Chapter One

1.0 Introduction

The international community alongside governments of various nations tend to recognize the importance of public health sector. The signing of the millennium development goals by over 189 countries was a manifestation that global health programs are critical to global development. The commitment of the international community and individual countries towards improving the healthcare system is evident through the recent and current measures embraced by governments towards achieving global health programs and disease elimination programs. These commitments illustrate that countries are interested in ensuring that citizens receive quality healthcare. Healthcare system contributes towards reduction of poverty hence promoting human development in the respective country. This factor seems to underscore the need to address root causes of ill health that emanates from other sectors. The assumption is that poor provision of health services in a country affect other areas of the economy.

1.1 The Importance of the Public Health Sector around the World

Health sector tend to affect the economic development of a country. A government that is unable to meet the health needs of its citizens is incapable of achieving the desired economic goals. The premise of this argument is that a sick populace lacks the power to concentrate on economic development. As such many governments across the globe have devised financing instruments aimed at raising money needed to cater for medicine and drugs. The partnership between governments and international corporations is an innovative move aimed at solving healthcare challenges in respective countries. Nevertheless, there is a great disparity in healthcare provision between the developing and developed nations. The World Health Organization (2016)

notes that that developing nations are yet to attain the millennium development goals on the health.

The economic growth differences between the developed and developing countries are attributed to poor health and low life expectancy. Further, the effectiveness of the workforce is pegged on their health. In most instances, the developed nations have healthier and effective workforce because of the investment made in the health sector. The funding of health sector is another factor that permeate the differences in provision of health care services between the advanced and developing nations. The former has elaborate and innovative ways of funding the healthcare sector compared to the later.

1.2 The Healthcare Systems around the World

There is a great variance in healthcare provision around the world. Nearly all the wealthy countries provide quality universal healthcare services to their citizens. For example, in the United States, it is estimated that up to a quarter of all deaths in hospitals are preventable. Hospitals however fail to prevent them due to issues such as lack of follow-up of laboratory results, exposure to unnecessary risks among other factors. In a country such as Saudi Arabia, that is still in the process of improving its health services to match those offered by first world countries, these issues are all too common. They point to an inherent lack of quality management and emphasis on quality of services offered by general hospitals (Weiner, 2006).

The developed countries like United States provide optimal healthcare to their citizenry. It is noted that the citizens enjoy high quality healthcare services that are coordinated by the government through the strong public health system. The governments in the developed nations emphasize that all healthcare facilities, professionals, private and public buyers should embrace

the explicit purpose to constantly avert the burden of illness, injury and improve health services to the citizenry. Contrastingly, the public healthcare sector of the developing countries still face a number of challenges including inadequate public health facilities, inadequate drugs, vaccines, and technology. The government investment in the public healthcare in terms of building hospitals, buying equipment, drugs, and hiring of medical professionals tend to affect the quality of healthcare services delivered both in private and public hospitals in the developed and developing nations.

The developed world use technology to provide health services to their population. It is noted that technology enhance the processes of disease prevention, detection and treatment. Nevertheless, the application of technology tends to vary between the developed and developing countries. For example, in the developed world, the use of electronic records is advanced and sharing of health information is much easier. As such, provision of health care services in such countries is fast. On the other hand, the developing countries are on the path of embracing technology.

The health sector of both developed and developed nations consists of the hospitals, clinicians, healthcare facilities, health insurance plans, and purchasers of healthcare services all operating in various groups. Some of these groups operate as public entities whereas others operate in the private sector as non-profit making and for profit making organizations. The health sector also has regulators that work in collaboration with other government entities to ensure that public and private healthcare facilities deliver health services to the citizens.

The world has witnessed increased in life expectancy and decrease in mortality rate in the last 40 years than during the previous 4000 years. It has been demonstrated that the developments in the healthcare industry have contributed to the above mentioned gains.

However, there is a glaring disparity in healthcare provision between the first world countries and the developing countries. The first world countries like the United States have invested heavily in healthcare equipment, facilities, and human resources. This investment largely affects the quality of healthcare services offered in the general hospitals. On the other hand, developing countries such as Saudi Arabia are yet to equip their general hospitals with facilities, equipment, and human resource that match the standards of the developed world.

1.4 The Theories and Models Used for Quality Management Systems

Quality management was traditionally developed in the industrial organizations in mind. Today, the concept transcends the industrial settings to hospital setting. The management models for hospitals unlike those applied in industrial organizations consider situations in which hospitals operate. According to Nelsen and Daniels (2007), quality management system as a formalized approach that has structures, responsibilities, and procedures necessary to attain effective quality management. The quality management is meant to direct and control organizational activities with respect to quality. The definition of quality management system underscores the fact that interactions between components are as important as components themselves.

The formal structure of the organization plays an instrumental role in realization of quality management. The public and private hospitals have formal structures that help in defining their operation, services and activities. The system consist of various components designed to perform specific functions. The arrangement and responsibilities assigned to various components affects the quality of services offered by the hospital. The developed nation emphasize the value of engaging the leaders of hospitals in improvement of quality services. It is emphasized that collaboration among staffs is crucial to delivery of effective services in both public and private

hospitals. Initiatives aimed at realizing quality management include engaging hospital staffs in continuous improvement. Other approaches include conducting internal and external reviews for funding and accreditation. The preparation of hospital staffs towards attaining quality management is a critical step towards improving the quality of healthcare services delivered in both public and private hospitals.

1.5 What are the Main Causes of Deaths?

The World Health Organization (2016) report shows that 56.4 million people died in 2015. More than half of these deaths were caused by the ten main causes. The Ischemic heart disease and stroke account for 15 million deaths in 2015. These diseases have been the main causes of death in the past 15 years. The report further reveals that chronic obstructive pulmonary disease claimed 3.2 million lives, lung cancer killed 1.7 million people, and diabetes 1.6 million people. The lower respiratory infections caused 3.2 million deaths worldwide, diarrhea caused 1.4 million deaths and tuberculosis caused 1.4 million deaths. Road injuries account for 1.3 million deaths in 2015.

The World Health Organization (2016) attribute the above deaths to working or living in unhealthy environments. The environmental risk factors are air, water, and soil population, chemical exposures and ultra violet radiation. Non-communicable contribute to as much as 8.2 million deaths. These conditions include stroke, heart disease, cancer, and respiratory disease. It is thought that increase in access to water and sanitation contribute to decline in deaths caused by diseases such as diarrhea, malaria and related to poor water or waste management.

The mortality rate largely vary between high income and low income countries. The World Health Organization (2016) reveals that in high income countries, more than two thirds of

the population live beyond 70 years and often succumb to chronic diseases such as cardiovascular disease, cancers, diabetes, and lung disease. The mortality pattern in the middle income countries is nearly similar to the pattern in the high income nations. Almost half of the population attain the age of 70 years and major causes of deaths are the same as those in the high income nations. Tuberculosis, HIV/AIDS and road injuries add into the list of major causes of death. The mortality pattern tend to differ in low income countries where the major cause of death is infectious diseases including lung infections, malaria, tuberculosis, HIV/AIDS, and diarrhea disease. The population that manage to attain 70 years is only a fifth. Complication at child birth remain the leading cause of death in the low income countries.

1.6 Which Parts of the World Suffer Most Deaths?

The environmental related diseases tend to kill more young children and order people than other categories. The children under 5 years and adults aged 50 to 75 years are the most impacted by the environmental related diseases. About 1.7 million children under 5 years and 4.9 million adults falling between the ages of 50 to 75 years die yearly from the environmental related diseases. These deaths could be prevented through better environmental management.

The death rates across the globe varies widely according to regions. Some regions register more death rate than others. Low and middle income nations in South East Asia and Western Pacific Regions witnessed largest environmental related deaths in 2012 totaling to 7.3 million (World Health Organization, 2016). They were mostly attributed to indoor and outdoor air pollution. Africa region register 2.2 million deaths annually, Americas region record 847,000 deaths annually, Eastern Mediterranean register 854,000 deaths annually, 1.4 million deaths in European region, 3.8 million deaths annually in South East Asia Region, and 3.5 million deaths annually in Western Pacific Region. From the distribution of death rates per region, apparently

the low and middle income nations are the worst hit with all types of disease and injuries related deaths.

The countries in the gulf region fall among high income countries. As such the mortality rate in the gulf countries is expected to differ from those in low income countries. Road traffic injuries is the leading cause of adolescent deaths worldwide, among female and male and younger (120-14) and older 15-19) age groups (Makadma, 2017). In the Gulf region, the leading cause of death among adolescents is road carnage. The mortality rate in this region is similar to those in high income Western countries like Canada, United States, and Australia. It is reported that the top four causes of the death in high income countries are self-harm (suicide), congenital anomalies, and leukemia, and drug use disorders. In low income countries like the Mediterranean region, the main cause of death among the adolescents is war (Makadma, 2017).

1.7 The Problems and Challenges Facing the Kingdom of Saudi Aribia General Hospitals

In the second half of the last century, Saudi Arabia effected a number of drastic reforms in the healthcare sector ranging from developing the healthcare system to building necessary infrastructure. The Saudi Arabian government has demonstrated its commitment to improving public healthcare provision through providing universal healthcare, increasing the budgetary allocation for health sector, providing free universal healthcare, and equipping the public hospitals with specialist. These developments are instrumental to delivery of quality healthcare to the citizens. The general public hospitals in Saudi Arabia meets 20% of the healthcare needs whereas the private sector meets 21% of the remaining needs (). The Saudi Arabian government is on the forefront in pushing for quality improvement in the health sector.

Despite the government effort to improve public healthcare in Saudi Arabia, the sector is still facing a number of problems and challenges. The public hospitals in this country are

concentrated in the densely populated cities of Riyadh, Jeddah, Makah, Damman and Qasim. While the move to concentrate the healthcare facilities in the densely populated cities aims at address the healthcare needs of the urban residence, ethical challenges have been reported in these healthcare premises. They range from patients' waiting time for medication, delay or lack of compensation stemming from cultural differences, communication barrier between the purchasers of healthcare services and healthcare professionals, and issues associated with eligibility of healthcare.

The dense population in the cities tend to make provision of healthcare in the public hospitals strenuous to the government because of the overwhelming numbers of patients seeking medical attention. The public healthcare facilities cannot sustain the high number of patients seeking the medical services. As such Saudi Arabian government has tried to demystify the challenge by building healthcare centers alongside general hospitals. The creation of the regional health centers aims at reducing pressure on the general hospitals in the cities.

The Saudi Arabian government has tried to address the increasing pressure on the ministry of health services by decentralizing health services and the autonomy of the public hospitals. Nevertheless, functions of regional directorates are adversely affected by lack of individual financial budgets to execute their mandate (World Health Organization, 2016). The proponents of giving autonomy to the public hospitals believe that the move sets the precedence for privatization of the public hospitals.

Public hospitals in Saudi Arabia are facing poor performance of the nursing services. It is argued that a considerable number of qualified medical staff in Saudi Arabia migrate to Western nations an aspect that deprive the country of its needed workforce in the health sector. The medical staff leaving for the Western countries site better opportunities and training facilities.

Saudi Arabia is facing nursing shortage in the public hospitals. World Health Organization notes that the perception of the nurses is a major factor that contributes to shortage of nurses in the country. This has a considerable impact on the provision of health care services in the country. The nurses play most roles in the healthcare setting, thus their absence often impact the quality of care given to the patients. Other issues related to nurses are low pay in contrast to their physician counterparts, long working hours and strict cultural norms that limit the extent to which female nurses can discharge their roles. Studies show that long working hours and rotational shifts are major deterrents to joining the nursing career in Saudi Arabia (Alkabba, Hussein, Albar, Bahnassy, &Qadi, 2012). This culture has a negative impact on the staffing of medical professionals in Saudi Arabia.

It is noted that hospitals across the country face shortage of nurses which in turn compromise the health care services offered in these facilities. The quality of healthcare service offered by both public and private hospitals depend on the medical workforce in the respective hospitals. As the number of medical staff reduces, their ability to offer medical services also reduces. In some instances, inadequate staffing of nurses and other medical staff deprive the patients the right to receive health services. Some studies indicate that nurses in the public hospitals sound more frustrated and disappointed compared to their counterparts in the private hospitals because they are overwhelmed by amount of work and lack of opportunities and services (Lamadah& Sayed, 2014).

The public hospitals in Saudi Arabia offer free or subsidized health services to the citizens. This situation makes the public hospitals attractive to the citizens. The current population growth has made access to public hospitals difficult of the high competition for the services. The shortage of the public health services has led to increase in demands for the private

health care. Additionally, the opportunities offered to the nurses by the private hospitals make them attractive to the nursing staff as opposed to the public hospitals where they complain of frustrations and numerous challenges.

The public hospitals in Saudi Arabia also face the challenge of poor working conditions. According to Lamadah and Sayed (2014), these themes are associated to several work related factors including gender based issues, long working hours, and rotating shifts that relegate nursing as socially unacceptable carrier. The present shortage of nursing staff expose those working the public hospitals to work for long hours contrary to the traditional working hours of about 6 to 8 hours in a day. The nursing staff also face the challenge of increased workload which is associated with high population of patients that seek medical services in the public hospitals.

The World Health Organization (2016) note patients face the challenge of accessibility when seeking health care services in the public hospitals. The accessibility of public healthcare is affected by factors such as distribution pattern of public hospitals to the populace, allocation of medical staff to the existing public hospitals, and cooperation between the related sectors. People experience long waiting lists which in turn influence the death rate in the country. The rural areas are the most affected by this factor. The services to the disadvantaged groups such as adolescents, the elderly, and people with disability in rural areas in poor among the public hospitals. This disparity in provision of health care services to the citizens affect the fight against diseases and realization of the global health goals.

The above listed challenges and problems facing the Saudi Arabian public hospitals are suggestive that the country has a long way to go in terms of improving and proving quality health care services to the citizens. Scarce public healthcare facilities make it difficult for the

ministry of health to meet the health care requirements for its citizens. Attempt to improve the provision of public healthcare services require a multifaceted approach that incorporate the contribution of all the stakeholders in the public sector. The premise of this argument is that cooperation among the stakeholders in the public and private sector would enable the ministry of health to address the challenges and problems facing the healthcare sector. Allocation of funds to the respective public hospitals without addressing the issue of nursing staffing would deny the citizens the right to access quality healthcare services in the public hospitals.

The gulf countries (Bahrain, Kuwait, Oman, Qatar, United Arabs Emirates, and Saudi Arabia) have low proportion of youths compared to other Arab countries and higher compared to the youths' population in advanced countries. The services dedicated to the youthful population in the gulf region is not proportional to their population size. It follows that they face overcrowding and competition for the a few public and private hospitals within their periphery. Nevertheless, studies show that adolescents need medical attention according to their developmental stage. The inadequate distribution of healthcare facilities in the gulf region is primary responsible for the inaccessibility of public health services to the youths (adolescents) in Saudi Arabia and other gulf countries.

Chapter Two

2.1 Introduction

This chapter focuses on literature review of health care management system, especially in general hospitals in KSA. The review also presented the historical background of health care management system, explored different models of health care management systems and presented a description of management strategy for this study.The review also contrasted the health care management system in developed and developing countries such as KSA.

2.2 Importance of Healthcare Sector

A considerable volume of literature exist concerning the origin, importance, and reforms in healthcare sector. These studies focus on the contribution of healthcare sector to the well-being of the society, social and economic growth and development. All countries tend to invest in health sector and allocate a significant amount of the budget in ensuring that their citizens receive health care services. This trend underscore the importance of health care sector in a country. It is argued that the primary function of the healthcare sector is to save lives. People are susceptible to falling ill, succumbing to injuries, or contracting diseases despite the fact that prevention mechanism exist. As such, the healthcare sector across the globe help in improving life expectancy by saving lives apart from ensuring that the society remain healthy.

A research on the importance of healthcare sector point on its contribution to the life expectancy across the globe. Life expectancy refers to the average death pattern of a given population. The mortality rate vary across the globe with some countries exhibiting high life expectancy while others show low life expectancy. A quick look at the life expectancy level across the globe reveals that the low income countries have low life expectancy whereas the high income countries have high life expectancy. The global life expectancy according to the World Health Organization (2015) was 71.4 years. The female life expectancy is 73.8 years and male 69.1 years.

The life expectancy pattern further varies according to regions. The World Health Organization European Region has the highest figure of 76.8 years and African Region has 60 years. Studies indicate that the Arab World have made considerable gains in healthcare provision which in turn has contributed to increase in life expectancy. Most Gulf Countries including Saudi Arabia have

a life expectancy of over 70 years. These countries attribute this development to advancement in provision of healthcare services. From this figures, women tend to live longer across the globe.

Studies tracing the origin of health sector also underscore the importance of the sector to the well-being of the society. Some authors note that ill-health affect individual productivity, limit job prospects, and significantly reduce human capital development. Within this sense, healthcare sector has an instrumental bearing on the economic growth of a nation. It is argued that individual contribution to the economic activities affects the overall economic growth. However, a sick society cannot devote her efforts to economic activities because illnesses impairs individual productivity.

Health has become a social goal in many countries across the globe including Saudi Arabia. This is evident through the treatment that many countries give to the issue of public and private health care provision to the citizens. There has been political and historical commitment to viewing healthcare as a social goal through creating legislation that prioritize healthcare budget. Like other social welfare programs, health sector is perceived by many countries as the driver of other aspects of life including social, political and economic development. For example, Saudi Arabia has increased its budget in healthcare sector over the last decade. This demonstrate the importance and commitment of the country to improve the lives of its citizens.

Healthcare sector has led to the improvement of health outcomes of the poor, indigenous, and the rural populace. The provision of healthcare services to places that were traditionally unreachable has led to improvement in child mortality rate. Studies reveal that infant mortality rate of the indigenous groups in Australia and Canada compared to the non-indigenous people varied considerably with the later registering low infant mortality rate. The variance borders on the

availability of healthcare services to these populations. It follows that the world population that has easy access to healthcare services tend to project improved health outcome.

The healthcare sector plays an instrumental role in closing the inequality gap. The fight against poverty has been premised around factors that hinder social and economic development. The key assumption is that a sick nation is incapable of meeting the needs of its population. Some studies show that increase in provision of healthcare services leads to decrease inequality levels. In this case, health sector plays a central role in ensuring that the haves and have-nots receive healthcare services.

2.3 Impacts of Health Sector in Population Growth

The health sector of a country has a significant bearing on its population growth patterns. The demographic growth in the Arab world is attributed to high fertility rate and low mortality rate. The population grows faster when the fertility rate is high and mortality rate is low. The social culture of the Arab countries tend to encourage natural birth control system. This trend tends to be different from the birth control methods embraced in European nations. Studies show that population growth is dependent on the transition of fertility and mortality rate in addition to economic and political changes that affect the movement of people to a particular region. In this study, the provision or availability of health care services to the world population is viewed as a factor that contribute to population growth. The migration in the Arab World is low compared to the birth rate and mortality rate. As such, the growth of the population in the Arab World is largely dependent on the healthcare provision.

The development of healthcare services across the globe varies with some countries enjoying advanced healthcare whereas others as still on the road towards building of effective healthcare

system. In high income countries, especially the European nations, there is advanced development of the healthcare sector in terms of availability of public and private hospitals, equipment, medical personnel, medicine and adequate funding. The Gulf countries fall under the high income nations, but the provision of healthcare services vary compared to the European nations.

2.4 Importance of Health Sector in Terms of Investment in Healthcare Sector

Governments across the globe acknowledge the fact that investment in the health sector saves lives and extends to affect the entire economy. Countries treat health care expenditure as a component of human capital alongside education. The premise of this proposition is explainable using the following theories. Firstly, expenditure in healthcare is seen as an investment in human capital and since human capital accumulation is an integral component of economic growth, an increase in health care expenditure should trigger growth in GDP. Secondly, the increase in expenditure in the health sector which is related to effective health intervention leads to increase in labor supply and productivity, which in turn increase GDP. These theories attempts to explain the variance in health care expenditure across the globe vis-à-vis the growth in GDP of the respective countries.

The investment in the health sector tend to vary with some countries investing more or less compared to their level of economy. Several factors could explain the variance in health care expenditure across the globe. The main factor defining health care spending in every nation is the function of the expenditure. It is estimated that in 2014, curative care and rehabilitative care services accounted for more than 50.0% of the present healthcare expenditure in most European Union member countries with the exception of Netherlands, Latvia, Bulgaria, Belgium and Croatia where the share in spending was less than half.

Medical goods accounts for a quarter of total healthcare expenditure. These goods fall in the second largest function in healthcare however the degree of significance tend to vary across the European nations and the trend extends across the globe. Some states have the lowest share in terms of expenditure in medical goods. For example United Kingdom, Finland, Sweden, Netherlands, and Luxemburg that spend as low as 9.9% in buying medical goods. Contrastingly, some countries spend more in buying medical goods for example Greece, Lithuania, Croatia, Hungary, Slovakia, and Romania spent between 30-40% on buying medical goods. The spending in medical services account for less than 10% on current health expenditure in most European Union member countries.

A review of investment in the health sector by high income countries with respect to their gross domestic product (GDP) reveal that per capita health expenditure is over $3000 on average whereas the low income countries is only $30 per capita. Studies reveal that some countries spend more than 12% of their GDP while other spend less than 3% (Ke, Saksena, & Holly, 2011).

Health spending in the European nations differs from the Gulf countries. The spending in health across the European countries plummeted during the global financial crisis towards 2010. Afterwards, these countries started increasing their spending in the healthcare sector. Projection in the health spending shows that the European countries are witnessing an increase in spending in health by about 1% during 2014. Research reveals that the spending has remained stable in the post economic crisis in most European countries. This trend seems to contrast spending in health in the pre economic crisis when most countries spent more in health sector. Some nations have witnessed a drop in health spending in 2013. These countries include Greece, Italy, and Portugal. It is estimated that these countries would witness further fall in health spending. This could stem

from a number of factors including change in policy affecting the health sector. In this case, the amount which the government of a respective country spend in health tend to reflect her priorities.

The Gulf countries fall in the league of high income nations hence they share of the health problems experience advanced nations. These countries are struggling with the social burden of lifestyle diseases such as diabetes and cardiovascular conditions which are on the rise in the resent times. It is estimated that the health industry in this region is set flourish because of the preparation and attempts geared towards keeping the populace healthy. The spending of health in individual Gulf countries however remain varied. Available data reveal that the Gulf countries are striving to improve health care provision to their populace. Since 2010 Saudi Arabia has witnessed a constant increase in health care expenditure per GDP. In 2014, it spent 3.491% of its GDP in health expenditure down from 3.1% of the GDP in 2013. Compared to the European countries, the Gulf countries still spend less of the GDP in health care. A quick review at the expenditure pattern in 2014 shows that Australia spent 6.3% of GDP, Canada 7.4%, United Kingdom 7.6%, and United States 8.3% compared to Gulf countries such as Saudi Arabia 3.471, Jordan 5.2 Iran 2.8, and Iraq 3.3 (The World Bank, 2017).

The investment in the health sector influence the ranking of health sector across the globe. A review of the world health sector reveal that most high income countries rank higher in terms of quality health care provision to their citizens than the low income countries. In most instances, the high income countries have made massive investment in the health sector which in turn influence the quality of health care services offered and subsequent ranking. Interestingly, whereas the Gulf nations are among high income nations, their expenditure and ranking in health care is lower than the most European nations. This trend borders on a number of factors

including considerations made before allocating funds to various components of the health sector. In European nations, the largest expenditure on health care goes to curative services and rehabilitative services. On the other, Gulf nations spend more of the health budget on medicine goods and infrastructure development.

The above review of importance of having quality health care is system in a country settles that it affects social, economic growth and development as well as the general productivity of the populace. The high income countries have outpaced the low income countries in investment in the health care. The expenditure of the high income countries is higher than middle and low income countries. Further, there is variance between investment expenditure in healthcare between the European countries and the Gulf countries even though the two regions fall in the same bracket of high income countries. In this case, difference in priority and disease prevalence pattern are among factors that could influence spending pattern between the Gulf and European countries. The principle reason why countries invest heavily in the health care sector is because it saves lives, define productivity, and controls social and economic growth and development.

2.5 Healthcare System in Developed and Developing World

Definition of a Health Care System

The definition of health care system is coined around the function of health care system which include to improve, to renovate and encourage all activities related health. The World Health Organization definition include aspects that borders health systems. Health care system refers to activities that are directly under the control of health administration. This definition is narrow in the sense that it excludes activities that aim at improving health level within the community. The second definition for health care system is activities that include individual

medical cares and non-individual health services that focus on improving health care services. From these definitions of health care system it is right to settle that organization is a dynamic phenomenon by itself. The people working in health industry like other industries always tinker with the organization.

Recent studies indicate that hospital based curative approaches are unlikely to be as fruitful in future as they have, at least appeared to be in the past (Wall, 2007). The curative approach has a limited impact on health status of the population at large and particularly ineffective in dealing with preventive conditions. This limitation influenced the broadening of the definition of health care system to encompass preventive conditions and aspects that affects the environment and absorb resources meant for health. Thus, the definition for health care system is organization of medical workers, heath facilities, and resources that provide health services to address the health needs of the target population.

2.6 Why is it Important to Have a Health Care System?

A number of studies recognize the importance of health care system. Governments across the globe invest in health care system and continue to formulate and implement policies deemed favorable in promoting access of health care services to the entire population. Mills (2014) posit that health care system is fundamental to the realization of universal coverage for health care. Governments across the globe have a role of providing health services to their citizens. They can only achieve this object through creating an effective and functioning health care system.

According to Christian (2009), health care systems are meant to provide health care needs of the targeted populations. Several variety of health care systems exist around the globe. Studies show that that in some nations, health care system has spontaneously evolved while in other

countries, it has taken the effort of the governments, religious outfits, trade unions, non-governmental organizations or other coordinated bodies to attain planned health care services aimed at the population they serve. The variance in expenditure in health care is a tip on how important health care system is to some countries.

The major gains in the population health is attributed to health care systems of the individual countries. There is demand for health services by the world population. The major provision of health services in most countries falls under the ministry of health that supervises health care provision by both public and private hospitals. It follows that the attention given to the issue of health in a country would dictate whether it would rank among the countries with best health care. Besides, the interventions in the health sector directly affect the productivity and mortality rate in a country. As such, health care systems primarily affect the approach employed by a country in its bid to provide health care services to the populace.

2.7How are Countries Measured by Their Quality Care System?

Policy makers in the health sector view the performance of health systems as a critical factor. Many countries continue to introduce reforms in the health sector with an aim of improving performance. Health care systems are measured in terms of meeting the major health goal which is optimizing population health. The second factor (indicator) is enhanced responsiveness of health system to legalize the demands of the population. In this case, responsiveness refers to non-health improving approaches of interaction of the citizenry with the health system and reflect respect of persons and client in delivery of health services. The third indicator is fairness in financing risk protection. This aspect looks into the welfare of the poor with respect to acquisition of health care services. The poor should not pay high share of their income on health than richer households. In most instances, the developed countries have a

higher score in terms of quality of health care services available to their citizens. On the other hand, the developing countries have a poor score.

The ranking of countries in terms of their quality of health care system is based on how well they are able to achieve the five goals of health system simultaneously and relative to the optimum it could be expected to attain given its wealth and non-health system determinants. The five goals of health system used in measurement of health care system are healthy lives, access to care, health care quality, efficiency, and equity. The WHO report list France, Italy, San Marino, Andorra, Malta, Singapore, Spain, Oman, Austria, and Japan as the top ten countries with efficient healthcare system. Saudi Arabia is at position 26 and features among the wealthy countries like Germany, Belgium, United Kingdom, and Portugal among others. According to WHO ranking, the poor countries tend to fall at the bottom of the ranking. The last ten countries are Angola, Zambia, Lesotho, Mozambique, Malawi, Liberia, Nigeria, Democratic Republic of Congo, Central Africa Republic, Myanmar, and Sierra Leone. These countries falling in the bottom of the ranking are low income countries. This tends to cement the argument that wealth of a country partly affect its health care system.

Healthcare Systems Used in Developed Countries

Plake, Schafermeyer and McCarthy (2007) note that health systems differ from nation to nation. The differences and similarities in the characteristics of health care systems present the basis of comparing and contrasting them in terms of providing affordable, accessible, and equitable health care for the citizens. Health care systems have a tendency to constantly evolve and change. The social, political and legal environment of a country has a considerable impact on the health care system of a country. The premise of this proposition is that the socio-economic

system of a country dictate the nature policies it creates and functionality of institutions such as hospitals.

The health care system in developed nations exhibit the following features heavy investment on health care infrastructure, health care insurance program, and the government has specific responsibilities for example supervising both public and private hospitals. United States is a capitalist state and its health care system tend to follow the capitalist model. The patients direct meet the medical bills to the hospital or doctor that provides the medical services. The United States has a health insurance scheme which pays some or most of the cost of medical care to the citizens that have the insurance plan. A significant population of about 85% is covered under the health insurance plan. Private health insurance providers also cover citizens and pay for their medical bills whenever they seek medical services in both public and private hospitals. There is a freedom of choice and doctors can choose where to practice or offer their medical service. The government also funds the health insurance program with the public taxes.

The health care system of Canada is slightly different from United States in terms of policies affecting expenditure and provision of health care services to the citizens. The public hospitals have modern facilities and adequate medical professionals that are able to handle various disease conditions. The Canadian health care system bestows the authority to allocate resources to public health sector to the government. The allocation of resources is done through setting limit on investment in medical technology. The main challenge of facing Canadian health care system is the problem of waiting list. Patients have to wait for health care services because of the long list of people that seek similar services in the public hospitals.

The socio-economic system of Germany, like other countries extends to affect its health care system. The health care system of this nation differs from those in capitalist countries in

terms of financing of the medical risks and treatment and allocation of resources in the healthcare sector. It has an individual health insurance plan for the working class which is calculated in terms of income earned as opposed to the number of dependents. The weaknesses of the Germany health care system are public health services and psychiatric services are limited to the citizens. The health care system comprises of the public and private hospitals with the public hospitals accounting for more than half of the beds available for patients. Unlike United States where physicians in private hospitals have admitting privileges, doctors in private hospitals in Germany run clinics where they perform a range of procedures. Notably, the health care system of Germany has an elaborate mechanism of controlling health care cost.

The socio-economic system of the developed nations has an instrumental bearing on their healthcare system. A comparison of the healthcare systems in the developed countries namely Canada, Germany, Canada and UK reveal that social-political system tend to define the organization and financing of the healthcare systems. The capitalist nations tend to embrace capitalist models in their healthcare system where patients are required to pay for the healthcare services they receive.

Health Care System in the Middle East and Gulf Countries

The Gulf countries spend an average of 7% of their GDP on healthcare compared to 17% spent by European countries. The health care system in the Middle East and gulf countries consist of public hospitals, public health centers, private hospitals and private clinics. Governments supervise the health sector through the ministry of health. According to Jamali&Sidani (2012), health care systems and pharmaceutical policies in the Middle East vary from country to country. However, certain features are common among these countries. They include welfare systems in Gulf countries do not require the patient to co-pay for medicine. The

governments are increasing their production of national workforce in the health profession. The move aims at filling deficit of nurses and other professionals in the health fraternity. In some Gulf countries like Oman, the World Health Organization add their input by supporting medical programs for example the Expanded Immunization Program.

In Oman for instance, the healthcare system comprises of primary, secondary, and tertiary levels which offer free healthcare services to the citizens. There are private hospitals and health facilities that are user pay or funded through employer paid insurance schemes. The private sector provide health services at three levels through hospital and clinics that are spread throughout the nation.

The governments of the Gulf countries are supporting the expansion of health care systems through their continuous investment to build world class healthcare infrastructure, services and expertise to all the citizens. Theorists predict that this development would increase health care service delivery to citizens and attract medical tourism. United Arabs Emirates is becoming a popular destination for international economic development including building of infrastructure in healthcare sector. The demand for health care services in this region has been predicted to reach unprecedented levels in the next decade. In response to this development, the Gulf and Middle East countries have begun investing in building health care infrastructure to meet the anticipated growing demands. The Gulf countries have come up with public private partnership in health care sector. This initiative proposes that the private sector venture in building, operating, and financing the healthcare system and over a long time would sell the private health care facilities to the government. The government would then focus on provision of easy access to quality healthcare in the region.

The Middle East and Countries have lowest spending on public health which in turn translate to high level of out of pocket expenses. It is estimated that many citizens in this region are forced to forgo care or face impoverishment resulting from medical expenses. Another aspect of health care system in the Gulf and Middle East countries is that there is inequitable distribution of health care services to the citizens. The quality of health care service is also capricious and inconsistent which expose the patients to long waiting and absenteeism of the medical providers especially in the public hospitals.

Some Middle East and Gulf countries health care systems face the challenge of political instability which in turn discourage many skilled healthcare professionals from working in the healthcare systems of these countries. The competing regional and international markets for skilled healthcare professionals' constraint the budget of the health care systems in these countries. The region is also facing the challenge of high dependence on expatriates from the Western countries who in most cases face the challenge of difference in culture, medical practices and patient care. This challenge tend to deny the patients the right to access medical care.

The government of Saudi Arabia has bestowed the role of supervising healthcare and hospitals, both public and private to the ministry of health. This approach provide universal healthcare coverage. The healthcare system is divided into two tiers namely the primary healthcare centers and clinics and hospitals and specialized treatment facilities mostly located in the urban centers. A number of developments have occurred in the Saudi Arabia health system in the last three decades. In 1970, Saudi Arabia had 74 hospitals with 9,039 beds and 2005, it had 350 hospitals with over 48,000 beds. The public hospitals account for 62% of the hospitals supervised by the ministry of health. It follows that the public health sector play an instrumental

role in provision of health care services in both developed and developing nations. However, the extent to which the government control cost of health in these nations differ considerably with some governments controlling the cost of health care services while others have left system to follow the capitalistic model.

2.3 HEALTH CARE MANAGEMENT SYSTEMS 'DEFINITIONS, THEORIES AND CONCEPTS'

2.3.1 Definitions

A number of theorists have attempted to define management system. It refers to a documented and tested systematic approach aimed at attaining smooth operation through standardized practices. Some theorists define management system as the method used by organization to manage the interrelated parts of the organization so that it might attain the set objective. This definition mainly focus on the business organization. Another definition is that management system if the framework of norms, procedures, and processes used by an institution to help it perform the anticipated task required to realize its objectives. These definitions seem to resonate around a common point which policies, procedures, and process embraced by an organization. The activities within the organization are defined by these norms, procedures and processes.

Quality of healthcare service is perceived as a reflection of values and goals in healthcare system and the entire society. It follows that the nature of medical care services offered to the citizenry and the facilities, medical personnel and equipment constitute the quality care. Quality has been defined by many terms. At the end of the day, the goal is not absolute perfectness, but movement in that direction, so that unnecessary deaths and extended hospital stays are minimized. The quality of care does not stop at curing the patient though. It involves planning

for this, and continually striving to improve the quality of care offered (Weiner, 2006). Poor quality healthcare not only causes undue patient suffering, and but it also leads to institutional waste, loss of funds, and damage in the reputation of the health profession as a whole (Almutairi, 2014).

Quality management system is important in this study because it attempts to measure the extent to which the healthcare system of Saudi Arabia meets the health care needs of the country's population. As such, an exploration of the quality management system would provide the basis of appreciating the extent to which the government has achieved the health goals. At the same time a study of quality management with respect to the healthcare system provides the fabric of appreciating various developments in the health care sector.

Quality management systems provides the basis of appreciating the differences in the provision of healthcare services across the world. Management systems is critical in evaluating the performance of the healthcare systems. The prediction of outcomes in the healthcare systems of a nation under study is a common approach when examining the extent to which the healthcare sector has been able to address the needs of the citizens. It follows that this topic is important in appreciating the healthcare system in the country of study. The models in the environment acts as the indicators.

4.2.2 Management systems theories

Some theorists argue that quality of healthcare is greatly contextual and difficult to define. The definitions that exist attribute quality healthcare to values and goals in medical care system. AvedisDonabedian created a model for defining the quality of healthcare which consist of seven elements. The elements of quality of healthcare are efficacy, efficiency, optimality, effectiveness, legitimacy and acceptability. These elements provides the basis of appreciating the

quality of healthcare services in a given country. Efficacy refers to the care offered under optimal conditions and it forms the basis of measurement. The outcome of the intervention is the effectiveness of the care provided. Equity is the level of fairness in the distribution or availing of the healthcare services to the public. Optimality is the balancing of the benefits of healthcare services and costs. The healthcare cost can at times be an impediment in accessing healthcare services. It dictates whether a greater population within the country is able to access quality healthcare or not. Acceptability entails accessibility of healthcare services and interpersonal patient and medical provider interaction. Legitimacy refers to the acceptability of the healthcare institutions that provide healthcare services to the country.

The Donabedian quality of healthcare model permeates the notion that improvements in the structure of care should translate to improvement in clinical processes that should in turn improve the medical outcome of the patient. The nature of treatment given to the patients reveals whether the patient outcome would be positive or negative. According to the Donabedian's quality of healthcare model, a positive patient outcome depends on the extent to which the healthcare sector of the respective nation meets the seven elements. These elements measure whether the healthcare sector of the respective nation address the values and goals of provision of healthcare services. The structure and processes within the healthcare sector play significant role in dictating whether the quality of care provided is of high quality or low. Studies reveal that the Donabedian'sstructure process outcome quality of care model is a valid model for evaluating trauma care. This finding is suggestive that an effective model has a favorable impact on patient outcome.

Conceptual model structure-process-outcome has been used to measure the quality of healthcare services provided to the boarding patients. The existing literature about the boarding

suggest that it compromises patient's hospital experience, adds stressful working environment, delay treatment, promote potential errors, and diminishes the quality of health. As such, many studies tend to settle for boarding in special instances (extreme cases). The conceptual model could improve quality of healthcare to patients. The structure-process-outcome framework has incorporated other quality domains that help in evaluating the extent to which healthcare services provided to the target populations fulfill the desired outcome. The boarding model suffer the impediments of structure or organization.

4.3 THE HEALTH CARE SYSTEM IN KSA

Saudi Arabia is a safety state and its government, according to Article 31 of the Saudi constitution, the state is obliged to offer free and quality healthcare services to every individual in the state of Saudi Arabia. The citizens have the right to free healthcare services, which have been delivered for through the development of health policy. The health policy is committed to a "Health for All (HFA)" goal. The aim of the Kingdom of Saudi Arabia government through the ministry of health is to deliver a free medical care for all the individuals of the Saudis in all the public healthcare facilities. These healthcare services are suppose be provided both by the public and private sectors in the Kingdom, however most healthcare services are being provided by the public sector. The Ministry of Health, under the governance of the Minister of Health, is accountable for the management of the country's health system. The Ministry of Health has a well specified, decentralised administrative and organisational structure. The ministry is mandated with strategic planning, formulation of specific health policies, overseeing all health services delivery programmes, as well as monitoring and regulating all other health-related activities (Al-Yousuf and Al-Mazrou 2002). The ministry of Health the sole provider of the healthcare services and a lot of trust from the public is put on them. The following are healthcare

services they provide to the public; preventive, curative as well as rehabilitation Sebai and Al-Zulaibani (2001). The Ministry of Health provides healthcare services through a network of primary healthcare centres numbering positioned in both big cities and small towns throughout the country, and hospitals.

Other literature reviews shows that other government agencies in the Kingdom of Saudi Arabia provides additional healthcare to the public to improve the quality of healthcare services. These agencies includes Ministry of Defence and Aviation, Ministry of Education through the education of the public the importance of health services being offered by the different government sectors, Saudi Arabian National Guard, the Ministry of Interior and the Red Crescent Society. Additionally, other government agencies also provide healthcare services. The different agencies involved work independently and are organised as they have their own budgetary allocations, they foresee the organizational management of the healthcare facilities and employ their own personnel. For instance, the General Department of Medical Services manages hospitals and primary healthcare centres such as health centres and the dispensaries.

It should be emphasized that the public agencies deliver healthcare services through a combination of primary, secondary as well as the tertiary healthcare facilities to improve the quality of the healthcare management and to meet the patients' satisfaction. A study findings done Al-Yousuf and AlMazrou (2002) concurs with this and state that "despite the the specialist hospitals, the health facilities in this sector are mainly intended to serve the workers of the different establishments and members of their families. As a rule, services are not extended to members of adjoining communities and where such communities are lacking services; it is the responsibility of the Ministry of Health to provide them. In life-threatening circumstances, some

of the government agencies deliver specific healthcare services which includes treatment of cancer, to the general public.

However, the health services being provided by the private sector is being delivered at a cost even though they deliver quality healthcare due to the total quality management being practiced by the sector. Mostly the private sectors are being owned by the wealthy individuals and evenly distributed within the Kingdom but majorly in the urban settings. They provide healthcare services through their health facilities in hospitals, clinics, dispensaries, pharmacies, medical laboratories, physiotherapy centres among others. The encouragement of the government to the foreign investors and the local investors to invest in the healthcare in the Kingdom back in 1975. In spite of these efforts, the share of the private sector in the provision of healthcare services is inconsequential when compared to the public sector. The private sector accounts for 21.1% of the 53,888 hospital beds in Saudi Arabia, which totalled 11,362 (Ministry of Health, 2008).

2.2.1 Levels of Healthcare Services in Saudi Arabia's Pubic Sector

The ministry of Health of Saudi Arabia deliver the healthcare through three levels which includes first levels is the Primary Health Services, which oversee healthcare centres, followed by the he next level which is the general hospitals, while tertiary services exist at the third level.

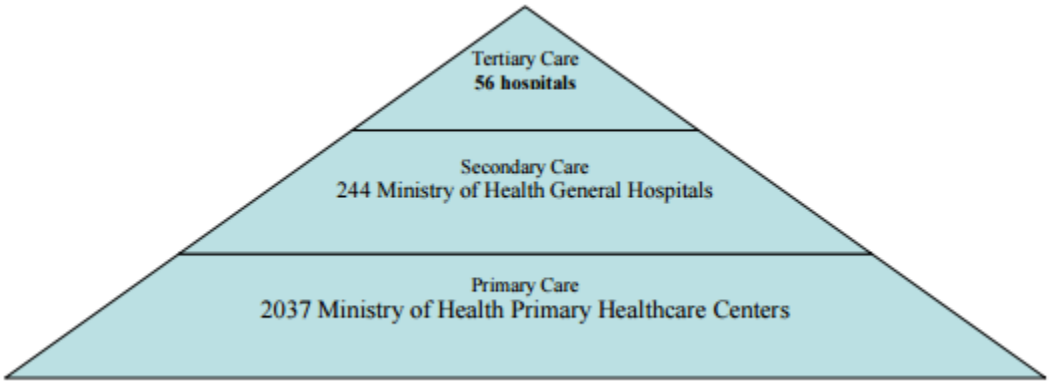

Figure 2.5: Healthcare Services Provided by the Ministry of Health

Source: Ministry of Health, 2010.http://www.moh.gov.sa/statistics/indi_phc.html

2.3 Health quality Management

The current scholarly work are drawn from leadership style, as well as quality management practice theories. Theories of quality management practices form the basis of this literature review, mainly Anderson et al., (1995) theory dating back from Deming's (1982) management method development. Most literature review shows that Anderson et al. first tried to produce quality management theory from Delphi method-based study, using managers as well as academic sources closely associated to quality (Rungtusanatham and Anderson 1998; Fisher and Mehta, 2005; Chowdhury and Das 2007). Nonetheless, Anderson et al. pointed out that in Deming's management method, the elementary foundation is creating an organizational system that fosters quality management practices implementation including customer focus, continuous improvement, and teamwork, which all require effective leadership. The findings from a research done by Anderson et al. is mostly applied in the healthcare institutions in the Kingdom of the Saudi Arabia. This is done to continuously improve the health care quality being delivered to the patients.

Besides, the leadership theory applied in the current health management system in the Kingdom of Saudi Arabia to continuously improve the healthcare quality to the consumers or patients is drawn from Bass's (1985) theory. Bass's work on the theory of transformational leadership was adapted from James MacGregor Burns's (1978) qualitative examination of charismatic political leaders (Howell &Avolio, 1993) and House's (1971) theory of charismatic leadership (Yukl and Van 1982), which originated from ideas originating from the early research study on charisma by Weber (Bass 1990).

The progress of leadership theories and quality management practices have a common goals of cultivating organizational performance and improving the work experience of organizational participants. Most general healthcare in the Kingdom of Saudi Arabia are not clear on the specific leadership styles which are more efficient in organization pursuing quality management practices to benefits the consumers who are also the patients in the healthcare institutions. On the other hand it is evident that the role of leadership is a significant factor in effective quality management in organizations as all excellence models include leadership as an enabling carter. Leadership plays an important role in leadership as it entails the long-term commitment to innovation as well as creativity. Managing human resources is a strategic issue that necessitates managerial proficiency. Knowledge is an integral part of organizational resource, and leadership plays a significant role in helping the attainment of that knowledge. Thus, leaders in the general healthcare in the Kingdom of Saudi Arabia have the ability to comprehend articulated vision by managing quality elements to transform the firm into using quality managerial practices (Idris and Ali, 2008).

In addition, writers have identified the top management backing. According to research findings by Ismail (2009) agreed to this idea based on an empirical study conducted on the specific challenges that Qatar Steel Company faced in the implementation of the quality program as it being applied in the Kingdom of the Saudi Arabia to improve the quality of management in the healthcare institutions. This study revealed that lack of support from top management was the major impediment to total quality management (TQM) implementation. When assurance and funding from the top management was imminent, Quality Circles (QC) implementation led to an atmosphere of cooperation and brought in many positive outcomes, such as quality development, productivity growths, and developed management style. In addition to the top management key

role in the management, Deming identified that management requires a visionary leadership plays also another key role in the improvement of the quality management within an organization for an effective quality management program. Many different literature review shows that effective QM requires top management to deliver a clear direction to personnel (Laohavichien et al 2009).

Anderson et al., (1995) outliner the significance of leadership in the MBNQA. According to Pannirselvam and Ferguson (2001) their study on the strength of the relationships between the numerous quality management constructs and between quality management as well as organizational performance came up with the findings in regards to leadership significant and whether directly or indirectly affected all system components. This was further justified by research work done by Anderson et al. (1995) who tried to come up with a theory of quality management to describe as well as explain the efficiency of Deming's Management Method. The seven concepts that may perhaps capture the essence of the Deming method comprise visionary leadership, learning, internal and external cooperation, process management, employee achievement, constant improvement, as well as customer satisfaction.

The practical scholarship by Anderson et al. (1995) carried out in Japanese-owned as well as American-owned companies found that worker fulfilment is directly associated to customer satisfaction. The writers stressed that organizational leadership influences the formation of organizational form and institutes organizational performers for the sake of organizational existence. This is in agreement with the quality management in the healthcare institutions in the Kingdom of Saudi Arabia that believes innovation as an essential tool in attaining quality improvements in product, processes, and services delivery to the customer satisfaction. This results to employee satisfaction, which improves customer satisfaction and subsequently the

theoretical existence of the organization. Total quality management states that organizational leadership ought to be accountable for innovation, rather than just the existence of the institution.

Another scholarly work on relationship between leadership style and the creation of a quality environment in study as well as development settings is related to the study feeding done by Anderson et al. (1995) on customer satisfaction met through leadership and creation of enabling environment. Their study findings came up with findings which stated that mutually transactional contingent-reward leadership and transformational leadership results to quality environment in the research and development segment of a telecommunications firm, however in the latter instance, it is not important. Most of general healthcare settings in the Kingdom of Saudi Arabia acknowledges the role of contingent reward leadership is less important than that of transformational leadership in improving healthcare quality. Customer satisfaction is a result of Transformational leadership. The uncertain goals and the targets to be achieved through performance targets can be felt and solved by managers. The numerous outcomes in the field of technology and the amazing impacts on the workers leading to quality improvement can mostly be felt through transformational leadership.

A number of studies have been attempted to examine quality which in most cases does not progress on its own. This can only be realised when a systematic evaluation as well as improvement procedure is implemented as required. In the business domain, this procedure is identified as quality management. The process of carrying out business constantly to improve products and services to realise a better performance is a way of quality management. A research study done by the Weintraub (2008), the objective of quality management in any production is to realise maximum customer satisfaction at the lowest overall cost to the organization whereas continuing to increase the procedure. A study by the Institute of Medicine indicates that

realisation of maximum customer satisfaction within the healthcare system recommended the elimination of the overuse, misuse of the drugs, and misuse of the health services (Leape 2002).

The provision of a service to a patient even if the outcome will not help the patient leads to the misuse of the health services, for an example a healthcare provider prescribing antibiotics for patients with viral infections. The underuse of drugs occurs when a service which would have been medically useful for the patient is not provided, for example, carrying out unnecessary diagnostic test. Misuse occurs when a service is not carried out properly, for example, functioning on the incorrect part of the patient's body.

2.3.1 Quality Management Activities

Understanding the quality management may seems to be a perplexing as well as problematic understanding. According to Hackman &Wageman (1995) the process of quality management involves different principles such as measurement, assessment, and improvement which involves the daily activities carried out by different people in different organizations. The three main quality management activities such as measurement, assessment, and improvement forms a circle of health quality management as shown in figure 2. Most healthcare organization check performance of the healthcare workers by use of different measurement activities to acquire information concerning the quality of the care patient gets and support functions. This findings are evaluated in the assessment step through comparing measurement data to performance expectations. When the expectations are met, organizations continue to measure and assess performance. If prospects are not met, they progress to the enhancement stage to examine details for the performance gap and implement changes grounded on their results. The quality management cycle proceeds to another cycle. Performance carry on to with evaluation through measurement activities.

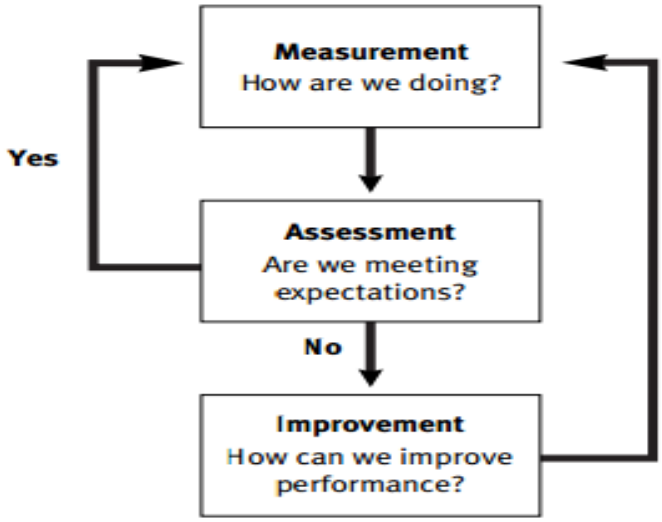

Figure 2.2. Cycle of Measurement, Assessment, and Improvement

A study report by Walshe and Rundall (2001) shows that the challenges by the healthcare faced as a result of quality management systems improvement seems not be a major concern by the healthcare institutions which is similar with the challenges faced in the general hospitals in the Kingdom of Saudi Arabia. However, many employees and managers currently understands that organizations should also operate in the field which requires quality, performance and effectiveness. The quality management systems produce a strategic framework in which every organization can meet these requirements. Quality management system can be understood as a part of complete management system that is to assure the highest customer satisfaction in the most effective means, particularly by following purposes:

a) Guaranteeing the maximum service quality for patients

b) Crafting environment oriented to continual enhancement of processes and

c) Undertaking it with the lowermost disbursement

2.4 Quality Management systems in Healthcare used in the Kingdom of Saudi Arabia

Different questions are being asked by managers of healthcare institutions in the Kingdom of Saudi Arabia on the next management system development. Hence this leads to three basic channels that exist for these questions constantly asked within the healthcare management with regard to quality management. They include;

a) Whether to apply the established accreditation standards

b) To use the requirements as well as the recommendations of the ISO 9000 family of standards;

c) To apply the EFQM Excellence Model.

According to Albejaidi (2010) a research study which he carried out on the healthcare system in the Kingdom of Saudi Arabia, he did analysis of structure, total quality management and future challenges as well as the existing experience showing certain systematic items lacking while applying the very accreditation standards which dwell so much on the quality of the health care being delivered rather than the quality management within the institutions. Alternatively the EFQM Excellence Model signifies the most demanding conception for management system development has a lot of challenges when being applied to improve the healthcare quality within an institution without a suitable basis. The most suitable and best preferred standard to improve the healthcare quality of the health care being delivered and quality management within the healthcare institutions in the Kingdom of Saudi Arabia is the application of the ISO 9000 family of standards which seems to be meeting all the objectives and plans because it has a suitable starting point, particularly if accreditation standards are contained within the service realization processes of an institution. The EFQM Excellence model could then help in excellent motivation for the forthcoming management system development irrespective type and size of healthcare institution.

The ISO 9000 family of standards can also be used in the healthcare institution environment in a convenient foundation to quality management system implementation. There are always principal steps followed by the healthcare managers within the general healthcare institutions in the Saudi Arabia in the implementation of the set standards in the quality improvement of service and product delivery to the customers by the healthcare providers. According to Albejaidi (2010), there is a figure which shows these principal, which are crucial to be prepared during implementation healthcare standards. It is vivid that any healthcare institution top managers' decisions makings should be derived from long-term goals distinct by this management team. The accumulative effectiveness, efficiency as well as performance should belong to these objectives. As soon as managers apprehend that ISO 9000:2000 might result to significance value for their organization some information about these standards is needed usually. Most of the healthcare mangers in the general healthcare in the Kingdom of Saudi Arabia have no a better understanding and use of ISO 9000 family standards and should learn its eight basic quality management principles.

Besides the subsequent phase is strategic one: the top management in healthcare institutions in the Kingdom of Saudi Arabia always make a decision concerning the standard always convenient for its organization. ISO 9000 family standards can be used as a certification if the top management of the healthcare in the Saudi Arabia show the quality management. The Excellence of the healthcare quality in the Kingdom of Saudi Arabia is due to the use of the ISO 9004 standard as a foundation. The analysis of current status of healthcare management system development contrary to the ISO 9001 standard is essential to do as it is a significant step for outlining gaps between standard´s requirements and healthcare reality. The analysis can be done by internal or external resources.

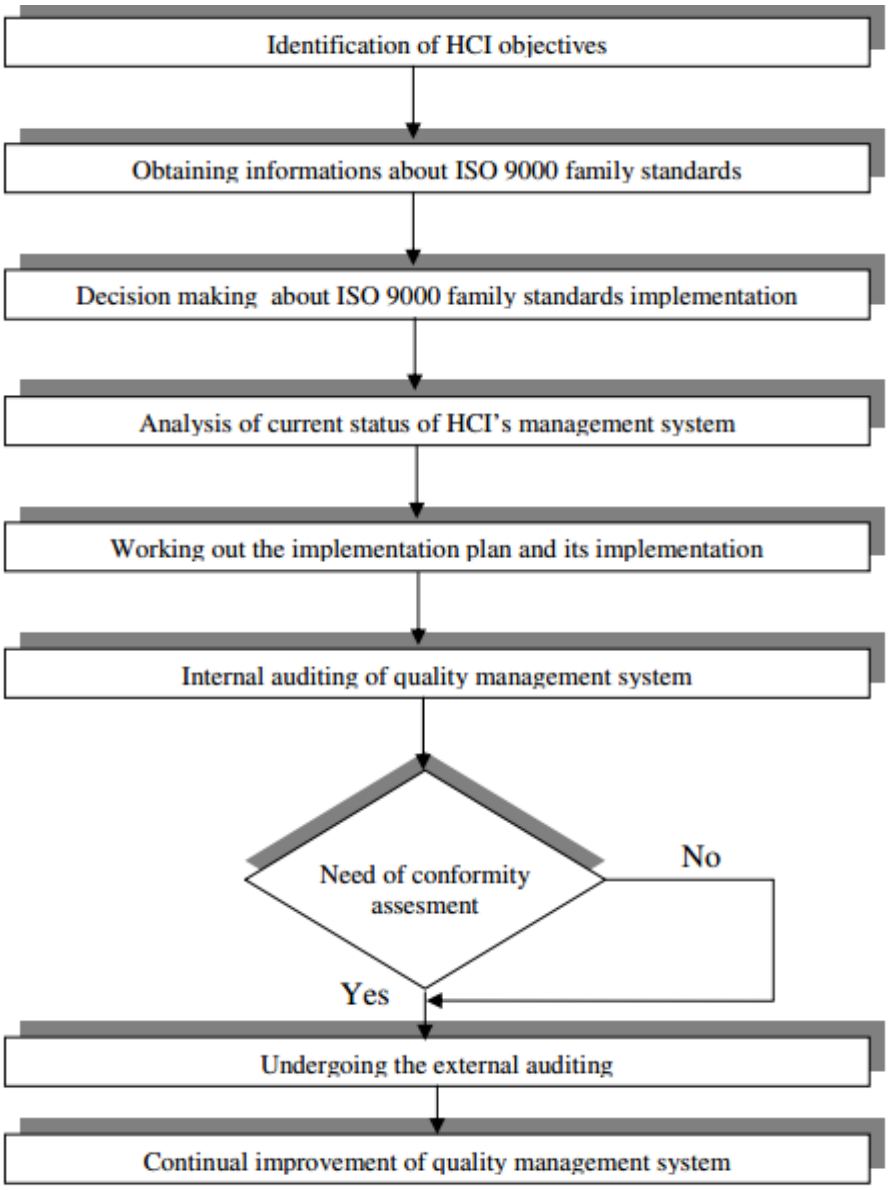

Figure 2.3. Basic steps during quality management system implementation in healthcare.

The findings from the analysis can be used to unearth the process of health services delivery may have a high level of conformity with standard requirements at the beginning. Alternatively: the utmost of flaws occur in processes connected with management errands as well as in contradiction of requirements of measurements, analysis as well as improvement in the healthcare organization. The outcomes of analysis mentioned above signify actual significant input to working out of implementation plan in line with an organization objectives Anderson

&Sohal (1999). The execution of the implementation plan signifies the compliance with all the requirements of ISO 9001 standard for the certification as well as recommendations of the ISO 9004 standard for the healthcare institutions management system improvement in quality of the service delivery to the customers or patients in the Kingdom of Saudi Arabia. To check whether the general healthcare institutions are improving on the quality management, an internal audit is always carried out to identify the non-compliance to the set standards especially during the first phase of implementation of the quality management system of the institution as well as to describe areas for improvement of developments or management system of healthcare institutions. The internal audit could serve as appropriate groundwork for the independent quality management system valuation. An independent quality management system assessment carried out by the third party is always known as certification De Bakker & Nijhof (2002).

The ISO 9004 standard or the EFQM Excellence Model can be suitable issue. It is evident that also in healthcare environment a scarcity of money as well as other resources is not influential barrier of quality management system implementation. A significant constraint is actual concern and participation of healthcare managers. In the Kingdom of Saudi Arabia health care sector, quality management has always remain a strategic contemplation and one of the key foundations in the constant development plans in the country back a decade ago as illustrated by the Ministry of Planning (MOP 2000) and until the current improvement plan in 2010 (MOP 2010). This shows the commitment to the total quality management within the healthcare as well as a long lasting development strategy to increase the quality of healthcare in Saudi Arabia. The develop framework used Saudi is the application of the public policy by encouraging healthcare institutions to adopt TQM practices. Nonetheless, there is still no clear depiction of how efficiently healthcare institutions in Kingdom of Saudi Arabia relate TQM strategies as well the

as associated quality management principles as outline in the ISO 9004 standard for the healthcare institutions management system improvement , and the degree to which the challenges they experience when they apply the framework.

2.4.1 Total Quality Management (TQM) in Kingdom of Saudi Arabia Healthcare Sector

Many scholars have done a lot of literature study regarding the different aspects of quality of the healthcare which entails the customer or patient satisfaction (Alarfaj 2010) and writers focusing on total quality management related accomplishments (Bah et al 2011), research work on the issues of total quality management application as a whole strategy within an organization have little attention in most of the scholarly work (Albejadi 2010). Moreover, Saudi research studies appear to focus more on quality as an overall conception rather than the specific TQM principles, philosophy and culture (Al-Ahmadi and Roland 2007). The only current TQM scholarly work in Saudi healthcare seem to be those conducted by Albejadi (2010) and Jannadi et al. (2008) who state that the significant challenges in the sector are financing of healthcare system, lack of professional employees as well as being more dependent on foreign workers, and the lack of a health information system.

The dependent on the foreign employees in the Kingdom of Saudi Arabia within th healthcare institutions is a major challenge to the successful implementation of quality strategies within the healthcare sector due various factors including the high wages being used to pay for the service they render to the healthcare facilities as well as the costs incurred (Albejadi 2010) and language barriers (Alahmadi and Roland 2007). Nonetheless, previous research studies did not explore the impact of the nation-wide cultural characteristics of the foreign employees on TQM realization and the degree to which the challenge they may bring on the application of total quality management policies. Besides, most of those research work did not test their outcome empirically, depend on mostly theoretical argument and personal understanding (Albejadi 2010).

2.4.1.1 Application of Total Quality Management (TQM) Critical Success Factors in Saudi Arabia Healthcare

Many scholars have done a lot of research with regards to the critical success factors of the total quality management within the healthcare institutions in Kingdom of Saudi Arabia and they included customer emphasis, commitment of top management, employee participation, employee education and knowledge as well as quality measurement (Kaplan et al. 2010). The few research work concern with total quality management in Saudi healthcare institutions have shown that total quality management is still going through development in Saudi hospitals and that quality improvement experiences some serious challenges (Albejaidi 2010). On the other hand, these studies are not reinforced empirically. Therefore, the preliminary suggestion that can be pictured is that the organization culture in Saudi hospitals requires continuous development in terms of quality as one of the many factors critical to successful total quality management in health care institutions in the Saudi may not be available due to complications linked to the national cultures of the employees existing in Saudi hospitals.

As a result of low cost in the application of Total Quality Management in the healthcare sector in the Kingdom of Saudi Arabia, there has been an increasing benefits in the productivity in the industrial sector as well, there was the acceptance that its introduction and application would be advantageous to the healthcare sector. This belief and understanding by the health care managers' certainly awakened awareness in the improvement of the quality of care in the health sector in which a framework was developed in three periods. The first phase is dated back in through the scholarly works of Nightingale and Codman. Nightingale, a nurse during the Crimean War, led the awareness on the significant of systematically appraising health delivery systems, and the associations between appropriate care and adequate aftermaths (Byers and Rosati 2005). While Codman, there was an imperative prerequisite for the introduction of a

common standard so as to increase the quality of medical care. This was grounded on his assessment of medical care in the United States (Al Assaf 1993; Pelletier and Beaudin 2005).

The research finding of Codman discussed that reforms are needed in the healthcare to create opportunities for improvement. Cantered on Codman's research, there was the implementation of a 'five standard approach', which is also referred to the 'minimum standards" (Luce and Lee 1994). The 'five standard approach' suggested by Codman includes:

- organising hospital medical staff;
- restricting staff membership to well-educated, experienced and certified physicians and surgeons;
- framing rules and regulations to ensure regular staff meetings and clinical review;
- keeping medical records comprising of the history, physical examination, and laboratory results; and
- instituting supervised diagnostic as well as treatment facilities such as clinical laboratories and radiology department

The second phase in the improvement and implementation of quality standards in the healthcare sector in the Kingdom of Saudi Arabia dated back in the 19th century started when the American College of Surgeons formulated measures for standards that had to be fulfilled by hospitals to be qualified for certification through the mutual Commission on Accreditation of Hospitals (JCAH). Donabedian provided standardisation and accreditation a theoretical improvement through articulating a three-pronged method to symmetrically assess the quality of healthcare. The theoretical framework of Donabedian was grounded on input, process as well as the outcome

(Byers and Rosati 2008). Donabedian framework is known as the open system. Afterwards, JCAH grow into the Joint Commission on Accreditation of Health Care Organisations (JCAHO), which established a 10- step model to oversee and appraise developments to advance on the management of quality healthcare based on Donabedian framework.

The third phase of the implementation of the total quality management was connected with a new approach to the application of quality established by Berwick, Baltaden and Deming. Berwick and Batalden employed into Japanese experience in the industrialised sector of the economy, and used the theoretical conceptions to the health sector. An additional element was supplemented when the 14 basic points of Deming were applied by Baltaden to chart a new course for Quality Assurance in the health system. Research findings by Deming and Baltaden were spread through the Juran Institute. The last two decades became the pivotal point in the improvement of standards quality in the heath sector, with number cooperative determinations by professionals and quality organisations in the area of quality management with general goal of improving the quality of healthcare services (Pelletier and Beaudin 2005).

In spite of the several determinations in the developed world to implement the quality towards the improvement of the healthcare service delivery and customer satisfaction, the undeveloped countries including Kingdom of Saudi Arabia were still lagging behind due insufficient awareness with regard to the evaluation of quality of healthcare to the patients or the customers. The health care systems in the developing countries were in a state of deplorable conditions with rising number of mortality rates, especially in the early 1980s. Then main problem by then in the developing world was how to improve the access of the healthcare services and facilities to the members of the public in the urban areas and improvement on the policy making as well as the how to intensify budgetary allocation to the health sector without

reflecting on how to familiarise and implement quality assurance programme in regards to its accompany benefits.

According to research findings done by Geyndt (1995), most of the developing countries felt the advantages of cost-effective through the implementation of quality programmes in the developed world such as Europe and USA, as well have been stimulated the introduction of a similar effort to improve the quality of healthcare provision. In the Kingdom of Saudi Arabia, the mission to improve the quality of the healthcare provision system has been at the centre of healthcare management. The ministry of Health in Kingdom of Saudi Arabia in the early 1984 identified and marked primary healthcare centres as among the strategies of the fifth five-year National Development Plan (1990-1995) with the purpose of quality health to achieve the goal of total quality management in the healthcare sector. In the Kingdom twenty three years, the Ministry of Health founded the National Committee on Quality Assurance, as well formed guidelines for quality assurance programme in Primary Healthcare in the health centres, which was accepted by the World Health Organisation (Jarallah and Khoja 1998). This led to the launching of a management development programme in the year 1995. This was to form a foundation for local supervisors to execute significant roles in quality development determinations particularly in the primary healthcare (Al-Hamdi and Roland 1995).

Dating back in the 1980s, the implementation of Quality Assurance programmes illustrates that the Saudi government is focussed to increase the quality of care delivered in its healthcare system. This transformation in the Saudi health sector in the field of the implementation of TQM is more perceptible in the healthcare facilities, which are operated by developed countries. This has led to many healthcare facilities complying with the Quality Assurance in the healthcare system in Saudi Arabia. These comprise of: the Arabian American

Oil Company (ARAMCO), the King Faisal Specialist Hospital and Research Centre Services (KFSH&RC), the King Khaled Eye Specialist Hospital Services (KKEH) as well as the Ministry of Defence and Aviation Services (MODA). Besides the healthcare amenities operated by developed countries, the Saudi Ministry of Health has been implementing TQM in its health facilities.

2.4.1.2 Total Quality Management and National Culture in the Kingdom of Saudi Arabia

Many literature review on the effect of diverse culture in the delivery of health care in the Kingdom of Saudi Arabia have been done and the study findings shows that it is a key strand on the achievement of the total quality management realization and development (Jung et al 2008). Some national cultures are more favourable to the improvement of total quality management compared to the others (Vecchi and Brennan 2009). Therefore, the multi-cultural employees involving the foreign employees in Kingdom of Saudi Arabia gives a fascinating framework for study. Many scholarly studies investigating the existing relationship between national culture and total quality management in the healthcare in the Saudi, the typology established by Hofstede et al. (2010) is mostly used by other researchers such as (Krosolid 1999; Sousa-Poza et al 2000; Mathews et al 2001; Lagrosen 2002; Yoo et al 2005). Hofstede et al (2010) finds major four national cultural scopes which form the nation-wide cultural perspective of a country that is: uncertainty avoidance, power distance, individualism or communism as well as masculinity or femininess. Study findings proposes Studies that the above mentioned cultural perspective of national culture can influence total quality management implementation at different levels of management within an organization (Jung et al 2008; Krosolid 1999; Sousa-Poza et al 2000; Mathews et al 2001; Lagrosen 2002; Yoo et al 2005). Hofstede et al 2010).

However there are lacking research studies which contemplate how variety of national cultures within the same state and employees may influence on levels of involvement with total quality management practices, indicating the need for additional research in the area of the national diversity of culture influencing the quality of management (Vecchi and Brennan 2011). Moreover, as stated previously the Saudi dependence on a big foreign work force is anticipated to be a barrier to total quality management development and quality creativities as a result of a multiplicity of factors comprising of high staff costs rates (Albejadi 2010; Jannadi et al 2008; Walston et al 2008) as well as language barriers (Alahmadi and Roland, 2007). Nevertheless, the existing studies on the factors influencing total quality management have not explored the influence of the foreign or multinational-cultural labour force on total quality development as well as the challenges it is associated with or the opportunities it has. The preliminary assumption is that place of work national cultural diversity (WNCD) in Saudi hospitals hinders the successful total quality management culture as shown in figure 2.4 below.

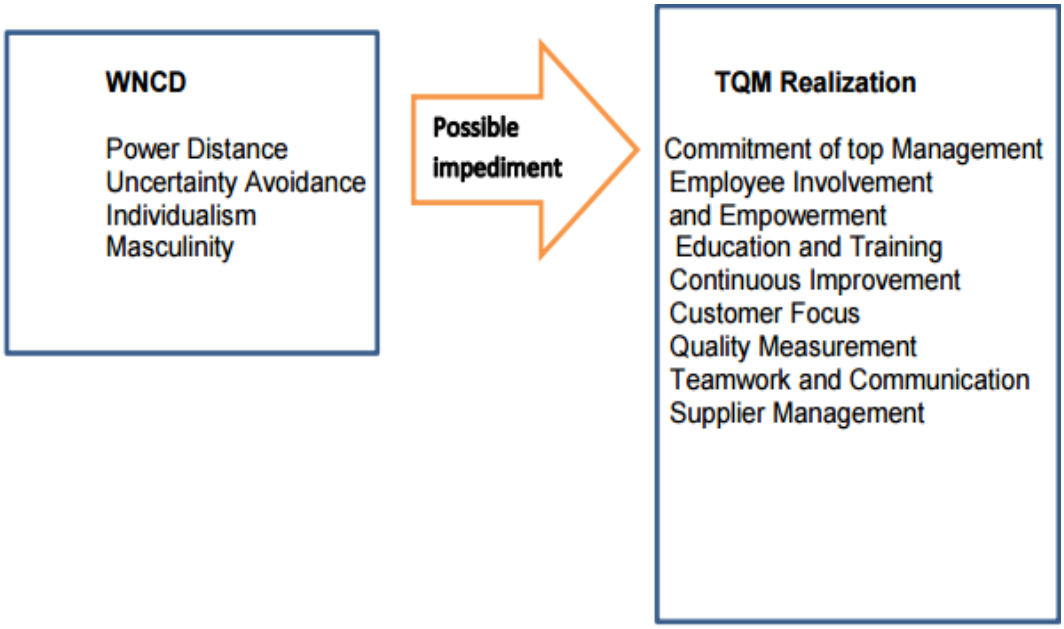

Fig 2.4: Primary Proposition: Influence of WNCD on TQM Realization

Most managers within a healthcare institutions always don't regard WNCD as adding challenges to total quality management realization. As an alternative, WNCD is always observed as having a positive influence in terms of bringing different perspectives, experiences, as well as attitudes particularly those experiences coming from developed countries such as Europe and USA. Furthermore, generally most of the work assertiveness related to the national cultural characters of the foreign employees in the hospital for example preferring to work cooperatively and as a group assist and support the application of the total quality management strategies in the Kingdom of Saudi Arabia. Though, some minor difficulties are being experienced to be posed by some foreign workers indicating additional compliance to their managers without articulating themselves, fearing there would be negative influence on their evaluations if they were more outspoken. As pointed out earlier, total quality management is realized in most general hospitals within the state, as approximately all total quality equipment critical success factor are existing. In conclusion, almost all the levels of the national cultural features or characters (NCTs) are favourable to total quality management improvement in the Kingdom of the Saudi Arabia, one interpretation is that there may be a positive association between the TQM realization and the WNCD in the hospital (Albejadi 2010; Jannadi et al 2008; Walston et al 2008; Alahmadi and Roland 2007).

A research study by (Albejadi 2010; Jannadi et al 2008; Walston et al., 2008) which discuss that governmental public policies are boosting the quality initiatives in the healthcare system in Saudi Arabia. Moreover, the general research findings from different scholars divulge that quality management, as measured by the incidence of the critical success factors, as it is confidently implanted in the hospital challenging other study works done by (Albejadi 2010; Jannadi et al 2008; Walston et al 2008; Alahmadi and Roland 2007) which claimed that Saudi

healthcare system does not provide a well-developed quality culture where total quality management strategies as well as other quality initiatives can grow. The NCTs of the workers in the hospital does not counterpart the Saudi cultural stereotype projected by the Hofstede model (Hofstede 2001), and it is more favourable to the total quality management culture with low PD, low UA, balanced-low MA, and balanced- high IN. There was a slight differences establish between the Saudi and non-Saudi employees views of critical success factors. Though, variances between the Saudi and non-Saudi employees were establish in relation to two characters: power distance and individualism. Generally, WNCD is believed not be adding to the challenges facing the implementation of the total quality management realization besides, it may be conducive to ameliorating any possible negative influence resulting from the national cultural characters present in the foreigners labour force.

A research study revealed that WNCD gave a new viewpoints as well as experiences to the application of quality strategies in the healthcare in the Kingdom of Saudi Arabia, creating an awareness among the employees to other cultures, quality initiatives and quality experiences, as well as reducing their opposition to change, and therefore easing a smoother total quality management application within the healthcare. These literature reviews concurs the research studies of (Albejadi 2010; Jannadi et al 2008; Walston et al 2008, Alahmadi and Roland 2007) which posed the foreign work force in Saudi healthcare system as among the challenges to the quality inventiveness and strategies. The recent study work done by different scholars' shows that there is a positive result emanating from the application of the total quality management by the managers among the healthcare facilities in the Kingdom of Saudi Arabia and the middle East in general as many healthcare institutions embraces it.

3. 5 CHALLENGES THAT FACE THE PUBLIC HEALTH CARE SYSTEM AND GENERAL HOSPITALS IN KSA

- What are the main challenges that face the health care system in the KSA?

- To owe some of these challenges to the quality of the health care management system that are used in general public hospitals in the KSA.

- Therefore, that chapter should conclude by stating "the focus this study is to explore the quality of the management systems is the general public hospitals in the KSA.

2.4.1.3 Challenges faced during the implementation of quality management systems in healthcare in the Kingdom of Saudi Arabia

In spite of the developments in Saudi Arabia's health policy to improve the quality of healthcare through system management, current research work have outline that the sector faces some serious challenges Albejaidi (2010). A clear example outline is the increasing pressures from the customers or patients for cost reductions and efficiency improvements in hospitals in Saudi as the population is growing fast at 3.6% per year which rises the government health expenses as health services are provided for free (Walston 2008). The delivery of health services among the general healthcare in the Kingdom of the Saudi Arabia has been greatly influenced negatively as a result of slow pace of constructing more capacity in the hospitals. Health indicators believe that Kingdom of Saudi Arabia will need new hospital beds ranging between 20, 000-25, 000 before the end of a new decade since the health policy were formulated by the government. This is also hindered by the increased cost of acquiring expensive health equipment

due to lack of coordination and efficient used among the involved stakeholders within the healthcare and the procurement department Walston et al (2008).

Among the many challenges faced during quality management of the healthcare institution in the Kingdom of the Saudi Arabia, there is also increased demand of improved quality of service delivery among the citizens in Kingdom of Saudi Arabia due to the high expectations of the health system (Almasah 2011). Furthermore, it is stated that health care personnel are challenging for a more managerial skills that can contribute to the provision of a better service to patients (Mourshed 2006). An additional significant subject is that the healthcare employees in Kingdom of Saudi Arabia is multi-ethnic and consists of many nationalities, cultural backgrounds as well as the existing languages. The challenges posed by the multicultural nature of the employees in relation to the Kingdom of Saudi Arabia healthcare sector seems to have established a slight consideration in the scholarly work current being done within the health sector. Even though there is research work on efforts to back the reliance in the Saudi economy on the foreign employees Saudi (Ramady 2010).

For a successful implementation of the total quality management (TQM) within the healthcare system in the Kingdom of Saudi with regards to the international standards and the national policy framework as outline in the constitution of the country concerning the universal provision of a healthy and free health care to everyone, there should be some outline significant factors within an organization, however they can be influenced by the existing challenges such as national cultural features of the multicultural personnel (Vecchi& Brennan, 2009). It is foreseen that the research findings from other scholars always provide a new understandings which are useful in the management of the healthcare by the managers in the managers in Saudi in the application of total quality management and policy makers when planning the healthcare policy.

3.6 CHAPTER SUMMARY

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