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Exploring Outsourcing Practices in Jordanian Hospitals: Benefits, Challenges, and Strategic Insights

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Abstract

Background: Outsourcing is widely adopted in healthcare as a strategic approach to managing operational challenges such as cost reduction, service quality enhancement, and access to specialized expertise. However, outsourcing also presents risks, including losing control and supplier dependency. While extensively studied in developed countries, limited research exists on outsourcing practices in healthcare institutions in developing countries like Jordan.

Purpose: This study aims to explore the current status of outsourcing in Jordanian hospitals, examining the extent of outsourcing, the associated advantages and disadvantages, satisfaction levels, challenges faced, and the strategies used for monitoring outsourced services.

Methods: A quantitative research design was employed, utilizing a structured, self-administered questionnaire to collect data from 83 senior managers across government-owned, private, and educational hospitals in Jordan. Descriptive statistics were used to analyze the data, including means, standard deviations, and frequencies.

Results: The study found that outsourcing is prevalent in Jordanian hospitals, with services such as waste disposal, communication, and laundry being the most commonly outsourced. Managers reported benefits such as workforce reduction and cost savings but also noted challenges, including political interference, limited-service providers, and contract management issues. Despite these challenges, high satisfaction levels were reported for catering, radiology, and ambulance services due to solid relationships with suppliers and realized cost reductions.

Conclusion: Outsourcing in Jordanian hospitals offers significant benefits but poses challenges requiring careful management. Effective governance, strategic planning, and continuous monitoring are essential for optimizing outsourcing outcomes. Addressing political and resource-related challenges is crucial for improving the efficacy of outsourcing in Jordan's healthcare sector.

Introduction

Outsourcing is an agreement with an external agent to provide services that could be handled internally (Runar et al., 2014). Another definition describes outsourcing as "the decision by an institution to contract out services to an external provider at an agreed fee for a specified period" (Ayaad and Çelik, 2024; Ikediashi, 2014). Various determinants drive the use of outsourcing, with

globalization (Hill & Jones, 2007; Mujasi, 2016), advancements in information and communication technologies, wide-ranging public sector reforms, and increased consumer expectations being among the most significant (Al-Ruzzieh et al., 2022; Mujasi, 2016).

Well-structured outsourcing can offer significant

benefits to organizations. These advantages include cost reduction, increased focus on core business activities, enhanced innovation, adaptability, access to external competencies, and improved quality of work (Henley, 2006). Despite these benefits, several researchers have identified specific risks and disadvantages associated with outsourcing, such as failing to achieve the planned initial goals, declining core services and competencies, increased supplier dependency, reduced quality, and loss of control (Haroun et al., 2022; Mujasi, 2016).

The adoption of outsourcing is expanding rapidly, with predictions for continued growth. The range and types of services outsourced by healthcare institutions have also increased (Akbulut et al., 2013; Dalton & Warren, 2016; Moschuris & Kondylis, 2006; Yigit et al., 2007). However, outsourcing in healthcare can face significant challenges, such as a lack of policies to control the process and insufficient resources (Hill & Jones, 2007; Mujasi, 2016).

Hospitals are particularly well-suited for outsourcing due to their vast and complex range of services. However, in recent years, hospitals have faced pressures from demographic changes and limited financial resources (Al-Mazroei, 2015; Hsiao et al., 2009; Mujasi, 2016). As a result, many hospitals have turned to outsourcing to reduce expenses, increase flexibility, access specialized expertise, improve the quality of care, and enhance satisfaction (Ayaad et al., 2022; Al-Mazroei, 2015; Hsiao et al., 2009; Mujasi, 2016).

While numerous studies have examined the current status of outsourcing in developed countries (Martin, 1996; Moschuris & Kondylis, 2006; Young & Macinati, 2012), there is a lack of research on outsourcing from the perspective of developing countries like Jordan (Al-Mazroei, 2015; Hsiao et al., 2009; Mujasi, 2016). Jordan, a low-middle-income country with limited natural resources and a rapidly growing population, faces significant challenges, including demographic shifts and financial constraints. Additionally, the ongoing issue of Syrian refugees in Jordan has further strained the health system (HHC, 2015; WHO, 2015). Therefore, outsourcing is a viable approach to improving productivity in Jordanian healthcare institutions.

The limited research and data and the lack of academic studies on outsourcing in Jordanian hospitals are critical drivers of this research. This knowledge gap restricts efforts to optimize outsourcing practices in Jordanian hospitals. It highlights the need for organized research to evaluate the suitability and feasibility of outsourcing and to develop interventions to enhance its adoption where appropriate.

This study aims to explore the current status of outsourcing adoption in Jordanian hospitals, including the extent of outsourcing, the advantages and disadvantages of current outsourcing practices, satisfaction levels, challenges, and the monitoring of outsourced services.

Research Method

Research Design

This study utilized a quantitative research design. Quantitative research systematically identifies characteristics and examines associations and relationships between factors (Sekaran & Bougie, 2016).

Research Population and Sample

The population for this study consists of senior managers from all government-owned general, private, and educational hospitals in Jordan. Senior managers, such as general managers, are defined as those at the top management level due to their ability to provide comprehensive feedback and perceptions regarding the study variables. One senior manager was selected from each hospital included in the sample.

Eighty-three senior managers were included in the sample, with no sampling technique applied because the aim was to reach all 94 senior managers in the target population.

Data Collection Method

A structured tool was used for data collection, specifically a valid and reliable closed-ended self-administered questionnaire titled "Hospital Support Services Outsourcing Survey," developed by Mujasi (2016). Mujasi (2016) confirmed the tool's face, content, and internal and external validity using various approaches suited to the study's purpose and context. The reliability of the survey instrument was tested using Cronbach's alpha coefficient.

Based on the Jordanian health sector and relevant literature, the list of services was modified to include medical and unavailable supportive services (Akyürek, 2013; Christine et al., 2007; Moschuris & Kondylis, 2006). The questionnaire covered the extent of outsourcing, reasons for current service outsourcing, advantages, disadvantages, satisfaction levels, and the management and monitoring of outsourcing.

Data Collection Procedure

Initially, the researcher requested permission to collect data from the managerial levels of the various hospitals within the study population. Following this, the researcher identified the senior managers who met the selection criteria and distributed the questionnaire to them at their respective hospitals.

The data collection tool was prepared in both English and Arabic; however, the English version was predominantly used, as most managers preferred to

complete the questionnaire in English due to their familiarity with outsourcing terms in that language.

Data Analysis

After data collection, the data was analyzed using SPSS software version 21. Descriptive statistics, including means, standard deviations, frequencies, contingency tables, and percentages, were used to explore the current status of outsourcing adoption in Jordanian hospitals.

Ethical Considerations

The rights of participants were carefully protected throughout the study through the following measures:

- Informed consent was obtained before data collection, clearly explaining the study's goals and benefits.
- The names of hospitals and collected data were kept confidential and were not shared with anyone to ensure privacy.
- Participants' rights to self-determination, full disclosure, and withdrawal were respected.
- Ethical approval was obtained from the Hacettepe University Ethical Board (Approval Number: 35853172/433-4238).

Results

Hospital Characteristics

Table 1 provides information about the hospitals where the study participants were employed. As previously mentioned, 86% (83 out of 96 hospital managers who met the criteria) agreed to participate in this study. Most of the 83 hospital managers worked in private hospitals (N=52, 62%), and most managed hospitals were in urban areas (N=75, 90.4%). Notably, 39 managers (47%) were employed in hospitals situated in Amman. All respondents held the position of general manager. Regarding accreditation status, most hospitals where the participants worked were not accredited (N=57, 69%), while 26 managers (29%) indicated they were managing accredited hospitals. Among the accredited hospitals, 18 had received HCAC accreditation.

Table 1: Hospital Characteristics Where The Participants Worked in

Characteristics	Number (n)	Percentage (%)
Total number of participants	83	100%
Hospital ownership/type		
o MOH	29	34.94%
o Private	52	62.65%
o Educational	2	2.41%
Hospital location		0.00%

o Rural	8	9.64%
o Urban	75	90.36%
City		0.00%
o Amman	39	46.99%
o Zarqa	7	8.43%
o Irbid	14	16.87%
o Blaqa	4	4.82%
o Mafraq	4	4.82%
o Maan	1	1.20%
o Jarash	2	2.41%
o Karak	2	2.41%
o Aqaba	1	1.20%
Accreditation Status		0.00%
o No	57	68.67%
o Yes	26	31.33%
▪ JCI	8	9.64%
▪ HCAC	18	21.69%
▪ ISO	21	25.30%

Respondents' Perception of the Importance of Services for Delivering Healthcare

This section summarizes the hospital managers' perceptions of the importance of various services in delivering healthcare. Table 2 presents the managers' ratings of service importance. The results indicate that the perceived importance of the listed services ranged from 71% to 100%. Several services were perceived as highly important, including radiology (mean=5, 100%), pharmacy (mean=4.98, 100%), and ambulance services (mean=4.94, 99%). On the other hand, services such as public relations (mean=3.81, 76%), security (mean=3.72, 74%), and waste disposal (mean=3.54, 71%) were perceived as less critical.

Table 2: Services' Importance For Delivering Health Care According to Participant Managers

Services	Overall Score %	Mean
Radiology	100%	5.00
Pharmacy	100%	4.98
Ambulance	99%	4.95
Anesthesia	99%	4.93

Nursing	97%	4.87
Laboratory	94%	4.72
Laundry	80%	4.01
Communication and telecommunication	80%	3.99
Information Technology	80%	3.98
Sterilization	79%	3.96
Catering	79%	3.95
Cleaning	79%	3.94
Technical Support	79%	3.93
Accounting	78%	3.89
Receptions	77%	3.84
Public relations	76%	3.81
Security	74%	3.72
Waste disposal	71%	3.54

Extent Of Outsourcing

As Table 3 shows, all hospitals outsource (n=83; 100%) one or more services. Waste disposal was the most outsourced service (n=79; 95%). The other common outsourced services among all surveyed hospitals were communication and telecommunication (n=50; 60%), laundry (n=50; 60%), technical support (n=49; 59%), catering (n=36; 43%), information technology (n=43; 52%), and laboratory (n=42; 51%).

Table 3: Extent of Outsourcing in Jordanian Hospitals

	Number (n)	Percentage (%)
Hospitals are currently outsourcing any of the services.		
• Yes	83	100%
• No	0	0%
outsourced Services		
• Waste disposal	79	95.2%
• Communication and telecommunication	50	60.2%
• Laundry	50	60.2%
• Technical Support	49	59.0%
• Information Technology	43	51.8%
• Laboratory	42	50.6%

• Radiology	37	44.6%
• Catering	36	43.4%
• Cleaning	30	36.1%
• Pharmacy	30	36.1%
• Security	29	34.9%
• Accounting	19	22.9%
• Ambulance	10	12.0%
• Nursing	2	2.4%
• Sterilization	1	1.2%
• Anesthesia	1	1.2%
• Receptions	0	0.0%
• Public relations	0	0.0%

The least frequently outsourced services among all surveyed hospitals were nursing services (n=2; 2.41%), anesthesia (n=1; 1.21%), and sterilization (n=1; 1.21%). Moreover, the results showed no hospitals outsource reception and public relations services.

Current Outsourcing Advantages And Disadvantages

As shown in Table 4, the managers indicated that outsourcing positively contributed to reducing the workforce (n=65; 78%), decreasing the cost of services (n=60; 72%), and improving client service (n=58; 70%). However, the managers also reported several negative impacts of outsourcing, including a loss of privacy and confidentiality (n=34; 41%), an increase in the cost of services (n=23; 28%), a loss of control and flexibility over the outsourced service (n=20; 24%), and a decline in the hospital's capacity to provide the outsourced service (n=15; 18%).

Table 4: Current Outsourcing Advantages and Disadvantages

Current Outsourcing Advantages	Number (n)	Percentage (%)
Smaller workforce, which is easy to manage	65	78.3%
Reduced Costs of Service	60	72.3%
Improved client service	58	69.9%
Current outsourcing Disadvantages	Number (n)	Percentage (%)
Loss of privacy/confidentiality regarding hospital operations	34	41.00%

The cost of service has gone up	23	27.70%
Loss of control and flexibility over outsourced service	20	24.10%
Quality of service has worsened	17	20.50%
Decline in hospital's capacity to provide the outsourced service	15	18.10%
Staff dis-satisfaction due to laying off of staff to accommodate contractor	11	13.30%

Satisfaction with Currently Outsourced Services

As shown in Table 5, hospital managers reported high satisfaction with several outsourced services, mainly catering (n=37, 99%), ambulance services (n=10, 98%), radiology (n=37, 97%), and information technology (n=42, 93%). However, the satisfaction score for outsourcing accounting services was the lowest (n=37, 85%).

Table 5: Overall Level of Satisfaction with Currently Outsourced Services

Services	Overall Score %	Mean
Nursing	100%	5.00
Sterilization	100%	5.00
Anesthesia	100%	5.00
Catering	99%	4.86
Ambulance	98%	4.90
Radiology	97%	4.89
Pharmacy	97%	4.87
Laboratory	96%	4.79
Communication and telecommunication	96%	4.78
Cleaning	95%	4.77
Laundry	94%	4.72
Waste disposal	94%	4.73
IT Services	93%	4.70
Technical Support	93%	4.67
Security	92%	4.66

As shown in Table 6, the main reasons for managers' satisfaction with currently outsourced services, according to participants' perceptions, were primarily

due to a good relationship with the supplier (n=53, 64%), cost reduction (n=51, 61%), and improved quality of service (n=38, 46%). Conversely, the primary reasons for dissatisfaction were problematic contract management (n=23, 28%), complaints from staff and clients (n=20, 24%), and unrealized cost reductions (n=17, 20%).

Table 6: Reasons for Satisfaction and Dissatisfaction

Reasons for Satisfaction	Number (n)	Percentage (%)
A good relationship with the supplier	53	63.90%
Anticipated reduction in costs has been realized	51	61.40%
Anticipated improvement in quality of service has been realized	38	48.50%
Reasons for Dissatisfaction	Number (n)	Percentage (%)
Contract management with the supplier has been problematic	23	27.70%
Complaints by staff and clients	20	24.10%
Anticipated cost reduction has not been realized	17	20.50%
Reduction in quality of service	11	13.30%

Challenges During Current Outsourcing

This section discusses the main challenges Jordanian hospitals face during the outsourcing process. Table 20 presents data on these challenges based on managers' perceptions in the surveyed hospitals.

The results indicate that political interference was the primary challenge in initiating the outsourcing process (n=61, 73%). Additionally, many managers reported facing challenges such as a limited number of service providers (n=47, 57%), limited in-house capacity to manage outsourcing (n=31, 37%), and, again, a limited number of service providers (n=47, 36%). The least perceived challenges included legal restrictions requiring negotiation (n=26, 31%) and contractual issues (n=22, 27%).

Table 7: Challenges during the Outsourcing Process

Challenges	Number (n)	Percentage (%)
Political interference in the outsourcing process	61	73.50%
Limited number of service providers	47	56.60%

Limited in-house capacity to outsource	31	37.30%
Law/owning authority could not allow it and had to negotiate	26	31.30%
Contractual issues	22	26.50%

Current Outsourcing Monitoring

Table 8 presents the results of the monitoring strategies utilized by Jordanian hospitals for currently outsourced services based on participant perceptions.

All surveyed hospitals reported that they continuously control the outsourcing process. Most hospital managers (n=76; 92%) reported monitoring supplier performance. Additionally, 82% of the managers (n=68) indicated that they monitor the continued feasibility of outsourcing, while 70% (n=58) reported that the continued need for outsourcing was the least monitored aspect of the process.

The most frequently used strategy for continuous monitoring was regular meetings with suppliers to review performance (n=61; 73%). Other commonly employed strategies included benchmarking outsourced service quality against the quality of services in other hospitals or the best hospitals (n=58; 70%), continuous internal capability analysis to deliver the outsourced services (n=56; 67%), regularly tracking the costs of the outsourced services (n=56; 67%), and ongoing internal analysis of the importance of the outsourced service to hospital performance (n=55; 66%).

The last selected monitoring strategies were regular satisfaction surveys with outsourced services among staff and clients (n=40; 48%) and market surveys to determine changes in supplier availability and capabilities (n=48; 58%).

Table 8: Current Outsourcing Monitoring

	Number (n)	Percentage (%)
Did you have strategies for continuously monitoring the outsourcing program?		
• Yes	83	100%
• No	0	0%

The aspects of your outsourcing program are you continuously monitoring		
• Supplier performance	76	92%
• Continued feasibility of outsourcing	68	82%
• Continued need for outsourcing	58	70%
The strategies for continuously monitoring		
• Regular meetings with suppliers to review performance	61	73.5%
• Benchmarking our outsourced service quality with quality of the service in the best hospitals in the country	58	69.9%
• Regularly tracking the costs of the sourced services	56	67.5%
• Continuous internal capability analysis to deliver the outsourced	56	67.5%
• Continuous internal analysis regarding the importance of the outsourced service to hospital performance	55	66.3%
• Market surveys to determine changes in supplier availability and capabilities	48	57.8%
• Regular satisfaction surveys with outsourced services among staff and clients	47	56.6%

Discussion

Outsourcing in the healthcare sector has been increasingly adopted as a strategic approach to address various operational challenges, including cost management and service quality enhancement. The definition of outsourcing as an agreement with an external agent to provide services that could otherwise be handled internally (Runar et al., 2014) highlights its role in organizational efficiency. Additionally, outsourcing involves contracting out services to external providers for a specified period and an agreed fee (Ikediashi, 2014). This practice has been driven by factors such as globalization, technological advancements, and public sector reforms, which have significantly influenced the decision-making process in

healthcare institutions (Hill & Jones, 2007; Mujasi, 2016).

The potential benefits of outsourcing are well-documented, with cost reduction being one of the most significant advantages (Henley, 2006). By outsourcing non-core functions, healthcare institutions can focus on their primary mission—delivering high-quality healthcare. This focus on core activities often leads to enhanced innovation and access to specialized external competencies, further improving organizational performance. However, these benefits are not without risks. Outsourcing can lead to a decline in core competencies and an increased dependency on suppliers, which may result in reduced quality and loss of control over essential services (Mujasi, 2016).

In healthcare, the expansion of outsourcing is evident, with a growing range of services being outsourced. Hospitals have increasingly turned to outsourcing to manage demographic shifts and financial constraints (Al-Mazroei, 2015; AL-Ruzzieh et al., 2022; Hsiao et al., 2009; Mujasi, 2016). The healthcare sector's complexity and wide array of services make it particularly suitable for outsourcing. However, the success of outsourcing in healthcare depends on the implementation of effective policies and resource allocation, which are often lacking (Hill & Jones, 2007; Mujasi, 2016).

Like many in developing countries, Jordanian hospitals face unique challenges that make outsourcing a viable option. Jordan's limited natural resources, coupled with a rapidly growing population and the ongoing strain from the Syrian refugee crisis, have created significant pressures on the healthcare system (HHC, 2015; WHO, 2015). In this context, outsourcing is viewed as a strategic solution to improve productivity and service delivery. However, the lack of research on outsourcing in Jordanian hospitals presents a gap in understanding this practice's full impact and feasibility in the local context.

The findings of this study provide valuable insights into the current status of outsourcing in Jordanian hospitals, revealing that a significant portion of hospital services is outsourced. This aligns with global trends where hospitals outsource non-core services to manage costs and improve service quality (Akbulut et al., 2013; Ayaad et al., 2019; Dalton & Warren, 2016; Moschuris & Kondylis, 2006). However, the study also highlights specific challenges Jordanian hospitals face, such as political interference and a limited number of service providers, which complicate the outsourcing process.

One of the critical benefits of outsourcing identified in this study is the reduction in workforce management complexity. By outsourcing, hospitals can streamline operations and focus on more critical patient care areas,

improving overall service quality. However, the study also identified several disadvantages, including the potential loss of privacy and confidentiality, which are significant concerns in the healthcare sector (Ayaad et al., 2022; AlHarthy et al., 2024; Mujasi, 2016). These findings suggest that outsourcing can offer operational efficiencies but also requires careful management to mitigate associated risks.

Hospital managers in Jordan are generally satisfied with outsourced services, particularly catering, ambulance services, and radiology. This satisfaction is primarily attributed to the good relationships between hospitals and their suppliers and the realization of cost reductions and improved service quality. However, dissatisfaction arises primarily from problematic contract management and unfulfilled expectations of cost savings, highlighting the importance of effective contract negotiation and management in outsourcing arrangements (Dalton & Warren, 2016).

The challenges during the outsourcing process, particularly political interference, underscore the need for clear regulatory frameworks and governance structures to support effective outsourcing in the healthcare sector. Limited in-house capacity to manage outsourcing and a restricted pool of service providers further complicate the process, suggesting that strategic planning and capacity building are essential for successful outsourcing (Ayaad et al., 2022; Guimarães & Carvalho, 2011).

Monitoring outsourced services is critical to ensuring their success. The study found that Jordanian hospitals employ various strategies to monitor outsourcing, including regular supplier performance reviews and benchmarking outsourced services against best practices in the sector. These monitoring activities are vital for maintaining service quality and ensuring that outsourcing continues to meet the hospital's needs and expectations. However, less emphasis is placed on monitoring the continued need for outsourcing, which could lead to complacency and potential issues in service delivery (Ayaad et al., 2022; Aubert et al., 2005).

The study's findings suggest that while outsourcing can provide significant benefits, it also poses challenges that must be carefully managed. Effective governance, strategic planning, and continuous monitoring are essential to maximizing the benefits of outsourcing while minimizing its risks. In the context of Jordanian hospitals, addressing political interference and enhancing in-house capacity for outsourcing management are crucial steps toward improving outsourcing outcomes.

Conclusion

In conclusion, outsourcing in Jordanian hospitals is a complex but potentially beneficial strategy for managing operational challenges and improving service delivery. By addressing the identified challenges and implementing effective monitoring and management practices, hospitals can better leverage outsourcing to enhance their operations and deliver high-quality care to patients.

Ethical Declaration

Institutional Review Board (IRB) approval was obtained from the research office at Hacettepe University, Ankara, Turkey.

Conflict of Interest

The authors have no conflicts of interest to disclose.

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