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AN INVESTIGATION INTO HEALTHCARE MANAGEMENT AND STRATEGIC PLANNING: A STUDY ON HEALTHCARE IN SAUDI ARABIA

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Abstract

An organization's success or failure is directly related to the quality of its human interactions. This means that failing to include these in planning, policy formulation, and decisions could be detrimental, as an organization's readiness to change is worthless if its members are unwilling to adapt or maintain consistency with the transformation that is necessary for success. It is essential to have a supportive environment in order to be ready for change. Experts in several transformational cases have identified procedural, conceptual, and political challenges for the healthcare organization during the process of change. As a result, these issues must be addressed in order to effectively implement the plan to transform Saudi health care and to successfully prepare stakeholders and organizational members.

To conduct this study, the survey strategy was used to collect quantitative data which was examined quantitatively by using descriptive and inferential analysis. For example, studies on the use of health-care services, and management information systems are all taken into consideration from a broader perspective, among others. All these surveys are one-time only. The surveys are conducted with a total of 100 patients. A 12-item questionnaire was developed to assess four service quality dimensions. In order to evaluate the dimensions, a five-point Likert scale was employed (1- Strongly agree to 5- Strongly disagree). When designing this research study, the dimensions were taken from the SERVQUAL model, which has been described as a valid and reliable model for survey analysis; however, the questions were altered according to Saudi Arabia's health-care management and strategic planning needs, and the questions were taken from a previous researchers' questionnaire.

Keywords: Management, Strategic, Planning, Healthcare, Saudi Arabia

INTRODUCTION

Management and strategic planning in healthcare provides a systematic and quality plan for healthcare delivery leading to an enhanced health and well-being of users. There are several challenges and situations that usually arise in the healthcare sector that need care and execution of strategic plans to help shape it better. A strategic plan refers to a process in which an organization or even a country develops a documented plan, ahead of time, which will be used to in the future to improve various sectors of the economy, including healthcare and other sectors. Strategic planning in the ministry of Health involves activities meant for setting priorities, enhancing operations, and prioritizing energy and resources within the health sector – both public and private health sector (Alomran, 2019).

Various organizations providing healthcare services have created several alterations in the management and methods of management owing to the dynamic technological and economic factors, leading to several alterations aimed at guiding the health organizations to meet the basic requirements and optimal solutions to the numerous problems (Al-Hanawi et al., 2019). Strategic planning and improvement of management practices allow health organizations to make necessary operations like monitoring, assessment, analysis, and planning to ensure achievement of objectives.

Saudi Arabia is the largest country in the Middle East, occupying about 80% of the Arabian Peninsula, i.e., 850,000 sq. miles. The Kingdom of Saudi Arabia is bordered by Iraq, Kuwait, and Jordan in the north, UAE, Qatar, and Bahrain in the East, Oman in the southeast, and Yemen in the South.



Article 31 of the constitution of Saudi Arabia recognizes the provision of quality healthcare as a fundamental right. The country established the public health system in 1925 and the Ministry of Health in 1949 to offer free healthcare services to the citizens (Altuwaijri, 2011). Since its establishment, the Kingdom of Saudi Arabia has committed to following the welfare policy to provide universal healthcare to the citizens. The commitment to the healthcare policy has resulted in improved population health in the region and globally.

Due to the rich oil reserves and the subsequent revenue, the Kingdom of Saudi Arabia has been relying on the public sector to provide healthcare services. However, the government has begun to experience challenges concerning the sustenance of accessible healthcare services to the citizens in the recent past. The challenges are attributed to various factors, including inadequacies in healthcare service delivery management practices, dynamic disease patterns, demographic changes, diminishing oil revenues, shift to sedentary lifestyle, and escalation of healthcare costs.

Besides the public healthcare system, the country also boasts a private healthcare system, an investment taken by foreign and local investors. The authorities in the Kingdom of Saudi Arabia have been pushing for private healthcare investment in the country through incentives since 1975 to complement the public healthcare system (Alomi et al., 2018). However, there is still a big gap between the public and the private healthcare system despite the efforts. One of the areas of concern is to encourage the growth of the private healthcare system to fill the gap left by the public healthcare system. It is part of the strategic planning to combat the healthcare challenges arising in the Kingdom of Saudi Arabia.

Saudi Arabia's government places a strong priority on healthcare services. Many health facilities have been built around the Kingdom of Saudi Arabia in recent decades, indicating that health care is improving in both quantity and quality. It is the government and a handful of semi-government entities that run hospitals and medical services exclusively for their employees in Saudi Arabia's healthcare sector, which is established to provide a basic platform of healthcare services to everyone.

Quality healthcare services are also being provided by the Kingdom of Saudi Arabia's private sector operators. More than 60% of these services are provided by the Saudi Ministry of Health (MoH), with the rest provided by various government organizations and the private sector. Between 1999 and 2005, the yearly growth rate of public healthcare spending was 7.2%, and by 2016, it had reached \$20 billion. As a result of the country's excellent economic policies and well-established industrial infrastructure, the Saudi per capita income has risen.

Overall strategy of Ministry of Health

Saudi Arabia is the largest healthcare provider in the Middle East and North Africa. However, public funding alone is not sufficient to fulfill the Kingdom of Saudi Arabia's growing healthcare needs, which are expected to continue to rise as the

population continues to grow. The Saudi Arabian government is responsible for the oversight and supervision of private sector institutions and the establishment of healthcare legislation, rules, and regulations for the Kingdom of Saudi Arabia's citizens and residents. Saudi Arabia's healthcare system is facing a number of severe issues, and this strategy is designed to address them. As a result of their health education, service recipients now have a far higher degree of knowledge and expectation of better health services that can be conveniently accessed in compliance with high-quality standards. At this time, the Ministry of Health has introduced new methods in the provision of patient-centered health care in order to address patients' health requirements at the right time and in the right place. Primary care to specialized therapeutic services are all covered in a professional manner with respect to all patients' rights, such as the right to know about their condition.

Additionally, Saudi Arabia's Ministry of Health provides free medical treatment to around 10 million pilgrims and visitors during the Haj and other seasons through a network of specialized hospitals and health facilities (Alkhamis et al., 2014). Healthcare services are being delivered using an integrated and comprehensive manner, as part of the Ministry of Health's Integrated and Comprehensive National Healthcare Project. Another crucial component of the strategy is health insurance. In addition, research on the potential privatization of MoH hospitals and the implementation of best management and operation practices must be conducted.

There has been a major improvement in health indices as a result of enhanced health services and other variables, such as improved and more accessible public education and better life situations. The provision of medical services to all regions is treated equitably under the Integrated and Comprehensive Health Care Plan, which is based on internationally accepted standards. In order to reach the MoH's goal, the strategy comprises the creation of hospitals, primary healthcare facilities, and specialized centers. Most healthcare services can be offered near to the patient's home, except for severe and unusual instances like organ transplant, heart surgery, and cancer that will be provided by one of the five major medical cities, now under development (Alsharif et al., 2018).

Saudi Arabia's health care system is based on primary care, which allows the Ministry of Health to provide immunizations, routine procedures, and mother-and-child services to Saudi nationals all around the country. Also included in the approach is a set of defined criteria for the recruitment and retention of healthcare professionals like doctors, pharmacists, nurses, technicians, as well as the administrative staff. As the population grows, the Ministry of Health has devised a comprehensive plan to build new hospitals and expand existing ones in order to fulfill those demands. By establishing Executive Boards and other organizational requirements for better decision-making, the Ministry has been able to take necessary action and ensure that high-quality medical services are supplied. In Saudi Arabia, a number of development programs have laid the

groundwork for the expansion of healthcare services across the country.

In the Kingdom of Saudi Arabia, national healthcare demand is being driven primarily by an increase in the population (Rahman & Al-Borie, 2021). The number of people of all ages in the Kingdom of Saudi Arabia will continue to rise rapidly, in part because more people are reaching the age of marriage in the Kingdom of Saudi Arabia (20-29 years). In addition, as Saudis live longer, the number of Saudis over the age of 60 is expected to rise. Medical care costs will rise as a result of this, especially in the case of older patients, who are typically diagnosed with more serious illnesses.

Lifestyle diseases also referred to as non-communicable diseases (NCDs), are on the rise in Saudi Arabia, thanks to the country's growing prosperity and rapid socio-economic transformation (Sweis et al., 2018). Obesity, hypertension, and diabetes mellitus, particularly Type 2, are all prevalent in the Kingdom of Saudi Arabia. Heart disease, kidney failure, and amputation are the most common outcomes of this second scenario. Complications from these diseases will raise long-term costs, further taxing an already overburdened healthcare system.

Growth in Saudi citizens will continue, but the proportion of expatriates will continue to rise at a slower rate, resulting in an overall decrease in influxes, as compared to previous economic booms. Capital-intensive nature of industry, lack of domestic talent, large reliance on foreign labor, and rising medical costs are among the challenges facing the sector in the Saudi Ministry of Health (Khalifa, 2013).

Research aim

This study seeks to investigate and assess the healthcare management system and strategic planning in Saudi Arabia.

Research Questions

1. What are the challenges faced in healthcare management and administration in Saudi Arabia and what are the most effective measures of strategic planning that can be used to counter the challenges faced in healthcare management?

LITERATURE REVIEW

Wittgenstein (2008) defines change as the procedure of transforming the present state to a desired state. The author added that "constancy and change are relative concepts; group life never lacks change, merely differences in the quantity and form of change exist." Therefore, adaptation and change have long been regarded as the most crucial elements of research and policy, including health. Nonetheless, in spite of the growth in the field of health, the dynamics of adaptation and change still pose a monumental challenge to comprehend, as the field is still in its young developmental stages.

Inability to understand means and techniques of innovation and adaptation, as well as the factors that define practical implementation are some of the most important issues. For instance, scholars have identified different contributors of the success and failure. The factors may include examining

impacts, assessing adaptive capacity, and identification of options for adaptation, and knowledge of the degree to which governance and administrative systems are prepared for adaptation. In addition, these studies have further shown that mechanisms for systematic assessment of the degree to which organizations offering healthcare services are ready for adaptation and change are also limited.

Global transformational models

Literature on change and transformation management models outlines two distinct models for change and transformation, emergent and planned, proposed by Lewin (2017). Lewin suggested four theories and concepts that can be applied to change management: action research, field theory, three-step model, and group dynamics. A closer review of the existing studies shows that, among the emergent change management models used, the most widely used is the Greenwood and Hinings' change dynamics model (Hinings and Greenwood, 2019).

Moreover, context/process/content model of Pettigrew is equally effective and helpful in successful processes of change and transformation. In healthcare, the most effective and significant change and transformation model include; the Canadian Health Services Research Foundation's evidence-based change management technique, the organizational model of transformational change in health care systems, and the Canada Health Information Way's change management approach, which was developed more recently.

Analysis of change management models in health

Lukas et al. (2017) developed the model for the concept to be used in guiding healthcare organizations in performing sustained, organization-wide improvements in patient care. The model puts emphasis on the facilitation of the impetus to change, leadership determination to quality, as well as initiatives for involving workers in a meaningful manner. According to Bennet (2016), in his research, "State of Population Health Analytics," he highlighted the intricate nature of interdependent, multidimensional elements. The model emphasized three major ideas regarding healthcare change and transformation: technology and data; workflow and processes of an organization; and the aspects of people/organization.

Obstacles to readiness for Process of Change

In the Middle East, particularly, Saudi Arabia lacks a specific framework for addressing management issues with regard to readiness for change and adaptation. It is possible to find numerous studies in the literature that describe existing frameworks for guiding nations, such as those developed by the United Nations Development Program (UNDP). These frameworks include four components: Control over all aspects of a project's lifecycle: from conception to completion.

The ability of an organization to adapt to change is a multi-faceted, multi-level, and multi-dimensional concept. An organization's readiness for change can be defined as its members' willingness and commitment to implement a change, as well as their ability to achieve an effective change process. Studies have shown that organizational readiness for

change varies depending on how much members of the organization value the change and how favorably they appraise three key determinants of the ability to implement change: resource availability, task demands, and situational factors.

Organizational readiness for national transformation and change has been highlighted by researchers in the field of change management, who have advocated a variety of approaches. An organization's readiness and willingness to change is as important as an individual's willingness to do so. There may be multiple and simultaneous changes in staffing, workflow, decision-making, communication, and reward systems, among other areas.

The lack of political will on the part of the leadership, legal obstacles, limited or weak coordination among the actors involved in the transformation and change process, lack of financial resources required to support successful program implementation, uncertainty about information for decision-making readiness, lack of clarity about who is responsible for action, conflicting object. Organizations with high levels of readiness for change are more likely to have members who put forth greater effort, are more disciplined, and are willing to work together, all of which led to more effective implementation and fewer conflicts over the need to make changes in the workplace.

Saudi Arabia's Ministry of Health's Strategic Initiatives

The following are a few of MoH's most recent strategic endeavors.

Projects for Increasing Efficiency in the Health Sector

A ten-year development strategy for the Ministry of Health has been completed, which includes the creation of the Integrated and Comprehensive Health Care Plan, a reorganization of the Ministry of Health's financial operations, the creation of a five-member executive board, the creation of a board for medical cities and a set up for leadership training programs. The Ministry's bed turnover has increased by 20 percent in the last four years, allowing it to serve an increased number of patients per facility (Rahman & Al-Borie, 2021).

Projects to Improve Medical Care

Program for 'One-Day' Surgery. In the Ministry's hospitals, this has led to an increase in the percentage of one-day surgeries from 2% to 46%, which has resulted in a reduction in the waiting time for patients to receive needed surgeries. patients' needs in their own homes are taken care of by the domestic medicine program, and those who are not allocated a hospital bed by the Ministry of Health will be sent to a private sector facility.

A total of 90 hospitals were subjected to a national accreditation process by the Central Board for Accreditation of Health Care Institutions (CBAHI), 15 hospitals were accredited by the American Hospital Authority through an international accreditation program, and 100 healthcare centers in the Kingdom of Saudi Arabia are currently being assessed for accreditation under a program to accredit health care centers nationwide.

Health Promotion and Preventive Care

Newly formed "Public Health Agency": It is tasked with a variety of health-related duties, including the following:

Setting up a Health and Safety Office Prepare the National Health Survey, Supporting Preventive Health Care, Anti-Smoking, Food and Chemical Safety, Healthy Cities, Radiation Protection, Medical Waste, Occupational Health Healthy Marriage Diabetes Prevention, Prevention of Heart and Blood Vessels' Diseases Prevention of Accidents & Injuries Prevention of Accidents Hepatitis, Meningitis, HIV/AIDS, Sexually Transmitted Diseases, and Other Human-Animal Infectious Diseases Under Control Monitoring Risk Factors for TB, Polio, Malaria, Expanded Immunization, Measles Eradication, and Neonatal Tetanus Elimination Migrant Workers, Early Detection of Diseases, Newborn Screening, Cancer Control, and Early Detection of Breast Cancer are all part of the Kingdom of Saudi Arabia's Epidemiological Surveillance Program, which also includes surveillance of vaccine-targeted diseases and border crossings.

ICT projects

A hospital's Health Information System (HIS): In order to improve the Kingdom of Saudi Arabia's ability to conduct vital semi-direct surveillance and analysis of the necessary information for the management of infectious diseases, as well as monitoring the arrival of pilgrims and the vaccines given to each pilgrim, the Kingdom of Saudi Arabia's Ministry of Health (MoH) has implemented a cloud-based system to connect all hospital systems.

MOH hospitals and health centers, as well as other sectors and facilities, have all implemented programs and e-services through the Unified Portal for Health Services. To facilitate the transfer of patients from one healthcare facility or provider to another, the Kingdom of Saudi Arabia is implementing an electronic referral program that will allow for electronic transfer of patients' specific information, such as diagnosis and treatment, referral notes, medication lists, laboratory test results, radiology reports, digital images, and audio files. The system will also allow for electronic transfer of patient-specific data (in either a structured or non-structured fashion). Integration with facility/bed/provider specialty availability data will allow for optimal resource utilization in this solution.

The goal of the Newborn Registration Project is to connect 250 hospitals so that the National Information Center can record and exchange information about newborns (NIC). As part of a Saudi Arabia-wide hospital bed management program, this project includes automated interfaces with HIS systems, centralized query capabilities, and operational support to the hospital and PHC practitioners who provide patient care. There will be an interface with multiple systems, such as databases, HIS, and communication systems, as a result of this project: housekeeping departments and other departments in the hospital can be informed of the status of the facility via automated messages, with full reporting and analysis capabilities (Alomi et al., 2020).

The e-Readiness Project: The health program, which ICT-MoH is implementing across the Kingdom of Saudi Arabia, includes several projects that the agency is working on. According to this program, the MoH e-Readiness Assessment provides comprehensive data gathering on IT infrastructure at hospitals, warehouses, and directorates. This is a major milestone. Using the results of this project, ICT-MoH will be able to assess the readiness of MoH facilities for the e-health program by comparing their status to their strategy.

Implementation of a ministry-wide database of Key Performance Indicators (KPIs) to track financial performance. To help the Ministry of Health (MoH) make better decisions, design a BI system. It is the goal of the Citizens' Voice System to bring the voices of citizens and residents to the Ministry of Health through the MOH portal. Setting up an e-health interoperability standards road map and supporting policies to ensure the continuous alignment, communication, and maintenance of the current and evolving portfolio of e-health strategy initiatives is the primary goal of the KSA e-health standards program. Establishing standards for e-health interoperability includes ensuring that the Ministry of Health (MoH) has the ability to maintain and develop the standards, in addition to certifying approved systems in special testing laboratories (Rahman, 2019).

Vision for 2030

Vision 2030

The population of Saudi Arabia is constantly increasing. By 2030, the country's population is expected to be dominated by people ages 60 to 79. The Saudi Ministry of Health (MOH) will face health challenges if no strategic plans are put in place to deal with the expected increase in the elderly population from 1.96 million to 4.63 million. It is predicted that the general populace will increase in size from 39.5 million in 2018 to 33.5 billion by 2030. Saudi Arabia's Ministry of Health (MOH) is determined to make further improvements to the healthcare system to reduce maternal and child mortality as well as communicable diseases in light of the country's growing population. The quality of care patients were receiving was wanting, which prompted the need for change. Because of the lack of well-defined paths and procedures for comprehensive treatment, as well as insufficient evaluation of patient outcomes and processes, this problem arose.

The previous system's focus on personnel and resources, rather than patients, prompted the need for a rethink. In addition, there was a lack of workforce capability and capacity, particularly among Saudi employees. Failure to integrate digital information systems to measure activity levels was a major flaw in the system, which was lacking in consistency and robustness. Also, Saudi Arabia's economic growth necessitated an adjustment in healthcare spending. The "vision 2030" was born out of all these demands. Improving health, healthcare, and value are the primary goals of the transformation. The 2030 vision for the health sector includes these three pillars.

2.7.2 Implementation

Saudi Arabia's National and New 2030 Vision, which was launched two years ago. The process of transforming healthcare will take place in stages, each one building on the one before it. The foundation of the system is built on seven themes. This includes new care approaches, provider and financing changes as well as participation from the private and third sectors in the development of the workforce and a digital health framework. Each of the first three themes contributes to the development of a different value level. Personal value is emphasized in the new model of care, which aims to do this by improving care at the individual level as well as by utilizing various treatment approaches.

At the intermediate level, whether at a hospital, local health system, or clinical micro-system, the focus of the provider theme is on improving utilization value. For the financing theme, it's all about making sure that the patient's needs and ability to benefit are considered when allocating resources. The most important role that financing plays is in securing the other forms of value. Scholars believe that, based on past experiences with health transformation strategies, financial and organizational changes alone will not be sufficient to offer significant improvements in outcomes unless they are accompanied by other changes that allow health services and public health to be more effective, efficient, and responsive.

2.7.3 The strategies for transforming

MOH has made progress in formulating key elements of strategy since 2017. The first three themes are the focus of three key policies that aim to address the problems they seek to fix. There are several flaws in the current model of patient care, so the first policy is to implement new models of care. Due to a lack of medical quality and safety standards, there were more dangers in the healthcare sector. Because of the lengthy wait times, patient dissatisfaction was inevitable.

In keeping with the World Health Organization's world health principle that health is not just the absence of illness or disease but a state of social, physical, and mental well-being, this was designed. The importance of caring for oneself cannot be overstated. People are empowered to take control of their own health and well-being, and Saudi Arabia's health systems are assimilated from a perspective that aligns with their own (Alomran, 2019). People are kept healthy and treated in an outcome-focused manner that is patient-centered. Severely ill and chronically ill patients have been placed at the bottom of the list of priorities.

The first policy in provider reform is to increase the use of private healthcare. In the second step, a third-party solution is sought to fill the void left by either market or government failure. An initial cluster phase is used to create all the MOH providers currently in place as the final policy measure. With small, incremental steps, such as reaffirming the commitment to universal health care and putting together a package of essential benefits (EBP), defining an additional health insurance system, and devising payment mechanisms and metrics for cost-effectiveness we can achieve the financial reform we've set out for ourselves.

Instead of focusing solely on the financial and technical aspects of a healthcare organization, the Saudi government should address the people who work there.

METHODOLOGY

The method is quantitative, and the study's methodology of choice is a survey-based quantitative analysis. Also, primary source is used in the collection process. Patients and doctors were surveyed for main data using a sample size of 100.

A survey was created to find out how satisfied Saudi Arabian patients are with the level of care, quality, and service they receive at their local hospitals (private and public sector). In order to gauge the level of care delivered by the hospitals, a set of four criteria was selected. Assurance, responsiveness, palpability, and empathy are all part of the package. The four components were selected after careful consideration of the difficulties encountered by Saudi Arabian medical facilities. Based on the findings of the research study, the parameters to assess patient satisfaction that affect healthcare delivery and service quality can be selected. A total of one hundred and twelve people participated in the survey. Twelve responses were discarded as they were incompletely filled questionnaires. At least once a year, a patient had to be enrolled with a clinic and get therapy at least once per year in order to be included in the study. Participation in the survey was evenly distributed throughout the participating clinics and hospitals.

The SERVQUAL paradigm was used to develop a self-administered questionnaire that was used to gather the study's data. Sections one and two of the questionnaires comprised the clinic's name, age of patients, date of enrolment, and gender of the patients. As a result of this research, a 12-item questionnaire was devised to measure four service quality dimensions: tangibility, assurance, and responsiveness (three questions). Three questions deal with tangibility, two deal with assurance, three deal with responsiveness, and three deal with empathy (three questions). A five-point Likert scale was used to measure the dimensions (1- Strongly agree to 5-Strongly disagree). Although the SERVQUAL model has been described as a legitimate and trustworthy survey analysis methodology for this study, the dimensions were adapted to Saudi Arabia's healthcare management and strategic planning demands, and the questions were taken from a prior researcher's questionnaire.

RESULTS

The goal of this section is to analyze primary data that was collected from the patient survey and to enable answers to the research questions: the challenges faced in healthcare management and administration in Saudi Arabia and to know what are the most effective measures of strategic planning that can be used to counter the challenges faced in healthcare management?

The research's objectives are to investigate and comprehend the healthcare management difficulties in Saudi Arabia; to examine the prospective impact of strategic planning on the Kingdom of Saudi Arabia's healthcare, and to present a

conceptual framework for strong healthcare management in Saudi Arabia. To determine if the service quality measurement instrument employed in Saudi Arabia was acceptable for healthcare management and strategic planning, factor analysis was utilized.

In order to analyze the gap score, descriptive statistics are used. Calculations based on the difference between the perceived and expected scores for each factor determine the gaps (perception - expectation). The tool used to assess clinic service quality must also be evaluated for its accuracy, validity, and reliability. Validity and reliability were assessed using factor analysis and Cronbach's Alpha, respectively. To do the aforesaid analysis, SERVQUAL is entrusted. 100 patients from four clinics participated in the survey (public hospitals 1 & 2 and private hospitals 3 & 4). In Saudi Arabia, healthcare administration and strategic planning were primarily focused on four criteria. Assurance, responsiveness, tangibility, and empathy are the four pillars of this model.

The majority of patients (56.7%) were female, 35-45 years old, and regular hospital visitors. Here are the results of the 12-item survey, together with their means and standard deviations (Sd). Dental skills (4.71), cleanliness (4.35), and responsiveness (4.35) were the most important aspects of the practice. Empathy (4.71), on the other hand, focused on the wants and desires of the patients (4.8). Healthcare service quality was impacted most by empathy (4.8) and responsiveness (4.35) in the study results, according to a press release. All variables were found to have adequate loading factors for measuring latent variables, as well, according to the findings. IBM SPSS software was used to infer the latent variables, which are not directly observed but can be inferred from the direct measurements of another variable to reach the final results.

Table 1: Demographic profile of respondents

Demographic variables		Number of respondents	Valid (%)	Cumulative (%)
Name	Hospital 1	25	25	25
	Hospital 2	25	25	50
	Hospital 3	25	25	75
	Hospital 4	25	25	100
Gender	Male	43	43	43
	Female	57	57	100
Age	15-30	21	21	21
	35-45	33	33	54
	45-60	27	27	81
	60-75	15	15	96
	75-90	4	4	100

Table 2: Descriptive statistics for the total sample

Questions	Question statement	Number	Min	Max	Mean	Std. Dev
1	I like the appearance of the clinic	100	2	5	4.54	0.76
2	I am satisfied with the responsiveness of the staff.	100	3	5	4.84	0.40
3	I am comfortable with the quality of the treatment provided by the clinic	100	4	5	4.85	0.35
4	Nurses respond well when I ask help from them.	100	2	5	4.78	0.50
5	Doctors respond well when I ask about the treatment procedures.	100	2	5	4.76	0.54
6	I am happy with the health services provided by the hospital	100	3	5	4.83	0.44
7	I am satisfied with the clinic opening hours.	100	1	5	4.69	0.72
8	I can easily book an appointment that is suitable for me.	100	1	5	4.46	0.87

9	I am not waiting too long for an appointment\ meeting a dentist.	100	1	5	3.37	1.61
10	I will recommend this clinic to my family and friends.	100	1	5	4.85	0.46
11	I don't find racial discrimination while consulting the doctors or nurses	100	5	5	5.00	0.00

The coefficient of reliability for all the question is 0.88

Factors	Question number	Number	sum	Mean	Std. Dev
Responsiveness	2	100	1161	4.84	0.40
	3	100	1165	4.85	0.35
	9	100	808	3.37	1.61
Empathy	4	100	1148	4.78	0.50
	6	100	1158	4.83	0.44
	11	100	1200	5.00	0.00
Tangibility	1	100	1089	4.54	0.76
	7	100	1126	4.69	0.72
	10	100	1164	4.85	0.46
Assurance	5	100	1142	4.76	0.54
	8	100	1071	4.46	0.87

Public and private clinics' survey findings

Empathy (4.8) had the greatest impact on healthcare service quality at four of the four institutions, according to the table shown above. The least impact on service quality is responsiveness (4.35). Empathy is the most important factor in the success of Saudi Arabian hospitals, and patients are pleased with the care they receive. They enjoy the clinic's appearance, are content with the hours of operation, and are pleased with the doctors' explanations of the treatment process. Patients are satisfied with the appointment availability. In all four hospitals, the biggest problem is that patients are having to wait too long to see a specialist because they have to arrange an appointment in advance.

Individual analysis of public and private hospitals

Public hospitals

Clinic 1 and 2 public hospitals in Saudi Arabia were used to collect samples for this study. Females between the ages of 35 and 45 make up the largest percentage of those who participated in the study, at 33%.

Survey findings

In public hospitals, empathy (4.93) and responsiveness (4.06) have the largest and lowest effects, respectively. They look excellent, they're open when people need them, and the doctor-patient interaction is great. The patients are satisfied with the care they receive and the responsiveness of the professionals at the hospitals. A nurse will help a patient if they ask for it. Before beginning treatment, doctors make sure to thoroughly explain the process. The hospitals' services are excellent. They tell everyone they know about the hospitals and how great they are. In the hospitals, they found no evidence of racial disparity.

Private Hospitals

Samples were taken from Saudi Arabian private hospitals in the 3rd and 4th clinics. Females between the ages of 35 and 45 make up the largest percentage of those who participated in the study, at 33%.

Survey Findings

It was found that assurance (4.88) had the greatest impact, while responsiveness was found to have the least impact (4.63) in the survey's private hospitals. Quality of therapy, staff reaction, explanations offered by doctors regarding treatment procedures, and scheduling appointments are all things that patients appreciate. They have to deal with long waits to see their doctors.

Analysis

There is a lot of competition and performance-related issues in private healthcare systems in Saudi Arabia and most Asian countries, which makes it difficult for healthcare organizations to grow for long periods of time. Patients' "word of mouth" spreads information about a hospital's service quality and performance, hence the success of private healthcare organizations is dependent on patient satisfaction.

After learning about all of the obstacles, I began evaluating the challenges in other clinics searching journal articles and writings of other authors. Hospitals have similar problems, and academics have researched the quality of services and patient satisfaction based on the elements that determine healthcare service quality. The next step was to conduct a quantitative analysis of patient satisfaction in Saudi Arabian hospitals, using factors that influence healthcare service quality as a guide. The SERVQUAL tool, which measures customer expectations and perceptions, was utilized to do the quantitative study.

Patients' experience levels were analyzed in order to determine the impact of dental service quality on patient satisfaction. Quality of service has a clear impact on patient satisfaction, according to the results (which are notable because they are the highest for all criteria). To put it another

way, it suggests that a hospital's patients will definitely be happier if it works to improve the quality of its services.

Empathy (4.93) and Responsiveness (4.06) were found to have the highest and lowest effects, respectively, in this study. Confidence (4.88) and Tangibility (4.7) are the most effective in private institutions, while Responsiveness (4.63) is the least effective. Empathy (4.8) has the greatest impact on healthcare service quality at four hospitals, according to the overall results. The least impact on the quality of healthcare services is had by responsiveness (4.35%).

In today's competitive healthcare environment, patient happiness is critical to the success of any healthcare firm. Innovations in the management of service play an important role in the service industry's long-term viability. Patients are given first attention while visiting any healthcare facility since they judge the quality and level of care provided. By increasing service quality and patient care, management should focus on the requirements and demands of patients. Customers' demands should drive communication and decision-making in order to boost productivity and quality. Patients play an important role in the evolution of healthcare organizations, according to theoretical research. The patient's experience from door to door should be pleasant and of the highest quality. That is why we were looking at ways to improve healthcare organizations' service quality and care for patients through the use of new service management strategies and innovations.

Quality of service should be the responsibility of management. They should hold training sessions for their team to inspire and improve patient care. There should also be classes for employees on how to improve their communication. In healthcare organizations, staff should be courteous to patients when describing treatments, facilities, and other procedures. The quality of medical care and the treatment of patients should be standardized across the world's nations. In today's competitive world, patient happiness is being used to demonstrate the relevance of a service's achievement and presence. The capacity to determine the relative importance of many variables in influencing patients' overall perceptions of service quality is one of the most significant features of the SERVQUAL analysis. Studies have proven that the SERVQUAL model is a useful tool for measuring service quality in the healthcare industry.

These expectations and perception scales in hospital services are revealed by prior research investigations to have various reliability and validity measures. As a result, the Cronbach alpha coefficient values for each factor were ambiguous, as the SERVQUAL model's factor loading was unpredictable (as additional items were assigned to each component, values for each factor changed) (SERVQUAL tool has each factor assigned with more than 4 items to get high Cronbach alpha value). Studies looking at customer satisfaction with dental clinic services have discovered that different methods of measurement effect customer satisfaction in distinct ways.

This modified SERVQUAL questionnaire has good to excellent reliability, and the questions in each dimension have

required levels of internal stability. Patient expectations were exceeded by three elements in this study, resulting in good satisfaction ratings for all other characteristics. Others who using the SERVQUAL tool also discovered something similar. Because optimal service standards are rarely met, it is common for a negative gap to develop. A smaller "quality gap" means a higher level of customer satisfaction according to the SERVQUAL model. Based on these findings, the wait time to see a doctor should be shortened and the appearance of the hospital should be modified. In terms of patient satisfaction, tangibility, assurance, and empathy are among the top three. Customers' expectations and management's perceptions of service quality are intertwined in the SERVQUAL four topics. Results from the four hospital 1, 2, 3, and 4 are shown in the table below, and management viewpoints are included as well.

Table 3: Hospital results

Hospital Name	The customer's expectations	Managerial Perceptions
Hospital 1	The patients wish to reschedule their appointment; however, this is not possible. They have been put on hold for far too long. Doctors are known to arrive late to the hospital on occasion. Patients believe that they should be notified of their next appointment before they arrive.	Recruiting employees that can work together and integrate into the team is a major task. When it comes to the budget, the problem is that it must always be positive and the economic outcome must be favorable. There is also a shortage of educated staff members.
Hospital 2	The patients are delighted with the hospital services. Most patients are satisfied with the hospital's services.	The lack of employees. There are no new patients being accepted by the clinic. Some patients fail to show up for their scheduled appointments.
Hospital 3	Some patients think that the appearance of the hospital should be modified. Several patients are dissatisfied with the	They have a payment issue, and the patient is upset about it.

	hospital services.	
Hospital 4	All of the hospital's services and employees are well-received by its patients. The vast majority of patients are pleased with their experience at the clinic.	Appointment scheduling for patients is proving to be difficult. There is a problem with doctors and patients discussing treatment options. For instance, several treatment strategies can be applied to the same patient.

In the table above, the four hospitals polled were discussed in terms of consumer expectations and employee perceptions. There is a discrepancy between what patients expect and what employees believe. As an example, patients in hospital 1 would like to alter their planned appointments to a more convenient date, but the staff wants to shorten the waiting time for a new appointment, which is extremely important to the patients who want to make a new appointment. Patients in Hospital 3 want to change the hospital's appearance. Patients' payment problems are a priority, according to the company's executives. The aforementioned variations result in a chasm that has an impact on hospital patient satisfaction and service quality.

Similar to age and gender, there is a significant correlation between patient satisfaction. Researchers have found that elderly individuals are more satisfied with their healthcare services than younger ones, who are less satisfied. According to this study, males are more unsatisfied with the service quality of Saudi Arabian hospitals than women, with 57 women (57 percent) more satisfied than 43 men (43 percent) in this regard.

According to the survey results, public hospitals received more responses from 35–45-year-olds, whereas private hospitals received more responses from 45–60-year-olds in this investigation. Eventually, it became clear that patient pleasure may be felt by people of different ages and demographics.

According to the results of this survey, specialists' appointments at hospitals 1, 2, and 4 were notoriously difficult to come by. There is a lot of frustration among patients since they have to wait for longer lengths of time. The hospital's look has a negative impact on patients. Instead, patients like the convenient hours, quick response from nurses, high-quality medical care, and thorough explanations of the treatment process they receive. All four hospitals receive high marks from their patients for the level of care they provide.

It appears that patients in the first hospital cannot adjust their appointment times. Waiting time for treatment is excessive because doctors frequently arrive late. They are having to wait too long between appointments for treatment. Only a small

percentage of patients reported that they were satisfied with the health care they received and that they felt at ease in the facilities. Patients at Hospital 2 are content with the care they receive. Everything is in order and pleasant to the touch. 3 patients were dissatisfied with the hospital's internal infrastructure and atmosphere. They just wanted a few minor improvements to the facility, and they were pleased with the rest of its amenities. Patients at Hospital 4 spoke about the quality of care they received and the friendliness of the staff. In terms of health care, they made no mention of any of the difficulties.

Medical staff are expected to perform their duties with great confidence, exhibit good work discipline, appear neat, and be polite, according to the patients' comments in this survey. This suggests that there is still more work to be done in those areas. As a result of this research, the Saudi government and a number of hospital administrations will be able to better allocate their financial resources to provide quality care and increase patient satisfaction.

Patients were satisfied with the care they received in private hospitals. Dental clinics in the public and private sectors pay attention to what their patients have to say and make changes to improve the quality of their services in order to meet those needs. As a first priority for health care providers, they should examine the length of time patients are kept waiting to see doctors. Improve patient satisfaction by reducing the waiting time. In order to improve patient satisfaction, the hospitals' healthcare providers conducted monthly analyses and hired more qualified employees. Responsiveness and tangibility received the best marks at hospital 4. Empathy, on the other hand, receives the lowest rating. As a result, patients have a positive experience with their doctor-patient relationship and are satisfied with their care, as well as the quality of the services they receive.

Patients' well-being and the treatment they receive from staff are the most important issues that must be addressed and made better. The hospital incorporated new services with service management innovations, such as supplying WIFI, charging outlets, different varieties of coffee, and toilet upkeep, in order to improve the appearance and comfort levels of its patients. In order to meet the needs of their patients, the hospital administration came up with innovative ways to involve them in the service management process. In order to keep their current and prospective clients coming back, the hospital is always refining their offerings to meet the changing demands of their patients. As a result, hospital administrators should come up with innovative ideas and services to better serve their patients in order to gain a competitive advantage.

Innovation is the management of the development of processes and the creation of new ideas (such as the involvement of patients in the development of processes) and the grabbing of new chances to build new patient services. In the healthcare industry, service management innovation is defined as the management or implementation of innovative services.

Errors can occur for a variety of reasons in any study. Saudi Arabia's healthcare management and strategic planning were examined in this study. The questionnaire replies may be influenced by the nature of the analysis. Personal mood and past experiences, as well as a predisposition to rate more or less severely and express thankfulness, may influence the patient's perceptions of the outcome in this study. The hospitals questioned had far more patients recorded than the 100 people who participated in this study. As a result, the study's results may be skewed. Variations in rating accuracy are occasionally caused by methodological factors such response rate, questionnaire type, and technique of data collecting (For example, when a questionnaire is handed over by the health practitioners themselves, patient may not respond accurately to the given questions to maintain good relationship with them). Because of the aforementioned criteria, validity and reliability are also different.

CONCLUSION AND RECOMMENDATIONS

The goal of this study is to examine the current condition of healthcare management and strategic planning in Saudi Arabia by gauging the level of patient satisfaction. The population of Saudi Arabia is constantly increasing. By 2030, its population is expected to contain a sizable proportion of seniors, ranging in age from 60 to 79. The Saudi MOH will face health issues as the country's old population grows from 1.96 million in 2018 to 4.63 million by 2025 if no strategic strategies are put in place. Population growth is predicted to reach 33.5 billion people by 2030, up from the current level of 39.9 million.

Saudi Arabia's Ministry of Health (MOH) resolved to make further improvements to the healthcare system in order to reduce maternal and child mortality as well as communicable diseases in light of the country's growing population. In the past, the quality of care patients got was also a catalyst for change, which prompted a need for reform. There was lack of well-defined paths and methods for comprehensive therapy, as well as insufficient evaluation of patient outcomes and processes, problems that are not common in the Saudi healthcare system today. The prior system, which was more personnel and resource-centric than patient-centric, prompted the need for change.

The Saudi workforce, in particular, has grown in skill sets and experience that filled the gaps that were present in the past. Today consistency and resilience are not lacking in the system, and it has incorporated a digital information system to manage and measure activity levels. Also, Saudi Arabia's economic expansion has grown and necessitated an adjustment in healthcare spending. As at now much has been done in the Saudi healthcare system, and this supported by the outcome of the study.

In the survey, patients expressed high levels of satisfaction with their hospital stays. The healthcare providers are responding to their patients' input to improve service quality. When it comes to healthcare, patients are generally pleased with what they receive. One of the most important aspects of

any service industry is having a positive doctor-patient connection. Based on needs assessment studies and input from patients, the study found that private hospital managements and Saudi Arabia's government are using new methods and new ways to improve service quality in hospitals. Hospitals are involving patients in the design process to better understand what they hope to get out of the services they provide. Patient expectations and management perceptions of healthcare service quality differ, according to the gap study.

The study focused on how satisfied patients were with the quality of care they received from doctors and nurses. To gauge patient satisfaction, we chose four parameters. Assurance, responsiveness, tangibility, and empathy were all important aspects. The survey's overall alpha was 0.88, according to Cronbach's alpha. Factors like certainty, responsiveness, tangibility, and empathy had an alpha coefficient of less than 0.7 in the investigation. Component analyses using four items per factor yield a higher alpha coefficient. Research dependability is compromised due to a lack of attention to this aspect of the study. Cronbach's alpha has a low value because of the nature of the data. In light of this, the answers to a number of questions should be interpreted with caution.

Patients' perceptions of the quality of their healthcare services should be taken into account by the professionals who deliver it. In order to obtain a competitive edge, they need to identify the elements that have the least impact on their bottom line and focus on making improvements in those areas. Healthcare providers have a primary responsibility to understand their consumers and build trust and confidence in the healthcare organizations they serve. Patients' feedback is being used to build new services in Saudi Arabia's private hospitals and to involve their clients in the development process. In order to improve their clinics and keep their patients happy, hospitals should follow new service innovations and use the input they receive from their patients to improve their facilities. Private and public hospital administrators could concentrate on these issues in order to lessen their impact and enhance patient happiness by improving appointment scheduling, the aesthetics of the facilities, and staff recruitment.

There should be more focus in the future on narrowing the gap between what patients expect and what they actually receive. Before running the survey and analyzing the results, make sure all of the items assigned to each component are accurate; otherwise, the study's findings would be deemed suspect. More than 500 patients can be included in a study of healthcare administration and strategic planning to generate more reliable results for gauging patient satisfaction. The four SERVQUAL themes should also be addressed by management in order to improve patient satisfaction.

In addition, with regards to strategic planning, as the ministry's relationships with national and international organizations and public health organizations are strengthened, it will be better able to provide solutions for health organizations by obtaining more information from the relationship. In order to ensure that the country's health sector

is not weakened by future issues, the modifications should include future considerations, as well. Since the MOH has a stake in the healthcare industry, they should be included in any changes that arise in order to guarantee they are handled effectively.

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