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COMO A COMUNICAÇÃO ESTRATÉGICA CONECTA A IMPLEMENTAÇÃO DA ESTRATÉGIA AO DESEMPENHO ORGANIZACIONAL: EVIDÊNCIAS DE HOSPITAIS PRIVADOS

HOW STRATEGIC COMMUNICATION LINKS STRATEGY IMPLEMENTATION TO ORGANIZATIONAL PERFORMANCE: EVIDENCE FROM PRIVATE HOSPITALS

CÓMO LA COMUNICACIÓN ESTRATÉGICA VINCULA LA IMPLEMENTACIÓN DE LA ESTRATEGIA CON EL DESEMPEÑO ORGANIZACIONAL: EVIDENCIA DE HOSPITALES PRIVADOS

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RESUMO

Introdução: A comunicação estratégica é amplamente considerada crucial para a implementação eficaz de estratégias, contudo, as evidências empíricas que demonstram como ela se traduz em resultados de desempenho mensuráveis em contextos de saúde ainda são limitadas. Com base na teoria comportamental da decisão e em abordagens de gestão contemporâneas, este estudo aborda essa lacuna, examinando o mecanismo pelo qual a comunicação contribui para o desempenho durante a execução da estratégia.

Objetivo: Analisar o papel mediador da comunicação estratégica na relação entre implementação da estratégia e desempenho organizacional em organizações de saúde.

Métodos: Foi empregado um delineamento quantitativo. Questionários presenciais e online foram aplicados a 344 profissionais de saúde que trabalham em diferentes instituições de saúde. O modelo estrutural proposto foi testado utilizando o AMOS v.26 e modelagem de equações estruturais.

Resultados: A implementação da estratégia apresentou associação positiva com o desempenho organizacional, particularmente por meio das subdimensões de participação e compartilhamento e feedback e colaboração. A comunicação estratégica também demonstrou uma relação positiva significativa com o desempenho organizacional. As análises de mediação indicaram um efeito mediador parcial da comunicação estratégica: os impactos da participação/compartilhamento e do feedback/colaboração sobre o desempenho foram parcialmente transmitidos por meio da confiança organizacional, dos canais de comunicação e da abertura, e da direção e frequência da comunicação.

Conclusão: A comunicação estratégica não é uma ferramenta gerencial periférica, mas um mecanismo central que conecta as práticas de implementação da estratégia às melhorias de desempenho em organizações de saúde. O estudo contribui para a literatura ao esclarecer os caminhos mediadores pelos quais a comunicação estratégica apoia o desempenho organizacional durante a implementação da estratégia no contexto da saúde.

Palavras-chave: gestão estratégica; comunicação; desempenho organizacional; gestão em saúde; gestão estratégica em saúde

ABSTRACT

Introduction: Strategic communication is widely considered crucial for effective strategy implementation, yet empirical evidence showing how it translates implementation efforts into measurable performance outcomes in healthcare settings remains limited. Drawing on behavioral decision theory and contemporary management approaches, this study addresses this gap by examining the mechanism through which communication contributes to performance during strategy execution.

Objective: To analyze the mediating role of strategic communication in the relationship between strategy implementation and organizational performance in healthcare organizations.

Methods: A quantitative design was employed. Face-to-face and online surveys were administered to 344 healthcare personnel working in different healthcare institutions. The proposed structural model was tested using AMOS v.26 and structural equation modeling.

Results: Strategy implementation was positively associated with organizational performance, particularly through the sub-dimensions of participation and sharing and feedback and collaboration. Strategic communication also showed a significant positive relationship with organizational performance. Mediation analyses indicated a partial mediating effect of strategic communication: the impacts of participation/sharing and feedback/collaboration on performance were partially transmitted via organizational trust, communication channels and openness, and direction and frequency of communication.

Conclusion: Strategic communication is not a peripheral managerial tool but a central mechanism that links strategy implementation practices to performance improvements in healthcare organizations. The study contributes to the literature by clarifying the mediating pathways through which strategic communication supports organizational performance during strategy implementation in the healthcare context.

Keywords: strategic management; communication; organizational performance; healthcare management; strategic health management

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RESUMEN

Introducción: La comunicación estratégica es ampliamente considerada crucial para una implementación eficaz de estrategias, sin embargo, como evidencias empíricas que demuestran como ella se traduce en resultados de desempeño mensurables en contextos de salud ainda são limitados. Com base na teoria comportamental da decisão e em abordagens de gestão contemporâneas, este estudio aborda essa laguna, examinando o mecanismo pelo qual a comunicação contribui para o desempenho durante a execução da estratégia.

Objetivo: Analizar el papel mediador de la comunicación estratégica en la relación entre la implementación de la estrategia y el rendimiento organizativo en las organizaciones sanitarias.

Métodos: Foi empregado um delineamento quantitativo. Cuestionarios presenciales y foros en línea aplicados a 344 profesionales de la salud que trabajan en diferentes instituciones de salud. El modelo estructural propuesto fue probado utilizando AMOS v.26 y modelagem de equações estruturais.

Resultados: La implementación de la estrategia presenta una asociación positiva con el desempeño organizacional, particularmente por las subdimensiones de participación, compartición, retroalimentación y colaboración. La comunicación estratégica también demuestra una relación positiva significativa con el desempeño organizacional. Como los análisis de mediación indican un efecto mediador parcial de la comunicación estratégica: los impactos de la participación/compartilhamento y la retroalimentación/colaboración sobre el desempeño foram parcialmente transmitidos por la confianza organizacional, los canales de comunicación y la abertura, la dirección y la frecuencia de la comunicación.

Conclusión: La comunicación estratégica no es una herramienta gerencial periférica, sino un mecanismo central que conecta las prácticas de implementación de la estrategia con mejores resultados en las organizaciones de salud. El estudio contribui para la literatura ao esclarecer los caminos mediadores pelos quais a comunicação estratégico apoia o desempenho organizacional durante la implementación de la estrategia en el contexto de la salud.

Palabras-clave: gestão estratégica; comunicação; desempenho organizacional; gestão em saúde; gestão estratégica em saúde

INTRODUCTION

Strategic management appears as a research area that endeavours to find out the route that businesses should adopt to assure themselves of survival in the coming years, making a graph of survival with a competitive advantage over others. This comprehensive strategy for management involves every business, requiring a joint effort from all workers, focusing on decision-making for survival, activating competition, and constantly reinventing an organizational structure. With globalization taking over and information spreading rapidly in every business, trends have shifted in management trends. Over the years, there has been a blurring of lines between management trends and knowledge, human resources, and competitiveness. Advancements in technology have made information easily accessible to individuals, prompting businesses to embrace new technologies and practices and fostering a flexible, continuously learning organizational structure. It is thought that the implementation of strategies, one of the strategic management processes, is less important than the strategy formulation and planning stages.

This is thought to be since the implementation of strategies attracts less attention than strategy formulation, the belief that implementation can be done by anyone, and the lack of clarity about where the implementation process begins and ends. Research shows that problems in strategy implementation are caused by lack of communication, lack of strategy adoption, lack of proper understanding of strategies, lack of organization, competitor activities and insufficient human resources. With increasing competition, businesses have commenced to require strategy, flexible structures, and new systems. Their efforts to identify opportunities and strengths and take precautions against environmental opportunities and threats have led to the emergence of the strategic management approach. Environmental, social, and economic changes, depletion of resources, and escalating competition have made it essential to address management from a strategic perspective, ensuring its sustainability and adapting to shorter management timeframes. In this integrated management process, which involves a series of closely interconnected activities, to effectively implement strategies, the active cooperation and responsibility of organizational employees are considered vital to the decision-making process.

Moreover, it appears to be very essential to design the organizational structure in the most appropriate way and adopt the organizational culture in all organizational departments. The literature also reveals the support of research studies in that serious issues exist in the implementation process of strategies in the organizational context. In addition, the requirement to improve the effectiveness of the strategic management process in the case of private healthcare organizations operating in a competitive environment seems imperative to ensure the long-run survival of such establishments in the market. In the current context, the role of the human aspect, which differs significantly in an organization, can also be affected by a series of aspects. The significance of communication in organizational integration, the effective design of strategies, and the achievement of the organizational set goals in the context of the strategic management process has been accentuated.

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Despite the growing body of research on strategy implementation and organizational communication, a critical gap remains in the empirical literature: few studies have examined the mechanism through which implementation efforts translate into performance outcomes in complex healthcare organizations, and fewer still have tested the mediating role of strategic communication within an integrated structural model. Most prior studies have examined either the implementation–performance relationship or the communication–performance relationship in isolation, without investigating the pathway connecting these constructs. This is particularly relevant in private hospital settings, where the coordination demands of diverse professional groups make communication a potentially decisive link between strategic execution and measurable results. Accordingly, this study aims to investigate whether strategic communication mediates the relationship between strategy implementation and organizational performance in private hospitals in Ankara, Türkiye, using structural equation modeling (SEM). The paper is structured as follows: Section II presents the theoretical background and hypotheses; Section III describes the research methodology; Section IV reports the data analysis and findings; and Sections V through VII discuss the results, implications, limitations, and conclusions.

1. LITERATURE REVIEW AND THEORETICAL BACKGROUND

It is assumed that guidance on the things organizations should do during strategy implementation to attain desired organizational performance would prove helpful. One of the major ideas within literature on strategy is that the success of organizations is dependent not just upon the quality of strategy formulations but is affected by whether strategy is formulated and implemented or not. There is an increasing conceptual emphasis upon strategy implementation as an ongoing dynamic and iterative two-way process involving alignment of structures and efforts by managers and employees in organizations with strategy visions amidst changing environmental conditions (Tawse & Tabesh, 2021; Holm et al., 2025). Accordingly, even well-designed strategies may generate limited value if implementation is weak, fragmented, or not supported by the organizational conditions necessary to make strategy “work” in practice. In the case of hospitals, strategic management is the process of formulating appropriate strategies and actions, as well as recognizing the tasks necessary for achieving targeted performance, although the process of strategy formulation and implementation is comprehensively understood as complex and challenging (Johnson & Scholes, 2013). Johnson and Scholes (2013) argue that the process of strategy and implementation is cumbersome and complex for the fact that it is understood in management concepts, which concentrate on the minimal number of ideas and ignore the interdependencies in the organizational real-life contexts, although, based on the contemporary implementation literature, the process is complex for the fact it involves sensemaking, coordination between professionals, and continuous monitoring and correction as the situation develops (Friesl et al., 2021; Holm et al., 2025). It is also visible from the literature that organizational factors, specifically organizational cultures, and the involvement and commitment of senior management, are also important factors during the process (Holm et al., 2025). In addition, and most significantly, communication in an organization is both enabling and crucial in terms of implementation as it is basically the most important key function for explanation, clarification, and correction in matters of strategic intention (Waititu, 2016). In essence, it enables employees in the firm to understand the purpose of existence in their organizations or what they also would like to become in trying or seeking a specific place and how its members, in one way or another, need to relate in their efforts towards organizational goals (Waititu, 2016). Furthermore, there appears to be evidence that organizations need to have upward forms of feedback and critical conversations that enable improved decision-making with enhanced probabilities of problem detection prior to their occurrences. Taking into consideration the above literature review and summary of the findings, it is evident that strategy implementation and communication have a strong support role for each other. Therefore, based on the discussion presented above, hypotheses H1 to H4 have been formulated.

The conceptual framework developed for this study is built around three complementary elements: first, the core constructs used to explain the phenomenon under investigation; second, the specification of the relationships among these constructs; and third, the underlying mechanisms that account for these relationships. In this context, in the specific context of hospitals, strategy implementation, strategic communication levels, and organizational performance represent the most relevant constructs. The model advances that strategy implementation impacts organizational performance both directly and indirectly, where the indirect effect passes through strategic communication levels. Based on the literature review related to the Behavioral Decision Theory, Strategic Management, and Strategic Communication, the rationale underlying this explanation states that the implementation process improves goal clarity and shared understanding and strengthens the communication channels upon which credible messages are built, thus raising coordination and commitment, which in turn results in better organizational performance.

1.1. The impact of strategy implementation on organizational performance

Strategic management can be perceived as the process whereby the mission, vision, and objectives of the business are channeled into organizational priorities. Strategy implementation becomes the most important mechanism or capability for organizations to achieve this objective. Recent studies have managed to focus on the aspect that strategy implementation involves not one process or step but several management or organizational factors such as communications or coordination by which strategy can become “realized” in their operations or results (Tawse & Tabesh, 2021). In hospital settings, where clinical and administrative tasks are highly interdependent, implementation effectiveness is expected to relate closely to organizational performance, because

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performance depends on the extent to which organizational objectives are consistently converted into departmental and operational objectives and enacted across professional groups. The organization's performance also depends on the effective communication of defined objectives and policies within the organization, and thus, strategies should be integrated into the general goals and policies of all units. Put differently, when implementation is strong, hospitals are more likely to achieve strategic alignment. Units share priorities, decisions become more coherent, and resources are deployed in line with strategic intent, reducing fragmentation and enabling better organizational outcomes. This expectation is supported by broader evidence base showing that strategic management and strategic planning practices are associated with performance. For example, meta-analytic evidence indicates that strategic planning has a positive and significant relationship with organizational performance across empirical studies (George et al., 2019). In the healthcare sector, the functionality of turning strategies into measurable outcomes and providing feedback loops can be achieved through performance measurement systems. Performance in the healthcare sector, the functionality of turning strategies into measurable outcomes and providing feedback loops can be achieved through performance measurement systems. Evidence from the systematic review of research studies conducted using the Balanced Scorecard approach in the healthcare sector identifies the need for implementation-related factors and the shift towards performance and resilience within the past few years (Betto et al., 2022). In the public health sector, the evidence synthesis conducted identifies the role of strategic planning, which acts as the antecedent of the performance of the sector, which often acts through organizational and management factors (Wongsin et al., 2025). Taking all of these together, the classical studies linking strategic management and performance (Meier et al., 2007; Walker et al., 2010), and contemporary implementation research underlining that managerial and organizational levers are the shapers of implementation effectiveness and its outcomes (Tawse & Tabesh, 2021), hospitals that can implement strategies more effectively should exhibit higher organizational performance. Based on these arguments, we propose:

H1: The implementation of strategies in hospitals has a positive impact on organizational performance.

- H1a: Organizational structuring in hospitals has a positive impact on organizational performance.
- H1b: Delegation of authority in hospitals has a positive impact on organizational performance.
- H1c: Participation and sharing in hospitals have a positive impact on organizational performance.
- H1d: Feedback in hospitals has a positive impact on organizational performance.
- H1e: Collaboration in hospitals has a positive impact on organizational performance.

1.2. The impact of strategic communication level on organizational performance

Strategic communication in a hospital involves timely and accurate communication related to goal setting, prioritization, and work expectations, combined with communication that provides feedback to help workers understand what 'good performance' entails. In a hospital or a healthcare organization, which involves various professional staff needing coordination among themselves to provide services, communication becomes a resource for the organization that helps minimize uncertainties related to role understanding among the staff and helps them work together to achieve strategic objectives (Robbins & Judge, 2015). By understanding the expectations of the managerial staff and receiving regular updates and communication, workers in a hospital can be better informed to accept organizational goals and regulate their performance accordingly, which has a multiplier effect on individual performance and organizational performance. Apart from ensuring coordination and understanding, strategic communication enhances performance since it helps create the motivational climate for which the strategic actions are performed. This aspect of strategic communication has been the core focus of the organizational theories related to motivation and performance. Also, more current findings from internal communication studies point to a positive correlation between internal communication satisfaction and employee engagement, which is mediated by variables like perceived organizational support and employer attractiveness that generally tend to predict positive work attitudes and behaviors related to performance (Tkalac Verčič & Men, 2023; Tkalac Verčič et al., 2017).

Additionally, it is revealed that internal communication systems, when properly designed, have a significant effect on important motivational factors that are generally recognized to be proximal antecedents to performance outcomes within the organization; for example, a correlation was found to exist between communication satisfaction and employee engagement through supportive organizational cues and aspects of well-being resources (Tkalac Verčič & Men, 2023), and the potential exists that motivation can play a role as a mediator to positive work attitudes from internal communication (Santos et al., 2024).

In healthcare specifically, evidence from hospital change contexts suggests that when staff feel adequately informed through appropriate communication channels, they report stronger readiness-related attitudes and more favorable outcomes which is consistent with the view that strategic communication supports sustained performance by protecting human and relational resources during demanding periods (Ellis et al., 2023). Finally, the growing body of literature on digital internal communication suggests that channel effectiveness and the strategic design of internal communication approaches-including interactive and platform-based communication-is considered an increasingly important driver of employee satisfaction and engagement, which in turn confirms that "strategic communication level" is not just a question of message volume but rather an organizational capability for making alignment, motivation, and coordinated execution support performance (Verčič et al., 2023; Men et al.,

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2020). From the above theoretical considerations and based on related empirical supportive evidence as well, the following hypothesis is set forth:

- H2:** The strategic communication level in hospitals has a positive impact on organizational performance.
- H2a: Trust in the organization in hospitals has a positive impact on organizational performance.
 - H2b: The direction and frequency of communication in hospitals have a positive impact on organizational performance.
 - H2c: Communication channels and clarity in hospitals have a positive impact on organizational performance.
 - H2d: The leadership role of hospital managers has a positive impact on organizational performance.

1.3. The Impact of Strategy Implementation on the Strategic Communication Level within the Organization

Organisational growth at a tremendous pace, increasing specialisation, and changing nature of organisations have also increased the significance of communication. The effective implementation of strategies cannot be achieved without the efficient transfer of information within the organisation. To transfer objectives, goals, and closely follow developments in the environment, there might be a need for regular interaction between managers and workers. It is essential that effective communication is not overlooked as a mechanism for finalising the decision-making process, which must be comprehensively implemented by workers to carry out these decisions. From the perspective of implementing strategies, translating strategic ideas into action has been likened to “a continuous, iterative, multi-party process, which is heavily reliant on coordination; hence, communication is required by, but also leads to, its institutionalisation, which involves generating patterns of organisational interaction whereby objectives are shared, responsibilities aligned, and progress monitored” (Friesl et al., 2021; Tawse & Tabesh, 2021; Holm et al., 2025). Organizational communication can be understood as a system of shared values and meanings, information flows about the environment and people, and role relationships embedded in the organization’s structure.

In that sense, organizational structuring is continuously (re)produced through communication among members. Because strategy implementation entails translating a strategic direction into actionable tasks and interdependent work, the implementation process naturally increases the need for vertical and horizontal communication, especially in complex settings such as hospitals, where multiple professional subunits must coordinate around shared priorities. Consistent with this logic, evidence from the healthcare industry shows that more frequent vertical communication during implementation strengthens strategic consensus, which is a central mechanism by which strategy becomes shared and actionable across the organization. In addition, the implementation practices that typically accompany execution, such as delegation of authority, participation in decisions, collaboration across units, and structured feedback, are themselves communication-generating mechanisms. For example, delegation can psychologically empower employees and stimulate feedback-seeking behavior, increasing upward and lateral information exchange (Zhang et al., 2017). Likewise, research on rolling out major organizational initiatives emphasizes that eliciting active employee feedback and participation is not incidental but part of making implementation workable, because it creates learning loops and adjustment signals that require sustained two-way communication (Hood & Bartunek, 2022).

Contemporary strategic communication research in organizational change also indicates that implementation contexts shape both the intensity and quality of internal strategic messaging, influencing how employees evaluate legitimacy and commit to change (Scheuer & Thaler, 2024). Finally, as implementation increasingly relies on digital collaboration and internal platforms, evidence from recent reviews shows that these tools expand internal connectivity and interaction capacity, further embedding communication into day-to-day execution practices (Tkalac Verčič et al., 2025). Accordingly, when hospitals implement strategies through mechanisms such as delegation, participation, collaboration, and feedback, the level of strategic communication within the organization is expected to increase. Based on this reasoning, the following hypothesis is proposed:

- H3:** In hospitals, the implementation of strategies has a positive impact on the level of strategic communication within the organization.
- H3a: Organizational structuring has a positive effect on the trust in the organization in hospitals.
 - H3b: There is a positive effect of delegation of authority on the trust in the organization in hospitals.
 - H3c: There is a positive effect of participation and sharing on the trust in the organization in hospitals.
 - H3d: There is a positive effect of feedback on the trust in the organization in hospitals.
 - H3e: There is a positive effect of collaboration on the trust in the organization in hospitals.
 - H3f: There is a positive effect of organizational structuring on communication channels and transparency in hospitals.
 - H3g: There is a positive effect of delegation of authority on communication channels and transparency in hospitals.
 - H3h: There is a positive effect of participation and sharing on communication channels and transparency in hospitals.
 - H3i: There is a positive effect of feedback on communication channels and transparency in hospitals.
 - H3j: There is a positive effect of collaboration on communication channels and transparency in hospitals.
 - H3k: Organizational structuring has a positive effect on the direction and frequency of communication in hospitals.
 - There is a positive effect of delegation of authority on the direction and frequency of communication in hospitals.
 - H3m: There is a positive effect of participation and sharing on the direction and frequency of communication in hospitals.
 - H3n: There is a positive effect of feedback on the direction and frequency of communication in hospitals.
 - H3o: There is a positive effect of collaboration on the direction and frequency of communication in hospitals.
 - H3p: Organizational structuring has a positive effect on the leadership role of managers in hospitals.
 - H3q: There is a positive effect of delegation of authority on the leadership role of managers in hospitals.

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- H3r: There is a positive effect of participation and sharing on the leadership role of managers in hospitals.
- H3s: There is a positive effect of feedback on the leadership role of managers in hospitals.
- H3t: There is a positive effect of collaboration on the leadership role of managers in hospitals.

1.4. The mediating role of the strategic communication level on the impact of strategy implementation on organizational performance

Organizational performance refers to the achievements attained in pursuing predetermined or evolving objectives by effectively implementing competitive strategies and utilizing resources in harmony (Çalık et al., 2013). Regardless of the quality of strategies formulated, their contribution to performance depends heavily on implementation effectiveness, because implementation is the organizational process through which strategic intentions are converted into consistent routines, coordinated actions, and measurable outcomes (Tawse & Tabesh, 2021). Moreover, implementation is increasingly conceptualized not as a one-off execution phase, but as a dynamic and iterative process that requires ongoing adjustment, learning, and internal alignment as organizations monitor opportunities and environmental change (Holm et al., 2025). A central mechanism through which implementation is expected to translate into higher performance is strategic communication. In practice, implementation intensifies the need to communicate strategic goals, clarify responsibilities, coordinate interdependent tasks, and establish feedback loops that signal progress or misalignment. Empirical research in the health care industry shows that frequent vertical communication during the implementation process supports strategic consensus, and that stronger consensus is associated with higher organizational performance indicators, consistent with the idea that communication is part of the causal pathway from implementation to performance. In parallel, organization-level studies emphasize that when internal communication systems enable upward as well as downward flows, leaders are less likely to miss emerging problems and more likely to adjust decisions effectively under conditions that support successful implementation and performance. Strategic communication, in turn, contributes to performance by shaping the motivational and relational foundations of coordinated execution. A healthy communication climate fosters trust and collaboration, enabling employees and managers to work toward shared goals and thereby strengthening performance. Contemporary evidence also clarifies how internal communication strengthens performance-relevant attitudes and behaviors: internal communication satisfaction is linked to stronger employee engagement through social exchange type mechanisms (e.g., perceived support, employer attractiveness), which are well-established antecedents of organizational effectiveness (Tkalac Verčič & Men, 2023). Taken together, these arguments lead to the following overarching expectation: strategy implementation enhances organizational performance both directly and indirectly by increasing strategic communication levels within hospitals. In other words, strategic communication operates as a partial mediating mechanism that translates implementation efforts into higher organizational performance. General Hypothesis. Strategy implementation is positively associated with organizational performance, and this relationship is partially mediated by strategic communication levels within hospitals. Therefore, we propose:

- H4:** The strategic communication level has a mediating role in the impact of strategy implementation on organizational performance in hospitals.
- H4a: Trust in the organization mediates the effect of organizational structuring on organizational performance in hospitals.
 - H4b: Trust in the organization mediates the effect of delegation of authority on organizational performance in hospitals.
 - H4c: Trust in the organization mediates the effect of participation and sharing on organizational performance in hospitals.
 - H4d: Trust in the organization mediates the effect of feedback on organizational performance in hospitals.
 - H4e: Trust in the organization mediates the effect of collaboration on organizational performance in hospitals.
 - H4f: Communication channels and clarity mediate the effect of organizational structuring on organizational performance in hospitals.
 - H4g: Communication channels and clarity mediate the effect of delegation of authority on organizational performance in hospitals.
 - H4h: Communication channels and clarity mediate the effect of participation and sharing on organizational performance in hospitals.
 - H4i: Communication channels and clarity mediate the effect of feedback on organizational performance in hospitals.
 - H4j: Communication channels and clarity mediate the effect of collaboration on organizational performance in hospitals.
 - H4k: Communication direction and frequency mediate the effect of organizational structuring on organizational performance in hospitals.
 - H4l: Communication direction and frequency mediate the effect of delegation of authority on organizational performance in hospitals.
 - H4m: Communication direction and frequency mediate the effect of participation and sharing on organizational performance in hospitals.
 - H4n: Communication direction and frequency mediate the effect of feedback on organizational performance in hospitals.
 - H4o: Communication direction and frequency mediate the effect of collaboration on organizational performance in hospitals.
 - H4p: The leadership role of managers mediates the effect of organizational structuring on organizational performance in hospitals.
 - H4q: The leadership role of managers mediates the effect of delegation of authority on organizational performance in hospitals.
 - H4r: The leadership role of managers mediates the effect of participation and sharing on organizational performance in hospitals.
 - H4s: The leadership role of managers mediates the effect of feedback on organizational performance in hospitals.
 - H4t: The leadership role of managers mediates the effect of collaboration on organizational performance in hospitals.

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2. METHODS

2.1. Research Model

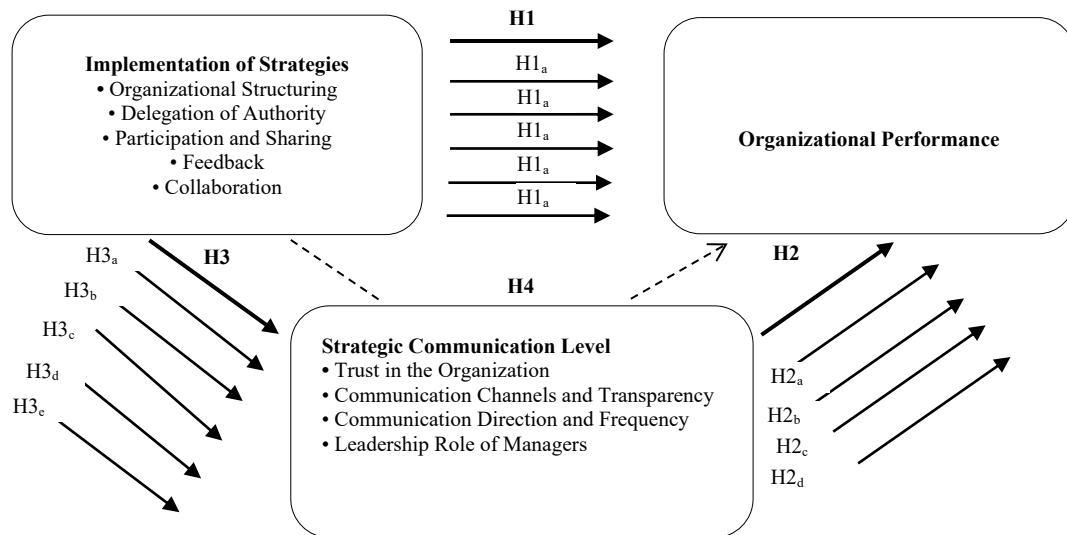


Figure 1 - Research Model

2.2. Ethical Compliance Statement

This study was conducted in full accordance with the ethical principles governing research involving human participants. Prior to data collection, ethical approval was obtained from the relevant institutional ethics committee. All participants were informed of the voluntary nature of their participation, the academic purpose of the study, and their right to withdraw at any point without consequence. Written informed consent was obtained from all respondents prior to their participation. No personally identifiable information was collected; all responses were recorded anonymously and treated with strict confidentiality throughout the data collection, analysis, and reporting process. The data were stored securely and used solely for the purposes of this academic study.

2.3. Data Collection Tool and Process

Due to the quantitative nature of the study, the data collection tool utilized is the survey technique. The survey form comprises four distinct sections, apart from the information section related to the study. The first section includes 5 questions to reveal the demographic information of healthcare professionals. The second section consists of 37 5-point Likert scale questions to assess the implementation process of strategies. The third section contains 18 5-point Likert scale questions to determine the level of strategic communication. Lastly, the fourth section incorporates 13 5-point Likert scale questions related to organizational performance.

Table 1 - Measurement tools used in the research

Name Of Scale	Number of Statements
Implementation of Strategies	37
Organizational Structure	8
Delegation of Authority	9
Participation and Sharing	9
Feedback	6
Cooperation	5
Strategic Communication Level	18
Trust in the Organisation	6
Communication Channels and Openness	5
Direction and Frequency of Communication	4
Leadership Role of Managers	3
Organizational Performance	13
TOTAL	68

2.4. Population and Sample

The study population comprised healthcare professionals employed in private hospitals in Ankara, Türkiye. Because hospitals varied in workforce size and the population included multiple professional groups, a stratified sampling approach was used to ensure representation across occupational strata. At the time the population was defined, the participating hospitals employed

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946 healthcare professionals (293 physicians, 405 nurses, and 248 other health professionals, including physiotherapists, pharmacists, dietitians, and dentists). With a 95% confidence level and a 5% margin of error, the minimum required sample size was calculated as 273 respondents. To enhance reliability and minimize potential sampling bias, the questionnaire was distributed to all eligible employees in the participating hospitals, and 344 completed questionnaires were retained for statistical analysis.

2.5 Type of study

This study utilized a quantitative research design to examine the impact of strategy implementation during the strategic management process on the performance of organizations via the degree of strategic communication. Owing to the multi-variate and theoretical nature of the study model, structural equation modeling (SEM) was applied as the major mode of analysis because it makes it possible to model and estimate the direct and indirect effects.

2.6 Data Collection

The study collected information from healthcare professionals working in private healthcare organizations using an online questionnaire. A stratified sampling technique was applied based on size variation among healthcare organizations and healthcare worker composition. Based on the population criteria developed, there were 946 healthcare professionals working in the healthcare organizations participating in the study, with 344 completed questionnaires used for analysis. The study used three scales measuring 20 constructs based on a 5-point Likert scale (1=Strongly Disagree, 5=Strongly Agree, with 3 indicating "Neutral"). The instrument had four areas with 68 items, which included demographic information, Strategic Communication Level with 18 items, Organizational Performance with 13 items, and Strategy Implementation with 37 items. The items in the instrument were developed from Yılmaz (2010) and prior studies with the help of experts. The items' content relevance, understandability, and appropriateness improved through expert review.

3. RESULTS

3.1. Sample Information and Demographic Data

Table 2 - Distribution of participants according to their general characteristics

Variables	Answers	Frequency	Percentage (%)
Gender	Female	231	67,2
	Male	113	32,8
Total		344	100
Age	18-24	60	17,4
	25-31	64	18,6
	32-38	77	22,4
	39-45	82	23,8
	age 46 and below	61	17,7
Total		344	100
Education	High School	15	4,4
	Vocational School	105	30,5
	License	139	40,4
	Master's Degree	27	7,8
	PhD	58	16,9
Total		344	100
Occupation	Doctor	107	31,1
	Nurse	144	41,9
	Other Health Worker	93	27
Total		344	100
Duty Period	Less than 1 year	34	9,9
	1-5 years	67	19,5
	6-10 years	46	13,4
	10-15 years	66	19,2
	11-16 years	55	16
	17 years and over	76	22
Total		344	100

5.2. Validity and Reliability of the Research Model

Confirmatory factor analysis was performed using AMOS v.26 to check the validity, reliability, and model fit of the model within the scope of the research. CMIN/DF, RMSEA, RMR, NFI, AGFI, CFI, IFI, TLI, and GFI values were checked depending on the confirmatory factor analysis. The CMIN/DF value of the research was obtained as 1,706. In terms of this value, it can be said that the fit between the research model and the data obtained has a reasonable level. The RMSEA value obtained as 0.045 based on the research results shows that the model has a good fit and the research model will be accepted. While the values that give information about other fit indices, such as NFI, CFI, IFI, and TLI values, are expected to be higher than 0.90, NFI value is 0.805; IFI value is 0.909; CFI value is 0.908; TLI value is 0.902, which is above or very close to the desired value. The RMR value obtained as 0.016 for the research model reveals that there is a good fit between the model and the data. The GFI value was 0.778, and the

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AGFI value was 0.756, but RMSEA and CMIN/DF values and other fit indices results were obtained above the expected values, and the model fit was accepted based on acceptable fit values.

Table 3 - Confirmatory factor analysis results of the measurement model

Measurement Model			β1	β2	S.E.	C.R.	P
structuring1	<---	Organizational Structure	,687	1			
structuring2	<---	Organizational Structure	,679	1,051	0,063	16,629	<0,001
structuring5	<---	Organizational Structure	,775	1,349	0,103	13,046	<0,001
structuring6	<---	Organizational Structure	,815	1,293	0,095	13,634	<0,001
structuring7	<---	Organizational Structure	,847	1,326	0,094	14,091	<0,001
structuring8	<---	Organizational Structure	,810	1,251	0,092	13,56	<0,001
migrate1	<---	Delegation of Authority	,724	1			
migrate2	<---	Delegation of Authority	,708	1,05	0,082	12,784	<0,001
migrate3	<---	Delegation of Authority	,686	0,955	0,077	12,377	<0,001
migrate4	<---	Delegation of Authority	,747	1,055	0,078	13,504	<0,001
nomad5	<---	Delegation of Authority	,716	1,015	0,078	12,934	<0,001
migrate6	<---	Delegation of Authority	,766	1,099	0,079	13,852	<0,001
nomad7	<---	Delegation of Authority	,703	0,979	0,077	12,693	<0,001
migrate8	<---	Delegation of Authority	,764	1,057	0,077	13,816	<0,001
nomad9	<---	Delegation of Authority	,758	1,062	0,078	13,701	<0,001
share1	<---	Participation and Sharing	,675	1			
share2	<---	Participation and Sharing	,744	1,127	0,09	12,516	<0,001
share3	<---	Participation and Sharing	,709	1,02	0,085	11,984	<0,001
share4	<---	Participation and Sharing	,765	1,109	0,086	12,832	<0,001
share5	<---	Participation and Sharing	,738	1,067	0,086	12,425	<0,001
share6	<---	Participation and Sharing	,799	1,212	0,091	13,325	<0,001
share7	<---	Participation and Sharing	,771	1,175	0,091	12,922	<0,001
share8	<---	Participation and Sharing	,732	1,118	0,091	12,344	<0,001
share9	<---	Participation and Sharing	,742	1,184	0,095	12,49	<0,001
notification2	<---	Feedback	,741	1			
notification3	<---	Feedback	,780	1,023	0,071	14,447	<0,001
notification4	<---	Feedback	,784	1,039	0,072	14,521	<0,001
notification5	<---	Feedback	,818	1,067	0,07	15,219	<0,001
notification6	<---	Feedback	,819	1,089	0,072	15,22	<0,001
unity1	<---	Collaboration	,673	1			
unity2	<---	Collaboration	,782	1,072	0,085	12,652	<0,001
unity3	<---	Collaboration	,752	1,118	0,091	12,247	<0,001
unity4	<---	Collaboration	,771	1,093	0,087	12,501	<0,001
unity5	<---	Collaboration	,772	1,121	0,089	12,524	<0,001
trust1	<---	Trust in the Organisation	,689	1			
trust2	<---	Trust in the Organisation	,726	1,096	0,098	11,243	<0,001
trust3	<---	Trust in the Organisation	,718	1,051	0,094	11,154	<0,001
trust4	<---	Trust in the Organisation	,611	1,007	0,103	9,742	<0,001
Channel Transparency 1	<---	Communication Channels and Openness	,735	1			
Channel Transparency 2	<---	Communication Channels and Openness	,782	1,064	0,075	14,184	<0,001
Channel Transparency 3	<---	Communication Channels and Openness	,784	1,103	0,078	14,221	<0,001
Channel Transparency 4	<---	Communication Channels and Openness	,801	1,102	0,076	14,542	<0,001
Channel Transparency 6	<---	Communication Channels and Openness	,806	1,157	0,079	14,643	<0,001
Dirac. Clarity 1	<---	Direction and Frequency of Communication	,652	1			
Dirac. Clarity 2	<---	Direction and Frequency of Communication	,676	1,044	0,101	10,328	<0,001
Dirac. Clarity 3	<---	Direction and Frequency of Communication	,763	1,184	0,105	11,273	<0,001
Dirac. Clarity 4	<---	Direction and Frequency of Communication	,744	1,265	0,114	11,091	<0,001
role1	<---	Leadership Role of Managers	,771	1			<0,001
role2	<---	Leadership Role of Managers	,788	1,115	0,083	13,417	<0,001
role3	<---	Leadership Role of Managers	,772	1,091	0,082	13,234	<0,001
Performance1	<---	Organizational Performance	,731	1			
Performance2	<---	Organizational Performance	,716	1,061	0,08	13,247	<0,001
Performance3	<---	Organizational Performance	,606	0,859	0,077	11,112	<0,001
Performance4	<---	Organizational Performance	,780	1,086	0,075	14,514	<0,001
Performance5	<---	Organizational Performance	,585	0,776	0,072	10,722	<0,001
Performance6	<---	Organizational Performance	,673	1,016	0,082	12,418	<0,001
Performance7	<---	Organizational Performance	,803	1,36	0,091	14,98	<0,001
Performance8	<---	Organizational Performance	,784	1,296	0,089	14,574	<0,001
Performance9	<---	Organizational Performance	,804	1,286	0,086	14,977	<0,001
Performance10	<---	Organizational Performance	,759	1,116	0,079	14,097	<0,001
Performance11	<---	Organizational Performance	,818	1,269	0,083	15,274	<0,001
Performance13	<---	Organizational Performance	,785	1,119	0,077	14,621	<0,001

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As seen in Table 4.9, as a result of the examination of the measurement model, it was observed that all statements in the dimensions of the model were statistically significant ($p < 0.001$). Additionally, standardized path coefficients, which were expected to be higher than 0.50, were only found to be below the expected value for the 4th item of the organizational structuring scale. Therefore, this item was not included in the main study. Apart from this item, the other items in the research obtained values between 0.58 and 0.84.

Table 4 - Composite Reliability (CR), Average Variance Extracted (AVE), and Intervariable Correlation Values.

	CR	AVE	MSV	MaxR (H)	OS	DA	PS	F	C	OP	TO	CCO	DFC	LRM
OS	0,897	0,595	0,42	0,906	0,771									
DA	0,912	0,534	0,511	0,913	0,589	0,731								
PS	0,917	0,551	0,541	0,919	0,595	0,715	0,742							
F	0,892	0,622	0,558	0,894	0,648	0,694	0,728	0,789						
C	0,866	0,564	0,541	0,869	0,579	0,646	0,736	0,719	0,751					
OP	0,935	0,549	0,496	0,941	0,538	0,594	0,654	0,704	0,658	0,741				
TO	0,781	0,472	0,454	0,786	0,518	0,543	0,572	0,630	0,559	0,674	0,687			
CCO	0,887	0,611	0,558	0,889	0,566	0,623	0,687	0,747	0,662	0,579	0,548	0,782		
DFC	0,802	0,505	0,391	0,808	0,583	0,539	0,568	0,594	0,565	0,589	0,625	0,547	0,71	
LRM	0,82	0,604	0,305	0,821	0,490	0,430	0,414	0,453	0,445	0,535	0,491	0,485	0,553	0,777

OS: Organizational Structure, DA: Delegation of Authority, PS: Participation and Sharing, F: Feedback, C: Collaboration, OP: Organizational Performance, TO: Trust in the Organisation, CCO: Communication Channels and Openness, DFC: Direction and Frequency of Communication, LRM: Leadership Role of Managers

To ensure convergent and discriminant validity, the combined reliability (CR) and average variance explained (AVE) values were checked using Master Validity with the AMOS v.26 program within the scope of confirmatory factor analysis. To obtain convergent validity, the CR value is expected to be above 0.70, and the AVE value is expected to be above 0.50. The CR and AVE values of the research model are given in Table 4.10. Within the scope of the analysis based on the discriminant validity approach included in the literature, the square of the correlations of the variable is expected to be lower than the AVE value while validity control is provided. Table 4.10 displays that all values are close to this condition or above these expected values. Another requirement for discriminant validity is that the correlation value between variables should be less than 0.90. As seen in the table above, it is seen that the correlation value between the variables is between the desired values of 0.41 and 0.74, and its validity is ensured.

3.3. Hypothesis Tests and Findings

In testing the hypotheses and supplementary dimensional analyses (Appendix A), H1, H2, H3, and H4 were investigated within the scope of the study. The structural equation model (SEM) was used in order to reveal the measurement errors and direct and indirect effects of the variables by using the relevant statistical program due to the continuous variable characteristics of the relevant variables. Before applying the structural equation model, the fit indices were checked within the scope of the structural equation model. CMIN/DF value was 1,714; RMSEA value was 0,046; NFI value was 0,967; CFI value was 0,986; IFI value was 0,986; TLI value was 0,981; GFI value was 0,967, and AGFI value was 0,945. The obtained fit index values are within the acceptable and adequate fit ranges in the literature (Plichta et al., 2013; Byrne, 2016; Gürbüz, 2019).

3.3.1. Testing Hypotheses H1, H2, H3 and H4

Table 5 - Examination of the effect of strategy implementation and strategic communication level on organizational performance and the effect of strategy implementation on strategic communication level

	Testing Hypotheses		β_1	β_2	Std. Error	C.R.	P
H1	Implementation of Strategies	---> Organizational Performance	0,400	0,472	0,068	6,890	***
H2	Strategic Communication Level	---> Organizational Performance	0,373	0,495	0,077	6,418	***
H3	Implementation of Strategies	---> Strategic Communication Level	0,768	0,683	0,030	22,237	***

*** $p < 0,05$

In the process of testing the hypotheses H1, H2, and H3 put forward in the research, the AMOS v.26 program was used, and structural equation modelling (SEM), which takes the measurement errors and the direct and indirect effects of the variables into account, was applied. The findings of the study, as revealed through structural equation modeling (SEM), highlight the positive and significant impact of the strategy implementation process ($p = ***$, C.R.=6,890, $\beta_1 = 0,400$) on organizational performance. Similarly, the investigation into the relationship between strategic communication level and organizational performance yielded significant results ($p = ***$, C.R. = 6,418, $\beta_1 = 0,373$). Moreover, the study affirms the substantial influence of the strategy implementation process on the strategic communication level ($p = ***$, C.R.=22.237, $\beta_1 = 0.768$). Consequently, hypotheses H1, H2, and H3 are accepted.

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Table 6 - Examination of the mediating role of strategic communication level in the effect of strategy implementation on hospital performance

Testing Hypotheses		Impact	BootSE	BootLLC	BootULCI
H4	Indirect Impact	0,3384	0,0769	0,1787	0,4778
	Standardised Indirect Effect	0,2868	0,0760	0,1390	0,4320

***p<0,05

The mediating effect was examined with Process v4.1 in the SPSS v.22 package program. It was concluded that the mediating role of strategic communication level on the organizational performance of the strategy implementation process was significant at a level of 33%. It is also seen that BootLLCI = 1787 and BootULCI = 4778. In line with the results obtained, it can be said that the strategic communication level has an adequate partial mediation role. Accordingly, hypothesis H4 is accepted.

3.3.2. Examining the impact of strategy implementation on organizational performance

Table 7 - SEM results for the direct effect of strategy implementation on organizational performance

Testing Hypotheses				$\beta 1$	$\beta 2$	Std. Error	C.R.	P
H1a	Organisational Structure	---	Organizational Performance	0,088	0,086	0,052	1,643	0,1
H1b	Delegation of Authority	---	Organizational Performance	0,099	0,113	0,068	1,672	0,095
H1c	Participation and Sharing	---	Organizational Performance	0,165	0,178	0,069	2,587	0,01
H1d	Feedback	---	Organizational Performance	0,24	0,254	0,067	3,777	***
H1e	Collaboration	---	Organizational Performance	0,187	0,218	0,069	3,165	0,002

***p<0,05

The H1 hypothesis, created based on the measurement of whether the implementation of strategies in hospitals a positive impact on organizational performance, has led to the formation of supplementary dimensional analyses (Appendix A). The sub-hypothesis H1a, related to the organizational structuring dimension ($p = 0.1$, C.R. = 1.643, $\beta 1 = 0.088$), and sub-hypothesis H1b, related to the delegation of authority dimension ($p = 0.095$, C.R. = 1.672, $\beta 1 = 0.099$), were rejected. Within the scope of the H1 hypothesis, it was concluded that the supplementary dimensional analyses (Appendix A), H1c, H1d, and H1e hypotheses are accepted.

3.3.3. Examining the effect of strategic communication level on organizational performance

Table 8 - SEM results for the direct effect of strategic communication level on organizational performance

Testing Hypotheses				$\beta 1$	$\beta 2$	Std. Hata	C.R.	P
H2a	Trust in the Organisation	---	Organizational Performance	0,252	0,298	0,061	4,905	***
H2b	Communication Channels and Openness	---	Organizational Performance	0,236	0,264	0,057	4,665	***
H2c	Direction and Frequency of Communication	---	Organizational Performance	0,154	0,184	0,063	2,903	0,004
H2d	Leadership Role of Managers	---	Organizational Performance	0,177	0,178	0,049	3,603	***

***p<0,05

According to the results obtained from the SEM analysis, it was revealed that trust in the organization has a significant and positive impact on hospital performance, and hypothesis H2a ($p = ***$, C.R. = 4.905, $\beta 1 = 0.252$) is accepted. In the H2b hypothesis, the effect of communication channels and transparency on hospital performance was investigated. The results of the conducted SEM analysis indicated that the sub-dimension of communication channels and transparency has a significant and positive effect on organizational performance, and hypothesis H2b ($p = ***$, C.R. = 4.665, $\beta 1 = 0.236$) is accepted. As a result of the Structural Equation Modeling (SEM) analysis of Hypothesis H2c, which assesses the impact of the sub-dimension of communication direction and frequency within the strategic communication level on organizational performance, it has been determined that the direction and frequency of communication exert a statistically significant and positively oriented effect on organizational performance. Hypothesis H2c ($p=0.004$, C.R.=2.903, $\beta 1=0.154$) has been affirmed and accepted. To determine whether the leadership role of hospital managers has a positive impact on hospital performance, the H2d hypothesis was formulated. According to the results of the SEM analysis, it was concluded that the leadership role of managers has a significant and positive effect on hospital performance, and hypothesis H2d ($p = ***$, C.R. = 3.603, $\beta 1 = 0.177$) is accepted.

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3.3.4. Examination of the Impact of Strategy Implementation on Strategic Communication Level

Table 9 - SEM Results Regarding the Direct Effect between Strategy Implementation and Strategic Communication Variables

Testing Hypotheses		$\beta 1$	$\beta 2$	Std. Hata	C.R.	P
Organizational Structure	---> Trust in the Organization	0,088	0,073	0,048	1,533	0,125
Delegation of Authority	---> Trust in the Organization	0,115	0,111	0,062	1,799	0,072
Participation and Sharing	---> Trust in the Organization	0,141	0,129	0,063	2,056	0,04
Feedback	---> Trust in the Organization	0,235	0,212	0,062	3,433	***
Collaboration	---> Trust in the Organization	0,105	0,103	0,063	1,639	0,101
Organizational Structure	---> Communication Channels and Openness	0,087	0,076	0,043	1,784	0,074
Delegation of Authority	---> Communication Channels and Openness	0,093	0,095	0,055	1,712	0,087
Participation and Sharing	---> Communication Channels and Openness	0,191	0,185	0,056	3,285	0,001
Feedback	---> Communication Channels and Openness	0,322	0,306	0,055	5,548	***
Collaboration	---> Communication Channels and Openness	0,156	0,162	0,056	2,87	0,004
Organizational Structure	---> Direction and Frequency of Communication	0,188	0,154	0,047	3,277	0,001
Delegation of Authority	---> Direction and Frequency of Communication	0,091	0,087	0,061	1,437	0,151
Participation and Sharing	---> Direction and Frequency of Communication	0,148	0,134	0,062	2,168	0,03
Feedback	---> Direction and Frequency of Communication	0,156	0,139	0,061	2,289	0,022
Collaboration	---> Direction and Frequency of Communication	0,12	0,117	0,062	1,894	0,058
Organizational Structure	---> Leadership Role of Managers	0,211	0,206	0,061	3,39	***
Delegation of Authority	---> Leadership Role of Managers	0,105	0,12	0,079	1,526	0,127
Participation and Sharing	---> Leadership Role of Managers	0,02	0,022	0,08	0,27	0,787
Feedback	---> Leadership Role of Managers	0,095	0,1	0,078	1,283	0,2
Collaboration	---> Leadership Role of Managers	0,137	0,159	0,08	1,986	0,047

***p<0,05

In the study, the H3 hypothesis and its supplementary dimensional analyses (Appendix A) were formulated to investigate whether the implementation of strategies in hospitals has a positive impact on the level of strategic communication within the hospital. Based on the SEM results provided in Table 4.15, the influence of organizational structuring level on trust in the organization was examined. However, the results indicated that organizational structuring level does not significantly impact trust in the organization, and hypothesis H3a ($p = 0.125$, C.R. = 1.533, $\beta 1 = 0.088$) was rejected. Similarly, it was found that delegation of authority does not significantly impact trust in the organization, and hypothesis H3b ($p = 0.072$, C.R. = 1.799, $\beta 1 = 0.115$) was rejected. The positive impact of collaboration on organizational trust could not be established, and hypothesis H3e ($p = 0.101$, C.R. = 1.639, $\beta 1 = 0.105$) was rejected. On the other hand, H3c ($p = 0.04$, C.R. = 2.056, $\beta 1 = 0.141$) and H3d ($p < 0.001$, C.R. = 3.433, $\beta 1 = 0.235$) were accepted, indicating that participation and sharing and feedback have significant and positive effects on organizational trust. Further analysis was conducted to investigate the effects of organizational structuring, delegation of authority, participation and sharing, feedback, and collaboration on communication channels and transparency (H3f, H3g, H3h, H3i, and H3j hypotheses). As a result, hypotheses H3f ($p = 0.074$, C.R. = 1.784, $\beta 1 = 0.087$) and H3g ($p = 0.087$, C.R. = 1.712, $\beta 1 = 0.093$) were rejected, indicating that organizational structuring and delegation of authority do not have a significant impact on communication channels and transparency. However, hypotheses H3h ($p = 0.001$, C.R. = 3.285, $\beta 1 = 0.191$), H3i ($p = ***$, C.R. = 5.548, $\beta 1 = 0.322$), and H3j ($p = 0.004$, C.R. = 2.87, $\beta 1 = 0.156$) were accepted, showing that participation and sharing, feedback, and collaboration have significant and positive effects on communication channels and transparency. The impact of organizational structuring, delegation of authority, participation and sharing, feedback, and collaboration on communication direction and frequency was examined (H3k, H3m, H3n hypotheses). The results revealed that organizational structuring (H3k, $p = 0.001$, C.R. = 3.277, $\beta 1 = 0.188$), participation, and sharing (H3m, $p = 0.03$, C.R. = 2.168, $\beta 1 = 0.148$), and feedback (H3n, $p = 0.022$, C.R. = 2.289, $\beta 1 = 0.156$) have significant and positive effects on communication direction and frequency. The H3p hypothesis, which examines the impact of organizational structuring and delegation of authority on the leadership role of hospital managers, was accepted ($p = ***$, C.R. = 3.39, $\beta 1 = 0.211$) for organizational structuring, while it was rejected (H3q, $p = 0.127$, C.R. = 1.526, $\beta 1 = 0.105$) for delegation of authority. Additionally, hypotheses H3r ($p = 0.787$, C.R. = 0.27, $\beta 1 = 0.02$) and H3s ($p = 0.2$, C.R. = 1.283, $\beta 1 = 0.095$) examining the impact of participation and sharing and feedback on the leadership role of managers were rejected. However, the H3t hypothesis, examining the impact of collaboration on the leadership role of managers, was accepted ($p = 0.047$, C.R. = 1.986, $\beta 1 = 0.137$).

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3.3.5. The mediating role of strategic communication level on the effect of strategy implementation on hospital performance

Table 10 - SEM results for the mediating effect

Testing Hypotheses			β1	β2	Std. Hata	C.R.	P
Organizational Performance	<---	Organizational Structure	0,07	0,069	0,051	1,341	0,18
Organizational Performance	<---	Delegation of Authority	0,076	0,087	0,066	1,31	0,19
Organizational Performance	<---	Participation and Sharing	0,136	0,147	0,068	2,183	0,029
Organizational Performance	<---	Feedback	0,193	0,205	0,067	3,061	0,002
Organizational Performance	<---	Collaboration	0,166	0,194	0,067	2,869	0,004
Organizational Performance	<---	Trust in the Organisation	0,199	0,234	0,058	4,07	***
Organizational Performance	<---	Organizational Structure	0,083	0,082	0,052	1,555	0,12
Organizational Performance	<---	Delegation of Authority	0,094	0,108	0,068	1,587	0,112
Organizational Performance	<---	Participation and Sharing	0,155	0,167	0,07	2,399	0,016
Organizational Performance	<---	Feedback	0,223	0,237	0,07	3,375	***
Organizational Performance	<---	Collaboration	0,179	0,209	0,07	2,999	0,003
Organizational Performance	<---	Communication Channels and Openness	0,051	0,057	0,066	0,861	0,389
Organizational Performance	<---	Organizational Structure	0,06	0,059	0,052	1,122	0,262
Organizational Performance	<---	Delegation of Authority	0,085	0,098	0,067	1,459	0,145
Organizational Performance	<---	Participation and Sharing	0,143	0,154	0,068	2,257	0,024
Organizational Performance	<---	Feedback	0,217	0,23	0,067	3,433	***
Organizational Performance	<---	Collaboration	0,169	0,197	0,068	2,887	0,004
Organizational Performance	<---	Direction and Frequency of Communication	0,147	0,176	0,059	2,964	0,003
Organizational Performance	<---	Organizational Structure	0,048	0,047	0,052	0,9	0,368
Organizational Performance	<---	Delegation of Authority	0,079	0,09	0,066	1,363	0,173
Organizational performance	<---	Participation and Sharing	0,161	0,174	0,067	2,591	0,01
Organizational Performance	<---	Feedback	0,222	0,235	0,066	3,574	***
Organizational Performance	<---	Collaboration	0,161	0,188	0,068	2,779	0,005
Organizational Performance	<---	Leadership Role of Managers	0,19	0,191	0,045	4,205	***

***p<0,05

Based on the analysis of structural equation modeling (SEM) the evaluation of the H1 hypothesis group indicates that organizational structure and delegation of authority do not have a significant and positive direct effect on organizational performance. Due to the lack of a direct effect of organizational structure and delegation of authority on organizational performance, the model did not evaluate the mediation effects of the sub-dimensions of strategic communication level. Therefore, hypotheses H4a, H4b, H4f, H4g, H4k, H4l, H4p, and H4q were rejected. The mediation effect was examined in the YEM results by including the organizational trust as a mediator variable in the model. It was observed that even with the inclusion of organizational trust as a mediator variable, the participation and sharing sub-dimensions continued to influence organizational performance, but the effect coefficient decreased to 0.136. Therefore, it can be said that participation and sharing have a significant and partial mediation effect on organizational performance. Accordingly, hypothesis H4c is accepted. Feedback is seen to have a significant and positive effect on the mediator variable, organizational trust ($p<0.05$, $\beta 1=0.235$). When the organizational trust mediator variable is included in the model, it is observed that the impact of feedback on organizational performance continues; however, the effect coefficient decreases to 0.193, as shown in Table 4.16. Due to this decrease in the effect level, it can be said that feedback has a partial mediation effect on organizational performance through organizational trust.

Therefore, hypothesis H4d is accepted. When the direct effect of collaboration on the organizational trust mediator variable is examined (Table 4.15), it is statistically insignificant and does not show a positive impact ($p>0.05$, $\beta 1=0.105$). Therefore, it can be said that collaboration does not have a mediating effect on organizational performance through organizational trust. Thus, hypothesis H4e has been rejected. According to the mediation effects obtained by including communication channels and transparency in the model as mediator variables (Table 4.16), it can be observed that participation and sharing continue to affect organizational performance, with the effect level decreasing to 0.155. Feedback also maintains its impact on organizational performance, with the effect level decreasing to 0.223, and collaboration's effect on performance persists but increases to 0.179. In light of these results, it can be stated that the sub-dimensions of participation and sharing, and feedback have a partial mediation effect on organizational performance through communication channels and transparency. However, regarding the collaboration sub-dimension, although the significance continues, due to the increase in the effect level, it cannot be considered to have a mediating effect through communication channels and transparency. Therefore, hypotheses H4h and H4i are accepted, while hypothesis H4j is rejected. The direction and frequency of communication were included in the model as mediator variables. According to the YEM results involving the mediation effect, it is observed in Table 4.16 that participation and sharing continue to have an impact on organizational performance, but the effect level decreases to 0.143. Therefore, it can be said that the direction and frequency of communication partially mediate the effect of participation and sharing on organizational performance. Accordingly, hypothesis H4m is accepted. By including the direction and frequency of communication in the model as mediator variables, it is observed, as given in Table 4.16, that the impact of feedback on organizational performance continues, and the

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effect coefficient increases towards 0.217. Therefore, it is not possible to say that the direction and frequency of communication play a partial mediating role in the effect of feedback on organizational performance. Thus, hypothesis H4n has been rejected. The sub-dimension of communication, namely the direction and frequency of communication, does not have a positive effect on the strategic communication level variable. Therefore, the model did not include the direction and frequency of communication as mediator variables, and hypothesis H4o was rejected. According to the YEM results, it is observed that participation and sharing, as well as feedback, do not have a statistically significant positive effect on the leadership role of managers. Due to the absence of any direct effect, these dimensions' impact on performance through managers' leadership roles could not be evaluated as mediator variables. As a result, hypotheses H4r and H4s have been rejected. When the leadership role of managers is included in the model as a mediator variable, it is observed that collaboration continues to influence organizational performance, and the effect coefficient increases to 0.161 (Table 4.16). Therefore, it cannot be stated that the leadership role of managers plays a partial mediating role in the impact of collaboration on organizational performance. Thus, hypothesis H4t has been rejected.

4. DISCUSSION

This study examined how strategy implementation influences organizational performance and whether this relationship operates partly through strategic communication. Using SEM results, strategy implementation showed a positive and significant direct effect on organizational performance ($\beta = 0.400$) and a strong positive effect on strategic communication level ($\beta = 0.768$). In turn, the strategic communication level also had a positive and significant effect on organizational performance ($\beta = 0.373$). These results together support the idea that the ways in which hospitals translate strategic efforts into performance are not only confined to execution-related actions but also to the communication climate accompanying implementation. Second, beyond these direct effects, mediation analysis showed that strategic communication significantly mediated the strategy implementation-performance link. The indirect effect was significant (BootLLCI = 0.1787; BootULCI = 0.4778), and the mediating effect was reported to account for approximately 33% of the relationship, suggesting partial mediation rather than full mediation. In practical terms, this means that strategy implementation fosters performance both directly through improved execution and indirectly by enhancing strategic communication. When descriptive patterns across dimensions are considered, the results offer valuable insight into how implementation is experienced by healthcare workers. Of the strategy implementation subdimensions, collaboration had the highest mean, followed by feedback, which indicates that during implementation, coordinated work across units and the bidirectional flow of information are perceived as especially central.

The present study advances the existing literature in several ways that go beyond prior research. First, while previous studies have demonstrated direct associations between strategic management practices and performance (e.g., George et al., 2019), and others have linked internal communication to employee engagement and organizational outcomes (Tkalac Verčič & Men, 2023), the integrated mediation model tested here provides empirical evidence for the mechanism connecting these two streams of research. Specifically, this study demonstrates that strategic communication is not merely correlated with performance but operates as a partial mediating pathway through which implementation practices generate performance outcomes. Second, the specific hospital context matters: unlike studies conducted in public sector or manufacturing environments, the findings here illuminate how professional coordination dynamics in private healthcare shape the relative salience of implementation dimensions. Third, the dimensionalized analysis of mediation pathways reveals that not all implementation levers operate symmetrically — a finding that existing general frameworks of strategy implementation have not articulated with this degree of granularity. Taken together, these contributions provide a more precise account of how implementation “works” in practice within complex professional organizations.

In strategic communication, by contrast, the highest mean was witnessed for manager leadership influence, suggesting that workers perceive better strategic communication as enabling leaders to promote openness, access, and communicative guidance. The absence of a significant direct effect of organizational structuring (H1a) and delegation of authority (H1b) on organizational performance warrants closer examination, as these findings run counter to conventional assumptions in strategic management theory and merit analytical engagement with the broader literature. Several complementary explanations can be advanced. First, organizational structuring and delegation are formal mechanisms that operate primarily at the administrative and managerial level; their effects on performance may be more distal and contingent on implementation fidelity over time. Healthcare workers — who constituted the majority of respondents in this study — are more likely to experience the consequences of day-to-day operational coordination, feedback, and collaborative norms than the formal architectural features of organizational design, which may explain why these structural dimensions did not register as immediate performance drivers in a cross-sectional, perception-based design. This interpretation aligns with research suggesting that structural variables produce performance effects through intervening mechanisms, such as role clarity and resource allocation, that may not be captured within a single-source survey instrument. Second, the results may reflect a context-specific dynamic of private hospitals. Private healthcare organizations in emerging markets such as Türkiye often operate under strong centralized managerial authority, meaning that formal delegation structures may be perceived as limited or nominal by staff, thereby reducing their observable contribution to organizational outcomes. This finding is consistent with evidence from similar institutional contexts, where structural formalization had weak or null effects on performance in the absence of corresponding changes in relational and behavioral dimensions. Third, the presence of shared variance among the implementation subdimensions — as indicated by moderate-to-high intercorrelations in the structural model — may have contributed to suppression of the unique effects of organizational structure and delegation when controlling for participation, feedback, and collaboration. These results are consistent with findings in clinical and professional

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service settings, where relational and processual dimensions of implementation tend to dominate over formal structural features (Friesl et al., 2021; Holm et al., 2025). Future research employing multi-level designs that distinguish administrative from clinical perceptions of organizational structure could help resolve this tension.

In sum, from its findings, this research study makes its contribution to strategic management theories, especially in the health care sector, as it establishes, via scientifically grounded research, that strategic communication is more of an enabler of performance outcomes, rather than remaining as a concurrent organizational phenomenon per se. From the managerial perspective, the afore-mentioned means hospitals wishing to improve performance through strategy need to make, and continue to invest in, implementation tooling and communication ability, through open communication, trust-building activities, frequent/two-way communication, and leadership behavior facilitating and maintaining transparency, since these factors improve the “translation” from strategy to performance outcomes. Finally, there are some limitations to the research study, which need to be noted.

The study had only one source and was survey-based, using perceptions of performance, which tends to artificially inflate the strength of the relationships due to common method bias variance. Further, since the data source tends to include the views of healthcare worker groups, perhaps the dimensions of the implementation constructs, such as structuring and delegation, tend to have relatively less emphasis than administrative concerns. Future studies could adopt multiple source studies, including employee and objective performance data, include administrative staff, and include longitudinal approaches, which could better trace the adaptation and interplay dynamics of the implementation and communication processes and their respective interactions and influences within performance outcomes.

5. IMPLICATIONS

5.1. Theoretical Implications

The study makes several contributions to the literature on strategic management and healthcare management by offering empirical evidence that connects the implementation of strategies, strategic communication, and the performance of healthcare organizations. The study lends support to the view that, apart from the process following formal strategy formulation, implementation is a performance-driven process whose outcome relies on organizational processes that make it possible for it to take place. The study finds that strategic communication acts as a mediator that translates implementation activities into performance. This lends credence to the conceptual argument that, instead of serving as a secondary aspect of organizing, communication constitutes a fundamental competency allowing hospitals to integrate roles, sustain cooperation, and adjust implementation activities within the complex service environment. Much more notably, it appears that within the specialized and interdependent environment of hospitals, the relational and process-focused dimensions of the implementation process could have salience regarding performance perceptions, potentially providing context-related illumination for theory on the topic of strategy implementation.

5.2. Managerial Implications

The findings offer several actionable takeaways for managers at the hospital. First, besides the implementation plans, a structured communication approach within the hospital will play an integral role in making the goal, expectation, and responsibility of the hospital's implementation crystal clear. Second, the manager will have to ensure, if possible, that the participation of the hospital's workers is ensured in the decision-making process to bring in a better level of effectiveness in the implementation process itself. This would help the manager in creating a sense of ownership among the workers. The third takeaway will be creating a transparent communication flow in the hospital. The manager will have to make sure the workers have easy access to the hospital's strategic decisions. Furthermore, in addition to leadership skills, the manager needs to develop skills in communication because the role of communication in the implementation process of the hospital's strategies and in its resultant performance will play a very important role.

6. LIMITATIONS AND FUTURE RESEARCH

This study has several limitations that need to be kept in mind when analyzing the results. Firstly, the results of the study are based on survey responses of healthcare personnel, which measure perceived performance and may be prone to common method variance. Additionally, the study is restricted to private hospitals and thus may not be generalizable to all types of hospitals. To address these issues, future research may study results across all types of hospitals, including state and university hospitals. Furthermore, it may be useful to investigate the results by including administrative managers and non-clinicians, whereby structural and authority-related aspects of implementation may be more observable at the administrative/managerial level. Additionally, longitudinal research may offer insights into how implementation and communication evolution occur over time, whereas qualitative research may offer insights into the role of communication processes as facilitators of implementation processes within a hospital setting. Lastly, future studies may employ triangulation of survey measures using objective performance measures to improve causal and external validity

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CONCLUSION

This study investigates the associations between strategy implementation and organizational performance, hence taking into consideration strategic communication in private hospitals. The results indicate that more effective strategy implementation is associated with higher organizational performance, partially explained by strategic communication. In other words, it emanates that hospitals are likely to realize stronger performance outcomes when strategies are not only formulated but also translated into coordinated action within a communication environment that supports clarity, alignment, and timely information exchange. Findings also emerge on how implementation in hospitals is strongly shaped by the need for coordination across professional groups and units. Therein, it reinforces the practical importance of day-to-day routines supporting cooperation, information flow, and feedback, especially in complex work systems where interdependence is high. In a similar vein, the mediating role of strategic communication points to communication as a key mechanism through which implementation efforts are converted into organizational results. Consequently, strengthening communication capacity through open channels, accessible strategic information, and continuous two-way communication can enable the organization to turn implementation activities into measurable performance improvements. Notably, leadership is an important consideration within the process, where managers are those with transparent communication, involving dialogue, and providing timely directions to support strategic alignment and implementation momentum. However, on the flip side, there seem to be implementation processes that are perhaps not so transparent or apparent within their relation to performance perceptions, specifically within a hospital environment. Perhaps, the complexity within the structure of a hospital, involving joint authority and accountability on both functional and project levels, may weaken or diminish the importance of more structural, formalized consideration, specifically from the point of view of healthcare staff. Additionally, perhaps, since the research within the sampling involved healthcare staff, there has been an aspect of implementation, particularly that relates to organizational or management level consideration, that has perhaps not been fully observed.

The observations developed lead to the following considerations, specifically within recommendations. Hospitals should aim at having a strategic planning process combined with either an implementation planning process or a communication process that outlines roles, expectations, and priorities with respect to the strategic goals, followed by feedback on the implementation process. The healthcare organizations should ensure employee participation in the strategic planning process as much as possible and within the hospital's limitations and scope. The third point in the strategic planning process involves training and developing the hospital's management on communication processes and the use of communication mechanisms such as transparency and upward communication, because the hospital's management should focus on improving trust and coordination processes within the strategy implementation process in the hospital. The last point in the strategic planning process involves the limitations and scopes of the study process mentioned below. The first limitation involves the basing of this study on survey research, targeting only private hospitals, which may affect external validity or the objective measures of this study. Future research should tap into both public and university hospitals, incorporating administrators and personnel, too. Moreover, research should employ both qualitative and longitudinal research designs that might offer deeper insights into how communication processes develop over time within such complex settings.

AUTHORS' CONTRIBUTION

Conceptualization, E.O.A. and Z.O.; data curation, E.O.A. and Z.O.; formal analysis, E.O.A. and Z.O.; funding acquisition, E.O.A. and Z.O.; methodology, E.O.A.; project administration, E.O.A.; resources, E.O.A. and Z.O.; supervision, Z.O.; writing – original draft, E.O.A. and Z.O.; writing – review & editing, E.O.A. and Z.O.

CONFLICT OF INTERESTS

The authors declare no conflict of interests.

REFERENCES

- Betto, F., Sardi, A., Garengo, P., & Sorano, E. (2022). The evolution of balanced scorecard in healthcare: A systematic review of its design, implementation, use, and review. *International Journal of Environmental Research and Public Health*, 19(16), 10291. <https://doi.org/10.3390/ijerph191610291>
- Byrne, B. M. (2016). *Structural equation modeling with amos: Basic concepts, applications, and programming* (Multivariate Applications Series). Taylor and Francis.
- Çalık, M., Altunışık, R., ve Sütütemiz, N. (2013). Bütünleşik pazarlama iletişimi, marka performansı ve pazar performansı ilişkisinin incelenmesi. *Uluslararası Yönetim İktisat ve İşletme Dergisi*, 9(19), 138-161. <https://shre.ink/7ja3>

DOI: <https://doi.org/10.29352/mill0230.45416>

- Ellis, L. A., Tran, Y., Pomare, C., Long, J. C., Churruca, K., Saba, M., & Braithwaite, J. (2023). Hospital organizational change: The importance of teamwork culture, communication, and change readiness. *Frontiers in Public Health*, 11, 1089252. <https://doi.org/10.3389/fpubh.2023.1089252>
- Friesl, M., Stensaker, I., & Colman, H. L. (2021). Strategy implementation: Taking stock and moving forward. *Long Range Planning*, 54(4), 102064. <https://doi.org/10.1016/j.lrp.2020.102064>
- George, B., Walker, R. M., & Monster, J. (2019). Does strategic planning improve organizational performance? A meta-analysis. *Public Administration Review*, 79(6), 810–819. <https://doi.org/10.1111/puar.13104>
- Gürbüz, S. (2019). *Amos ile yapısal eşitlik modellemesi, temel ilkeler ve uygulamalı analizler*. Seçkin Yayıncılık.
- Hood, E. A., & Bartunek, J. M. (2022). Encouraging employees' active feedback and participation when rolling out major changes. *Behavioral Science & Policy*, 8(1), 237946152200800106. <https://doi.org/10.1177/237946152200800106>
- Holm, C., K, L., & A, A. (2025). Creating effective strategy implementation: A systematic review of the literature and a conceptual framework. *Review of Managerial Science*, 20, 673-705. <https://doi.org/10.1007/s11846-025-00880-3>
- Johnson, G., and Scholes, K. (2013). *Exploring corporate strategy*. (6th ed.). Prentice Hall.
- Meier, K. J., Laurence J. T., Boyne, G. A., and Walker, R. M. (2007). Strategic management and the performance of public organizations: Testing venerable ideas against recent theories. *Journal of Public Administration Research and Theory*, 17(3), 357-377. <https://doi.org/10.1093/jopart/mul017>
- Men, L. R., O'Neil, J., & Ewing, M. (2020). Examining the effects of internal social media usage on employee engagement. *Public Relations Review*, 46(2), 101880. <https://doi.org/10.1016/j.pubrev.2020.101880>
- Plichta, S. B., Kelvin, E. A., and Munro, B. H. (2013). *Munro's statistical methods for health care research*. Wolters Kluwer Health/Lippincott Williams and Wilkins.
- Robbins, S. P., & Judge, T. A. (2015). *Organizational behavior* (16th ed.). Pearson.
- Santos, T., Santos, E., Sousa, M., & Oliveira, M. (2024). The mediating effect of motivation between internal communication and job satisfaction. *Administrative Sciences*, 14(4), 69. <https://doi.org/10.3390/admsci14040069>
- Scheuer, S., & Thaler, J. (2024). Strategic communication in organizational change: Exploring the impact of two-sided messages on legitimacy judgments and commitment to change. *European Management Journal*. <https://doi.org/10.1016/j.emj.2024.08.005>
- Tawse, A., & Tabesh, P. (2021). Strategy implementation: A review and an introductory framework. *European Management Journal*, 39(1), 22–33. <https://doi.org/10.1016/j.emj.2020.09.005>
- Tkalac Verčič, A., Galić, Z., & Žnidar, K. (2023). The relationship of internal communication satisfaction with employee engagement and employer attractiveness: Testing the joint mediating effect of the social exchange quality indicators. *International Journal of Business Communication*, 60(4), 1313–1340. <https://doi.org/10.1177/23294884211053839>
- Tkalac Verčič, A., & Pološki Vokić, N. (2017). Engaging employees through internal communication. *Public Relations Review*, 43(5), 885–893. <https://doi.org/10.1016/j.pubrev.2017.04.005>
- Tkalac Verčič, A., & Verčič, D. (2025). The internal communication paradox: Balancing digital convenience with face-to-face satisfaction. *Public Relations Review*, 51(3), 102587. <https://doi.org/10.1016/j.pubrev.2025.102587>
- Waititu, J. W. (2016). Relationship between strategy implementation and performance in commercial banks in Nairobi County Kenya. *International Journal of Business and Management*, 11(9), 230-253. DOI: 10.5539/ijbm.v11n9p230
- Walker, R. M., Boyne, G. A., and Brewer, G. A. (Eds.). (2010). *Public Management and Performance: Research Directions*. Cambridge University Press. <https://doi.org/10.1017/CBO9780511760587.001>
- Wongsin, U., Pannoi, T., Prutipinyo, C., Maruf, M. A., Pongpatrachai, D., Quansri, O., & Sattayasomboon, Y. (2025). Strategic planning and organizational performance in public health sector: A scoping review. *BMC Health Services Research*, 25, 1017. <https://doi.org/10.1186/s12913-025-13206-6>
- Yılmaz, İ., (2010). *Stratejik yönetim sürecinin yayılım ve iletişim ekseninde örgütsel performans üzerindeki etkileri ve Türk otomotiv sektöründe bir uygulama* (Yüksek lisans tezi). İstanbul Teknik Üniversitesi.
- Zhang, et al. (2017). Leaders' behaviors matter: The role of delegation in promoting employees' feedback-seeking behavior. *Frontiers in Psychology*, 8, 920. <https://doi.org/10.3389/fpsyg.2017.00920>