: An Empirical Study***". In this study, the researchers apply the theory of managerial discretion to define CIO strategic decision-making authority and argue that the CIO's level of strategic decision-making authority directly influences IT's contribution to organization performance. We also draw on the power and politics perspective in the strategic decision-making literature to identify the direct antecedents to the CIO's strategic decision-making authority. A theoretical model is presented and empirically tested using survey data collected from a cross-industry sample of 174 matched pairs of CIOs and top business executives through structural equation modeling. The results suggest that organizational climate, organizational support for IT, the CIO's structural power, the CIO's level of strategic effectiveness, and a strong partnership between the CIO and top management team directly influence the CIO's level of strategic decision-making authority within the organization. The results also suggest that the CIO's strategic decision-making authority in the organization directly influences the contribution of IT to firm performance and that

effective CIOs have a greater influence on IT's contribution when provided with strategic decision-making authority.

*Helbig, et..al, (2009) under title “Quality management: reduction of waiting time and efficiency enhancement in an ENT-university outpatients' department”.*

Aimed at simplification of planning and scheduling patient appointments, on the other hand at fulfilling all requirements of efficiency and treatment quality. As to understanding procedure and problem solving activities, the responsible project group strictly proceeded with four methodical steps: actual state analysis, analysis of causes, correcting measures, and examination of effectiveness. Various methods of quality management, as for instance opinion polls, data collections, and several procedures of problem identification as well as of solution proposals were applied. All activities were realized according to the requirements of the clinic's ISO 9001:2000 certified quality management system. The development of this project is described step by step from planning phase to inauguration into the daily routine of the clinic and subsequent control of effectiveness. Five significant problem fields could be identified. After an analysis of causes the major remedial measures were: installation of a patient telephone hotline, standardization of appointment arrangements for all patients, modification of the appointments book considering the reason for coming in planning defined working periods for certain symptoms and treatments, improvement of telephonic counselling, and transition to flexible time planning by daily updates of the appointments book. After

implementation of these changes into the clinic's routine success could be demonstrated by significantly reduced waiting times and resulting increased patient satisfaction.

*Kresta* (2009) under title "***Employee satisfaction and efficiency in the public organizations: challenges for management strategies in social work***". Employee satisfaction and efficiency in the public organizations – challenges for management strategies in social work Public organizations in Denmark are under strong pressure as a result of higher demands on efficiency and scarcity of labor. This has created new challenges for public management. For this reason the Danish government has formulated a reform to secure high standards in public management. Among other suggestions the Danish government proposes to implement management strategies developed in the private sector. On the basis of this reform the present thesis will analyze the concepts employee satisfaction and efficiency in relation to four management strategies. These concepts are selected in accordance with an understanding that employee satisfaction is necessary in order to develop good workplaces, and because efficiency is a keyword in modern management strategies. Furthermore, this thesis will query that these management strategies are developed to a sector which has very different working conditions as well as very different responsibilities in comparison with the characteristics of social work. The purpose of this thesis is therefore to investigate how the modern management strategies incorporate the concepts employee satisfaction and

efficiency and what difficulties arise in the focus points of the management strategies, when the production consist of social work and takes place in the public organizations? The approach to the analysis is discourse analytic. Four management strategies are analyzed in relation to the concepts employee satisfaction and efficiency as well as the concepts and phrases which the management strategies find pivotal. The four management strategies are: Results-based management,

*Cheng, et.al*, (2010) under title "***A framework for strategic decision making and performance among Chinese managers strategies***". This study develops an integrative model that explains the relationship between Chinese culture, managers' strategic decision making (SDM) processes, and organizational performance. For the study 1200 participants were randomly selected from a business club's company register, resulting in 204 valid respondents. The results highlighted two significant SDM paths used by managers: (1) the cognitive-speed path, which suggested that Overseas Chinese managers (the Chinese who live outside of Mainland China) focus on the big picture, draw analogies from past experiences, and use extensive networks to reduce the duration of the decision process; and (2) the social-political path which shows that Overseas Chinese managers focus on collective interests, strive to maintain harmony, and to save face while using a collaborative style to handle conflict; this approach reduces dysfunctional political behavior, while reinforcing the decision team's focus on

common goals. From these results we concluded that a speedier decision making process (based on intuition, experience, and networks) accompanied by the appropriate use of political behavior (that created harmony, through a hierarchical structure, during conflict management) in the Overseas Chinese managers' strategic decision making process could positively influence organizational performance.

*Toney, et.al*, (2011) under title "***The Relationship Between Practice Management Standards and Outcomes, Efficiency and Cost Effectiveness in the Treatment of Patients with Shoulder Impairments***". The purpose of this study was to compare physical therapy outcomes, cost and efficiency of treatment for musculoskeletal shoulder impairment when patients were seen by two or fewer treating clinicians versus three or more. Background: In addition to positive clinical outcomes, physical therapy practice must seriously attend to efficiency and cost containment. There is a growing body of literature on this topic, but none simultaneously addresses efficiency, outcomes and continuity of care. Methods and Measures: Data were retrieved from 102 patient records from ten physical therapy outpatient clinics of one health care system; variables measured included demographics, diagnosis, type of insurance, CPT treatment codes, SF-36, number of patient visits, years of experience of treating clinicians, and amount billed. Results: Independent t-tests demonstrated a significant difference in the number of treatment visits (+5.4 visits) between the patient group treated by three or more

clinicians compared to patients treated by two or fewer. Consequently, treatment costs were also higher for this group. Other differences were not statistically significant. Conclusions: Adopting practice standards that minimize the use of three or more clinicians per patient is recommended, along with further study.

**Nakagawa & Yoshihara** (2011) under title "***New indicators based on personnel cost for management efficiency in a hospital***". A simple and fair benchmarking system or financial indicators for use on the clinical department level have been lacking to evaluate the management efficiency and activity of each clinical department or division of a hospital. New financial indicators have therefore been developed based on personnel costs. Indicator 1: The ratio of marginal profit after personnel cost per personnel cost (RMP). Indicator 2: The ratio of investment (=indirect cost) per personnel cost (RIP). The difference between RMP and RIP demonstrates the operation profit in US Dollars for personnel cost (OPP). A turning point in profitability similar to the break-even point (BEP) and break-even ratio (BER) could be also defined by the combination of the RMP and RIP. The merits of these two indicators are not only the ability to indicate the relationship between the medical profit and the investments in the hospital, but also the capability to demonstrate such indicators as BEP, BER and OPP on a single graph. The two indicators were applied to the hospitals in the National Hospital Organization and to the clinical department in one hospital. Using these two indicators, it was possible to evaluate the management efficiency and medical activity not only in the



whole hospital but also in each department and DPC/DRG group. This will be of use to a manager of a hospital in checking the management efficiency of his/her hospital despite the variations among hospitals, departments and divisions.

**Suresh** (2011) under title "*Efficiency of Currency Management and Policy Implications in the Indian Banking Scenario*". This research performed through 18 issue offices of the Reserve Bank and a wide network of 4195 currency chests, 488 repositories and 3562 small coin depots managed by banks and Government treasuries. Reflecting the Reserve Bank's clean note policy, there was larger withdrawal of soiled notes from circulation alongside higher supply of fresh notes. Expenditure incurred on security printing increased primarily due to higher supply of fresh notes. Counterfeit notes detected during 2009-10 were of the same magnitude as in the previous year. The systems for prevention and detection of counterfeit notes being strengthened on a continuous basis by enhancing the security features of the currency notes, creating greater public awareness, simplifying the administrative and legal arrangements to encourage reporting of counterfeit notes and enhancing the use of technology in banks. This paper discusses the various measures adapted by Reserve Bank of India (RBI) in preserving public confidence in the currency.

*Balatbat, et.al*, (2011) under title "**Management efficiency performance of construction businesses: Australian data**". Aims to present a study of the comparative management efficiency performance of construction companies. Design/methodology/approach - Publicly listed Australian construction companies over the ten-year period 1998-2007 are examined. Performance is compared with a select number of "blue chip" companies as a benchmark. In total, 19 management efficiency measures are used including asset management ratios, debt and safety ratios, and cash flow ratios. The construction companies used in the study engage in work covering the full range of construction activities. The results indicate that construction companies perform as well as, and in some cases better than, other businesses, dispelling some of the misconceptions about construction businesses.

*Citroen* (2011) under title "**The role of information in strategic decision-making**". Aims to investigate in this paper the way information is obtained, analyzed, judged and applied by executives in industry that have to take strategic decisions. The researcher interviewed executives from thirteen companies in The Netherlands and in Germany about the stages in the decision process that they followed in thirty two recent decisions they had to make. We found that executives that follow a rational approach collect and use ample information in a structured decision-making process passing through a number of distinct phases in time. In this process, information plays a crucial role in reducing uncertainty. Over all

discussions held, the aspect of the quality of the information used by the board was stressed. We could only obtain circumstantial evidence of changes in the decision making process caused by developments in new information acquisition and analysis methods such as use of the Internet becoming common practice. But we can affirm that with more relevant information available, discussions in the boardroom on issues affecting the choices and alternatives can now be better controlled and rational decision-making is thus facilitated.

**WING TO** (2011) under title “***Factors Affecting the Efficiency of Human Resource Utilization in Shopping Centre Management***”. Aimed to investigate how corporate business strategies, as reflected in the perceptions and beliefs of shopping centre managerial staff, affect management efficiency, which is defined as efficiency of human resource utilization in shopping centre management.

The researcher measures the management efficiency of a shopping centre’s management by comparing inputs and outputs using Data Envelopment Analysis (DEA). The inputs are defined as the different types of human resources utilized to manage a shopping centre, while outputs are measured by the rental value per floor area holding a range of exogenous factors constant. These exogenous factors include location attributes and physical characteristics of the shopping centres. Data on inputs and the beliefs and perceptions of managerial staff at different levels were collected by questionnaire surveys followed up by telephone calls and interviews. The researcher collected data from 106 shopping centres

located along the Mass Transit Railway lines. At the strategic level, we found that management that focused on satisfying the needs of shoppers rather than those of tenants was more efficient. However, whether management adopted a centralized or decentralized approach to shopping centre management had no impact on management efficiency. Management that aimed to maximize short term rental income and that which focused on achieving longer term branding effects had similar levels of management efficiency. For leasing and marketing management, we found that management that focused on achieving a planned optimal tenant mix was more efficient. Contrary to most people's beliefs, management that believed in maximizing customer flow was less efficient. Our empirical data also suggested that the professional qualifications of leasing and marketing staff were not important as far as the efficiency of shopping centre management was concerned. At the operational level of property and facilities management, we found that shopping centres were more efficiently managed if management at this level believed that professional qualifications were important for property and facilities management, which was in sharp contrast with the findings for leasing and marketing management.

## (2-6): Study Contribution to knowledge

To clarify what distinguishes the current study from previous studies, some comparisons have been made, which are presented as follows:

1. Concerning the environment, all studies have been mainly conducted in American, European and Asian countries. In contrast, the current study was carried in an Arab country, namely Iraq.
2. In terms of objectives, previous studies aimed to clarify the effect or relationship between variables, while the current study is concerned to verify the impact of Managers Efficiency on Quality of Strategic Decision making under Crises Management at Private Hospitals in Baghdad.

In addition, an overview of the broad bodies of literature reveals that there is a lack of extensive research on this subject, this study is an attempt to bridge this certain gap.

## **CHAPTER THREE**

### **Method and Procedures**

(3-1): Introduction

(3-2): Study Methodology

(3-3): Study Population and Sample

(3-4): Demographic Variables to Study Sample

(3-5): Study Tools and Data Collection

(3-6): Statistical Treatment

(3-7): Validity and Reliability

### (3-1): Introduction

In this chapter the researcher will describe in detail the methodology used in this study, and the study population and its sample. Next, the researcher explains the study tools and the way of data collections. After that, she discusses the statistical treatment that is used in analysis of the collected data. In the final section the validation of the questionnaire and the reliability analysis that is applied will be clearly stated.

### (3-2): Study Methodology

Descriptive research involves collecting data in order to test hypotheses or to answer questions concerned with the current status of the subject of the study. Typical descriptive studies are concerned with the assessment of attitudes, opinions, demographic information, conditions, and procedures. The research design chosen for the study is the survey research. A survey is an attempt to collect data from members of a population in order to determine the current status of that population with respect to one or more variables. The Survey research of knowledge at its best can provide very valuable data. It involves a careful design and execution of each of the components of the research process.

The researcher designed a survey instrument that could be administered to selected subjects. The purpose of the survey instrument was to collect data

concerning respondent's attitudes towards Managers Efficiency, crises and Quality of Strategic Decision- making.

### **(3-3): Study Population and Sample**

To increase credibility, it is important to choose the sample that will represent the population under investigation. The populations of the study are private hospitals in Iraq that is (25). On the other hand, the researcher chooses a random sample consists of (100) managers (administrative and physicians) in private hospitals in Iraq.

After distributing (100) questionnaires of the study sample, a total of (78) answered questionnaires were retrieved, of which (12) were invalid, Therefore, (66) answered questionnaires were valid for study.

### **(3-4): Demographic Variables to Study Sample**

Table (3-1) shows the demographic variables of the study sample (Age; Gender; Education level; Experience; Scientific Specialization according to Certificate and Job Title).



Table (3-1)

Descriptive sample of the demographic variables of the study

No.	Variables	Categorization	Frequency	Percent
1	Age	30 years or less	6	9.1
		From 31 – 40 Years	31	47
		From 41 – 50 years	7	10.6
		51 Years More	22	33.3
<i>Total</i>			66	100%
2	Gender	Male	47	71.2
		Female	19	28.8
<i>Total</i>			66	100%
3	Educate Level	BSc	40	60.6
		High Diploma or Master	18	27.3
		PhD	8	12.1
<i>Total</i>			66	100%
4	Experience	5 Years or Less	31	47
		From 6 – 10 Years	14	21.2
		From 11 – 15 years	6	9.1
		16 Years More	15	22.7
<i>Total</i>			66	100%
5	Scientific Specialization According to Certificate	Medical Science	27	40.9
		Managerial Science	39	59.1
<i>Total</i>			66	100%
6	Job Title	Medical Managers	23	34.8
		Managerial Managers	43	65.2
<i>Total</i>			66	100%

Table (3-1) the results of descriptive analysis of demographic variables of respondent members of the study sample. The table shows that the (56.1%) of the sample ranged below (41) years. Whereas the (43.9%) of the study sample ranged from (41) to more than (51) years. On the other side the (71.2%) of the study sample is male and (28.8%) is female. The educational level; all members of the study sample have a scientific qualification which is a good sign in adopting the high educational qualifications to accomplish the work in the hospitals in Iraq. Descriptive analysis for the Years of experience of the member's respondent from the study sample. The table shows that the experience of 5 years or less (47%), and experience from 6 -10 years (21.2%), from 11-15 years (9.1%), finally above 16 more (22.7%). At the same time Scientific Specialization According to Certificate of the respondent members from the study sample Indicates that Medical Science (40.9%), and Managerial Science (59.1%). Finally, the analysis of the job title represents that the (34.8%) from the sample of the study are medical managers and (65.2%) managerial managers.

### **(3-5): Study Tools and Data Collection**

The current study is two fold, theoretical and practical. In the theoretical side, the researcher relied on the scientific studies that are related to the current study. Whereas in the practical side, the researcher relied on descriptive and analytical methods using the practical manner to collect, analyze data and test hypotheses.

The data collection, manners analysis and programs used in the current study are based on two sources:

1. Secondary sources: books, journals, theses are used to write the theoretical framework of the study.
2. Primary source: a questionnaire that was designed to reflect the study objectives and questions.

In this study, both primary and secondary data were used. The data collected for the model were through questionnaire. After conducting a through review of the literature pertaining to Managers Efficiency, crises and Quality of Strategic Decision- making, the researcher formulated the questionnaire instrument for this study. The questionnaire instrumental sections are as follows:

Section One: **Demographic variables**. The demographic information was collected with closed-ended questions, through (6) factors (Age; Gender; Education level; Experience; Scientific Specialization according to Certificate and Job Title)

Section Two: **Managers Efficiency**. This section measured the Managers Efficiency through (5) dimensions (Employee Satisfaction about Work, Idealized Influence, Professional Growth of Staff, Intellectual Advice & Empowerment) each dimension measure through (5) on a Likert-type scale as follows:

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5	4	3	2	1

Section Three: ***Crises Management***. This section measured the Crises through (5) items on a Likert-type scale as follows:

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5	4	3	2	1

Section Four: ***Quality of Strategic Decision- Making***. This section measured through (3) dimensions (Exceptional, Continuity & Guidance) to measure the Quality of Strategic Decision- Making through (15) items (5) items for each dimension on a Likert-type scale as follows:

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5	4	3	2	1

### (3-6): Statistical Treatment

The data collected from the responses of the study questionnaire were used through *Statistical Package for Social Sciences (SPSS)* & Amos for analysis and conclusions. Finally, the researcher used the suitable statistical methods that consist of:

- *Percentage and Frequency*.
- *Cronbach Alpha reliability ( $\alpha$ )* to measure strength of the correlation and coherence between questionnaire items.
- *Arithmetic Mean* to identify the level of response study sample individuals to the study variables.

- *Standard Deviation* to Measure the responses spacing degree about Arithmetic Mean.
- Simple Regression analysis to Measure the impact of study variables on testing the direct effects.
- Path Analysis to testing the indirect effects
- Relative importance, assigning due to:

$$\text{Class Interval} = \frac{\text{Maximum Class} - \text{Minimum Class}}{\text{Number of Level}}$$

$$\text{Class Interval} = \frac{5 - 1}{3} = \frac{4}{3} = 1.33$$

The Low degree from 1- less than 2.33

The Medium degree from 2.33 – 3.66

The High degree from 3.67 and above.

### (3-7): Validity and Reliability

#### *(3-7-1): Validation*

To test the questionnaire for clarity and to provide a coherent research questionnaire, a macro review that covers all the research constructs was accurately performed by academic reviewers from Middle East University specialized in Business Administration, Marketing, and information system. Some items were added, based on their valuable recommendations. Some others were reformulated to become more accurate and that is expected therefore to enhance the research instrument.

The academic reviewers are (5) and the overall percentage of respond is (100%), (see appendix “2”).

### *β-7-2): Study Tool Reliability*

The reliability analysis applied to the level of Cronbach Alpha ( $\alpha$ ) is the criteria of internal consistency which was at a minimum acceptable level (Alpha  $\geq$  0.60) suggested by (Sekaran, 2003). The overall Cronbach Alpha ( $\alpha$ ) = (0.947). Whereas the High level of variables cronbach alpha ( $\alpha$ ) is to Quality of Strategic Decision- Making = (0.925). The lowest level of cronbach alpha ( $\alpha$ ) is to Crises = (0.712). These results are the acceptable levels as suggested by (Sekaran, 2003). The results were shown in Table (3-2).

Table (3-2)

#### Reliability of Questionnaire Dimensions

<i>No.</i>	<i>Dimensions</i>	<i>Alpha Value (<math>\alpha</math>)</i>
1	Managers Efficiency	0.873
1 - 1	<i>Employee Satisfaction about Work</i>	<i>0.845</i>
1 - 2	<i>Idealized Influence</i>	<i>0.865</i>
1 - 3	<i>Professional Growth of Staff</i>	<i>0.802</i>
1 - 4	<i>Intellectual Advice</i>	<i>0.757</i>
1 - 5	<i>Empowerment</i>	<i>0.787</i>
2	Crises	0.712
3	Quality of Strategic Decision- Making	0.925
3 - 1	<i>Exceptional</i>	<i>0.864</i>
3 - 2	<i>Continuity</i>	<i>0.823</i>
3 - 3	<i>Guidance</i>	<i>0.842</i>
<i>Total</i>		<i>0.947</i>

## **CHAPTER FOUR**

### **Analysis Results & Hypotheses Test**

**(4-1): Introduction**

**(4-2): Descriptive analysis of study variables**

**(4-3): Study Hypotheses Test**

## (4-1): Introduction

According to the purpose of the research and the research framework presented in the previous chapter, this chapter describes the results of the statistical analysis for the data collected according to the research questions and research hypotheses. The data analysis includes a description of the Means and Standard Deviations for the questions of the study; Multi, Simple Linear and Regression analysis and path analysis used.

## (4-2): Descriptive analysis of study variables

### (4-2-1): *Managers Efficiency (Employee Satisfaction about Work)*

The researcher used the arithmetic mean, standard deviation, item importance and importance level as shown in Table (4-1).



Table (4-1)  
Arithmetic mean, SD, item importance and importance level of Employee  
Satisfaction about Work

No.	Employee Satisfaction about Work	Mean	St.D	t- value Calculate	Sig	Item importance	Importance level
1	Employees at hospitals show satisfaction about the way the hospital is running.	3.89	0.86	8.429	0.000	2	High
2	The relationship between administrators and employees at the hospital Characterize strength and openness.	3.83	0.87	7.784	0.000	3	High
3	Incentive systems that is set by the hospital administration, helps employees loyalty.	3.62	1.42	3.548	0.001	4	Medium
4	The Manager of the hospital provides freedom for employees.	4.29	0.82	12.785	0.000	1	High
5	There is an impression of satisfaction that employees have about the payment system that is specified by the hospital administration.	3.55	1.36	3.256	0.002	5	Medium
<b>General Arithmetic mean and standard deviation</b>		3.84	1.07				

t- Value Tabulate at level ( $\alpha \leq 0.05$ ) (1.668)

t- Value Tabulate was calculated based on Assumption mean to item that (3)

Table (4-1) clarifies the importance level of Employee Satisfaction about Work, where the arithmetic means range between (3.55 - 4.29) compared with General Arithmetic mean amount of (3.84). We observe that the highest mean for the item "***The Manager of the hospital provides freedom for employees***" with arithmetic mean is (4.29), Standard deviation is (0.82). The lowest arithmetic mean was for the item "***There is an impression of satisfaction that employees have about the payment system that is specified by the hospital administration***" With Average (3.55) and Standard deviation (1.36). In general, it appears that the Importance level of Employee Satisfaction about Work in private hospitals in Iraq under study from the study sample viewpoint was high.

#### (4-2-2): *Managers Efficiency (Idealized Influence)*

The researcher used the arithmetic mean, standard deviation, item importance and importance level as shown in Table (4-2).

Table (4-2)

Arithmetic mean, SD, item importance and importance level of Idealized Influence

No.	Idealized Influence	Mean	St.D	t- value Calculate	Sig	Item importance	Importance level
6	The Manager gives you priority to build a set of common values in your workplace	3.67	0.81	6.685	0.000	4	High
7	The Manager characterizes a high ability of revealing the future at your workplace	3.64	1.06	5.122	0.000	5	Medium
8	The Manager provides a climate which makes his staff feel comfortable working under his leadership.	3.86	0.88	8.018	0.000	3	High
9	The Manager works on activating employees potential, in your workplace	4.15	0.86	10.832	0.000	1	High
10	The Manager encourages employees to achieve excellence in their performance to achieve objectives	4.00	1.01	8.062	0.000	2	High
<b>General Arithmetic mean and standard deviation</b>		3.86	0.92				

t- Value Tabulate at level ( $\alpha \leq 0.05$ ) (1.668)

t- Value Tabulate was calculated based on Assumption mean to item that (3)

Table (4-2) Clarifies the importance level of Idealized Influence, where the arithmetic means range between (3.64 - 4.15) compared with General Arithmetic mean amount of (3.86). We observe that the highest mean for the item "**The Manager works on activating employees potential, in your workplace**" with arithmetic mean (4.15), Standard deviation (0.86). The lowest arithmetic mean was for the item "**The Manager characterizes a high ability of revealing the future at your workplace**" With Average (3.64) and Standard deviation (1.06). In general,

it appears that the Importance level of Idealized Influence in private hospitals in Iraq under study from the study sample viewpoint was high.

#### **(4-2-3): Managers Efficiency (Professional Growth of Staff)**

The researcher used the arithmetic mean, standard deviation, item importance and importance level as shown in Table (4-3).

Table (4-3)

Arithmetic mean, SD, item importance and importance level of Professional Growth of Staff

No.	Professional Growth of Staff	Mean	St.D	t- value Calculate	Sig	Item importance	Importance level
11	The Manager of the hospital is interested in providing specialized staff that cover the needs of Patients	4.47	0.50	23.742	0.000	1	High
12	The Manager encourages the staff to participate in professional activities outside the hospital	4.12	0.79	11.465	0.000	4	High
13	The Manager of the hospital attaches the staff in continues training and development courses	4.42	0.75	15.521	0.000	2	High
14	The Manager encourages the staff of the hospital by including them in events that will assist them in their professional growth	3.65	0.90	5.862	0.000	5	Medium
15	The Manager of the hospital cares for the staff that uses modern technology in their work	4.41	0.82	14.044	0.000	3	High
<b>General Arithmetic mean and standard deviation</b>		4.22	0.75				

t- Value Tabulate at level ( $\alpha \leq 0.05$ ) (1.668)

t- Value Tabulate was calculated based on Assumption mean to item that (3)

Table (4-3) clarifies the importance level of Professional Growth of Staff, where the arithmetic means range between (3.65 - 4.47) compared with General Arithmetic mean amount of (4.22). We observe that the highest mean for the item **"The Manager of the hospital is interested in providing specialized staff that**

***covers the needs of Patients***" with arithmetic mean (4.47), Standard deviation (0.50). The lowest arithmetic mean was for the item ***"The Manager encourages the staff of the hospital by including them in events that will assist them in their professional growth"*** With Average (3.65) and Standard deviation (0.90). In general, it appears that the Importance level of Professional Growth of Staff in private hospitals in Iraq under study from the study sample viewpoint was high.

#### ***(4-2-4): Managers Efficiency (Intellectual Advice)***

The researcher used the arithmetic mean, standard deviation, item importance and importance level as shown in Table (4-4).

Table (4-4)

Arithmetic mean, SD, item importance and importance level of Intellectual Advice

No.	Intellectual Advice	Mean	St.D	t- value Calculate	Sig	Item importance	Importance level
16	A Manager continuously consolidates the concept of participation among employees.	3.80	0.59	11.103	0.000	3	High
17	A Manager provides new ways for his staff to deal with complex problems in work areas	4.11	0.91	9.835	0.000	1	High
18	A Manager continuously identifies what the staff would like to achieve it in their careers	3.98	0.90	8.862	0.000	2	High
19	A Manager can make the staff re-think the ideas that have not been previously discussed	3.52	0.81	5.177	0.000	5	Medium
20	A Manager can encourage employees to participate in decision-making	3.61	1.23	4.015	0.000	4	Medium
<b>General Arithmetic mean and standard deviation</b>		3.80	0.89				

t- Value Tabulate at level ( $\alpha \leq 0.05$ ) (1.668)

t- Value Tabulate was calculated based on Assumption mean to item that (3)

Table (4-4) clarifies the importance level of Intellectual Advice, where the arithmetic means range between (3.52 - 4.11) compared with General Arithmetic mean amount of (3.80). We observe that the highest mean for the item "**A Manager provides new ways for his staff to deal with complex problems in work areas**" with arithmetic mean (4.11), Standard deviation (0.91). The lowest arithmetic mean was for the item "**A Manager can make the staff re-think the ideas that have not been previously discussed**" With Average (3.52) and Standard deviation (0.81). In general, it appears that the Importance level of Intellectual Advice in private hospitals in Iraq under study from the study sample viewpoint was high.

#### (4-2-5): Managers Efficiency (Empowerment)

The researcher used the arithmetic mean, standard deviation, item importance and importance level as shown in Table (4-5).

Table (4-5)

Arithmetic mean, SD, item importance and importance level of Empowerment

No.	Empowerment	Mean	St.D	t- value Calculate	Sig	Item importance	Importance level
21	A Manager provides a comprehensive view of work, leaving the largest margin for workers to implement it	3.23	0.92	1.997	0.050	5	Medium
22	A Manager can exercise the delegation of power based on Scientific basis	3.61	0.82	6.001	0.000	4	Medium
23	A Manager establishes standards for employees that are capable of being done and accomplished	4.09	0.52	17.103	0.000	2	High
24	A Manager confirms the need to equal power and responsibility when authorizing some of his powers	3.79	0.87	7.370	0.000	3	High
25	A Manager encourages employees to take responsibility	4.55	0.50	25.023	0.000	1	High
<b>General Arithmetic mean and standard deviation</b>		3.85	0.73				

t- Value Tabulate at level ( $\alpha \leq 0.05$ ) (1.668)

t- Value Tabulate was calculated based on Assumption mean to item that (3)

Table (4-5) clarifies the importance level of Empowerment, where the arithmetic means range between (3.23 - 4.55) compared with General Arithmetic mean amount of (3.85). We observe that the highest mean for the item "**A Manager encourages employees to take responsibility**" with arithmetic mean (4.55), Standard deviation (0.50). The lowest arithmetic mean was for the item "**A Manager provides a comprehensive view of work, leaving the largest margin for workers to implement it**" With Average (3.23) and Standard deviation (0.92). In general, it appears that the Importance level of Empowerment in private hospitals in Iraq under study from the study sample viewpoint was high.

#### **(4-2-6): Crises**

The researcher used the arithmetic mean, standard deviation, item importance and importance level as shown in Table (4-6).

Table (4-6)

Arithmetic mean, SD, item importance and importance level of Crises

No.	Crises	Mean	St.D	t- value Calculate	Sig	Item importance	Importance level
26	A hospital has the ability to continue providing its services despite the circumstances that are lived in Iraq	4.56	0.50	25.351	0.000	1	High
27	Hospital management responds immediately to contain the crisis by distributing tasks and determining authorities in appropriate short timing.	4.03	0.55	15.113	0.000	2	High
28	Hospital management prepares appropriate operation rooms that are equipped with modern techniques to contain damages and causes of crises	3.83	1.26	5.374	0.000	4	High
29	Hospital Management takes all necessary procedures to mitigate the effects of crises and insure reduction of its continuation	3.79	1.03	6.211	0.000	5	High
30	Hospital management assesses previous crisis plans and programs in means of developing and improving them.	3.97	1.07	7.386	0.000	3	High
<b>General Arithmetic mean and standard deviation</b>		4.04	0.88				

t- Value Tabulate at level ( $\alpha \leq 0.05$ ) (1.668)

t- Value Tabulate was calculated based on Assumption mean to item that (3)

Table (4-6) clarifies the importance level of Crises about Work, where the arithmetic means range between (3.79 - 4.56) compared with General Arithmetic mean amount of (4.04). We observe that the highest mean for the item "***A hospital has the ability to continue providing its services despite the circumstances that are lived in Iraq***" with arithmetic mean (4.56), Standard deviation (0.50). The lowest arithmetic mean was for the item "***Hospital Management takes all necessary procedures to mitigate the effects of crises and insure reduction of its continuation***" With Average (3.79) and Standard deviation (1.03). In general, it appears that the Importance level of Crises in private hospitals in Iraq under study from the study sample viewpoint was high.

**(4-2-7): Quality of Strategic Decision- Making (Exceptional)**

The researcher used the arithmetic mean, standard deviation, item importance and importance level as shown in Table (4-7).

Table (4-7)

Arithmetic mean, SD, item importance and importance level of Exceptional

No.	Exceptional	Mean	St.D	t- value Calculate	Sig	Item importance	Importance level
31	Decisions taken at the hospital contribute in providing services in a distinct way.	3.45	1.42	2.608	0.011	5	Medium
32	Decisions taken at the hospital contribute in expanding the horizon of updating and renewal in provision of service.	3.79	1.05	6.123	0.000	3	High
33	Decisions taken at the hospital contribute in renewal the mechanisms of expansion to provide services.	3.89	0.83	8.801	0.000	1	High
34	Decisions taken at the hospital contribute in selecting the type and direction of alliances with other hospitals	3.64	0.80	6.488	0.000	4	Medium
35	Decisions taken at the hospital contribute in renewal means to reduce the costs of providing services.	3.80	0.75	8.713	0.000	2	High
<b>General Arithmetic mean and standard deviation</b>		3.72	0.97				

t- Value Tabulate at level ( $\alpha \leq 0.05$ ) (1.668)

t- Value Tabulate was calculated based on Assumption mean to item that (3)

Table (4-7) clarifies the importance level of exceptional, where the arithmetic means range between (3.45 - 3.89) compared with General Arithmetic mean amount of (3.72). We observe that the highest mean for the item "**Decisions taken at the hospital contribute in renewal the mechanisms of expansion to provide services**" with arithmetic mean (3.89), Standard deviation (0.83). The lowest arithmetic mean was for the item "**Decisions taken at the hospital contribute in providing services in a distinct way**" With Average (3.45) and Standard deviation



(1.42). In general, it appears that the Importance level of exceptional in private hospitals in Iraq under study from the study sample viewpoint was high.

**(4-2-8): Quality of Strategic Decision- Making (Continuity)**

The researcher used the arithmetic mean, standard deviation, item importance and importance level as shown in Table (4-8).

Table (4-8)

Arithmetic mean, SD, item importance and importance level of Continuity

No.	Continuity	Mean	St.D	t- value Calculate	Sig	Item importance	Importance level
36	Decisions taken at the hospital able development and mechanisms for the production of information to increase the quality of the decisions taken.	3.79	0.81	7.867	0.000	3	High
37	Decisions taken at the hospital provide all information to make high quality decisions.	3.65	0.75	7.017	0.000	5	Medium
38	Decisions taken at the hospital provide quantitative and qualitative information with predictive capability that help make decisions regarding the formulation and designs of future plans.	3.76	0.66	9.357	0.000	4	High
39	Decisions taken at the hospital contribute to translate goals into actions and executive programs.	4.29	0.63	16.695	0.000	1	High
40	Decisions taken at the hospital provide standards and indicators that are able to detect deviations.	4.15	0.92	10.218	0.000	2	High
<b>General Arithmetic mean and standard deviation</b>		3.93	0.75				

t- Value Tabulate at level ( $\alpha \leq 0.05$ ) (1.668)

t- Value Tabulate was calculated based on Assumption mean to item that (3)

Table (4-8) clarifies the importance level of Continuity, where the arithmetic means range between (3.65 - 4.29) compared with General Arithmetic mean amount of (3.72). We observe that the highest mean for the item "**Decisions taken at the hospital contribute to translate goals into actions and executive programs**" with arithmetic mean (4.29), Standard deviation (0.63). The lowest

arithmetic mean was for the item "**Decisions taken at the hospital provide all information to make high quality decisions**" With Average (3.65) and Standard deviation (0.75). In general, it appears that the Importance level of Continuity in private hospitals in Iraq under study from the study sample viewpoint was high.

#### (4-2-9): *Quality of Strategic Decision- Making (Guidance)*

The researcher used the arithmetic mean, standard deviation, item importance and importance level as shown in Table (4-9).

Table (4-9)

Arithmetic mean, SD, item importance and importance level of Guidance

No.	Guidance	Mean	St.D	t- value Calculate	Sig	Item importance	Importance level
41	Decisions taken at the hospital contributes a statement of guidance methods to allocate resources on the opportunities available.	3.89	0.95	7.671	0.000	4	High
42	Decisions taken at the hospital contributes a statement of guidance methods that are focus oriented on the expansion of services	3.98	0.90	8.862	0.000	1	High
43	Decisions taken at the hospital contributes a statement of guidance methods that are focus oriented on the diversification of its services.	3.97	0.93	8.492	0.000	2	High
44	Decisions taken at the hospital work to provide information to demonstrate the methods of work planning procedures	3.86	1.05	6.677	0.000	5	High
45	Decisions taken at the hospital work to provide essential information to demonstrate the ways of financial, physical and human resource planning.	3.91	0.85	8.644	0.000	3	High
<b>General Arithmetic mean and standard deviation</b>		3.92	0.94				

t- Value Tabulate at level ( $\alpha \leq 0.05$ ) (1.668)

t- Value Tabulate was calculated based on Assumption mean to item that (3)

Table (4-9) clarifies the importance level of guidance, where the arithmetic means range between (3.86 - 3.98) compared with General Arithmetic mean amount of (3.92). We observe that the highest mean for the item "**Decisions taken**

*at the hospital contributes a statement of guidance methods that are focus oriented on the expansion of services"* with arithmetic mean (3.98), Standard deviation (0.90). The lowest arithmetic mean was for the item "***Decisions taken at the hospital work to provide information to demonstrate the methods of work planning procedures***" With Average (3.86) and Standard deviation (1.05). In general, it appears that the Importance level of guidance in private hospitals in Iraq under study from the study sample viewpoint was high.

### (4-3): Study Hypotheses Test

The researcher in this part tested the main hypotheses, through Multi, Simple Linear Regression analysis with (F) test using ANOVA table and path analysis as follows:

***HO<sub>1</sub>***: There is no significant positive direct impact of Managers Efficiency (*Employee Satisfaction about Work, Idealized Influence, Professional Growth of Staff, Intellectual Advice and Empowerment*) on Quality of Strategic Decision making in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

To test this hypothesis, the researcher uses the multiple regression analysis to ensure the impact of Managers Efficiency on Quality of Strategic Decision making in Private Hospitals in Baghdad. As shown in Table (4-10).

Table (4-10) multiple regression analysis test results of the impact of Managers Efficiency on Quality of Strategic Decision making in Private Hospitals in Baghdad

	(R)	(R <sup>2</sup> )	F Calculate	DF	Sig*	$\beta$	T Calculate	Sig*	
Quality of Strategic Decision making	0.573	0.328	212.582	5	0.000	Employee Satisfaction	0.145	3.930	0.000
				60		Idealized Influence	0.305	5.452	0.000
						Professional Growth of Staff	0.189	3.508	0.001
						Intellectual Advice	0.141	3.575	0.001
				65		Empowerment	0.342	6.357	0.000

\* the impact is significant at level ( $\alpha \leq 0.05$ )

From table (4-10) we observe that there is a significant impact of Managers Efficiency on Quality of Strategic Decision making in Private Hospitals in Baghdad. The  $R$  was (0.573) at level ( $\alpha \leq 0.05$ ). Whereas the  $R^2$  was (0.328). This means the (0.328) of Quality of Strategic Decision making in Private Hospitals in Baghdad changeability's results from the changeability in Managers Efficiency variables. As  $\beta$  was (Employee Satisfaction about Work = 0.145; Idealized Influence = 0.305; Professional Growth of Staff = 0.189; Intellectual Advice = 0.141 and Empowerment = 0.342) this means the increase of one unit in Quality of Strategic Decision making in Private Hospitals in Baghdad concerned will increase Managers Efficiency variables value (Employee Satisfaction about Work = 0.145; Idealized Influence = 0.305; Professional Growth of Staff = 0.189; Intellectual Advice = 0.141 and Empowerment = 0.342). Confirms significant impact F calculate was (212.582) and its significance at level

( $\alpha \leq 0.05$ ), and that confirms invalid first main hypothesis, reject null hypothesis and accepted alternative hypothesis:

There is a significant positive direct impact of Managers Efficiency (*Employee Satisfaction about Work, Idealized Influence, Professional Growth of Staff, Intellectual Advice and Empowerment*) on Quality of Strategic Decision making in Private Hospitals in Baghdad ( $\alpha \leq 0.05$ ).

To ensure the impact of Managers Efficiency variables (Employee Satisfaction about Work, Idealized Influence, Professional Growth of Staff, Intellectual Advice and Empowerment) on Quality of Strategic Decision making in Private Hospitals in Baghdad the researcher divides the main hypothesis into five sub hypotheses, and uses the simple regression analysis to test each sub-hypotheses, as a follows:

**HO<sub>1.1</sub>:** There is no significant positive direct impact of Employee Satisfaction about Work on Quality of Strategic Decision making in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

To test this hypothesis, the researcher uses the simple regression analysis to ensure the impact of Employee Satisfaction about Work on Quality of Strategic Decision making in Private Hospitals in Baghdad. As shown in Table (4-11).

Table (4-11) Simple Regression Analysis test results of the impact of Employee Satisfaction about Work on Quality of Strategic Decision making in Private Hospitals in Baghdad

	(R)	(R <sup>2</sup> )	F Calculate	DF	Sig*	$\beta$	T Calculate	Sig*
Quality of Strategic Decision making	0.273	0.074	5.146	1	0.027	0.200	2.268	0.027
				64				
				65				

\* the impact is significant at level ( $\alpha \leq 0.05$ )

From table (4-11) the researcher observes that there is a significant impact of Employee Satisfaction about Work on Quality of Strategic Decision making in Private Hospitals in Baghdad. The  $R$  was (0.273) at level ( $\alpha \leq 0.05$ ), whereas the  $R^2$  was (0.074). This means the (0.074) of Quality of Strategic Decision making in Private Hospitals in Baghdad changeability's results from the changeability in Employee Satisfaction about Work. As  $\beta$  was (0.200) this means the increase of one unit in Employee Satisfaction about Work concerned will increase Quality of Strategic Decision making in Private Hospitals in Baghdad value (0.200). Confirms significant impact F Calculate was (5.146) and its significance at level ( $\alpha \leq 0.05$ ), and that confirms invalid first sub-hypotheses, reject null hypothesis and accepted alternative hypothesis:

There is a significant impact of Employee Satisfaction about Work on Quality of Strategic Decision making in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>1-2</sub>:** There is no significant positive direct impact of Idealized Influence on Quality of Strategic Decision making in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

To test this hypothesis, the researcher uses the simple regression analysis to ensure the impact of Idealized Influence on Quality of Strategic Decision making in Private Hospitals in Baghdad. As shown in Table (4-12).

Table (4-12) Simple Regression Analysis test results of the impact of Idealized Influence on Quality of Strategic Decision making in Private Hospitals in Baghdad

	(R)	(R <sup>2</sup> )	F Calculate	DF	Sig*	$\beta$	T Calculate	Sig*
Quality of Strategic Decision making	0.636	0.877	454.547	1	0.000	0.793	21.320	0.000
				64				
				65				

\* the impact is significant at level ( $\alpha \leq 0.05$ )

From table (4-12) the researcher observes that there is a significant impact of Idealized Influence on Quality of Strategic Decision making in Private Hospitals in Baghdad. The  $R$  was (0.636) at level ( $\alpha \leq 0.05$ ). Whereas the  $R^2$  was (0.404). This means the (0.404) of Quality of Strategic Decision making in Private Hospitals in Baghdad changeability's results from the changeability in Idealized Influence. As  $\beta$  was (0.793) this means the increase of one unit in Idealized Influence concerned will increase Quality of Strategic Decision making in Private Hospitals in Baghdad value (0.793). Confirms significant impact F Calculate was

(454.547) and its significance at level ( $\alpha \leq 0.05$ ), and that confirms invalid second sub-hypotheses, reject null hypothesis and accepted alternative hypothesis:

There is a significant impact of Idealized Influence on Quality of Strategic Decision making in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>1-3</sub>:** There is no significant positive direct impact of Professional Growth of Staff on Quality of Strategic Decision making in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

To test this hypothesis, the researcher uses the simple regression analysis to ensure the impact of Professional Growth of Staff on Quality of Strategic Decision making in Private Hospitals in Baghdad, as shown in Table (4-13).

Table (4-13) Simple Regression Analysis test results of the impact of Professional Growth of Staff on Quality of Strategic Decision making in Private Hospitals in Baghdad

	(R)	(R <sup>2</sup> )	F Calculate	DF	Sig*	$\beta$	T Calculate	Sig*
Quality of Strategic Decision making	0.787	0.620	104.366	1	0.000	0.325	10.216	0.000
				64				
				65				

\* the impact is significant at level ( $\alpha \leq 0.05$ )



From table (4-13) the researcher observes that there is a significant impact of Professional Growth of Staff on Quality of Strategic Decision making in Private Hospitals in Baghdad. The  $R$  was (0.787) at level ( $\alpha \leq 0.05$ ), whereas the  $R^2$  was (0.620). This means the (0.620) of Quality of Strategic Decision making in Private Hospitals in Baghdad changeability's results from the changeability in Professional Growth of Staff. As  $\beta$  was (0.325) this means the increase of one unit in Professional Growth of Staff concerned will increase Quality of Strategic Decision making in Private Hospitals in Baghdad value (0.325). Confirms significant impact F Calculate was (104.366) and it's significance at level ( $\alpha \leq 0.05$ ), and that confirms invalid third sub-hypotheses, reject null hypothesis and accepted alternative hypothesis:

There is a significant impact of Professional Growth of Staff on Quality of Strategic Decision making in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>1-4</sub>:** There is no significant positive direct impact of Intellectual Advice on Quality of Strategic Decision making in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

To test this hypothesis, the researcher uses the simple regression analysis to ensure the impact of Intellectual Advice on Quality of Strategic Decision making in Private Hospitals in Baghdad. As shown in Table (4-14).

Table (4-14) Simple Regression Analysis test results of the impact of Intellectual Advice on Quality of Strategic Decision making in Private Hospitals in Baghdad

	(R)	(R <sup>2</sup> )	F Calculate	DF	Sig*	$\beta$	T Calculate	Sig*
Quality of Strategic Decision making	0.536	0.287	25.738	1	0.000	0.572	5.073	0.000
				64				
				65				

\* the impact is significant at level ( $\alpha \leq 0.05$ )

From table (4-14) the researcher observes that there is a significant impact of Intellectual Advice on Quality of Strategic Decision making in Private Hospitals in Baghdad. The  $R$  was (0.536) at level ( $\alpha \leq 0.05$ ). Whereas the  $R^2$  was (0.287). This means the (0.287) of Quality of Strategic Decision making in Private Hospitals in Baghdad changeability's results from the changeability in Intellectual Advice. As  $\beta$  was (0.572) this means the increase of one unit in Intellectual Advice concerned will increase Quality of Strategic Decision making in Private Hospitals in Baghdad value (0.572). Confirms significant impact F Calculate was (25.738) and it's significance at level ( $\alpha \leq 0.05$ ), and that confirms invalid fourth sub-hypotheses, reject null hypothesis and accepted alternative hypothesis:

There is a significant impact of Intellectual Advice on Quality of Strategic Decision making in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>1-5</sub>:** There is no significant positive direct impact of Empowerment on Quality of Strategic Decision making in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

To test this hypothesis, the researcher uses the simple regression analysis to ensure the impact of Empowerment on Quality of Strategic Decision making in Private Hospitals in Baghdad. As shown in Table (4-15).

Table (4-15) Simple Regression Analysis test results of the impact of Empowerment on Quality of Strategic Decision making in Private Hospitals in Baghdad

	(R)	(R <sup>2</sup> )	F Calculate	DF	Sig*	$\beta$	T Calculate	Sig*
Quality of Strategic Decision making	0.498	0.248	21.076	1	0.000	0.631	4.591	0.000
				64				
				65				

\* the impact is significant at level ( $\alpha \leq 0.05$ )

From table (4-15) the researcher observes that there is a significant impact of Empowerment on Quality of Strategic Decision making in Private Hospitals in Baghdad. The  $R$  was (0.498) at level ( $\alpha \leq 0.05$ ), whereas the  $R^2$  was (0.248). This means the (0.248) of Quality of Strategic Decision making in Private Hospitals in Baghdad changeability's results from the changeability in Empowerment. As  $\beta$  was (0.631) this means the increase of one unit in Empowerment concerned will increase Quality of Strategic Decision making in Private Hospitals in Baghdad value (0.631). Confirms significant impact F

Calculate was (21.076) and its significance at level ( $\alpha \leq 0.05$ ), and that confirms invalid fifth sub-hypotheses, reject null hypothesis and accepted alternative hypothesis:

There is a significant impact of Empowerment on Quality of Strategic Decision making in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>2</sub>**: There is no significant positive direct impact of Managers Efficiency (*Employee Satisfaction about Work, Idealized Influence, Professional Growth of Staff, Intellectual Advice and Empowerment*) on Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

To test this hypothesis, the researcher uses the multiple regression analysis to ensure the impact of Managers Efficiency on Crises Management in Private Hospitals in Baghdad. As shown in Table (4-16).

Table (4-16) multiple regression analysis test results of the impact of Managers Efficiency on Crises Management in Private Hospitals in Baghdad

	(R)	(R <sup>2</sup> )	F Calculate	DF	Sig*	$\beta$	T Calculate	Sig*	
Crises Management	0.849	0.720	109.051	5	0.000	Employee Satisfaction	0.343	8.521	0.000
				60		Idealized Influence	0.586	9.855	0.000
				60		Professional Growth of Staff	0.327	2.891	0.005
				60		Intellectual Advice	0.410	5.565	0.000
				65		Empowerment	0.442	6.017	0.000

\* the impact is significant at level ( $\alpha \leq 0.05$ )

From table (4-16) we observe that there is a significant impact of Managers Efficiency on Crises Management in Private Hospitals in Baghdad. The  $R$  was (0.849) at level ( $\alpha \leq 0.05$ ), whereas the  $R^2$  was (0.720). This means the (0.720) of Crises Management in Private Hospitals in Baghdad changeability's results from the changeability in Managers Efficiency variables. As  $\beta$  was (Employee Satisfaction about Work = 0.343; Idealized Influence = 0.586; Professional Growth of Staff = 0.327; Intellectual Advice = 0.410 and Empowerment = 0.442) this means the increase of one unit in Crises Management in Private Hospitals in Baghdad concerned will increase Managers Efficiency variables value (Employee Satisfaction about Work = 0.343; Idealized Influence = 0.586; Professional Growth of Staff = 0.327; Intellectual Advice = 0.410 and Empowerment = 0.442). Confirms significant impact F calculate was (109.051) and its significance at level ( $\alpha \leq 0.05$ ), and that confirms invalid Second main hypothesis, reject null hypothesis and accepted alternative hypothesis:

There is a significant positive direct impact of Managers Efficiency (*Employee Satisfaction about Work, Idealized Influence, Professional Growth of Staff, Intellectual Advice and Empowerment*) on Crises Management in Private Hospitals in Baghdad ( $\alpha \leq 0.05$ ).

To ensure the impact of Managers Efficiency variables (Employee Satisfaction about Work, Idealized Influence, Professional Growth of Staff, Intellectual Advice and Empowerment) on Crises Management in Private

Hospitals in Baghdad the researcher divides the main hypothesis into five sub hypotheses, and uses the simple regression analysis to test each sub-hypotheses, as a follows:

**HO<sub>2-1</sub>:** There is no significant positive direct impact of Employee Satisfaction about Work on Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

To test this hypothesis, the researcher uses the simple regression analysis to ensure the impact of Employee Satisfaction about Work on Crises Management in Private Hospitals in Baghdad, as shown in Table (4-17).

Table (4-17) Simple Regression Analysis test results of the impact of Employee Satisfaction about Work on Crises Management in Private Hospitals in Baghdad

	(R)	(R <sup>2</sup> )	F Calculate	DF	Sig*	$\beta$	T Calculate	Sig*
Crises Management	0.463	0.214	16.088	1	0.000	0.485	4.011	0.000
				64				
				65				

\* the impact is significant at level ( $\alpha \leq 0.05$ )

From table (4-17) the researcher observes that there is a significant impact of Employee Satisfaction about Work on Crises Management in Private Hospitals in Baghdad. The  $R$  was (0.463) at level ( $\alpha \leq 0.05$ ), whereas the  $R^2$  was (0.214). This means the (0.214) of Crises Management in Private Hospitals in Baghdad changeability's results from the changeability in Employee Satisfaction about Work. As  $\beta$  was (0.485) this means the increase of one unit in Employee

Satisfaction about Work concerned will increase Crises Management in Private Hospitals in Baghdad value (0.485). Confirms significant impact F Calculate was (16.088) and it's significance at level ( $\alpha \leq 0.05$ ), and that confirms invalid first sub-hypotheses, reject null hypothesis and accepted alternative hypothesis:

There is a significant impact of Employee Satisfaction about Work on Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>2-2</sub>:** There is no significant positive direct impact of Idealized Influence on Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

To test this hypothesis, the researcher uses the simple regression analysis to ensure the impact of Idealized Influence on Crises Management in Private Hospitals in Baghdad, as shown in Table (4-18).

Table (4-18) Simple Regression Analysis test results of the impact of Idealized Influence on Crises Management in Private Hospitals in Baghdad

	(R)	(R <sup>2</sup> )	F Calculate	DF	Sig*	$\beta$	T Calculate	Sig*
Crises Management	0.809	0.654	121.096	1	0.000	0.688	11.004	0.000
				64				
				65				

\* the impact is significant at level ( $\alpha \leq 0.05$ )

From table (4-18) the researcher observes that there is a significant impact of Idealized Influence on Crises Management in Private Hospitals in Baghdad.

The  $R$  was (0.809) at level ( $\alpha \leq 0.05$ ), whereas the  $R^2$  was (0.654). This means the (0.654) of Crises Management in Private Hospitals in Baghdad changeability's results from the changeability in Idealized Influence. As  $\beta$  was (0.688) this means the increase of one unit in Idealized Influence concerned will increase Crises Management in Private Hospitals in Baghdad value (0.688). Confirms significant impact F Calculate was (121.096) and it's significance at level ( $\alpha \leq 0.05$ ), and that confirms invalid second sub-hypotheses, reject null hypothesis and accepted alternative hypothesis:

There is a significant impact of Idealized Influence on Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>2-3</sub>:** There is no significant positive direct impact of Professional Growth of Staff on Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

To test this hypothesis, the researcher uses the simple regression analysis to ensure the impact of Professional Growth of Staff on Crises Management in Private Hospitals in Baghdad, as shown in Table (4-19).



Table (4-19) Simple Regression Analysis test results of the impact of Professional Growth of Staff on Crises Management in Private Hospitals in Baghdad

	(R)	(R <sup>2</sup> )	F Calculate	DF	Sig*	$\beta$	T Calculate	Sig*
Crises Management	0.817	0.668	128.788	1	0.000	0.520	11.348	0.000
				64				
				65				

\* the impact is significant at level ( $\alpha \leq 0.05$ )

From table (4-19) the researcher observes that there is a significant impact of Professional Growth of Staff on Crises Management in Private Hospitals in Baghdad. The  $R$  was (0.817) at level ( $\alpha \leq 0.05$ ), whereas the  $R^2$  was (0.668). This means the (0.668) of Crises Management in Private Hospitals in Baghdad changeability's results from the changeability in Professional Growth of Staff. As  $\beta$  was (0.520) this means the increase of one unit in Professional Growth of Staff concerned will increase Crises Management in Private Hospitals in Baghdad value (0.520). Confirms significant impact F Calculate was (128.788) and it's significance at level ( $\alpha \leq 0.05$ ), and that confirms invalid third sub-hypotheses, reject null hypothesis and accepted alternative hypothesis:

There is a significant impact of Professional Growth of Staff on Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>2-4</sub>:** There is no a significant positive direct impact of Intellectual Advice on Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

To test this hypothesis, the researcher uses the simple regression analysis to ensure the impact of Intellectual Advice on Crises Management in Private Hospitals in Baghdad. As shown in Table (4-20).

Table (4-20) Simple Regression Analysis test results of the impact of Intellectual Advice on Crises Management in Private Hospitals in Baghdad

	(R)	(R <sup>2</sup> )	F Calculate	DF	Sig*	B	T Calculate	Sig*
Crises Management	0.486	0.236	19.781	1	0.000	0.522	4.448	0.000
				64				
				65				

\* the impact is significant at level ( $\alpha \leq 0.05$ )

From table (4-20) the researcher observes that there is a significant impact of Intellectual Advice on Crises Management in Private Hospitals in Baghdad. The  $R$  was (0.486) at level ( $\alpha \leq 0.05$ ), whereas the  $R^2$  was (0.236). This means the (0.236) of Crises Management in Private Hospitals in Baghdad changeability's results from the changeability in Intellectual Advice. As  $\beta$  was (0.522) this means the increase of one unit in Intellectual Advice concerned will increase Crises Management in Private Hospitals in Baghdad value (0.522). Confirms significant impact F Calculate was (19.781) and it's significance at level ( $\alpha \leq 0.05$ ), and that

confirms invalid fourth sub-hypotheses, reject null hypothesis and accepted alternative hypothesis:

There is a significant impact of Intellectual Advice on Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>2.5</sub>:** There is no significant positive direct impact of Empowerment on Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

To test this hypothesis, the researcher uses the simple regression analysis to ensure the impact of Empowerment on Crises Management in Private Hospitals in Baghdad. As shown in Table (4-21).

Table (4-21) Simple Regression Analysis test results of the impact of Empowerment on Crises Management in Private Hospitals in Baghdad

	(R)	(R <sup>2</sup> )	F Calculate	DF	Sig*	$\beta$	T Calculate	Sig*
Crises Management	0.534	0.285	25.486	1	0.000	0.679	5.048	0.000
				64				
				65				

\* the impact is significant at level ( $\alpha \leq 0.05$ )

From table (4-21) the researcher observes that there is a significant impact of Empowerment on Crises Management in Private Hospitals in Baghdad. The  $R$  was (0.534) at level ( $\alpha \leq 0.05$ ), whereas the  $R^2$  was (0.285). This means the (0.285) of Crises Management in Private Hospitals in Baghdad changeability's

results from the changeability in Empowerment. As  $\beta$  was (0.679) this means the increase of one unit in Empowerment concerned will increase Crises Management in Private Hospitals in Baghdad value (0.679). Confirms significant impact F Calculate was (25.486) and its significance at level ( $\alpha \leq 0.05$ ), and that confirms invalid fifth sub-hypotheses, reject null hypothesis and accepted alternative hypothesis:

There is a significant impact of Empowerment on Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>3</sub>**. There is no significant positive direct impact of Crises Management on Quality of Strategic Decision making (*Exceptional, Continuity and Guidance*) in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

To test this hypothesis, the researcher divides this hypothesis into three sub-hypotheses, and uses the simple regression analysis to test each sub-hypothesis, as a follows:

**HO<sub>3-1</sub>**: There is no significant positive direct impact of Crises Management on Decision Exceptional in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

To test this hypothesis, the researcher uses the simple regression analysis to ensure the impact of Crises Management on Decision Exceptional in Private Hospitals in Baghdad, as shown in Table (4-22).

Table (4-22) Simple Regression Analysis test results of the impact of Crises Management on Decision Exceptional in Private Hospitals in Baghdad

	(R)	(R <sup>2</sup> )	F Calculate	DF	Sig*	$\beta$	T Calculate	Sig*
Decision Exceptional	0.877	0.769	213.176	1	0.000	0.760	14.601	0.000
				64				
				65				

\* the impact is significant at level ( $\alpha \leq 0.05$ )

From table (4-22) the researcher observes that there is a significant impact of Crises Management on Decision Exceptional in Private Hospitals in Baghdad. The  $R$  was (0.877) at level ( $\alpha \leq 0.05$ ), whereas the  $R^2$  was (0.769). This means the (0.769) of Decision Exceptional in Private Hospitals in Baghdad changeability's results from the changeability in Crises Management. As  $\beta$  was (0.760) this means the increase of one unit in Crises Management concerned will increase Decision Exceptional in Private Hospitals in Baghdad value (0.760). Confirms significant impact F Calculate was (213.176) and its significance at level ( $\alpha \leq 0.05$ ), and that confirms invalid first sub-hypotheses, reject null hypothesis and accepted alternative hypothesis:

There is a significant impact of Crises Management on Decision Exceptional in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>3-2</sub>:** There is no significant positive direct impact of Crises Management on Decision Continuity in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

To test this hypothesis, the researcher uses the simple regression analysis to ensure the impact of Crises Management on Decision Continuity in Private Hospitals in Baghdad. As shown in Table (4-23).

Table (4-23) Simple Regression Analysis test results of the impact of Crises Management on Decision Continuity in Private Hospitals in Baghdad

	(R)	(R <sup>2</sup> )	F Calculate	DF	Sig*	$\beta$	T Calculate	Sig*
Decision Continuity	0.839	0.704	151.938	1 64 65	0.000	0.769	12.326	0.000

\* the impact is significant at level ( $\alpha \leq 0.05$ )

From table (4-23) the researcher observes that there is a significant impact of Crises Management on Decision Continuity in Private Hospitals in Baghdad. The  $R$  was (0.839) at level ( $\alpha \leq 0.05$ ), whereas the  $R^2$  was (0.704). This means the (0.704) of Decision Continuity in Private Hospitals in Baghdad changeability's results from the changeability in Crises Management. As  $\beta$  was (0.769) this means the increase of one unit in Crises Management concerned will increase Decision Continuity in Private Hospitals in Baghdad value (0.769). Confirms significant impact F Calculate was (151.938) and its significance at level

( $\alpha \leq 0.05$ ), and that confirms invalid second sub-hypotheses, reject null hypothesis and accepted alternative hypothesis:

There is a significant impact of Crises Management on Decision Continuity in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>3.3</sub>:** There is no significant positive direct impact of Crises Management on Decision Guidance at Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

To test this hypothesis, the researcher uses the simple regression analysis to ensure the impact of Crises Management on Decision Guidance in Private Hospitals in Baghdad. As shown in Table (4-24).

Table (4-24) Simple Regression Analysis test results of the impact of Crises Management on Decision Guidance in Private Hospitals in Baghdad

	(R)	(R <sup>2</sup> )	F Calculate	DF	Sig*	$\beta$	T Calculate	Sig*
Decision Guidance	0.723	0.523	70.131	1	0.000	0.836	8.374	0.000
				64				
				65				

\* the impact is significant at level ( $\alpha \leq 0.05$ )

From table (4-24) the researcher observes that there is a significant impact of Crises Management on Decision Guidance in Private Hospitals in Baghdad. The  $R$  was (0.723) at level ( $\alpha \leq 0.05$ ), whereas the  $R^2$  was (0.523). This means the (0.523) of Decision Guidance in Private Hospitals in Baghdad changeability's results from the changeability in Crises Management.

As  $\beta$  was (0.836) this means the increase of one unit in Crises Management concerned will increase Decision Guidance in Private Hospitals in Baghdad value (0.836). Confirms significant impact F Calculate was (70.131) and it's significance at level ( $\alpha \leq 0.05$ ), and that confirms invalid third sub-hypotheses, reject null hypothesis and accepted alternative hypothesis:

There is a significant impact of Crises Management on Decision Guidance in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>4</sub>**. There is no significant positive indirect impact of Managers Efficiency (*Employee Satisfaction about Work, Idealized Influence, Professional Growth of Staff, Intellectual Advice and Empowerment*) on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

To test this hypothesis, the researcher uses the path analysis (Amos Programming) to ensure the impact of Managers Efficiency on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad, as shown in Table (4-25).



Table (4-25) Path analysis test results of the impact of Managers Efficiency on Quality of Strategic Decision making under Crises

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	Chi <sup>2</sup> Calculate	GFI	CFI	RMSEA	Direct Effect		Indirect Effect	Sig.*
Managers Efficiency on Quality of Strategic Decision making through Crises Management	39.097	0.968	0.910	0.047	Managers Efficiency on Crises Management	0.658	0.598	0.000
					Crises Management on Quality of Strategic Decision making	0.909		

RMSEA: Root Mean Square Error of Approximation must Proximity to Zero

GFI: Goodness of Fit Index must Proximity to One

CFI: Comparative Fit Index must Proximity to One

From table (4-25) we observe that there is a significant impact of Managers Efficiency on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad. The  $\chi^2$  was (39.097) at level ( $\alpha \leq 0.05$ ), whereas the GFI was (0.968) approaching to one. On the same side the CFI was (0.910) approaching to one, while the RMSEA was (0.047) approaching to zero, like Direct Effect was (0.658) between Managers Efficiency and Crises Management, (0.909) between Crises Management and Quality of Strategic Decision making. As well as, the Indirect Effect was (0.598) between Managers Efficiency on Quality of Strategic Decision making through Crises Management in Private Hospitals in Baghdad. Unaccepted null hypotheses and accepted alternative hypothesis:

There is a significant positive indirect impact of Managers Efficiency on Quality of Strategic Decision making through Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>4-1</sub>:** There is no a significant positive direct impact of Employee Satisfaction about Work on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

To test this hypothesis, the researcher uses the path analysis (Amos Programming) to ensure the impact of Employee Satisfaction about Work on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad. As shown in Table (4-26).

Table (4-26) Path analysis test results of the impact of Employee Satisfaction about Work on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad

	Chi <sup>2</sup> Calculate	GFI	CFI	RMSEA	Direct Effect		Indirect Effect	Sig.*
Employee Satisfaction about Work on Quality of Strategic Decision making through Crises Management	6.313	0.940	0.972	0.029	Employee Satisfaction about Work on Crises Management	0.772	0.701	0.000
					Crises Management on Quality of Strategic Decision making	0.909		

RMSEA: Root Mean Square Error of Approximation must Proximity to Zero  
 GFI: Goodness of Fit Index must Proximity to One  
 CFI: Comparative Fit Index must Proximity to One

From table (4-26) we observe that there is a significant impact of Employee Satisfaction about Work on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad. The  $\chi^2$  was (6.313) at level ( $\alpha \leq 0.05$ ), whereas the GFI was (0.940) approaching to one. On the same side the CFI was (0.972) approaching to one, while the RMSEA was (0.029) approaching to zero, like Direct Effect was (0.772) between Employee Satisfaction about Work and Crises Management, (0.909) between Crises Management and Quality of Strategic Decision making. In addition , the Indirect Effect was (0.701) between Employee Satisfaction about Work on Quality of Strategic Decision making through Crises Management in Private Hospitals in Baghdad. Unaccepted null hypotheses and accepted alternative hypothesis:

There is a significant positive indirect impact of Employee Satisfaction about Work on Quality of Strategic Decision making through Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>4-2</sub>:** There is no a significant positive impact of Idealized Influence on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

To test this hypothesis, the researcher uses the path analysis (Amos Programming) to ensure the impact of Idealized Influence on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad, as shown in Table (4-27).

Table (4-27) Path analysis test results of the impact of Idealized Influence on Quality of Strategic Decision making under Crises

Management in Private Hospitals in Baghdad

	Chi <sup>2</sup> Calculate	GFI	CFI	RMSEA	Direct Effect		Indirect Effect	Sig.*
Idealized Influence on Quality of Strategic Decision making through Crises Management	21.183	0.900	0.922	0.027	Idealized Influence on Crises Management	0.704	0.639	0.000
					Crises Management on Quality of Strategic Decision making	0.909		

RMSEA: Root Mean Square Error of Approximation must Proximity to Zero  
 GFI: Goodness of Fit Index must Proximity to One  
 CFI: Comparative Fit Index must Proximity to One

From table (4-27) we observe that there is a significant impact of Idealized Influence on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad. The  $\chi^2$  was (21.183) at level ( $\alpha \leq 0.05$ ), whereas the GFI was (0.900) approaching to one. On the same side the CFI was (0.922) approaching to one, while the RMSEA was (0.027) approaching to zero, like Direct Effect was (0.704) between Idealized Influence and Crises Management, (0.909) between Crises Management and Quality of Strategic Decision making. As well as, the Indirect Effect was (0.639) between Idealized Influence on Quality of Strategic Decision making through Crises Management in Private Hospitals in Baghdad. Unaccepted null hypotheses and accepted alternative hypothesis are as follows:

There is a significant positive indirect impact of Idealized Influence on Quality of Strategic Decision making through Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>4.3</sub>:** There is no a significant positive impact of Professional Growth of Staff on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

To test this hypothesis, the researcher uses the path analysis (Amos Programming) to ensure the impact of Professional Growth of Staff on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad, as shown in Table (4-28).



Table (4-28) Path analysis test results of the impact of Professional Growth of Staff on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad

	Chi <sup>2</sup> Calculate	GFI	CFI	RMSEA	Direct Effect		Indirect Effect	Sig.*
Professional Growth of Staff on Quality of Strategic Decision making through Crises Management	8.384	0.923	0.941	0.041	Professional Growth of Staff on Crises Management	0.661	0.600	0.000
					Crises Management on Quality of Strategic Decision making	0.909		

RMSEA: Root Mean Square Error of Approximation must Proximity to Zero  
 GFI: Goodness of Fit Index must Proximity to One  
 CFI: Comparative Fit Index must Proximity to One



From table (4-28) we observe that there is a significant impact of Professional Growth of Staff on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad. The  $\chi^2$  was (8.384) at level ( $\alpha \leq 0.05$ ), whereas the GFI was (0.923) approaching to one. On the same side the CFI was (0.941) approaching to one, while the RMSEA was (0.041) approaching to zero, like Direct Effect was (0.661) between Professional Growth of Staff and Crises Management, (0.909) between Crises Management and Quality of Strategic Decision making. As well as, the Indirect Effect was (0.600) between Professional Growth of Staff on Quality of Strategic Decision making through Crises Management in Private Hospitals in Baghdad. Unaccepted null hypotheses and accepted alternative hypothesis are as follows:

There is a significant positive indirect impact of Professional Growth of Staff on Quality of Strategic Decision making through Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>4-4</sub>:** There is no significant positive direct impact of Intellectual Advice on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

To test this hypothesis, the researcher uses the path analysis (Amos Programming) to ensure the impact of Intellectual Advice on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad, as shown in Table (4-29).

Table (4-29) Path analysis test results of the impact of Intellectual Advice on Quality of Strategic Decision making under Crises

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	Chi <sup>2</sup> Calculate	GFI	CFI	RMSEA	Direct Effect		Indirect Effect	Sig.*
Intellectual Advice on Quality of Strategic Decision making through Crises Management	16.681	0.866	0.869	0.024	Intellectual Advice on Crises Management	0.708	0.643	0.000
					Crises Management on Quality of Strategic Decision making	0.909		

RMSEA: Root Mean Square Error of Approximation must Proximity to Zero  
 GFI: Goodness of Fit Index must Proximity to One  
 CFI: Comparative Fit Index must Proximity to One

From table (4-29) we observe that there is a significant impact of Intellectual Advice on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad. The  $\chi^2$  was (16.681) at level ( $\alpha \leq 0.05$ ), whereas the GFI was (0.866) approaching to one. On the same side the CFI was (0.869) approaching to one, while the RMSEA was (0.024) approaching to zero, like Direct Effect was (0.708) between Intellectual Advice and Crises Management, (0.909) between Crises Management and Quality of Strategic Decision making. As well as, the Indirect Effect was (0.643) between Intellectual Advice on Quality of Strategic Decision making through Crises Management in Private Hospitals in Baghdad. Unaccepted null hypotheses and accepted alternative hypothesis:

There is a significant positive indirect impact of Intellectual Advice on Quality of Strategic Decision making through Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

**HO<sub>4.5</sub>:** There is no significant positive direct impact of Empowerment on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

To test this hypothesis, the researcher uses the path analysis (Amos Programming) to ensure the impact of Empowerment on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad, as shown in Table (4-30).

Table (4-30) Path analysis test results of the impact of Empowerment on Quality of Strategic Decision making under Crises

Management in Private Hospitals in Baghdad

	Chi <sup>2</sup> Calculate	GFI	CFI	RMSEA	Direct Effect		Indirect Effect	Sig.*
Empowerment on Quality of Strategic Decision making through Crises Management	5.757	0.945	0.968	0.033	Empowerment on Crises Management	0.785	0.713	0.000
					Crises Management on Quality of Strategic Decision making	0.909		

RMSEA: Root Mean Square Error of Approximation must Proximity to Zero

GFI: Goodness of Fit Index must Proximity to One

CFI: Comparative Fit Index must Proximity to One

From table (4-30) we observe that there is a significant impact of Empowerment on Quality of Strategic Decision making under Crises Management in Private Hospitals in Baghdad. The  $\text{Chi}^2$  was (5.757) at level ( $\alpha \leq 0.05$ ), whereas the GFI was (0.945) approaching to one. On the same side the CFI was (0.968) approaching to one, while the RMSEA was (0.033) approaching to zero, like Direct Effect was (0.785) between Empowerment and Crises Management, (0.909) between Crises Management and Quality of Strategic Decision making. Besides, the Indirect Effect was (0.713) between Empowerment on Quality of Strategic Decision making through Crises Management in Private Hospitals in Baghdad. Unaccepted null hypotheses and accepted alternative hypothesis are as follows:

There is a significant positive indirect impact of Empowerment on Quality of Strategic Decision making through Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

## **CHAPTER FIVE**

### **Results, Conclusions and Recommendations**

(5 -1): Results

(5-2): Conclusions

(5-3): Recommendations

## (5 -1): Results

1. The Importance level of Employee Satisfaction about Work in private hospitals in Iraq under study from the study sample viewpoint was high.
2. The Importance level of Idealized Influence in private hospitals in Iraq under study from the study sample viewpoint was high
3. The Importance level of Professional Growth of Staff in private hospitals in Iraq under study from the study sample viewpoint was high.
4. The Importance level of Intellectual Advice in private hospitals in Iraq under study from the study sample viewpoint was high.
5. The Importance level of Empowerment in private hospitals in Iraq under study from the study sample viewpoint was high.
6. The Importance level of Crises in private hospitals in Iraq under study from the study sample viewpoint was high
7. The Importance level of exceptional in private hospitals in Iraq under study from the study sample viewpoint was high.
8. The Importance level of Continuity in private hospitals in Iraq under study from the study sample viewpoint was high.
9. The Importance level of guidance in private hospitals in Iraq under study from the study sample viewpoint was high.

10. There is a significant positive direct impact of Managers Efficiency (Employee Satisfaction about Work, Idealized Influence, Professional Growth of Staff, Intellectual Advice and Empowerment) on Quality of Strategic Decision making in Private Hospitals in Baghdad ( $\alpha \leq 0.05$ ).

11. There is a significant positive direct impact of Managers Efficiency (Employee Satisfaction about Work, Idealized Influence, Professional Growth of Staff, Intellectual Advice and Empowerment) on Crises Management in Private Hospitals in Baghdad ( $\alpha \leq 0.05$ ).

12. There is a significant impact of Crises Management on Decision Exceptional in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

13. There is a significant impact of Crises Management on Decision Continuity in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

14. There is a significant impact of Crises Management on Decision Guidance in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).

15. There is a significant positive indirect impact of Managers Efficiency (Employee Satisfaction about Work, Idealized Influence, Professional Growth of Staff, Intellectual Advice and Empowerment) on Quality of Strategic Decision making through Crises Management in Private Hospitals in Baghdad at level ( $\alpha \leq 0.05$ ).



## (5-2): Conclusions

1. Efficiency is minimum utilization of resources and getting maximum output. It is getting the least amount of input and getting high outputs bettered to as doing things right.
2. Efficiency is less problematic for managers to assess in most organization.
3. Management efficiency refers to the degree to which organizational resources contribute to productivity.
4. Crisis management is the process by which an organization deals with a major event that threatens to harm the organization, its stakeholders, or the general public
5. Successfully defusing a crisis requires an understanding of how to handle a crisis – before they occur
6. The decision-making process is based primarily upon the values that are held by a leader and how these values affect the leader's judgment
7. Strategic decision making deals with the long-run future of the entire organization and have three characteristic: Rare; Consequential and Directive.
8. The researcher recommends conducting case studies, each of them building a model to maximize the benefit of Quality Strategic decision making for the private hospital.

### (5-3): Recommendations

Based on the study results and researcher conclusions, the researcher suggests the following recommendations to meet the study objectives.

1. Redesign Incentive systems in private hospitals at Baghdad to increase employee's loyalty.
2. Development Manager Ability to revealing the future of private hospitals workplace in Baghdad.
3. Encourages Manager the staff of the private hospital in Baghdad through including them in events that will assist them in their professional growth.
4. Encourages Manager at private hospital in Baghdad to make the staff re-think the ideas that have not been previously discussed
5. Encourages employees in hospital at Baghdad through participating in decision-making.
6. Encourages employees in hospital at Baghdad to delegation of power based on scientific basis.
7. Take more interest about decisions taken at the hospital in Baghdad to provide all information to make high quality decisions.

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## Appendices

### Appendix (1)

#### Names of arbitrators

No.	Name	Specialization	University
1	Prof.Dr. Kamel AL-Mugrabi	Business Administration	MEU
2	Dr. Laith AL-Rubaie	Marketing	MEU
3	Hamza khraim	Marketing	MEU
4	Hamid Shaibi	Business Administration	MEU
5	Amjad Twaqat	Business Administration	MEU

## Appendix (2)

### Questionnaire

Mr/Mrs ..... Greeting

The researcher purposed to explore the impact of “*Managers Efficiency on Quality of Strategic Decision- making under Crises Management: An Empirical Study in a Sample of Private Hospitals in Baghdad/ Iraq*”

This Questionnaire is designed to collect information about your organization. I would be very grateful if you could answer ALL questions as completely and accurately as possible.

***Thanks for answering all the items in the Questionnaire***

**Maisam W. AL-Shinewi**

First Section: Demographic characteristics

**(1) Age:**

30 years or less

From 31– 40 Years

From 41– 50 Years

51 Years More

**(2) Gender:**

Male

Female

**(3) Educational Level:**

BSc

Master or High

Diploma

PhD

**(4) Experience:**

5 years or less

From 6 – 10 Years

From 11 – 15 Years

16 Years More

**(5) Scientific Specialization According to Certificate:**

Medical Science

Managerial Science

**(6) Job Title:**

Medical Managers

Managerial Managers

## Second Section: Managers Efficiency

## الجزء الثاني: كفاءة المديرين

No	Item	بدائل الإجابة Answer alternatives					الفقرة	ت
		لا أتفق إطلاقاً Strongly disagree	لا أتفق Disagree	محايد Neutral	أتفق Agree	أتفق كلياً Strongly Agree		
<b>Employee Satisfaction about Work</b>							<b>تحقيق رضا الموظفين عن العمل</b>	
1	Employees at hospitals show satisfaction about the way the hospital is running.						1	يبيد الموظفين في المستشفى الرضا عن الطريقة التي يدار بها المستشفى
2	The relationship between administrators and employees at the hospital Characterize strength and openness.						2	تمتاز العلاقة بين المسؤولين الإداريين في المستشفى والعاملين فيها بالقوة والانفتاح
3	Incentive systems that is set by the hospital administration, helps employees loyalty.						3	يساعد نظام الحوافز المحدد من قبل إدارة المستشفى على ولاء الموظفين
4	The Manager of the hospital provides freedom for employees.						4	يوفر المدير في المستشفى الحرية للموظفين
5	There is an impression of satisfaction that employees have about the payment system that is specified by the hospital administration.						5	يسود الانطباع بالرضا لدى الموظفين عن نظام الرواتب المحدد من قبل إدارة المستشفى
<b>Idealized Influence</b>							<b>التأثير المثالي</b>	
6	The Manager gives you priority to build a set of common values in your workplace						6	يمنح المدير أولوية لبناء مجموعة من القيم المشتركة في مكان العمل
7	The Manager characterizes a high ability of revealing the future at your workplace						7	يتميز المدير بقدرة عالية على استشراف المستقبل لمكان العمل
8	The Manager provides a climate which makes his staff feel comfortable working under his leadership.						8	يوفر المدير مناخاً يشعر العاملون بالارتياح لعملهم تحت قيادته
9	The Manager works on activating employees potential, in your workplace						9	يعمل المدير على تفعيل إمكانات العاملين في مكان عملك
10	The Manager encourages employees to achieve excellence in their performance to achieve objectives						10	يشجع المدير العاملين على تحقيق التميز في الأداء لغرض تحقيق الأهداف
<b>Professional Growth of Staff</b>							<b>النمو المهني للموظفين</b>	
11	The Manager of the hospital is interested in providing specialized staff that cover the needs of Patients						11	يهتم المدير في المستشفى بتوفير موظفين ذوي تخصصات دقيقة تغطي إحتياجات المرضى
12	The Manager encourages the staff to participate in professional activities outside the hospital						12	يشجع المدير في المستشفى الموظفين على المساهمة في فعاليات مهنية خارج المستشفى
13	The Manager of the hospital attaches the staff in continues training and development courses						13	يلحق المدير في المستشفى الموظفين بدورات تدريبية وتطويرية مستمرة
14	The Manager encourages the staff of the hospital by including them in events that will assist them in their professional growth						14	يشجع المدير في المستشفى الموظفين على فعاليات تساعد في نموهم المهني
15	The Manager of the hospital cares for the staff that uses modern technology in their work						15	يهتم المدير في المستشفى بالموظفين الذين يستخدمون التكنولوجيا الحديثة في عملهم

No	Item	بدائل الإجابة Answer alternatives					الفقرة	ت
		لا أتفق إطلاقاً Strongly disagree	لا أتفق Disagree	محايد Neutral	أتفق Agree	أتفق كلياً Strongly Agree		
<b>Intellectual Advice</b>							<b>الاستشارة الفكرية</b>	
16	A Manager continuously consolidates the concept of participation among employees.						يقوم المدير بترسيخ مفهوم المشاركة بين العاملين بصورة مستمرة	16
17	A Manager provides new ways for his staff to deal with complex problems in work areas						يزود المدير الموظفين بطرق جديدة للتعامل مع المشكلات المعقدة في مجال العمل	17
18	A Manager continuously identifies what the staff would like to achieve it in their careers						يقوم المدير بالتعرف وباستمرار على ما يود الموظفون تحقيقه في حياتهم العملية	18
19	A Manager can make the staff re-think the ideas that have not been previously discussed						يقوم المدير بجعل الموظفين يعيدون التفكير في الأفكار التي لم يتم مناقشتها من قبل	19
20	A Manager can encourage employees to participate in decision-making						يشجع المدير الموظفين على المشاركة في صناعة القرارات	20
<b>Empowerment</b>							<b>التمكين</b>	
21	A Manager provides a comprehensive view of work, leaving the largest margin for workers to implement it						يقوم المدير بتقديم تصور شامل للعمل تاركاً الهامش الأكبر للعاملين ليقوموا بتنفيذه	21
22	A Manager can exercise the delegation of power based on Scientific basis						يمارس المدير عملية تفويض الصلاحيات بالاستناد إلى أسس علمية	22
23	A Manager establishes standards for employees that are capable of being done and accomplished						يقوم المدير بوضع معايير للعاملين قابلة للإنجاز والتحقق	23
24	A Manager confirms the need to equal power and responsibility when authorizing some of his powers						يؤكد المدير على ضرورة تكافؤ السلطة مع المسؤولية عند تفويضه لبعض صلاحياته	24
25	A Manager encourages employees to take responsibility						يشجع المدير العاملين على تحمل المسؤولية	25

## Third Section: Crises

## الجزء الثالث: الأزمات

No	Item	بدائل الإجابة Answer alternatives					الفقرة	ت
		لا أتفق إطلاقاً Strongly disagree	لا أتفق Disagree	محايد Neutral	أتفق Agree	أتفق كلياً Strongly Agree		
26	A hospital has the ability to continue providing its services despite the circumstances that are lived in Iraq						للمستشفى القدرة على مواصلة عطاءه وتقديم خدماته رغم الظروف التي يعيشها العراق	26
27	Hospital management responds immediately to contain the crisis by distributing tasks and determining authorities in appropriate short timing.						تقوم إدارة المستشفى بالاستجابة الفورية لاحتواء الأزمات عن طريق توزيع المهام وتحديد الصلاحيات بفترة قصيرة ومناسبة	27
28	Hospital management prepares appropriate operation rooms that are equipped with modern techniques to contain damages and causes of crises						تقوم إدارة المستشفى بإعداد غرف عمليات مناسبة ومجهزة بالتقنيات الحديثة لاحتواء أسباب وأضرار الأزمات	28
29	Hospital Management takes all necessary procedures to mitigate the effects of crises and insure reduction of its continuation						تعمل إدارة المستشفى على اتخاذ كافة الإجراءات اللازمة للتخفيف من آثار الأزمات والحد من استمرار حدوثها	29
30	Hospital management assesses previous crisis plans and programs in means of developing and improving them.						تقوم إدارة المستشفى بتقييم خطط وبرامج الأزمات السابقة بقصد تطويرها وتحسينها	30

الجزء الرابع: جودة اتخاذ القرارات  
الاستراتيجية

Fourth Section: Quality of Strategic Decision- Making

No	Item	بدائل الإجابة Answer alternatives					الفقرة	ت
		لا أتفق إطلاقاً Strongly disagree	لا أتفق Disagree	محايد Neutral	أتفق Agree	أتفق كلياً Strongly Agree		
<b>Exceptional</b>							<b>الإستثنائية</b>	
31	Decisions taken at the hospital contribute in providing services in a distinct way.						القرارات المتخذة في المستشفى تساهم في تقديم خدمات بشكل متميز	31
32	Decisions taken at the hospital contribute in expanding the horizon of updating and renewal in provision of service.						القرارات المتخذة في المستشفى تساهم بتوسيع آفاق التحديث والتجديد في عملية تقديم الخدمات	32
33	Decisions taken at the hospital contribute in renewal the mechanisms of expansion to provide services.						القرارات المتخذة في المستشفى تساهم في تجديد آليات التوسع في تقديم الخدمات	33
34	Decisions taken at the hospital contribute in selecting the type and direction of alliances with other hospitals						القرارات المتخذة في المستشفى تساهم في إختيار نوع واتجاه التحالفات مع المستشفيات الأخرى	34
35	Decisions taken at the hospital contribute in renewal means to reduce the costs of providing services.						القرارات المتخذة في المستشفى تساهم في تجديد وسائل تخفيض تكاليف تقديم الخدمات	35
<b>Continuity</b>							<b>الإستمرارية</b>	
36	Decisions taken at the hospital able development and mechanisms for the production of information to increase the quality of the decisions taken.						القرارات المتخذة في المستشفى تُمكن من تطوير آليات إنتاج المعلومات لزيادة جودة القرارات المتخذة	36
37	Decisions taken at the hospital provide all information to make high quality decisions .						القرارات المتخذة في المستشفى تُوفر كافة المعلومات لإتخاذ قرارات ذات جودة عالية	37
38	Decisions taken at the hospital provide quantitative and qualitative information with predictive capability that help make decisions regarding the formulation and designs of future plans.						القرارات المتخذة في المستشفى تُوفر معلومات كمية ونوعية ذات قدرة تنبؤية تساعد بإتخاذ القرارات المتعلقة بصياغة وتصميم الخطط المستقبلية	38
39	Decisions taken at the hospital contribute to translate goals into actions and executive programs .						القرارات المتخذة في المستشفى تساهم في ترجمة الأهداف إلى إجراءات وبرامج تنفيذية	39
40	Decisions taken at the hospital provide standards and indicators that are able to detect deviations.						القرارات المتخذة في المستشفى تُوفر معايير ومؤشرات تمكن من اكتشاف الانحرافات	40



No	Item	بدائل الإجابة Answer alternatives					الفقرة	ت
		لا أتفق إطلاقاً Strongly disagree	لا أتفق Disagree	محايد Neutral	أتفق Agree	أتفق كلياً Strongly Agree		
Guidance							التوجيه	
40	Decisions taken at the hospital contributes a statement of guidance methods to allocate resources on the opportunities available.						القرارات المتخذة في المستشفى تساهم ببيان طرق التوجيه بتخصيص الموارد على الفرص المتاحة	40
41	Decisions taken at the hospital contributes a statement of guidance methods that are focus oriented on the expansion of services						القرارات المتخذة في المستشفى تساهم ببيان طرق التوجه نحو التركيز على التوسع في الخدمات	41
42	Decisions taken at the hospital contributes a statement of guidance methods that are focus oriented on the diversification of its services.						القرارات المتخذة في المستشفى تساهم ببيان طرق التوجه نحو التركيز على التنوع في خدماتها	42
43	Decisions taken at the hospital work to provide information to demonstrate the methods of work planning procedures						القرارات المتخذة في المستشفى تعمل على توفير معلومات لبيان طرق تخطيط إجراءات العمل	43
44	Decisions taken at the hospital work to provide essential information to demonstrate the ways of financial, physical and human resource planning.						القرارات المتخذة في المستشفى تعمل على توفير معلومات أساسية لبيان طرق تخطيط الموارد المادية والمالية والبشرية	44