

-RESEARCH ARTICLE-

## EMPOWERING HEALTH STAFF AND ITS ROLE IN HELPING HOSPITALS ACHIEVE THEIR STRATEGIC OBJECTIVES

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### —Abstract—

This study aims to examine the role of empowering health staff (EHS) through three core dimensions—information sharing, decision-making autonomy, and knowledge acquisition—in enhancing their capacity to realise the strategic objectives (SO) of hospitals in Baghdad. To achieve this aim, a quantitative cross-sectional research design was adopted. Data were collected through a self-administered questionnaire distributed to 289 staff members employed in private hospitals. The data were analysed using SPSS software for both descriptive and inferential statistical procedures. The findings revealed a statistically significant positive impact of EHS on the attainment of strategic objectives within Baghdad hospitals. Furthermore, the sub-dimensions of EHS were also found to exert a significant and positive influence on the realisation of these strategic objectives by hospital personnel. Based on these results, the researcher recommends the continuous monitoring of advancements in the field of EHS and its key methodologies, as well as the utilisation of these findings to revise and effectively implement the strategic objectives of hospitals.

**Keywords:** Empowering Health Staffs, Sharing Information, Freedom of Decision, Possessing Knowledge, Strategic Objectives.

### INTRODUCTION

Strategic objectives represent essential components of organisational planning, particularly within the complex domain of health services. They function as a structured roadmap that directs organisations towards the attainment of long-term aims through the articulation of clear goals, optimal allocation of resources, and the efficient

Citation (APA): Wahhab, S. T. (2024). Empowering Health Staff and Its Role in Helping Hospitals Achieve their Strategic Objectives. *International Journal of eBusiness and eGovernment Studies*, 16(4), 19-41. doi:10.34109/ijepeg.202416402

utilisation of organisational capabilities (Taylor, 1992). These objectives are not solely instrumental in managing daily operations; they also serve as benchmarks for monitoring and evaluating progress over time (Done et al., 2011). Here, the ability of healthcare facilities to clearly define and operationalize such goals is paramount for their sustainability and adaptability to external pressures (Bryson, 2018). Considering that healthcare provision is intricately linked to public well-being and clinical outcomes, SO become increasingly important in this category (Kim et al., 2013).

Therefore, their realization is not only important to organisational growth and systemic healthcare improvement but also to the improvement of patient outcomes and public health overall. Especially within an era of patient-focused care, fiscal responsibility, and ongoing improvement to quality, the realization of SO stands out as an intrinsic measure of successful healthcare management (Andrieiev et al., 2024). Achievement of these goals helps organisations to enhance clinical effectiveness, maximise operating efficiency, and develop an environment of responsibility (Song & Tucker, 2016). Moreover, achieving SO equips healthcare organisations to adeptly manage challenges related to resource constraints, technological transformations, and evolving healthcare policies (Yeow & Goh, 2015). Nonetheless, attaining these objectives entails overcoming significant barriers and necessitates the active engagement and collaboration of all members of the organisation, particularly health professionals. Hence, this study centres on examining the factors that could enhance the attainment of SO.

Among the critical enablers, EHS is acknowledged as a pivotal determinant in the successful realisation of SO. Empowerment, encompassing autonomy, delegated authority, and access to essential resources, strengthens both individual and organisational performance by aligning decision-making with institutional aims. When healthcare professionals are empowered, they experience a heightened sense of value and commitment, thereby enhancing motivation and job performance (Duffy, 2022). This empowerment contributes to improved patient outcomes, streamlined operations, and a more cooperative and effective workforce (Avolio, 2004). Within a high-stakes environment such as healthcare, where the demand for quality care remains constant, empowered staff are not only more satisfied in their roles but are also more inclined to exceed expectations in pursuit of SO (Willis et al., 2016). Empowered individuals are also more proactive in addressing issues, generating innovative solutions, and ensuring the delivery of care remains aligned with evolving patient needs and organisational targets (Muscari, 2007). Thus, fostering EHS is vital for advancing both individual initiative and organisational alignment, where collaboration and accountability are essential for high-quality service provision.

Aside from the immediate influence on motivation and job satisfaction, EHS also builds leadership capacity within healthcare organisations. Empowered staff are more inclined

to embrace roles of responsibility and contribute substantially to strategic choices, thus enabling organisational development towards attainment of SO (Batista-Taran et al., 2013). This is especially fitting within healthcare, where there needs to be multiple levels of leadership to address clinical and operational complexities. Additionally, empowerment gives rise to shared organisational culture, where the authority to decide is dispersed across the organisation and not situated at the top alone (Goldman, 2012). This participative leadership design ensures that SO are not directed exclusively by senior executives but rooted within the routines of all healthcare staff (Nayak et al., 2018). Moreover, EHS helps develop a more flexible and responsive labour force that is better placed to address sudden advances in technologies, management thinking, and legislation (Moen et al., 2011). By empowering healthcare workers to operate regionally and to use available tools to make decisions according to organisational goals, organisations can become more responsive and robust while pursuing SO. Hence, the study examines the influence of EHS on attaining SO.

Despite the documented advantages of EHS, there are remaining gaps within the empirical literature regarding its association with the realization of SO. While several studies have examined empowerment within various healthcare settings, there is limited agreement on the most important factors contributing to this association (Halvorsen et al., 2020; Oranye & Ahmad, 2015; Palumbo & Annarumma, 2018; Wu et al., 2022). While some investigations have considered leadership style, organisational culture, and job satisfaction (Boyas & Rachmad, 2022; Erniwati et al., 2020; Kongkaew & Nuangjamnong, 2023), these variables have not been sufficiently analysed in relation to healthcare institutions pursuing SO. Moreover, the influence of EHS on specific SO remains underexplored, particularly across diverse healthcare settings (Harrison et al., 2016). Much of the existing literature is centred on high-income countries, resulting in a dearth of insights into how empowerment can be operationalised within resource-constrained systems, such as those in Iraq, where healthcare infrastructure remains limited (Henize et al., 2015; Prince et al., 2016; Roy et al., 2023). Although some studies have drawn connections between empowerment and organisational performance (Berraies et al., 2014; García-Juan et al., 2019), few have delineated how such outcomes translate into the accomplishment of distinct SO in the healthcare sector. The current literature often neglects the mechanisms through which EHS aligns individual competencies with organisational strategies, leaving a gap in understanding how empowerment can be effectively embedded within the strategic planning framework (Waddell et al., 2016). Additionally, there is a notable scarcity of longitudinal studies that assess the sustained effects of EHS on SO, especially in healthcare organisations with intricate structures. Such longitudinal research is vital to determining whether empowerment initiatives yield lasting performance improvements and strategic success (Boshoff & Allen, 2000). Addressing these gaps, the present study focuses on evaluating the effect of EHS on achieving SO within hospitals in Iraq.

The significance of this research lies in its attempt to make a modest contribution to the academic discourse by integrating two critical constructs from the fields of human resource management and strategic management—EHS and SO—based on an extensive review of predominantly international literature. The study also seeks to adapt and apply insights from developed healthcare systems to the local Iraqi context, thereby enhancing hospital capacity to leverage EHS in pursuit of SO. The structure of the study comprises four chapters. Chapter Two presents a comprehensive literature review covering both theoretical foundations and empirical evidence. Chapter Three outlines the research methodology, including the design, approach, and data collection methods. Chapter Four offers a detailed analysis and interpretation of results through measurement and structural modelling. The final chapter discusses key findings and outlines theoretical and practical implications.

## LITERATURE REVIEW

### Theoretical Background

Hospitals aim to attain a series of outcomes when executing their tasks and responsibilities, with SO regarded as the most pivotal among these, as they encapsulate the institution's strategic trajectory (Bhati et al., 2023). Various definitions have been posited by strategic management scholars regarding SO. One perspective considers SO as a natural extension of the goals pursued by hospitals, wherein they endeavour to mobilise their capabilities and resources towards realisation (Mohammed & Al-Abrow, 2024). This conceptualisation underscores the intrinsic link between SO and organisational goals. Another interpretation presents SO as tangible manifestations of the hospital's vision and mission, serving as indicators of operational success and competitive capacity within the healthcare sector (Weimann & Weimann, 2017). It emphasizes two main points: first, that objectives come from the vision and mission of the institution; and, secondly, that attainment of these objectives is the main measure of the hospital's success.

According to the framework of decision-making, SO are further defined as basic guidelines used by senior administrators and medical staff within the process of determining the appropriate measure to undertake institution functions, where they are aligned to intended job-related outcomes (Alhawamdeh & Alsmairat, 2019). From a different point of view, SO are understood to be measurable outcomes (Moraga et al., 2020). Afolabi et al. (2018) believed that objectives are crucial motivational tools that drive staff to utilize their capacities and efforts toward task implementation, ultimately leading to the realization of goals. This reveals the importance that lies within the realization of EHS, which flows from the main area of interest of the study. EHS is crucial for the realization of SO since it promotes staff motivation, engagement, and responsibility (Jankelová et al., 2024). When health staff are given adequate authority, provision, and competencies, they are better situated to make significant contributions

to the overall goals of the hospital. Literature validates that health workers need authorities to perform their duties efficiently, particularly due to the direct implications of their activities on human life and well-being (Raime et al., 2024). Therefore, empowerment is an essential mechanism for prohibiting procedural impediments and routine constraints (JH Coun et al., 2022).

There are various administrative interpretations of EHS. There is a description of EHS as a management tool aimed at giving healthcare workers within organisational frameworks a measure of autonomy to perform their responsibilities (Jankelová et al., 2024). It mirrors the intrinsic interconnection between autonomy and EHS. Where its impacts are concerned, EHS is also defined as an effective information system that supports the free flow of information between those departments of healthcare dealing directly with patients or recipients of the services (Ştefan et al., 2024). Elsewhere, EHS is defined by the delegation of authority to workers in healthcare that makes it possible for them to make timely decisions based on allocated tasks without experiencing delays (Alkhateeb et al., 2025). This perspective supports the inherent interrelationship between empowerment and choice-making. Administratively, there is an interpretation of EHS as a modern philosophy that focuses on the growth of frontline workers due to their closeness to environmental changes and thus the need to empower so that they are free to act timely and autonomously, especially for emergency needs (Tweneboah-Koduah, 2023).

According to (Pandey et al., 2020), the EHS process encompasses five stages. Initially, senior leadership assesses organisational conditions and identifies factors contributing to employee disengagement and inefficiency, often attributed to inadequate authority or rigid bureaucratic systems. In essence, EHS entails equipping health staff with the requisite authority and knowledge to either make or participate in decision-making processes, engage in formulating SO, and propose practical resolutions to workplace challenges as needed (Houssaini et al., 2024). Hospitals may adopt a holistic empowerment strategy incorporating individual, collective, organisational, motivational, relational, external, and internal empowerment dimensions (AL Rawas & Jantan, 2023). Thus, EHS comprises these empowerment modalities, functioning as a strategic mechanism through which hospitals cultivate staff commitment and organisational loyalty—even at the expense of individual interests (Zhou et al., 2025). Ultimately, EHS enhances the influence of staff within their institutional environments, whether applied individually or collectively. Therefore, the current research investigates the impact of EHS on the achievement of SO within hospital settings.

## **Research Framework and Hypothesis Development**

Many empirical studies have researched the relationship between EHS and the SO of health institutions. For instance, Blanchard et al. (2020) provided evidence that structural and psychological empowerment among hospitals result in increased job

satisfaction and organisational commitment, both of which are essential to achieving goals within institutions. Likewise, within the framework of public comprehensive service, [Sadsad \(2022\)](#) measured the empowerment system within US public agencies and revealed that the availability of clear definition of roles, resources access, and defined responsibilities notably increased workers' performance and strategy congruence. These are also shared by [Moscelli et al. \(2024\)](#), who conducted their cross-country study among nine countries within Europe and found that English NHS hospitals that have empowered nursing staff reported reduced patient mortality, high-quality care measures, and better retained nurses.

To this end, [Kim et al. \(2021\)](#) documented that empowered nurses reported greater job satisfaction and were likely to stay in their position, thus enhancing staff retention and delivery of services. [Al-Rjoub et al. \(2023\)](#) also affirmed that empowerment in healthcare facilities improves employee performance and organisational effectiveness. Such empirical evidence supports the assumption that EHS serves to enhance the strategic capacity of healthcare systems. [Hoxha et al. \(2024\)](#) also proved that empowerment, where coordinated with effective management and an organisational culture conducive to improvement, manifests in greater job satisfaction and worker commitment, which ultimately enhance the performance of hospitals. Likewise, [Maulana et al. \(2024\)](#) noted that empowering healthcare workers to make decisions and act autonomously improves motivation and the quality of care, significantly leading to achieving strategic goals. Further, [Saleh et al. \(2022\)](#) revealed a significant correlation between staff empowerment and organisational performance and patients' outcomes.

In addition, [Mahrinasari et al. \(2021\)](#) revealed that practices of EHS activities regarding knowledge sharing, autonomy in decisions, and development enabled the improvement of organisational efficiency and alignment of staff activities towards overall strategic objectives. Together, these studies emphasize that the institutionalisation of EHS models within hospitals strengthens their strategic abilities and supports the pursuit of organisational objectives. More importantly, the incorporation of the essential elements of EHS—information sharing, autonomy to make decisions, and knowledge ownership—has been proven to have synergistic impacts on hospital performance. ([Vizor, 2023](#)), in an exhaustive study of Canadian healthcare facilities, established that system-wide empowerment measures were associated with better staff turnover, better team cohesion, and better-quality services. Likewise, [Mostafa and El-Atawi \(2024\)](#) observed that the application of EHS practices resulted in improved main strategic performance measures such as satisfaction among patients, reduced waiting times, and improved use of resources.

[Malik and Shankar \(2023\)](#) asserted that individual empowering practices such as staff training, effective communications, and decentralisation directly impacted hospital units' strategic preparedness and quality of care. Concomitantly, similar findings by

Pereira de Souza et al. (2021) and Rusdi et al. (2024) suggested that integrated empowering systems improved hospital performance by virtue of better care quality, increased operational efficiency, and improved safety for patients. These assertions confirm that holistic empowerment is transformative and empowers hospitals, especially those in developing nations like Iraq, to achieve their strategy goals sustainably and efficiently. Besides, empowering healthcare providers ensures environmentally sustainable SO by strengthening a culture of community services and enhancing reputation within local communities (Mansoori et al., 2023). Enahoro et al. (2024) also documented the need for EHS to trigger innovative thinking for strategy planning and determining vital areas for utilising staff abilities to deliver organisational goals. By utilising EHS, hospitals can efficiently realise their SO by enhancing confidence among the health workers, minimising turnover, and retaining essential talent (Njure, 2018).

Additionally, the pillar of information sharing across EHS has been empirically proven. Freire et al. (2019) and Pohjalainen (2021) believed that internal openness across hospitals strengthens staff confidence, leading to more effective strategy implementation. Similarly, Makeham and Ryan (2019) concluded that information sharing, especially using digital channels, intensified the quality of care and clinical safety outcomes. Kucharska and Bedford (2019) also noted that these practices not only eased information sharing but also enhanced decision-making and staff satisfaction, ultimately leading to success at the strategic level.

Equally, the ability for staff to make decisions autonomously has been evidenced empirically as an essential element to healthcare performance. Muduli and Pandya (2018) identified psychological empowerment to enhance employer flexibility and initiative by means of autonomy. Kao et al. (2021) reported that staff who were given decision-making power showed greater job engagement and more robust contributions to organisational goals. Lamberti-Castronuovo et al. (2022) identified that autonomous settings improved intrinsic motivation, resulting in improved care quality and responsiveness to the needs of patients. Where regions are crisis-prone, Lartey (2021) noted that decentralised structures for making decisions provided major benefits by being timely and context-sensitive to clinical decisions. Schoenfelder et al. (2020) also demonstrated that organisational autonomy boosted alignment between employee engagement and strategy direction.

Equally so, the knowledge possession dimension among healthcare staff is evidenced by solid empirical evidence. Secundo et al. (2019) applied the Japanese companies' knowledge creation framework to hospital settings, situating its application within the settings of innovation and improvement of services. King et al. (2021) provided evidence that systematic professional development and continuous learning improved clinical precision and overall staff performance. Consistently, Jia et al. (2024)

empirically validated that knowledge-abundant settings enhance workers' sense of competence and meaning. Baumann and Cabassa (2020) also indicated that knowledge sharing among hospital staff improved adaptability and efficiency of care delivery. Rosen et al. (2018) similarly found that sharing clinical knowledge promoted team learning and enhanced patient outcomes. Correspondingly, Farokhzadian et al. (2018) stressed that hospitals fostering knowledge sharing and continuous learning were more capable of adapting to patient needs. These studies collectively suggest that knowledge is a strategic resource that enables hospitals to achieve their SO. Based on the aforementioned discussion, the research framework for this study is illustrated in Figure 1.



**Figure 1:** Hypothetical Research Plan

Based on the preceding literature review and the development of the conceptual framework, the following hypotheses are proposed:

**H1:** *EHS within the hospitals studied has a significant effect on their ability to achieve their SO.*

The following sub-hypotheses emerge from it:

**H1a:** *Information sharing as one of the pillars of EHS within the hospitals studied has a significant impact on their ability to achieve their SO.*

**H1b:** *Freedom of decision-making is practiced as one of the pillars of EHS within the hospitals studied, with a significant effect on their ability to achieve their SO.*

**H1c:** *The possession of knowledge as one of the pillars of EHS within the hospitals studied has an impact with a significant significance on their ability to achieve their SO.*

## **Research Approach and Tools**

This study aims to explore the role of Electronic Health Systems (EHS), operationalized through three key dimensions—information sharing, decision-making autonomy, and knowledge possession—in enhancing the strategic objectives (SO) of hospitals in Baghdad. A quantitative, cross-sectional research design was employed, using a self-administered questionnaire to collect data. The questionnaire was developed by adapting items from established studies, with each construct measured using a Likert scale and four items per dimension. The data collected from the respondents were analysed using SPSS software to assess the impact of EHS on the hospitals' ability to achieve their strategic goals and improve overall performance.

## Community and Sample

The healthcare sector was selected as the focus of this study due to the critical need to empower staff to make important decisions when addressing exceptional challenges in their work environment. This empowerment is essential, as healthcare professionals are directly responsible for the health and well-being of both patients and the broader community. The study targeted healthcare personnel from a selection of private hospitals in Iraq, including Al-Muayyad Hospital, Al-Waziriyah Hospital, Al-Qimma Hospital, International Hospital, Global Hospital, and Al-Khayal Hospital. A total sample of 320 staff members was randomly chosen from these hospitals. Of these, 289 completed and valid questionnaires were returned and included in the analysis.

## DATA ANALYSIS AND RESULTS

### Demographic Characteristics

This section presents the demographic analysis, which is based on 289 healthcare staff members from six private hospitals in Iraq. The analysis reveals a predominantly female workforce, with 73% of participants identifying as female and 27% as male. The age distribution is fairly balanced across various age groups, with the largest percentage (34%) falling within the 31-40 age range, followed by 31% in the 41-50 age range. In terms of job roles, most respondents (62%) are medical staff, including doctors and nurses, while administrative and technical staff each represent 19% of the sample. Most participants have over 10 years of service, with 52% having 10-15 years of experience, indicating a highly experienced sample. The distribution of gender, age, job roles, and years of service reflects a well-rounded and knowledgeable sample, capable of providing valuable insights into the research objectives. The results are summarised in [Table 1](#).

**Table 1: Demographic Characteristics**

Demographic Variable	Category	Frequency (N)	Percentage (%)
Gender	Female	211	73%
	Male	78	27%
Age Group	20 - 30 Years	50	17%
	31 - 40 Years	100	34%
	41 - 50 Years	90	31%
	51+ years	49	17%
Job Description	Medical Staff (Doctors, Nurses)	180	62%
	Administrative Staff (Managers, HR)	55	19%
	Technical Staff (Lab, Radiology)	54	19%
Years of Service	10 - 15 Years	150	52%
	16 - 20 Years	100	34%
	21+ Years	39	14%

## Descriptive Analysis

This section presents the descriptive statistics, where the results reveal a strong consensus among respondents regarding both the empowerment of healthcare staff and the achievement of strategic objectives. Agreement rates were high, with 84% for empowerment and 87% for strategic objectives. The arithmetic means (3.3 for empowerment and 3.7 for strategic objectives) indicate a positive perception, while the low standard deviations (0.69 and 0.63) and coefficients of variation (0.21 and 0.17) suggest consistency in the responses. Overall, these results demonstrate a high level of appreciation, highlighting that empowering healthcare staff is closely linked to the successful achievement of strategic objectives. The results are depicted in [Table 2](#).

**Table 2: Descriptive Analysis Result**

Variables	Agreement Rate	Arithmetic Means	Standard Deviation	Coefficient of Variation	Appreciation
Empowering Health Staffs	%84	3.3	0.69	0.21	Very Good
Strategic Objectives	%87	3.7	0.63	0.17	very good

## Reliability and Validity Analysis

The reliability analysis of the constructs—information sharing, freedom of decision-making, knowledge possession, and strategic objective—demonstrates strong internal consistency across all constructs. [Table 3](#) Show test of the Reliability and Validity.

**Table 3: Reliability and Validity**

Construct	Item Code	Factor Loading	Cronbach's Alpha ( $\alpha$ )
Information Sharing	IS1	0.812	0.828
	IS2	0.805	
	IS3	0.812	
	IS4	0.803	
Freedom of Decision-Making	FD1	0.817	0.921
	FD2	0.829	
	FD3	0.806	
	FD4	0.818	
Knowledge Possession	KP1	0.719	0.817
	KP2	0.822	
	KP3	0.821	
	KP4	0.844	
Strategic Objective	SO1	0.834	0.819
	SO2	0.825	
	SO3	0.837	
	SO4	0.813	

Reliability is commonly assessed using Cronbach’s alpha ( $\alpha$ ), where values above 0.70 are considered acceptable for research, and values exceeding 0.80 indicate good reliability. In this case, all constructs surpass this threshold, with freedom of decision-making exhibiting the highest reliability ( $\alpha = 0.921$ ), followed by information sharing ( $\alpha = 0.828$ ), strategic objective ( $\alpha = 0.819$ ), and knowledge possession ( $\alpha = 0.817$ ), confirming consistent measurement of the constructs. Regarding factor loadings, all items show loadings greater than 0.70, which exceeds the recommended minimum cut-off for convergent validity (Fornell & Larcker, 1981; Hair et al., 2010). This indicates that each item strongly correlates with its underlying construct, thus ensuring robust measurement validity. Consequently, based on both factor loadings and Cronbach’s alpha values, the constructs used in the model are reliable, valid, and appropriate for subsequent structural analysis.

### Empirical Findings

The findings from hospitals in Iraq, Baghdad, indicated that several facets of empowering staff play a significant role in the realization of strategic goals within the healthcare domain. To be precise, information sharing ( $\beta = 0.89$ ,  $t = 12.34$ ,  $p = 0.0001$ ) contributed positively and significantly to strategic goals, indicating that hospital staff who are well-informed are better equipped to make significant contributions to the goals of an institution. Likewise, autonomy in making decisions ( $\beta = 0.91$ ,  $t = 13.25$ ,  $p = 0.0001$ ) contributed a similar and significant influence on strategic goals, which indicates that the more autonomy staff have to make decisions, the more they feel a sense of ownership and act according to strategic outcomes. Ownership of knowledge ( $\beta = 0.87$ ,  $t = 11.90$ ,  $p = 0.0001$ ) also contributed positively and significantly to strategic goals, emphasizing investing healthcare staff with the knowledge they need to address complex issues. Last, the overall empowerment of healthcare staff ( $\beta = 0.89$ ,  $t = 12.10$ ,  $p = 0.0001$ ) also appeared to be a significant and positive influence on the attainment of strategic goals, further asserting that empowering staff across these various facets provokes an activist and result-oriented culture. The findings are presented below in Table 4.

**Table 4: Hypothesis Test Results**

Variables	Beta	T-Value	P-Value	Result
The impact of information sharing on achieving the strategic objective	0.891	12.34	0.0001	Accept
The impact of freedom of decision on achieving the strategic objective	0.912	13.25	0.0001	Accept
The impact of knowledge possession on achieving the strategic objective	0.873	11.9	0.0001	Accept
The impact of empowering health staffs on achieving the strategic objective	0.891	12.1	0.0001	Accept

## DISCUSSION

The objective of this research is to examine the role played by EHS through three pillars—information sharing, freedom of decision, and possession of knowledge—in enhancing their ability to achieve the SO of hospitals in Baghdad. The central hypothesis of this study aimed to determine whether strengthening health workers' empowerment (EHS) in hospitals influences the achievement of strategic goals (SOS). Statistical results confirm a strong and significant impact of EHS on strategic objectives, indicating that hospitals promoting active authority among health workers are more likely to meet their strategic goals. This aligns with the work of (Buchelt et al., 2020), who highlighted human resource empowerment as a fundamental element for institutional success. Empowerment enables employees to contribute effectively to strategic plans, resolve problems, and improve service distribution. Additionally, the findings of this study are consistent with those of (D'Innocenzo et al., 2016), who suggested that empowering health staff is strongly linked to institutional performance. These results suggest that investment in human capital through empowerment strategies is crucial to improving healthcare standards and enhancing the operational capacity of hospitals.

The overall hypothesis was broken up into sub-hypotheses. The first sub-hypothesis was found to have a statistically significant and positive correlation towards strategic goals, indicating that if healthcare providers are provided access to accurate, timely, and comprehensive information, they are better positioned to engage in anticipatory and coordinated decisions that respond to the goals of an institution. These are findings that are consistent with the assertions of (Somepalli, 2021), who posited that sharing information encourages collaboration, trust, and minimizes communications obstacles, ultimately resulting in improved clinical outcomes and more streamlined processes. Further, the findings are also similar to those of (Anvari, 2018), who demonstrated that hospitals that have effective systems of communications witness reduced medical errors, improved safety for patients, and improved morale among staff. Consequently, from this discussion, within the context of Baghdad hospitals where infrastructure limitations and administrative holdups frequently disrupt effective data flow, the application of advanced information-sharing systems may be revolutionary. Fostering an environment of openness toward information may help bridge administrative and clinical departmental disconnects and result in more aligned operations and plans.

In addition, the findings of the other sub-hypothesis indicated a high positive correlation between freedom of decision-making and strategic goals. This result validates that when workers receive the empowerment to make decisions, it advances strategic alignment and improves performance. Moreover, workplace autonomy encourages innovation, minimizes dependence on top management, and streamlines decision-making processes. This corresponds to (Shahzad et al., 2018), who emphasized that within high-

stress areas like emergency rooms or ICUs, the capacity to make prompt decisions can be a matter of life and death and supports the use of decision-making authority within healthcare. Likewise, findings are similar to (Behravesh et al., 2021), who asserted that giving workers authority to make decisions helps to improve job satisfaction among staff, which further advances organisational performance. Therefore, according to the findings of the research for healthcare within Baghdad, where time delays due to bureaucracy can delay both clinical and management decisions, giving healthcare workers the power to make decisions on a case-by-case basis may better advance response time, the allocation of resources, and overall care for patients. It is thus recommended that hospitals give their workers the autonomy to make decisions to enhance strategic performance.

The third sub-hypothesis also showed a statistically significant influence of knowledge possession for the attainment of the strategic goals of Baghdad hospitals. This association indicates that knowledge possession speaks to the depth and breadth of expertise that health workers have (Mediani et al., 2022). Increasing the knowledge base, via focused training, workshops, and partnerships with educational institutions, will assist to bridge the gap between existing skill and available expertise and equip workers with the expertise they need to attain the goals of strategy more effectively. The findings show that an extremely skilled staff is vital to analyze clinical data, use clinical technologies, and give evidence-based care. This conforms to the findings of Khademi et al. (2021), and Scheepers et al. (2020), which identified that hospitals that have ongoing professional development programs are better both clinically and on administrative measures. In the case of Baghdad, where medical and professional learning have been interrupted due to half a century of turbulence, skill disparities remain in many of the hospitals. For this reason alone, it is imperative that hospital staff have the knowledge they need to advance the strategic goals of healthcare facilities. On the basis of this discussion, healthcare in Baghdad, now at the point of a turning point due to post-crises reconstruction and systemic reform, can gain from these lessons. The findings provide a roadmap for improvement that will not only individually advance hospital performance but also enhance overall adaptability and robustness to the healthcare system of Iraq.

## IMPLICATIONS

Theoretically, this study contributes to the expanding body of knowledge in strategic healthcare by highlighting the crucial role of employee empowerment in achieving hospital strategic objectives, particularly in challenging environments like Baghdad. The findings support existing empowerment principles, such as structural and psychological empowerment, by empirically demonstrating that factors like information sharing, decision-making autonomy, and knowledge possession are vital predictors of strategic success. This study also extends the theoretical understanding of EHS by

exploring how these elements interact simultaneously, rather than in isolation. In the context of post-crisis extraction and institutional reconstruction, this research offers a local theoretical framework that integrates empowerment structures within the realities of public health services in delicate or transitional systems. It further supports global models of organisational development by providing evidence that, even in resource-constrained settings, empowerment can act as a catalyst for institutional change and strategic goal adjustment. Additionally, the study highlights the need to develop region-specific empowerment models that address unique challenges, such as political instability and resource limitations. Thus, this study paves the way for future research that examines how cultural and institutional factors mediate the relationship between EHS and hospital performance, especially in developing countries.

From a practical perspective, the study offers valuable insights for hospital administrators, decision-makers, and reformers in the healthcare sector in Baghdad. The statistically significant correlations among the dimensions of EHS and strategic performance highlight the need for urgent management reforms that emphasize staff autonomy, ongoing professional development, and accountable communications. Hospital managers in Baghdad can maximize performance and outcomes for patients by adopting information-sharing procedures, decentralizing specific clinical decisions, and investing in staff development programs. These are particularly essential within Iraq's healthcare sector, where inefficient administrative frameworks and shortages of expertise hamper advances. The Ministry of Health can also use these findings to formulate nationwide approaches that embrace empowerment procedures within hospital recognition and human resources policy frameworks. By so doing, hospitals in Baghdad can maximize internal efficiency, responsibility, and responsiveness to public sector healthcare needs amid ongoing socio-economic hurdles. Moreover, hospital managers need to consider developing monitoring and evaluation systems that monitor empowerment procedures and connect these to quantifiable measures. The practical applications of this study can also be used as an example for neighbouring regions that experience similar developmental hurdles.

## **CONCLUSION**

In conclusion, the study focused on assessing the effect of empowering healthcare staff using the three perspectives of information sharing, decision-making autonomy, and possession of knowledge to fulfil strategic goals within hospitals. The data collection employed a questionnaire-based approach. The findings showed that information sharing, decision-making autonomy, and possession of knowledge all positively and significantly affect the fulfilment of strategic goals within the healthcare industry of Baghdad. Of the three perspectives, decision-making autonomy carried the most influence, followed by knowledge possession and information sharing. The implications are that the success of healthcare organisations strategically depends on activities that

enhance autonomy, communication, availability of knowledge, and empowered staff. Moreover, the robust empirical and statistical evidence supports injecting all three perspectives within planning to maximize the effectiveness and fulfilment of goals for the short and long term. Though the study provides significant insights for policymakers, healthcare administrators, and hospital managers of Baghdad, it also calls for further investigation to enhance the application of these implications across various organisational settings.

## LIMITATIONS AND FUTURE RECOMMENDATIONS

Although the current study makes important contributions, it has limitations. Firstly, the study concentrated only on private hospitals and did not include public hospitals, limiting the study to a specific sector. A future study could investigate a comparison study across private and public hospitals to make recommendations generalisable to both sectors. Second, the study used regression analysis and did not use SEM. Using SEM would be an improvement to make recommendations more generalisable. Third, the study only included direct effects in one sector without investigating moderating effects. A future study would do well to investigate moderating factors to extend the study. Following from the findings of this study, various recommendations are made:

1. It is suggested that the hospitals included in the survey create a comprehensive database of information and make it available to their healthcare professionals. This would keep them up to date regarding important developments within the healthcare sector, enhance their knowledge base, and help them perform their tasks more efficiently within the hospital.
2. The study suggests that hospitals under investigation should adopt advanced software and technologies to manage the knowledge and events encountered in their operations. This would enable healthcare staff to enhance their knowledge, making it more valuable and applicable for problem-solving and addressing exceptional circumstances in the workplace.
3. It is recommended that hospitals under study invite experts and specialists in the field of strategic objectives to conduct training sessions and educational workshops. These initiatives would help increase healthcare staff's awareness of the importance of their strategic role and how their activities and tasks contribute to achieving the hospital's strategic objectives.

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