



**High-Performance Work Systems: An Empirical Investigation in
Saudi Arabia**

by

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Declaration

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university; and the research within will not be submitted for any other future degree or diploma without the permission of Flinders University; and to the best of my knowledge and belief, does not contain any material previously published or written by another person except where due reference is made in the text.

Signed: 

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Date: 12/10/2021

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Abstract

To date, research on high-performance work systems (HPWSs) in the Middle East, which is characterised and influenced by unique cultural factors such as *wasta*—the use of social connections to procure work—has been limited. Given the emergence of HPWSs and their components in Middle Eastern organisations, this thesis aims to understand the nature of HPWSs and how they drive employee outcomes in the Middle East, with consideration of cultural and contextual factors.

To achieve this aim, a mixed methods sequential exploratory design was employed to investigate HPWSs in the Saudi Arabian healthcare sector. In the first stage, 32 executives were interviewed to explore the nature or components of HPWSs, their implementation in the Saudi healthcare context and the factors influencing their implementation. The findings reveal that, in general, HPWS are associated with positive experiences of employees. The key results suggest the important influence of cultural, institutional and organisational factors on HPWS practices. *Wasta*, a cultural factor specific to the Middle East, was critical in influencing HPWSs and their functions, suggesting the need to further investigate it in the second stage.

In the second stage, a three-wave online survey was administered to 187 frontline healthcare professionals and examined how HPWSs could influence employees' work attitudes and the boundary conditions that drive employees' attitudes towards HPWSs. Informed by the findings of the first stage and the literature, this quantitative study tested the mediating effects of employee thriving and the moderating effects of *wasta* on the relationship between HPWSs and employee attitudes (i.e. job satisfaction, affective organisational commitment and career satisfaction). The results reveal that HPWSs are positively related to employee thriving at work, which, in turn, affected employees' work and career attitudes. *Wasta* was found to moderate the relationship between HPWSs and thriving as well as the indirect link between HPWSs and employee attitudes via thriving. These

relationships were stronger when *wasta* was low and weaker when *wasta* was high. These findings suggest that by implementing an HPWS, organisations may improve employees' positive psychological states, thus foster desirable employee attitudes. Because the strength of this relationship depends on the level of *wasta*, it is recommended that practitioners and policymakers take measures to promote thriving and reduce the unwanted effects of *wasta*.

By examining the healthcare sector in Saudi Arabia, this thesis makes a significant and original contribution to addressing the paucity of evidence in this region and bridges the gap between HPWSs and the Middle Eastern context. This research has generated the earliest empirical evidence, both qualitative and quantitative in nature, to shed light on the ongoing development of theoretical knowledge regarding HPWSs, producing broad implications for the healthcare sector and the Middle East. At the forefront of investigating *wasta* as a boundary condition, this thesis produces pioneering work on HPWSs conducted throughout Saudi Arabia and provides a basis on which further research could build.

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List of Abbreviations

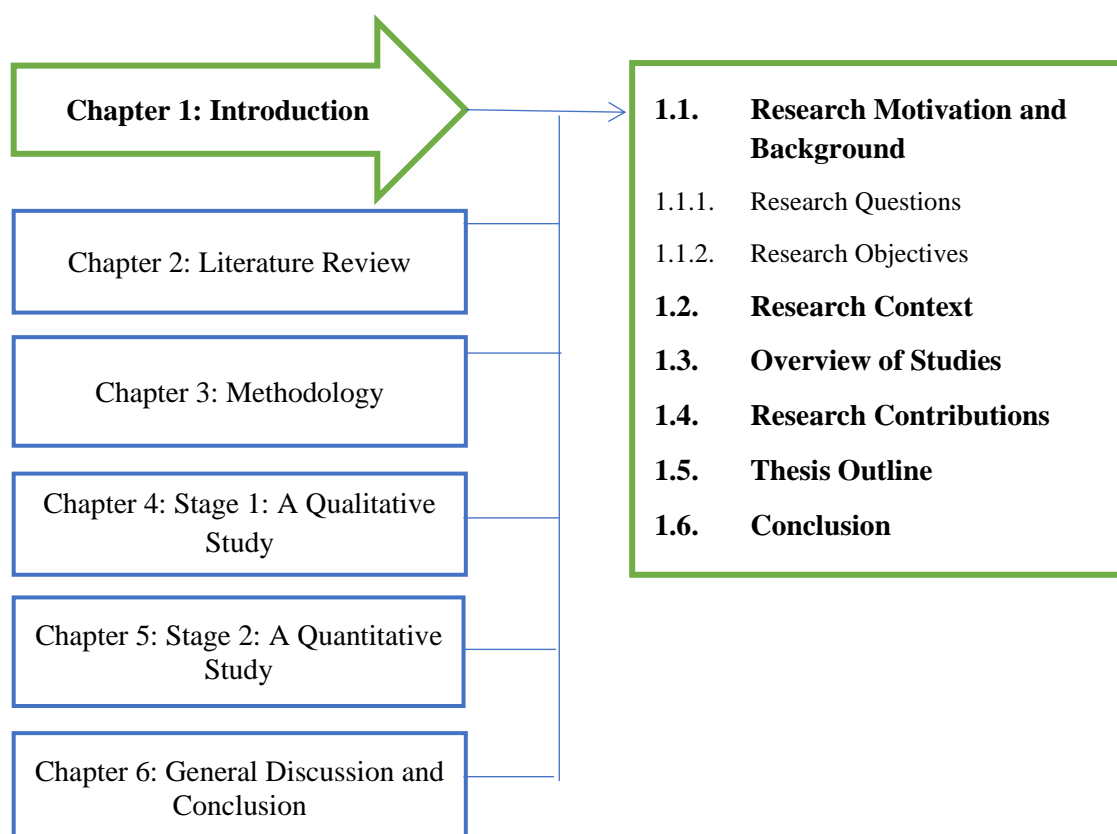
AMO	Ability–motivation–opportunity
CFI	Comparative fit index
COR	Conservation of resources
HPWP	High-performance work practice
HPWS	High-performance work systems
HR	Human resource
HRM	Human resource management
HRP	Human resource practice
NPM	New Public Management
OCB	Organisational citizenship behaviour
RMSEA	Root-mean-square error of approximation
SCFHS	Saudi Commission for Health Specialties
SD	Standard deviation
SRMR	Standardised root-mean-square residual
UK	United Kingdom
US	United States

Peer-Reviewed Conference Papers

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Chapter 1: Introduction



Section 1.1 introduces the research topic by presenting an overview of the need for this research, a background on high-performance work systems (HPWSs) and the research questions and objectives. Section 1.2 explains the context of this research: the healthcare sector in Saudi Arabia. This chapter also provides a brief outline of the research methods. It then highlights the research contributions and provides an overview of the thesis structure.

1.1 Research Motivation and Background

The notion of HPWSs originated from the field of strategic human resource (HR) management (HRM) (Kaufman, 2010). During the 1980s, Japan, Sweden and Germany were leaders in production systems, sociotechnical systems and production quality, with the aim of improving the productivity of their workforces (Kaushik & Mukherjee, 2021). Firms in the United States (US), however, were lagging in this domain and needed to find their own

advanced work systems (Boxall & Macky, 2009) to compete in the global market, ultimately leading to the development of HPWSs (E. Appelbaum & Batt, 1994). Since then, HPWSs have been adopted to improve industrial relations, labour economics, operations management, strategic HRM and organisational behaviours (Boxall & Macky, 2009; Camps & Luna-Arocas, 2012; Forza & Salvador, 2001; Freeman et al., 2008; Hyde et al., 2013).

HPWSs are a group of consistent HR practices (HRPs) designed to enhance employee commitment, competence and motivation (E. Appelbaum et al., 2000; Datta et al., 2005; Guthrie, 2001; Huselid, 1995). They have been defined as ‘a group of separate but interconnected human resource practices that together recruit, select, develop, motivate, and retain employees’ (Zacharatos et al., 2005, p. 77). Regardless of how an HPWS is delivered, its underlying focus is to positively influence employees and improve organisational performance through a set of integrated HR bundles, systems or practices. Researchers have explored different types of HRPs. For instance, according to Sun et al. (2007), HPWSs include practices related to promotion, training and development, team management, performance appraisals and rewards. Similarly, Cooke (2001) grouped various HRPs into categories such as systematic selection, training, behaviour-based appraisals, rewards and employee involvement. According to several systematic reviews (Boon et al., 2019; Boselie et al., 2005; Posthuma et al., 2013), the most widely adopted practices are training and development, participation and autonomy, incentive compensation, performance appraisals, selection and job design. Given the lack of agreement among researchers on the HRPs that constitute an HPWS, there is no fixed list of HRPs. Indeed, the literature emphasises a diverse approach to HPWSs and acknowledges that they comprise a wide range of HRPs, which may vary across contexts (Boxall, 2012; J. Han et al., 2019).

HPWSs enable firms to gain a competitive advantage and become more effective by enhancing employee expertise, capabilities and productivity (Barney, 1991; Bowen & Ostroff,

2004; Liao et al., 2009). A number of theoretical frameworks demonstrate that focusing strategically on HRM systems can result in a sustained competitive advantage. For example, B. E. Becker et al.'s (1997) model explains that HRM systems designed to support and motivate employees and develop their skills result in increased discretionary effort and productivity, improving organisational performance and profit. Similarly, Posthuma et al.'s (2013) HPWS taxonomy and Kehoe and Wright (2013) research on high-performance HRPs show the links between HRPs and organisational performance. Other researchers have suggested that for firms to gain a competitive advantage, constructs such as employee engagement (Albrecht et al., 2015) and managerial skills and abilities must be strategically integrated within HRM systems (Arthur et al., 2016).

The three main characteristics of HPWSs include system, performance and synergetic effects (Kaushik & Mukherjee, 2021). First, an HPWS is a complex system that connects individual work practices and processes with an organisation's strategy (Posthuma et al., 2013). It adopts innovative and integrated bundles of HRPs designed to improve individual and organisational performance (E. Appelbaum et al., 2000; Batt, 2002; MacDuffie, 1995). The second key characteristic is performance. An HPWS is designed to improve performance and create a performance-oriented workplace (M. Armstrong, 2011) by enhancing the value of human capital (Beltrán-Martín et al., 2008) and improving employees' knowledge, skills, abilities, motivation and commitment (K. Jiang et al., 2013; Karadas & Karatepe, 2019), leading them to perform tasks more effectively (Guthrie, 2001; Huselid, 1995; Preuss, 2003). The third characteristic is synergetic effects. HPWSs have been shown to be more effective than traditional HRM practices. The strategic HRM and HPWS literature suggests that synergetic systems or bundles of HRM can significantly improve individual and organisational effectiveness, thus the firm's competitive advantage, and are more effective than disconnected HRPs (Aryee et al., 2012; B. E. Becker & Huselid, 2006; L.-C. Huang et al., 2016). The

integration and alignment of HRPs with external and internal factors creates a synergetic effect, which is essential for truly high-performance systems (Kaushik & Mukherjee, 2021). For example, employees who perform their jobs efficiently and are evaluated via effective performance appraisal procedures may receive recognition or awards for their performance or be provided with the necessary training to address any gaps in their skills. This example shows the connection between an effective performance review, performance-based remuneration and effective training and development. Specific combinations of these work practices are created in alignment with the organisation's strategic goals, producing a synergetic effect through interactive and mutually reinforcing processes (Huselid & Becker, 1995).

The HPWS literature has mainly focused on improving firm performance in Western countries such as the US (Flinchbaugh et al., 2016), Australia (Bartram et al., 2014) and the United Kingdom (UK) (White & Bryson, 2013) as well as East Asian countries (Takeuchi et al., 2018) such as China (M. M. Zhang et al., 2016) and South Korea (S. J. Shin et al., 2018). Given that HPWSs frequently improve organisational performance, some authors argue that they are universally effective across organisations, sectors and cultures (Ahmad & Allen, 2015; Schmidt et al., 2018). However, this notion has been questioned by advocates of the contingency view (Boxall & Purcell, 2000; Fan et al., 2014; V. E. Pereira et al., 2018; Purcell, 1999), who frame HPWSs according to internal and external factors and country-specific contextual and cultural norms, which can affect employment relationships.

HRM is a strategic response to the external and internal environment and is shaped by a wide range of factors specific to countries, cultures and industries (Blom et al., 2019; Boxall & Purcell, 2016; Jackson et al., 2014; Johns, 2006; Rousseau & Fried, 2001). For instance, limited research in China has paid attention to country-specific factors rather than simply adopting approaches that have evolved in other cultures. Yen et al. (2016) adopted a

contextual perspective and explored the effect of *guanxi*, the concept of interpersonal relationships in the context of Chinese culture, on the relationship between HPWSs and organisational performance. They suggested that the operation of firms is based on effective management systems as well as their interpretation of cultural factors. Similarly, Xian et al. (2019) investigated the influence of *guanxi* on employee attitudes and perceptions of HRPs, finding that the adoption of Western HRPs by Chinese firms is beneficial because they help reduce some of the problems associated with *guanxi*. Thus, it is important to examine contextual and cultural factors because they may limit or enhance the effectiveness of HPWSs.

Developing countries such as India (Kundu & Gahlawat, 2018; V. E. Pereira et al., 2018), Pakistan (Khan et al., 2019) and Sri Lanka (Wickramasinghe & Liyanage, 2013) have started to attract research attention in the field of HPWSs. However, researchers have not adequately explored the effect of unique cultural factors on HPWSs. Further, there is a lack of empirical evidence on developing countries in the Middle East (Budhwar et al., 2019), meaning that the effect of HPWSs on organisations and individuals in this region is unknown. The small number of HRM studies conducted in Middle Eastern countries have highlighted the characteristics of HRM and the range of cultural challenges and contextual issues such as *wasta* that dominate this region (Afiouni et al., 2013; Budhwar & Mellahi, 2007; Budhwar et al., 2019; Iles et al., 2012). Such challenges are yet to be explored in the HPWS literature. Thus, this research aims to explore the nature of HPWSs in the Middle Eastern context and investigate the influence of cultural and contextual factors on HPWS implementation and outcomes. By exploring the nexus between the cultural factors specific to the Middle East and HPWSs emerging from the West, this thesis contributes to the paucity of evidence in this region and bridges the gap between HPWSs and culture.

HPWS outcomes occur at both organisational and individual levels. Earlier studies focused on how HR systems increase competitive advantage by improving organisational competency and productivity (Lado & Wilson, 1994). Researchers argue that adopting an HPWS can enhance an organisation's overall performance (M. Armstrong, 2011; Ngo et al., 2014; Snape & Redman, 2010). This argument is supported by empirical research that HPWSs or similar HRPs lead to improved overall firm performance (Batt, 2002; Boselie et al., 2005; MacDuffie, 1995), financial performance (Y. K. Chang et al., 2013; Choi, 2014; Demirbag et al., 2014) and labour productivity (Ahmad & Allen, 2015; Datta et al., 2005). To contribute to the debate on the 'black box' of HR systems (Boxall, 2012), authors have proposed models to explain how HR systems relate to a firm's performance (B. E. Becker & Huselid, 1998; Guest, 1997). Studies have shown that employees play a significant role in mediating the influence of HPWSs on firm performance (Kundu & Gahlawat, 2018; Peña et al., 2015; B. Zhang & Morris, 2014). Thus, an increasing number of researchers have shifted their attention towards understanding the effect of HPWSs on employee attitudes and behaviours (Liao et al., 2009).

From the individual perspective, an HPWS may have both a positive and a negative influence on employee outcomes such as wellbeing, creativity and organisational citizenship behaviours (OCBs). Although HPWSs have many positive effects, several scholars have asserted that they may also have a dark side. For example, Jensen et al. (2013) found that HPWSs can lead to anxiety and task overload when it is implemented alongside low levels of job control. Topcic et al. (2016) also found that high-performance work practices (HPWPs) (i.e. performance evaluations and continuing education) were associated with increased stress among employees. It has also been proposed that HPWSs may lead to workplace bullying and reduced productivity (Samnani & Singh, 2014). On the contrary, HPWSs have been found to positively influence employee emotions, attitudes and behaviours, including improved

affective commitment, job satisfaction and creativity (Andersen & Andersen, 2019; Brinck et al., 2019; Mostafa et al., 2019; Takeuchi et al., 2007; Tang et al., 2017).

The individual employee outcomes associated with HPWSs have been mainly explored within the organisational context. However, career outcomes have received insufficient attention, limiting our understanding of how HPWSs can enhance employees' overall careers. While career management is the responsibility of each individual employee, career management programs are usually implemented at the organisational level (S. H. Appelbaum et al., 2002). HPWSs can empower employees to understand what is expected of them and act accordingly, establish goals for success, maximise their contributions, increase their motivation and commitment to the organisation and build their capacity, which may predict career growth and success (M. Armstrong, 2011; Boekhorst, 2014). Moreover, HPWSs have a strong positive effect on job satisfaction, engagement and commitment (Kloutsiniotis & Mihail, 2017), which are positively linked to career success and satisfaction (Ballout, 2008; Vincent-Höper et al., 2012). Therefore, HPWSs may contribute to career development by directly benefiting both the organisation as well as employees in terms of their career growth and progress. This research contributes to the scant literature on HPWSs and career outcomes by empirically examining the relationship between HPWSs and career satisfaction.

More recently, researchers have become interested in the mediating mechanisms by which HPWSs influence employee outcomes (Alfes et al., 2013; Boon & Kalshoven, 2014; Innocenti et al., 2011). However, research in this highly contested field is lacking. The various mediators and moderators in the link between HPWSs and employee attitudes need further research. Researchers have recently emphasised the need to explore the influence of HPWSs on individuals by considering psychological mediators (Kaushik & Mukherjee, 2021). This is because psychological states (e.g. emotions and affective states) may be a proximal outcome or reaction when employees observe management practices and precede more distal outcomes

such as attitudes and behaviours (Y. Chen, Kim, et al., 2018; Van der Walt, 2018; Wang & Jing, 2018).

To advance this domain, this thesis offers a relatively new approach to understanding the relationship between HPWSs and employees' work- and career-related outcomes. Specifically, the present research focuses on thriving at work as a psychological mediator. Thriving is defined as progress or growth in one's self-development (Porath et al., 2012). It is a psychological state that is shaped by the resources and opportunities for skill and knowledge gain provided at the workplace (Porath et al., 2012; Spreitzer et al., 2010; Spreitzer et al., 2005). The focus is on thriving because it is a broad umbrella encompassing growth and development, positive behaviours and promising work outcomes (Spreitzer & Porath, 2014). In addition, by considering the mediating role of thriving, this thesis improves the understanding of the psychological aspects underpinning employees' attitudinal responses to the adoption of HPWSs.

As mentioned previously, effective HRM in the Middle East is challenged by cultural factors, including the strong influence of *wasta* (Iles et al., 2012). *Wasta* is defined as favours given to an individual by a third party in the form of benefits, resources or other advantages. Through *wasta*, individual goals are achieved via personal, family or friendship links with people of high status (Hutchings & Weir, 2006b). The use and influence of *wasta* are evident in business, employment relationships and HRM in the Middle East (Harbi et al., 2016; Hutchings & Weir, 2006b; Metcalfe, 2006; Tlaiss & Kauser, 2011). *Wasta* is a unique social relationship that allows individuals to utilise their social networks to enable patronage in a professional context. For example, *wasta* enables individuals to fulfil their personal objectives or secure a job or promotion and may not be available to others competing for the same position (Whiteoak et al., 2006). Budhwar et al. (2019) argue that more research must be

conducted ‘to explore the impact of *wasta* on HRM efficiency and effectiveness and eventually on organizational performance in the Middle Eastern context’ (p. 924).

Researchers have explored the influence of *guanxi* on Chinese business practices and HPWSs (Velez-Calle et al., 2015; Xian et al., 2019; Yen et al., 2016). Although *wasta* has been conceptually compared to *guanxi* (Berger et al., 2015; Hutchings & Weir, 2006a), it has not been as comprehensively explored as its Chinese counterpart. The cultural norms influencing HRPs and decision-making in the Middle East need to be investigated. To advance the knowledge and challenge the current assumptions, this thesis examines the phenomenon of HPWSs in Saudi Arabia and contributes to the HPWS literature by attending to the cultural and contextual factors or norms that are unique and specific to the Middle East. Such research may contribute to the wider adoption of HPWSs across the Middle East and provide broader implications for the region.

To explain the effects of HPWSs on performance outcomes via employee attitudes and behaviours, the HPWS literature revolves around some key theoretical perspectives. The existing HPWS research predominantly draws on social exchange theory to unlock the underlying mechanisms (K. Jiang et al., 2012; Kehoe & Collins, 2017). For example, social exchange theory (Blau, 1964) has been used to explain the relationships between HPWSs and financial performance via job satisfaction (Choi & Lee, 2013) and between HPWSs and business performance via commitment, motivation, intention to quit and satisfaction (Peña et al., 2015). Social exchange theory has also been used to examine the effect of HPWSs on employee outcomes such as engagement (Y. Huang et al., 2018) and wellbeing (M. Zhang et al., 2013).

Another prominent theory is the ability–motivation–opportunity (AMO) theory (E. Appelbaum et al., 2000), which has been used to explain the effect of HPWSs on team performance (Pak & Kim, 2018) and creative performance (Chiang et al., 2015). In addition,

HPWSs designed to enhance employees' abilities, motivations and opportunities have been found to affect service performance through the mediating role of trust in management and supervisors (Do et al., 2016) as well as business unit performance through the mediating role of human capital (Raineri, 2017). Although these theoretical perspectives have been well established, they have mainly been used to examine the mediating role of employees' attitudes and behaviours in the relationship between HR systems and firm performance (K. Jiang et al., 2013). Social exchange theory emphasises the motivational component of the employee–organisation relationship, while AMO theory emphasises the use of HPWSs to improve employee's knowledge, skills and abilities rather than their attitudes to promote organisational performance. Thus, these theories may not be as effective in addressing how psychological states influence employees' work attitudes.

This research contends that the resources provided through HPWSs can foster positive employee attitudes by influencing their psychological states. While the mediating mechanisms in the link between HPWSs and employees' work attitudes are still a developing research area, scholars argue that there is a growing need to utilise different theoretical approaches to understand them (K. Jiang et al., 2013). Thus, as stated earlier, this thesis focuses on thriving as a potential psychological mediator in the link between HPWSs and employees' work attitudes. In doing so, the socially embedded model of thriving is applied as a theoretical lens, providing an original theoretical contribution and a novel approach to the HPWS field.

In summary, the HPWS field has experienced continual growth. However, several areas warrant further investigation. There is a need to better understand the phenomenon of HPWSs in the Middle East in light of cultural factors such as *wasta* that dominate the region. Additionally, while the effects of HPWSs on employees' work-related outcomes have been well established, there is relatively limited evidence of their effects on career-related

outcomes. Moreover, while the literature reveals the mediating mechanisms in the link between HPWSs and organisational outcomes, those affecting employee outcomes, such as the mediating role of psychological states, require further investigation. Further, to advance the theoretical knowledge on HPWSs, there is a need to go beyond the existing theoretical frameworks that underpin HPWS research and explore alternative theories. This thesis will address these gaps through empirical exploration in the Saudi healthcare context.

1.1.1 Research Questions

To advance these areas of HPWS research, this thesis seeks to answer the following overarching question: *How do HPWSs shape employee outcomes in the Middle East?*

To help in answering the overarching research question, this thesis focuses on the following sub-questions:

1. What is the nature of HPWSs in the Saudi healthcare context?
2. What influences the implementation and outcomes of HPWSs in the Saudi healthcare context?
3. How or why do HPWSs influence employees' work attitudes?
4. What boundary conditions drive employees' attitudinal reactions to HPWSs?

1.1.2 Research Objectives

To answer these research questions, the research was conducted in the specific context of the Saudi healthcare sector (see Section 1.2). A set of research objectives, each corresponding to one of the research questions above, was developed. The objectives of this research are as follows:

1. to explore the nature of HPWSs in the Saudi healthcare context
2. to explore the factors influencing HPWS implementation and its outcomes in the Saudi healthcare context
3. to identify key mechanisms underlying the influence of HPWSs on employee attitudes

4. to explore culture-specific moderators of the effect of HPWSs on employee attitudes.

A qualitative study was conducted to address the first and second research questions and objectives, while a quantitative study was conducted to address the third and fourth research questions and objectives.

1.2 Research Context

Given the increased competitiveness among organisations and rapid emergence of new competitors across industries, effective HRM has become necessary for the survival of organisations in the twenty-first century. Several industries worldwide have implemented HPWSs, which have been extensively researched in manufacturing (E. Appelbaum et al., 2000; Camuffo et al., 2017), banking (Aryee et al., 2016; Cooke et al., 2019) and other industries. Recent empirical studies have extended into the healthcare sector (Bartram et al., 2014; Fan et al., 2014; Kilroy et al., 2020; Kloutsiniotis & Mihail, 2017; Opperl et al., 2019; Wilkinson et al., 2019). The healthcare industry is gaining increased attention in the field. Effective HRM in the healthcare sector has become a critical priority for hospital management since the emergence of the COVID-19 pandemic. By examining the effect of HPWSs on healthcare workers, this research contributes to the healthcare management literature and provides implications for healthcare practitioners.

Saudi Arabia is located in West Asia. It is the fifth largest country in Asia and the second largest Arabic country. It is one of the largest economies in the Middle East and, as of 2020, had a population of approximately 35 million (General Authority for Statistics, 2021). In 2016, Saudi Arabia developed its National Transformation Program as part of its Vision 2030 plan (Gailey et al., 2021). Through Vision 2030, the Saudi government aims to establish a vibrant society, a thriving economy and an ambitious nation. The main goal of Vision 2030 is to reduce the country's dependence on oil, diversify its economy and develop its health, education, recreation and tourism sectors (Nurunnabi, 2017; Rahman, 2020). To transform

Vision 2030 into a reality, ministries, institutions and government bodies have undergone a restructuring process to align with the National Transformation Program. Strategic objectives, key performance indicators and key performance targets have been developed for each ministry (Al-Hanawi et al., 2019).

Both the public and the private sectors in Saudi Arabia are striving to create an attractive work environment and enhance the possibility of creating strategic partnerships with local and international investors to improve the Saudi economy (Vision 2030, 2020). Further, through the King Salman Program for Human Capital Development, the Saudi government aims to raise employee productivity to the highest standard by implementing performance management standards, providing ongoing training for professional development and sharing knowledge. The goal is to meet labour market needs, attract foreign investors and contribute to Saudi society and economic development (Kingdom of Saudi Arabia, 2016). Thus, Saudi Arabia is attractive to researchers interested in exploring emerging economies in the Middle East.

One of the main sectors undergoing transformation and contributing to the achievement of Vision 2030 is health care. Since the establishment of Vision 2030, the healthcare sector in Saudi Arabia has grown rapidly compared with that in other Gulf countries. The Saudi healthcare sector comprises public and private hospitals supervised by the Ministry of Health, which is the lead government agency. For decades, public hospitals provided free health care to citizens (Mufti, 2000). However, the government has encountered challenges arising from growing healthcare costs, the increase in modern healthcare management practices and changes in disease patterns from acute to chronic (Al-Hanawi et al., 2019). In addition, over the past 3 decades, the average life expectancy in Saudi Arabia has increased from 66 years to 74 years (Kingdom of Saudi Arabia, 2016), subsequently increasing the demand for health care.

In response to the changes and emerging challenges in the healthcare sector, a healthcare transformation strategy has been proposed. This strategy aims to improve the overall health and quality of life of Saudi citizens, the quality of healthcare services, the performance of healthcare organisations and the value of health care by containing costs and enhancing outcomes (Ministry of Health, 2019). HR plays a vital role in ensuring such goals can be achieved. Healthcare managers and decision-makers must ensure the availability of people with appropriate skills and training and the relevant resources to deliver effective healthcare services (Gailey et al., 2021). The Saudi government has already endeavoured to strengthen the healthcare sector by recognising gaps in the workforce and introducing workforce development initiatives. For instance, the Ministry of Health has characterised the workforce as being low in productivity. Consequently, digital health technologies (e.g. e-health) have been developed to assist with workloads, providing the medical workforce with the tools to enhance productivity by automating a range of administrative tasks (Ministry of Health, 2019). In addition, the development of HR initiatives to improve the country's workforce capacity and ensure its capabilities remain high in coming years is underway (Kingdom of Saudi Arabia, 2016).

While public hospitals rely mainly on Saudi employees, private hospitals are heavily dependent on foreign labour. For example, a shortage of Saudi nurses meant that hospitals were forced to hire foreign nurses, mainly from India and the Philippines (Tumulty, 2001). As a result, foreign workers have benefited the Saudi labour market, constituting about two-thirds of physicians, nurses and pharmacists (Hassanain, 2017) and representing more than 60% of the workforce in Saudi (Fayad, 2012). With a low number of Saudi employees in the private sector, the Saudi government has launched a 'Saudisation' program to reduce the country's dependence on foreign labour and increase Saudi employment rates (Al-Asfour & Khan,

2014; M. Ramady, 2013). Saudisation is a development strategy that seeks to replace foreign workers with Saudis, mainly through various employment quotas (Looney & Hamad, 2004).

The number of privately owned hospitals increased from 152 in 2016 to 167 in 2020 (Ministry of Health, 2020). This growing number has led owners of private hospitals to think competitively and partner with international agencies to improve their health-related performance and outcomes. For example, one private hospital in Saudi Arabia is collaborating with the British company Serco, while another is collaborating with the Mayo Clinic in the US. A third private clinic is focusing on hiring Saudi doctors with Western qualifications to ensure high standards. Such collaborations are enabling private hospitals to implement international practices, access additional knowledge and skills and provide exceptional patient care.

With more than 460,000 people working in the healthcare sector (see Table 1), the healthcare workforce comprises around 1.35% of the total population of Saudi Arabia. As of 2020, 287 public hospitals were operating under the Ministry of Health, and 50 more public hospitals were operating under other government bodies such as the Ministry of Defence and Aviation and the Ministry of Education. There were 167 privately owned hospitals, bringing a total of 504 hospitals nationwide. The workforce comprises 77,882 physicians in the public healthcare sector, 67.7% of whom are Saudi, and 37,076 physicians in the private healthcare sector, 22.7% of whom are Saudi (Ministry of Health, 2020).

Table 1

Healthcare Sector Workforce

Hospital category	Doctors		Nurses		Pharmacists		Other	
	Total	Saudi	Total	Saudi	Total	Saudi	Total	Saudi
Ministry of Health hospitals	55,880	54.6%	107,846	62.4%	4,358	96.7%	71,838	95.9%
Other government hospitals	22,002	57.5%	44,287	31%	2,760	79.5%	27,041	76%
Private hospitals	37,076	22.7%	44,568	7.5%	20,411	16.1%	25,094	41.3%
Total (N = 463,161)	114,958	44.9%	196,701	42.9%	27,529	35.2%	123,973	80.5%

Note. Reproduced From Health Statistical Yearbook, by Ministry of Health, 2020, (<https://www.moh.gov.sa/en/Ministry/Statistics/book/Documents/book-Statistics.pdf>). Copyright 2020 by the Ministry of Health, Kingdom of Saudi Arabia.

The Saudi healthcare sector is implementing a range of improvements to enhance the productivity of its workforce and produce better outcomes. The Health Sector Transformation Program clearly identifies the need for talent and career development, skills advancement, future training and enhancing capabilities for performing specific tasks (Albejaidi & Nair, 2019). Thus, it is beneficial for healthcare practitioners, managers and researchers to be able to identify and evaluate HPWS outcomes, the nature of HPWSs in a sector undergoing transformation and how HPWSs influence employee outcomes.

1.3 Overview of Studies

This research addresses the identified gaps by taking a mixed methods approach to comprehensively understand the phenomena under study. The HPWS research field has been dominated by quantitative studies, including large-scale surveys and cross-sectional designs (Cooke et al., 2021; Jackson et al., 2014). In contrast, qualitative and mixed methods designs are relatively limited (Boselie et al., 2005; V. Pereira et al., 2021; V. E. Pereira et al., 2018). There is a clear need to use both qualitative and quantitative designs to explore HRM/HPWS implementation and operation (Bartram & Dowling, 2013). Thus, this research was based on a sequential exploratory design in the form of two data collection stages (Creswell et al., 2003). A qualitative approach was more appropriate to answer the first two research sub-questions,

particularly given the fact that there has been limited research in developing Middle Eastern countries. A quantitative approach was more appropriate to answer the second two research sub-questions, which relate to the underlying mechanisms and boundary conditions (i.e. moderators) of the relationships among variables. The qualitative study clarified the factors influencing HPWSs in the Saudi healthcare context, which informed the quantitative investigation of how HPWSs influence employees' work and career outcomes.

First, through 32 semi-structured interviews with HR executives and senior medical professionals, the qualitative study explored the nature of HPWSs in the under-researched context of Saudi Arabia's healthcare sector and the cultural and contextual factors influencing the implementation and outcomes of HPWSs. Second, by surveying 187 frontline healthcare workers and using a three-wave design with a period of approximately 2 months between each wave, the quantitative study examined the mediating and moderating mechanisms underlying the effects of HPWSs on employees' work and career outcomes.

1.4 Research Contributions

This thesis contributes to both theory and practice. It investigates the nature of HPWSs, the influence of culture and context on the implementation of HPWSs and the effect of HPWSs on employee and career-related outcomes via mediating and moderating mechanisms in the Saudi healthcare sector. Both the qualitative and the quantitative stages of this study make a number of contributions. Stage 1 explores the nature of HPWSs and their components in the Saudi healthcare context from a managerial perspective. Stage 2 examines the relationship between HPWSs and employee outcomes through the mediating role of thriving and the moderating role of *wasta* from the perspectives of frontline healthcare workers.

This thesis is among the first to identify HPWS components that are specific to Saudi Arabia and to contextualise HPWSs in the Middle East by specifically exploring the role of

wasta. Contextual variables that may affect the results are accounted for via direct assessment of such factors as moderators (Rousseau & Fried, 2001). By accounting for the moderating role of *wasta*, this study provides a more precise illustration of how low and high levels of *wasta* influence HPWS effectiveness and outcomes. This thesis is also among the first to offer an original theoretical approach—the socially embedded model of thriving—to understanding the link between HPWSs and employees' work attitudes.

From a practical perspective, this thesis provides healthcare practitioners and managers with valuable implications. Paying careful attention when implementing an HPWS can produce positive outcomes. Enforcing policies to reduce the use of *wasta* and other identified cultural factors will help to maximise the benefits of HPWSs, promote thriving, improve employee outcomes and contribute to the objectives of the Health Sector Transformation Program. Theoretical contributions and implications are discussed in depth in Chapters 4 and 5, which relate to the qualitative and quantitative studies, respectively.

1.5 Thesis Outline

This thesis comprises six chapters. Chapter 1 presented the foundations of the thesis, including the research background, the research questions and objectives and the research context.

Chapter 2 provides a comprehensive review of the HPWS literature and highlights the gaps. The chapter begins with an introduction to HPWSs and its numerous definitions, followed by an overview of the HPWS relationships, outcomes, mediators and moderators. It then discusses the sparse HPWS research conducted in Middle Eastern countries. Next, the existing theoretical perspectives and HPWS measures are presented. The chapter ends with a summary of literature gaps and how they are addressed in this thesis.

Chapter 3 overviews the research methodology. The chapter begins with the underlying research philosophy and research design. It then provides a brief overview of the

two data sets collected from 2019 to 2020, the qualitative study based on interviews and the quantitative study based on a three-wave survey. Validity, reliability and ethical considerations are presented, followed by how data collection challenges were overcome.

Chapter 4 begins with a literature review specific to Stage 1 of the research. The chapter addresses the first two research sub-questions and objectives. It then presents details about the qualitative data collection, the interview protocol, participant selection and the trustworthiness of the data. The data were analysed using template analysis, and the findings are presented as themes. The chapter ends with a discussion of the findings, which helped inform part of the Stage 2 data collection.

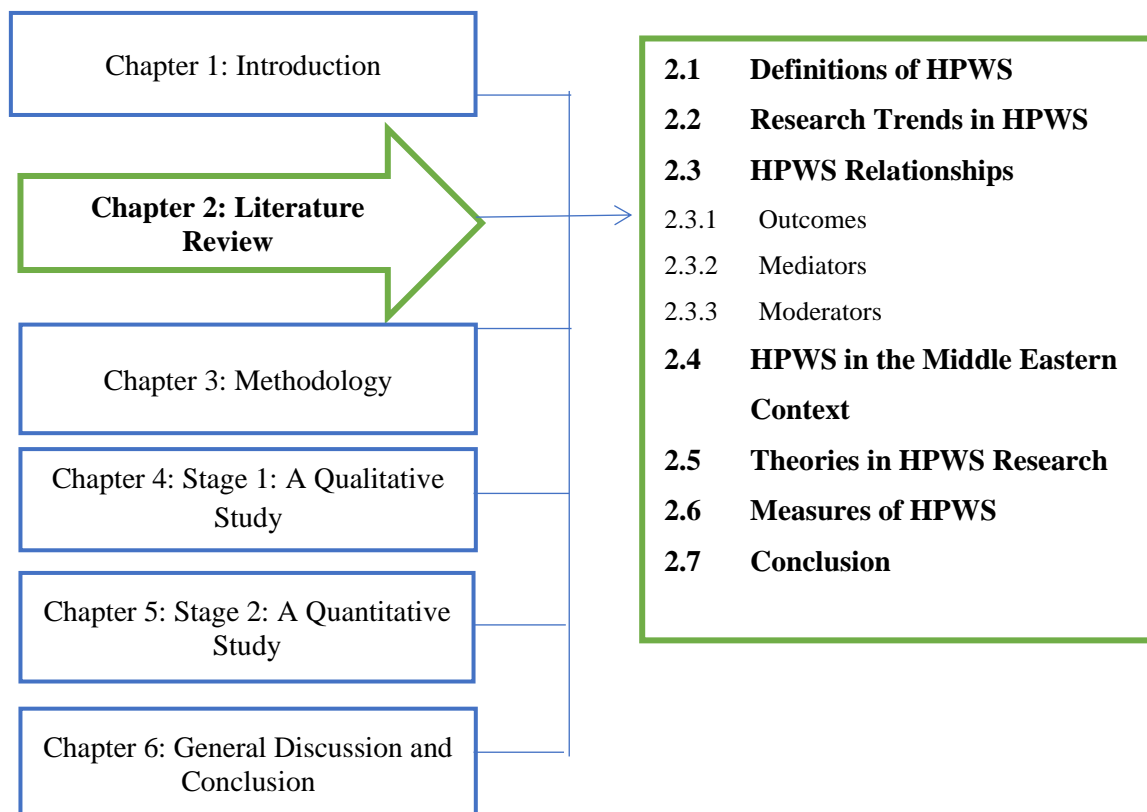
Chapter 5 reports on Stage 2 of the research. This chapter addresses the third and fourth research sub-questions and objectives. It begins with an overview of the literature gaps, followed by the theoretical background and hypothesis development. The chapter then presents a thorough description of the sampling procedure and the data collection, measurement and analysis strategies. The findings are then reported and discussed. The chapter concludes with a discussion of the theoretical contributions, practical implications and limitations.

Chapter 6 concludes the thesis by integrating the findings of both data sets. It presents the theoretical implications of the research and the practical implications for healthcare managers, practitioners and researchers. The limitations are acknowledged, and directions for further research are suggested.

1.6 Conclusion

This chapter presented the foundations of the research, the research objectives and context, an overview of the data collection stages and the contributions of the research. It also outlined the structure of the thesis. Chapter 2 provides a comprehensive review of the relevant literature.

Chapter 2: Literature Review



Chapter 2 comprises seven sections. Section 2.1 provides the definitions of HPWSs. Section 2.2 outlines the trends in HPWS research. Section 2.3 explains the various relationships between HPWSs and their outcomes, mediators and moderators. Section 2.4 summarises the HPWS research conducted in the Middle East. Section 2.5 discusses the relevant theories and frameworks. Section 2.6 overviews common HPWS measures and scales. Section 2.7 concludes the chapter by providing a summary of the literature gaps.

2.1 Definitions of High-Performance Work Systems

The phrase ‘high performance’ dates back more than 30 years. Lawler (1986) coined the phrase ‘high-involvement management’ to describe practices involving employees. Since then, these practices have developed theoretically, practically and conceptually (M. K. Smith, 2018).

High-performance HRPs are also known as high-commitment or high-involvement HRPs (Chiang et al., 2015; van Esch et al., 2018). The HPWP framework emerged in the mid-1990s as an innovative managerial approach to the design of high-quality jobs (Arthur, 1994). The seminal work of Huselid (1995) on HPWSs set the trend for much of what has followed.

While numerous definitions of HPWSs have emerged, given the differences in the theoretical, practical and empirical approaches and terms used, including high-involvement, high-commitment and best-practice HRPs (Boxall & Macky, 2009), scholars agree that there is no universal definition (Demirbag et al., 2014; Heffernan & Dundon, 2016; D. Y. Jeong & Choi, 2016; Turner & Cross, 2018). Several authors have attempted to define this construct (see Table 2). Huselid's (1995) definition was one of the first to emerge in the field and has been highly cited in the HPWS research (e.g., Garcia-Chas et al., 2019; Jensen et al., 2013; Mitchell et al., 2013; Pichler et al., 2014; Tang et al., 2017). Guthrie (2001) used the term 'high-involvement work practices', which may enhance employees' skills and motivation and enable them to participate in continuous improvement processes (Conti et al., 2006), identify with the organisation and feel an increased sense of ownership (Lepak et al., 2006). Arthur (1994) coined the term 'commitment systems'. Scholars have defined high-commitment practices as HRPs that enhance employee enthusiasm and motivation to follow organisational goals without strict control (Allen & Meyer, 1996; Whitener, 2001). Commitment-related definitions centre around the dedication and loyalty of employees to their organisations.

Although authors have used different terminologies and measured and defined HRPs differently, they all agree that enhancing employees' skills and productivity through systems and practices can create a competitive advantage. Early definitions all centred on the notion that HPWSs enable employees to be a source of sustainable competitive advantage for the firm. More recent definitions agree that HPWSs comprise interconnected HRPs or

components that enhance employee skills and productivity and increase organisational effectiveness.

Table 2

Definitions of High-Performance Work Systems in Chronological Order

Author	Definition
Huselid (1995, p. 636)	'Human resource management practices can help to create a source of sustained competitive advantage'.
E. Appelbaum et al. (2000)	A system or bundle of separate but interconnected human resource management practices that aims to gain a competitive organisational advantage by enhancing employee skills, commitment, and productivity.
Guthrie (2001, p. 181)	'An emphasis on utilising a system of management practices giving employees skills, information, motivation and attitude and resulting in a workforce that is a source of competitive advantage'.
Datta et al. (2005, p. 136)	'A system of [human resource] practices designed to enhance employees' skills, commitment, and productivity in such a way that employees become a source of sustainable competitive advantage'.
Zacharatos et al. (2005, p. 79)	'A group of separate, but interconnected human resource practices that together recruit, select, develop, motivate, and retain employees'.
Takeuchi et al. (2007, p. 1069)	'A group of separate but interconnected human resource practices designed to enhance employees' skills and efforts'.
Sun et al. (2007, p. 560)	A set of separate but interconnected human resource practices. The authors go on to explain what these practices include, such as 'provision of job security, extensive skills training, promotion from within, results-oriented appraisal, and broad career paths'.
Posthuma et al. (2013, p. 1185)	Practices 'that create synergistic effects . . . and reinforce one another to increase organisational efficiency and effectiveness'.

2.2 Research Trends in High-Performance Work Systems

HPWSs have been researched in more than 40 countries across all continents. Studies conducted in developed Western countries dominate the literature. These countries include Spain (Garcia-Chas et al., 2014; Jerez-Gomez et al., 2019), the UK (Okay-Somerville & Scholarios, 2019; Wood et al., 2012), the US (Selden et al., 2013; Sikora et al., 2015) and the Netherlands (Kooij & Boon, 2018; Van De Voorde & Beijer, 2015). Recently, developing countries in Asia, including China (Xu et al., 2020), Korea (Pak & Kim, 2018), Pakistan (Shahzad et al., 2019) and India (Jyoti & Rani, 2019), have attracted attention because of their increasing economic significance. Posthuma et al. (2013) categorised the articles in their

review by country cluster: Anglo-American (e.g. the US), Confucian (e.g. China), Latin European (e.g. Spain), South-East Asian (e.g. Thailand) and Eastern European (e.g. Russia). In a recent review (Cooke et al., 2021) of research published in two leading journals—*Human Resource Management* and *Human Resource Management Journal*—the most studied regions were North America, Asia-Pacific and Europe. This pattern shows that strategic HRM research has primarily been conducted in developed economies, neglecting less developed countries in Africa and western parts of Asia. The effectiveness of HPWSs and their relationships with employee and organisational outcomes have not been adequately explored in these countries. Thus, this research expands the body of knowledge on HPWSs to West Asia, otherwise known as the Middle East, by exploring the nature of HPWSs in Saudi Arabia (see Section 2.4 for further details).

Most HPWS studies have been conducted in developed Western countries, but a few qualitative studies have investigated how HPWSs operate in emerging economies. Their aim was to explore the application of management practices that have been developed and tested in Western economies to emerging economies or societies with differing cultural characteristics. Most of this research has focused on explaining the particular practices that fit institutional and/or cultural contexts (Farndale et al., 2017). For instance, V. E. Pereira et al. (2018) examined how HPWPs are implemented in the Indian railway sector, an emerging market context. Through interviews, the authors identified five main practices that fit within the HPWP framework: recruitment and selection; learning, training and development; compensation and benefits; employee relations; and employee welfare-oriented practices. Khan et al. (2019) found four key HRPs that positively influence Pakistani employees' resilience: job design, information sharing and flow within an organisation, employee benefits and training and development opportunities.

Yen et al. (2016) studied firms in China and found six essential HPWP components: cross-departmental training and education, performance-oriented evaluation, long-term client relationships, attractive salaries, teamwork and morality/integrity. They also considered the influence of a specific cultural factor, *guanxi*, a Chinese cultural characteristic, in the relationship between HPWPs and performance. These qualitative studies identified context-specific HRPs, signifying that cultural and country-specific factors may affect HPWSs. This may encourage researchers to consider incorporating contextual factors into their research.

A limited amount of qualitative research has also been conducted in Western contexts. M. K. Smith (2018) interviewed frontline employees in UK call centres to understand their perceptions of high-involvement activities. The employees expressed that the nature of their job led to feelings of tension and stress, and their performance appraisals included their ideas for innovation, leading to increased work intensification. In another study of Danish financial firms, the researchers (Jorgensen & Becker, 2015) investigated the influence of HRPs on professionals' commitment to their organisation or profession. Their findings suggest that a flexible work design reinforces employees' commitment to their organisation and profession. These findings indicate that HPWSs can lead to positive and negative outcomes, depending on the nature of the job or the industry.

Additionally, HPWSs have been explored in a range of industries. Given that it was one of the first industries examined, the manufacturing industry has gained considerable attention over the years (E. Appelbaum et al., 2000; Arthur, 1994; de Menezes, 2012; MacDuffie, 1995; Pak & Kim, 2018). Scholars have also explored HPWS relationships in other industries, including hospitality (Hong et al., 2017; Karatepe, 2013; Wong et al., 2019), banking (Aryee et al., 2012; Cooke et al., 2019), engineering (Hauff et al., 2014; Tregaskis et al., 2013), retail (D. Shin et al., 2020), education (Kooij & Boon, 2018), telecommunications (Jyoti & Rani, 2019) and call centres (M. K. Smith, 2018). More recently, in response to calls

for research (Bartram & Dowling, 2013), HPWS research in the healthcare sector has started to gain considerable attention (Ang et al., 2013; Kilroy et al., 2017; Mihail & Kloutsiniotis, 2016b; Mostafa, 2016; Parveen et al., 2020).

Quantitative research investigating the relationships between HPWSs and a range of variables has so far dominated the HPWS literature. Studies have mainly been cross-sectional, with occasional data gathered from multiple levels and sources. Data collected at different time points is less common, and longitudinal studies are limited (Tregaskis et al., 2013). Bartram and Dowling (2013) have emphasised the need for both qualitative and quantitative data collection methods to further investigate HRM and HPWS implementation and operation. Nevertheless, qualitative and mixed methods research based on case studies and interviews is still somewhat limited.

2.3 High-Performance Work System Relationships

The adoption of HPWSs has brought benefits to organisations, individuals, groups, units and departments. HPWSs can provide a competitive advantage to firms when they align with the firm's strategy (Huselid, 1995). Previous research suggests that a combination of HRPs has a greater effect on performance compared with individual HRPs (Guest, 1997). In other words, organisations endeavouring to introduce individual HRPs will observe minimal, if any, change in performance. In contrast, organisations that successfully introduce a range of practices (otherwise known as 'bundles') will experience a more substantial difference in performance (Gould-Williams, 2004; Guest et al., 2003).

While the typical view is that HPWSs are beneficial, another perspective suggests that they aim to create a competitive advantage for organisations at the expense of employees, potentially leading to negative consequences such as work overload, burnout and pressure (Jensen et al., 2013; Kroon et al., 2009; Ramsay et al., 2000). The following subsection

provides an overview of quantitative studies on the positive and negative outcomes of HPWSs.

2.3.1 Outcomes

Early studies on HPWSs have produced evidence demonstrating the positive relationship between HPWSs and organisational outcomes such as organisational performance and productivity (Datta et al., 2005; Guthrie, 2001; Huselid, 1995; Youndt et al., 1996). Recent studies (e.g., Heffernan et al., 2016; N. Wu et al., 2015) have similarly supported the premise that HPWSs lead to enhanced organisational outcomes, suggesting that they are an essential contributor to organisational success.

At the organisational level, organisational performance is among the most researched outcomes in the HPWS literature. Other organisational outcomes include unit or team performance (J. H. Han et al., 2018; Z. Wang & Xu, 2017), labour productivity (Dastmalchian et al., 2020), operational and financial performance (Choi & Lee, 2013; Vazquez-Bustelo & Avella, 2019) and service performance (Jo et al., 2020; Z. Wang & Xu, 2017). In general, the research conducted across various contexts and industries has found that the adoption of an HPWS enhances organisational performance (Heffernan et al., 2016; S. M. Obeidat et al., 2016; B. Zhang & Morris, 2014), financial performance (Choi, 2014; Hong et al., 2017; N. Wu et al., 2015) and labour productivity (Ahmad & Allen, 2015; Patel & Conklin, 2012), implying that there is a positive relationship between HPWSs and organisational outcomes. Dastmalchian et al. (2020) provide further evidence by investigating the financial services, healthcare and manufacturing industries in 14 countries. They found that the adoption of HPWSs enhances financial performance and labour productivity.

Scholars have empirically established relationships between HPWSs and various organisational outcomes in Western and East Asian countries. For instance, in the US, positive associations between HPWSs, firm growth and unit performance have been identified

(Kostopoulos et al., 2015; Patel et al., 2013). HPWSs were positively correlated with economic performance in the UK (Wood & Ogbonnaya, 2018). In Taiwan, HPWSs were found to positively affect unit organisational ambidexterity (Y.-Y. Chang, 2015, 2016). In Asian and South-East Asian countries, HPWSs have been positively correlated with corporate entrepreneurship (Mustafa et al., 2016), in-role service performance (Luu, 2019; Takeuchi et al., 2018) and team creativity (Ma et al., 2017; Song et al., 2020).

Organisational and financial performance and labour productivity appear to be the most popular performance indicators in the HPWS literature (Choi, 2014; Dastmalchian et al., 2020; MacDuffie, 1995; Wood et al., 2012). However, organisational survival can only be predicted based on the performance of its human capital. For instance, Choi and Lee (2013) surveyed Korean employees, finding that the implementation of HPWSs leads to greater job and organisation satisfaction, encouraging employees to exert extra efforts in their job, thus enhancing firm performance. HPWSs can improve organisational performance, but this improvement may be more significant if it is achieved through employees. Businesses strive to be healthy, but if the health and wellbeing of their employees is unsatisfactory, this is likely to negatively affect firm performance. Thus, there is a need to closely understand the effects of high-performance practices on employees' attitudes and behaviours (Andersen & Andersen, 2019; Baptiste, 2008).

2.3.1.1 Positive Employee Outcomes

The organisation-centred approach has been criticised for neglecting employees; therefore, there has been an increasing interest in how employees are affected by HPWSs (Boxall & Macky, 2009; Van De Voorde et al., 2012). Because employees can respond to HPWSs in different ways (Heffernan & Dundon, 2016), researchers have started exploring the relationships between HPWSs and individual-level outcomes. While HPWSs have many benefits, empirical evidence has demonstrated their role in shaping both positive and negative

employee experiences and outcomes (Aryee et al., 2012; Jensen et al., 2013). In terms of their benefits, HPWSs can positively influence employee attitudes such as job commitment (Kooij & Boon, 2018), employee health and wellbeing (Ogbonnaya et al. (2017) and employee behaviours such as creativity (S. Chang et al., 2014) and OCBs (Tremblay, 2019). The most common employee outcomes are discussed below.

Research conducted across cultures and workplace contexts shows that HPWSs can increase employees' organisational commitment. For instance, a survey conducted by Andersen and Andersen (2019) in Sweden's manufacturing sector found an increase in affective commitment when using HPWSs. Similarly, in Chinese firms, M. Zhang et al. (2014) found that HPWSs elicit high employee commitment. The positive HPWS–employee commitment relationship has been further demonstrated among employees and managers in Dutch firms (Bos-Nehles & Meijerink, 2018) and healthcare workers in the UK (Ogbonnaya et al., 2017). These authors have found that employees reciprocate the adoption of HPWS with higher levels of commitment. These studies, along with numerous others (e.g., Boxall et al., 2015; Giannikis & Nikandrou, 2013; Miao et al., 2020; Xi et al., 2019), support the premise that the effective implementation of an HPWS can result in greater employee commitment to their employers. This phenomenon appears to be mostly consistent, irrespective of cultural context, organisational setting, industry or occupation.

Positive links between HPWSs and job satisfaction have been found in a number of industries and cultures; however, there are some conflicting views. In a comparative study conducted in the UK healthcare sector, Ogbonnaya et al. (2017) found that employees in workplaces with an extensive range of HPWPs were more likely to experience higher job satisfaction compared with those in workplaces with a narrower range of HPWPs. Xian et al. (2019) found that HPWSs enhance employees' job satisfaction in the Chinese railway sector. Garcia-Chas et al. (2016) surveyed Spanish engineers and found similar positive links. These

studies and others (e.g., Boxall et al., 2015; de Menezes, 2012; Haile, 2021; Miao et al., 2020; Mostafa, 2017) support the positive links between HPWSs and job satisfaction. Researchers have hypothesised that the greater autonomy and participation resulting from the adoption of an HPWS prompts a sense of achievement and involvement, increasing employee job satisfaction.

In Spain, Ollo-López et al. (2016) found that high-involvement work systems, specifically autonomous teams, job autonomy and the creation of communication channels (both downward and upward), were positively associated with job satisfaction. However, job rotation had the opposite effect, being negatively associated with job satisfaction. A survey conducted by Heffernan and Dundon (2016) in Irish firms revealed that employees who had experienced a high incidence of HPWSs were found to have lower levels of job satisfaction. While most of the research suggests that the adoption of HPWSs enhances employee job satisfaction, there are some conflicting findings, which may be related to the nature of the industry or job. Further research in other workplace contexts may help to confirm or reject these findings.

The literature also shows that there are links between HPWSs and wellbeing. For instance, HPWSs have helped to establish reasonable workloads and improve employee wellbeing in Indian call centres (Ananthram et al., 2018). M. Zhang et al. (2013) and Lin et al. (2020) found that the adoption of HPWSs can enhance the wellbeing of Chinese employees. In contrast, Guerci et al. (2019) revealed that HPWPs in Germany's manufacturing sector were not always associated with wellbeing dimensions, including health, happiness and relational wellbeing. The authors found that motivation-enhancing HPWPs improved all dimensions of employee wellbeing; however, ability- and opportunity-enhancing HPWPs were not directly linked to all wellbeing dimensions. Given the varied findings on the

relationship between HPWSs and employee wellbeing, the nature of the occupation and institutional and cultural differences should be considered.

Turnover or quitting intentions have been extensively researched in the HPWS literature across multiple contexts. There is currently no consensus on whether HPWSs increase or reduce turnover intentions. This relationship has been explored in developed countries such as the US (Pichler et al., 2014; Sikora et al., 2015), where it was found that organisations that invest in HPWSs demonstrate to their employees that they care about them, leading to increased loyalty and decreased turnover. In support of this finding, Ang et al. (2013) found that the adoption of HPWSs led to lower turnover rates in Australian hospitals, while Schmidt et al. (2018) found that Canadian employees in workplaces with low HPWSs had lower fairness perceptions and higher turnover intentions. Conversely, in a study conducted in the UK manufacturing industry (N. Wu et al., 2015), HPWSs were not associated with lower turnover rates. Jensen et al. (2013) reinforced this claim in their study on multiple industries in Wales, indicating that HPWSs lead to strong turnover intentions when job control levels are low.

Turnover has also been investigated in a range of industries in developing countries. A survey conducted in the hospitality industry in Iran showed that HPWSs increase job embeddedness, lowering employees' intentions to leave (Karatepe, 2013). A survey of physicians in Egypt revealed that high-performance HPWSs reduce quitting intentions (Mostafa, 2016). Similarly, HPWSs were negatively related to employees' turnover intentions across multiple industries in China (Xi et al., 2019). There is a broad agreement among authors (e.g., Karadas & Karatepe, 2019; Mostafa et al., 2019; Wong et al., 2019) that the successful adoption of HPWSs in developing countries leads to reduced turnover intentions. However, the findings from developed countries vary and possibly depend on the type or size of industry or differences in job responsibilities.

Empirical evidence that HPWSs can facilitate creativity has mainly been found in Asian countries (S. Chang et al., 2014; S. J. Shin et al., 2018). For example, in China, Tang et al. (2017) found that HPWSs can promote employee creativity via increased perceived organisational support. Similarly, a survey of HR employees and supervisors revealed that HPWSs enhance workers' psychological states (e.g. psychological capital and psychological safety), improving creativity (Agarwal & Farndale, 2017). S. Chang et al. (2014) illustrated that high-commitment work systems can enhance employees' creativity levels. Thus, while the evidence shows that HPWSs can foster positive experiences and employee creativity, this appears to be specific to Asian countries.

Research has also demonstrated the link between HPWSs and trust. Trust affects the quality of relationships between supervisors and employees and within the organisation as a whole (Afsar et al., 2018). Ogbonnaya et al. (2017) found that the restricted use of HPWPs was associated with higher work intensification, potentially offsetting their beneficial effects on employee trust in management. Conversely, the adoption of an extensive range of HPWPs was associated with lower work intensification and may increase employee trust in management. Xian et al. (2019) investigated the influence of *guanxi*, an important feature of Chinese culture, on employee attitudes and perceptions of HRPs. While they found a positive link between HPWSs and trust in Chinese employees, implying that Western HPWSs may be effective in China, they argued that a recognition of cultural context is essential. Thus, they demonstrated that traditional cultural values influence the operation of HPWSs and recommended that researchers recognise culture as a key element of the causal chain.

Studies also point to a positive relationship between HPWSs and OCBs (Kehoe & Wright, 2013; Mostafa et al., 2015). Through a survey of Korean employees, Pak and Kim (2018) found a positive relationship between HPWSs and OCBs. Tremblay (2019) also identified a positive relationship between high-involvement work systems and OCBs in a

multilevel study in Canada, arguing that when employees and team members perceive that their organisation cares about their wellbeing, values, needs and contributions, they will engage in discretionary behaviours. Mostafa et al. (2019) posited that high-commitment HRPs were positively related to OCBs in Swedish and Greek firms. They found that high-commitment HRPs had less effect on OCBs when employees strongly identified with their organisation, and a greater effect when employees had a weaker identification with the organisation. A survey conducted by M. Zhang et al. (2014) indicated that the relationship between HPWSs and OCBs is complex, being neither direct nor unconditional. They argued that HPWSs could influence Chinese employees to pursue OCBs only through mediating mechanisms (see Section 2.3.2) such as HPWS satisfaction, corporate social responsibility and high affective commitment of employees. Yang (2012) surveyed Taiwanese employees and demonstrated that those benefiting from high-involvement HRPs engaged in OCBs because they felt more dedicated and loyal to their organisations. This also suggests an indirect relationship between high-involvement HRPs and OCBs via commitment. These findings indicate that the relationship between HPWSs and OCBs may be direct or indirect or both, depending on the mediating factors.

This review of positive employee outcomes reveals that authors have rarely investigated the effect of HPWSs on career-related outcomes such as career satisfaction or career adaptability. To the best of my knowledge, only Alshaikhmubarak et al. (2020) have explored the effect of HPWSs on career outcomes, specifically the career success of academics in Saudi Arabia. The authors examined internal mobility and recognition as motivation-enhancing practices, training as a skill-enhancing practice and participation as an empowerment-enhancing practice. Their results revealed that only motivation-enhancing practices predicted career success. The authors explained their results in light of various cultural and occupational aspects. However, the critical roles played by culture, high power

distance and *wasta*, which were not explicitly examined, are likely to affect employees negatively. HRM and career researchers have called for further theoretical and empirical work on this aspect (Shen et al., 2015). That said, a few authors have investigated career-related variables as mediators and moderators. For instance, career stage was investigated as a moderator in the relationship between HPWPs and perceived person–organisation fit in the education sector in the Netherlands (Kooij & Boon, 2018) but was found to have no effect. However, this may have been because organisational tenure rather than a career-specific measure was used to measure career stage. Career adaptability was found to be a mediator in the indirect relationship between HPWPs and performance outcomes in Iran’s hospitality sector (Safavi & Karatepe, 2018), implying that HPWPs positively influence career adaptability, which in turn positively influences performance outcomes.

Stressing the importance of career progression, HPWS measures include those related to career opportunities (Delery & Doty, 1996; Van De Voorde & Beijer, 2015), career management (Mostafa, 2017), career progression (Malik et al., 2019) and career development plans (Huselid et al., 1997). Thus, there is a need to examine the effect of HPWSs on career-related outcomes. The logic is that HPWSs provide employees with the opportunities and resources to develop and succeed in their careers through job rotation, training courses and promotions. A work environment that adopts an HPWS allows employees to feel recognised, motivating them to focus on their careers by learning new skills, performing tasks efficiently and accomplishing their career goals. HPWSs may predict positive career outcomes such as career satisfaction, thus improving performance. This thesis will address this gap by empirically examining the relationship between HPWSs and career satisfaction.

2.3.1.2 Negative Employee Outcomes

There has been much criticism of the notion that HPWSs have links with positive outcomes; thus, scholars have started exploring the dark side of HPWSs (Jensen et al., 2013;

Kilroy et al., 2020; Kroon et al., 2009). A common negative outcome in the healthcare industry, given the emotionally demanding nature of the job, is emotional exhaustion, also known as burnout. Mihail and Kloutsiniotis (2016a) found that an HPWS was negatively associated with emotional exhaustion in Greek hospitals when employees perceived their employment relationship as a social exchange. Kilroy et al. (2017) tested the indirect effect of high-involvement work practices on burnout via person–organisation fit in Canadian hospitals. They found that high-involvement work practices can rectify burnout if there is a proper match between the values of employees and the organisation. Also in Canadian hospitals, Kilroy et al. (2016) revealed that high-involvement work practices enable employees to obtain the necessary resources to meet their job demands, reducing their levels of burnout. Thus, high-involvement work practices were significantly and negatively related to burnout via job demands. M. Zhang et al. (2013) inferred that HPWSs could lead to emotional exhaustion among Chinese clinicians and administrative staff depending on the employee's perception of the employee–employer relationship. A perception of economic exchange may increase the likelihood of HPWSs leading to emotional exhaustion, while a perception of social exchange decreases the likelihood of HPWSs leading to employee work engagement. Fan et al. (2014) found that HPWSs decrease burnout in Chinese hospitals. However, Oppenauer and Van De Voorde (2018) argued the contrary with respect to multiple industries in the Netherlands. Through a multilevel survey, they revealed that employees with relatively high levels of emotional exhaustion are more likely to perceive high-involvement work systems negatively. In general, the findings from the healthcare sector appear consistent, suggesting that HPWSs can reduce burnout both directly and indirectly.

The relationship between HPWSs and stress appears to differ depending on the context and industry. For instance, Giannikis et al. (2019) found that HPWSs contributed little to reducing job stress in Greek manufacturing industries. However, Boxall et al. (2015) found

that high-involvement work practices were associated with lower stress levels in New Zealand's distribution services. Similarly, Mostafa (2016) observed that high-performance HRPs led to reduced stress levels in Egypt's healthcare sector. Topcic et al. (2016) found that some HPWPs were more strongly associated with stress than others in several industries in Germany. Notably, contextual and industry differences may influence the effect of HPWSs on stress.

Other negative outcomes investigated in the HPWS literature include work pressure, subordinate silence and workplace bullying. Heffernan and Dundon (2016) found that HPWSs were a strong predictor of increased work pressure in the Irish service sector. Among Chinese industries, Xu et al. (2020) found that in contexts of high HPWS, abusive supervision was positively related to subordinate silence. Finally, the effect of HPWPs on workplace bullying has been investigated. Salin and Notelaers (2020) found that the adoption of HPWPs was associated with less bullying in Finland's private sector.

This section presented an overview of the positive and negative relationships between HPWSs and employee-related outcomes documented in the HPWS literature. The findings vary depending on contextual, industrial, cultural and occupational factors, signifying that there is no one-size-fits-all HPWS. The literature addresses both positive and negative employee-related behaviours and attitudes. However, the empirical evidence on the relationship between HPWSs and career-related variables is virtually non-existent. While this thesis will address career satisfaction, other researchers could consider examining the effect of HPWSs on other career outcomes such as career optimism.

2.3.2 Mediators

The evidence suggests that HPWSs may affect both organisational and individual outcomes. However, these relationships are not necessarily direct or unconditional. There is little understanding of how and why employee perceptions of HRPs are linked to employee

outcomes (Farndale et al., 2011). Mediation analysis aims to identify the process underlying the effect of an independent variable on a dependent variable (Muller et al., 2005). In a mediation model, the independent variable is presumed to predict the mediator, and, in turn, the mediator predicts the dependent variable (A. D. Wu & Zumbo, 2008). The HPWS research is beginning to focus more on the intervening or mediating variables that lie between HR management intentions and outcomes (Boxall & Macky, 2007). Conceptual models have started to explore the links between HRM practices and outcomes. This debate is often referred to as ‘opening the black box’ between HRM and performance (Guest, 1997).

Empirical research has demonstrated the centrality of employee attitudes as mediators in the relationship between HPWSs and performance (Ang et al., 2013). There is growing evidence to suggest that HPWSs promote organisational outcomes through the mediating role of employee outcomes. For example, the adoption of HPWSs may predict employee attitudes such as job commitment and satisfaction, improving firm performance. Raineri and Valenzuela-Ibarra (2021) have found support for the role of affective commitment in the HPWS–team performance relationship in Chilean organisations, meaning that HPWSs enhance affective commitment, in turn enhancing team performance. Yousaf et al. (2018) generated similar results in the Indonesian culinary industry. Chefs and managers in restaurants perceived high-commitment HRM as an investment from their employers, leading them to feel more committed to their organisations and display lower levels of organisational turnover. Kehoe and Collins (2017) found that the investment of Canadian organisations in high-commitment HR systems is likely to increase the commitment of employees, who reciprocate by investing in their organisation’s and unit’s performance. Research results from developing countries are relatively similar to those from developed countries. These findings, along with others (e.g., Domínguez-Falcón et al., 2016; Kundu & Gahlawat, 2018), provide

empirical evidence of the mediating role of commitment in the HPWS–performance relationship across contexts, occupations and sectors.

Job satisfaction is another mediating mechanism explaining the relationship between HPWSs and intention to leave (e.g., Ang et al., 2013), absenteeism (e.g., Ogbonnaya & Valizade, 2018) and financial or organisational performance (e.g., Choi & Lee, 2013; Ismail et al., 2021). The mediating effect of job satisfaction in manufacturing industries in South-East Asian countries is not entirely consistent. For instance, in China, Lu et al. (2016) found that individuals report high levels of job satisfaction when exposed to HPWSs and are less likely to leave. In contrast, M. M. Zhang et al. (2016) found that while job satisfaction is an essential factor in employee retention in China, it does not play a mediating role in the relationship between HPWSs and intention to leave. In Korea, Choi and Lee (2013) found evidence that HPWSs increase job satisfaction among employees, leading them to exert extra effort and improve firm performance. Thus, the authors found support for the mediating role of job satisfaction in the relationship between HPWSs and financial performance.

In other industries in developed countries, the evidence shows that job satisfaction indeed acts as a mediator in the HPWS–performance relationship. For example, Kloutsiniotis and Mihail (2018) found that satisfied bank employees were more likely to provide exceptional service to their customers, supporting the mediating role of job satisfaction in the relationship between HPWSs and service quality. Also investigating job satisfaction as a mediator, Kloutsiniotis and Mihail (2017) and Ang et al. (2013) found that when healthcare organisations adopt HPWSs and enhance employee engagement, employees become more satisfied with their jobs and are less likely to leave. Among others (Gibbs & Ashill, 2013; Wood & Ogbonnaya, 2018), these findings suggest that job satisfaction explains the mechanism by which HPWSs affect performance outcomes. However, differences between industries should be noted.

Job satisfaction and commitment are among the commonly researched mediators explaining the link between HPWSs and organisational outcomes. The mediating role of other employee attitudes and behaviours have also been explored, including wellbeing (e.g., Wood & Ogbonnaya, 2018; Wood et al., 2012), creativity (e.g., Do & Shipton, 2019; Ismail et al., 2021) and work engagement (Karadas & Karatepe, 2019; Karatepe & Olugbade, 2016). There is widespread agreement among authors that HPWSs positively influence organisational performance by enhancing employee outcomes and attitudes (Peña et al., 2015; B. Zhang & Morris, 2014). However, this may be affected by industry type or country-specific factors.

The mediating role of resources in the HPWS–performance relationship has also been explored in the investigation of the black box phenomena such as human, psychological and social capital. The relationship between HPWSs and human capital is straightforward. HPWSs involve activities aimed at improving the uniqueness and value of employees' knowledge, skills and capabilities (Boxall, 1996; Guthrie, 2001; Lepak & Snell, 2002). In other words, HPWSs create human capital, which is vital for sustained performance (Takeuchi et al., 2007). The underlying mechanism is that HPWSs can enhance employees' abilities in such a way that they become a unique and vital resource for the organisation, thus improving firm performance. Human capital has been found to mediate the relationship between HPWSs and unit performance in Chinese banks (Ali et al., 2019). The more investment an organisation makes in developing human capital value and uniqueness through HPWSs, the greater the likelihood of improved employee and unit performance.

Moreover, a survey conducted by Shahzad et al. (2019) in Pakistan's small and medium-sized service sector revealed that HPWSs can potentially develop employees' knowledge, skills and abilities, in turn predicting innovative performance. Treating human capital as a mediating mechanism, Mansour et al. (2014) found that HPWSs help to improve the competitive advantage of Tunisian firms by developing human capital, providing the firm

with continual improvement and positively affecting firm performance. Raineri's (2017) results indicate that personnel selection, performance evaluation and training, job descriptions and empowerment practices enhance human capital and overall performance in Chilean organisations. Empirical research conducted across workplaces and cultures supports the mediating role of human capital in the HPWS–firm performance relationship.

With respect to the mediating role of intellectual capital, specifically human and social capital, a survey conducted by Donate et al. (2016) revealed that both human and social capital played essential mediating roles in the relationship between HRM systems and innovative capabilities in Spanish manufacturing firms. Psychological capital has also been empirically examined as a mediator in explaining the relationship between HPWSs and individual outcomes. For instance, the relationship between HPWSs and employee attitudes via psychological capital was found to be significant (Miao et al., 2020). Agarwal and Farndale (2017) found that HPWSs enhance the psychological conditions that drive employees to implement creativity, supporting the mediating role of psychological capital. Karadas and Karatepe (2019) also provide insights into the role of psychological capital in the relationship between HPWS, motivation and job outcomes.

The literature reveals that HPWSs can predict resource variables, in turn leading to enhanced organisational outcomes. Employee attitudes such as job satisfaction and commitment have rarely been at the centre of investigated outcomes when considering resource variables as mediators. The focus has mainly been on firm performance, innovation and creativity. This illustrates the lack of attention given to employee behaviours and attitudes, signifying a need to investigate the relationships between HPWSs and employee-level outcomes via mediating mechanisms.

The importance of psychological mechanisms has been highlighted in the HPWS research (Agarwal & Farndale, 2017). Components of HPWSs fulfil basic psychological

needs such as competence, autonomy and relatedness, consequently leading to increased psychological growth (Ryan & Deci, 2000). HPWSs cause actual positive changes to the psychological capacities of individual employees (Miao et al., 2020). Rehman et al. (2019) found supporting evidence for this concept in the link between high-involvement HR systems and employees' innovative work behaviours in software firms in Pakistan. High-involvement HR systems increased employees' psychological empowerment, in turn leading to innovative work behaviours. Huertas-Valdivia et al. (2018) found that psychological empowerment played a significant mediating role in the relationship between HPWSs and employee engagement in Spanish hotels. Employees became empowered and found their work more fulfilling and inspiring, leading them to become more dedicated to and engaged in their jobs. Aryee et al. (2012) found that HPWSs can improve service performance via psychological empowerment in Ghanaian banks. Psychological empowerment was also found to mediate the relationship between HPWSs and the quality of patient care in Greek hospitals (Mihail & Kloutsiniotis, 2016b). The authors confirmed that without the presence of psychological empowerment, HPWSs may have limited effect on the quality of patient care. In contrast, F. Liu et al. (2020) found that HPWSs significantly increased the perceived workload of Chinese bank employees via psychological empowerment. The authors argue that HPWSs and high levels of psychological empowerment could lead to stress for employees and affect their energy by creating higher expectations and demanding extra effort and responsibilities. While the evidence from multiple industries and contexts mostly suggests that HPWSs lead to psychological empowerment and predict positive outcomes, the conflicting results of F. Liu et al. (2020) may have arisen from organisational, industrial or contextual factors specific to China.

Psychological empowerment as a significant mediator has been explored across industries and contexts. While studies have revealed meaningful relationships, they appear to

have focused mainly on behaviours and health outcomes, with less attention paid to employee attitudes. Additionally, the research on psychological mechanisms other than psychological empowerment is relatively limited. For instance, it was found that psychological safety plays a mediating role in the indirect relationship between high-commitment works systems and employee voice behaviours (J. Zhang, Bal, et al., 2019). Moreover, the psychological contract was found to mediate the relationship between high-commitment HRPs and employees' job satisfaction (Latorre et al., 2016). These findings signify the important role that psychological mediators play in predicting employee attitudes. Therefore, other psychological mechanisms may also predict the attitudes of employees exposed to HPWSs in the workplace (Kaushik & Mukherjee, 2021).

Empirical evidence on the mediating role of thriving at work in the relationship between HPWSs and employees' work-related outcomes is limited. There is a need to explore this gap and understand how HPWSs influence individuals with respect to psychological mechanisms. Researchers have examined thriving at work as a pathway through which different leadership styles influence organisational and performance outcomes (Hildenbrand et al., 2018; M. Li et al., 2016; Mortier et al., 2016). As a positive psychological state, thriving at work represents personal growth, which captures the essence of sustainable HRM (Spreitzer et al., 2005). HPWSs provide resources that satisfy employees' psychological needs, leading to thriving (Porath et al., 2012). An HPWS can create a work environment that emphasises positive states and psychological experiences such as a sense of achievement and enrichment, leading to favourable outcomes (Luthans & Youssef, 2004). Given the lack of prior research on the mediating role of thriving in the HPWS–employee outcome relationship, it is proposed that thriving at work may be a psychological pathway by which HPWSs influence employees' work- and career-related attitudes. Thus, to generate insights and

broaden the knowledge on psychological mediators, this research examines the mediating role of thriving in the relationship between HPWSs and employee outcomes.

2.3.3 Moderators

A moderator is a variable that positively or negatively moderates the strength or direction of a relationship, more commonly known as the interaction effect. The strength or direction of the effect of an independent variable on the dependent variable depends on the level or value of the moderator (A. D. Wu & Zumbo, 2008).

In the HPWS literature, authors have observed the strength of organisational moderators such as organisational identification (Mostafa et al., 2019), leadership moderators such as charismatic leadership (McClean & Collins, 2019), behavioural moderators such as trust (C. H. Wang et al., 2019) and cultural moderators such as collectivism (Zhong et al., 2016). These moderators are further explained below.

Organisational variables have been found to moderate the relationship between HPWSs and various dependent variables. For example, I. Jeong and Shin (2019) found that organisations need to introduce change to engage their employees in more learning and idea creation. They provide evidence that HPWSs lead to more organisational creativity when companies undergo organisational change. Further, Mostafa et al. (2019) investigated the relationship between high-commitment HPWSs, quit intentions and OCBs. They tested the moderating effect of organisational identification, finding that as employees' organisational identification increased, their quit intentions were lower and OCBs were higher.

Organisational structure was found to be a significant internal contextual factor. Specifically, organisational decentralisation and formalisation were found to strengthen the relationship between high-involvement work systems and perceived organisational support (Tremblay, 2019).

Charismatic leadership moderated the relationship between high-commitment HRPs, turnover and performance in US firms (McClean & Collins, 2019). The findings showed that firms with charismatic leaders that invested in high-commitment HRPs had the highest performance and the lowest turnover. On the contrary, firms with neither charismatic leaders nor high-commitment HRPs had the lowest performance and highest turnover. Additionally, the moderating effect of benevolent CEO leadership behaviours on the relationship between HPWSs and employees' collective perceptions of HPWSs in Chinese firms was examined (Xi et al., 2019). The findings showed that benevolent CEO leadership behaviours strengthened the relationship between HPWSs and employees' collective perceptions of HPWS. Along with others (Y.-Y. Chang, 2016), these findings support the moderating role of leadership in developing and developed countries.

C. H. Wang et al. (2019) found that trust in supervisors in Taiwanese firms significantly strengthened the indirect relationship between HPWSs and employee helping and voice behaviours via expanded role definitions. In contrast, Kloutsiniotis and Mihail (2018) found no support for the moderating effect of trust in management on the HPWS–employee outcome relationship. This difference in the moderating effect may have been attributable to context-specific factors; for example, a Taiwanese sample may be influenced by its national culture.

On a different note, Dastmalchian et al. (2020) found that societal culture in 14 countries did not moderate the relationship between HPWSs and organisational performance or influence the effectiveness of skill-enhancing or motivation-enhancing practices. High power distance, however, reduced the effectiveness of opportunity-enhancing practices. Zhong et al. (2016) tested the moderating role of collectivism and power distance in the relationship between high-performance HRPs and perceived organisational support in Chinese firms. Their findings revealed that the effect of high-performance HRPs on perceived

organisational support was stronger when collectivism was high and power distance was low. Fu et al. (2019) compared the moderating role of national culture in the HPWS–firm performance relationship via organisational coordination in Chinese and Irish firms, finding that the relationship was stronger in Chinese firms, which are characterised by collectivism and high power distance, than in Irish firms, which are characterised by individualism and low power distance. Authors examining HPWSs across cultures have extensively built on the cultural dimensions of Hofstede (2001) and House et al. (2004) to highlight the effect of cultural dimensions (e.g. individualistic v. collectivist values) on HPWS relationships. However, the findings are inconsistent, especially among East Asian cultures.

Although the literature provides evidence on how moderators affect the strength of relationships, research investigating contextual moderators in non-Western contexts is in its relative infancy. A few studies conducted in China have examined *guanxi* as a contextual factor. For instance, Yen et al. (2016) found that *guanxi* affected business activities and organisational behaviours and that having a strong *guanxi* with government officials moderated the relationship between HPWPs and organisational performance. Similarly, Xian et al. (2019) found that *guanxi* significantly affected HRPs and employee trust. These findings suggest that firms act based on their interpretation of cultural factors, emphasising the latter's importance.

Little is known about how HPWSs function outside of the Western context because most studies have neglected the role of cultural factors. The investigation of additional boundary conditions is warranted (Miao et al., 2020). Culture, which affects how people experience and interpret events, may influence the nature of the relationship between HPWSs and employee attitudes (Farndale & Sanders, 2017). Each country's culture, employment laws, economics and employment practices may potentially influence the effectiveness of HPWSs. Given the call for more attention to be paid to a variety of contingencies (i.e.

moderators) that might affect the nature of the relationship between HRP and outcomes (Lepak & Shaw, 2008), there is scope for further exploration of culture-specific factors.

2.4 High-Performance Work Systems in the Middle East

Researchers have begun to explore beyond advanced countries such as the US and those in Europe. For example, HPWSs have been studied in developing countries such as China (e.g., van Esch et al., 2018) and Pakistan (e.g., Ahmad & Allen, 2015). On closer observation of these studies, it is clear that their authors acknowledge the differences in their cultures from those in the West. However, they do not represent the context in which the majority of employees are working. Middle Eastern and Arabic countries in Africa and West Asia have rarely been explored in the HPWS literature (Al Ariss & Sidani, 2016). There is a lack of empirical evidence, revealing a significant gap. HPWS research has been conducted in some Middle Eastern countries, namely Algeria, Egypt, Jordan, Qatar and Tunisia.

To further demonstrate, S. M. Obeidat et al. (2016) and Mitchell et al. (2013) investigated Jordan's financial and manufacturing industries and found that high-performance HRP enhance financial performance. More recently, Al-Ajlouni (2020) examined whether HPWSs can promote organisational innovation in Jordanian small and medium-sized enterprises. Using a moderated mediation model, the author investigated employee engagement, perspective-taking and creativity. Their findings confirm that HPWSs can improve employee engagement and creativity, while perspective-taking moderates the relationship between HPWSs and employee engagement. Moreover, employee creativity significantly predicted moderate organisational innovation. Mansour et al. (2014) focused on financial services in Tunisia and found that HPWSs improved firm performance. They also found a significant indirect relationship between HPWS and firm performance via the mediating roles of organisational commitment and human capital. Mostafa and Gould-Williams (2014) and Mostafa (2016) examined person-organisation fit as a mediating

mechanism in the Egyptian higher education and healthcare settings. They found a direct relationship between high-performance HRPs and employee outcomes and an indirect relationship between high-performance HRPs and employee outcomes through person–organisation fit. This indicates that implementing high-performance HRPs may lead to a greater fit between employees and their organisations, improving employees' attitudes and behaviours and reducing their stress levels and intentions to quit.

A study in Algeria conducted by Ramdani et al. (2014) showed that providing employees with development opportunities and empowering them to make decisions through HPWPs resulted in positive employee performance. However, this effect was not the same for organisational performance. This finding does not align with those of others (Heffernan et al., 2016; S. M. Obeidat et al., 2016; B. Zhang & Morris, 2014), possibly because of specific Algerian values and culture. In a study of Qatari banks (S. M. Obeidat, 2021), HPWPs predicted job satisfaction, organisational commitment and innovative work behaviours. The author also tested the mediating roles of job satisfaction and organisational commitment in the indirect effect between HPWPs and innovative behaviours. While the mediating role of organisational commitment was significant, the mediating role of job satisfaction was not. This result is similar to findings from South-East Asia (M. M. Zhang et al., 2016), where the mediating effect of organisational commitment was also significant.

These findings reveal that while HPWSs exist in Middle Eastern countries, the cultural factors unique to the region have been neglected. Additional evidence from other Middle Eastern countries is needed to support and generalise the existing findings. Although the literature appears to demonstrate meaningful relationships, researchers have thus far focused on a narrow range of outcomes and mediators, providing only a partial overview of the HPWS phenomenon. The limited literature covers only a few Middle Eastern countries. Cultural factors in the Middle East are related to the region's religion, history, traditions and economic

and political environment and significantly affect individual behaviours and managerial practices (Altarawneh, 2005). Nevertheless, none of the above studies have considered cultural factors as boundary conditions; thus, the exploration of moderators appears to be limited.

This review has illustrated the lack of research on the applicability of HPWSs in developing countries in the Middle East. The Middle East is becoming an area of increased economic significance and is home to 20% of the world's Islamic people (Iles et al., 2012). HRM in the Arab world, mainly the Middle East, has received little attention, and even less is known about the nature of HPWS relationships (Afiouni et al., 2014; Budhwar & Mellahi, 2007; Budhwar et al., 2019). Moreover, sectors that have been studied in the Middle East do not represent a wide range of industries, raising questions about the generalisability of findings. Industries and firms of the Middle East have cultures and organisational systems of their own that may differ significantly from those in other parts of the world (Elbanna, 2012). Researching this region and understanding its managerial practices may increase scholarly interest and help practitioners and investors make sound decisions and navigate the culturally complex setting in which they operate (Zahra, 2011).

Researchers in the Middle East have documented a cultural trait known as *wasta* (Cunningham & Sarayrah, 1993; Cunningham et al., 1994; P. B. Smith et al., 2012). *Wasta* is viewed as a behaviour that negatively affects HRPs and outcomes such as performance, staffing and career advancement. Metcalfe (2006) has highlighted that managerial recruitment, promotion and training and development opportunities result primarily from family networks and *wasta* rather than from ability. Harbi et al. (2016) compared how foreign and Arabic managers conducted Western-style performance appraisals. They found that foreign managers set targets and goals for subordinates and evaluated them against those goals, while Arabic managers gave higher performance evaluations to employees to whom

they were linked via *wasta*. Tlaiss and Kauser (2011) explored the importance of *wasta* in the career success of Middle Eastern managers. Their findings revealed that promotions in Middle Eastern societies are based on personal connections. *Wasta* is traditionally rooted in business and social life and plays a major role in individuals' career advancement. It is unlikely to diminish, despite the perception that it is an unfair practice.

Empirical evidence on the applicability of HPWSs to Middle Eastern countries is limited. More research on emerging economies is needed (Lepak & Shaw, 2008). To the best of my knowledge, only Ramdani et al. (2014) have examined the efficacy of HPWPs in the Middle East, specifically the relationships between HPWPs and employee and organisational outcomes in Algerian firms. While their results revealed that HPWPs were positively correlated with employee work attitudes, this was not replicated with respect to organisational outcomes. Although they speculated that merit-based appraisal and promotion would lead to negative outcomes because Middle Eastern countries have strong collectivist tendencies and are characterised by low performance and high power distance, their findings revealed the opposite. However, they did not specifically examine the effect of *wasta* or other cultural factors on the efficacy of HPWPs in Algeria.

The few researchers that have examined HPWSs in Middle Eastern countries have found meaningful relationships. Nevertheless, they have rarely considered the effect of *wasta* or other cultural or contextual factors in HPWS relationships. According to Paauwe and Boselie (2003), 'differences in embeddedness and in institutional settings between, for example, countries affect the nature of HRM' (p. 56). As mentioned in Section 2.3.3, research conducted in China has acknowledged critical cultural aspects (Fu et al., 2019; Zhong et al., 2016), specifically *guanxi* (Xian et al., 2019; Yen et al., 2016). Empirical evidence has documented the negative effect of *wasta* on HRPs, signifying its relevance to this research. This raises the question: How do Western HPWSs function in a culture characterised by

wasta? The role of *wasta* on HPWS effectiveness and relationships has been under-researched. Thus, the role of *wasta* will be explored in this thesis.

2.5 Theories in High-Performance Work System Research

The theoretical frameworks employed in the HPWS research predominantly draw on broad HPWS theories, including the universalistic and contingency perspectives. Resource theories include the conservation of resources (COR) theory, the resource-based view and the human capital perspective. Social theories include the social exchange theory and social identity theory. Other fundamental HPWS theories include the AMO framework and self-determination theory. Recent reviews demonstrate the prevalence of these theoretical approaches in the HPWS literature (Cooke et al., 2021; Kaushik & Mukherjee, 2021; Oh & Park, 2020).

HRM scholars have long debated whether HPWSs are universal or contingent on a variety of contextual variables. Delery and Doty (1996) differentiate between these perspectives. According to the universalistic perspective, HRPs are universally effective, meaning that all organisations will experience improved performance if they adopt best practices. In contrast, the contingency perspective posits that the relationship between independent and dependent variables depends on the presence and levels of critical contingency variables. Early findings indicated that HPWSs are universalistic and represent best practices in HRM (e.g., Huselid, 1995). However, more recent studies have shown that the relationships between HPWS and relevant criteria may be contingent on various factors (Pichler et al., 2014). Authors have argued for the applicability of the contingency perspective across industries when examining the relationship between HPWSs and innovative performance (Y. Chen, Jiang, et al., 2018), team performance (J. H. Han et al., 2018), wellbeing (Fan et al., 2014) and burnout (Kilroy et al., 2020). According to Youndt et al. (1996), the value of contingency research is that it allows deeper insights into the HPWS–

performance relationship. Other authors have advocated for the universalistic perspective when examining the relationship between HPWSs and labour productivity (Ahmad & Allen, 2015), organisational and business performance (Camps & Luna-Arocas, 2012; Vazquez-Bustelo & Avella, 2019) and job performance (Wickramasinghe & Liyanage, 2013). The ongoing debate has led researchers to compare the universalistic and contingency perspectives and provide evidence that supports either or both. For instance, V. E. Pereira et al. (2018) found that HPWSs were aligned with the universalistic perspective. D. Y. Jeong and Choi (2016), however, believe that the two perspectives may complement each other. They found that the main effect of HPWSs on firm performance supported the universalistic view, while the moderating effect of HR on the HPWS–firm performance relationship supported the contingency view. Such conclusions do not invalidate either of these approaches, but evidence that firms' HRPs may be shaped by contextual contingencies, including national, cultural, organisational and industry factors, is rapidly emerging (Beltrán-Martín et al., 2017; Boxall & Purcell, 2000; Yen et al., 2016).

The resource-based view of the firm is a popular theory in strategic management that focuses solely on organisational performance (Barney, 1991). According to the resource-based view, HPWSs will enhance employees' knowledge and skills, giving organisations valuable human resources who are more likely to achieve high performance (Datta et al., 2005). Investing in HRM practices will provide the basis for sustained competitive advantage when they add exceptional value to the firm (Boxall, 1998). Scholars who have adopted this view argue that HRM practices could lead to valuable, inimitable and non-substitutable organisational skills and employee behaviours, which are considered a source of competitive advantage that can improve organisational performance (Barney, 1991; Park et al., 2019; Wright et al., 2001). In other words, employees with appropriate human capital resulting from HRM investments, rather than the actual HRM practices themselves, are intangible assets for

firms to achieve success (K. Jiang et al., 2012). The resource-based view is popular among manufacturing, industrial and service firms in developed Western and Asian countries. Firm performance is one of the main outcomes on which researchers focus when adopting the resource-based view (Choi, 2014; Fu et al., 2019; Malik et al., 2019).

According to COR theory, individuals seek to obtain, retain and protect valuable resources when responding to job demands (Hobfoll, 1989). COR theory implies that the acquisition of resources becomes more important in the context of resource loss (Hobfoll, 2001). Arguing that high-commitment HRPs represent organisational resources, Boon and Kalshoven (2014) applied COR theory to their study. They provided support for the mediating effect of work engagement on the relationship between high-commitment HRPs and organisational commitment. Examining the mediating roles of perceived organisational support as a resource gain and psychological empowerment as a resource loss, F. Liu et al. (2020) found that HPWSs can significantly decrease perceived workload through perceived organisational support and increase perceived workload through psychological empowerment. Studies utilising COR theory have mainly focused on employees' attitudes and behaviours and psychological mediators.

Human capital is commonly defined as the knowledge, experience and skills individuals acquire through education and training (G. S. Becker, 1962), giving employees the expertise that provides monetary value for organisations (Snell & Dean, 1992). Organisations supporting the human capital approach provide employees with clearly communicated performance expectations and rewards; thus, employees are held accountable for accomplishing specific business goals and creating innovation (Swart & Kinnie, 2010). HRPs can be applied to develop or acquire human capital (Huselid, 1995), and companies can obtain high-value human capital through selective staffing. Moreover, through comprehensive training, firms can internally improve employees' knowledge and skills. Researchers applying

human capital theory have investigated the effect of HPWSs on innovation capabilities in manufacturing (Donate et al., 2016), unit performance in banks (Ali et al., 2019) and human capital and turnover intentions in high-tech firms (Wei, 2015).

Social exchange theory (Blau, 1964) proposes that when employees perceive their organisation as a supportive work environment that benefits them, they are likely to reciprocate by becoming more committed to the organisation and engaging in behaviours that support it. Social exchanges are voluntary actions primarily initiated by an organisation's management in how they treat their employees, who are expected to reciprocate. Social exchange theory has been applied to many industries, especially the manufacturing and healthcare industries, in developed countries such as Spain (Elorza et al., 2016) and developing countries such as China (W. Liu, 2018). HPWS research has drawn on social exchange theory to investigate the relationships between HPWSs and organisational outcomes, including financial and business performance (Choi & Lee, 2013; Peña et al., 2015), employee attitudes such as job satisfaction and affective commitment (Kloutsiniotis & Mihail, 2017; Ollo-López et al., 2016) and employee behaviours such as creativity and innovation (Escriba-Carda et al., 2017; Tang et al., 2017). It is also worth noting that social exchange theory has been used to examine the linkages between HPWSs, organisations and employees (Kaushik & Mukherjee, 2021).

Another theory focused on employee outcomes is social identity theory (Tajfel & Turner, 1986). Social identity theory has been used to explain how HPWSs help employees to feel like partners in the organisation by providing them with the necessary resources to develop strong bonds (Tajfel, 1978). Once employees identify with their organisation, they are more likely to engage in beneficial behaviours (Z. Chen et al., 2015). Individuals find it easier to socially identify with high-performing organisations (Van Knippenberg, 2000), indicating that HPWSs are likely to increase employees' identification with the organisation.

For instance, selective hiring ensures that positions are filled with highly qualified candidates, which also focuses on the fit between employees and the work environment (Zacharatos et al., 2005). In turn, this fit can lead to the greater social identity of employees who share similar characteristics. Decentralised decision-making and open communication are also likely to increase employees' identification with the organisation (J. Y. Jiang & Liu, 2015). Authors have drawn on social identity theory to investigate the relationship between HPWSs and employee outcomes such as affective commitment (Andersen & Andersen, 2019) and job satisfaction (Do & Shipton, 2019) as well as healthcare outcomes such as quality of patient care (Bartram et al., 2014; Mihail & Kloutsiniotis, 2016b). Authors have also applied both social exchange and social identity theories (F. Liu et al., 2019; Mostafa et al., 2019; Wong et al., 2019) to explain the links between HPWS, organisation identification, brand equity and employee outcomes.

The AMO framework was initially developed for the manufacturing industry (E. Appelbaum et al., 2000). The AMO model suggests that effective HRM practices can improve employees' knowledge, skills and abilities (e.g. staff training), motivation (e.g. performance appraisals) and opportunities (e.g. team working) (C. Armstrong et al., 2010; Boxall & Macky, 2009). All three elements should be applied coherently to promote organisational performance. Researchers have used the AMO framework in a range of developed and developing countries, including the UK, China and Egypt (Ma et al., 2017; Mostafa & Gould-Williams, 2014; Ogbonnaya & Valizade, 2018). While manufacturing industries have been the focus of the AMO framework, researchers have also applied the model to hospitality and health care (Ogbonnaya & Valizade, 2018; Úbeda-García et al., 2018). The AMO framework has primarily been used to investigate the associations between HPWSs and organisational outcomes such as performance (Dastmalchian et al., 2020; S. M. Obeidat et al., 2016), innovation (Fu et al., 2015; Jerez-Gomez et al., 2019) and the links between them (Jyoti &

Rani, 2017; Kundu & Gahlawat, 2018). Less frequently, the AMO framework has been paired with social exchange theory and COR theory to understand the association between HPWSs and employee outcomes such as satisfaction, happiness and wellbeing (Guerci et al., 2019; Miao et al., 2020; Tregaskis et al., 2013). The AMO framework has been predominantly used to explain the influence of HPWSs at the organisational level (Kaushik & Mukherjee, 2021).

Self-determination theory (Deci & Ryan, 1985) posits that social environments and their interactions with individuals can affect the quality of individuals' motivations, behaviours and psychological wellbeing. According to self-determination theory, individuals have a natural psychological need for autonomy, competence and relatedness (Deci & Ryan, 2000). Autonomy is related to the need to exercise control, perceive oneself as the initiator and feel independent; competence refers to one's ability to affect the environment and obtain desired outcomes; and relatedness is the need to develop close mutual relationships and feel connected to others (Deci & Ryan, 2000). Behaviours motivated by regulations such as HPWSs that have been fully integrated into the self are considered self-determined. Researchers (e.g., Jo et al., 2020; Martinaityte et al., 2019) have adopted self-determination theory to account for the effects of HPWSs because self-determined behaviours are fostered by autonomous motivation. High-performing organisations act as important social environments that provide employees with the nutrients required to satisfy their need for autonomy, competence and relatedness (Webster & Smith, 2019). Research applying self-determination theory has focused on employees' creative performance (Martinaityte et al., 2019), psychological health (Jo et al., 2020) and OCBs (Webster & Smith, 2019).

Some theoretical perspectives appear to dominate the HPWS research. For instance, the resource-based view, social exchange theory, contingency theory, AMO and human capital theory have been predominant in the Chinese context (Cooke et al., 2021). In the Korean context, the resource-based view was the most frequently applied, with more recent

studies applying social exchange theory (Oh & Park, 2020). Social exchange theory has mainly been used to explain the influence of HPWSs at the individual level. In contrast, the AMO framework is prominent in explaining the influence of HPWSs at the organisational level (Kaushik & Mukherjee, 2021). Different theories have also been adopted to examine the black box at the firm or team level, including the resource-based view, human capital theory, the AMO framework and social exchange theory (K. Jiang et al., 2013).

These theories have made substantial contributions to the field and can help explain the influence of HPWSs on employees. However, other theoretical approaches may be more useful in extending and verifying prevailing relationships (Murphy et al., 2018), enhancing the knowledge and theoretical scope of the literature (Posthuma et al., 2013) and in advancing the theoretical understanding of individual psychological mediators that involve the coexistence of multiple components (e.g. affective and cognitive components). The processes underlying the effects of HPWSs are complex (Takeuchi et al., 2007; M. Zhang et al., 2014) and are usually associated with employee cognition and emotions that direct their attitudes or behaviours. Therefore, this thesis goes beyond these frequently used theoretical perspectives in the HPWS research and takes a relatively new perspective—the socially embedded model of thriving (Spreitzer et al., 2005)—to explain how or through what processes HPWSs influence employee outcomes. The socially embedded model of thriving is a perspective that has been emerging in the HRM literature but is yet to be sufficiently tested in the domain of HPWSs. The socially embedded model of thriving suggests that contextual features of the organisation may influence employee thriving, which is characterised by the concurrent existence of learning (a cognitive component) and vitality (an affective/emotional component), which influence employee work and career outcomes. Given that an HPWS is considered a contextual factor that influences employees (Jo et al., 2020; Miao et al., 2020; J. Zhang, Bal, et al., 2019), the socially embedded model of thriving is relevant to the field of

HPWS. As detailed in Chapter 5, the adoption of this model to explain the relationship between HPWSs and employee outcomes may help advance the HPWS research by generating innovative insights.

2.6 Measures of High-Performance Work Systems

Over the years, researchers have developed many measures of HPWS, each with HR components that were relevant to their research aims. This section provides an overview of the most commonly used measures in the HPWS research and how authors have bundled HRPs to develop their measures.

Table 3 illustrates that the manufacturing industry in developed Western developed countries has gained considerable attention. It also shows that three popular measures appeared in the 1990s. While these measures shared some commonalities, there were some differences. These measures were all rooted in a Western country, namely the US. Snell and Dean (1992) developed a lengthy measure comprising four HRPs, but practices such as job design, flexible work arrangements and career paths were missing. Their 32-item scale has been utilised in manufacturing (Donate et al., 2016; Mitchell et al., 2013) and hospitality (M. Chen et al., 2017). Huselid (1995) developed the most popular and inclusive scale to date, which included up to 11 HRPs. The scale has gained popularity in research across most industries, particularly the manufacturing and service industries (Choi & Lee, 2013; Chow, 2012; Pichler et al., 2014; Shahzad et al., 2019). It has also been used to measure HPWSs in hospitality and tourism (Schmidt et al., 2018; Úbeda-García et al., 2018) and in the banking sector (Ali et al., 2019; Aryee et al., 2012). Delery and Doty (1996) developed a measure for the banking industry comprising seven HRPs. However, practices such as selective staffing, incentives and rewards were not included. Along with the banking sector (F. Liu et al., 2019; F. Liu et al., 2020), this scale gained recognition in the hospitality industry (Karatepe & Olugbade, 2016; Safavi & Karatepe, 2018).

Table 3

Measures of High-Performance Work Systems

Study	Items	No. HRPs	Human Resource Practices	Industry/Context
Snell and Dean (1992)	32	4	Selective staffing, comprehensive training, development performance appraisal, equitable reward systems	Manufacturing/US
Huselid (1995)	13	11	Personnel selection, performance appraisals, incentive compensation, job design, grievance procedures, information sharing, attitude assessment, labour-management participation, selection ratio, training, promotion criteria	All major industries/US
Delery and Doty (1996)	23	7	Internal career opportunities, training, results-oriented appraisals, employment security, participation, job description, profit-sharing	Banking/US
E. Appelbaum et al. (2000)	16	3	(A) Abilities (recruitment and selection, training, skills development); (M) Motivation (incentives, recognition, pay for performance, group bonuses, job security); (O) Opportunities (quality circles, self-directed teams, employee involvement activities)	Manufacturing/US
Bae and Lawler (2000)	27	5	Extensive training, empowerment, highly selective staffing, performance-based pay, broad job design	Korean-owned and multinational subsidiaries/joint ventures
Lepak and Snell (2002)	22	5	Job design, recruitment and selection, training and development, performance appraisals, compensation	Various firms and industries/US
Zacharatos et al. (2005)	41	9	Employment security, selective hiring, training, teams, status distinctions, information sharing, compensation, leadership, job quality	Manufacturing, petroleum and telecommunications /Canada
Sun et al. (2007)	27	8	Selective staffing, extensive training, internal mobility, employment security, clear job descriptions, results-oriented appraisal, incentive rewards, participation	Hospitality/China
Takeuchi et al. (2007)	21	5	Selective hiring, extensive training, performance management, merit-based pay, flexible work design	Manufacturing, services, trade, finance and insurance, real estate and others/Japan
Liao et al. (2009)	44	8	Extensive service training, information sharing, self-managed service teams and participation, compensation contingent on service performance, job design, service quality-based performance appraisals, internal service, service discretion	Banks/Japan
Lee et al. (2012)	9	3	Training and education, communication, compensation	Health care/South Korea
M. Zhang et al. (2013)	10	5	Recruitment, training, compensation, employee participation, job security	Health care/China
Ang et al. (2013)	30	4	Recruitment and selection, training and development, participation in decision-making, performance management	Health care/Australia

Note: HRP: Human resource practices; US: United States.

In the 2000s, several measures appeared in the HPWS literature. E. Appelbaum et al. (2000) developed the popular AMO framework. The HRPs included in the measure covered three dimensions: ability (A), motivation (M) and opportunity (O). This measure was also developed for the manufacturing industry in the US and was applied extensively across contexts and industries (Dastmalchian et al., 2020; Kundu & Gahlawat, 2018; S. M. Obeidat et al., 2016). Bae and Lawler's (2000) measure was created for the Korean context and included five HRPs. Researchers have used this measure to investigate HPWSs in banks and manufacturing firms in East Asia (Cooke et al., 2019; Pak & Kim, 2018; Tsao et al., 2016). Lepak and Snell (2002) developed a measure in the US consisting of five HR components that has been used to measure HPWSs across various industries. During this period, measures were still largely rooted in the US but began to emerge in East Asia.

Zacharatos et al. (2005) created a lengthy HPWS measure for Canadian industries. While performance-related practices were not included, their scale has been extensively used in banking, healthcare and manufacturing in China, Greece and Australia (Bartram et al., 2014; Mihail & Kloutsiniotis, 2016b; M. M. Zhang et al., 2016). Sun et al.'s (2007) scale was created for the hospitality industry in China and comprises eight inclusive HRPs. It has gained popularity in the hospitality and other sectors in Spain (Garcia-Chas et al., 2016; Huertas-Valdivia et al., 2018). Interestingly, authors have used this East Asian measure in Western contexts such as the manufacturing industry in the US (Kostopoulos et al., 2015; Patel et al., 2013).

Further, Takeuchi et al. (2007) developed an HPWS scale for the Japanese context consisting of five major HRPs. It has been used in a range of countries across several industries, including health care (Gkorezis et al., 2018), manufacturing (Andersen & Andersen, 2019), hospitality (Takeuchi et al., 2018), banking (Cooke et al., 2019), engineering (Bos-Nehles & Meijerink, 2018) and financial services (Mansour et al., 2014). It

has been used in both developed countries such as the Netherlands and developing countries such as China and Tunisia, thus is applicable internationally.

The measure by Liao et al. (2009) was developed for the Japanese banking industry. This lengthy measure covers a wide range of HRPs but, surprisingly, does not include selective staffing. The measure has also been adopted in the banking context in other countries (e.g., Ghana; Aryee et al., 2012) as well as the Taiwanese electronic and telecommunication industries (Y.-Y. Chang, 2016; C. H. Wang et al., 2019).

In 2012, the first healthcare-specific measure appeared, developed by Lee et al. (2012) for the South Korean context. The measure covered training and education, communication and compensation but severely lacked major HRPs such as selective staffing and performance appraisals. Another healthcare-specific HPWS measure, developed by M. Zhang et al. (2013), emerged in the Chinese context and covered major HRM functions, excluding performance appraisals. Ang et al. (2013) developed a measure for the Australian healthcare context. Their measure encompassed four practices, excluding incentives and compensation. Each of these healthcare-specific measures appears to lack core elements, raising questions about their reliability. There is a need to develop a specific healthcare HPWS measure that includes the most common HRPs and test its applicability among cultures and contexts.

Early measures appeared in Western countries, but with increased criticism of the universalistic perspective, East Asian measures began to emerge and gain broader coverage. Researchers have bundled HRPs in their scales differently, presumably because of industry or contextual differences. However, many measures seem to lack adequate international coverage, limiting their efficacy and raising questions about their generalisability across borders. The manufacturing industry has been a major focus of the HPWS research field (Murphy et al., 2018). Service industries such as hospitality, banking and health care are

starting to attract attention and require further research. Researchers should consider developing comprehensive measures that go beyond Western and East Asian contexts.

2.7 Conclusion

There has been much research conducted in the field of HPWS. In spite of the numerous contributions made, HPWS research in Middle Eastern countries remains sparse, leading to many gaps in the literature. To date, researchers have neglected to examine the influence of HPWSs on career-related outcomes, indicating a key gap. Additionally, there are explicit calls to test potential mediators and utilise different theoretical approaches that explain how HPWSs influence employee outcomes in different contexts (Cooke et al., 2021; Murphy et al., 2018). Moreover, moderators that are specific to cultures and affect the strength of relationships require further investigation (Murphy et al., 2018; Oh & Park, 2020). Healthcare researchers have called for deeper empirical research to broaden the implications of HPWSs in the healthcare sectors of emerging economies (Bartram & Dowling, 2013). These gaps are the focus of this thesis and are further detailed below.

The current literature requires a differing theoretical model to explain how HPWSs influence employees' work- and career-related outcomes. This research argues that HPWSs provide employees with resources that will enhance and satisfy their psychological needs, helping them to learn and grow in their workplaces (Porath et al., 2012). Therefore, this thesis is among the first to utilise the socially embedded model of thriving to offer an original theoretical contribution to the HPWS field. Examining the effect of HPWSs on a psychological mediator such as thriving at work will offer a different perspective on the applicability of psychological theories. Limited research has examined psychological mediators based on COR, social identity and social exchange theories, demonstrating that explanations of psychological mechanisms underpinning the effects of HPWSs on outcomes are limited by the theoretical frameworks previously applied. Accordingly, the socially

embedded model of thriving and the mediating role of thriving will offer an innovative pathway for further research.

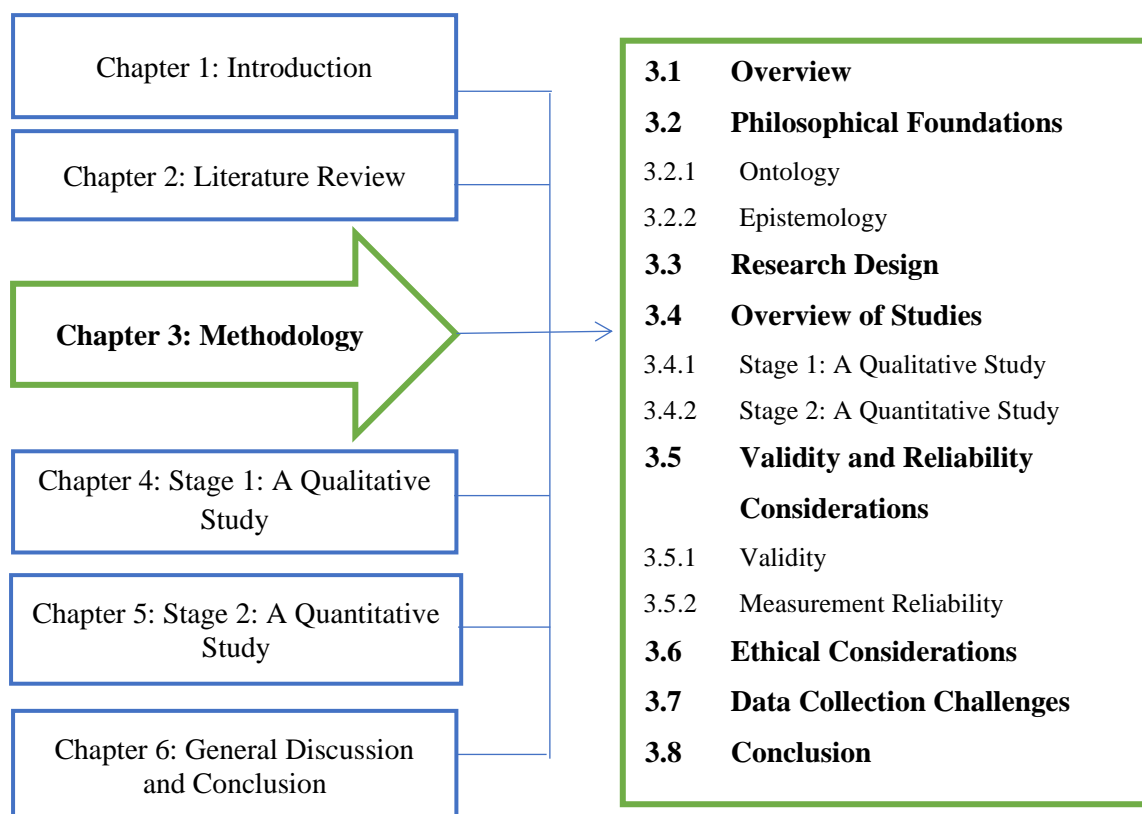
The literature has clearly revealed the negative effect of *wasta* on HRM in the Middle East. The effects of HR systems are likely to be modified by a variety of contextual conditions. Thus, this thesis explores the role of *wasta* in the HPWS domain for the first time. By identifying *wasta* as a moderator and testing its role as a boundary condition in HPWS relationships, this thesis contributes to the limited evidence on Middle Eastern countries and the relatively unexplored gap on the relationship between HPWSs and contextual factors.

In the HPWS research, career adaptability as a mediator and career stage as a moderator have both been examined. This chapter revealed that career-related outcomes have not been thoroughly explored. This lack of literature will be addressed in this thesis by investigating how HPWSs affect career satisfaction, offering a key contribution to HPWS literature.

Additionally, quantitative and cross-sectional research has dominated the HPWS field. There is a distinct lack of qualitative and mixed methods research in HPWS studies. Therefore, longitudinal research designs and multiwave data collection are needed to provide and validate robust findings. This can be achieved by applying qualitative or mixed methods research designs in examining emerging economies characterised by cultural and contextual factors that may influence the implementation of HPWSs. This research addresses this gap by applying a mixed methods approach based on the collection of both qualitative and multiwave quantitative data.

This chapter provided a comprehensive overview of the available HPWS literature. It also discussed various theoretical perspectives and HPWS measures and identified a number of research gaps. This literature review informed the research objectives of this thesis. Chapter 3 presents the methodology used in the research for this thesis.

Chapter 3: Methodology



This chapter presents an overview of the methodology applied to meet the research objectives. The chapter begins by discussing the philosophical foundations of the research. A mixed methods approach consisting of two studies, each with its own data set, was used. Stage 1 involved a qualitative study, while Stage 2 involved a quantitative study. This chapter describes the research process for each stage, followed by validity, reliability and ethical considerations. Before the chapter concludes, some of the data collection challenges are discussed and how they were addressed.

3.1 Overview

This research intends to contribute to the HPWS literature, specifically the existence and influence of *wasta* on HPWSs, thriving and work- and career-related outcomes in the Saudi healthcare sector. The aim of this research is to understand how HPWSs shape

employee outcomes in the Saudi context. In addition, it was observed that there is a lack of literature on the subject. This thesis required me to not only answer a question or describe a phenomenon or relationships between variables, it also required me to explain these in light of the context in which they are observed (Al Ariss & Sidani, 2016; Farndale et al., 2017). Therefore, to meet the objectives of the research and answer the key questions, a combined qualitative and quantitative approach (i.e. mixed methods) was utilised via interviews and questionnaires, respectively.

3.2 Philosophical Foundations

Philosophical assumptions about human knowledge and the nature of reality affect the research process, how research questions are understood, the choice of methods and how findings are interpreted. This research was driven by the pragmatic approach (Morgan, 2007). According to Creswell et al. (2003), pragmatism is arguably the best philosophical foundation for mixed methods research. Pragmatists believe that multiple paradigms may be used to solve a research problem (Creswell & Creswell, 2017). Additionally, they recognise that there are many different ways of interpreting the world and that no single point of view can give the entire picture—in other words, there are multiple realities (Saunders et al., 2009).

Pragmatism was chosen over other philosophical approaches such as positivism and constructivism. Pragmatism offers the ability to apply more than one approach to understanding a research problem and to use various methods and techniques to collect and analyse data (Creswell, 2009). In other words, a pragmatic approach emphasises ‘shared meanings and joint action’ (Morgan, 2007, p. 67). It is also in a better position to answer ‘what’, ‘why’ and ‘how’ questions to investigate the HPWS experiences of healthcare workers in light of cultural and contextual factors and how thriving influences employee outcomes (Creswell, 2009; Saunders et al., 2012). The following section discusses the ontological and epistemological approaches underpinning this research.

3.2.1 Ontology

Ontology is concerned with the nature of reality and the assumptions that researchers have about the way in which the world operates. Two aspects of ontology are accepted as producing knowledge (Saunders et al., 2012). Objectivism represents the position that social entities are external to social actors, meaning that the researcher is detached from the research context by using numerical and statistical data. Subjectivism, otherwise known as constructionism, assumes that reality is socially constructed, meaning that the researcher may be involved in the research context using observational or verbal data (Bryman, 2011).

Regardless of their differences, both aspects help in answering the research questions of the current study. Both qualitative and quantitative data can provide answers to questions about relationships, the circumstances surrounding those relationships and the organisational or industrial setting.

3.2.2 Epistemology

Epistemology concerns what constitutes acceptable knowledge in a field of study. A range of epistemologies explain the meaning of our engagement with the realities of the world. To further explain, positivism refers to the application of natural sciences to study social realities (Bryman, 2011). The purpose of positivism is to generate hypotheses that can be tested. In contrast, interpretivism argues that it is essential for researchers to examine the differences between humans in their roles as social actors (Saunders et al., 2012). Thus, humans faced with the same reality construct meaning differently (Crotty, 1998).

In summary, this research first asks ‘what’ questions to understand the nature of HPWSs in the context of the Saudi healthcare sector, with an emphasis on the inductive/subjective/contextual approach. Second, it asks ‘how’ questions to investigate the effect of HPWSs on various employee outcomes through mediation and moderation, emphasising the deductive/objective/generalising approach. By applying the pragmatic

approach and emphasising the abductive, intersubjective and transferable aspects of the research, this research rejects the notion of working with a single approach and work back and forth between two extremes (Morgan, 2007).

3.3 Research Design

In many cases, researchers follow the deductive approach in purely quantitative studies or the inductive approach in qualitative studies. However, in mixed methods research, an inductive–deductive research cycle is used (Teddlie & Tashakkori, 2009). As mentioned earlier, this study adopts a mixed methods approach in line with the pragmatic views from Morgan (2007). The reason for applying a mixed methods approach is to expand the research scope and draw from the strengths and minimise the weaknesses of qualitative and quantitative studies in a single study (Driscoll et al., 2007; Johnson & Onwuegbuzie, 2004).

According to Creswell et al. (2003),

a mixed methods study involves the collection or analysis of both quantitative and/or qualitative data in a single study in which the data are collected concurrently or sequentially, are given a priority and involve the integration of the data at one or more stages in the process of research. (p. 212)

This thesis applied a sequential exploratory design (Creswell et al., 2003) using both qualitative and quantitative data. A sequential exploratory design is

when qualitative data collection precedes quantitative data collection; the intent is first to explore the problem under study and then follow up on this exploration with quantitative data that are amenable to studying a large sample so that results might be inferred to a population. (Creswell et al., 2003, p. 217)

Stage 1 of this research involved a qualitative study investigating the perspectives of executive HR professionals and senior medical professionals working in the Saudi healthcare sector. A qualitative approach was used to obtaining a more realistic feel of the nature and

phenomenon of HPWS in Saudi hospitals in more detail and provide a rich explanation. The results of this stage were used to inform parts of Stage 2. Stage 2 was a quantitative study targeting frontline employees' perspectives in the Saudi healthcare sector. This study tested the hypothesised relationships between HPWSs and employee outcomes. A quantitative approach was used to clearly and precisely specify the independent, mediator, moderator and the dependent variables under investigation.

3.4 Overview of Studies

3.4.1 Stage 1: A Qualitative Study

In Stage 1, qualitative semi-structured interviews were used. The use of probing and open-ended questions enabled interview questions to be modified. Given that little was known about HPWSs in Saudi Arabia, this stage of data collection was aimed at understanding the nature of HPWSs in Saudi Arabia and the components that comprise HPWSs in the healthcare sector. It also explored the perceived cultural and contextual issues influencing HPWS implementation and outcomes. Data were collected through semi-structured interviews to capture participants' experiences, voices and interpretations. The use of semi-structured interviews enabled me to dig deeper into topics that were closely linked to the research questions while also allowing the participants to tell their stories (Rabionet, 2011). The interviews were designed in English because medical training in Saudi Arabia is conducted in English, meaning that the respondents had adequate English language skills.

The literature review helped in constructing the interview questions. Morrow (2007) states that qualitative data are appropriate when variables have not yet been identified or a theory has not yet been built. Some variables were specified based on the literature. However, other variables discovered in the interviews were later investigated in Stage 2.

3.4.1.1 Sampling

Purposive and snowball sampling techniques were used in Stage 1. According to Saunders et al. (2012), purposive sampling is needed to select cases that will best suit the research objectives, while snowball sampling is used when it is challenging to identify respondents with specific criteria. After contacting respondents through purposive sampling, they were asked to identify other potential respondents, who were then asked to identify further respondents, and so on (Saunders et al., 2012). Thirty-two interviews were conducted, as per Saunders and Townsend (2016), who identified that the median number of participants interviewed per study was 32.5.

The Stage 1 sample consisted of HR executives and senior medical professionals from six hospitals in the city of Jeddah, Saudi Arabia. Through social and professional networks, a senior HR manager at each hospital was contacted via email to obtain their consent to participate and explain the research objectives. The HR senior managers identified through *wasta* connected me with a gatekeeper (an administrative staff member) who helped gain access to the required respondents and resources. Expressing goodwill can help to build a trusting researcher–gatekeeper relationship and facilitate access, thus fulfil the research goals (Van Dyke, 2013). Care was taken when meeting gatekeepers, who may restrict access to specific sources of information (Fusch & Ness, 2015). Access to public hospitals is slightly more complicated than access to private hospitals. For this reason, reaching out to networks to facilitate access to the hospitals was warranted.

3.4.1.2 Analysis

The interviews with HR executives and senior medical professionals were audio recorded and transcribed. Twelve interviews were translated from Arabic to English. The data were coded using NVivo. Similar texts were coded by theme and then analysed using template analysis. Template analysis refers to a group of techniques used to thematically

organise and analyse textual data and has been applied to a broad range of research topics in the social sciences (King, 2012). A significant advantage of template analysis is its flexibility—it can be adapted to any study by following a simple procedure of coding and identifying themes in the data. This method of analysis ‘works particularly well when the aim is to compare the perspectives of different groups of staff within a specific context’ (King, 2004, p. 257).

The initial template was based on the literature, which led to the development of a priori themes. The template was then expanded using data from the interviews, resulting in a modified template. The results of the analysis informed parts of the second stage of data collection. This form of analysis was consistent with the primary objective of this research, which was to explore the nature of HPWSs and identify the contextual and cultural factors that influence HPWS implementation in the Saudi healthcare context, an under-researched area. Chapter 4 provides more details.

3.4.2 Stage 2: A Quantitative Study

According to prior researchers (e.g., Wright & Boswell, 2002), cross-sectional designs using self-reported survey data may result in common method variance, potentially distorting research findings. To overcome this shortcoming in cross-sectional research, which is common in the HPWS literature, multiwave data collection across different time points that separate the independent, mediating and dependent variables is ideal (Haar et al., 2021; F. Liu et al., 2020; Salin & Notelaers, 2020). In the current research, data were collected at three different points in time, separated by a time lag of approximately 2 months. The survey was developed based on the analysis of the Stage 1 interviews and well-established measures in the literature. For example, key cultural characteristics that were found to have a significant influence in the qualitative study were included in the quantitative survey. The survey was developed in English because Saudi healthcare workers are educated in English. The aim of

the quantitative study was to explore the relationships between HPWSs and employee outcomes via mediating and moderating mechanisms.

3.4.2.1 Sampling

According to Tharenou (2015), surveys investigating organisations that employ immigrants and expatriates from more than one culture typically use small to medium-sized samples ranging from 100 to 500 participants. Given that the hospitals participating in this study employed both Saudis and foreign workers, the final sample comprised 187 frontline healthcare workers in Saudi hospitals, which falls within the 100–500 range. Social media (i.e. Twitter) was used to recruit the target participants. Chapter 5 presents the detailed sample characteristics and procedures.

3.4.2.2 Analysis

Confirmatory factor analysis was conducted using SPSS Amos to check the fit of the measurement model encompassing the key variables to the conceptual model tested in the quantitative study. As discussed in greater detail in Chapter 5, this model denoted how and under what conditions HPWSs would influence employee outcomes. The hypothesised relationships were tested using regression analyses in SPSS. A hierarchical regression analysis was conducted to examine the moderating effect. PROCESS Model 4 (Hayes, 2013) was used to test the mediation/indirect effects, and PROCESS Model 7 was used to test the moderated mediation effects.

3.5 Validity and Reliability Considerations

3.5.1 Validity

Potential data collection issues include the use of inappropriate sample sizes and the selection of inappropriate participants for qualitative and quantitative research (Creswell & Plano Clark, 2017). These potential issues were carefully considered prior to the commencement of data collection to ensure the validity of the research. The instruments,

processes and data used were appropriate for both the qualitative and quantitative studies. For the qualitative study, the interview questions specifically focused on the nature of high-performance HRPs in the Saudi healthcare context and the factors influencing HPWS implementation and outcomes. The interview questions (see Appendix A) were suitable for capturing information relevant to the research questions, indicating the appropriateness and validity of the instrument (i.e. interview questions) used in the qualitative research.

Snowball sampling is an appropriate method for recruiting participants who may be otherwise difficult to reach (Ghaljaie et al., 2017). Therefore, snowball sampling was appropriate for identifying the required participants and reaching the target sample. Participants within the target group helped recruit other participants who shared the same characteristics from their own network until the required sample size was achieved. The sample size was appropriate for the qualitative data collection because it enabled data to be gathered until saturation was reached and no additional themes could be identified.

For the quantitative study, the survey items (see Appendix B) were consistent with the variable definitions, thus measured what they intended to measure, demonstrating the appropriateness of the survey as a tool. To reach the target participants, a filter question ('Are you currently working in the healthcare sector?') was used to ensure that all participants worked in the healthcare sector. Additionally, Twitter was used as a novel approach to call for participants working in the healthcare sector, helping to reach the target sample and promoting further participation. Further, based on the statistical analysis, the data showed construct validity (see Chapter 5).

Another issue is whether findings can be generalised beyond the specific context in which a study is conducted (Bryman, 2008). This was addressed by gathering data from 63 different hospitals across two research stages. In this research, the results from the qualitative study helped to inform the design of the quantitative study, which examined a larger section

of the healthcare sector across more than 14 cities in Saudi Arabia. The overall findings may be generalisable to the Saudi Arabian healthcare sector.

3.5.2 Measurement Reliability

Measurement reliability is known as the degree to which a measure of a concept is stable (Bryman, 2008). The reliability of qualitative research lies in its consistency. For the interviews, the reliability of the interview protocol was assessed by three PhD students and two professional healthcare workers to ensure that the questions were clear, easy to understand, unambiguous and aligned with the research questions and objectives. Additionally, to enhance the reliability of the interview process and results, following Silverman (2009), the constant data comparison method was used to identify cases that were similar and dig deeper into any differences. Moreover, the data were treated comprehensively, and all data, including deviant cases, were incorporated in the analysis.

For the surveys, measurement reliability was ensured by using measures that have previously been shown to be reliable (e.g. with an acceptable Cronbach's alpha). Specifically, measures chosen for the quantitative study were derived from highly cited and well-established, high-quality journals that have been used across industries and cultural contexts. Further, data were manually screened for human error before completing the analysis. Cronbach's alpha was also calculated to check whether these measures were still reliable in the context of this research. If a reliability coefficient is ≥ 0.70 , it is considered acceptable (DeVellis, 2016; Nunnally, 1978; Peterson, 1994). The results of reliability tests showed that all measures had sufficient reliability (see Chapter 5).

3.6 Ethical Considerations

Data were collected from hospitals in Saudi Arabia. The research proposal and ethical approval forms were submitted to the Saudi Arabian Ministry of Health ethical committee in January 2019, and approval was granted by February 2019. This ethical approval was

obtained before applying for ethical approval from Flinders University Social and Behavioural Research Ethics Committee. This was obtained in May 2019 (Project No. 8305), prior to the commencement of Stage 1 data collection. Following receipt of ethical approval, face-to-face interviews were conducted in the participants' workplaces. An information sheet, consent form and introduction letter were sent to the participants, who signed the consent form prior to the interviews. Interview recordings, transcriptions and data were stored in a password-protected folder in a password-locked computer.

Prior to the commencement of Stage 2 data collection, an extension from the Ministry of Health was needed to gather further data. An extension form was submitted, and approval was obtained in February 2020. Additionally, an ethics modification request was submitted to the Social and Behavioural Research Ethics Committee at Flinders University in May 2020. The modification was submitted under the same project number (8305). Following approval, data were collected using Qualtrics. Information was provided to the participants at the beginning of the survey, and participants had to provide consent before completing the survey.

3.7 Data Collection Challenges

In Stage 1, the most common challenge was having to reschedule interviews at the request of interviewees. Traveling to Saudi Arabia to obtain data caused some time constraints with only 60 days to conduct interviews.. However, it was imperative to be flexible and permit interviewees to choose a time that suited them. Another challenge was that one of the hospitals that had previously agreed to participate in the research decided to withdraw. Fortunately, a backup plan was in place and another hospital was approached , which was happy to engage with the interviews. Finally, although ethical approval was obtained from the Ministry of Health, some hospitals had their own ethical approval procedures, which involved the completion of forms and the nomination of a supervisor from

the hospital. Although approval was successfully obtained, it was time-consuming to go through another process.

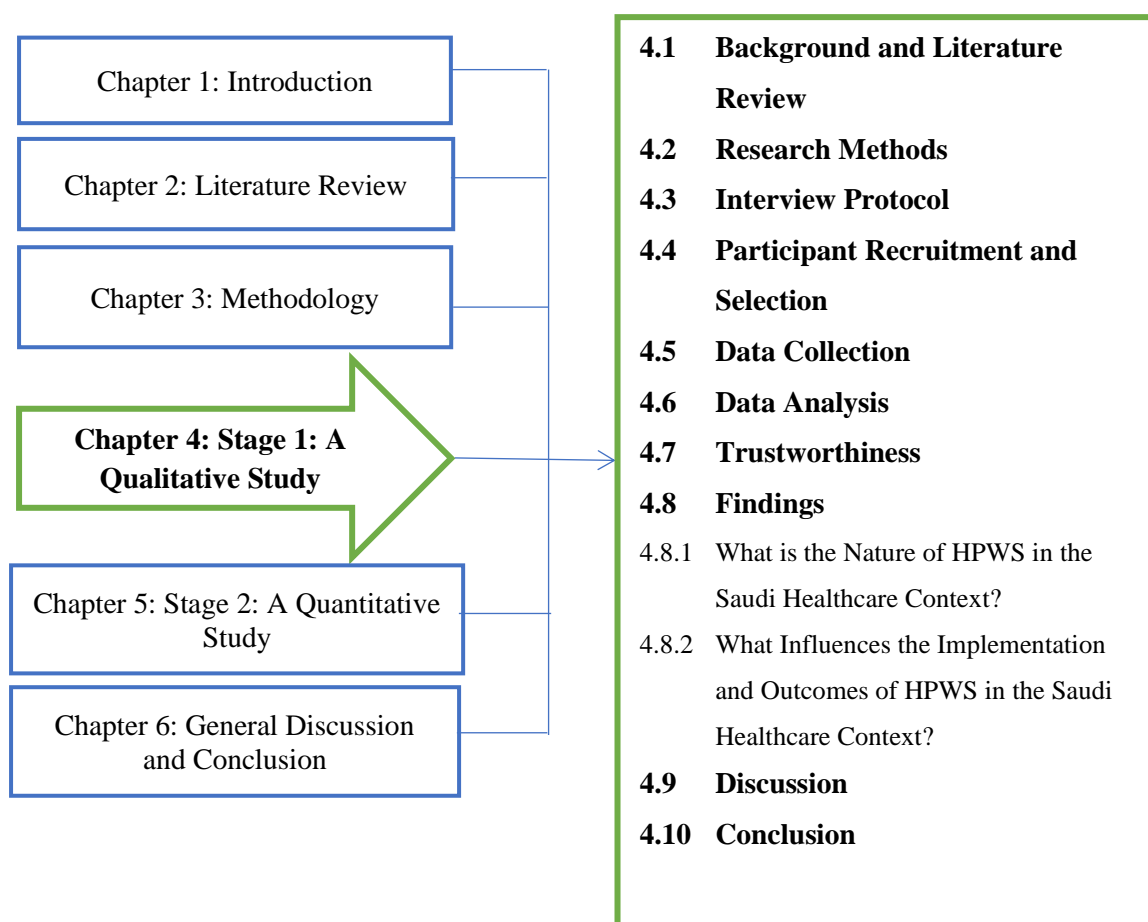
In Stage 2, the main challenge was COVID-19. At the start of this project, two data collection trips to Saudi Arabia had been planned, with the intention to conduct a paper-based survey. When it was time for Stage 2 of the project, COVID-19 restrictions had created many obstacles, and travelling was no longer permitted nor possible. With the advice and support of the supervisory team, the decision was made to opt to an online survey, which was designed using Qualtrics. This delayed the data collection by a few months. Another challenge that arose from COVID-19 was that frontline healthcare workers, the target participants, were in high demand. Therefore, it was challenging to encourage participants to complete the survey to obtain a high response rate at Time 1 (T1). However, some could empathise with the topic because it affected them. Twitter was used to call for participants, which enabled individuals to share the call-out with their colleagues, friends and family members who worked in health care. This helped boost the response rate at T1. Participants were asked to provide their email addresses at T1 so that survey links at Time 2 (T2) and Time 3 (T3) could be emailed to them. Despite multiple reminders being sent and COVID-19 cases being somewhat contained, the response rate reduced slightly, partly because of incorrect email addresses provided at T1. Hence, those who did not provide a correct email address did not receive the T2 and T3 surveys. Given the research timeline, it was not possible to wait for additional responses or have a time lag longer than 2 months between surveys (see Section 5.2.1).

3.8 Conclusion

This chapter described the philosophical foundations and design of the research. An overview of the data collection methods, sampling techniques and data analysis for each stage of the research was presented. Validity, reliability and ethical considerations were also discussed. Participant information, research instruments and findings for both the qualitative

and quantitative stages are explained in more detail in Chapter 4 (Stage 1) and Chapter 5 (Stage 2).

Chapter 4: Stage 1: A Qualitative Study



Chapter 4 presents the first study of the thesis. The chapter begins by presenting the background and a literature review of the topic, followed by the research methods, the interview protocol and participant recruitment. Next, it presents a detailed description of the data collection and data analysis methods. The findings are then presented, followed by a discussion and conclusion of this chapter.

4.1 Background and Literature Review

Although the Middle East is home to approximately 65% of the world's known oil reserves, the region grew at only half the rate of other developing countries during the 1990s (Budhwar & Mellahi, 2007). More recently, oil-producing countries of the region are

implementing strategies to reduce their dependence on oil and develop other sectors such as tourism and health care, all of which need skilled HR professionals (Manafi & Subramaniam, 2015; B. Y. Obeidat & Abdallah, 2014). However, compared with other parts of the world, HRM research specific to Middle Eastern countries is limited. Two special issues of the *International Journal of Human Resource Management* have focused on the Middle East. These issues have addressed the lack of HRM research in the region, the development of HRM over the years, the challenges facing HRM and future research directions. The first special issue was published in 2007, with the aim of contributing to the limited research in this region. Budhwar and Mellahi (2007) provided an overview of HR developments in the region and presented some of the challenges associated with HRM in the Middle East, introducing 10 papers on the issue. In the second special issue, Afiouni et al. (2014) revealed the substantial scope and increase in topics related to HRM in the region since the publication of the first special issue. The issue began with the direction of HRM research in the Middle East before presenting the regional realities and future research directions. It also summarised the nine papers of the special issue and presented a greater understanding of HRM in the Middle East. These reviews highlighted potential research areas that require exploration. Clearly, HRM research in the Middle East has been shown to have substance and deserves further attention.

The papers of the first special issue revealed the significant contributions made to the field of HRM, including issues related to unemployment, localisation, gender and emerging HRM patterns. However, none of these papers addressed the effects of specific cultural factors such as *wasta* on HRM, and only one paper addressed HRM in Saudi Arabia. In the second special issue, the topic of high performance began to emerge, specifically in Algeria (Ramdani et al., 2014) and Egypt (Mostafa & Gould-Williams, 2014). However, the topic of *wasta* and the context of Saudi Arabia were still not addressed.

In a meta-analysis of the role of country differences in the HPWS–performance relationship (Rabl et al., 2014), of 29 countries, Oman was the only Middle Eastern country included in the sample (Moideenkutty et al., 2011). This clearly shows that there is greater scope for organisational research in the Middle Eastern context. Moreover, in a recent systematic review, the majority of studies on HRM in the Middle East were located in Egypt and Jordan, with few on other Middle Eastern countries (Budhwar et al., 2019).

As mentioned in Section 1.1, there is strong evidence of the role of *wasta* in the Middle East. The negative effect of *wasta* on individual HRPs such as recruitment, performance and promotions has been demonstrated (Abalkhail & Allan, 2016; Aldossari & Robertson, 2016; Budhwar & Mellahi, 2016; Harbi et al., 2016; Tlaiss & Kauser, 2011). The imperative to use networks and connections in the Middle East may arise from the challenges in navigating bureaucratic processes by other means (Budhwar et al., 2019). However, the effect of *wasta* on HPWS implementation is yet to be clarified. The above literature demonstrates the lack of comprehensive research on HRM dynamics in the Arab world. Moreover, the literature on how HPWSs operate in Saudi Arabia is relatively limited, indicating gaps that require further research.

The literature has identified a number of issues facing HRM and organisations in the Middle East. These challenges include high unemployment rates among locals, locals being less skilled than foreign workers, high dependence on foreign labour, low female participation in the workforce, the prevalence of *wasta*, weak public corporate governance, bureaucratic obstacles and low levels of private sector participation (Afiouni et al., 2014; Budhwar et al., 2019; Mellahi, 2007; O’Sullivan et al., 2011). Nevertheless, Middle Eastern countries, specifically Saudi Arabia, are emphasising HRM in an effort to develop their public and private sectors (Budhwar et al., 2019; Vision 2030, 2020). For instance, researchers have begun to address the job creation challenges for nationals, including national employment

policies (nationalisation and localisation), in Gulf countries (Forstenlechner, 2010b; Mellahi, 2006, 2007). Research promoting female participation in employment and entrepreneurship has also begun to appear in the region (Afiouni et al., 2014; AlMunajjed, 2010). These trends clearly show that the Middle East has several context-specific factors that may affect the implementation of HPWSs.

Research addressing HPWPs in the Middle East remains scant and uncomprehensive. HPWS research in Oman (Moideenkutty et al., 2011), Tunisia (Mansour et al., 2014), the United Arab Emirates (Behery, 2011) and Algeria (Ramdani et al., 2014) suggest that the effect of HPWSs on performance is dependent on universal best practices. This means that HR systems will have a positive influence in all organisations, regardless of size, sector, country or internal and external factors (Delery & Doty, 1996; Pfeffer & Jeffrey, 1998). However, each of these authors have utilised different sets of HRM practices, raising the question about which practices, if any, are universal. To further illustrate, Mansour et al. (2014) measured HPWSs using Takeuchi et al.'s (2007) scale, which comprises five major HRPs: selective hiring, extensive training, performance management, merit-based pay and flexible work design. Moideenkutty et al. (2011) used measures derived from previous research (Bae & Lawler, 2000; Snell & Dean, 1992), comprising four components of high-involvement HRM: highly selective staffing, extensive training, performance management and empowerment. These studies, along with those conducted in Western settings (Lepak et al., 2006; Snell & Dean, 1992; Turner & Cross, 2018), show no consensus on the practices that comprise HPWS, raising a question about universal best practices.

Limited HPWS research has been conducted in Saudi Arabia (Alshaikhmubarak et al., 2020), Jordan (Mitchell et al., 2013; S. M. Obeidat et al., 2016) and Egypt (Mostafa, 2016; Mostafa & Gould-Williams, 2014), with some findings similar to those in Western contexts (Mostafa & Gould-Williams, 2014; S. M. Obeidat et al., 2016). However, other findings show

that the effect of HPWSs is contingent on line management devolvement (Mitchell et al., 2013) or the degree of compatibility between employees and the organisation (Mostafa, 2016). Moreover, Alshaikhmubarak et al. (2020) revealed that high-performance HRPs may be universally applicable across sectors. Their findings show that, at times, high-performance HRPs negatively affect performance in light of different cultural and occupational aspects. Such contingent factors are related to cultural characteristics and are yet to be empirically examined in the HPWS literature. Accordingly, a focus on the specific context that shapes HRPs is suggested (Paauwe, 2004).

HPWS research in the Middle East has produced mixed findings. Some researchers argue that HPWSs are universal across contexts, cultures and industries, while others disagree. Some scholars have described their contexts as being high in power distance (Moideenkutty et al., 2011) or collectivism (Ramdani et al., 2014) or having unique cultural, religious and social attributes (Alshaikhmubarak et al., 2020). However, a precise contextual measure among these studies is non-existent. The absence of contextual variables and how they affect HPWSs is a gap in the literature (Beltrán-Martín et al., 2017; Yen et al., 2016). The importance of context increases when it has the potential to influence behaviours and attitudes (Rousseau & Fried, 2001). For instance, being an individualist in an individualistic culture may elicit different attitudes and behaviours than being an individualist in a collectivistic culture (Johns, 2006). Accordingly, qualitative research can uncover a range of contextual attributes and some of the behaviours or attitudes that contexts might affect.

With respect to HRM, the Middle East generally, and Saudi Arabia more specifically, face a number of challenges. Despite the significance of HPWSs, researchers have rarely examined Saudi Arabia or the effect of cultural issues on HPWS implementation. In Saudi Arabia, industries comprise both public and private organisations. Public organisations are owned by the government and operate under their management and legislation. Private

organisations are often family owned or in partnership with international organisations. The Saudi government has applied legal frameworks since the early 2000s to reshape its HRM function in private organisations (Mellahi, 2007). Given that Saudi workers are more averse to working for private firms, the main objectives of these legal frameworks are to make the private sector more attractive to Saudi employees, reduce unemployment rates by pursuing localisation (Saudisation) programs and meet international labour standards in terms of working conditions, social protection and equality and fairness between foreign and local workers (Kingdom of Saudi Arabia, 2016; Mellahi, 2006, 2007; Vision 2030, 2020). The Saudi government is taking steps to foster the right environment and has invested heavily in the development of its human capital (Al-Asfour & Khan, 2014). Given the above developments, the HRM challenges in the Middle East and the gaps in the literature, it is important to explore the factors influencing HPWS implementation and its outcomes.

Johns (2006) argues that the influence of culture and context is often unrecognised or underappreciated. Exploring and identifying important contextual variables will help organisations to match their HPWSs to their specific context and organisational strategies (Combs et al., 2006). This study enhances the understanding of the influence of cultural norms and customs on HPWS implementation. It also highlights the challenges and opportunities that Saudi healthcare organisations face when implementing Western practices. The lack of HPWS research addressing the nature of HPWS and the cultural and contextual factors in the Middle East have guided this study. The nature and components of HPWSs in Middle Eastern countries remain unexamined. The literature has identified the effect of *wasta* on individual HRPs but not the effect of *wasta* and other cultural and contextual factors on HPWS implementation. This chapter addresses these gaps by presenting a qualitative study that focuses on the first and second research objectives:

1. to explore the nature of HPWSs in the Saudi healthcare context

2. to explore the factors influencing HPWS implementation and its outcomes in the Saudi healthcare context.

4.2 Research Methods

This study was based on qualitative research methods. A qualitative design is used when exploring and/or explaining a certain phenomenon as it happens (Hancock et al., 2001; Sandelowski, 2000). Qualitative research is helpful for understanding a phenomenon in depth and can help provide a better understanding of what is already known about a phenomenon (Corbin & Strauss, 2008). The collection of qualitative data helped reveal the experiences of senior medical professionals and HR executives in the real Saudi healthcare context. It also enabled me to record participants' actual words, experiences and feelings regarding HPWS implementation in their context and culture. It further allowed for flexibility, with a focus on what the participants viewed as important and how they understood events and behaviours (Bryman, 2016). Using qualitative research allowed me to expand the scope of this research (Driscoll et al., 2007). Given that the focus here is to explore the nature of HPWSs and what influences its implementation and outcomes in the Saudi healthcare context, a qualitative approach was suitable for the current study.

4.3 Interview Protocol

The interview questions were extracted from the literature (Aldossari & Robertson, 2016; Bartram & Dowling, 2013; Harbi et al., 2016; Iles et al., 2012; Kehoe & Collins, 2017; Mellahi, 2006). Questions were modified to suit the context and were divided into four parts (see Appendix A). The interviews began by asking interviewees to explain their roles and responsibilities in the hospital. The first set of questions was related to the nature of HPWSs and types of HRPs implemented in the hospitals. The second set of questions related to the effectiveness, fairness and accuracy of performance appraisals. The third set of questions related to *wasta*, its relationship to the Saudi culture and its influence on HPWSs. The final

set of questions related to the influence of Saudi culture or context on the implementation of HPWSs. The interview questions were evaluated by three PhD students and two healthcare professionals, who generally agreed that the interview protocol was aligned with the research objectives. They also found the interview questions unambiguous and easy to understand.

4.4 Participant Recruitment and Selection

The sample for the qualitative study was drawn from seniors and executives working in both public and private hospitals with 200–3000+ employees in the city of Jeddah. Snowball sampling techniques were used to identify the target participants. After participants were identified via professional networks and interviewed, they contacted other participants to take part in the research. Jeddah was chosen for two reasons: first, it has the second-highest number of staff working in health care in Saudi Arabia and a diverse workforce representation; second, access to both public and private hospitals in Jeddah was convenient given my professional and personal connections with staff, facilitating data collection.

There are two categories of public hospitals in the Saudi healthcare sector (see Table 4). The first is government-owned hospitals that operate under Ministry of Health regulations and the Saudi Commission for Healthcare Specialties (SCFHS) standards. Two hospitals (Hospitals B and D) in this category were included in the sample. The second category is public hospitals that operate under a government body such as a public university or the military. These hospitals adhere to the rules of the organisation, the Ministry of Health and the SCFHS. One hospital (Hospital E) from this category, which operated under the rules of the Ministry of Education, was included in the sample. The sample also included three private hospitals (Hospitals A, C and F) owned by Saudi business owners, some of whom had international collaborations and operated under international standards. Hospital A was not in an international collaboration with a specific body; however, it mostly relied on hiring medical professionals who had obtained their certifications in Western countries.

Table 4

Hospital Information

Hospital	Sector	Regulating body	International collaboration	No. participants	Corresponding participants from Table 5
A	Private	Family business	No	5	1–5
B	Public	Ministry of Health	No	6	6–11
C	Private	Privately owned; multiple partners	Yes	6	12–17
D	Public	Ministry of Health	No	5	18–22
E	Public	Ministry of Health, Ministry of Education	No	5	23–27
F	Private	Family business	Yes	5	28–32

Semi-structured interviews were used to dig deeper into topics that were closely linked to the research questions while simultaneously allowing participants to tell their stories (Rabionet, 2011). Open-ended questions and probing enabled the participants to make additional comments and discuss other important topics. Thirty-two semi-structured interviews were conducted from June to August 2019. Participant information is presented in Table 5. Of the 32 participants, 18 were senior HR professionals, and the remaining were medical staff in senior positions: heads of departments, head nurses or medical directors. These participants were selected because of their knowledge and expertise regarding healthcare management and the hospital's HRPs. Half the participants worked for public hospitals, while the other half worked for private hospitals. Nineteen participants were male, and 13 were female. Twenty-four participants were Saudi, and the remaining were of different nationalities, including Jordanian, Egyptian, Palestinian and Sudanese. One participant was an American national but was originally from Lebanon. Twenty-eight of the participants had no foreign work experience. The remaining four, who were all head doctors, had work experience in Canada and the US. With respect to foreign education, two HR professionals and six medical practitioners had obtained degrees in the US, Canada, Australia and the UK.

‘Foreign’, refers to any work experience or education obtained in developed Western nations. Seven of the participants had 22–27 years of work experience in their field. Fifteen of the participants had under 10 years of experience. The remaining 10 participants had 10–14 years of work experience.

Table 5

Participant Information

No.	Position	Interview language	Gender	Years of experience	Nationality	Foreign work	Foreign education
1	Chief HR	English	M	4	Saudi	No	USA
2	Senior manager, HR operations	Arabic	M	14	Saudi	No	No
3	HR manager, recruitment	English	F	4	Egyptian	No	No
4	Head doctor, clinical operations	English	M	9	Egyptian	No	No
5	Head nurse	English	M	25	Jordanian	No	No
6	Health management specialist	Arabic	M	23	Saudi	No	No
7	HR manager, training	Arabic	M	10	Saudi	No	No
8	HR manager, planning	Arabic	M	23	Saudi	No	No
9	Assistant pharmacy head	Arabic	F	6	Saudi	No	No
10	Manager, outpatients	Arabic	M	14	Saudi	No	No
11	Head doctor, patient safety	English	F	3	Saudi	No	No
12	Director of nursing	English	F	22	Saudi	No	Australia
13	Head of talent acquisition	Arabic	F	7	Sudanese	No	No
14	Talent acquisition officer	Arabic	F	2	Saudi	No	No
15	HR director	Arabic	M	22	Saudi	No	No
16	Head doctor, women’s health	English	M	4	Saudi	Yes	Canada/US
17	Head doctor, internal medicine	English	F	11	American	Yes	US
18	Head doctor, intensive care unit	Arabic	M	25	Saudi	No	Australia
19	Head nurse, delivery	Arabic	F	10	Saudi	No	No
20	HR director	Arabic	M	10	Saudi	No	No
21	HR manager, recruitment	Arabic	M	8	Saudi	No	No
22	Head doctor, obstetrician/gynaecologist	English	F	27	Saudi	Yes	No

No.	Position	Interview language	Gender	Years of experience	Nationality	Foreign work	Foreign education
23	HR supervisor, performance	Arabic	F	4	Saudi	No	No
24	HR manager, internal communications	Arabic	M	7	Saudi	No	No
25	HR director	Arabic	M	3	Saudi	No	No
26	Deputy head nurse, surgical	English	F	13	Indian	No	No
27	Head doctor, orthopaedics	English	M	2	Saudi	Yes	Canada
28	Duty manager, medical	English	M	12	Palestinian	Yes	UK
29	Duty manager, medical	English	M	10	Sudanese	No	No
30	Director, organisational development	English	M	13	Saudi	No	No
31	HR manager, training	English	F	4	Saudi	No	No
32	Talent acquisition officer	English	F	5	Saudi	No	US

Note: HR: human resource; M: male; F: female; US: United States; UK: United Kingdom.

4.5 Data Collection

Having received ethical approval from the Ministry of Health and Flinders University facilitated hospital participation and the contacting of HR departments to arrange interviews. The information sheet and ethical approvals were sent to the HR directors (Hospitals A and C) via email, which enabled scheduling interviews with participants before travelling to Saudi Arabia. While in Saudi Arabia, professional connections were used to secure access to the remainder of hospitals and participants. Hospital (E) had its own ethical procedure, which was complied with. the requested forms were completed, and once approval was obtained from the ethics committee, the interviews proceeded. The data collection took a total of 60 days to complete.

Interviews were semi-structured and conducted face to face at participants' workplaces. The interviews were 40–60 minutes in duration. Prior to each interview, participants received an information sheet and a consent form explaining the interview procedure and requesting their written consent to participate. Of the 32 interviews, 16 were conducted in Arabic. All interviews were audio recorded and transcribed, and 16 were

translated from Arabic to English. Probing and open-ended questions enabled me to obtain participants' perceptions of HPWSs in the healthcare sector and the influence of context and culture on their practices.

4.6 Data Analysis

An inductive approach was used to analyse the qualitative interview data.

Interpretation of the data was shaped by the literature and my Saudi background and personal experiences (Creswell & Plano Clark, 2017). Using an inductive approach to interpret and extract meaning from the data aims to identify participants' reality in the investigated context. Template analysis was used to analyse the data. Template analysis (King, 2004) is a method of thematically organising and analysing qualitative data and has been used in a broad range of social science research (Brooks & King, 2014; Brooks et al., 2015; Cassell & Bishop, 2019; King, 2012). This approach involves identifying key emergent themes and subthemes from rich and complex data (Stokes et al., 2019). Brooks and King (2014) argue that the development of a coding template, which summarises themes identified by the researcher, is central to template analysis.

Template analysis assists in producing a clear and organised interpretation of the data (King, 2004). An advantage of template analysis is that it can be adapted to the needs of different research projects. Thus, it has been used in business and management research, international HRM studies, the healthcare context and contextual investigations and comparisons (Blom et al., 2019; Coppin & Fisher, 2015; Fernando & Cohen, 2016; Gannon & Paraskevas, 2019; Payne & Fisher, 2019; Stokes et al., 2019; Tlaiss et al., 2017). Template analysis has been applied to business and management qualitative research in the healthcare setting (Waring & Wainwright, 2008) and was adopted for this study. By following a simple coding procedure and identifying themes in the data, this form of analysis is consistent with

the primary objective of the current research, which was to explore workers' perspectives of the nature of HPWSs and influencing factors.

In conducting the analysis, the steps identified by Brooks and King (2014) were followed:

1. The process began by drawing on relevant literature and familiarising myself with the raw data to identify potential a priori themes such as common HPWS components (e.g. selective staffing, incentives, career paths, employee engagement, training and performance appraisals) and the effect of *wasta*. Seven themes were identified in the initial template (see Table 6).
2. Once the audio recordings were transcribed, the next step was familiarising with the data, listening to the recordings and reading and re-reading the transcriptions. The transcriptions were entered into NVivo to assist with arranging the data and applied them to the themes of the initial template. Text that was relevant to the research questions and a priori themes was highlighted.
3. In template analysis, a priori themes are considered tentative and can be redefined or removed if they are shown to be irrelevant. Examining the data in NVivo led to the identification of additional themes that emerged during the interviews, which led to modifying the initial template. For example, the themes of career paths and incentives were separate in the initial template, but were combined into one theme in the revised template. Moreover, flexible work design emerged as a new theme of HPWSs. In addition to *wasta*, three other contextual and cultural themes emerged—ministry rules and regulations, diversity and female empowerment. These also included subthemes, giving a total of four themes.
4. Finally, the final revised template (see Tables 7 and 8) was applied to the full data set and served as the basis for interpreting the data and a structure to write up the

findings. NVivo assisted in organising the themes, which also facilitated aligning the quotations with the themes.

Table 6

Initial Template

Initial template
1. High-performance work systems
1.1. Selective staffing
1.2. Incentives
1.3. Career paths
1.4. Employee engagement
1.5. Training
1.6. Performance appraisals
2. Saudi culture
2.1. Wasta

4.7 Trustworthiness

Qualitative research establishes its rigour (Patton, 1990) through trustworthiness, which consists of the truth of the findings, the applicability of findings to other contexts, the consistency of findings and the extent to which the findings are the results of the study rather than researcher preferences (Lincoln & Guba, 1985). In this study, trustworthiness was developed by applying three strategies proposed by Lincoln and Guba (1985). First, a deep understanding of the target hospital's culture, policies and procedures through conversations with professional colleagues was developed. Second, two peers who had sufficient expertise about the subject and qualitative research were asked to give feedback on the findings. No concerns were raised. Finally, the research process, observations, interactions with participants were documented in a journal. Being present during the interviews allowed more awareness of the research journey and how to avoid the potential biases that might have been brought to the data collection and analysis.

4.8 Findings

This qualitative stage focused on exploring the nature of HPWSs in Saudi hospitals and the influence of cultural factors on such practices. All participants were asked to describe the types of HRPs implemented in the hospital and the cultural factors affecting HPWS implementation. Findings for Research Questions 1 and 2 are detailed below using template analysis as a framework.

4.8.1 What is the Nature of High-Performance Work Systems in the Saudi Healthcare Context?

To begin this section, both the initial and final templates for HPWSs are presented to demonstrate the analytical process (see Table 7). The final template guides the structure of the findings. This section presents the nature of HPWSs in Saudi hospitals. HPWPs in the Saudi healthcare context include selective staffing, career paths and incentives, flexible work design, employee engagement, training and education and performance appraisals.

Table 7

Initial and Final Templates: High-Performance Work Systems

1. Initial template	1. Final template
1.1. Selective staffing	1.1. Selective staffing
1.2. Incentives	1.2. Career paths and incentives
1.3. Career paths	1.3. Flexible work design
1.4. Employee engagement	1.4. Employee engagement
1.5. Training	1.5. Training and education
1.6. Performance appraisals	1.6. Performance appraisals
	1.6.1. Fairness
	1.6.2. Accuracy
	1.6.3. Effectiveness
	1.6.4. Feedback

This research question related to understanding HPWS components in the Saudi healthcare context. The Saudi Ministry of Health has directed hospitals to take an employee-centred approach. The first step was to introduce HR departments in public hospitals. Until

recently, employee affairs offices were limited to administrative tasks such as payrolls and vacation requests. Participant 6 (health management specialist, public hospital) reported the following:

Before, it used to be called ‘employees’ affairs’, which was in charge of the hospital employees, any employee who wanted to file a document, add salary, add allowances, change anything—they have to come by themselves and ask for the service they want. Now, the human resources, the whole process has changed.

Numerous participants provided examples of how employee engagement, selective staffing, career paths and incentives were practised in their hospitals. Some participants also touched on the existence of flexible working hours and training and education opportunities. Practices implemented in the hospitals included selective staffing, career paths and incentives, flexible work design, employee engagement, training and education and performance appraisals. They had been implemented as HRPs but were not known as HPWSs:

Here, we do a lot of practices, not officially [HPWS], but we do them. For example, in some departments like finance, we have flexible work assignments. We have four people. The four of them do stock control, they do finance, procurement, and they are pharmacists as well, in the pharmacy downstairs. Of course, the main reason is to broaden their knowledge, to broaden their skills, and it sends a message to the other departments too. (Participant 3, HR manager—recruitment, private hospital)

4.8.1.1 Selective Staffing

Participants emphasised the importance of selective staffing for organisations to ensure outstanding performance. For example, Participant 15 (HR director, private hospital) stated, ‘When I am interviewing a physician, if that physician is a surgeon, I do not interview him by myself because I am not a surgeon. I need somebody who knows the technicality and

the things they need to ask'. Participant 4 (head doctor, private hospital) reflected the following:

The most important thing about evaluating somebody is to have a real evaluation before getting hired at the time of the recruitment because the poor and bad selection of candidates, misjudging their abilities and competencies, is the one that will make them, after that, evaluated as bad employees.

Selective staffing focuses on not only candidates' qualifications and experience but also the attitudes and personality required for the position and their ability to fit in with the culture of the hospital. Participant 32 (talent acquisition officer, private hospital) explained,

When you choose someone, you choose all of him, so when you choose someone good in all the aspects, the knowledge, the attitude, he will affect the organisation. But if we chose someone randomly, just to fill a position, it will impact on the organisation.

Similarly, Participant 3 (HR manager—recruitment, private hospital) stated,

Some people tick all the boxes in terms of qualification and in terms of experience, and we do not hire them because they will not help us in building this culture . . .

Although we are very small, but when you have one bad apple, it differs a lot. That is why we really focus on recruitment.

Hospitals in Saudi Arabia follow the rules, regulations and standards set by the Ministry of Health and the SCFHS. The SCFHS is responsible for regulating healthcare practices, supervising and evaluating training programs and setting controls and standards for health professional practices. The commission aims to improve professional performance, develop and encourage skills and enrich theory and practice in health-related fields (SCFHS, 2012). Among the commission's strategic goals are the education and training of healthcare workers, the registration and classification of professionals, issuing and renewing healthcare professionals' licences and the professional development of healthcare workers (SCFHS,

2017). The SCFHS and Ministry of Health work in alignment with one another. It is mandatory for all healthcare staff to be classified and registered with the SCFHS before they can see patients. Thus, the SCFHS establishes the process and criteria for selecting candidates to work in the healthcare sector. When rare specialities are required, foreign workers are recruited to fill positions that cannot be filled by Saudis. Foreign workers require a data check known as ‘data flow’ to verify their qualifications and classify their professions before they can start seeing patients. Once verified, they undertake an exam provided by the SCFHS, which, if successfully passed, grants them a licence to work. According to Participant 6 (health management specialist, public hospital),

The Saudi Commission for Health is considered as a supervision entity on the health staff—only the doctors and the technicians. So, no doctor or technician gets hired unless he goes through the Saudi Commission’s process, and he is given a data flow after that and gets classified by the commission.

The SCFHS establishes specific requirements that need to be met when recruiting foreign workers. Participant 12 (nursing director, private hospital) highlighted that ‘expatriates . . . must have 2 years of experience before they come as a regulation of the Kingdom; otherwise, we cannot provide them with a license’. Specifying the criteria for recruited candidates is not always straightforward. The rules of the Ministry of Health and the SCFHS must be followed. If not, visas needed to complete the foreign selection process will be withheld from hospitals. As Participant 24 (HR manager—internal communications, public hospital) highlighted, ‘We will not go for hiring trips unless we have uncovered vacancies and I have visas; without visas, we do not go’.

Occasionally, staffing was revealed to be centrally controlled by multiple decision-makers. For instance, Hospital E operated under the Ministry of Education but adhered to the

Ministry of Health and SCFHS regulations, limiting its ability to hire and select candidates.

As Participant 25 (HR director, public hospital) stated,

I demand all departments send me their needs as soon as possible, and they do, and they think they are getting what they want. Supposedly, by the end of the year we fill all the needs, but there is always a missing circle because we are a part of a whole, and we do not have the authority to hire . . . If a doctor resigned today, a rare speciality doctor, I do not have the immediate authority to hire another. Okay, we are called HR, and we apply certain criteria, but still, we did not reach the criteria you might imagine . . . Again governmental rules, it holds us back.

With multiple decision-makers involved in the recruitment process, it appears that the authority to specify selection criteria is extremely limited. Participant 2 (senior HR manager, private hospital) explained that ‘no employee gets hired unless he is examined by the commission first. The commission became part of the Ministry of Health. Any employee, Saudi or expatriate, does not get hired unless he became classified by the commission’.

4.8.1.2 Flexible Work Design

Respondents embraced flexible working hours and job rotation, demonstrating that they cared about employees’ needs. For example, Participant 2 (senior HR manager, private hospital) stated,

We do not have strict timing. The Ministry of Labour does have flexible hours, so we embrace this practice. For example, an employee says I want to come from 9 till 6. The actual work hours are nine. For example, I come from 8:30 till 5:30. We are flexible in the working hours to make the employee comfortable and because we care about the productivity of the business.

Participant 3 (HR manager—recruitment, private hospital) further explained:

For example, in some departments like finance, we have flexible work assignments. We have four people. They do stock control, they do finance, procurement and they are pharmacists as well, in the pharmacy downstairs. Of course, the main reason is to broaden their knowledge, to broaden their skills, and it sends a message to the other departments too.

4.8.1.3 Career Paths and Incentives

Participants demonstrated the importance of establishing special incentives and setting clear career paths for their employees. According to Participant 31 (HR manager—training, private hospital), ‘Nurses working in critical areas, they have special incentives’. Participant 1 (chief HR, private hospital) explained:

We changed the call centre compensation for employees to give them an incentive in booking appointments. We created a career path for the nurses. Once you complete 2 years, you move into a senior nurse, and then [a] few are selected to become nurse team leaders.

Participant 12 (nursing director, private hospital) further elaborated:

People who work in special areas have [a] special allowance. So, the yearly increment here is 7.5%, and they take 15% within 2 years. It is only for nurses, and what they do is that they give it to everybody, so it does not depend on performance appraisal.

However, Participant 26 (deputy head nurse, public hospital), who was a foreign worker, had a different opinion: ‘Since 4 years I am doing the deputy head nurse, my salary did not increase’.

4.8.1.4 Employee Engagement

Hospital staff were highly engaged in several activities. There was a reasonable focus on yearly satisfaction surveys to collect feedback, listen to the needs of employees and work

on improving satisfaction rates. Participant 30 (director—organisational development, private hospital) explained:

We have yearly satisfaction surveys sent to people. We collect the analysis results and see how many employees participate in the survey. Then we see what are the top five and worst five and work on them to emphasise the best five and fix the worst five for the coming years.

Participant 1 (chief HR, private hospital) further elaborated:

At the beginning of this year we did our first employee survey. We had very high participation, so 76% of the people. We collected a lot of feedback—people talked about culture, about financials, their managers, their behaviour, their behaving in the vision of the organisation, etcetera.

Participants also revealed that there was a high level of employee engagement through other types of involvement that helped employees feel connected to the hospital. For example, Participant 2 (senior HR manager, private hospital) explained, ‘At the birthday of the employee, the CEO sends a message to the employee. It is like a family for the employee’, and Participant 12 (nursing director, private hospital) stated, ‘We do, of course, recognition programs, and we started a recognition program this year to motivate the staff and improve their willingness to work in this environment’.

Participants also emphasised the importance of hospital orientation programs for new staff, especially those who are new to the country, to make them feel welcome and guide them through their first few weeks. Participant 27 (head doctor, public hospital) explained, ‘We have booklets here for the new employees. So, in our process of hiring non-Saudis and non-Muslims, they have to read our rules and regulations, even the traditions . . . about our religion’. Similarly, Participant 12 (nursing director, private hospital) explained:

We are working on a welcoming program, so when they join the organisation it can guide them. For example, people who want to drive, what kind of licence, the accommodation. We are working closely with HR . . . to have, like, a welcoming program for any newcomers to guide them inside and outside the organisation.

Participant 24 (HR manager—internal communications, public hospital) stated, ‘For the non-Saudi, there is an orientation about the hospital, the culture of the country, the things they can do and the things they cannot do’.

4.8.1.5 Training and Education

Educational training and staff development were found to be necessary. Participant 9 (assistant pharmacy head, public hospital) explained, ‘There are courses—the Ministry sends us some courses, and it is obligatory to nominate a bunch of employees to go’. Similarly, Participant 12 (nursing director, private hospital) expressed that ‘Training and education is very important; awareness about what are you going to do and how you are going to do it, how you are going to implement it and why you want to implement these things is very important’.

Training on new systems and procedures was also offered to employees. Participant 11 (head doctor, public hospital) confirmed this, stating, ‘The Ministry sent people to train. We had lecturers who came here and gave us lectures and workshops on how to use the system’.

HR staff were also involved in training staff in different departments to acquire leadership skills. Participant 31 (HR manager—training, private hospital) expressed this as follows: ‘I am responsible now for training the staff of the hospital, preparing them for the leadership program to gain soft skills’.

Clinical training was also an important part of the training of hospital staff. For example, Participant 5 (head nurse, private hospital) stated, ‘Those [nurses] actually stayed around for 6 months before they saw the first patient, so lots of training’.

4.8.1.6 Performance Appraisals

Performance appraisals were investigated in detail because a new performance evaluation system had been introduced to public hospitals in 2018. The findings on performance appraisals reflected some differences between public and private hospitals. The new performance evaluation is based on an agreement between the employee and the direct line manager. Specific, measurable, actionable, realistic and time-specific objectives were agreed upon and signed. The employee’s performance is then appraised based on what is in agreement. Participant 8 (HR manager—planning, public hospital) reflected this, stating, ‘A performance agreement is signed in the first 3 months [of the year]. The employee is given at least four tasks or a maximum of six tasks. And based on these tasks, his level of accomplishment is determined’.

When the performance evaluation system was initially introduced in public hospitals, yearly incentives based on performance scores were awarded. However, these incentives were subsequently cancelled. Currently, career advancement in public hospitals is based on performance appraisals, meaning that scoring high can lead to promotions but not financial increments or incentives. Participant 6 (health management specialist, public hospital) emphasised this, stating, ‘Any employee who gets very good or higher gets a promotion. Stable promotion, meaning all doctors have the same promotion, all specialists have the same promotion, and so on’.

This type of appraisal was used in public hospitals to evaluate Saudi staff only. However, the original paper-based performance appraisals were still being used for foreign workers. This was highlighted by Participant 25 (HR director, public hospital): ‘The new

performance evaluation . . . is only for Saudis who are under the public service, but the expatriates, we still use the old system with them'. The new digital performance evaluation appeared relatively rigid compared with the original paper-based performance appraisals. As Participant 23 (HR supervisor—performance, public hospital) stated,

The paper evaluation is better than the electronic. There is flexibility, re-evaluation, the employee can object. The electronic is really hard to change. So, I believe the paper evaluation is better. The electronic saves time and effort and [is] easier to follow up and update, but as fairness, the paper is better'.

Public hospitals differentiated between Saudi and non-Saudi staff with respect to performance appraisals. In the private sector, however, there were two different performance appraisals: one for medical staff and the other for non-medical staff. The criteria for evaluating performance differed according to the nature of the job, as highlighted by Participant 3 (HR manager—recruitment, private hospital):

It is accurate and effective as for the non-medical roles, but for the medical roles, they need to be evaluated in a different way, so they do not have the classic objective setting exercise. It is completely different for the medical; that is why we did adjustments for the medical and technicians and nurses.

4.8.1.7 Fairness

The level of fairness in performance appraisals varied between public and private hospitals. Participants from two private hospitals (Hospitals A and F) believed that their performance measures were fair. Participant 31 (HR manager—training, private hospital) stated, 'In my previous practice, it was more subjective, so that is a different point of view. Here, it is really fair'. Participant 2 (senior HR manager, private hospital) expressed, 'If you ask me whether I am fair with the Saudi and non-Saudi in the firing, I would say yes. If they have bad performance, we let them go. We are fair with the employees'.

However, the other private hospital (Hospital C) was working on reducing subjectivity and increasing objectivity in their performance measures to increase fairness. Participants acknowledged the high degree of subjectivity in their current performance evaluations:

For example, if the nurse or a physician make a complication and the patient dies, they cannot hide it! But for the non-medical like finance, IT, supply, there is high subjectivity because you cannot measure the uncountable work. We are giving a service. (Participant 15: HR director, private hospital)

Similarly, Participant 17 (head doctor, private hospital) expressed,

We are working on it, but so far it is a set of questionnaires that we ask, and it is very, very, if not 100%, subjective. We are trying to make it a little bit less subjective and make it more objective.

With respect to any differentiation between Saudi's and foreigners in terms of performance appraisals, Participant 12 (nursing director, private hospital) responded, 'They should [feel equal and fair], and if they do not, they have the right to raise an objection'.

Responses from the public hospitals were different. Some commented that the new performance evaluation had increased fairness, while others stated the opposite. For example, Participant 11 (head doctor, public hospital) stated that 'there was a little bit of resistance to apply this. But then, as time passed, they realised it is the only way to be fair, the only way to have everybody judged on the same principles and same standards'. In contrast, Participant 23 (HR supervisor—performance, public hospital) expressed the following:

But as a system, I feel it is not fair—no employee gets 'excellent'! The employee has no right to complain about his evaluation unless it is unsatisfactory. The unsatisfactory result prevents them from the promotions. So, he can only complain if it is unsatisfactory.

Others pointed out that there is no system of recording outcomes linked to the performance evaluation objectives, undermining the fairness of the new process.

Participant 21 (HR manager—recruitment, public hospital) stated, ‘There is no system you are bound by! You might be unfair to him. You might be unfair to him or do courtesies to him—99% of evaluations are courtesies, and 1% is not’. Courtesy appeared to be common in public hospitals—appraisers may give their employees a higher score than they deserve out of courtesy, affecting the objectivity and fairness of performance appraisals. For example, Participant 27 (head doctor, public hospital) pointed out, ‘In our culture, sometimes you feel it is really hard to be harsh to others somehow, so I feel people who are doing those evaluations, they are not taking them very seriously’. Similarly, Participant 26 (deputy head nurse, public hospital) reflected,

We know that their evaluation on the work [is] very low, but when it comes to yearly performance, we are not giving them that much low score because, you know, we are giving the chance to improve. If I give them very low, it will hurt her, and next time she will not perform.

4.8.1.8 Accuracy

Performance appraisals in private hospitals appeared to be somewhat accurate and were based on overall performance. Participant 1: (chief HR, private hospital) stated, ‘Every employee has an objective document; this . . . is measured against what they have delivered throughout the year’. Participant 30 (Director—organisational development, private hospital) stated,

With the current practice and the system and analysis we are providing, every year we have . . . around 20% in the top performers, 20% in the low performers and 40% in the middle or average, which is, this is the global average, the global healthy bell curve for any organisation.

Respondents felt that performance appraisals were not based on job descriptions and objectives. Moreover, Participant 15 (HR director, private hospital) believed that the accuracy of the performance ‘depends on the departments’ heads and how they could get the most outcome from this employee’.

In the public sector, the accuracy of performance evaluations was debatable, and relying on numbers as a source of assessment was perceived to be somewhat unrealistic.

Participant 11 (head doctor, public hospital) stated,

The criteria are not accurate. Like, if I see in the clinic, let us say, 10 patients, and all of them are very low-risk pregnant women, and the other colleague sees 10 patients, and all of them are high risk, so I saw 10 and she saw 10—are we the same? But to evaluate the type of work, it needs from the evaluator to look in the files of the 10 patients I saw and the 10 patients she saw and then decide who did more work.

4.8.1.9 Effectiveness

Private hospital participants believed that their performance appraisal schemes were comprehensive, realistic and effective. Participant 4 (head doctor, private hospital) expressed the following:

The line manager should be objective and fair enough to sit with the employee and to evaluate the employees—these are the good things that I was expecting you to do according to your job description and objectives. It is not only about numbers because there are numbers if not achieved, I should know why they are not achieved.

Participant 30 (director—organisational development, private hospital) stated,

I can say that we are having reality in the evaluation and we are avoiding subjectivity, because in the previous, with the manual practice, if the manager just want to finalise the evaluation, they will satisfy and give high scores. This was the problem.

Participant 17 (head doctor, private hospital) believed that the current performance appraisal scheme was not highly effective and lacked objectivity: 'Actually the existing one [performance appraisal] is useless. These are all questions that are open questions, subjective'. Nevertheless, the hospital was moving towards an improved evaluation structure, particularly for nurses and physicians. Participant 12 (nursing director, private hospital) reflected:

We are working now to change the way of evaluation . . . according to a new strategy of performance appraisal because we want to motivate people who just meet their job requirement to be excellent, and people who really achieve and go beyond their assignment, they need to be appreciated and need to be recognised more.

Responses from the public hospital participants varied with respect to the effectiveness of the new performance measures. Participant 22 (head doctor, public hospital) reflected:

It is according to how you want it to be effective . . . Now they are giving me a head of department the power to say, 'You are not performing really good', 'You are performing good' . . . Before, there was no power or privilege for the head of the department.

According to Participant 11 (head doctor, public hospital),

It did not help much, maybe, if one of them was ignorant. Maybe she would have improved, but because they were good from the beginning. And it is just 1 year, it is difficult to say. So, still, subjectivity is there in the performance evaluation, but it is less than before.

The resistance of some participants to the introduction of performance evaluation systems reduced their effectiveness. However, some participants believed that heads of departments needed to be more realistic in establishing objectives for medical professionals:

The lack of acceptance coming from the employees—it is hard to make them step out of their old style and step in into the new one . . . I recall one time I saw a goal—it was how many reports the doctor prepares. This is not a goal! This is not something you evaluate a physician on. (Participant 25, HR director, public hospital)

Additionally, performance evaluation systems improved the performance of staff from the public hospitals to some extent. Participant 9 (assistant pharmacy head, public hospital) stated, ‘It motivated them. There are things that used to not happen. Now they happen after we included them in the objectives. Now everyone is trying to meet their goals’.

Nevertheless, participants commented on performance criteria that could not be measured numerically, indicating that performance evaluations lacked effectiveness. For example, Participant 11 (head doctor, public hospital) commented, ‘The performance criteria, like communication with people, rules and regulations, you cannot define them by numbers. They measure things by numbers: the number of complaints, number of reports against you, which is also, again, not a good indicator’. Similarly, Participant 22 (head doctor, public hospital) stated,

There are [key performance indicators], this is the first thing. Second thing, there are other measures how this doctor is performing. Part of it is morbidity, part is productivity, so it is not only the number of surgeries but the quality of the performance.

Others explained that for the performance evaluation system to be effective, there must be another system in place that documents tasks in synchronisation with the objectives: ‘There is supposed to be a system in order for me to take action and see if the new evaluation is working as it is supposed to be or no!’ (Participant 20: HR director, public hospital).

4.8.1.10 Feedback

Grievance committees are standard in the hospitals of Saudi. Employees have the right to give and receive feedback, and there are several ways for them to escalate issues that occur through performance appraisals. Participant 1 (chief HR, private hospital) explained, 'We have a grievance program, so if people do not feel they were rated or measured appropriately, they can escalate through a certain program to the HR department, the HR director and eventually the committee'. Participant 23 (HR supervisor—performance, public hospital) stated,

We have a lot of complaints from the employees that they are not satisfied . . . He comes to us first, then goes to the head of the department, and the last thing is to file it to the HR director. Sometimes, some employees also bring their papers and their evidence.

Employees are given the opportunity to provide feedback prior to the performance evaluation when objectives are agreed to. Participant 10 (manager—outpatients, public hospital) reported:

The employee knows the objectives since the very beginning of the year—they see them and sign them. If they have any comments, they get to discuss them. Are they sure they can fulfil the objectives? If not, why? What are the obstacles? . . . Because these are the objectives you will be evaluated on at the end of the year.

The implementation of performance appraisals was aimed at improving processes in public hospitals. Although they were introduced only 3 years ago, most respondents questioned their effectiveness, fairness and accuracy. However, two of the private hospitals appeared to have effective and fair processes in place. Participants from the third private hospital acknowledged that it needed to work on improving its processes. Most participants mentioned that employees received feedback about their appraisals and were given the chance

to comment on the feedback. Special committees were available to address complaints arising from feedback-related issues.

The benefits of implementing HPWSs to employees and employers were reflected in some positive comments. For instance, participants noted a sense of involvement among employees. Participant 3 (HR manager—recruitment, private hospital) reported, ‘It is about how people feel that they are really involved here. It is because of the flat structure we have, and plus here the decision-making is really decentralised’. Participant 5 (head nurse, private hospital) reflected,

They feel good . . . because they can see that their voice is heard, and there are many changes that happened after that because they were dissatisfied about certain things, and we worked to make sure we do something about it.

A number of quotations reflected the overall satisfaction of participants with workplace culture and procedures: ‘On my level, I am more than 95% satisfied’ (Participant 16, head doctor, private hospital); ‘I believe that now the process of hiring is satisfying for all the employees’ (Participant 18, head doctor, public hospital); and ‘The culture now is looking after the employee’s satisfaction before the profits of the organisation’ (Participant 2, senior HR manager, private hospital). According to Participant 1 (chief HR, private hospital),

We started receiving calls from physicians around the community telling us, ‘We have heard about you, and we want to work with you’, so it is becoming known in the community in the city of Jeddah that people here are happy, doctors are happy, employees and nurses are happy.

Further positive statements showed participants’ loyalty and attachment to the hospitals in which they worked: ‘If they finish 10 years in [name of hospital], there is a reward which retains the staff to be more loyal and more attached to the organisation, and it shows in the turnover part’ (Participant 6, health management specialist, public hospital); and

‘Yes, only [name of hospital], I am loyal to them’ (Participant 29, duty manager, private hospital).

The equality and inclusiveness of staff and fairness of procedures were also positive outcomes of HPWSs: ‘This hospital does not make differentiation based on the nationalities, so the salary scale and your position are related to your qualification. So, everyone is happy’ (Participant 17, head doctor, private hospital).

4.8.2 What Influences the Implementation and Outcomes of High-Performance Work Systems in the Saudi Healthcare Context?

In addition to *wasta*, three other themes emerged in the interviews when discussing Saudi culture (see Table 8). Saudi culture is influenced by *wasta*, ministry rules and regulations, diversity and open-mindedness and female empowerment. Participants reflected that the Saudi culture had changed from what it was 10 years previously. They spoke about how segregation between men and women had decreased. Permitting women to drive had empowered them and improved gender equality.

Table 8

Initial and Final Templates: Saudi Culture

2. Initial template: Saudi culture	2. Final template: Saudi culture
2.1. Wasta	2.1. Wasta
	2.2. Rules and regulations of ministries
	2.2.1. Saudisation
	2.2.1.1. Saudi staff turnover
	2.2.2. Bureaucracy
	2.2.3. Less experienced Saudi staff
	2.2.4. Employing foreign workers
	2.2.4.1. Language and communication barriers
	2.3. Diversity and open mindedness
	2.4. Empowerment of women

Participants also mentioned that global views about Saudi Arabia and its culture were not entirely accurate. Vision 2030 is aimed at revising these views. It was also found that

Saudi citizens have the willingness and skills to adapt to change and develop accordingly. The major emerging themes are discussed further.

4.8.2.1 Wasta

Participants differed in their views on *wasta*, with some stressing its negative impact and others believing it was acceptable in certain situations. The terms *wasta*, family connections, favouritism and relationships were used interchangeably by the participants when reflecting on *wasta*. Some participants clearly expressed the unfairness of *wasta*: ‘It is giving who does not deserve things, they do not deserve, to me, this thing. So, it is not fair’ (Participant 28, duty manager, private hospital). According to Participant 11 (head doctor, public hospital),

It still exists, but the systems and the government became more cautious about that, so most of the selections are through the internet, which you cannot interfere much in the selections, like, for jobs. It is decreasing, but still it is there.

Participants classified *wasta* as either good or bad, indicating that nobody would be harmed if ‘good’ *wasta* was practised. On an individual level, ‘bad’ *wasta* could lead to others being affected and having to bear the consequences. According to Participant 27 (head doctor, public hospital),

If you want to recommend an excellent guy, this is good *wasta*, but . . . the mostly used is the bad *wasta*, so someone who is incapable because he is from a certain family or knows someone, so they just squeeze him and give him a job, for example! And he is not qualified for the job.

Similarly, Participant 4 (head doctor, private hospital) stated,

This [*wasta*] is what makes one candidate who is less capable . . . more beneficial to the organisation; he gets the job, and the other one does not. And who is losing? I think it is the organisation because I could have had a much better candidate.

In contrast, Participant 11 (head doctor, public hospital) emphasised that while *wasta* always leads to harm, the extent of the harm will depend on the situation:

The quantity or the amount of harm done to other people is different. Sometimes, instead of waiting for half an hour, you wait for an hour. If you favour somebody in [a] job and you deny it from somebody else, this affects the whole life of that person. I do not think there is a good favouritism; there is always a negative impact on someone else.

Participant 8 (HR manager—planning, public hospital) emphasised that *wasta* was considered essential for securing a job, even for the most qualified individuals, and that those without jobs were unemployed because they did not have access to *wasta*:

We have people with certificates, whether bachelor, master's or PhD! And they cannot find jobs! They did not find jobs, and they have the best qualifications. What is the reason? And if they had *wasta*, would they still be unemployed? No, they would be employed'.

Others believed that it was not appropriate to rely solely on *wasta* to secure a job or promotion and it was not acceptable to hire candidates simply because of their social or family connections. Rather, candidates that were competent and suitable for a specific role should be considered. For example, Participant 1 (chief HR, private hospital) stated, 'We are happy to look at any candidate or any CV; however, we only hire if we feel that this candidate will help us improve. We are not part of the culture of hiring somebody because of their relatives'. Similarly, Participant 17 (head doctor, private hospital) stated,

If I know the person is well confident and well established, I push them to go to [a] place where they are equal. This is not favouritism; on the contrary, this is you using your connections to put the right person in the right place.

Further, having professional connections with policymakers, regulators and partners was considered extremely important, similar to *wasta* being the only way to overcome the bureaucracy of ministries and officials (Budhwar et al., 2019). Participant 2 (senior HR manager, private hospital) highlighted,

Wasta is everything. I will talk about how I deal with the Ministry of Health—if I did not have *wasta*, it would be a stressful process. Even if you ask [the general manager], he would say that if I were not here, we would have issues, and the Ministry of Health would check on us every day.

At Hospital F, *wasta* was adopted at the organisational level. To retain a foreign worker, it was beneficial to employ a member of their family to prevent the former from leaving. For example, if a competent head nurse who is married to a doctor does not wish to renew her contract, HR may negotiate to keep her in the job longer if the doctor had been recruited from overseas. This is considered a retention strategy—solving an employee's problem and hiring their partner or a family member is considered more beneficial to the hospital than losing the employee. For example, Participant 30 (director—organisational development, private hospital) stated, 'It is normal to see a doctor and his wife working in the department and their daughter in nursing'. Participant 31 (HR manager—training, private hospital) similarly explained, 'If they are qualified and they fulfil the requirement, it is mandatory, but priority is given to the families'.

It was also highlighted that Saudis may have an advantage over foreign workers because of their connections, family members and social relationships. Participant 17 (head doctor, private hospital) commented, 'Saudis are more attached; they have more relatives . . . they tend to have more people from the community coming to the hospital . . . but they are very professional; they do not interfere'. Participant 3 (HR manager—recruitment, private

hospital) said, ‘Saudi people who are friends or relatives—definitely, they have this option easier than the expatriates because Saudis have better and stronger connections’.

4.8.2.2 Ministry Rules and Regulations

The rules and regulations of multiple ministries and the SCFHS pose a number of challenges for the healthcare sector. These challenges are represented in four subthemes that emerged during the interviews: Saudisation, bureaucracy, less experienced Saudi staff and employment of foreign workers.

In some hospitals, the authority and ability of executives to directly recruit and make decisions was limited. Hospitals also faced issues with recruiting foreign workers. These issues could influence staffing systems. For example, Participant 16 (head doctor, private hospital) expressed, ‘Recruitment from outside Saudi Arabia—it depends on my status with the government. If I am in a zone that I can get more visas, then yes, I can’. Participant 32 (talent acquisition officer, private hospital) stated, ‘For expatriates, difficulties, mainly the visa, because sometimes we accepted candidates. We do not have visa—sometimes it takes time’.

The rules and regulations associated with Saudi labour laws to increase employment rates among Saudis appeared to affect both public and private hospitals. Participant 2 (senior HR manager, private hospital) highlighted, ‘The Saudi staff is advantaged . . . I want the Saudi to be better. Why is that? Because I have orders from the Ministry of Health that says some departments have to be 100% Saudis’. Participant 11 (head doctor, public hospital) stated, ‘The difference between the private and the governmental sectors in our part of the industry—Saudis are preferred for everything. They have priority’.

The subthemes that emerged during the discussion of rules and regulations are detailed in the following subsections. Some of the subthemes affected private hospitals, some affected public hospitals, and some affected both.

4.8.2.3 Saudisation

Saudisation was a challenging issue specifically for private hospitals. Hospitals have been required to reduce Saudi unemployment rates by hiring a specific percentage of Saudis and decrease dependence on foreign workers. Participant 30 (director—organisational development, private hospital) pointed out that ‘the push from the labour office to have at least between 30 to 35 per cent of Saudisation can be challenging’. Participant 1 (chief HR, private hospital) highlighted that the ‘push on the Saudi nurses, it made a huge difference. Our pharmacy team is mostly Saudi, our reception team and service coordinator are all Saudis . . . any person at the reception has to be Saudi by the regulation’.

Additionally, under Saudi regulations, certain positions in private hospitals can only be filled by Saudi staff, which can be challenging when a competent employee is not available for the position. Private hospitals comply with Saudisation regulations because failure to adhere to them may have consequences, including the cancellation of visas of foreign staff or heavy penalties. For example, Participant 3 (HR manager—recruitment, private hospital) reflected,

There are positions I will not interview non-Saudis for, even if I could not find Saudis for the job. If I crossed the non-Saudis in a particular level, all of my visas will stop. So, I started to think this is part of the culture here.

Similar quotations included, ‘We realised at some point that if we continue to hire nurses from the Philippines at one point, we are not going to be able to achieve our Saudisation level, so we started hiring Saudi nurses’ (Participant 1, chief HR, private hospital) and ‘It is in practice that some positions cannot be filled with expatriates’ (Participant 17, head doctor, private hospital).

Saudi staff turnover was a significant challenge that has emerged as a result of the Saudisation policy. The preference to work in the public sector has led to high turnover rates

among Saudis in private hospitals, which has made it difficult for private hospitals to maintain their Saudisation levels. Participant 15 (HR director, private hospital) reported,

It was so difficult to reach that [level of Saudisation], and it is so much difficult to maintain it . . . especially, and the biggest challenge is that we have Saudis who join us, and once they get any offer from the government, they leave for the government.

Participants believed that the turnover of Saudi staff in the private sector was high because Saudis prefer the security of working in the public sector and believe they are insufficiently paid in the private sector. Retaining Saudi staff is problematic, in turn affecting the level of Saudisation that is mandated by ministry regulations. For example, Participant 28 (duty manager, private hospital) highlighted the following:

We do not have a pharmacist that have experience more than 2 years. They are Saudis. We are getting 1 or 2 years with them, and then they will get another offer. Like, the governmental hospitals, they are paying much more than us, so they are leaving us. He does not believe that the money he is getting here is enough.

Saudis believe that public sector salaries are better than private sector salaries.

Therefore, those in the private sector tend to leave once a government job opportunity arises.

Participant 15 (HR director, private hospital) explained:

Saudis tend to leave the private sector to go work in a governmental sector because they feel it is safer. So, even though some of our employees leave to the government even with the same salary! Or sometimes lower salary! Either for more security or for less work.

Similar quotations included, ‘Today, when you find a Saudi nurse, she would say, to be honest, I want job stability although our salaries are better than the governmental hospitals.

But they say, the girls in particular that they want job stability’ (Participant 2, senior HR

manager, private hospital) and ‘To accept our offers, they [Saudis] request higher salaries. We try to convince them’ (Participant 32, talent acquisition officer, private hospital).

Other participants believed that the idea that there was high job security in the public sector was based on opinion only and was not entirely true. Participants indicated that the workload in the public sector was less, which may be the actual reason Saudis leave private sector jobs. Participant 16 (head doctor, private hospital) expressed the following:

We were raised that government is secure and safe place for the future, which is not . . . what most of the people think, that once you get a governmental job, nobody can terminate you, and that is not true. In the government, they work less, so it is not because it is more safety, but it is because, I will take my salary with less work.

Similarly, Participant 12 (nursing director, private hospital) stated,

Saudi nurses, when they join us . . . they have this belief, insecure job, so always they look for moving to a governmental hospital. So, what they do is they come here until they get acceptance or offer in any governmental hospital, so the turnover in the Saudi nurses is very high.

4.8.2.4 Bureaucracy

Hospitals across the Kingdom of Saudi Arabia follow the rules and regulations set by the Ministry of Health, the SCFHS and occasionally a third decision-maker. Bureaucratic issues, another subtheme that emerged from the data, exist largely because of the rules and regulations enforced by multiple authorities. Respondents revealed that the bureaucracy in Saudi Arabia affects private hospitals to some degree and public hospitals to a much higher degree. For instance, public hospitals have limited authority to hire, promote or retain staff. The criteria for hiring foreign workers is controlled by the Ministry of Health and the SCFHS. HR managers are not involved in the selection process, which is time-consuming and can lead to hiring incompetent or unwarranted employees. For example, Participant 20 (HR director,

public hospital) emphasised, ‘We cannot say anything since there is an approved committee from the Ministry. They went and did the interviews for certain people and chose them—we just have to obey. We cannot say yes or no’. Participant 21 (HR manager—recruitment, public hospital) explained further:

A committee goes from here to the embassy, any country, they do the interviews, same conditions as the commission, the doctor has to have fellowship and so on. The doctor comes here without being classified, he takes a salary of a consultant, stays for 9/10 months till he gets classified. The Saudi Commission of Health here have issues with the dataflow—it takes time, there are many processes for the classification, so he is late for 7\8 months, and he takes the salary of a consultant, then he goes to the commission, and they prove that he is not a consultant. We lose!

If a public hospital is part of another government entity, as in the case of Hospital E, a third decision-maker is also involved, increasing centralised decision-making. For example, Participant 25 (HR director, public hospital) explained,

We are a governmental facility, so we follow the government rules. Everything that happens here is a completion of the regulations of the Kingdom. We are a branch of a bigger entity. . . So, mainly, most of the decision-making is done by the highest chief, which is the head of the [government entity].

Bureaucracy appeared to mainly apply to public hospitals. For example, when the new performance evaluation system was introduced, it was enforced by top management even though employees opposed it and were unhappy with the changes. Nevertheless, it was effective immediately. Participant 23 (HR supervisor—performance, public hospital) captured this, stating, ‘When it [performance evaluation] was first proposed, we all objected; we felt it is not fair, but it is a system, and they [higher authorities] have to apply it’.

Another issue related to bureaucracy was raised by a foreign worker, who felt that senior staff members acted with authority and would command junior staff to do certain tasks. For example, Participant 26 (deputy head nurse, public hospital) stated, 'It is like, I am a consultant, and you have to obey my command'. Similarly, Participant 22 (head doctor, public hospital) stated, 'There was an overuse of power for one or two members of the department, but fortunately they were transferred to another area because that was not accepted'.

Participants revealed that authoritative behaviours were present in the interactions between executives, mid-level management and frontline employees, leading to the absence of clear communication and interactions. Participant 27 (head doctor, public hospital) stated, 'There is a big disconnect between the administration and the employees. I felt it as a chairman'. According to Participant 26 (deputy head nurse, public hospital),

On the ground, you have to come and assess what are the things they are doing. Sitting on the top and giving a lecture is easy, so when they come to the ground to see how the nurses are really pushing sometimes.

Participant 10 (outpatient manager, public hospital) explained,

I might receive an order from higher ranks, and I do not refuse. But sometimes there is a conflict of interest. For example, I had a secretary, and I trained her very well . . . and they asked to move her to be the secretary of the head of the hospital. The lack of knowledge led them to think I do not need her.

While bureaucracy existed in public hospitals, it had started to decrease to some degree. According to Participant 6 (health management specialist, public hospital),

[Bureaucracy exists] in some things but not the majority. We do have an opinion. I am not saying it is 100% applied, but as a head of the division and as a vice-president assistant, we have a say. It is a positive thing.

Participant 10 (outpatient manager, public hospital) further explained:

To request a vacation, it might go through seven employees for one employee to get a vacation approval, but now there is an application, I can request a vacation from home, and it goes straight to my direct manager. Then he can process it and approve it in a minute.

Private hospitals are governed by the rules of multiple ministries and must follow Saudisation policies, which poses certain challenges. However, managers at private hospitals had the authority to specify job criteria and recruit, promote and retain employees as long as they follow the guidelines, a process that may be less bureaucratic compared with those in public hospitals. Private hospital employees perceived public hospitals to be highly bureaucratic and lacking the authority to make decisions. Private hospitals have a relatively flat and open structure that is less bureaucratic, making decision-making more decentralised. Participant 3 (HR manager—recruitment, private hospital) emphasised, ‘People feel that they are really involved here. It is because of the flat structure we have, plus here the decision-making is really decentralised’. According to Participant 31 (HR manager—training, private hospital),

In the government, you need to do a special committee after the committee gets approval from the higher management and the hospital director. A longer procedure, but here it is a bit easier between the HR and the director of the department.

Participant 15 (HR director, private hospital) was asked what makes private hospitals different from the public: ‘Bureaucracy and no authority. I feel demotivated if I go to the government!’

4.8.2.5 Less Experienced Saudi Staff

Less experienced Saudi staff was another subtheme that emerged from the data. The shortage of skilled and competent Saudis is a problem in Saudi Arabia. Saudis tend to

graduate with limited work experience—their skills are not sufficient for the market and they require substantial professional training to reach the required standards. This shortage has led to a reliance on foreign workers. Participant 29 (duty manager, private hospital) stated, ‘When you are speaking about a skill, sometimes they are not available in the Saudi market, especially for the doctors’. Participant 18 (head doctor, public hospital) stated, ‘Sometimes there are rare specialities that no Saudis are specialised in, so we have to bring someone from outside, so when we bring them, it is an advantage for us’.

Saudi staff were also perceived to lack professionalism in the workplace and display frequent absenteeism. Participant 11 (head doctor, public hospital) expressed, ‘Saudi staff—the biggest problem with them is absence, plus they are not trained professionally’.

Participant 27 (head doctor, public hospital) had a similar experience:

We have this stereotyping of, honestly, Saudis not being so professional. They are not keen to work. Our Saudi secretary, unfortunately she takes a lot of time off. It has been a habit almost 3 to 4 times a month, which is a lot to me.

Participants also spoke about the lack of competency among Saudi nurses in comparison to foreign nurses, hindering their ability to oversee complex patient cases. Participant 26 (deputy head nurse, public hospital) reported, ‘For Saudis, the cases they are handling is different; it is very difficult for them to handle the complicated cases, even during their nursing internship. Maybe they are not following the cases regularly’.

An unusual response was that foreign workers may feel under threat of losing their jobs or being replaced by Saudis. Therefore, they do not teach Saudi graduates what they should know during their internships or practice. For example, Participant 11 (head doctor, public hospital) stated,

My personal feeling, the expatriates do not teach the Saudis the proper way of handling things. They are fresh graduates, so all that they learned is from books. They

do not properly guide them to take the job because they think this way they will continue to work here. They think that if Saudis prevail and succeed, they will be kicked out!

Similarly, Participant 20 (HR director, public hospital) explained,

There is something called job substitution—even if the expatriate was hired for 1 day, then the Saudi came with the same qualifications, he leaves and we put the Saudi in his position. But the wrong thing is that we want the non-Saudi because they can do what the Saudis cannot do.

4.8.2.6 Employing Foreign Workers

According to the participants, recruiting foreign workers, flying them to Saudi Arabia and paying for their accommodation and other expenses incurred exceptionally high costs for hospitals. However, despite the high costs of bringing them to the country, foreign workers are more accepting of low salaries compared with Saudis. Participant 16 (head doctor, private hospital) explained that ‘In the private sector, they will take the expatriate, not the Saudis, because of the financial impact. They think only how much I am paying salary, but they do not think how much are the expenses’. Participant 3 (HR manager—recruitment, private hospital) further elaborated:

Expatriates—they are a cost and headache before they come. We have a lot of cost associated to him and his family. Usually they are new, and we have to find him accommodation for [a] few weeks because they do not know anything. And we have to give him tickets.

While foreign workers may be more accepting of lower salaries, the costs associated with recruiting them do not appear to outweigh the benefits, especially if the worker is not classified under the SCFHS. As a result, their contracts are terminated, and they are returned to their home country. Participant 6 (health management specialist, public hospital) explained

this as follows: ‘We pay for accommodations, we pay salary—too costly! Especially when we cannot benefit from him! Some of them come for a year, and during this year they do not get classified, and we end their contract’.

A major issue with recruiting foreign workers from non-Arabic countries was language and communication barriers. These workers do not speak Arabic and are not provided with any Arabic language training, leading to frustration among patients and staff: ‘We have a huge number of patients who complain about it because they are not capable of communicating with them’ (Participant 8, HR manager—planning, public hospital), and ‘A few challenges, as you said, the language is a major one, and it is not easy to teach them language’ (Participant 5, head nurse, private hospital).

Administrative staff rarely speak English in their everyday activities, making it difficult to communicate with foreign workers. Medical professionals need to be able to speak Arabic when communicating with patients, explaining procedures or asking questions. Arabic must be spoken in some medical departments:

At a period of time, we had employees from Cuba. They were good, but it was hard to deal with them, their language is hard, our [English] language is weak. When we were hired, there was no language condition—we might understand them, but they do not understand us. (Participant 7, HR manager—training, public hospital)

Other participants also commented on the language barriers: ‘Benefits of Saudis is in the communication. We need the communication to be effective between the pharmacist and the patient, to deliver the information and help with explaining how to use the medicine’ (Participant 9, assistant pharmacy head, public hospital), and ‘They do not have to speak Arabic; I mean it is okay, especially for physicians. But in some areas like [the emergency department], they have to speak Arabic’ (Participant 32, talent acquisition officer, private hospital).

4.8.2.7 Diversity and Open-Mindedness

Many participants commended the diversity in the Saudi culture and expressed that the healthcare sector admires, welcomes and respects diverse nationalities and religions among staff: ‘The diversity I am talking about, when we speak, we speak as humans, we speak as colleagues. We do not differentiate between religions, backgrounds, nationalities or gender or any of these types’ (Participant 30, director—organisational development, private hospital), and ‘The more international you are, the more this guarantees that the discrimination melts. People start looking at each other with equality, with no preferences. That is why the more international you go, the better the culture’ (Participant 4, head doctor, private hospital).

Participants believed that the overall perceptions of Saudi Arabia by other societies were inaccurate: ‘There is a stereotyping that we are a bit racist, and that is not true. We respect every nationality, every religion. We respect people and their knowledge and their positions’ (Participant 22, head doctor, public hospital). Similarly, Participant 32 (talent acquisition officer, private hospital) stated,

The idea they have about Saudi Arabia is wrong. Everything is changing, and if anyone comes to live here, they will like it. The culture is not as complicated as they think it is. We do not have racism, at least here in the hospital we do not have it, and even outside it is starting to fade.

In Saudi culture, there is a high degree of respect and equality and no room for discrimination of people based on their nationality or religion. Participant 29 (duty manager, private hospital) stated, ‘In a fair perspective, what I see here in the staff, the Saudis and the expatriates are treated equally. There are no differences between them’. Participant 16 (head doctor, private hospital) reflected,

This culture of fairness and equality, everybody is the same, no differences in the nationalities. We do not recruit by nationality. Here we hire based on the qualification, not the nationality. So, Saudis or not Saudis—we are treated equally.

The Saudi mindset has also changed over the years. Younger generations are more flexible and open to change. Participant 29 (duty manager, private hospital) explained that ‘the Saudi culture . . . was a conservative culture at that time when we started in 2010. Now it is more open-minded, which is good in my opinion’. Participant 4 (head doctor, private hospital) reflected,

I have been here for 25 years, and I can tell there is much difference today in the way people are thinking. I am talking about Saudi people—they are starting to think more practically, more logical, more objective, and they are starting to be more rational.

4.8.2.8 Empowerment of Women

Much has changed since the ban on women driving was lifted. Most participants, both male and female, believed that women now felt more empowered, had equal job opportunities and were in positions of authority and seniority. Participant 2 (senior HR manager, private hospital) pointed out, ‘The positive aspects are huge, especially the changes related to the women! What I see is there is openness about the women in Saudi Arabia, despite everything else, so the culture has really changed’. Participant 17 (head doctor, private hospital) elaborated further: ‘Women empowerment, oh my god! First thing, professional females—well trained, very committed, highly ethical. They have all the qualities. If I want to summarise the last 4 years in Saudi Arabia—women empowerment’. Participant 22 (head doctor, public hospital), a female doctor, stated, ‘We are empowered even before; just [a] few things needed to change. We have ministers, we have women in different specialties. I am a woman in a position where I am empowered and supported by all the administrations’.

Segregation between men and women has also decreased, allowing women to feel empowered, supported and equal to men. Participant 3 (HR manager—recruitment, private hospital) explained that ‘they [new candidates] ask whether there are partitions between girls’ and boys’ area, and I tell them there is no boys and girls area—they are working in one place’. Participant 20 (HR director, public hospital) stated,

Before the women . . . was locked in her office; they finish certain tasks and leave. As you saw, everything is open. Now there is female everywhere; they are empowered, there is special attention from the ministry to them and there is a clear vision in general.

4.9 Discussion

This study aimed to explore the nature of HPWSs and the contextual and cultural factors hindering or facilitating their implementation in Saudi hospitals. This was explored through qualitative semi-structured interviews with senior healthcare workers and executive HR professionals. The participants assisted in exploring the cultural context and its association with HPWSs.

The findings contribute to the HPWS literature. Six essential components of HPWSs in the Saudi healthcare sector were identified: selective staffing, flexible work design, career paths and incentives, employee engagement, training and education and performance appraisals. In addition, the findings revealed that HPWSs are associated with positive outcomes such as increased loyalty and satisfaction, a sense of involvement and equality among workers.

The HRM literature identifies a number of factors that negatively influence HRPs in the Middle East. These include *wasta*, the Saudisation policy, bureaucratic challenges, unskilled locals and the low participation of women in the workforce (Afiouni et al., 2014; Budhwar et al., 2019). The interview findings revealed that *wasta*, ministry rules and

regulations (including Saudisation), bureaucracy and less experienced Saudi workers created challenges for HPWS implementation, supporting existing claims in the HRM literature.

The employment of foreign workers and diversity and open-mindedness among workers were new contextual and cultural findings. These two factors have not previously been identified as affecting HRPs or HPWSs. Moreover, the finding on female empowerment differed from previous findings. The cultural and contextual factors identified have a considerable influence on HPWS implementation and its effectiveness. Each of these factors is explained in more detail below.

The first theme is related to the nature of HPWSs in the Saudi healthcare context. Six HPWS components unique to Saudi Arabia were identified. A limited number of qualitative studies have identified context-specific HPWS components. For example, Garman et al. (2011) reviewed the literature on health care in developed countries and found that the HPWS components most relevant to healthcare organisations were engaging staff, aligning leaders, acquiring and developing talent and empowering frontline workers. These components differ from those found in developing countries. For instance, V. E. Pereira et al. (2018) identified five core practices in India that fit within the HPWP framework: recruitment and selection; learning, training and development; compensation and benefits; employee relations; and employee welfare-oriented practices. In Pakistan, Khan et al. (2019) found four key HRPs: job design, information sharing and flow within an organisation, employee benefits and training and development opportunities. Additionally, in China, Yen et al. (2016) found six essential HPWPs: cross-departmental training and education, performance-oriented evaluation, long-term client relationships, attractive salaries, teamwork and morality/integrity. In addition to exploring HPWS components, V. E. Pereira et al. (2018) and Khan et al. (2019) investigated the transfer of Western HPWSs to emerging economies without exploring specific contextual factors. However, Yen et al. (2016) found that *guanxi*, a Chinese cultural

characteristic, affected the relationship between HPWPs and organisational performance. These studies, along with the present findings, highlight that the nature of HPWSs may depend on contextual factors.

Staff selection processes in the Saudi healthcare sector involve multiple decision-makers, similar to those in India (V. E. Pereira et al., 2018). Moreover, selection criteria focus not only on the qualifications and experience of candidates but also on their ability to contribute to the hospital's culture. Flexible work designs and allowing employees to rotate jobs, enabling them to broaden their skills and focus on growth and freedom, illustrate the flexibility of the Saudi healthcare sector. Providing employees with career development opportunities and incentives reflects the importance of motivating employees to focus their energies on productive behaviours and outcomes. Regularly involving employees in engagement activities and listening to their needs helps them feel committed and connected to the hospital. Training and education opportunities in the healthcare sector are considered essential for acquiring clinical and leadership skills and improving performance.

The HPWS components identified in the present study slightly differ and are more comprehensive than those included in the healthcare HPWS measures (see Section 2.6). For instance, Lee et al. (2012) covered only training and education, communication and compensation. M. Zhang et al. (2013) covered the core functions but excluded performance appraisals. Ang et al. (2013) excluded incentives and compensation. Each of these measures lacked one or more of the core elements identified by Boon et al. (2019) and Posthuma et al. (2013): training and development, participation, incentive compensation, performance evaluation, selection and job design. Being among the first to explore the nature of HPWSs in Saudi Arabia and identifying six HPWS components that are unique to the Saudi healthcare sector, this study contributes to the limited HPWS literature in the Middle East.

There were clear differences in the performance appraisals of public and private hospitals. By introducing a new performance evaluation process, public hospitals appear to be moving towards improving employee performance and outcomes. However, according to the present findings, the new performance evaluation system does not appear to be as effective or accurate in reality as it intends to be. Several issues, such as assessing workers via numerical measures, need to be resolved. The respondents believed that there was a lack of compliance by senior staff when setting appropriate goals, employees were resistant to the new performance evaluation system and the new system needed time to evolve. Adopting a more corporate business model may lead to more flexible and realistic performance appraisals (Stanton & Manning, 2013). The new performance evaluation system, which came about as a result of public sector reform, appears to be used more for control and monitoring purposes than for employee development, involvement and empowerment. If this is indeed the case, it may lead to increased workloads and pressure on staff, resulting in dissatisfaction (Brunetto et al., 2011).

Private hospitals establish their own performance appraisal procedures. They set annual performance goals according to whether a job is medical or non-medical. The main goal in providing feedback to employees is to specify any shortcomings or gaps in skills and recommend a development plan or specific training to fill these gaps. Respondents from private hospitals acknowledged that they regularly modified their procedures to reduce subjectivity, increase fairness and ensure performance appraisals were as effective and accurate as possible. Collectively, the outcomes of HPWSs in the Saudi healthcare context were positive, but a closer examination of performance appraisals revealed that they are not entirely effective in public hospitals and only marginally more effective in private hospitals, with much room for improvement.

The second theme relates to the factors influencing the implementation and outcomes of HPWSs in the Saudi healthcare context. First, the findings revealed that *wasta*, a practice rooted in the Saudi culture, may positively or negatively affect the implementation of HPWSs in the healthcare sector. According to the respondents, a benefit of *wasta* is that it may assist in hiring qualified and skilled individuals, putting the right people in the right place, similar to the role of informal networks in Western societies (Aldossari & Robertson, 2016). However, this practice may leave foreign workers vulnerable because Saudis are advantaged by their family ties, connections and social relations. *Wasta* may be associated with positive outcomes for some but could deny equal opportunities to others (Iles et al., 2012).

Opinions on *wasta* were conflicting, with some participants believing it is not only acceptable but essential for jobs, promotions and opportunities, and others believing it to be inappropriate and harmful for organisations and individuals (Al-Twal, 2021). In addition, it was found that *wasta* is crucial in overcoming bureaucratic processes (Barnett et al., 2013; Budhwar et al., 2019). Much of the literature has stressed the negative role of *wasta*, including its effects on recruitment, access to training and career advancement opportunities (Abutayeh, 2017; Aldossari & Robertson, 2016; Alwerthan et al., 2018; Rice, 2004). However, the present findings show that although *wasta* was perceived to be essential for procuring employment, it had no influence on career advancement or access to training opportunities. The present study extends previous findings, demonstrating that *wasta* affects some components of HPWSs; however, the nature of this effect is not entirely clear. Thus, to further validate the findings, *wasta* was included as a cultural variable in Stage 2 of this research.

Second, Saudisation programs are aimed at private organisations to increase the employment of Saudi citizens and decrease reliance on foreign workers (Al-Asfour & Khan, 2014). However, given the limited work experience of Saudi employees (Matherly, 2015),

Saudisation creates problems for private hospitals. Educational outcomes often do not align with labour market needs, raising concerns about Saudi skills and employability (Budhwar et al., 2019). Consistent with the literature (Al-Shammari, 2009), the findings show that Saudi staff are not as experienced as their non-Saudi peers and are less accepting of the private sector's salaries and jobs, leading to higher turnover rates among Saudis. In alignment with the findings, there is widespread agreement among Saudis that working for the public sector is more satisfying in terms of salaries and job security (Iles et al., 2012; Mellahi, 2006). Saudis prefer reasonable working hours, a desirable work culture and prestigious jobs (Al-Asfour & Khan, 2014; Kumar et al., 2019). They are possibly less experienced than their non-Saudi counterparts because they consider private sector jobs a temporary stopgap until they procure a government job, limiting their work experience and associated acquired skills to a year or two. Thus, Saudisation may affect selective staffing practices—at times, employers may need to compromise selection standards to keep their Saudi employee quotas high. However, effective HPWS implementation in accordance with flat hierarchies and decentralised decision-making may reduce the effect of Saudisation policies on HPWSs. Consequently, Saudisation may work well when effective HPWSs are in place. In the long term, effective HPWS implementation may lead to the retention of Saudi staff and managers (Alanezi et al., 2020).

Third, the findings revealed that the complex rules and regulations of ministries lead to centralised decision-making, which may negatively affect HPWSs in public hospitals. The limited authority of senior staff members hindered their ability to implement initiatives, thus creating challenges for hiring and promoting staff. Decision-making in public hospitals is influenced by multiple stakeholders (e.g. ministries) and government legislation, which, according to participants, leads to a bureaucratic work environment. A robust top-down structure of authority is traditional in the Middle East. The literature demonstrates the

bureaucratic nature of businesses in Saudi, where the role of management and multiple decision-makers is predominant (Biygautane et al., 2018; Iles et al., 2012; Moshashai et al., 2020). In most countries, the implementation of the New Public Management (NPM) approach is restructuring the public sector. These reforms are aimed at moving away from rigid bureaucracy and improving the efficiency and effectiveness of public services by importing private sector practices into the public sector (Lapiente & Van de Walle, 2020; Stanton & Manning, 2013). The Saudi Ministry of Health received a medium score with respect to its implementation of NPM (Alabdulkarim, 2020), indicating that although it has introduced some changes such as a new performance evaluation system, bureaucratic issues continue to dominate. It is suggested that adopting HPWSs in alignment with NPM reforms may help improve public hospitals and enhance their outcomes and performance (Bryson & White, 2021; Fernandez & Moldogaziev, 2015). The bureaucracy in Saudi Arabia has prevented the government from being able to improve the nation's development (Fathallah, 2018). For instance, bureaucracy has limited Saudi Arabia from attracting foreign investors (M. A. Ramady & Saeed, 2007). The public sector needs to operate at levels of efficiency and effectiveness closer to those of the private sector and enhance the quality of their systems (Biygautane et al., 2018). To exemplify, the findings of this study reveal that managers of private hospitals take a decentralised decision-making approach, giving them greater autonomy in hiring, promoting and retaining staff, thus executing HPWSs more effectively. However, they are required to comply with Saudisation policies and ministry regulations and manage the challenges associated with Saudi staff turnover. Moreover, sharing power with employees and flattening bureaucratic hierarchies while implementing HPWSs could empower employees and produce positive outcomes (Fernandez & Moldogaziev, 2015).

Fourth, the rules and regulations of the Ministry of Health and other ministries impose high costs on the healthcare sector when employing foreign workers. These costs are related

to visas, travel, accommodation, family expenses, licensing and work permits. The failure of foreign recruitments is also costly for host organisations (Feitosa et al., 2014), especially when workers do not qualify for certification under the SCFHS. Nevertheless, a dilemma can arise between employing foreign workers, which may be costly, and locals, who may lack the necessary skills for an acceptable level of performance. The costs associated with hiring foreign workers in terms of their wages, living arrangements and travel make it highly challenging to gain a return on investment (Herbert, 2016; McNulty & De Cieri, 2016). Investing in HPWSs may also be costly, especially if employing unskilled locals. Some organisations abide by the Saudisation policy to save on costs related to foreign workers (Alanezi et al., 2020). Additionally, investing in HPWSs while employing non-Saudis, then having to face penalties arising from non-compliance with Saudisation quotas, are issues that need further exploration.

Fifth, foreigners working in Saudi Arabia have poor Arabic language skills, causing communication barriers between foreign workers and local patients (AlYami & Watson, 2014). Research has shown that foreigners working in Gulf countries have difficulties with religion, culture and language (Almalki et al., 2011). Because these challenges may not apply to Western countries, they have not been addressed by studies conducted in developed countries. Most patients (and family members) in Saudi Arabia are Saudi nationals whose native language is Arabic (Aldossary et al., 2008). However, most foreign healthcare workers communicate in English as a second language and cannot speak Arabic (Almalki et al., 2011). While interpreters may be used, this can lead to miscommunication. This issue may not directly impact HPWS implementation. However, it may influence the effectiveness of HPWSs in terms of healthcare outcomes such as patient care, patient satisfaction and quality of care. It may also be associated with more costs—teaching Arabic to non-speakers can be expensive and time-consuming.

The hiring of foreign workers and their inability to speak Arabic appear to be new findings that have not previously surfaced in the HPWS literature. These factors may mitigate the positive effects of HPWSs if proper strategic planning and effective support systems are not in place. Integrated interpretation systems and language training to help foreign workers adjust could assist in resolving such challenges. There is insufficient evidence of the effects of these factors on HPWSs; thus, further investigations are needed to broaden research in this area.

Sixth, work environments in Saudi Arabia and other Middle Eastern countries consist of diverse nationalities, religions and cultures (Forstenlechner, 2010a). Although the topic of diversity has been studied in Western countries, to date, studies examining how this concept operates in different cultural settings are limited (Goby et al., 2015). The HR literature in the Middle East is limited in terms of the influence of diversity on HRPs. The enforcement of Saudisation policies and the hiring of foreign workers has resulted in Saudis mixing with foreign workers more regularly, leading to a diverse and more inclusive environment. This finding is new in the Saudi context. Diversity in the Saudi healthcare sector may have assisted HPWSs in producing substantial positive outcomes for the healthcare sector and workforce. This aligns with other findings that a combination of HPWSs, diversity and equality benefits both employers and employees (C. Armstrong et al., 2010).

Finally, the findings revealed that gender segregation in the Saudi healthcare sector has significantly reduced, empowering women and giving them access to growth opportunities. Approximately 12 female participants in this study held senior positions in hospitals. The results of this study may be the first to contradict those claiming that Saudi women are not empowered and prefer to work in gender-segregated workplaces (AlMunajjed, 2010; M. A. Ramady, 2010; Scott-Jackson et al., 2010; Sullivan, 2012). This contradiction may be attributable to the nature of the healthcare profession because there is no segregation between

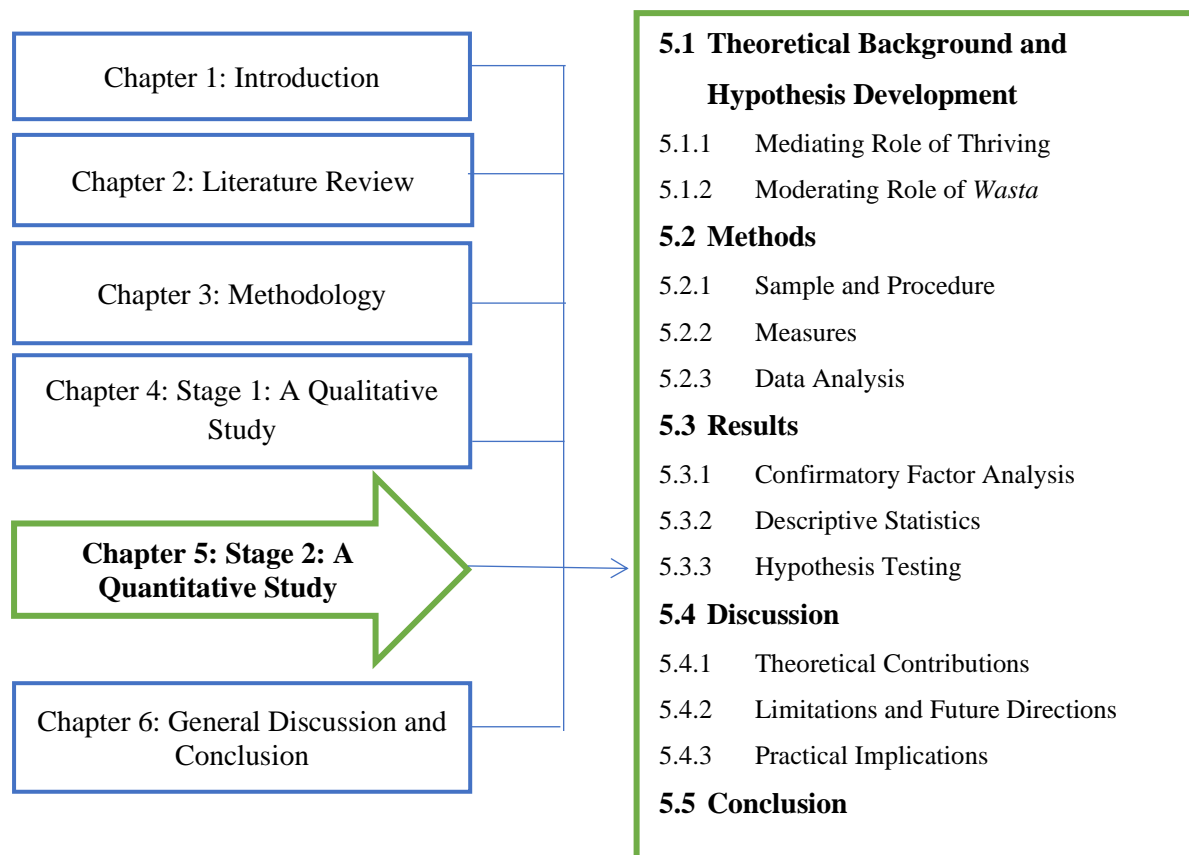
male and female hospital workers. In the past, there was some separation between male and female administrative staff, but much has changed since the lifting of the ban on women driving. The findings also show that empowered women can aid in the implementation of HPWSs, in line with previous findings that HPWSs are more effective when organisations have a high percentage of females in their workforce (Pichler et al., 2014).

Investigating the phenomenon of HPWS has shed light on the nature of HPWSs in the Saudi healthcare sector. Despite the cultural and contextual challenges, the findings show that HPWSs may promote positive employee outcomes, foster positive experiences in the workplace and help employees achieve a positive psychological state. In investigating the role of culture, this qualitative study suggests that *wasta* may affect HPWS implementation and employee outcomes. However, it is not entirely clear whether this effect is positive or negative. The HRM literature reveals that *wasta* can harm practices, organisations and individuals. Therefore, in the next chapter, the role of *wasta* in the relationships between HPWSs and employee outcomes will be examined to further validate its impact.

4.10 Conclusion

Thirty-two semi-structured interviews were conducted with executive HR professionals and senior medical staff in hospitals. Template analysis was used to address the research objectives and understand the nature and components of HPWSs and the cultural and contextual issues that may affect their implementation. The findings highlight the importance of exploring cultural and contextual factors and informed parts of the survey design in Stage 2 of the research. Chapter 5 presents the quantitative investigation of the relationship between HPWSs and employee outcomes to validate and verify the qualitative findings.

Chapter 5: Stage 2: A Quantitative Study



Chapter 5 investigates thriving as a mediator in the relationship between HPWS and work- and career-related outcomes. It also proposes that *wasta* moderates the relationship between HPWSs and thriving, thus the indirect effect of HPWSs on employee attitudes via thriving. This chapter addresses the third and fourth research objectives:

3. to identify the key mechanisms underlying the influence of HPWSs on employee attitudes
4. to explore culture-specific moderators of the effect of HPWSs on employee attitudes.

In Stage 1 of the study, interviewees stressed the negative and positive effects of *wasta* in the workplace and on different HRPs. The qualitative results also revealed that effectively implemented HPWSs could facilitate employees' positive experiences, including enhanced satisfaction and commitment. However, it is still not entirely clear how HPWSs affect specific

employee outcomes. Therefore, based on the interview findings and the gaps identified in the literature, a framework was developed and hypotheses were proposed to test specific relationships to explain how HPWSs in the Saudi healthcare sector relate to employee outcomes.

As mentioned in Chapter 2, prior research on HPWS has focused mainly on employees' work-related outcomes and largely neglected their career-related outcomes. Unlike work, one's career is viewed as a pattern or sequence of work experiences that evolve over time (Moen & Roehling, 2005). It is related to one's long-term goals and progress and is driven by passion. For example, an employee may leave a job if there are limited career development opportunities. In contrast, work refers to specific tasks and activities and is controlled by the number of hours an employee commits to it. Career outcomes are critical and are considered an essential outcome of HPWSs in terms of career management (Mostafa, 2017), career progression (Malik et al., 2019) and career development plans (Huselid et al., 1997). HPWSs provide employees with the opportunities and resources to develop and succeed in their careers through job rotation, training programs and promotions. Empirical studies on the relationship between HPWSs and career-related outcomes and the mechanisms facilitating this relationship are scarce (Shen et al., 2015). Thus, there is a need to examine the effect of HPWSs on career-related outcomes.

Prior research suggests that employees' psychological states may play a critical role in the relationship between HPWSs and employee attitudes and behaviours. For instance, psychological empowerment (Aryee et al., 2012; Rehman et al., 2019), psychological safety (J. Zhang, Akhtar, et al., 2019) and wellbeing (Wood et al., 2012) may mediate the effect of HPWSs on employee outcomes. These findings provide strong support for the mediating effects of positive psychological states on the link between HPWSs and employee outcomes. However, these previously investigated psychological states appear not to provide unique

insights or comprehensive implications to offer a more generalisable mechanism. In this study, a new psychological mechanism is proposed—thriving at work—which is a critical psychological indicator of personal growth and development (Spreitzer et al., 2012; Spreitzer et al., 2005). Thriving depends on the continuous provision of social and personal resources, which may be offered through HPWSs. Importantly, thriving is also an umbrella term covering potential positive attitudes, progress and wellbeing (Spreitzer & Porath, 2014). The focus on thriving may also reveal its role in producing positive work and career outcomes.

HPWS research has primarily focused on Western and East Asian societies, limiting our understanding of the role of HPWS in shaping employee outcomes in the Middle East. As shown in Chapter 2, most HPWS measures are derived from Western and East Asian contexts. Researchers have demonstrated that the Middle East is characterised by cultural characteristics known to influence employment (Alsarhan & Valax, 2020; Mellahi, 2007). *Wasta* has been found to affect employee recruitment, performance, careers and promotions (Aldossari & Robertson, 2016; Alwerthan et al., 2018; Harbi et al., 2016). *Wasta* is a negative behaviour associated with nepotism arising from one's connections and social networks (Hutchings & Weir, 2006b). It is a type of personal relationship used to 'get things done' (Branine & Pollard, 2010). It is a significant force in Arabic life and central to decision-making, knowledge transfer and opportunity creation (Hutchings & Weir, 2006b). *Wasta* is found in the international HRM literature (Iles et al., 2012) and emerged from the interviews conducted in Stage 1 of this research. Extending the investigation, the moderating role of *wasta* is investigated in this chapter. HPWS research in Middle Eastern countries with distinct cultural characteristics is limited, and no prior studies have examined the role of *wasta* on HPWS relationships.

To advance the knowledge of HPWSs and contribute to the HPWS literature, this chapter addresses these research gaps. Specifically, a model that focuses on the mediating role

of thriving and the moderating role of *wasta* in the association between HPWS and employee outcomes is developed and tested. The focus is on both work-related (i.e. job satisfaction and affective commitment) and career-related (i.e. career satisfaction) outcomes. While job satisfaction and affective commitment have gained considerable attention in the literature, there is a dearth of evidence on career outcomes. Nevertheless, the majority of previous studies have tested either the mediating role of job satisfaction (Ogbonnaya & Valizade, 2018; Wood et al., 2012) and affective commitment (Kloutsiniotis & Mihail, 2018; Kundu & Gahlawat, 2018) in the HPWS–organisational outcome relationship or job satisfaction (Huo & Boxall, 2018; M. Zhang et al., 2013) and affective commitment (Andersen & Andersen, 2019; Sanders & Yang, 2016) as direct outcomes of HPWSs. My focus on these outcomes is driven by the limited evidence on the indirect effects of HPWS on both work- and career-related outcomes. Moreover, positive employee outcomes (e.g. job satisfaction and organisational commitment) are often the targeted results of HPWSs and lie at the core of HPWS research (Kloutsiniotis & Mihail, 2018). However, the current empirical evidence does not provide a complete picture of how HPWSs produce these outcomes. As mentioned previously, the literature has largely neglected the psychological mediators in the relationship between HPWSs and these outcomes, particularly those that reflect multiple and complex psychological elements such as thriving, which is an integral construct consisting of both affective and cognitive psychological components.

Based on the socially embedded model of thriving (Spreitzer et al., 2005), this study proposes that HPWSs enable individuals to experience positive feelings and thrive at work, consequently leading them to experience positive outcomes. This proposition is grounded in the perspective that HPWSs provide employees with the social and personal resources needed for them to thrive at work. When employees are thriving, they are more likely to experience improved work and career outcomes. It further proposes *wasta* as a moderator in the

relationship between HPWSs and thriving, and in the indirect relationship between HPWSs and work and career outcomes via thriving. This proposition is guided by the view that the practice of *wasta* is a social phenomenon (Bailey, 2012). Employees who have access to *wasta* may believe that they will benefit more from their social networks and interpersonal relationships than from the resources provided by HPWSs. Thus, they will be less likely to thrive or produce positive outcomes.

The study focuses on the Saudi healthcare sector for several reasons. First, the healthcare industry has gained increased attention in the HPWS literature, but there are still many gaps. For instance, scholars have examined employee engagement, psychological empowerment and social identification as mediating mechanisms in the relationship between HPWSs and the quality of patient care, patient satisfaction and employee wellbeing, burnout and exhaustion (Ang et al., 2013; Kilroy et al., 2016; McAlearney et al., 2011; Mihail & Kloutsiniotis, 2016b; Ogonnaya & Valizade, 2018). However, there is insufficient evidence of the link between HPWSs and employee outcomes in the healthcare sector. Further empirical evidence with a focus on employee-related outcomes is needed. Second, although the evidence on mediating processes is rapidly accumulating, to the best of my knowledge, thriving has not previously been examined in the context of HPWSs in the healthcare sector. Comprehensive studies are needed to fully understand how HPWSs affect employee outcomes and wellbeing (Jackson et al., 2014). Third, two papers have reviewed the HPWS research in the healthcare sector (Garman et al., 2011; Powell et al., 2014). The reviewed studies were mainly conducted in developed countries (e.g. Australia, UK, US and Netherlands), revealing the lack of country diversity. There has only been one study of HPWSs in hospitals in Egypt (Mostafa, 2016) and another of HPWSs in hospitals in Saudi Arabia (Al-Taweel, 2021), demonstrating the lack of evidence from Middle Eastern countries. Finally, Saudi Arabia's Health Sector Transformation Program has introduced methods to

substantially improve the efficiency and productivity of the healthcare workforce, increasing the need for such studies (Ministry of Health, 2019). There is a need for further empirical research from other Middle Eastern countries to produce generalisable implications for the sector. Thus, this study investigates how HPWSs relate to healthcare employees' attitudes and careers via the mediating role of thriving and the moderating role of *wasta* by surveying frontline healthcare workers in the Saudi healthcare sector.

This quantitative study makes several contributions to the literature. First, by examining both the work- and the career-related outcomes of HPWSs, this study offers a relatively comprehensive picture of the effect of HPWSs on employees. Second, this study examines a novel mediation mechanism underlying the effect of HPWSs on employees, providing a new explanation of how and why HPWSs may be beneficial to employees. Third, this study adds to the scant literature by identifying *wasta* as a boundary condition influencing the effect of HPWSs, revealing the significance of culture in the causal chains of HPWS relationships. Finally, given the universal importance of thriving at work and the commonality of *wasta* in Saudi Arabia and other Middle Eastern countries, theorising and testing these relationships will make an important contribution to the literature.

Chapter 5 begins with an overview of the theoretical background, followed by the development of the theoretical framework and hypotheses. Next, the research methodology is described, followed by the results. Finally, the chapter discusses the results of the study and presents theoretical and practical implications, study limitations and future research directions.

5.1 Theoretical Background and Hypothesis Development

HPWSs are interconnected HRPs designed to enhance employees' skills and, in turn, improve organisational performance (Messersmith et al., 2011; Takeuchi et al., 2007). While much is known about how HRPs relate to organisational outcomes such as financial and firm

performance (Choi, 2014; Hong et al., 2017), there is increasing interest on the individuals influenced by such practices; that is, employees. Previous researchers have found positive and significant relationships between HPWSs and a range of employee attitudes and behaviours, including job satisfaction, intentions to quit and innovative and citizenship behaviours (Alfes et al., 2013; e.g. Garcia-Chas et al., 2016; Y. Li et al., 2018; Sun et al., 2007). However, the mechanisms underpinning these relationships need more attention because it is still unclear how HPWSs relate to employee outcomes (Boon & Kalshoven, 2014).

Attempts to explore psychological mediating mechanisms have been documented in the literature. For instance, researchers have examined the role of psychological safety in the relationship between HPWSs and creativity (Agarwal & Farndale, 2017) and the role of psychological empowerment in the relationship between HPWSs and performance outcomes (Aryee et al., 2012) and innovative behaviours (Rehman et al., 2019). Another mechanism is thriving at work. The importance of thriving has been demonstrated by its effect on work and career outcomes such as trust and fairness perceptions (Abid et al., 2019), career adaptability (Z. Jiang, 2017) and creative behaviours (Alikaj et al., 2021). However, the ways in which HPWSs affect thriving and thriving affects employee outcomes remain unexamined in the HPWS literature.

A growing number of studies have examined thriving at work as a psychological pathway through which different leadership styles (e.g. transformational, servant and leader-member exchange) influence outcomes (Hildenbrand et al., 2018; M. Li et al., 2016; Mortier et al., 2016). Similar to HPWS research, these studies have focused on organisational and performance outcomes rather than on employee outcomes. As a positive psychological state, thriving at work represents personal growth, which captures the essence of sustainable HRM (Spreitzer et al., 2005). HPWSs can create a work environment that emphasises positive states and experiences, leading to favourable outcomes. In addition, HPWSs can provide resources

to satisfy employees' psychological needs, leading them to thrive at work (Porath et al., 2012).

Two studies have explored thriving as a mediator. One examined the mediating role of thriving at work in the effect of HPWSs on psychological health and service performance in the hospitality industry (Jo et al., 2020). The other investigated the mediating role of thriving at work on the relationship between HPWSs, employee performance and OCBs in the manufacturing and software development industries (J. Zhang, Bal, et al., 2019). Both studies found significant indirect effects. However, research on psychological mediators has restricted its focus to outcomes related to health or performance (Jo et al., 2020; Walumbwa et al., 2018) or other behaviours (J. Zhang, Bal, et al., 2019), neglecting employees' work- and career-related outcomes. Given the lack of research on how HPWSs influence employee attitudes, there is a need to examine this gap. Consequently, it is proposed that thriving acts as a mediator in the relationship between HPWSs and employee attitudes and career outcomes.

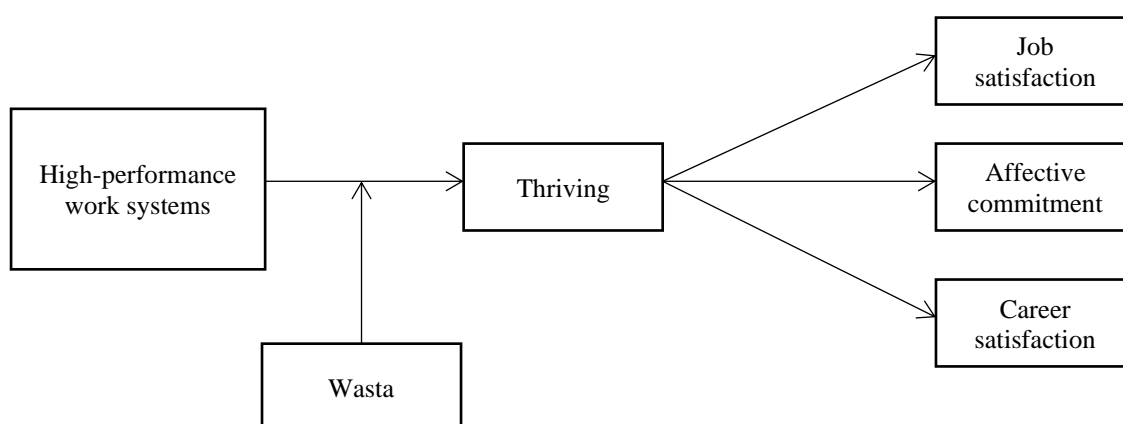
Many theoretical perspectives have been used to explore the mediating mechanisms underpinning the effect of HPWSs on various outcomes. For instance, the social exchange perspective has been used to explain attitudinal mediating mechanisms such as commitment (Mansour et al., 2014; Takeuchi et al., 2018; Yang, 2012). Social identity theory and COR theory have been adopted to investigate psychological mediators such as psychological empowerment (F. Liu et al., 2020; Mihail & Kloutsiniotis, 2016b) and psychological capital (Miao et al., 2020). However, Jo et al. (2020) and J. Zhang, Bal, et al., (2019) were the first to test thriving at work as mediators in the HPWS–performance relationship through the lenses of self-determination theory and the social exchange perspective. This study goes beyond previously employed approaches to comprehend the fundamental mechanism of thriving by drawing on the socially embedded model of thriving (Spreitzer et al., 2005). According to the socially embedded model of thriving, an HPWS is a contextual resource that enhances the

positive experiences of employees, leading them to thrive at work and exhibit positive employee outcomes. In contrast, *wasta* is a social resource that provides its users with benefits and opportunities through networks and relationships. However, does *wasta* enhance or reduce thriving at work?

There is minimal empirical evidence on the links between HPWSs and employee outcomes in Middle Eastern countries such as Saudi Arabia. Therefore, by adopting a sample of Saudi healthcare workers, this study delves into the non-Western setting and expands the international research on the links between HPWSs and employee attitudes (Bartram & Dowling, 2013; Jackson et al., 2014; Whetten, 1989). By providing empirical and theoretical evidence in a culturally different context, the present study broadens the understanding of thriving. Accordingly, this study proposes thriving as a mediator and *wasta* as a moderator to understand how HPWSs affect employee outcomes. Figure 1 illustrates the proposed model, which shows the underlying mechanisms linking *wasta* and thriving in the Middle Eastern context. This is further explained in the following sections.

Figure 1

Theoretical Framework



5.1.1 Mediating Role of Thriving

While an individual may show initiative to grow and develop, the work context or organisational system may enable or discourage such an initiative. In today's world, it is not sufficient for employees to be satisfied only with their work; rather, they seek job settings that allow them to thrive (Spreitzer et al., 2012). Thriving at work is defined as a 'psychological state in which individuals experience both a sense of vitality and learning at work' (Spreitzer et al., 2005, p. 538). According to Spreitzer et al. (2005), thriving is socially embedded. The authors highlight that social resources in the workplace and the systems that provide these resources can create an environment in which individuals can thrive. Thriving involves two complementary components: learning and vitality (Spreitzer et al., 2012). Learning refers to discovering new things, acquiring and applying skills and knowledge and growing at work (Elliott & Dweck, 1988). Vitality refers to the feeling of energy and aliveness (Nix et al., 1999). The presence of both learning and vitality denotes a state of thriving, while a lack of either component does not indicate a sense of thriving. Thriving at work has been consistently shown to enhance personal development and growth at work and foster positive job and career attitudes (Z. Jiang et al., 2019; Ren et al., 2021).

Whether employees have the resources to grow and develop depends on whether organisations provide the appropriate environment in terms of necessary systems, policies and opportunities (Miao et al., 2020). The socially embedded model of thriving (Spreitzer et al., 2005) highlights that contextual characteristics in the workplace that provide social and/or personal resources can create an environment in which individuals are able to thrive. Building on this theoretical model, it is argued that HPWS is a contextual resource that enables employees to thrive at work, in turn promoting positive attitudes towards their work and career. The key idea is that HPWSs may provide employees with opportunities for growth, the learning of new skills and the application of new knowledge (W. Liu, 2018) while enhancing

their energy and vitality. This sense of thriving enabled by HPWS resources may, in turn, lead to positive attitudes such as job satisfaction, affective commitment and career satisfaction. In the following sections, a detailed theoretical discussion of these causal relationships is provided. First an elaboration on the relationship between HPWSs and thriving is presented, followed by the relationship between thriving and employee attitudes.

5.1.1.1 Effect of High-Performance Work Systems on Thriving

Based on socially embedded model of thriving (Spreitzer et al., 2005), positive organisational attributes can create a work environment that facilitates thriving and, as a result, influences a range of employee attitudes. Vitality and learning, the key components of thriving, are deeply rooted in an organisation's social system (Spreitzer et al., 2005). In such a system, the implementation of HPWSs would signify the existence of contextual support in the workplace. To some extent supporting this, research shows that an HPWS can lead to positive outcomes because it creates a supportive environment (Takeuchi et al., 2018) or a climate of perceived organisational support (Tremblay, 2019) which may be reflected by effective management and co-worker support (Prieto & Pérez-Santana, 2014). Thus, it is assumed that an organisation that implements an HPWS creates a positive work environment that enables employees to thrive, enhancing positive employee attitudes

This study contends that HPWSs promote employees to thrive at work because these systems can foster both a sense of learning and a sense of vitality. On the one hand, HPWSs may provide opportunities for employees to gain knowledge and acquire skills and expertise that may be applied in their workplaces (W. Liu, 2018). For example, effective performance feedback, which is a key dimension of HPWS, can help employees identify developmental needs and guide them to build specific knowledge and skills for future growth (S. Chang et al., 2014). Also, effective training and development situated in the broad framework of HPWS can offer employees valuable channels to enhance their skills, thereby promoting

learning and growth (Wang et al., 2021). Furthermore, HRM practices related to job involvement may expose employees to various roles and tasks (e.g., via job rotation), increasing the chance to accelerate learning (Jerez-Gomez et al., 2019). These views suggest that HPWSs are likely to shape a work context where employees experience a sense of learning.

On the other hand, HPWSs may also enable employees to feel energetic and alive. HPWSs include involvement and empowerment practices that provide employees decision-making discretion, which gives them a greater sense of control over their job-related tasks and thus makes them feel energised (Spreitzer et al., 2012). Similarly, incentives, promotions and compensation practices signal organisational recognition of employees, leading to increased vitality. Similarly, research indicates that other core components of HPWSs such as performance-driven incentives, promotions, and compensation, due to their signaling organizational recognition of staff contributions, can fuel employees with motivational energy and sustain their vitality at work (J. Zhang, Bal, et al., 2019). For example, performance-based promotion opportunities can trigger employees' exploratory behaviors, which may help maintain curiosity that is needed for one to feel energetic (Wallace et al., 2016).

Based on these arguments, HPWSs, as a workplace contextual factor, can promote both components (i.e., learning and vitality) of thriving. Thus, it is reasonable to assume that HPWSs may influence one's overall thriving (J. Zhang, Bal, et al., 2019). This is consistent with the assumption of the socially embedded model of thriving (Spreitzer et al., 2005) that a positive work environment (e.g., HPWSs) tends to motivate employees to focus on and explore their tasks, and as a result they are fueled with vigor/vitality and learning that are needed for them to thrive.

In the literature on thriving at work (Kleine et al., 2019), thriving has been associated with several work, attitudinal and career-related outcomes (Guan & Frenkel, 2020; Paterson et

al., 2014; Shan, 2016; Thakur et al., 2016; Walumbwa et al., 2018). Building on the socially embedded model of thriving, this study proposes that employees are likely to experience greater vitality and learning through the resources gained via HPWSs, leading to an enhanced range of positive employee outcomes.

5.1.1.2 Effect of Thriving on Job Satisfaction

Job satisfaction is an attitude related to the way an individual feels about their job and its aspects (Spector, 1997). Both components of thriving enabled by HPWS may also enhance employees' job satisfaction. For instance, learning is important for achieving individual goals, and individual goals tied to personal growth and development can contribute to employees' happiness and satisfaction. In addition, individuals who feel energetic and vital when performing their tasks will be more likely to be satisfied with their jobs. In a study of six firms, Spreitzer et al. (2012) found that employees who were thriving were 46% more satisfied with their jobs. Other studies have shown that thriving and job satisfaction are closely related (Porath et al., 2008). For example, organisations that prioritise learning can positively influence job satisfaction, indicating that a large part of job satisfaction may be attributed to the availability of on-the-job learning opportunities (Rose et al., 2009).

Moreover, individuals who feel energetic and alive when performing tasks are more likely to be satisfied with their jobs. Vitality is strongly related to wellbeing (Ryan & Frederick, 1997), which is associated with job satisfaction (Judge & Klinger, 2008). Previous findings on the relationship between HPWS and thriving and on the relationship between thriving and job satisfaction suggest a potential mediation model. Thus, the following hypothesis is proposed:

H1a: Thriving mediates the relationship between HPWSs and job satisfaction.

5.1.1.3 Effect of Thriving on Affective Commitment

Affective commitment is the relative strength of an individual's identification with and involvement in a particular organisation (Meyer & Allen, 1991; Meyer et al., 1993). Thriving influences employees' attitudes and behaviours such as commitment, increasing their enthusiasm and leading them to believe they are learning and growing at work. Individuals are most likely to thrive when they feel they are involved in a positive work environment. When employees believe that they have the opportunity to learn and thrive via resources provided by HPWSs, they are more likely to feel emotionally attached to their organisations (Abid et al., 2019). Moreover, individuals who feel more energised at work are likely to exert more effort, thus enhancing their commitment towards their work and organisation (Spreitzer & Sutcliffe, 2007). Thriving employees have been found to be 32% more committed to their organisations (Spreitzer et al., 2012). Therefore, as well as job satisfaction, it is believed that thriving enabled by HPWSs can augment affective commitment. Thus, the following hypothesis is proposed:

H1b: Thriving mediates the relationship between HPWSs and affective commitment.

5.1.1.4 Effect of Thriving on Career Satisfaction

Career satisfaction refers to employees' attitudes towards their career experiences (Heslin, 2005). Obtaining the necessary skills for career progression, setting career goals and seeking out career development opportunities are activities that can increase career satisfaction (Porath et al., 2012). If they are provided through HPWSs, these activities can help employees perceive that their organisations are preparing them to learn new skills and achieve their full potential, enhancing employee thriving and ultimately boosting their career satisfaction (Alshaikhmubarak et al., 2020). When they are thriving, people are more likely to seek opportunities for skills and knowledge acquisition through HPWS resources. Acquiring knowledge and skills through learning often benefits one's career (Ng et al., 2006), increasing

career satisfaction. HPWS resources may also empower employees and enhance their curiosity and energy, thus enable them to experience aliveness and career satisfaction. According to Porath et al. (2012), how energised a person feels and how much they are growing and learning in their work determines their career satisfaction. The importance of thriving in one's career is theoretically evident (Spreitzer et al., 2005). Thriving has the potential to enhance individuals' career development (Shan, 2016; Spreitzer & Porath, 2014), but only a small number of extant studies have provided empirical support of the relationship between thriving and career development (e.g., Z. Jiang, 2017; Z. Jiang et al., 2021; Porath et al., 2012). Accordingly, thriving enabled by HPWSs can enhance career satisfaction. Thus, following hypothesis is proposed:

H1c: Thriving mediates the relationship between HPWSs and career satisfaction.

5.1.2 Moderating Role of *Wasta*

There is a disagreement about the applicability of HPWSs across different contexts. The universalistic view suggests that HPWSs are effective across all organisations and sectors, indicating that all firms will benefit by adopting presumed 'best practices' (Ahmad & Allen, 2015; Schmidt et al., 2018). However, this notion is debatable because practices that work in one context may not work in another or produce the same outcomes because of varying internal and external contingent factors (Boxall & Purcell, 2000; Cooke et al., 2021; Paauwe & Boselie, 2003). Researchers have provided evidence debunking the universalistic perspective (Fan et al., 2014; Patel & Conklin, 2012; Zhou et al., 2019) and supporting the contingency view based on variations in cultural and contextual norms and labour market differences. The contingency perspective of strategic HRM asserts that HPWSs are more useful when practices are appropriately aligned with external and internal conditions (Delery & Doty, 1996).

Authors have posited that employee attitudes and behaviours are contingent on specific HPWS factors (J. H. Han et al., 2018; Jackson et al., 2014; Patel & Conklin, 2012). However, extant studies have adopted Western concepts with no consideration of diverse economic, social and cultural characteristics (Kundu & Gahlawat, 2018; Mostafa & Gould-Williams, 2014; Zhao et al., 2021). Although several authors have argued for the need to examine how HRPs may interact with contextual factors (e.g. Beltrán-Martín et al., 2017; S. Chang et al., 2014; Yen et al., 2016), the factors that hinder or amplify HRM systems is a topic of interest for the coming years (Jackson et al., 2014). For example, Chinese social norms continue to influence workplace behaviours and require people to behave in appropriate ways in various social situations, influencing HRPs (Ren et al., 2020). Therefore, HRM researchers need to investigate how cultural factors influence the direct and indirect relationships involving HPWSs.

Previous studies have examined the moderating effect of culture on the efficacy of individual HRPs. For example, organisations adopting flexible work arrangements have reported lower levels of turnover and absenteeism in countries with cultures based on collectivism and low power distance (Peretz et al., 2018). Lertxundi and Landeta (2011) demonstrated the role of local culture, finding that organisations in countries with high individualism, low power distance, low uncertainty avoidance and high masculinity were more likely to adopt HPWSs and yield positive results. Similarly, Ramdani et al. (2014) proposed that merit-based promotions in Algeria would be negatively associated with employee and business performance because of the collectivist culture. While they did not specifically investigate the role of collectivism, their proposition was not supported. Further, their findings were contrary to those showing that the recruitment of employees in Algerian small and medium-sized enterprises was done via social ties with friends and acquaintances

(Mellahi & Wood, 2003). This contradiction may exist because Algerian employees may be becoming more individualistic and lower in power distance.

Researchers have been encouraged to include culture in their frameworks (Posthuma et al., 2013). Since then, some scholars have included cultural factors in their models. For example, societal and cultural dimensions, specifically power distance, was explored as a moderator in the HPWS–performance relationship (Dastmalchian et al., 2020). The authors found high power distance to reduce the effectiveness of opportunity-enhancing practices. Similarly, a comparative study on the cultural differences between Chinese and Irish firms revealed that the moderating effect of national culture on the relationship between HPWSs and firm performance was stronger in Chinese firms (Fu et al., 2019). The moderating role of collectivism and power distance in the relationship between HPWSs and perceived organisational support was also examined in China (Zhong et al., 2016). The results revealed that the relationship was stronger when collectivism was high and power distance was low, demonstrating the importance of considering cultural values when organisations adopt HPWSs to enhance performance outcomes. This literature illustrates the influence of cultural factors on the effectiveness of HRM systems, which must be aligned with the context to be effective (Lepak & Shaw, 2008). HPWSs may not always result in positive outcomes because outcomes may be contingent on the specific environment (Y. Chen, Jiang, et al., 2018), demonstrating the relevance of the contingency perspective (Delery & Doty, 1996).

Business culture in the Middle East is dominated by *wasta*, which refers to mediation or intercession based on personal relations, thereby influencing organisational practices (Cunningham et al., 1994; P. B. Smith et al., 2012; Tlaiss & Kauser, 2011). Similarly, relationships such as friendships and tribal ties are of great significance in *wasta* (Rice, 2004). *Wasta* is similar to informal networks in Western societies and organisations (Aldossari & Robertson, 2016) and *guanxi* in Chinese culture (P. B. Smith et al., 2012; Velez-Calle et al.,

2015). For instance, the influence of *guanxi* on the relationship between supervisors and subordinate thriving was investigated in China, showing that interpersonal relationships generate resources for subordinates that contribute to the positive experience of thriving (Guan & Frenkel, 2020). However, the case for *wasta* seems different because the most common use of *wasta* lies in the recruitment process and other HRM practices (Alsarhan & Valax, 2020). Researchers have found that career advancement and access to training opportunities in the Middle East are based on personal and social connections rather than on competence (Clarke et al., 2019; Rice, 2004; P. B. Smith et al., 2012; Tlaiss & Kauser, 2011). Similarly, researchers have found that Saudi managers emphasise the importance of personal, political and social relationships above performance evaluations and work procedures (Aldossari & Robertson, 2016; Harbi et al., 2016). This results in unfairness towards those with little or no access to such connections, meaning that performance appraisals and promotion decisions are influenced by *wasta*. Likewise, Alsarhan and Valax (2020) found that the widespread use of *wasta* has negative consequences for organisations because it causes frustration, disappointment and dissatisfaction among employees.

There is general agreement that *wasta* is associated with injustice and unfairness and is one of the most prominent means of corruption in the Middle East (Abalkhail & Allan, 2016; Alwerthan et al., 2018). Fairness and equity play a significant role in how employees assess and respond to their employment relationships (Q. Hu et al., 2013); thus, it is assumed that *wasta* will affect HPWSs and their influence on employee outcomes. The socially embedded model of thriving posits that workplace resources can promote thriving (Spreitzer et al., 2005). HPWSs provide employees with the resources to learn, grow and develop. However, employees may perceive *wasta* as a relational resource that provides them with similar opportunities through their social networks and tribal relations, leading them to make less use of HPWS resources.

The literature reveals how *wasta* can affect individuals through HRPs; however, the ways in which *wasta* shapes HRPs is yet to be explored. The collective effect of HRPs is stronger than the effect of individual components (Aryee et al., 2012). The argument that HPWSs may enhance employee thriving is based on the premise that certain employees will have access to *wasta*. However, do the collective effects of HPWSs outweigh the negative effects of *wasta*? This study proposes that the effectiveness of an HPWS and its influence on thriving will depend on the individual's level of *wasta* because cultural values can influence the extent to which employees thrive at work (Erez, 1997). Therefore, based on the socially embedded model of thriving, it is proposed that the relationship between HPWSs and thriving is conditional on the level of *wasta*. In other words, individuals with less access to *wasta* are more likely to make better use of HPWS resources and will show higher levels of thriving.

In some cases, this proposition may be challenged. For example, it may be argued that relational resources may complement HPWSs and give individuals better access to HPWS and social resources. Despite this, *wasta* is less likely to complement HPWS and more likely to be a substitute for HPWS. *Wasta* may be beneficial in strengthening family bonds and friendships and overcoming bureaucratic issues, but it also unfairly benefits those with authoritative and financial power (Aldossari & Robertson, 2016). Based on the above, the following hypothesis is proposed:

H2: *Wasta* moderates the relationship between HPWSs and thriving such that this relationship is stronger for employees with lower *wasta*.

A moderated mediation model is proposed based on the contingency perspective and the socially embedded model of thriving. Given that *wasta* affects individual HRPs and organisational outcomes, it is expected that it will also influence the strength of the indirect relationships between HPWSs and job satisfaction, affective commitment and career satisfaction through thriving. Thus, it is proposed that:

H3: *Wasta* moderates the indirect relationship between HPWSs and job satisfaction (H3a), affective commitment (H3b) and career satisfaction (H3c) via thriving such that this relationship is stronger when *wasta* is low rather than high.

5.2 Methods

5.2.1 Sample and Procedure

Data were collected from 187 healthcare workers in Saudi Arabia via an online survey. A time-lagged design was employed to reduce the risk of common method variance that may exist in single-source data (e.g. self-reported data). At T1, participants answered questions related to demographics, HPWSs and *wasta*. At T2 (approximately 2 months later), participants responded to items pertaining to thriving. At T3 (approximately 2 months after T2), they completed measures of job satisfaction, affective commitment and career satisfaction. At T1, the survey link was distributed to my personal and professional connections, who shared the link with their networks. Social media such as Twitter was also used to recruit participants. Using a personal Twitter account can expand the reach of study recruitment and facilitate snowball sampling through the use of the 'retweet' function (Wasilewski et al., 2019). The snowballing action of retweets from follower to follower means that a number of potential participants can see a tweet (O'Connor et al., 2014). Tweets requesting participation in the survey were targeted at healthcare workers, and there were approximately 314 retweets. To participate in the survey, individuals could contact me via direct messaging, and more than 200 direct messages were received. The T1 survey requested participants to voluntarily provide an email address through which web links for the T2 and T3 surveys were distributed. In recognition of participants' contributions, they were entered into a draw for a voucher at the close of each survey. Five digital supermarket vouchers were offered at the end of each survey and were sent to the winners via email.

Although the initial recruitment process strictly targeted healthcare professionals, to ensure that the participants recruited through my professional networks worked in the healthcare sector, a filter question (i.e. Are you currently working in the healthcare sector?) was asked at the beginning of the survey. Only one participant was excluded as a result of this filter. This further ensured that all participants worked in the healthcare sector throughout the data collection process. In addition, researchers (e.g., Sheehan, 2018) have suggested that online surveys can suffer from participant disengagement (e.g. random answers or carelessness). Therefore, in line with previous research (S. M. Smith et al., 2016), trap items were included in surveys as attention filters. A sample attention filter was, ‘This item is to test your attention. Please select “3. Somewhat disagree”’.

Of the 586 participants invited to complete the T1 survey, 367 responses were received, giving a response rate of 62%. However, 79 respondents (21%) failed to pass the attention filter, resulting in 288 valid responses for the T1 survey. Of these valid respondents, 215 returned a T2 survey, giving a response rate of 75%, with 15 (7%) failing the attention filter. Among the 200 valid respondents for the T2 survey, 193 returned a T3 survey, giving a response rate of 96%. Six (3%) respondents failed the attention filter, reducing the valid sample to 187 matched responses from healthcare professionals. The data analysis was conducted on these final 187 responses. Matched responses referred to participants who completed all three surveys and successfully answered the attention filter questions. A unique identifying code helped match the surveys. The sample breakdown is presented in Table 9.

Table 9

Sample Breakdown

Time	Total responses	Attention filter fails	Valid responses
Time 1	367	79 (21%)	288
Time 2	215	15 (7%)	200
Time 3	193	6 (3%)	187

In the final sample ($n = 187$), 128 (68.4%) healthcare workers were female, and 59 (31.6%) were male. Their ages ranged from 21 to 65 years, with an average of 32 years and a standard deviation (SD) of 8.72. Of the 187 respondents, 164 (88.0%) were Saudi citizens, and the remaining 23 (12.0%) were from other countries, including the Philippines, Egypt, Pakistan and Yemen. Approximately 147 respondents (78.6%) worked in public hospitals, 33 (17.6%) worked in private hospitals, and seven (3.7%) did not specify. The majority ($n = 78$, 41.7%) of participants were doctors, 28 (15.0%) were nurses, 16 (8.6%) were lab specialists, and 14 (7.5%) were dentists. The remaining 51 (27.3%) were other healthcare professionals such as pharmacists, physiotherapists, respiratory therapists, dietitians, administrators, social workers, embryologists, paramedics and psychologists. Their work experience ranged from less than a year to 37 years, with an average of 7.33 years ($SD = 7.90$). Their organisational tenure ranged from less than a month to 450 months, with an average of 58.54 months ($SD = 74.82$). Of the participants, 124 (66.3%) had a bachelor's degree, 30 (16.0%) had a master's degree, 15 (8.0%) had a PhD, and 18 (9.6%) had other qualifications such as diplomas and medical board certifications. Table 10 summarises the participant demographics.

Table 10

Participant Demographics

Demographics		<i>N</i>	%
Gender	Male	59	31.6%
	Female	128	68.4%
Nationality	Saudi	164	88%
	Non-Saudi	23	12%
Hospital ownership	Public	147	78.6%
	Private	33	17.6%
	Did not specify	7	3.7%
Education	Bachelor's degree	124	66.3%
	Master's degree	30	16.0%
	PhD	15	8.0%
	Other	18	9.6%
Profession	Doctor	78	41.7%
	Nurse	28	15.0%
	Laboratory specialist	16	8.6%
	Dentist	14	7.5%
	Other	51	27.3%

Chi-squared tests were conducted to check for differences between the subgroups of gender, nationality, ownership, education and profession and the key study variables (thriving, job satisfaction, affective commitment and career success). No significant differences were found. Table 17 in Appendix C shows the chi-squared test results from the supplementary analysis.

At T1, 288 valid responses were received. At T3, there were 187 matched and usable responses, meaning that 101 responses dropped out of the data collection. A *t*-test showed that the differences in control variables between the matched responses and excluded responses were significant. These results are presented in Tables 18 and 19 in Appendix C.

5.2.2 Measures

All survey items, except for demographic items, were based on a 7-point Likert scale ranging from 1 = *strongly disagree* to 7 = *strongly agree*. All items were in English.

Respondents had adequate knowledge of the English language because the education and training of medical professionals in Saudi Arabia is conducted in English. A full list of survey items is presented in Appendix B.

5.2.2.1 High-Performance Work Systems (Time 1)

HPWS was measured using Takeuchi et al.'s (2007) 21-item scale, which includes five dimensions: job involvement (three items) (e.g. 'Employees are involved in job rotation'), selective staffing (six items) (e.g. 'Selection involves screening many job candidates'), training and development (four items) (e.g. 'Training programs are comprehensive'), performance appraisals (three items) (e.g. 'Performance appraisals include developmental feedback') and incentives and compensation (five items) (e.g. 'Compensation packages include an extensive benefits package'). Cronbach's alpha was 0.94.

5.2.2.2 Wasta (Time 1)

Wasta was measured using four items developed by Al Dabbagh et al. (2016). A sample item was, 'I would need a connection to get this job'. Cronbach's alpha was 0.88.

5.2.2.3 Thriving (Time 2)

Thriving was measured using the short six-item version by Z. Jiang (2017), who simplified an instrument developed by Porath et al. (2012). The measure captures two dimensions: learning orientation (three items) (e.g. 'I continue to learn more as time goes by') and vitality (three items) (e.g. 'I am looking forward to each new day'). Cronbach's alpha was 0.86.

5.2.2.4 Job Satisfaction (Time 3)

A three-item measure from Cammann et al. (1983) was used to measure job satisfaction. A sample item was, ‘All in all, I am satisfied with my job’. Cronbach’s alpha was 0.86.

5.2.2.5 Affective Commitment (Time 3)

Three items from Meyer et al. (1993) were used to measure to what extent health professionals were committed to their current employer. A sample item was, ‘I feel a strong sense of belonging to my current organisation’. Cronbach’s alpha was 0.90.

5.2.2.6 Career Satisfaction (Time 3)

Five items from Greenhaus et al. (1990) measured to what extent participants were satisfied with their career status. An example item was, ‘I am satisfied with the progress I have made toward meeting my goals for income’. Cronbach’s alpha was 0.83.

5.2.2.7 Control Variables

Research suggests that age, duration of work experience (measured in years) and organisational tenure (measured in months) could potentially influence employees’ thriving, job satisfaction, affective commitment and career satisfaction (Boselie et al., 2005; Kidder, 2002; Liao et al., 2009).

5.2.3 Data Analysis

Prior to hypothesis testing, confirmatory factor analysis was performed in Amos 27 to examine the measurement model. Model fit was evaluated through the combined consideration of four indices. First, the value for badness of fit—the ratio of chi-squared (χ^2) to degrees of freedom (df)—should preferably be lower than 5.0 (X. Hu & Jiang, 2018). Compared with chi-squared, badness of fit is less likely to be affected by sample size (Jöreskog & Sörbom, 1996). Second, the comparative fit index (CFI) should be greater than .90, with higher values indicating a better fit (Kline, 2011). Third, the values for the

standardised root-mean-square residual (SRMR) and the root-mean-square error of approximation (RMSEA) should preferably be below or close to .80, with lower values indicating a better fit (Spector, 2001).

For H1, PROCESS macro Model 4 (Hayes, 2013) was used to test the mediating role of thriving in the indirect effects of HPWSs on job satisfaction (H1a), affective commitment (H1b) and career satisfaction (H1c). For H2, a hierarchical regression analysis was used to test the significance of the interaction between HPWSs and *wasta* in predicting thriving (Cohen et al., 2003). Finally, PROCESS macro Model 7 was utilised to estimate the moderated mediation model in H3 (a, b and c).

5.3 Results

5.3.1 Confirmatory Factor Analysis

The hypothesised six-factor model was tested against nine alternative models. Table 11 shows the details of these models as well as the confirmatory factor analysis results. Overall, the six-factor model (HPWS, *wasta*, thriving, job satisfaction, affective commitment and career satisfaction) demonstrated a better fit to the data ($\chi^2/df = 1.99$, SRMR = .05, RMSEA = .07, CFI = .92) compared with all alternative models. Control variables (gender, age, education level and tenure) were not found to affect the fit indices and were consequently removed during the modelling process.

5.3.2 Descriptive Statistics

Means, SDs and correlations are presented in Table 12. The control variables (age, length of work experience and tenure) were significantly correlated with the mediator and dependent variables. Thus, the analysis of the data of this study included three control variables.

Table 11

Confirmatory Factor Analysis Results

	Model	χ^2	<i>df</i>	χ^2/df	SRMR	CFI	RMSEA	$\Delta\chi^2$	Δdf	<i>p</i>
1	Four factors	873.818	203	4.305	0.1034	0.725	0.133	488.660	9	< .001
2	Four factors	683.051	203	3.365	0.0878	0.803	0.112	297.893	9	< .001
3	Four factors	734.187	203	3.617	0.1141	0.782	0.118	349.029	9	< .001
4	Five factors	806.224	199	4.051	0.1264	0.751	0.128	421.066	5	< .001
5	Five factors	429.227	199	2.157	0.0606	0.905	0.079	44.069	5	< .001
6	Five factors	472.698	199	2.375	0.0809	0.888	0.086	87.540	5	< .001
7	Five factors	649.394	199	3.263	0.0903	0.815	0.110	264.236	5	< .001
8	Five factors	444.319	199	2.233	0.0681	0.899	0.081	59.161	5	< .001
9	Five factors	540.222	199	2.715	0.0730	0.860	0.096	155.064	5	< .001

Note. Model 1: High-performance work system (HPWS), thriving and *wasta* were loaded onto separate factors, while affective commitment (AC), job satisfaction (JS) and career satisfaction (CS) were loaded onto a single factor. Model 2: HPWS, *wasta* and AC were loaded onto separate factors, while thriving, CS and JS were loaded onto a single factor. Model 3: HPWS and *wasta* were loaded onto separate factors, while thriving and AC were loaded onto a single factor, and JS and CS were loaded onto a single factor. Model 4: HPWS, thriving, *wasta* and JS were loaded onto separate factors, while CS and AC were loaded onto a single factor. Model 5: HPWS, *wasta*, AC and CS were loaded onto separate factors, while thriving and JS were loaded onto a single factor. Model 6: HPWS, *wasta*, JS and CS were loaded onto separate factors, while thriving and AC were loaded onto a single factor. Model 7: HPWS, thriving, *wasta* and AC were loaded onto separate factors, while CS and JS were loaded onto a single factor. Model 8: HPWS, *wasta*, AC and JS were loaded onto separate factors, while thriving and CS were loaded onto a single factor. Model 9: HPWS, thriving, *wasta* and CS were loaded onto a separate factor, while AC and JS were loaded onto a single factor.

Table 12

Means, Standard Deviations and Correlations Among Variables

Variables	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8
1 Age (years)	32.05	8.72								
2 Work experience (years)	7.33	7.90	.95**							
3 Organisational tenure (months)	58.56	74.82	.47**	.76**						
4 HPWS	4.39	1.09	-.02	-.10	-.00					
5 Wasta	3.07	1.57	.04	.02	-.04	-.21**				
6 Thriving	5.36	1.08	.13	.11	.05	.26**	-.04			
7 Career satisfaction	5.16	1.07	-.01	-.02	.01	.31**	-.09	.37**		
8 Job satisfaction	5.20	1.29	.19**	.14	.12	.36**	-.15*	.43**	.46**	
9 Affective commitment	4.70	1.51	.10	.11	.19**	.42**	-.22**	.27**	.19**	.64*

Note. HPWS: High-performance work systems. **p* < .05; ***p* < .01.

5.3.3 Hypothesis Testing

H1 predicted that thriving would mediate the relationship between HPWSs and job satisfaction (H1a), affective commitment (H1b) and career satisfaction (H1c). The indirect effect of the independent variable on the dependent variable is the product of two coefficients: (a) the coefficient for the independent variable to the mediator path and (b) the coefficient for the mediator to the dependent variable path. Therefore, the indirect effect of HPWS on job satisfaction via thriving is a product of Model 1 (HPWS to thriving: $b = 0.213$, $SE = 0.065$, $p < .001$) and Model 2-1 (thriving to job satisfaction: $b = 0.423$, $SE = 0.078$, $p < .001$).

PROCESS analysis using 5,000 bootstrap samples demonstrated that the indirect effect of HPWS on job satisfaction via thriving was significant ($b = 0.090$, boot $SE = 0.038$, 95% confidence interval [CI] [0.031, 0.179]) because the 95% bias-corrected CI for this indirect effect did not include zero. These results suggest that HPWS is a positive predictor of thriving, which, in turn, is a positive predictor of job satisfaction. Hence, H1a is supported.

The indirect effect of HPWS on affective commitment via thriving is a product of Model 1 (HPWS to thriving: $b = 0.213$, $SE = 0.065$, $p < .001$) and Model 2-2 (thriving to affective commitment: $b = 0.241$, $SE = 0.093$, $p < .001$). PROCESS analysis using 5,000 bootstrap samples demonstrated that the indirect effect of HPWS on affective commitment via thriving was significant ($b = 0.051$, boot $SE = 0.032$, 95% CI [0.001, 0.129]) because the 95% bias-corrected CI for this indirect effect did not include zero. These results suggest that HPWS is a positive predictor of thriving, which, in turn, is a positive predictor of affective commitment. Hence, H1b is supported.

The indirect effect of HPWS on career satisfaction via thriving is a product of Model 1 (HPWS to thriving: $b = 0.213$, $SE = 0.065$, $p < .001$) and Model 2-3 (thriving to career satisfaction: $b = 0.353$, $SE = 0.070$, $p < .001$). PROCESS analysis using 5,000 bootstrap samples demonstrated that the indirect effect of HPWS on career satisfaction via thriving was

significant ($b = 0.075$, boot $SE = 0.027$, 95% CI [0.029, 0.137]) because the 95% bias-corrected CI for this indirect effect did not overlap with zero. These results suggest that HPWS is a positive predictor of thriving, which, in turn, is a positive predictor of career satisfaction. Hence, H1c is supported. The results for H1 are presented in Table 13.

Table 13

Results of Hypothesis 1 Testing

Dependent variable		Model 1	Model 2-1	Model 2-2	Model 2-3
		Thriving	Job satisfaction	Affective commitment	Career satisfaction
Constant		3.39 (.80)***	-.03 (.88)	1.42 (1.06)	2.85 (.79)**
Control variables	Age	.03 (.02)	.05 (.03)	-.01 (.03)	-.00 (.02)
	Work experience	-.01 (.03)	-.05 (.03)	-.00 (.04)	-.00 (.03)
	Organisational tenure	-.00 (.00)	.00 (.00)	.00 (.00)**	.00 (.00)
Independent variable	HPWS	.21 (.06)***	.03 (.07)***	.50 (.08)***	0.15 (.06)*
Mediator	Thriving at work		.42 (.07)***	.24 (.09)**	.35 (.07)***
R^2		.07	.29	.25	.18
$df1, df2$		3.8, 4	5, 179	5, 179	5, 179
F		3.84**	14.70***	12.40***	7.88***

Note: HPWS: high-performance work system. Unstandardised coefficients (b) are reported. Numbers in parentheses are standard errors. † $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$.

H2 predicted that *wasta* would moderate the relationship between HPWS and thriving. Results for the hierarchal moderated regression analysis are presented in Table 14. In Step 1, three control variables were entered; in Step 2, HPWS and *wasta* were entered; in Step 3, the interaction between HPWS and *wasta* was entered. HPWS and *wasta* were mean centred before calculating the interaction term and entering them into the equation. As Table 14 shows, the interaction was negative and marginally significant ($b = -0.063$, $SE = 0.036$, $p < .10$). When a specific interaction pattern is hypothesised in testing moderating effects, a one-tail test can be used (Farh et al., 1997). The p -value was 0.088. Although a smaller p -value can make a hypothesis more plausible, the difference at 90% CI is usually not large (Sellke et al., 2001). The relationship between HPWS and thriving for *wasta* values was

plotted at one SD above and below the mean (see Figure 2). Analysis of the simple slopes showed that the relationship between HPWS and thriving was stronger when *wasta* was low (slope = 0.528, $t = 2.728$, $p < .05$) rather than high (slope = 0.330, $t = 3.503$, $p < .05$). Hence, H2 is supported. Figure 3 provides an overview of the results for H1 and H2.

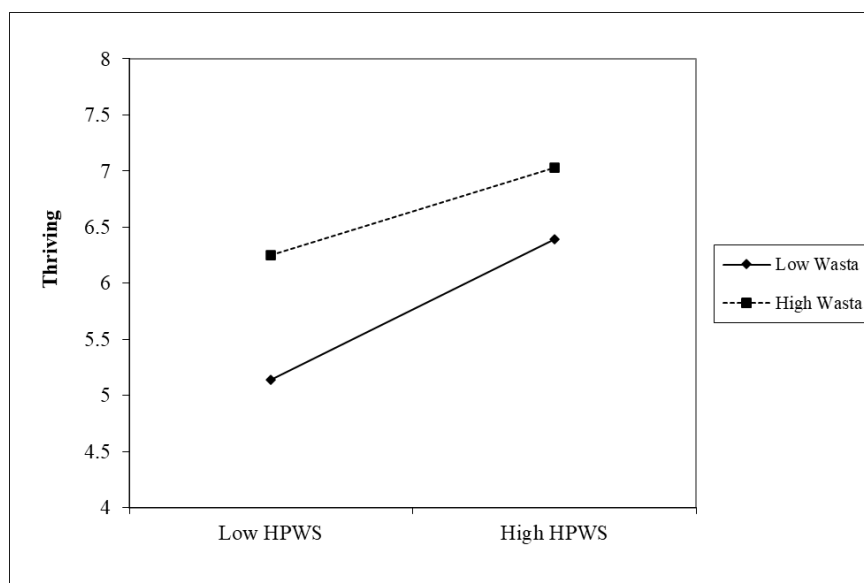
Table 14

Results of Hierarchical Moderated Regression

Variables	Thriving at work				
	<i>b</i> (SE)	ΔR^2	R^2	df1, df2	<i>F</i>
<i>Step 1: Control variables</i>			.02	3, 181	1.46
Age	.03 (.03)				
Work experience	-.00 (.03)				
Tenure	-.00 (.00)				
<i>Step 2: Main effects</i>		.06**	.07	5, 179	3.07*
HPWS	.21 (.06)***				
Wasta	.00 (.05)				
<i>Step 3: Interaction</i>		.01*	.09	6, 178	3.07**
HPWS x wasta	-.06 (.03)*				

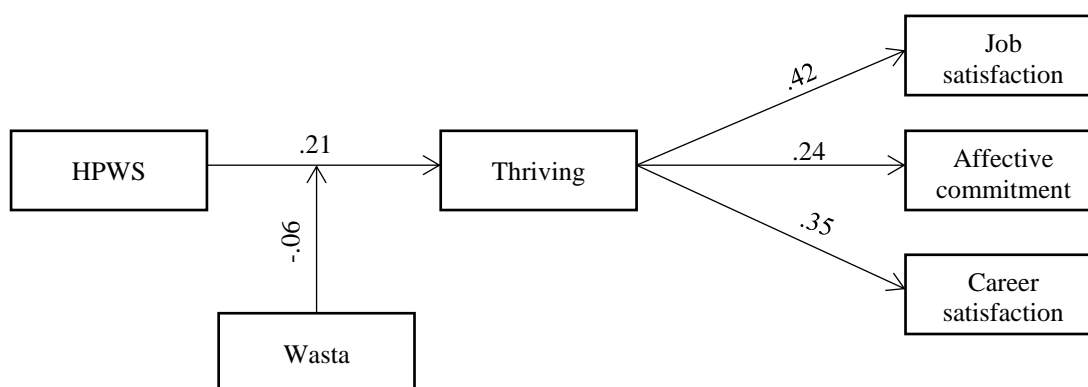
Note: HPWS: high-performance work systems. Unstandardised coefficients (*b*) are reported. Numbers in parentheses are standard errors (*SE*). *** $p < .001$, ** $p < .05$, * $p < .10$.

Figure 1

Moderating Effect of Wasta on the Relationship Between HPWS and Thriving

Note. HPWS: high-performance work systems.

Figure 2

Results for Hypothesis 1 and 2

Note. HPWS: high-performance work system.

H3 predicted a moderated mediation effect; that is, that *wasta* would moderate the indirect effect of HPWS on job satisfaction (H3a), affective commitment (H3b) and career satisfaction (H3c) via thriving. Results for the moderated mediation analysis are presented in Table 15. Employing Preacher et al. (2007) PROCESS macro for moderated mediation (5,000

bootstrap samples), the conditional indirect effects of HPWSs on job satisfaction were tested at one SD above and below the mean of *wasta*. Under a low level of *wasta*, the indirect effect of HPWS on job satisfaction was significant ($b = 0.142$, $SE = 0.050$, 90% CI [0.069, 0.232]). Under a high level of *wasta*, the indirect effect was also significant ($b = 0.058$, $SE = 0.039$, 90% CI [0.005, 0.132]). According to (Hayes, 2013), the indirect effect is a linear function of the moderator, with the slope of this function being the index of moderated mediation. In this study, the slope or index of moderated mediation was negative and significant (slope/index = -0.026 , $SE = -0.015$, 90% CI [-0.052 , -0.002]). The results suggest that while the indirect effect of HPWS on job satisfaction via thriving tended to be stronger when *wasta* was lower, the two conditional indirect effects across low and high levels of *wasta* were statistically significant. Therefore, H3a is supported.

The same technique, PROCESS macro for moderated mediation (5,000 bootstrap samples), was applied to test H3b. The conditional indirect effects of HPWS on affective commitment were tested at one SD above and below the mean of *wasta*. Under a low level of *wasta*, the indirect effect of HPWS on affective commitment was significant ($b = 0.080$, $SE = 0.045$, 90% CI [0.017, 0.161]). Under a high level of *wasta*, this indirect effect was also significant ($b = 0.033$, $SE = 0.028$, 90% CI [0.003, 0.088]). The slope or the index of moderated mediation was negative but not significant (slope/index = -0.015 , $SE = 0.019$, 90% CI [-0.036 , 0.009]). The results suggest that while the indirect effect of HPWS on affective commitment via thriving tended to be stronger when *wasta* was lower, the two conditional indirect effects across low and high levels of *wasta* were not statistically significant. Therefore, H3b is not supported.

Table 15

Results of Moderated Mediation

Hypothesis	Wasta	Conditional indirect effect	90% CI	
			Lower	Upper
H3a	Low	.14 (.05)	.06	.23
	High	.05 (.03)	.00	.13
H3b	Low	.08 (.04)	.01	.16
	High	.03 (.02)	.00	.08
H3c	Low	.11 (.04)	.05	.18
	High	.04 (.03)	.00	.10

Note: Numbers in parentheses are standard errors (SE)

Similarly, the PROCESS macro for moderated mediation (5,000 bootstrap samples) was applied to test H3c. The conditional indirect effects of HPWS on career satisfaction were tested one SD above and below the mean of *wasta*. Under a low *wasta* level, the indirect effect of HPWS on career satisfaction was significant ($b = 0.118$, $SE = 0.040$, 90% CI [0.058, 0.189]). Under a high level of *wasta*, this indirect effect was also significant ($b = 0.048$, $SE = 0.031$, 90% CI [0.003, 0.105]). The slope or the index of moderated mediation was negative and significant (slope/index = -0.022 , $SE = 0.013$, 90% CI [-0.043 , -0.001]). The results suggest that while the indirect effect of HPWS on career satisfaction via thriving tend to be stronger when *wasta* was lower, the two conditional indirect effects across low and high levels of *wasta* are statistically significant. Therefore, H3c is supported. A summary of the hypothesis testing is shown in Table 16.

Table 16

Hypothesis Testing Results

	Hypothesis	Finding
H1a	Thriving mediates the relationship between HPWSs and job satisfaction	Supported
H1b	Thriving mediates the relationship between HPWSs affective commitment	Supported
H1c	Thriving mediates the relationship between HPWSs career satisfaction	Supported
H2	<i>Wasta</i> moderates the relationship between HPWSs and thriving such that this relationship is stronger for employees with lower <i>wasta</i>	Supported

H3a	<i>Wasta</i> moderates the indirect relationship between HPWSs and job satisfaction via thriving such that this relationship is stronger for employees with <i>lower wasta</i>	Supported
H3b	<i>Wasta</i> moderates the indirect relationship between HPWSs and affective commitment via thriving such that this relationship is stronger for employees with <i>lower wasta</i>	Not supported
H3c	<i>Wasta</i> moderates the indirect relationship between HPWSs and career satisfaction via thriving, such that this relationship is stronger for employees with <i>lower wasta</i>	Supported

Note. HPWS: high-performance work systems.

5.4 Discussion

While career satisfaction has rarely been considered as an outcome variable in the HPWS literature, direct and indirect associations between HPWSs, job satisfaction and affective commitment have previously been established (Andersen & Andersen, 2019; Boselie, 2010; Heffernan & Dundon, 2016; Huo & Boxall, 2018; Miao et al., 2020; Safavi & Karatepe, 2018). Scholars have argued that future studies should use different approaches to clarify how HPWSs foster employee outcomes (K. Jiang et al., 2013). Thus, based on the socially embedded model of thriving, this study reveals that thriving is a mechanism through which HPWSs shape healthcare workers' job satisfaction, affective commitment and career satisfaction. Although HPWS research investigating thriving as a mediator is scarce, previous findings (Jo et al., 2020; J. Zhang, Bal, et al., 2019) are consistent with those of the present study. Therefore, this study provides evidence of thriving as a potential mediating mechanism between HPWS and employee attitudes.

Similar to the findings of this study, prior research has shown that the presence of HPWSs enhances individuals' potential to thrive at work (Alikaj et al., 2021). Additionally, the indirect relationships between HPWSs and employee attitudes through thriving were found to be significant, demonstrating coherence with other studies (Jo et al., 2020). HPWSs were found to predict thriving, and thriving was found to predict positive employee attitudes, similar to previous findings (e.g., Kleine et al., 2019). This study has revealed that thriving is associated with job satisfaction (Abid et al., 2016; Kleine et al., 2019; Spreitzer et al., 2012). The results also indicate that thriving at work is a significant predictor of employee

commitment (Abid et al., 2019; Kleine et al., 2019; Walumbwa et al., 2018). Although the theory of work motivation and the social exchange perspective have previously been used to explore the relationship between thriving and commitment, the present findings are similar under the socially embedded model of thriving. The current results reveal that overall thriving is a significant predictor of career satisfaction, extending the findings of Baruch et al. (2014), who only found vitality to be related to career satisfaction.

The present study examined a critical cultural factor that may influence the HPWS–outcome relationship. To the best of my knowledge, *wasta* has not been investigated as a moderator in the international HRM or HPWS literature. This study reveals that the relationship between HPWSs and thriving is significant at both low and high levels of *wasta*. However, high *wasta* slightly weakened the relationship between HPWSs and thriving. The contingency view combined with the socially embedded model of thriving emphasise that the extent to which HPWSs indirectly affect employee attitudes via thriving is conditional on *wasta* levels. The moderator’s effect on the indirect relationship between HPWSs and employee attitudes was also significant at both high and low levels of *wasta*. However, low levels of *wasta* showed a stronger indirect relationship. These findings provide new insights into and support for the role of *wasta* as a substitute for rather than a complement to HPWSs. This study further supports the contingency perspective rather than the universalistic perspective when examining contexts with distinct cultural characteristics.

The literature provides evidence of the effect of *wasta* on individual HRPs such as performance appraisals and promotions (Aldossari & Robertson, 2016; Harbi et al., 2016). The findings indicate that low levels of *wasta* strengthen both the direct HPWS–thriving relationship and the indirect HPWS–employee outcomes relationship. Therefore, in line with Aryee et al. (2012), it may be argued that adopting integrated HRPs, otherwise known as

HPWSs, rather than individual HRPpS may reduce the negative effects of *wasta* among Saudi healthcare workers.

The findings provide support for all hypotheses except H3b. The two conditional indirect effects across low and high levels of *wasta* were not statistically significant. This might be due to the relatively small sample size, which, according to prior researchers, might be less efficient in detecting interaction or moderation effects when these effects actually exist (Shieh, 2009). A larger sample size may be needed to test the moderating effect of *wasta* on the indirect relationship between HPWSs and affective commitment (H3b) via thriving. However, *wasta* acted as a moderator in the indirect relationship between HPWSs, job satisfaction (H3a) and career satisfaction (H3c), contradicting previous findings (e.g., Dastmalchian et al., 2020) and providing support for the contingency perspective.

5.4.1 Theoretical Contributions

The primary purpose of this study was to investigate how HPWSs relate to thriving, job satisfaction, affective commitment and career satisfaction and to test *wasta* as a moderating variable. It makes a significant contribution to the HPWS literature and the socially embedded model of thriving.

First, this study was one of the first to apply the socially embedded model of thriving to HPWS research, contributing to the HPWS literature. Researchers have drawn on self-determination theory to explain the relationship between HPWSs and service performance via thriving (Jo et al., 2020). More specifically, researchers have frequently applied the social exchange perspective as a theoretical lens to explain the links between HPWSs and employee attitudes and behaviours (Ang et al., 2013; Kloutsiniotis & Mihail, 2017; Parveen et al., 2020). By employing the socially embedded model of thriving as a new theoretical perspective, this study provides evidence of the effectiveness of HPWSs and their positive influence on outcomes and attitudes.

Second, this study is the first in the HPWS literature to include and confirm a psychological mechanism by which the effect of HPWS on employee outcomes can be explained. Thriving was found to mediate the relationship between HPWSs and the investigated work and career-related outcomes. The results suggest that healthcare workers will show positive attitudes when organisations foster thriving through the effective implementation of HPWSs. By utilising the socially embedded model of thriving to investigate thriving as a psychological mechanism that promotes satisfaction and commitment, this study responds to the call for more research on the mechanisms by which HPWSs influence employee outcomes (Alfes et al., 2013; Boon & Kalshoven, 2014; Innocenti et al., 2011). Further, it provides empirical insights and advances the knowledge on the mediating role of thriving in the healthcare context.

Third, by utilising the socially embedded model of thriving and addressing employee attitudes, this study enriches and expands the literature on the links between HPWSs, job satisfaction, affective commitment and career satisfaction. Previous studies have mainly focused on employee attitudes and behaviours as mediating mechanisms in the HPWS–organisation relationship (Ang et al., 2013). Previous work has extensively drawn upon the AMO framework (Jyoti & Rani, 2019; Pak & Kim, 2018) and the social exchange perspective (Mansour et al., 2014; Peña et al., 2015) to explain how HPWSs affect outcomes. However, Boxall et al. (2016) observed that previous work has mainly focused on team, service and organisational performance rather than on employee attitudes. This study was one of the first to show that through thriving, HPWSs can increase employees' career satisfaction. No prior research has empirically examined the effect of HPWSs on career outcomes, especially in health care. The findings further reveal that the adoption of an HPWS enables employees to feel recognised, motivating them to focus on their careers by gaining new skills, performing tasks efficiently and accomplishing their career goals.

Fourth, by examining the moderating role of *wasta*, this study identified a cultural factor that may hinder the benefits of HPWSs for organisations. Former HPWS research has almost exclusively focused on the moderating effects of situational factors such as flexible work arrangements (Stirpe & Zarraga-Oberty, 2017), psychological factors such as psychological detachment (Kilroy et al., 2020) and leadership styles such as charismatic leadership (McClean & Collins, 2019). Some studies have explored the influence of cultural factors from Hofstede's (2001) dimensions on the relationship between HPWSs, performance and organisational outcomes (Dastmalchian et al., 2020; Zhong et al., 2016). In this study, the focus was on *wasta*, a specific cultural factor that existed in the context of this thesis.

The results show that the strength of the relationships between HPWSs and thriving and HPWSs and work and career outcomes via thriving was contingent on the level of *wasta*. Low levels of *wasta* strengthened the direct relationship between HPWS and thriving and the indirect relationship between HPWS and work and career outcomes via thriving. In contrast, high levels of *wasta* weakened these relationships. Given that no prior HPWS research has examined the role of *wasta*, this study emphasises the importance of investigating culture. Cultural or contextual factors other than Hofstede's (2001) dimensions may moderate the effect of HPWS on outcomes, contributing to the relevance of the contingency perspective. According to the present findings, *wasta* is a barrier that prevents its users from benefiting from HPWSs and acts as a substitute for HPWSs. Thus, employees who are more likely to use *wasta* (i.e. their social resources) are less likely to thrive. With these findings in mind, future researchers are encouraged to examine how HRM influences employee outcomes in different cultural contexts.

Fifth, the analysis shows that HPWSs positively affect employee outcomes in the healthcare setting. Prior HPWS studies in the context of health care have mainly focused on health-related outcomes such as quality of patient care (Bartram et al., 2014; McAlearney et

al., 2011) and patient satisfaction (Ogbonnaya & Valizade, 2018) and negative employee outcomes such as emotional exhaustion (Kilroy et al., 2017) and burnout (Fan et al., 2014). Further, HPWS studies in the context of health care have comprehensively researched psychological empowerment as a mediator (Bonias et al., 2010; Leggat et al., 2010; Mihail & Kloutsiniotis, 2016b). This thesis examined thriving as a novel psychological mediating mechanism between HPWSs and employees' attitudes and career outcomes, providing strong evidence that HPWSs can induce healthcare workers' psychological experiences and enhance their thriving, outcomes and career satisfaction.

Finally, this study provides a starting point for examining the HPWS–outcomes relationship in the Middle East. With most of the HPWS literature focusing on Western and South-East Asian countries, Middle Eastern countries lack substantial empirical evidence. With the increasing economic significance of the Middle East and in response to the suggestions of Boxall and Macky (2009), this study moved beyond the American context to include specific cultural factors, offering novel insights to the HPWS literature. The current findings may be of particular interest to healthcare researchers and practitioners in countries with similar cultural traits.

5.4.2 Limitations and Future Directions

Despite the significant contributions, this study is not without its limitations. First, as with all single-country research, this study's results must be interpreted with caution and may not be generalisable to other Middle Eastern countries. Although the current research contributes to knowledge regarding the extent to which Western practices apply to non-Western contexts, some of the findings may be unique to the study sample. Further research is needed to generalise the findings to other Middle Eastern countries (Al Ariss & Sidani, 2016). Second, although the sample size was adequate for this study, the findings could vary with a larger sample. At T1, 288 valid responses were received; by T3, there were only 187 matched

and usable responses, meaning that 101 respondents were excluded during the data collection. There were significant differences in the demographics of the usable responses and sample dropouts; thus, a larger sample may reveal different results.

Third, the results may not be generalisable to other industries. Replicating similar studies in different sectors in Saudi Arabia could be a potential future research opportunity. Fourth, this study used a single type of respondent to measure the variables. Although respondents' positions and work experiences varied, future research could consider exploring HPWS from a supervisor–employee rater perspective, with a multisource, multilevel or longitudinal design (Kroon et al., 2013). Another limitation related to respondents is that the sample included a higher number of healthcare workers from public hospitals than from private hospitals. As shown in Table 1, public hospitals have a higher proportion of Saudi nationals, while private hospitals have a higher proportion of non-Saudi workers. The current localisation programs explain why the sample included a higher proportion of Saudis to non-Saudis. It has been previously argued that non-Saudi and male workers have dominated healthcare-related surveys in Saudi Arabia (Albejaidi & Nair, 2019; Elsheikh et al., 2018). The sample in this study represents how well Saudi Arabia has managed its Saudisation strategy and increased female participation in the workforce.

Fifth, this study explored a single mediating mechanism in the HPWS–employee attitude relationship and did not control for any other psychological variables. While the 'black box' between HPWSs and outcomes still remains a mystery (Murphy et al., 2018), future researchers could examine additional psychological mediators (Kaushik & Mukherjee, 2021) such as psychological wellbeing or psychological detachment to explain the relationship between HPWSs and employee outcomes. Finally, researchers could consider investigating the effect of HPWSs on other career outcomes such as career optimism as this area of research is still limited (Shen et al., 2015). Despite these limitations, this study has

extended the understanding of the role of *wasta* and how thriving mediates the relationships between HPWSs and work- and career-related outcomes.

5.4.3 Practical Implications

Despite the above limitations, the present study has several implications for managers. First, the results reveal that HPWSs are an essential predictor of thriving, and thriving is a significant predictor of employee attitudes, suggesting that investing in an HPWS will pay off. Organisations must be aware that HPWSs need to target employee performance because they can generate positive psychological experiences for employees. It is recommended that executives pay careful attention when introducing HPWSs into their organisations because employees perceive HPWSs as a type of support (Leggat et al., 2011). They have the potential to enhance employee thriving, contributing to job satisfaction, organisational commitment and career satisfaction. Previous research has shown that participation in decision-making and empowering employees through job rotation promotes contentment and fulfilment.

Second, the findings indicate that thriving plays an influential role in the positive effect of HPWSs on employee attitudes. This evidence suggests that employers should create a work environment that fosters thriving through HPWSs. Organisations and employers should be aware that employees who fail to thrive may feel less satisfied with their jobs and careers and be less motivated to stay committed to their organisations.

Third, HPWS implementation can be costly. To maximise the benefits of HPWSs (Patel & Conklin, 2012), employers should consider the impact of cultural factors that may hinder the effectiveness of the HPWS or act as a substitute for it. Given that Saudi Arabia is moving towards amending its laws and regulations to accept foreign direct investment, senior executives should be mindful of the impact of *wasta* by raising cultural awareness.

Alternatively, *wasta* can be utilised to create a healthy work environment by reducing preferential treatment based on *wasta*. It should be noted that employees who have less access

to *wasta* may be disadvantaged and will need additional support from their employers. Employers could consider implementing fair and transparent policies that include performance appraisals and promotions to support those who are disadvantaged, demoting the use of *wasta*. The present results can help policymakers better understand some of the repercussions resulting from the use of *wasta*. Firms need to work with their employees to foster a workplace culture and environment that supports HPWSs and promotes thriving.

Fourth, the findings of this study contribute to the healthcare literature and are useful for healthcare researchers and professionals. More specifically, this study provides evidence that the successful implementation of HPWSs not only leads to employees thriving but also enhances their satisfaction and commitment. This study makes a valuable contribution to the Health Sector Transformation Program. Therefore, top management and decision-makers of the healthcare sector in Saudi Arabia should consider developing strict policies to reduce the use of *wasta*, ensure the benefits of implementing HPWSs and produce positive employee outcomes.

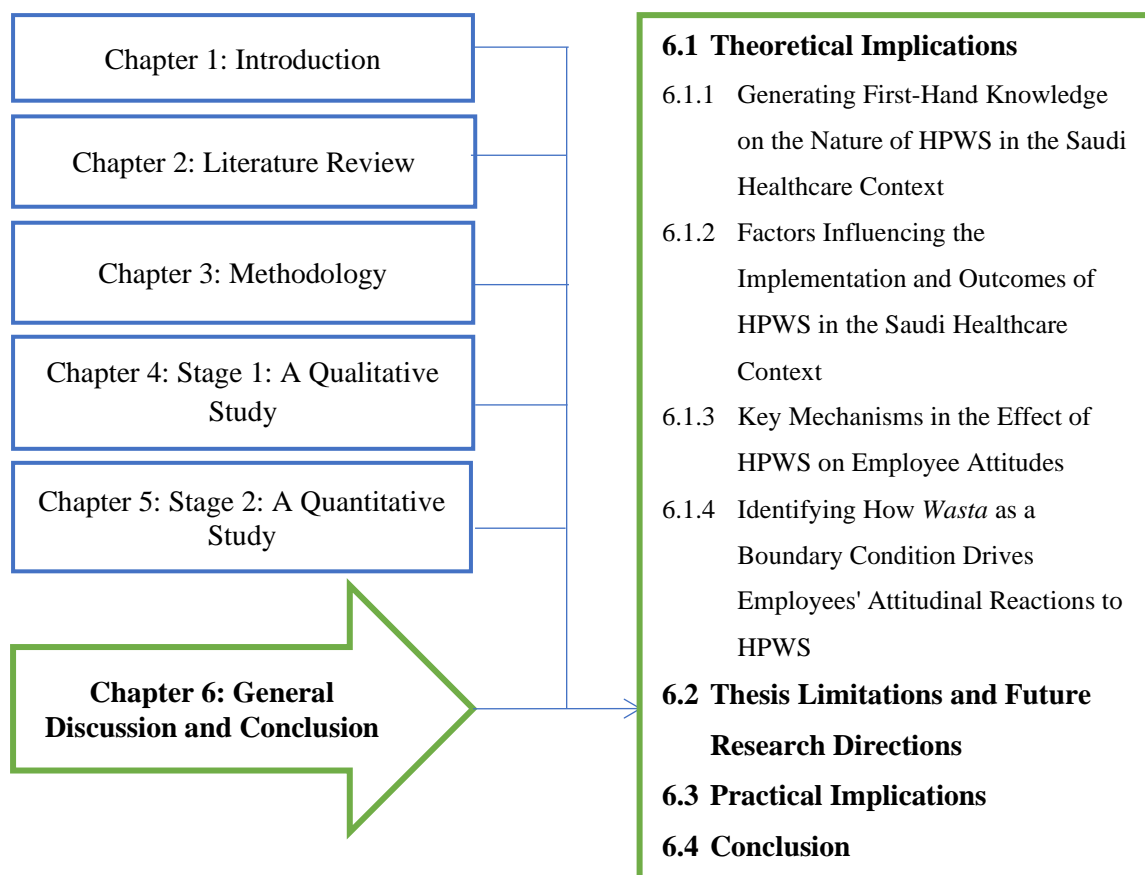
Finally, hospitals should focus their attention on the recruitment process and ensure that staff are provided with ongoing training, development opportunities and autonomous and empowerment activities to reinforce their skills and abilities and maintain thriving. Managers who prioritise these essential practices may be successful in increasing and maintaining thriving at work. Continuous thriving will result in enhanced positive outcomes and employee attitudes.

5.5 Conclusion

This study investigated the process through which HPWSs can affect employee outcomes, focusing on the mediating role of thriving. It also identified a boundary condition (high or low levels of *wasta*) in the HPWS–thriving relationship and the indirect effect of HPWSs on employee outcomes via thriving. The findings suggest that when *wasta* is low,

healthcare workers are more likely to thrive at work, facilitating and enhancing job satisfaction, affective commitment and career satisfaction. These results empirically and theoretically extend the socially embedded model of thriving and support the contingency perspective. The findings may help employers to implement policies to keep *wasta* low to benefit from HPWSs and thriving.

Chapter 6: General Discussion and Conclusion



This research aimed to investigate how HPWSs shape employee outcomes in the Saudi healthcare sector. The nature of HPWSs in the Saudi healthcare context and the role of cultural factors in the implementation and outcomes of HPWS were examined. The thesis also examined the effect of HPWSs on employee outcomes such as job satisfaction, affective commitment and career satisfaction. Thriving was proposed as a mediating mechanism in the relationships between HPWSs and employee outcomes. To investigate the influence of a typical Saudi cultural factor, the research also considered the moderating effect of *wasta* on the indirect relationship between HPWSs and employees' job and career outcomes. The findings of this thesis suggest that both thriving and *wasta* have important implications for the influence of HPWSs on employees.

This thesis adopted a sequential exploratory mixed methods design (Creswell et al., 2003) consisting of two research stages. In Stage 1, 32 semi-structured interviews were conducted to explore the nature of HPWSs in the Saudi healthcare context from the perspectives of HR executives and senior medical professionals. Interviewees described their experiences of HPWSs in their hospitals and shared a variety of insights, including views on cultural challenges and how they influenced HPWS implementation and outcomes. Stage 1 revealed that HPWSs in the Saudi healthcare context are associated with several beneficial outcomes. It also revealed that specific cultural factors could, at times, hinder or enhance the implementation of HPWS, emphasising the need to investigate these cultural factors further in the second stage. However, despite the cultural challenges faced by the sector, interviewees indicated that the practices led to some positive experiences. Stage 1 was a comprehensive study that informed some parts of the quantitative study. It also contributed to the limited HPWS research in the Middle East and provided a contextual overview of the cultural challenges and opportunities in the Saudi healthcare sector.

In Stage 2, a quantitative survey was used to examine the effect of HPWSs on important employee outcomes (affective commitment, job satisfaction and career satisfaction) via mediating and moderating variables from the perspective of frontline healthcare workers in the Saudi healthcare context. A three-wave online survey was utilised to capture through what processes and under what conditions HPWSs could influence these employee outcomes. An analysis of 187 survey responses revealed that thriving mediates the association between HPWSs and employee work- and career-related outcomes. The analysis also highlighted the moderating role of *wasta*. More specifically, when *wasta* was *low*, the relationship between HPWSs and thriving and the indirect relationship between HPWSs and employee outcomes via thriving were stronger. The results of this study enrich the socially embedded model of thriving (Spreitzer et al., 2005) and the contingency perspective (Delery & Doty, 1996) by

verifying the positive effect of HPWSs on thriving and employee outcomes and identifying *wasta* as a boundary condition specific to the Middle East. The present research adds new knowledge to the HPWS and thriving literature.

This final chapter integrates the research findings from each stage and discusses how they address the research questions and theoretically and empirically advance the literature. The sections below, first elaborate on the theoretical implications of this thesis and organise them according to the research questions to consolidate and extend the discussions presented in Chapters 4 and 5. Then a discussion of the limitations of this thesis and future research directions that may further advance the area of HPWS are proposed. Further, taking an integrative view, practical implications for managers and organisations are delineated, particularly those in the healthcare sector.

6.1 Theoretical Implications

The overarching research question was to explore how HPWSs shape employee outcomes in the Middle East. The present study was conducted using a Saudi sample that was likely to be affected by strong cultural characteristics. As detailed below, this research makes several significant contributions to the HPWS literature by investigating and applying this construct to an emerging economy in the Middle East and the healthcare sector and being among the first to integrate HPWSs into the socially embedded model of thriving (Spreitzer et al., 2005). With attention shifting to applying business practices to emerging economies, this thesis bridges a contextual gap by exploring Saudi Arabia's cultural characteristics and extending Western HPWSs to the Saudi healthcare sector. Saudi Arabia is a developing country with a unique culture (Alghamdi, 2018; Alsaati et al., 2020). It is debatable whether the findings of previous HPWS studies in developed Western countries are relevant to countries with different cultures, contextual aspects, values and norms (Farndale et al., 2017; Lertxundi & Landeta, 2011; Oh & Park, 2020). To the best of my knowledge, the present

study has taken an early step in exploring the nature of HPWSs and the cultural factors that affect their implementation and outcomes in the Saudi context. This presents a new area of research and adds knowledge to the field of HPWS. According to Nadeem et al.'s (2018) systematic review, more than 70 studies have included cultural dimensions. Therefore, examining *wasta* as a precise moderator rather than including the cultural dimensions of Hofstede (2001) or those of the Global Leadership and Organisational Behaviour Effectiveness study (House et al., 2004) provides a narrower focus on boundary conditions. Thus, this thesis has revealed the importance of exploring specific contextual factors and contributes to the international HPWS and HRM literature and its debates (Bartram & Dowling, 2013; Fu et al., 2019).

Exploring the HPWS phenomenon in the under-researched context of Saudi Arabia extends the findings of the effect of HPWSs on employees' work attitudes in the Middle East. This research also confirmed a moderating mechanism—the conditional effects of *wasta*—in HPWS relationships in the Middle East. It also contributes to the limited HPWS literature in the Middle East and provides a realistic picture by shedding light on the cultural aspects. By examining the boundary condition of *wasta*, the existing HPWS literature has been extended from the West to the Middle East. This thesis makes diverse contributions, which are presented below.

6.1.1 Generating First-Hand Knowledge on the Nature of High-Performance Work Systems in the Saudi Healthcare Context

The first research sub-question of this thesis relates to the nature of HPWSs in the Saudi healthcare context. This thesis is among the first to identify six essential components of HPWSs in the Saudi healthcare sector: selective staffing, flexible work design, career paths and incentives, employee engagement, training and education and performance appraisals. The qualitative findings of this research clearly show that, overall, HPWSs are beneficial and

generate positive psychological experiences of employees in the Saudi healthcare sector. Although there were some differences between public and private hospitals in terms of the contextual factors influencing them, the present findings generally support prior findings on the healthcare sectors in developed countries (Ang et al., 2013; Ogbonnaya & Valizade, 2018; Young et al., 2010) and emerging economies (Mostafa, 2016; Parveen et al., 2020). The findings imply that HPWSs in private hospitals are more effective than those in public hospitals. This may be attributable to the flatter hierarchies, more centralised decision-making, the greater transparency of policies and the international collaborations of private hospitals. The less effective implementation of HPWSs in public hospitals may be attributable to managers lacking control over HR systems and practices, the existence of multiple decision-makers, limited authority for seniors and managers and rigid hierarchies. Despite these differences, on the whole, the qualitative findings reflect positive experiences resulting from HPWSs. These findings were validated by the results of the quantitative study, which found that HPWSs lead to positive employee outcomes, including increased affective commitment, job satisfaction and career satisfaction (H1). The results of this research suggest that HPWSs may mitigate some of the challenges associated with context and culture if implemented effectively. For example, the effective implementation of HPWSs combined with the diversity of the Saudi workforce and the empowerment of Saudi women alleviated some of the bureaucratic issues faced by the healthcare sector, yielding positive outcomes.

6.1.2 Factors Influencing the Implementation and Outcomes of High-Performance Work Systems in the Saudi Healthcare Context

The present findings reveal that the implementation and outcomes of HPWS are influenced by a number of contextual and cultural factors unique to Saudi Arabia. Factors such as *wasta*, ministry rules and regulations, Saudisation, bureaucracy and the lack of skilled locals may affect general HRPs (Afiouni et al., 2014; Budhwar et al., 2019; Mellahi, 2007;

O'Sullivan et al., 2011) and were found in this study to affect the implementation and outcomes of HPWSs. In contrast, the findings reveal that the involvement and empowerment of women is not as restricted in the Saudi healthcare context, contradicting prior findings that Saudi women are not empowered and face barriers to participating in the workforce (AlMunajjed, 2010; M. A. Ramady, 2010; Scott-Jackson et al., 2010; Sullivan, 2012). The findings also uncovered new factors influencing HPWS implementation and outcomes, including the diversity of the workforce and the employment of foreign workers. Cultural and contextual factors that may affect the adoption of Western HPWSs have rarely been addressed. Researchers in the Chinese context recently considered the role of culture in HPWS research by examining *guanxi* (Fu et al., 2019; Y. Huang et al., 2018; Xian et al., 2019; Yen et al., 2016). In the Arabic culture, *wasta* has been identified and compared with *guanxi* (Hutchings & Weir, 2006b; P. B. Smith et al., 2012), but its impact on HPWS relationships had not been studied. Further, the qualitative findings reveal that *wasta* can have both positive and negative outcomes. This finding guided the decision to include *wasta* in the quantitative study to further explore and verify its role in influencing HPWSs. This is further discussed in Section 6.1.4.

6.1.3 Key Mechanisms in the Effect of High-Performance Work Systems on Employee Attitudes

Despite the contextual factors identified above, the implementation of HPWSs in the Saudi healthcare context has resulted in some positive experiences. This led me to examine the mediating role of thriving. Via the mediating role of thriving, HPWSs were positively associated with job satisfaction, commitment and career satisfaction, which are indicators of the effectiveness of HPWSs in the Saudi healthcare context. However, this effect was found to be contingent on the level of *wasta*. The less that employees use *wasta*, the more likely the outcomes of HPWSs will be positive.

By examining thriving as a potential mechanism through which HPWSs affect employee outcomes, this thesis contributes not only to the HPWS research but also to the socially embedded model of thriving. The examination of thriving as a mediating mechanism provides an innovative angle by which to unpack the influence of HPWSs on employees, thus advancing the HPWS literature (Jo et al., 2020). The findings show that the adoption of an HPWS is positively associated with employee thriving. Reinforcing this finding, among Chinese firms, Alikaj et al. (2021) found that high-involvement HRPs enhanced proactive employees' potential to thrive. Thus, the present results validate prior findings and extend their application to Saudi Arabia's healthcare sector. Thriving also serves as a linking mechanism in the relationship between HPWSs and job satisfaction, affective commitment and career satisfaction. This supports prior studies that have found thriving to enhance job satisfaction (Abid et al., 2019), affective commitment (Abid et al., 2019) and career satisfaction (Z. Jiang, 2017; Porath et al., 2012). The results of the mediation study contribute to the growing interest in factors that explain how HPWSs relate to employee outcomes in health care (Ang et al., 2013; Bartram et al., 2014; Mostafa, 2016).

Thriving positively affects employees' psychological functioning and work-related outcomes, currently one of the most critical issues for organisations (Mortier et al., 2016; Porath et al., 2012; Walumbwa et al., 2018). This thesis is among the first to investigate thriving in the healthcare HPWS setting. It contributes to the literature by responding to research calls to examine additional mediating mechanisms through which HPWSs relate to employee outcomes (Alfes et al., 2013; Boon & Kalshoven, 2014). HPWSs predicted thriving even in a highly professionalised healthcare context, providing valuable insights for healthcare practitioners. With the HPWS literature strongly focusing on the intervening variables in the relationship between HPWSs and outcomes, the examination of thriving at work as a psychological mediating mechanism adds to this body of knowledge. It further

supports and validates the positive effect of HPWSs on employee thriving at work and contributes to the HPWS literature (Alikaj et al., 2021; Jo et al., 2020; J. Zhang, Bal, et al., 2019). By analysing thriving as an intermediate variable, scholars can gain deeper insights into the indirect relationship between HPWSs and career- and work-related outcomes. The results validate the expected indirect effect, providing support for this research's theoretical framework and the socially embedded model of thriving developed by Spreitzer et al. (2005).

The resources provided through HPWSs help employees to thrive, in turn increasing their job and career satisfaction and their commitment to their organisations. Career outcomes have been neglected in the HPWS research. The research proposed that HPWSs would enable employees to thrive, in turn enhancing their career satisfaction, and the findings supported this proposition. The findings are, to a large extent, consistent with prior research, which shows that experiencing thriving will lead individuals to set career goals, identify career growth opportunities and feel satisfied with their careers (Z. Jiang, 2017; Z. Jiang et al., 2021). The significant findings on the effects of HPWS mediated by thriving suggest that psychological states or experiences are a transitional, proximal outcome of HPWSs that precedes employees' attitudinal outcomes. As the first to examine the indirect relationship between HPWSs and career outcomes via thriving, this research opens a door to the exploration of additional career-related outcomes that have been underexplored in the HPWS literature, such as career mobility, career engagement and career optimism.

6.1.4 Identifying How *Wasta* as a Boundary Condition Drives Employees' Attitudinal Reactions to High-Performance Work Systems

By examining the moderating role of *wasta*, this thesis provides support for theorists who promote the contingency approach rather than the universalistic approach to examining the roles of HPWSs in organisations. It demonstrates that HPWSs must be consistent with their context to maximise their positive outcomes. Empirical research investigating potential

moderators of the relationship between HPWSs and employee outcomes is lacking (Gkorezis et al., 2018). This thesis is among the first in the HPWS literature to examine the contextual concept of *wasta* as a moderator. The HR literature shows that *wasta* negatively affects performance appraisals and promotions (Harbi et al., 2016; Tlaiss & Kauser, 2011). Some researchers have also noted the negative effect of *wasta* on other HRPs (Abutayeh, 2017; Aldossari & Robertson, 2016; Alwerthan et al., 2018; Rice, 2004). For instance, *wasta* may hinder equal employment opportunities and lower an organisation's overall performance (Mohamed & Mohamad, 2011). The present findings reveal that the effect of *wasta* depended on its level (H2). When *wasta* was low, the positive relationship between HPWSs and thriving was stronger. This phenomenon may be attributable to employees benefiting from the resources provided by HPWSs and being unconcerned about the loss of opportunities arising from the lack of *wasta*, thus being more likely to thrive. In contrast, when *wasta* was high, the positive relationship between HPWSs and thriving was weaker. Employees who rely on *wasta* or their social resources may ignore HPWS resources such as training or promotion opportunities because they believe that the former is more influential in obtaining such opportunities, thus are less likely to thrive. Further, the resources provided through HPWSs can assist disadvantaged individuals who have less access to *wasta* and allow them to experience thriving in the workplace.

Research has shown that *wasta* has both positive and negative effects on individuals. For example, most Arabs intend to use *wasta* and view it as having a positive effect on their careers (Dobie et al., 2002; Whiteoak et al., 2006). *Wasta* has been found to be both positively associated (Sadozai et al., 2012) and negatively associated (Arasli et al., 2006) with job satisfaction. Employees who refuse to use *wasta* in their jobs perceive that it is unjust, affecting their job satisfaction and organisational commitment (Ta'Amnha et al., 2016). *Wasta* also decreases employees' commitment and loyalty. Qualified employees who strive to

achieve may be demotivated to work in organisations in which it is difficult to obtain a promotion without *wasta* (Al-Enzi, 2017). In contrast, using *wasta* to secure jobs can make employees feel committed, loyal and more productive (Al-Twal & Aladwan, 2020).

The current findings provide new and more precise insights into the effects of *wasta*. The results demonstrate that the less that individuals make use of *wasta*, the more likely they are to experience positive employee outcomes and feelings of thriving via HPWS resources. Indeed, a high level of *wasta* weakened the relationship between HPWSs and job satisfaction (H3a) and career satisfaction (H3c) via thriving, while a low level of *wasta* strengthened these relationships. However, the relationship of HPWSs with affective commitment via thriving (H3b) was not different across high and low levels of *wasta*. A larger sample size may be needed to determine the overall moderated mediation path that involves affective commitment as an outcome. The non-significant findings in relation to H3b may be explained by the bureaucratic nature of public hospitals, as revealed by the qualitative study, and the fact that the majority of survey participants, who may not have felt entirely committed to their workplaces, were from public hospitals. These findings offer new knowledge about the complex relationships between HPWS, thriving and employee outcomes via the moderating role of *wasta*.

There is a dearth of published research on the role of *wasta* in the relationship between HPWSs and employee outcomes, especially in countries such as Saudi Arabia that are driven by Middle Eastern cultural values. *Wasta* is visible in cultures where collectivism is high and people are dependent and have strong connections. Hence, this study fills this gap by providing empirical evidence and new knowledge on the impact of *wasta*. It also extends the literature by examining a complex model that encompasses both mediating and moderating mechanisms.

The findings as a whole highlight the importance of paying attention to contextual differences (Boxall, 2013; Nadeem et al., 2018) rather than assuming the universalistic view of HPWSs. Exploring context as a contingent variable and understanding the conditions that moderate HPWS relationships is warranted for managers (Combs et al., 2006; Nadeem et al., 2018). The identification of a potential moderator and the nature of contextual factors in this thesis shows that context matters and provides a clear conceptual understanding of the role and effect of HPWS implementation in Saudi Arabia's hospitals.

In addition to these theoretical insights, the research presented in this thesis has methodological strengths that improve the confidence in the findings and their implications for the literature. For instance, from a methodological perspective, this research overcomes the research design gaps identified in the literature (discussed in section 2.2) by using a sequential mixed methods approach to determine the nature of HPWSs in Saudi Arabia. Applying both qualitative and quantitative approaches provided a better understanding of the research problem than using only one of these approaches. The mixed methods design provided a more complete picture and a broader understanding of the links between HPWSs and culture. The mixed methods approach began with collecting and analysing qualitative semi-structured interview data, followed by collecting and analysing data from a quantitative three-wave online survey.

Additionally, this research considered the phenomenon of HPWSs from multiple perspectives. Previous studies have focused on only nurses, doctors or HR staff in hospitals. This thesis integrates the perspectives of various professionals working in the healthcare sector. Interviews were conducted with HR executives and senior healthcare professionals, while the surveys targeted frontline healthcare workers, including nurses, doctors, pharmacists, psychologists, paramedics, physiotherapists and administrative staff. The qualitative findings of this thesis informed sections of the quantitative survey by identifying

factors relevant to the investigation. Previous HPWS research has relied heavily on quantitative and cross-sectional data rather than qualitative data, leading to limitations in understanding the human aspect, in particular healthcare and HR professionals' perceptions of HPWS implementation. This thesis encourages future researchers to use mixed methodologies to obtain promising and high-quality findings that present a broader and more inclusive picture.

6.2 Thesis Limitations and Future Research Directions

As noted in previous chapters (e.g. Chapter 5), while this research has addressed some important gaps in the literature, it is not without its limitations. This section recaps and goes beyond some key limitations of this thesis because of their importance and suggest potential future research avenues. First, the generalisability of the findings may be limited given the narrow research context and focus on cultural values. However, given that the theoretical underpinning of the research was derived from Western theories, the Saudi Arabian sample may also be considered a strength of the study. For example, theoretically derived relationships were found in smaller non-Western samples. In this way, it has extended the findings from Western settings and verified the generalisability of relevant theoretical perspectives (e.g. the HPWS framework and the socially embedded model of thriving).

Nevertheless, the scope and context of the current study are limited to Saudi Arabia. While Saudi Arabia may share similar cultural characteristics with other countries in the Middle East, the findings of the study may not be generalisable to these countries. For instance, although *wasta* is a cultural feature of all Arabic countries (Dobie et al., 2002), the extent of its impact varies between countries (Mohamed & Mohamad, 2011). The findings provide only a starting point for reflecting on the effect of the cultural and contextual factors discussed in this thesis. Although the findings may be useful for a range of research settings in the Middle East, future researchers are encouraged to replicate this research in other Middle

Eastern countries to extend the results. Future studies may investigate different regions of the country as well as compare countries within the Middle East to identify cross-national nuances.

Second, the study was limited to the healthcare sector of Saudi Arabia. The data were collected from hospitals only, thus did not represent other types of healthcare organisations or non-healthcare organisations in Saudi Arabia. Future scholars may consider investigating HPWSs in other sectors such as education and tourism, which are of great importance to the sustainable development of Saudi Arabia. Comparing industries in Saudi Arabia may also be useful because it would enable researchers to identify those that would benefit most from HPWSs, helping to inform government policies and decisions. Future researchers could also consider creating an HPWS measure that consists of the six components identified in this thesis, which may be used across healthcare organisations in the Middle East or other sectors in Saudi Arabia to validate the present findings.

Third, as with most qualitative methods, semi-structured interviews have some limitations, including the potential for interviewer bias, the need for participants to be knowledgeable about the subject matter and the lack of generalisability of results to the broader population (Doody & Noonan, 2013). Hence, it was necessary to provide participants with explanations when needed and reserve my presumptions and personal beliefs that might have influenced their answers. That said, the qualitative study enabled a rich and realistic exploration of how senior medical staff and HR executives experienced HPWSs in the Saudi healthcare context. Another limitation is that the qualitative data were collected from one city only. Future researchers may conduct a national-level study targeting all regions in Saudi Arabia to determine other factors influencing HPWSs and producing results based on the broader population. Additionally, it would be interesting to conduct intervention-based studies

to compare employee outcomes before and after implementing an HPWS to determine the efficacy of the HPWS in enhancing outcomes.

Fourth, the qualitative study identified several cultural factors affecting the implementation of HPWSs in the healthcare sector. Stage 2 of the study focused on the moderating role of a specific cultural factor, *wasta*, which may be seen as a limitation. Although *wasta* was identified as a critical factor in the qualitative study, future research could explore the possible influence of other cultural or contextual factors identified in this study, such as Saudisation or bureaucracy. While the qualitative findings imply that these two factors may affect HPWS outcomes, further research is needed to validate this. In addition, researchers may explore cultural factors in other contexts that may affect the implementation and outcomes of HPWS, such as *compadrazgo* in Latin America (Velez-Calle et al., 2015). *Wasta* has not previously been adequately investigated in the HPWS research. Future researchers could validate the present findings by examining the moderating role of *wasta* in other relationships such as that between HPWS and employee behaviours via other mediating mechanisms.

Finally, this research only tested a single mediating factor (i.e. thriving at work) to explain the effect of HPWSs on employees' work and career outcomes. Prior researchers have reported that HPWSs could influence employee outcomes through other mediators such as trust in management (M. M. Zhang et al., 2016). This study did not control for other potential mediators, which may be considered a shortcoming because it cannot be assumed that the mediating role of thriving at work would continue to exist if other mechanisms are controlled for or included as parallel mediators. Indeed, the research suggests that HPWSs influence psychological mechanisms, which in turn direct employees' attitudinal or behavioural reactions such as voice behaviours (J. Zhang, Akhtar, et al., 2019). Future researchers could

consider examining or controlling for other psychological mediators such as psychological safety in explaining how HPWSs affect employee outcomes.

6.3 Practical Implications

While this thesis has several limitations, the findings provide important practical implications for healthcare organisations, managers and practitioners. First, HPWSs have been adopted in a wide range of countries and industries globally. However, understanding how HPWSs operate in Saudi Arabia was important to explore the impact of Saudi culture on the introduction and implementation of HPWSs. This research revealed that the adoption of HPWSs may help employees thrive, be committed to their organisations and be satisfied with their careers and jobs if *wasta* levels are low. Thus, hospital executives and managers should implement strategies and regulations to hinder the use of *wasta*. Such strategies may allow employees to utilise HPWS resources more effectively and lead to increased thriving at work, job satisfaction, organisational commitment and career satisfaction among healthcare workers.

Many employees resort to *wasta* because they feel it is the only option available to them (Al-Twal & Aladwan, 2020). To eliminate such perceptions, organisations could create healthy work environments that provide all employees with equal opportunities based on their qualifications, education and experience rather than on other factors (Abalkhail & Allan, 2016; Ta'Amnha et al., 2016). Such an environment could lead to enhanced levels of employee satisfaction and motivation towards their work (Alwerthan et al., 2018). Employees may become more willing to invest their resources into developing their human capital and enriching their knowledge and skills rather than relying on *wasta*. For instance, designing and implementing anonymous and electronic selection systems that evaluate employees fairly based on their qualifications and experience may help reduce *wasta*. HR departments play an essential role in establishing such organisational systems that restrict the use of *wasta*.

Second, this study identified a range of cultural factors that may obstruct businesses if they are not carefully considered. Saudi Arabia is becoming a hotspot for international businesses, and the findings of this thesis provide business owners with an overview of the cultural challenges and opportunities that they should consider and overcome. Arabic countries share similar social values, religions and cultures, which have a major impact on managerial functions (Aladwan et al., 2015). Hence, the results of this thesis could assist HR practitioners in gaining a better understanding of the benefits of utilising HPWSs in Saudi Arabia. This thesis may increase awareness of the behavioural and cultural differences and similarities between countries. International business owners should be mindful of these cultural differences when investing in Saudi businesses. This research shows that Saudi individuals and organisations have the capabilities and experience, reflecting their growth, development and ability to adapt to Western practices.

Third, the qualitative results indicate that bureaucracy can lead to a disconnection between executives and employees. In line with these results, it may be helpful for organisations and managers to ensure that their structures, strategic goals and processes are aimed at promoting HPWSs, which need to be clearly understood, valued and articulated by managers at all levels. To do this, managers must be provided with resources and support to enable them to exhibit leadership skills, encourage decentralised decision-making, empower their staff and act according to the hospital's strategic goals. HR managers also play an important role in enabling and facilitating HPWSs and ensuring they are embedded and supported by all levels of the hierarchy (Stanton et al., 2010).

Fourth, the findings reveal that HPWSs can predict positive psychological experiences, namely thriving at work. Thriving is beneficial to both individuals and organisations. For example, when people thrive at work, they perform better, are more satisfied with their jobs and more likely to go the extra mile (Spreitzer et al., 2012). Thus,

management should promote thriving among their employees through effective HPWS implementation. It is both critical and challenging to maintain thriving among healthcare workers because of the nature of their jobs. Hospitals, managers and supervisors should ensure uniformity of standards between intended and implemented HPWSs. They should find strategies to maintain thriving and obtain insights into the specific practices that drive employees to thrive. Creating opportunities for thriving while keeping levels of *wasta* low will be profitable for organisations.

Fifth, policymakers and HR executives should consider policies and schemes to reduce the challenges related to Saudisation and bureaucracy faced by hospitals. For instance, flat structures could be introduced into public hospitals and Saudisation rates could be negotiated based on labour market needs. Such policies may reduce the challenges and barriers these two factors present, increasing foreign direct investment, reducing turnover issues among workers and promoting harmony among organisational hierarchies (Al-Asfour & Khan, 2014; M. A. Ramady & Saeed, 2007).

Finally, this thesis carries important practical and policy implications for the Saudi National Transformation Program and Health Sector Transformation Program. NPM reforms in public hospitals and workforce development initiatives are being implemented as a result of Vision 2030. For instance, while the Ministry of Health has characterised the workforce as being low in productivity, it could support hospitals by providing the necessary resources to adopt HPWSs, which may prompt employees to thrive at work. The Saudi government could also take steps to reduce the negative effects of *wasta* by issuing clear explanations of the behaviours constituting *wasta* alongside firm penalties to decrease its use. Additionally, the Ministry of Health Saudi Arabia is still on its way to adopting modern management approaches. Healthcare organisations could benefit from the findings of this research because

they support the above lines of development and those detailed in section 1.2 and provide a starting point for improving the practices in the sector.

6.4 Conclusion

This thesis sought to discover the nature of HPWSs in the Saudi healthcare context and the influences on HPWS implementation and outcomes. Additionally, this research uncovered the mediating role of thriving in the relationship between HPWSs and employees' work attitudes. This study was among the first to investigate Saudi contextual and cultural factors affecting HPWS implementation and the role of *wasta* as a boundary condition driving employee attitudes. This research makes important contributions to HPWS theory and practice, particularly in the Saudi healthcare context. It provides new insights into the importance of context and culture and the effect of *wasta* on HPWSs and their indirect relationships. While gaps in the literature remain, this research has advanced the existing knowledge of HPWS by showcasing the complex interplay between HPWSs, *wasta*, thriving, job satisfaction, affective commitment and career satisfaction. An understanding of this interplay has practical implications for managers and policymakers, who could establish strategies to reduce *wasta* and maximise the benefits of HPWS. The new knowledge generated from this thesis may equip hospitals with the means to improve their work environment and enhance healthcare worker outcomes. As the first to provide evidence on the interactions between HPWSs, thriving and *wasta* in the Saudi healthcare sector, this research is likely to spark additional scholarly work on HPWS-related issues in Saudi Arabia and the Middle East.

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Appendix A: Interview Protocol

Section 1: High-performance work systems

- High-performance work systems (HPWS) are a set of advanced human resource practices that improve the overall effectiveness of the organisation's performance. Can you explain how familiar you are with HPWS?
- Has HPWS been introduced to the hospitals' staff? If yes, why? If no, why not?
- What kind of HPWS are in place? Have they been adapted from the West?
- How do you think HPWS can improve the performance of staff?

Section 2: Performance appraisals

- What kind of performance measures are in place? Western? Is it modified for the organisation's culture?
- Are you satisfied with the effectiveness of performance appraisal measures in the organisation? If no, why not?
- How do you think *wasta* influences the effectiveness of performance appraisals?
- Does the feedback from performance appraisals increase the overall performance of employees? How?
- Are there a criteria for performance appraisal fairness and accuracy? If yes, what is it? If no, why not?
- What happens if some staff members see their performance appraisals as unfair?

Section 3: Wasta

- What are your thoughts on *wasta*? To what extent does it exist in Saudi culture?
- What does the existence of *wasta* affect?
- How does *wasta* impact employees' behaviours?
- How do you think *wasta* may affect HPWS?

Section 4: Saudi culture

- How would you describe the Saudi culture?
- What are some of the Saudi cultural characteristics that you think affect the practices of the organisation?
- How do you see the Saudi culture specifically affecting performance appraisals in the organisation?
- How do you see the Saudi culture affecting HR systems/HPWS in the organisation?

Appendix B: Survey Items

1. High-performance work systems

1. Employees are involved in job rotation.
2. Employees are empowered to make decisions.
3. Jobs are designed around their individual skills and capabilities.
4. Selection is comprehensive (uses interviews, tests, etc.).
5. Selection emphasises their ability to collaborate and work in teams.
6. Selection involves screening many job candidates.
7. Selection focuses on selecting the best all-around candidate, regardless of the specific job.
8. Selection emphasises promotion from within.
9. Selection places priority on their potential to learn (e.g., aptitude).
10. Training is continuous.
11. Training programs are comprehensive.
12. Training programs strive to develop firm-specific skills and knowledge.
13. The training programs emphasise on-the-job experiences.
14. Performance is based on objective, quantifiable results.
15. Performance appraisals include management by objective with mutual goal setting.
16. Performance appraisals include developmental feedback.
17. Incentives are based on team performance.
18. Compensation packages include an extensive benefits package.
19. Our compensations include high wages.
20. The incentive system is tied to skill-based pay.
21. Our compensation is contingent on performance.

2. Wasta

1. I would need the recommendation of wasta in this job situation.
2. I would need a connection to get this job.
3. I would only get offered a job through wasta.
4. Wasta is the only way to secure a job offer in such a situation.

3. Thriving at work

1. I continue to learn more as time goes by
2. I am learning
3. I am developing a lot as a person
4. I feel very energetic
5. I feel alert and awake
6. I am looking forward to each new day

Job satisfaction

1. All in all, I am satisfied with my job.
2. In general, I like my job.
3. In general, I like working here.

4. Affective commitment

1. My current organisation has a great deal of personal meaning for me.
2. I feel a strong sense of belonging to my current organisation.
3. I feel like part of the family at my current organisation.

5. Career satisfaction

1. I am satisfied with the success I have achieved in my career.
2. I am satisfied with the progress I have made toward meeting my overall career goals.
3. I am satisfied with the progress I have made toward meeting my goals for income.
4. I am satisfied with the progress I have made toward meeting my goals for advancement.
5. I am satisfied with the progress I have made toward meeting my goals for the development of new skills.

Appendix C: Supplementary Analysis

Table 17

Pearson Chi-Square for Subgroup Differences

Variable	Nationality			Ownership			Gender			Education			Profession		
	Value	df	Sig.*	Value	df	Sig.*	Value	df	Sig.*	Value	df	Sig.*	Value	df	Sig.*
Thriving	22.299	27	.722	37.569	27	.085	31.379	27	.256	77.627	81	.586	127.320	108	.099
Job satisfaction	18.417	17	.363	9.354	17	.928	13.151	17	.726	65.417	51	.084	46.555	68	.978
Affective commitment	16.690	18	.545	28.350	18	.057	15.536	18	.625	60.970	54	.240	85.081	72	.139
Career success	21.612	25	.658	19.495	24	.725	22.407	25	.612	87.724	75	.149	120.994	100	.075

Note. * 2-tailed.

Table 18

Group Statistics

	Group difference	N	Mean	SD	SE
Age (years)	187	187	32.05	8.727	.638
	101	101	37.14	10.794	1.074
Length of work experience (years)	187	185	7.33	7.899	.581
	101	101	11.62	9.930	.988
Organisational tenure (months)	187	187	58.64	74.827	5.472
	101	99	85.64	103.068	10.359

Table 19

Independent Sample t-Test

		Levene's test for equality of variances		<i>t</i> -test for equality of means						
		<i>F</i>	Sig.	<i>t</i>	<i>df</i>	Sig. (2-tailed)	Mean difference	<i>SE</i> difference	95% CI	
									Lower	Upper
Age	Equal variances assumed	14.598	.000	-4.339	286	.000	-5.090	1.173	-7.400	-2.781
	Equal variances not assumed			-4.074	171.566	.000	-5.090	1.249	-7.557	-2.624
Length of work experience	Equal variances assumed	13.090	.000	-4.002	284	.000	-4.292	1.072	-6.403	-2.181
	Equal variances not assumed			-3.745	169.996	.000	-4.292	1.146	-6.554	-2.029
Organisational tenure	Equal variances assumed	16.400	.000	-2.546	284	.011	-27.096	10.643	-48.046	-6.146
	Equal variances not assumed			-2.313	154.004	.022	-27.096	11.715	-50.239	-3.953