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ORIGINAL RESEARCH

# Reflective Experiences of the Commissioning Final Readiness Committee's Members for the Women's Health Hospital in Riyadh

Anqaa Almutairi[1,2,*], Abdulmohsen Alsaawi[3,4,*], Abdulaleem Alatassi[5,*], Abdulrahman Abdullah Alghanem[6,*], Sarah Blaheed Almutairi[7,*], Mufareh Alkatheri[8,*], Luhanga Musumadi[1,*], Litaba Efraim Kolobe[1,*]

[1]Department of Nursing, Ministry of National Guard - Health Affairs, Riyadh, Saudi Arabia; [2]King Abdullah International Medical Research Center, Riyadh, Saudi Arabia; [3]Department of Emergency, Ministry of National Guard - Health Affairs, Riyadh, Saudi Arabia; [4]College of Medicine, King Saud bin Abdulaziz University for Health Sciences, Riyadh, Saudi Arabia; [5]Department of Anesthesia, Ministry of National Guard - Health Affairs, Riyadh, Saudi Arabia; [6]Department of Health Technology Management, Ministry of National Guard - Health Affairs, Riyadh, Saudi Arabia; [7]Department of Nursing, Second Clustered - Ministry of Health, Riyadh, Saudi Arabia; [8]Department of Medicine, Ministry of National Guard - Health Affairs, Riyadh, Saudi Arabia

*These authors contributed equally to this work

Correspondence: Anqaa Almutairi, Department of Nursing, Ministry of National Guard - Health Affairs, Riyadh, 13314–2861, Saudi Arabia, Tel +966565702188, Email mutirian@hotmail.com



**Purpose:** Healthcare commissioning is crucial for addressing the increasing demands of the patient population while reducing maintenance and management costs. However, commissioning committee members can encounter several challenges. Therefore, this study comprehensively examined the experiences of members of the Commissioning Final Readiness Committee involved in commissioning the Women's Health Hospital in Riyadh, Saudi Arabia.

**Methods:** An exploratory qualitative design was used, utilizing semi-structured interviews guided by Gibbs's reflective cycle. A sample of 11 participants representing diverse healthcare professions was included to capture a broad spectrum of insights. The interviews were conducted within a supportive and anonymous framework, adhering rigorously to the ethical standards established by the King Abdullah International Research Center and Ministry of National Guard Health Affairs.

**Results:** The findings revealed three main themes: (i) the role of the Commissioning Final Readiness Committee members, (ii) the reflective experiences of the Commissioning Final Readiness Committee members, and (iii) the recommendations of the Commissioning Final Readiness Committee members. These advancements were primarily attributed to the effective communication and collaboration among members.

**Conclusion:** Although the task complexities posed certain challenges, the participants viewed them as valuable learning experiences that contributed to their growth. The Commissioning Final Readiness Committee can significantly impact the commissioning process. Despite encountering uncontrollable factors, maintaining a cohesive team allows members to effectively navigate these difficulties and achieve professional growth.

**Plain Language Summary:** There is a growing interest in reflective studies within education, but when it comes to hospitals and clinical teams, research is surprisingly sparse. It is crucial to tap into the experiences of these healthcare professionals, as their insights can significantly enhance practices. While the Gibbs model has been widely adopted in educational settings, our publication focuses on filling this gap by sharing valuable reflections from commissioning members in healthcare facilities.

In our local context, reflective practices have not received much attention, particularly among both clinical and non-clinical staff. Our study shines a light on the importance of these practices for commissioning workers, indicating that they can foster a culture of continuous learning and improvement within organizations. By encouraging reflection, we can help teams develop better practices that ultimately benefit patient care and overall efficiency.

**Keywords:** commissioning, experience, Gibbs's reflective cycle, qualitative study, thematic analysis



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## Introduction

The term "commissioning" can be defined in several ways. In a certain sense, commissioning is the act of assigning a responsibility to another individual.[1] Additionally, it involves various activities such as assessing the health needs of a community, designing patient pathways based on clinical expertise, specifying services, negotiating contracts, and continuously evaluating quality.[2,3]

This study was motivated by the challenges observed during commissioning as members delegated with tasks expressed anxiety and perplexity.[4] This could be attributed to the task's complexity and the higher standards set by the hospital's leadership.[5] In a comparable scenario, some members expressed frustration because of the stress and pressure commonly experienced during commissioning, which involved thoroughly communicating across various departments, such as the quality department, and repeatedly presenting information.

Other studies have indicated that commissioning members are faced with a complex system of accountabilities and responsibilities, making it difficult to achieve their intended goals.[5,6] Moran et al[7] stated that non-executives as well as non-executive members from commissioning and provider organizations should be included in chairing commissions. Cox and Barbrook-Johnson[8] also supported the idea that behaviors are influenced and shaped by the circumstances during commissioning. Although studies on commissioning new institutions have been conducted globally, no studies have explored the reflections of commissioning committee members in relation to the context of Saudi Arabia. An international study by Robinson et al[9] examined the concept of commissioning, experiences of individuals who have used commissioning methods, and available information on the results of these endeavors.[9]

In the context of this study, the Commissioning Final Readiness Committee (CFRC) was formed. The committee reports directly to the chairman of the Commissioning Core Committee, led by the Executive of Medical Services. The Executive of Medical Services is responsible for overseeing the entire commissioning process, including aspects such as manpower, recruitment, and finances. The final readiness committee assesses, analyzes, monitors, and resolves the end-user equipment list while delivering periodic reports on the state of readiness. Moreover, it is responsible for informing the core commissioning committee on readiness status while strictly following quality standards for establishing a new hospital. Its members were selected from several professions and departments, including nursing and engineering representatives from the project management office, health technology management, utility and maintenance, informatics technology, logistics, planning and contract management, quality and patient safety, and fire departments. They are a diverse assemblage of experts who cooperate to familiarize themselves with one another, gain insights into their respective backgrounds, and share their expertise.

Commissioning plays a significant role in increasing patient bed capacity, addressing and accommodating the growing demands of the patient population, and reducing the costs associated with the maintenance and management of new buildings.[6,10,11] For this reason, this study explored CFRC members' reflective experiences to help deepen their insights on their commissioning role prior to opening the Women's Health Hospital in Riyadh in September 2023.

## Materials and Methods

This exploratory qualitative study conducted participant interviews.[12] Anonymity was rigorously ensured for all participants, and voluntary informed consent was obtained. The ethical guidelines established by the King Abdullah International Research Center (KAIMRC) and Ministry of National Guard Health Affairs (MNGHA) were strictly adhered to throughout the research process, including obtaining IRB approval (No. 0000016524 on 07/04/2024) by King Abdullah International Medical Research Center. The participants were selected through purposeful nonprobability sampling owing to the need to include CFRC members specifically. Interviews were conducted utilizing open-ended questions that aligned with the Gibbs's reflective cycle framework, facilitated by a semi-structured interview guide.[13] All interviews were conducted in a comfortable setting conducive to open dialogue among the relevant parties. Each participant was interviewed individually for one hour. Before beginning the interviews, a consent form was obtained from each participant to ensure ethical compliance and respect for their autonomy. The sessions were recorded in both audio and written formats and subsequently transcribed for analysis. Data security was ensured by storing all information in a locked cabinet that was accessible only to the research team.

## Inclusion and Exclusion Criteria

Invitations to participate in the study were extended to all CFRC members who were active from December 2022 to October 2023. However, this study excluded specific individuals: (a) the chairman of the commissioning core committee, (b) the chairman of the CFRC, and (c) guest members who were invited for particular purposes during the commissioning process.

## Participants' Demographics

Table 1 presents the demographic distribution of the participants involved in the CFRC. A diverse group of eligible participants (n = 27) was invited; however, only 11 members participated, comprising 9 men and 2 women. Their ages ranged from 31 to 50 years, with a notable concentration (approximately 55%) in the 40–49-year age bracket. Approximately 36% of the participants were between 30 and 39 years of age, and a small fraction (9%) were in the 50–59-year range. Regarding educational attainment, eight participants had bachelor's degrees, two had master's degrees, and one had a PhD, reflecting a robust foundational academic background.

## Data Analysis

The data were analyzed as per Braun and Clarke's[14] six-step framework for thematic analysis. First, data familiarization was achieved by thoroughly reading the transcribed verbatim notes to generate preliminary codes and themes. Second, the initial codes were developed in relation to the preliminary codes and themes. Third, these codes were sorted into themes and subthemes. Fourth, all generated themes and subthemes were comprehensively reviewed to ensure alignment with the research aims and objectives. Fifth, the final definitions of the themes and subthemes were established. Finally, the research report was authored and submitted to KAIMRC.

# Results

## Theme 1: The Role of the Commissioning Final Readiness Committee Members

Professionally, the participants' roles were categorized into four primary groups: management-level positions (4), quality specialist (1), engineering roles (5), and project management (1). These roles underscored a balanced mix of strategic oversight, technical expertise, and operational management. Furthermore, the participants possessed extensive industry experience, ranging from 9 to 25 years, with an average tenure of 17 years, contributing substantial practical knowledge to the commissioning process. This varied mix of demographics and expertise provided a rich foundation for analyzing the multifaceted contributions to project commissioning, highlighting the interplay of academic qualifications, professional roles, and practical experience.

## Theme 2: The Reflective Experiences of the Commissioning Final Readiness Committee Members

The results indicated that a significant majority of the participants (approximately 70.6%) reported positive experiences. These positive themes encompassed feelings of support, smooth collaboration, effective teamwork, empowerment, and success. Many participants mentioned multiple positive aspects, emphasizing that the overall experience was mostly constructive and supportive.

Conversely, participants reported five instances of challenging experiences, accounting for approximately 29.4% of the feedback. These challenges included limited resources, time constraints, pressure, and feeling overwhelmed. Although these negative experiences were less common, they underscored important areas for improvement, particularly in terms of resource availability and workload management (Table 2).

**Table 1** Commissioning Final Readiness Committee Members' Demographic Details

| Sex | Age | Educational Background | Job Title | Years of Experience |
|---|---|---|---|---|
| 2 F (18.2%)<br>9 M (81.8%) | 30–39: 4 (36.4%)<br>40–49: 6 (54.5%)<br>50–59: 1 (9.1%) | Bachelor's degree: 8 participants (72.7%)<br>Master's degree: 2 participants (18.2%)<br>PhD: 1 participant (9.1%) | Management level: 4 (36.36%)<br>Quality specialist: 1 (9.09%)<br>Engineering: 5 (45.45%)<br>Project manager: 1 (9.09%) | Less than 10 years: 1 participant (9%)<br>10–19 years: 5 participants (45%)<br>20+ years: 5 participants (45%) |

**Table 2** Description of the Commissioning Final Readiness Committee Members' Experiences in the Commissioning Process

| Participant | Feelings | Positive Experiences | Challenging Experiences |
|---|---|---|---|
| 1 | Smoothly and support | 2 | 0 |
| 2 | Experience and limited resources | 1 | 1 |
| 3 | Team work | 1 | 0 |
| 4 | Late involvement and success | 2 | 0 |
| 5 | Team work | 1 | 0 |
| 6 | Experience and limited time | 1 | 1 |
| 7 | Support | 1 | 0 |
| 8 | Pressure and challenging | 0 | 2 |
| 9 | Empowered and smoothly | 2 | 0 |
| 10 | Smoothly | 1 | 0 |
| 11 | Pressured | 0 | 1 |
| Total | | 12 | 5 |
| % | | 70.6% | 29.4% |

Table 3 highlights the CFRC members' key reflections on their feelings and responses throughout the commissioning process. Notably, several participants expressed positive sentiments associated with their roles, including excitement, happiness, comfort, enjoyment, and a sense of honor in being selected for the committee. However, the feedback also

**Table 3** Feelings and Responses of the Commissioning Final Readiness Committee Members

| Participant | Feelings | Positive | Negative | Social |
|---|---|---|---|---|
| 1 | Comfortable | 1 | 0 | 0 |
| 2 | Excited | 1 | 0 | 0 |
| 3 | Happy | 1 | 0 | 0 |
| 4 | Excited | 1 | 0 | 0 |
| 5 | Pleased, lucky | 1 | 0 | 1 |
| 6 | Honored, excited | 1 | 0 | 1 |
| 7 | Comfortable | 1 | 0 | 0 |
| 8 | Under pressure, frustration | 0 | 2 | 0 |
| 9 | Honored, enjoyable | 1 | 0 | 1 |
| 10 | Happy, excited | 2 | 0 | 0 |
| 11 | Fantastic, under pressure | 1 | 1 | 0 |
| Total | | 11 | 3 | 3 |
| % | | 64.7% | 17.6% | 17.6% |

revealed a spectrum of emotional responses contingent upon individual circumstances. For example, a few members reported experiencing frustration and pressure, which they linked to the inherent complexity of the task.

Participant 8, who had taken on a new management role at the hospital, predominantly articulated negative emotions, suggesting that the stressors related to his onboarding may have intensified his feelings of stress and frustration. Conversely, Participant 11, who was tasked with managing several projects, provided a more nuanced perspective. He rated his overall experience as "fantastic", while simultaneously acknowledging feelings of being overwhelmed due to the demands of juggling multiple responsibilities. This divergence in emotional experiences highlights the significance of context and individual roles in shaping responses to task-related challenges.

# Discussion

## Theme 1: The Role of the Commissioning Final Readiness Committee Members

The study highlighted the significant contributions and varied expertise of a diverse team of professionals involved in a successful commissioning process.[15,16] Approximately 36.4% of the team comprised management-level personnel, whose strategic supervision was crucial in ensuring that the commissioning processes aligned with the broader organizational goals and maintained the highest level of accountability.[17] Their role facilitated a clear connection between project objectives and organizational aspirations, thereby enhancing the overall governance of the commissioning activities. The engineering subgroup, comprising 45.5% of the team, played a vital role in addressing the technical aspects of the commission.[18,19] Their expertise in system diagnostics and troubleshooting was instrumental in ensuring operational reliability and performance. Their ability to effectively identify and resolve technical issues optimized system functionality while mitigating potential risks associated with operational disruptions. Additionally, the quality specialist (9.1%) was pivotal in maintaining compliance with industry standards and regulatory requirements.[18] This specialist's focus on quality assurance was essential for safeguarding the integrity and safety of the commissioning process, resulting in a high-quality end product. A project management professional (9.1%) complemented the team by coordinating timelines and resource allocation, ensuring that project milestones were met efficiently.[20] Their efforts facilitated a smooth progression of the process, allowing for the timely identification and resolution of challenges. The collaboration among these professionals illustrates the benefits of an interdisciplinary approach to complex technical projects. The team, with each member's varying expertise, was able to improve system integration and risk management strategies, highlighting the importance of collaboration in the commissioning process. These results provide valuable insights into how diverse professional skills can synergistically work together to achieve superior project execution outcomes.[21]

## Theme 2: The Reflective Experiences of the Commissioning Final Readiness Committee Members

The CFRC members described their experiences through Gibbs's reflective cycle, expressing their roles, evaluating their emotions, and describing their overall journey. They reflected on the positive and negative aspects of their contributions, explaining how they identified and assessed needs, reviewed the commissioning plan, categorized priorities, and ensured safety, thereby cultivating a collaborative environment.[22] The members recognized communication as crucial throughout the process.[23,24] They coordinated activities and maintained contact with stakeholders to facilitate a seamless exchange of information. As they shared their sentiments, the CFRC members conveyed a spectrum of emotions, ranging from happiness and excitement to pressure and frustration, as illustrated in Table 3.[25,26] They also identified key achievements, such as effective task organization, strong teamwork, and efficient problem-solving.[27,28]

## Theme 3: The Recommendations of the Commissioning Final Readiness Committee Members

Despite their achievements, the members acknowledged the challenges they faced owing to limited resources, tight timelines, and unexpected issues.[29] They emphasized the significance of effective planning, adaptability, and continuous learning in dealing with these obstacles and described how collaboration within a multiteam setting provided valuable

learning experiences.[27] Ultimately, their commissioning experience offered profound insights that enhanced personal growth and collective effectiveness, highlighting the need for improvements in resource management and time allocation for future initiatives.

## Limitations and Recommendations for Further Research

The main limitation of this study was that a pre-commissioning assessment was not conducted. We suggest including pre-assessment surveys in future studies to assess experiences. Additionally, the study was conducted in a single institution, which restricts the generalizability of the findings.

## Conclusion

This study emphasized the need for a diverse and competent team in the commissioning process. A heterogeneous group of professionals with management, engineering, and quality assurance expertise contributed to a rich knowledge base that enhances project execution. Gibbs's reflective cycle helped identify the CFRC members' positive and challenging reflective experiences, offering recommendations for organizing commissioning processes.

## Abbreviations

CFRC, Commissioning Final Readiness Committee; KAIMRC, King Abdullah International Medical Research Center; MNGHA, Ministry of National Guard Health Affairs.

## Data Sharing Statement

The data are available upon request, including the questionnaire tool, a Word document detailing the verbatim notes, and a relevant Excel sheet containing the numeric data. If you are interested in accessing these resources for further analysis or research purposes, please contact the author.

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## Disclosure

The authors report no conflicts of interest in this work.

## References

1. Vocabulary.com. Commission. n.d. Available from: https://www.vocabulary.com/dictionary/commission. Accessed March 20, 2024.
2. Regmi K, Mudyarabikwa O. A systematic review of the factors-barriers and enablers-affecting the implementation of clinical commissioning policy to reduce health inequalities in the National Health Service (NHS), UK. *Public Health*. 2020;186:271–282. doi:10.1016/j.puhe.2020.07.027
3. Dayson C, Fraser A, Lowe T. A comparative analysis of social impact bond and conventional financing approaches to health service commissioning in England: the case of social prescribing. *J Comp Policy Anal Res Pract*. 2020;22(2):153–169. doi:10.1080/13876988.2019.1643614
4. Leng J, Zhou M, Xiao Y, et al. Digital twins-based remote semi-physical commissioning of flow-type smart manufacturing systems. *J Clean Prod*. 2021;306:127278. doi:10.1016/j.jclepro.2021.127278
5. Bosmans H, Zanca F, Gelaude F. Procurement, commissioning and QA of AI based solutions: an MPE's perspective on introducing AI in clinical practice. *Phys Med*. 2021;83:257–263. doi:10.1016/j.ejmp.2021.04.006
6. Warwick-Giles L, McDermott I, Checkland K, Moran V. Moving towards strategic commissioning: impact on clinical commissioning groups as membership organizations. *J Health Serv Res Policy*. 2020;25(1):22–29. doi:10.1177/1355819619842272
7. Moran V, Allen P, Sanderson M, McDermott I, Osipovic D. Challenges of maintaining accountability in networks of health and care organisations: a study of developing sustainability and transformation partnerships in the English National Health Service. *Soc Sci Med*. 2021;268:113512. doi:10.1016/j.socscimed.2020.113512
8. Cox J, Barbrook-Johnson P. How does the commissioning process hinder the uptake of complexity-appropriate evaluation? *Evaluation*. 2021;27(1):32–56. doi:10.1177/1356389020976157
9. Robinson S, Dickinson H, Durrington L. Something old, something new, something borrowed, something blue? Reviewing the evidence on commissioning and health services. *Aust J Prim Health*. 2016;22(1):9–14. doi:10.1071/PY15037
10. Jain N, Burman E, Stamp S, Mumovic D, Davies M. Cross-sectoral assessment of the performance gap using calibrated building energy performance simulation. *Energy Build*. 2020;224:110271. doi:10.1016/j.enbuild.2020.110271

11. Becerik-Gerber B, Jazizadeh F, Li N, Calis G. Application areas and data requirements for BIM-enabled facilities management. *J Constr Eng Manag*. 2012;138(3):431–442. doi:10.1061/(ASCE)CO.1943-7862.0000433
12. Hunter D, McCallum J, Howes D. Defining exploratory-descriptive qualitative (EDQ) research and considering its application to healthcare. *J Nurs Healthc*. 2019;4(1).
13. Gibbs G. *Learning by Doing: A Guide to Teaching and Learning Methods*. Oxford: Oxford Brookes University; 1988.
14. Braun V, Clarke V. Reflecting on reflexive thematic analysis. *Qual Res Sport Exerc Health*. 2019;11(4):589–597. doi:10.1080/2159676X.2019.1628806
15. Loeffler E, Bovaird T. Co-commissioning of public services and outcomes in the UK: bringing co-production into the strategic commissioning cycle. *Public Money Manag*. 2019;39(4):241–252. doi:10.1080/09540962.2019.1592905
16. O'Shea A, Boaz AL, Chambers M. A hierarchy of power: the place of patient and public involvement in healthcare service development. *Front Sociol*. 2019;4:38. doi:10.3389/fsoc.2019.00038
17. Kislov R, Wilson PM, Knowles S, Boaden R. Learning from the emergence of NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRCs): a systematic review of evaluations. *Implement Sci*. 2018;13:1–17. doi:10.1186/s13012-018-0805-y
18. Mallawaarachchi H, Senaratne S. Importance of quality for construction project success. In: *6th ICSECM*. 2015:84–89.
19. Forbes MG, Patwardhan RS, Hamadah H, Gopaluni RB. Model predictive control in industry: challenges and opportunities. *IFAC-PapersOnLine*. 2015;48(8):531–538. doi:10.1016/j.ifacol.2015.09.022
20. Fewings P, Henjewele C. *Construction Project Management: An Integrated Approach*. London: Routledge; 2019.
21. Salway S, Mir G, Turner D, Ellison GT, Carter L, Gerrish K. Obstacles to "race equality" in the English National Health Service: insights from the healthcare commissioning arena. *Soc Sci Med*. 2016;152:102–110. doi:10.1016/j.socscimed.2016.01.031
22. NHS England. *A Review of the Role and Costs of Clinical Commissioning Groups*. London: National Audit Office; 2018.
23. Field R, Oliver J. *Effective Commissioning in Health and Social Care*. Los Angeles: Sage Publications; 2013.
24. Lane G, Messenger P, Stephenson D. Commissioning. In: Adams MD, editor. *Gold Ore Processing*. Elsevier Science; 2016:173–188.
25. Tesser A, Collins JE. Emotion in social reflection and comparison situations: intuitive, systematic, and exploratory approaches. *J Pers Soc Psychol*. 1988;55(5):695. doi:10.1037/0022-3514.55.5.695
26. Harley JM, Pekrun R, Taxer JL, Gross JJ. Emotion regulation in achievement situations: an integrated model. *Educ Psychol*. 2019;54(2):106–126. doi:10.1080/00461520.2019.1587297
27. Herdman AO, Yang J, Arthur JB. How does leader-member exchange disparity affect teamwork behavior and effectiveness in work groups? The moderating role of leader-leader exchange. *J Manage*. 2017;43(5):1498–1523.
28. Kinicki A, Fugate M. *Organizational Behavior: A Practical, Problem-Solving Approach*. McGraw-Hill; 2018.
29. Mintrom M, Thomas M. Improving commissioning through design thinking. *Policy Des Pract*. 2018;1(4):310–322.