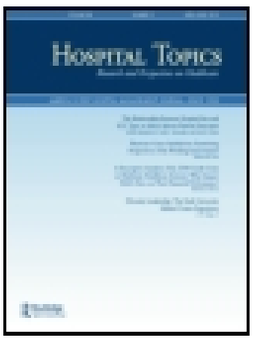

Hospital Topics

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/vhos20

Barriers To Strategy Implementation In Turkey's Healthcare Industry: Hospital Manager Perspectives

Saffet Ocak, Omer Faruk Aladag, Mehmet Ali Koseoglu & Brian King

To cite this article: Saffet Ocak, Omer Faruk Aladag, Mehmet Ali Koseoglu & Brian King (2021): Barriers To Strategy Implementation In Turkey's Healthcare Industry: Hospital Manager Perspectives, Hospital Topics, DOI: 10.1080/00185868.2021.1952123

To link to this article: https://doi.org/10.1080/00185868.2021.1952123

Published online: 02 Aug 2021.

HOSPITAL TOPICS
https://doi.org/10.1080/00185868.2021.1952123

Taylor & Francis
Taylor & Francis Group

Barriers To Strategy Implementation In Turkey's Healthcare Industry: Hospital Manager Perspectives

Saffet Ocak[a], Omer Faruk Aladag[b], Mehmet Ali Koseoglu[c] and Brian King[d]

[a]Faculty of Health Sciences, Department of Health Management, Mugla Sıtkı Koçman University, Muğla, Turkey; [b]Faculty of Administrative Sciences, Abdullah Gul University, Kayseri, Turkey; [c]College of Management, Metropolitan State University, Minneapolis, MN, USA; [d]School of Hotel and Tourism Management, The Hong Kong Polytechnic University, Hong Kong, Hong Kong

ABSTRACT

Although strategy implementation has profound implications for delivering efficient service, it has been largely neglected in the healthcare management literature. This study explores the barriers to effective implementation of strategic plans in healthcare organizations. To achieve this end, empirical data were collected from 185 hospital managers in Turkey using a survey-based methodology. A descriptive analysis was undertaken of the survey responses to determine the most important barriers to strategy implementation. The most significant barriers undermining strategy implementation efforts were found to be: low employee motivation, an exclusive focus on financial performance and lack of consensus among decision makers.

KEYWORDS

Strategy implementation; planning effectiveness; hospital decision-making; healthcare; employee motivation

Introduction

Determining how organizations can outperform their competitors is a critical concern across all sectors of the economy. The strategic management literature has a long history of examining and explaining the comparative organizational success. There are four steps in the strategic management process according to Grant (2015): strategic analysis, formulation, implementation, and evaluation. Each is critical for the execution of strategies that will generate good performance outcomes. Strategic analysis of two dimensions is an important first step: the organizational environment and formulation of applicable strategies. However, strategies are likely to fail without efficient implementation, irrespective of the care with which they are formulated (Hrebiniak 2006).

Although the strategic management literature has prioritized the formulation phase over implementation (Wolf and Floyd 2017), a growing stock of knowledge has been accumulated on strategy implementation. Over recent years scholars have examined strategy implementation in a variety of industry contexts and types of organization (e.g. Aladag et al. 2020). Several studies have proposed strategy implementation frameworks (e.g. Ahearne, Lam, and Kraus 2014; Mishra and Chakraborty 2014; Proctor, Powell, and McMillen 2013), while others have examined key success factors for efficient strategy implementation in organizations (e.g. Cresswell, Bates, and Sheikh 2013; Mellor, Hao, and Zhang 2014; Okumus 2003; Ram, Corkindale, and Wu 2013). Strategy implementation is a critical component in healthcare institutions as well as in other service organizations. Moreover, strategy implementation in healthcare organizations has an impact on public health, thereby underlining its importance. The primary aim of healthcare organizations is to improve public health and thereby provide a public benefit. The achievement of this goal depends on effective strategy implementation. However, if healthcare managers overlook the importance of implementation, their strategic plans may fail. Noting this risk, the current investigation seeks to provide insights that will maximize success in strategic healthcare management.

CONTACT Omer Faruk Aladag aladagomer@gmail.com, omer.aladag@agu.edu.tr Faculty of Administrative Sciences, Abdullah Gul University, Kayseri, Turkey.

Within the scholarly domain there has been widespread neglect of the barriers to strategy implementation in healthcare organizations, particularly in developing countries. Thus, Turkey provides a suitable setting for the present study. The healthcare industry in this populous developing country of 82 million that straddles Europe and Asia has been undergoing structural changes that promote higher competition between hospitals. Since this poses a challenge for managers, the authors have gathered the views of managers who are at the center of the transformed competitive environment – in private hospitals. The study addresses an important knowledge gap by addressing the following research question: What kind of barriers are faced by healthcare managers in Turkey when implementing strategic decisions?

The study is organized as follows. Firstly, a literature review is provided on strategy implementation and its barriers. Second, methodological decisions are discussed and data analysis results are provided. Lastly, findings are discussed and future research directions are suggested.

Background on Strategy Implementation

Strategy implementation is a multi-faceted concept and applicable definitions are contested. Barrick et al. (2015) defined the concept as "the top management team members' willingness to specify and pursue strategic objectives, and to adopt clearly defined metrics to dynamically monitor progress" (p. 118). While a managerial perspective characterizes this definition, some scholars have adopted a broader perspective that incorporates different actors and phases of the process. Noble (1999) has defined strategy implementation as "the communication, interpretation, adoption, and enactment of strategic plans" (p.20), Anchor and Aldehayyat (2016) summarize it as "the post- authorization phase of a strategic decision" (p.649) and Schaap (2006) adopts a behavioral approach, viewing the concept as "those senior-level leadership behaviors and activities that will transform a working plan into a concrete reality" (p.14).

Although there is increasing interest in the topic, strategy implementation (SI) research remains immature and more empirical studies are needed (Köseoglu et al. 2018). The current strategy implementation literature is clustered around a diversity of subtopics such as middle management's role in SI (Huy 2011), strategic consensus and SI (Bundy, Shropshire, and Buchholtz 2013; Furst and Cable 2008), organizational conflicts and SI (Ateş et al. 2018) or the relationship between leadership and SI (O'Reilly et al. 2010; Ateş et al. 2018; Wei, O'Neill, and Zhou 2019). O'Reilly et al. (2010) found that alignment of leaders across different hierarchical levels significantly increases the success of strategic change implementation. Supporting this argument, Huy (2011) reported that conflicts between top- and middle-level management are a serious impediment to implementation. The literature has also deemed consensus in the organization as another critical factor (Bundy, Shropshire, and Buchholtz 2013; Furst and Cable 2008). Strategic consensus enables the establishment of a collective mindset toward implementation and decreases internal resistance. However, Ateş et al. (2018) have warned that team consensus is hampered by conflicts with top management, even when there is a high level of overall organizational consensus. Wei et al. (2019) also emphasized the ethical dimension by reporting that perceived integrity in leadership positively affects employee attitudes toward strategy implementation efforts. Strategy implementation has been a largely neglected topic in the healthcare management literature. Most studies have relied on data collected from hospitals and have examined the effects of different factors on SI. Table 1 summarizes the recent studies on SI in the healthcare management field.

SI Barriers

Failure rates of SI efforts in organizations vary between 30% and 70% according to Candido and Santos (2015). In other words, a significant portion of strategies fail before the intended results are accomplished. Since SI brings strategic goals into life, understanding the barriers to SI is important for developing insights about how to manage the implementation phase (Verweire 2014). Several critical factors have been identified in the literature regarding this issue for successful

Table 1. Studies on strategy implementation in healthcare management.

Article	Main topic	Important factors
Dooley, Fryxell, and Judge (2000)	SI success in hospitals	Strategic consensus, commitment to SI
Inamdar et al. (2000)	Application of SI tools in a nonprofit healthcare organization	Collaboration among stakeholders
Inamdar, Kaplan, and Reynolds (2002)	Application of SI tools in healthcare provider organizations	Leadership, organizational participation,
De-Macedo Solares and Neves (2002)	Implementing quality improvement strategies in hospitals	Performance measurement, monitoring
Matus (2004)	Strategic model for delivering culturally competent healthcare	Communication of strategies
Wu, Hsiao, and Kuo (2004)	Priorities for SI in hospitals	Reliability, responsiveness, empathy
Freed (2005)	SI in hospital turnarounds	Communication of strategies, employee empowerment
Jih et al. (2006)	Knowledge management implementation in hospitals	Knowledge characteristics, knowledge acquisition strategy, implementation measures
Caldwell et al. (2008)	Strategic change implementation in healthcare organizations	Agreement with new strategy, leaders' actions, groups' general orientation toward change
Meyer et al. (2012)	SI in hospitals as complex systems	Ambiguity, unpredictability, uncertainty
Kash et al. (2014)	Resource based view in healthcare strategic management	Strategy formulation
Desmidt and George (2016)	Internal communication and SI in hospitals	In-group communication, strategic consensus
Rusch et al. (2019)	Entrepreneurial orientation of CEOs and SI in nonprofit hospitals	CEO entrepreneurial orientation, competitive environment

SI. Previous studies have provided comprehensive sets of implementation barriers. Waterman and Peters (1982) well-known 7S model identified seven organizational barriers to SI: structure, style, staff, shared values, skills, system and strategy. Similar elements were prominent in more recent studies. For example, Engert and Baumgartner (2016) discovered that the main barriers to implementing corporate sustainability strategies problems are organizational structure, organizational culture, leadership, management control, employee motivation and communication. In a conceptual framework for strategic change implementation, Krishnakumar (2015) listed the important success factors as time, change readiness, change capabilities, change dimensions, drivers of change and strategy continuum. Candido and Santos (2015) separated SI barriers into two groups: organizational factors (firm size, sector of operation, ownership, management style) and environmental factors (economic, social, and cultural context). Similarly, Baroto, Arvand, and Ahmad (2014) identified two sets of barriers, namely: internal (systems, staff, style, skills, structure, and shared values) and external (economic forces, social, cultural, demographic, and natural environment forces, political, governmental, and legal forces, technological forces and competitive forces). In their study of SI barriers in hospitality and tourism, Köseoğlu et al. (2018) extracted seven factors: barriers related to planning and strategic decisions, barriers related to organization structure and leadership, barriers related to the implementation process, barriers related to a lack of coordination and communication, barriers related to resistance to strategic decisions, barriers related to motivation, and barriers related to career planning and the expectations of employees.

Although SI studies in healthcare management are immature, they offer insights regarding success factors and SI barriers. Rusch et al. (2019) recent study found that CEO entrepreneurial orientation is the most important success factor for nonprofit hospitals operating in competitive environments. Desmidt and George (2016) on the other hand showed that internal communication problems prevent strategic consensus and therefore erect a barrier to successful SI. Meyer Junior, Pascucci, and Murphy (2012) viewed hospitals as complex systems in which ambiguity, unpredictability and uncertainty are the most important factors in SI success. For strategic change implementation, Caldwell et al. (2008) stress that agreement on the new strategy, leaders' actions and groups' general orientation toward change are what set apart successful SI initiatives from failures. In other studies, scholars point to various organizational and environmental factors such as strategic consensus, commitment to SI, collaboration among stakeholders, leadership, organizational participation,

performance measurement, monitoring, communication of strategies, employee empowerment (Dooley, Fryxell, and Judge 2000; Inamdar et al. 2000; Inamdar, Kaplan, and Reynolds 2002; De-Macedo Solares and Neves 2002; Matus 2004; Freed 2005).

Methodology

A questionnaire initially developed by Köseoğlu et al. (2018) was used for the current study. It comprises of two parts with the first part consisting of 41 items that measure SI barriers. These items were adopted from previous SI studies by Alashloo, Castka, and Sharp (2005), Alexander (1985), Augiers and Teece (2009), Brenes, Mena, and Molina (2008), Helfat and Martin (2015), Hrebiniak (2006), Kargar and Blumenthal (1994), Köseoğlu et al. (2009); Miller, Wilson, and Hickson (2004), Noble (1999), Okumus (2003) and Rapert, Velliquette, and Garretson (2002). The items measure SI barriers on a five-point Likert scale (1 = strongly disagree to 5 = strongly agree). A double blind procedure was used to translate the first part of the questionnaire into Turkish.

The aforementioned questionnaire was chosen for three reasons. Firstly, it deploys a comprehensive set of SI factors that encompass both organizational and environmental variables. Second, a careful procedure was applied to translate the questionnaire into Turkish to establish the reliability of the research tool (Köseoğlu et al., 2018). Lastly, the questionnaire was previously administered in the hospitality and tourism context, which has certain similarities to healthcare with its service focus .

Sampling and Data Collection

The sample includes 185 middle and high-level managers from Turkish private hospitals. The latter were purposefully selected because strategy development and implementation activities for public hospitals are directed by the Ministry of Health, leaving minimal discretion to managers. On the other hand, private hospital managers have full responsibility and discretion for developing strategic plans and implementing them. A total of 46 hospitals were contacted in the initial stage, and 39 agreed to participate. Hard copy surveys were distributed to 241 managers from these hospitals and 204 responded to our survey. 19 surveys were excluded because of errors and there were 185 surveys remaining at the end of the data collection process (see Table 2).

Data Analysis

To calculate how success rates are distributed, we asked respondents the following question: "What percentage of strategic decisions are implemented successfully in your current organization?". The results are reported in Table 3 and discussed below. Next, we determined the mean and standard deviations for each of the 41 survey items.

Table 2. Sample characteristics.

Variable Name	Characteristics	N	%
Gender	Male	89	48.1
	Female	96	51.9
Education	High school	12	6.48
	Two-year degree	47	25.4
	Bachelor's degree	89	48.1
	Postgraduate	36	20.02
Healthcare education	Two-year degree	23	12.43
	Bachelor's degree	31	16.75
	Post-graduate degree	9	4.86
Management level	Upper	40	21.62
	Middle	76	41.08
	Bottom	69	37.29
Functional background	Accounting and finance	25	13.51
	General management	54	29.18
	Human resources	17	9.18
	Nursing	58	31.35
	Marketing or sales	7	3.78
	Quality management	6	3.24
	Medical services	10	5.4
	Others	8	4.32
Strategic management education	Yes	85	45.94
	No	100	54.06
Contribution to strategy development	Yes	116	62.7
	No	69	37.3
Experience as a manager	0-5 years	95	51.35
	6-10 years	35	18.91
	11-15 years	30	16.21
	16-20 years	15	8.1
	21 years or more	10	5.4
Experience in the current organization	0-5 years	117	63.24
	6-10 years	42	22.7
	11-15 years	11	5.94
	16-20 years	7	3.78
	21 years or more	8	4.32
Type of hospital	General	174	94.05
	Specialist	11	5.95
Type of ownership	Independent	96	51.89
	Chain	89	48.11
Bed capacity	0-100	106	57.29
	101-250	52	28.1
	251-500	9	4.86
	501 or more	16	8.64

Table 3. Strategy implementation rates.

What percentage of strategic decisions are implemented successfully in your current organization?	n	%
81-100%	8	4.32
61-80%	16	8.64
41-60%	63	34.05
21-40%	65	35.13
Less than 20%	33	17.83
TOTAL	185	100

We ranked the most important barriers to strategy implementation according to the mean values of the item responses (see Table 4).

Results

Table 3 presents the implementation rates of strategic decisions in the study sample. The results show that only 4,3% of managers think that their hospital achieved SI success. On the other hand, more than 80% of the respondents think that their organizations successfully implement 60% or less of the strategic decisions.

Table 4 ranks the barriers to SI according to the average scores of the responses from the managers. The most important five barriers are low employee motivation, an exclusive focus on financial performance, lack of consensus among decision makers, lack of comprehensive strategic analysis before implementation and lack of fit between the organization's overall goals and operational decisions. The least important five barriers are employee resistance, unsuitable leadership style during implementation, lack of technological capabilities, strategic decisions not offering anything valuable for employees and heavy bureaucracy within the organization.

Table 4. Barriers to strategy implementation.

BARRIERS	MEAN	STANDARD DEVIATION
Low level of employee motivation	3.49	1.16
Focusing on short-term financial performance	3.42	1.27
Lack of consensus among decision makers	3.37	1.23
Lack of comprehensive strategic analysis before implementation	3.36	1.28
Lack of fit between the organization's overall goals and operational decisions	3.36	1.97
Multiple decisions/projects are being implemented at the same time	3.36	1.25
Low level of manager motivation	3.34	1.05
Disagreements among owners and managers	3.31	1.21
Insufficient resources	3.31	1.10
Lack of sufficient training	3.28	1.27
Conflicts and disagreements among employees	3.28	1.14
Need more resources than originally planned	3.25	1.08
Need more time than originally planned	3.24	1.04
Not considering all key stakeholders	3.23	1.21
Short term orientation of the owner(s)	3.22	1.40
Lack of effective evaluation/control systems	3.22	1.19
Middle managers and employees do not fully understand the decision	3.22	1.10
Conflicts among departments	3.21	1.19
Fear of insecurity among employees	3.21	1.20
Poor decision making skills of owners and managers	3.19	1.24
Lack of full commitment from employees	3.19	1.24
Frequent interventions to daily operations by owners	3.17	1.36
Lack of a comprehensive strategic plan	3.17	1.23
High turnover among senior managers	3.17	1.19
Unexpected changes within the organization during the implementation process	3.16	1.03
Unexpected changes in the external environment during the implementation process	3.15	1.06
Lack of fit between organizational culture and the strategic decision	3.14	1.35
Conflicts among senior managers	3.11	1.20
Lack of fit between organizational structure and strategic decisions	3.10	1.08
Lack of a clear vision and goals	3.10	1.23
Resistance from departments	3.08	1.10
Owners and managers often changing their strategic decisions	3.07	1.26
Lack of necessary skills by employees	3.05	1.09
Lack of support from senior managers	3.04	1.16
Turnover among middle managers	3.01	1.11
Time limitation	3.01	1.18
Resistance from employees	3.01	1.17
Unsuitable leadership style during implementation	2.99	1.13
Lack of technological capabilities	2.94	1.21
Strategic decisions are not offering anything valuable for employees	2.90	1.20
Heavy bureaucracy within the organization	2.86	1.24

Discussion

Our results clearly indicate that only a small percentage of strategic decisions are successfully implemented, and that healthcare organizations face serious barriers to SI in Turkey.

The results show that Turkish hospitals suffer from low employee motivation (mean = 3.49), short-term focus of senior management (mean = 3.42), low agreement on strategic decisions (mean = 3.37), inadequate attention to strategy formulation (mean = 3.36) and failure to achieve compatibility between overall goals and operational decisions (mean = 3.36). The results also indicate that organizational factors are the main obstacles to SI success in hospitals. Among the most important barriers, two are related to strategy formulation processes, namely an exclusive focus on financial performance and not carrying out a comprehensive strategic analysis in decision making. The two identified barriers suggest that top managers in Turkish hospitals focus narrowly when measuring performance and pay insufficient attention to long-term strategies. On the other hand, low employee motivation, lack of consensus among decision makers and lack of fit between the organization's overall goals and decision making relate to daily implementation practices. These barriers show that important implementation problems arise in the middle and lower levels of healthcare organizations when translating strategic goals into everyday practice.

One of the most striking findings of the study is that lack of employee motivation is the biggest impediment to strategy implementation (Table 4, mean 3.49, sd 1.16). Managers may address this issue by increasing employee participation in strategic processes. Chang and Platt (1987) claim that involving medical personnel in the strategic planning of healthcare organizations can bridge the gap between strategy formulation and implementation. Since medical personnel have the major role in implementing strategic decisions, their opinions are of considerable importance. Involving doctors and other healthcare professionals in strategic decisions may mitigate the barriers to implementation. In addition, human resources policies that increase organizational communication and coordination should be identified and executed. Necessary training should be provided to employees about strategic processes and how they can contribute.

The findings show that a lack of agreement amongst decision makers is an important barrier to strategy implementation (Table 4, mean 3.42, sd 1.23). The board of trustees, managers and doctors form a top management triangle and share the authority in hospitals. Although each group is powerful, none is efficient (Meyer Junior, Pascucci, and Murphy 2012). In a resource constrained environment, this situation feeds political tensions between the medical staff and managerial team. Differences in thinking and orientation are the underlying reasons behind conflict and tensions between hospital managers and medical professionals. Whilst the managerial team is focusing on the implementation of strategic decisions, medical professionals invest their attention on operational decisions about their profession. In other words, there may be a misfit between a healthcare organization's strategies and the professional aims of its medical staff. Close coordination is needed between managers and healthcare professionals to ensure that strategies are implemented effectively.

Another important finding is the impact of lack of fit between organizational goals and operational decisions (Table 4, mean 3.36, sd 1.97). This finding may relate to the general characteristics of hospitals. Urgent decisions need to be taken in hospital contexts, such as decisions taken in the middle of a pandemic. On the other hand, hospitals may be viewed as loosely coupled systems with semi-autonomous units (Weick 1976) or even organized anarchies (Howell and Wall 1983). From this perspective, hospitals are pluralistic organizations with multiple aims and directions (Meyer Junior, Pascucci, and Murphy 2012). Due to these characteristics, hospital managers should be attentive to strategy implementation details. Lack of a comprehensive strategic analysis in decision making is another impediment to implementation. Environmental analysis is best undertaken by assessing and grouping environmental conditions that affect the hospital. Strategies should be formulated and implemented after a careful evaluation of the

environmental analysis. Since industry environment has a direct effect on healthcare organizations, managers should scan and collect data from the organizational and industrial environments (Ginter, Duncan, and Capper 1991). Thus, a hospital's survival in dynamic competition will depend on its ability to adapt to environmental conditions.

Conclusion

This study has explored barriers to strategy implementation in hospitals in a developing country context by surveying hospital managers. The greatest impediments were found to be "low level of motivation of employees" (mean 3.49, sd 1.16), "focusing only on financial performance" (3.42, 1.27) and "Lack of consensus among decision makers" (3.37,1.23). Our analysis of 41 items found that on a scale of 1-5, the mean score ranged between 2.86 and 3.49. This indicates that no single item was found universally to be essential, and none was universally rejected as unimportant. This suggests a highly complex network of barriers to implementing strategy in Turkish hospitals.

The study provides three types of contribution to the literature. Firstly, it is one of few that have focused on strategy implementation in healthcare organizations. Therefore, it illuminates a neglected part of the healthcare management literature. Second, the study identifies the largest set of factors that impact strategy implementation in healthcare organizations. It also provides important inputs for future research. Thirdly, the implications of our research provide significant insights for evidence-based healthcare management.

The findings of this study can guide hospital managers in their strategy implementation efforts. Hospitals constitute a unique context for strategy implementation and therefore pose unique challenges for practitioners. They operate in environments characterized by uncertainty and dynamism. Healthcare activities are generally performed in response to urgent demands and cannot be postponed. Emergency situations can also be a serious strain on strategic resources. These factors may impede the implementation of strategic plans. For example, the Covid 19 outbreak coerced many hospitals to divert their resources from applying previously defined strategies to fighting the emerging pandemic. Therefore, extraordinary circumstances should be integrated into strategy formulation and implementation by hospital managers.

The study has a number of limitations which should be acknowledged. Firstly, the data was collected from hospitals in Turkey. Future studies may widen their samples and include other healthcare organizations from different countries, thereby allowing researchers to extend applicability to other settings. Second, the study does not detail how the identified barriers affect organizational performance. Future researchers may address such details by deploying larger samples. Thirdly, the sample included only privately owned hospitals. Future studies may examine whether different ownership structures affect strategy implementation. Fourthly, we did not use characteristics to group hospitals (eg by size) or managers (eg by experience). It would be interesting to see how organizational and individual characteristics interact in increasing or overcoming barriers to strategy implementation. Lastly, the survey was applied to managerial staff because they are likely to be more knowledgeable about strategic issues. However, it would be useful for future investigations to ask how the strategy implementation process is perceived by lower-level employees.

ORCID

Brian King http://orcid.org/0000-0002-5300-5564

References

Ahearne, M., S. K. Lam, and F. Kraus. 2014. Performance impact of middle managers' adaptive strategy implementation: The role of social capital. *Strategic Management Journal* 35 (1):68–87. doi: 10.1002/smj.2086.

Aladag, O. F., M. A. Köseoglu, B. King, and F. Mehraliyev. 2020. Strategy implementation research in hospitality and tourism: Current status and future potential. *International Journal of Hospitality Management* 88:102556. doi: 10.1016/j.ijhm.2020.102556.

Alashloo, F. R., P. Castka, and J. M. Sharp. 2005. Towards understanding the impeders of strategy implementation in higher education (HE): A case of HE institutes in Iran.

Quality Assurance in Education 13 (2):132–47. doi: 10.1108/09684880510594382.

Alexander, L. D. 1985. Successfully implementing strategic decisions. *Long Range Planning* 18 (3):91–7. doi: 10.1016/0024-6301(85)90161-X.

Anchor, J. R., and J. S. Aldehayyat. 2016. Strategic decision implementation in an emerging market: "The nature of the beast?"*Management Decision* 54 (3):646–63. doi: 10.1108/MD-07-2015-0311.

Ateş, N. Y., M. Tarakci, J. P. Porck, D. van Knippenberg, and P. J. Groenen. 2018. The dark side of visionary leadership in strategy implementation: Strategic alignment, strategic consensus, and commitment. *Journal of Management*, 46 (5):637–65.

Augier, M., and D. J. Teece. 2009. Dynamic capabilities and the role of managers in business strategy and economic performance. *Organization Science* 20 (2):410–21. doi: 10.1287/orsc.1090.0424.

Baroto, M. B., N. Arvand, and F. S. Ahmad. 2014. Effective strategy implementation. *Journal of Advanced Management Science Volume* 2 (1):50–4.

Barrick, M. R., G. R. Thurgood, T. A. Smith, and S. H. Courtright. 2015. Collective organizational engagement: Linking motivational antecedents, strategic implementation, and firm performance. *Academy of Management Journal* 58 (1):111–35. doi: 10.5465/amj.2013.0227.

Brenes, E. R., M. Mena, and G. E. Molina. 2008. Key success factors for strategy implementation in Latin America. *Journal of Business Research* 61 (6):590–8. doi: 10.1016/j.jbusres.2007.06.033.

Bundy, J., C. Shropshire, and A. K. Buchholtz. 2013. Strategic cognition and issue salience: Toward an explanation of firm responsiveness to stakeholder concerns. *Academy of Management Review* 38 (3):352–76. doi: 10.5465/amr.2011.0179.

Caldwell, D. F., Chatman, J.O'Reilly, I. I. I.Ormiston, C. A. M. and Lapiz M. 2008. Implementing strategic change in a health care system: The importance of leadership and change readiness. *Health Care Management Review* 33 (2):124–33. doi: 10.1097/01.HMR.0000304501.82061.e0.

Cândido, C., and S. P. D. Santos. 2015. Strategy implementation: What is the failure rate?*Journal of Management & Organization* 21 (2):237–62. doi: 10.1017/jmo.2014.77.

Chang, Y. N., and W. R. Platt. 1987. The first powerful step in strategic development. *Marketing Health Services* 7 (2):50.

Cresswell, K. M., D. W. Bates, and A. Sheikh. 2013. Ten key considerations for the successful implementation and adoption of large-scale health information technology. *Journal of the American Medical Informatics Association: JAMIA* 20 (e1):e9–e13. doi: 10.1136/amiajnl-2013-001684.

De Macedo-Soares, T. D. L. V. A., and J. A. Neves. 2002. Implementing quality improvement strategies in Brazilian hospitals: A model for guidance of the initial stage of implementation. *International Transactions in Operational Research* 9 (1):3–17. doi: 10.1111/1475-3995.00337.

Desmidt, S., and B. George. 2016. Do we see eye to eye? The relationship between internal communication and between-group strategic consensus: A case analysis. *Management Communication Quarterly* 30 (1):84–102. doi: 10.1177/0893318915609406.

Dooley, R. S., G. E. Fryxell, and W. Q. Judge. 2000. Belaboring the not-so-obvious: Consensus, commitment, and strategy implementation speed and success. *Journal of Management* 26 (6):1237–57. doi: 10.1177/014920630002600609.

Engert, S., and R. J. Baumgartner. 2016. Corporate sustainability strategy–Bridging the gap between formulation and implementation. *Journal of Cleaner Production* 113:822–34. doi: 10.1016/j.jclepro.2015.11.094.

Freed, D. H. 2005. Hospital turnarounds: Agents, approaches, alchemy. *The Health Care Manager* 24 (2):96–118. doi: 10.1097/00126450-200504000-00002.

Furst, S. A., and D. M. Cable. 2008. Employee resistance to organizational change: Managerial influence tactics and leader-member exchange. *The Journal of Applied Psychology* 93 (2):453–62. doi: 10.1037/0021-9010.93.2.453.

Ginter, P. M., W. J. Duncan, and S. A. Capper. 1991. Strategic planning for public health practice using macroenvironmental analysis. *Public Health Reports (Washington, D.C. : 1974)* 106 (2):134–41.

Grant, R.. 2015. Contemporary strategy analysis: Texts and cases. New York: John Wiley & Sons.

Helfat, C. E., and J. A. Martin. 2015. Dynamic managerial capabilities: Review and assessment of managerial impact on strategic change. *Journal of Management* 41 (5):1281–312. doi: 10.1177/0149206314561301.

Howell, J. P., and L. C. Wall. 1983. Executive leadership in an organized anarchy: The case of HSOs. *Health Care Management Review* 8 (2):17–26. doi: 10.1097/00004010-198308020-00003.

Hrebiniak, L. G. 2006. Obstacles to effective strategy implementation. *Organizational Dynamics* 35 (1):12–31. doi: 10.1016/j.orgdyn.2005.12.001.

Huy, Q. N. 2011. How middle managers' group-focus emotions and social identities influence strategy implementation. *Strategic Management Journal* 32 (13):1387–410. doi: 10.1002/smj.961.

Inamdar, S. N., R. S. Kaplan, M. L. Jones, and R. Menitoff. 2000. The Balanced Scorecard: A strategic management system for multi-sector collaboration and strategy implementation. *Quality Management in Health Care* 8 (4):21–39. doi: 10.1097/00019514-200008040-00004.

Inamdar, N., R. S. Kaplan, and K. Reynolds. 2002. Applying the balanced scorecard in healthcare provider organizations/Practitioner's Response. *Journal of Healthcare Management* 47 (3):179.

Kargar, J., and R. A. Blumenthal. 1994. Successful implementation of strategic decisions in small community banks. *Journal of Small Business Management* 32 (2):10–22.

Kash, B. A., A. Spaulding, L. D. Gamm, and C. E. Johnson. 2014. Healthcare strategic management and the resource based view. *Journal of Strategy and Management*, 7 (3):251–64

Köseoglu, M. A., R. Law, F. Okumus, M. Barca, and I. C. Dogan. 2018. Evolution of strategic management research lines in hospitality and tourism. *Journal of Hospitality Marketing and Management* 28 (06):1–21. doi: 10.1080/19368623.2019.1550693.

Krishnakumar, M. 2015. Strategy implementation: Strategic change model-a conceptual framework. *Strategic Management Review* 9 (1):77–86.

Matus, J. C. 2004. Strategic implications of culturally competent care. *The Health Care Manager* 23 (3):257–61. doi: 10.1097/00126450-200407000-00009.

Mellor, S., L. Hao, and D. Zhang. 2014. Additive manufacturing: A framework for implementation. *International Journal of Production Economics* 149:194–201. doi: 10.1016/j.ijpe.2013.07.008.

Meyer Junior, V., L. Pascucci, and J. P. Murphy. 2012. Implementing Strategies in Complex Systems: Lessons from Brazilian Hospitals. *BAR - Brazilian Administration Review* 9:19–37. doi: 10.1590/S1807-76922012000500003.

Miller, S., D. Wilson, and D. Hickson. 2004. Beyond planning strategies for successfully implementing strategic decisions. *Long Range Planning* 37 (3):201–18. doi: 10.1016/j.lrp.2004.03.003.

Mishra, R. P., and A. Chakraborty. 2014. Strengths, weaknesses, opportunities and threats analysis of lean implementation frameworks. *International Journal of Lean Enterprise Research* 1 (2):162–82. doi: 10.1504/IJLER.2014.066833.

Noble, H. 1999. The eclectic roots of strategy implementation research. *Journal of Business Research* 45 (2):119–34. doi: 10.1016/S0148-2963(97)00231-2.

Okumus, F. 2003. A framework to implement strategies in organizations. *Management Decision* 41 (9):871–82. doi: 10.1108/00251740310499555.

O'Reilly, C. A., D. F. Caldwell, J. A. Chatman, M. Lapiz, and W. Self. 2010. How leadership matters: The effects of leaders' alignment on strategy implementation. *The Leadership Quarterly* 21 (1):104–13. doi: 10.1016/j.leaqua.2009.10.008.

Proctor, E. K., B. J. Powell, and J. C. McMillen. 2013. Implementation strategies: Recommendations for specifying and reporting. *Implementation Science : IS* 8 (1):139–11. doi: 10.1186/1748-5908-8-139.

Ram, J., D. Corkindale, and M. L. Wu. 2013. Implementation critical success factors (CSFs) for ERP: Do they contribute to implementation success and post-implementation performance?*International Journal of Production Economics* 144 (1):157–74. ijpe.2013.01.032 doi: 10.1016/j.

Rapert, M. I., A. Velliquette, and J. A. Garretson. 2002. The strategic implementation process: Evoking strategic consensus through communication. *Journal of Business Research* 55 (4):301–10. doi: 10.1016/S0148-2963(00)00157-0.

Rusch, S., M. Lachmann, M. Wilkesmann, and K. Bastini. 2019. The effects of entrepreneurial orientation on strategy choice and management control in nonprofit organizations. *Problems and Perspectives in Management* 17 (3):153–68. doi: 10.21511/ppm.17(3).2019.13.

Schaap, J. I. 2006. Toward strategy implementation success: An empirical study of the role of senior-level leaders in the Nevada gaming industry. *UNLV Gaming Research & Review Journal* 10 (2):2.

Verweire, K. 2014. *Strategy implementation*. New York: Routledge

Waterman, R. H., and T. J. Peters. 1982. *In search of excellence: Lessons from America's best-run companies*, 75–6. New York: Harper & Row.

Wei, Y. S., H. O'Neill, and N. Zhou. 2019. How does perceived integrity in leadership matter to firms in a transitional economy?*Journal of Business Ethics*, 167 (4):623–41.

Weick, K. E. 1976. Educational organizations as loosely coupled systems. *Administrative Science Quarterly* 21 (1):1–19. doi: 10.2307/2391875.

Wolf, C., and S. W. Floyd. 2017. Strategic planning research: Toward a theory-driven agenda. *Journal of Management* 43 (6):1754–88. doi: 10.1177/0149206313478185.

Wu, W. Y., S. W. Hsiao, and H. P. Kuo. 2004. Fuzzy set theory based decision model for determining market position and developing strategy for hospital service quality. *Total Quality Management & Business Excellence* 15 (4):439–56. doi: 10.1080/1478336042000183587.