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Efficiency Levels of Services in Primary Healthcare Centers in Al-Majma'ah: Perspectives of Staff

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Abstract

This research employs a descriptive methodological approach to assess the efficiency levels of services provided by primary healthcare centers in Al-Majma'ah, as perceived by their staff. The study sample consisted of 123 employees, representing 30% of the total population of 410 staff members. The findings indicated that the general efficiency level of these centers is "moderate," with a mean score of 2.03 out of 3, as per the statistical standard adopted in the study. All domains of the study were rated as having "moderate efficiency," with the following scores: Employee capability to perform duties: 1.85/3. Speed of service delivery: 2.11/3. Availability of human and material resources: 2.00/3. The only exception was the fourth domain, which achieved a "high efficiency" score of 2.34/3, reflecting the

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quality of interpersonal relationships among staff and between staff and beneficiaries. This domain's high score highlights strong communication and cohesion within the centers.

Keywords: Efficiency Levels, Primary Healthcare Centers, Al-Majma'ah, Healthcare Services, Staff Perspectives, Service Evaluation.

Introduction

The World Health Organization (WHO) defines health as "a state of complete physical, mental, social, psychological, and spiritual well-being, and not merely the absence of disease or infirmity" (Grimes, 2014). Holistic health enables individuals to lead fulfilling lives and achieve their aspirations. Health, being a cornerstone of personal and societal development, underscores the importance of healthcare services, which serve as a benchmark for a nation's progress (Majdi, 2013).

Healthcare, particularly in developing nations, is a critical investment in human capital, ensuring productive community participation. Governments, therefore, allocate significant portions of their budgets to healthcare (Abdel-Majid, 2009).

Achieving efficiency in healthcare remains a key challenge for healthcare systems, as it reflects the competency of management within these facilities. Primary healthcare centers, which deliver preventive, educational, diagnostic, and therapeutic services, must prioritize performance evaluation to optimize the use of resources (Al-Ahmadi, 2008).

However, many healthcare institutions, including primary healthcare centers, neglect this vital process. Thus, this study focuses on the efficiency of services in primary healthcare centers in Al-Majma'ah under the Ministry of Health, highlighting the importance of performance evaluation for service improvement (Safar, 2009).

Study Problem and Questions

Primary healthcare centers serve as the first point of contact for community healthcare services. Evaluating the efficiency of these centers is essential to identify weaknesses and enhance service quality. The research seeks to address the following main question:

- What is the general efficiency level of services provided by primary healthcare centers in Al-Majma'ah, as perceived by their staff?

Sub-questions include:

1. What is the perceived capability of staff to perform their duties?
2. How do staff perceive the speed of service delivery?
3. What is the perceived adequacy of human and material resources?
4. How are interpersonal relationships between staff and beneficiaries perceived?

Power System Technology
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Study Objectives

The study aims to assess the overall efficiency of services provided by primary healthcare centers in Al-Majma'ah, with specific objectives to:

1. Determine the perceived capability of staff to perform their duties.
2. Evaluate perceptions of service delivery speed.
3. Assess the adequacy of available resources.
4. Examine the quality of interpersonal relationships among staff and beneficiaries.

Significance of the Study

Despite extensive literature on healthcare service evaluation, no studies have specifically assessed efficiency levels in Saudi primary healthcare centers from the perspective of staff. Understanding these perspectives provides critical insights into areas of strength and weakness, ultimately contributing to enhanced healthcare quality. Healthcare services are vital for societal and economic development, and their significance is amplified by international human rights declarations, such as the Universal Declaration of Human Rights (1948), which underscores health as a fundamental right.

Study Scope

- **Temporal Scope**: The study was conducted in Rajab 1443 AH.
- **Spatial Scope**: Primary healthcare centers in Al-Majma'ah.
- **Subject Scope**: Efficiency levels of healthcare services, as perceived by staff.
- **Methodological Scope**: A descriptive approach utilizing a questionnaire distributed via official email.

Definitions

- **Efficiency**: The optimal utilization of resources or effective use of selected elements, where outputs exceed inputs (Abdel-Majid, 2009).
- **Health Services:** Defined as any activity or benefit provided by one party to another, characterized by intangibility and the absence of ownership transfer. According to WHO literature, health services are a set of interconnected elements that contribute to health outcomes across various settings, including homes, schools, workplaces, public spaces, and the broader physical, psychological, and social environments, as well as healthcare sectors and related domains (Abdullah, 2009).

Power System Technology
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- **Primary Health Center:** A facility providing primary healthcare services, including preventive and therapeutic care, constructed according to the latest specifications and high-quality standards under the supervision of the Ministry of Health.

Leisure review

- Al-Ahmadi Study (2008): This study aimed to estimate the relative efficiency of Ministry of Health hospitals across various regions in Saudi Arabia using the Data Envelopment Analysis (DEA) method. Input variables included the number of beds, physicians, nursing staff, and auxiliary medical personnel, while output variables included the number of outpatient visits, inpatients, laboratory tests, and beneficiaries of radiological services. Findings: Eleven regions (55% of the 20 surveyed) achieved full relative efficiency (100%), including Riyadh, Medina, Hafar Al-Batin, Asir, Tabuk, Hail, Northern Borders, Jazan, Najran, Qurayyat, and Al-Qunfudhah. Nine regions (45%) did not achieve full efficiency, ranked from lowest to highest efficiency: Al-Baha, Jeddah, Al-Sharqiya, Taif, Al-Ahsa, Qassim, Bisha, Al-Jawf, and Mecca. In Jeddah, for example, internal efficiency indicators averaged 79.7%, suggesting that hospitals in Jeddah could deliver the same level of services using only 79.7% of current inputs. This implies a 20.3% reduction in resources could be achieved without compromising output levels.
- Abdel-Majid Study (2009): This research focused on evaluating the effectiveness and efficiency of healthcare services provided by rural medical centers. The study developed indicators to reflect the current status of these centers for potential improvements. Findings: Efficiency levels were generally rated as moderate, with an overall mean score of 1.71, falling within the range of 1.67–2.34. Specific results: Staff capability: Moderate efficiency. Speed of service delivery: Low efficiency. Availability of material and human resources: Moderate efficiency. Operational costs: Low efficiency. Interpersonal relations between staff and clients: Moderate efficiency.
- Safar Study (2009):This study highlighted the importance of performance evaluation as an essential tool for identifying deviations from organizational goals and ensuring optimal use of resources. It emphasized the significance of such evaluations in healthcare institutions due to their critical role in public health. The research underlined the necessity of aligning healthcare services with the needs of communities to enhance efficiency and effectiveness.
- Bigelow & Lisa Kay Study (1998): This study examined healthcare service delivery in rural areas, focusing on the rising costs of healthcare and the growing number of individuals without access to care. Key Insights: Nurse expertise and proficiency significantly enhance the efficiency of healthcare services. No significant differences in service quality were observed among rural healthcare centers across different geographical regions.
- Sanjoy Kumar et al. Study (2008): Conducted in rural communities in Bangladesh, this research explored the utilization of primary healthcare services. Findings: A lack

Power System Technology
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of laboratories, shortage of doctors, and insufficient medication were major barriers. Dissatisfaction with primary healthcare facilities and public health services was prevalent. The quality of healthcare services in these regions was challenging to maintain due to resource constraints.

Study Methodology

Research Methodology

The researcher employed a descriptive research methodology for this study, which is well-suited to address the research problem and questions. This approach allows for both quantitative and qualitative representation of the data.

Study Population

The population of this study comprises all healthcare professionals, including employees and staff, working in primary healthcare centers in Al-Majma'ah in the year 1443 AH. The total population size is 410 individuals**.**

Study Sample

The researcher distributed the questionnaire to all healthcare professionals, including doctors, nurses, technicians, and administrative staff, across the primary healthcare centers in Al-Majma'ah. Out of the total population of 410, 123 participants responded, representing 30% of the total population**.**

Table (1): Distribution of study sample members according to personal characteristics

Demographic Variable	Categories	Frequency	Percentage
Gender	Male	104	84.6%
	Female	19	15.4%
Marital Status	Single	30	24.4%
	Married	93	75.6%
Household Income	5,000 – <10,000	12	9.8%
	10,000 – <15,000	36	29.3%
	15,000 – <20,000	52	42.3%

Power System Technology
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	20,000+	23	18.7%
Age	20 – <30 years	24	19.5%
	30 – <40 years	77	62.6%
	40 – <50 years	20	16.3%
	50+ years	2	1.6%
Work Experience	<1 year	4	3.3%
	1 – <5 years	30	24.4%
	5 – <10 years	34	27.6%
	10+ years	55	44.7%

Observations from the Data Table:

Gender Distribution: The majority of the sample were males, comprising 84.6% of the total, while females accounted for 15.4%.

Marital Status: Married participants formed the largest proportion, at 75.6%, followed by single participants, who represented 24.4% of the sample.

Household Income: The highest percentage belonged to those with a monthly income between 15,000 and less than 20,000 SAR (42.3%).

This was followed by participants with an income between 10,000 and less than 15,000 SAR (29.3%), then those earning 20,000 SAR or more (18.7%), and finally those with incomes between 5,000 and less than 10,000 SAR (9.8%).

Age: The age group 30 to less than 40 years was the most represented, comprising 62.6% of the sample.

This was followed by the 20 to less than 30 years group (19.5%), then the 40 to less than 50 years group (16.3%), and lastly, participants aged 50 years or older (1.6%).

Work Experience: Participants with more than 10 years of experience were the majority, making up 44.7% of the sample.

This was followed by those with 5 to less than 10 years of experience (27.6%), then those with 1 to less than 5 years of experience (24.4%), and finally those with less than 1 year of experience (3.3%).

Power System Technology
ISSN:1000-3673
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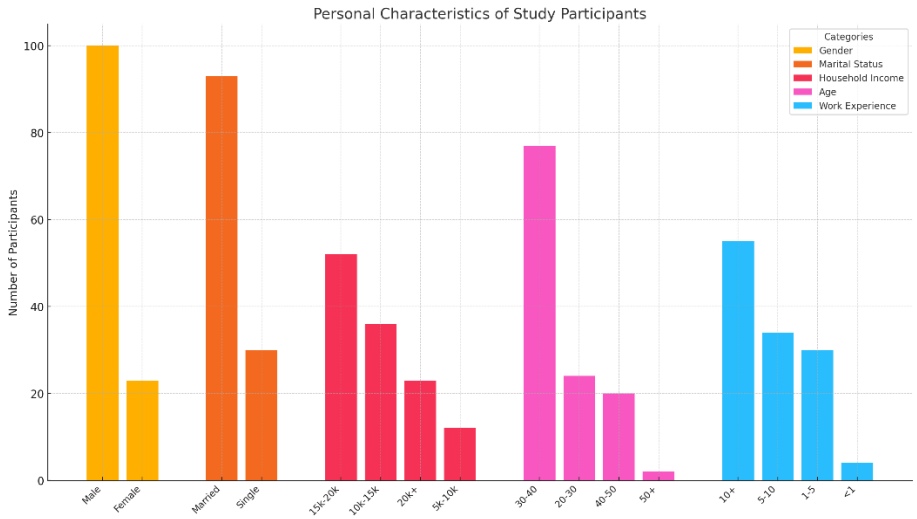
Figure (1): Distribution of sample individuals according to their personal characteristics



Study Tool

The researcher developed a customized tool for this study, drawing upon theoretical literature and previous research in the same field, such as the study by (Abdel-Majid, Ilham Helmy). The tool was divided into two main parts in its initial form:

- **Part One**: Included personal characteristics of employees working at primary healthcare centers in Al-Majma'ah.
- **Part Two**: Consisted of a questionnaire with 31 items distributed across four domains:
  - Domain 1: Employees' ability to perform their duties at the healthcare center.
  - Domain 2: Speed of healthcare service delivery at the center, as perceived by employees.
  - Domain 3: Availability of material and human resources at the center for delivering healthcare services.
  - Domain 4: Human relations among employees at the center and between employees and beneficiaries, as perceived by employees.

Power System Technology
ISSN:1000-3673
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Validity and Reliability of the Study Tool

1. Reliability of the Questionnaire

To ensure the reliability of the study tool, the researcher employed Cronbach's Alpha formula to verify the consistency of the questionnaire and its domains. This was tested on a pilot sample of 40 employees who were not part of the final study sample but belonged to the same population.

Table No. (7): Cronbach's alpha coefficient to measure the stability of the study tool.

Axis Number	Axis Name	Number of Items	Cronbach's Alpha
1	Employees' ability to perform their duties at the healthcare center	**10**	**0.87**
2	Speed of healthcare service delivery at the center, as perceived by employees	**5**	**0.72**
3	Availability of material and human resources at the center for healthcare service delivery	**8**	**0,85**
4	Human relations among employees at the center and between employees and beneficiaries	**5**	**0,82**
General reliability of the questionnaire		**28**	**0,94**

Observations on Reliability and Validity of the Study Tool, General Reliability (Cronbach's Alpha):The overall reliability of the questionnaire is very high, with a Cronbach's Alpha value of 0.94 for the entire questionnaire. Among the individual axes, the highest Cronbach's Alpha value was for Axis 1 (Employees' ability to perform their duties), with a value of 0.87. The lowest Cronbach's Alpha value was for Axis 2 (Speed of healthcare service delivery), with a value of 0.72.

Power System Technology
ISSN:1000-3673
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2. Content Validity:

To ensure content validity, the researcher consulted a panel of five experts in the study's field and in the areas of measurement, evaluation, and statistics. Experts were asked to assess: The relevance of the items to the questionnaire and their respective axes. The linguistic accuracy of the items. The clarity and correctness of item formulation. Based on their feedback: Some items were rephrased. Certain items were removed. A few items were relocated to more appropriate axes. As a result, the final version of the tool was refined to include 28 items, distributed across four axes.

3. Construct Validity (Internal Validity):

To verify the internal validity of the questionnaire and its axes, the researcher used the square root of Cronbach's Alpha coefficient for reliability.

Table (2): Self-honesty coefficients of the study tool and its axes

axis Number	Axis Name	Number of Items	Self-Validity Coefficient
1	Employees' ability to perform their duties at the healthcare center	**10**	**0,93**
2	Speed of healthcare service delivery at the center, as perceived by employees	**5**	**0,85**
3	Availability of material and human resources at the center for healthcare service delivery	**8**	**0,92**
4	Human relations among employees at the center and between employees and beneficiaries	**5**	**0,91**
General self-validity of the questionnaire		**28**	**0.97**

Observations on Self-Validity Coefficients From the results of the previous table, it is evident that all self-validity coefficients for the study tool are very high, with an overall self-validity

Power System Technology
ISSN:1000-3673
Received: 16-09-2024 Revised: 05-10-2024 Accepted: 22-11-2024

coefficient of 0.97 for the entire questionnaire. The highest self-validity coefficient was recorded for Axis 1 (Employees' ability to perform their duties at the healthcare center), with a value of 0.93. The lowest self-validity coefficient was recorded for Axis 2 (Speed of healthcare service delivery at the center, as perceived by employees), with a value of 0.85.

4.Internal Consistency Validity

To ensure the internal consistency validity of the questionnaire, Pearson correlation coefficients were calculated between the scores of each item within the four axes and the total score of the axis to which the item belongs. The following table presents the correlation coefficients for each item under Axis 1 (Employees' ability to perform their duties at the healthcare center) and the total score of the axis.

Table (3): Correlation coefficients between the score of each paragraph and the total score of the first axis

Item	Correlation Coefficient	Significance Value (p-
1 - I feel satisfied with my work	0.730**	0.000
2 - Regular meetings are held to evaluate employees' performance	0.661**	0.000
3 - A consistent system for rewards and incentives is in place	0.801**	0.000
4 - Working at the center provides opportunities to gain experience	0.758**	0.000
5 - I have received training during my time at the center	0.668**	0.000
6 - The center offers opportunities for promotion	0.677**	0.000
7 - A clear mechanism for penalties is in place	0.648**	0.000
8 - There is cooperation among employees	0.589**	0.000
9 - Employees at the center receive financial incentives	0.670**	0.000

Power System Technology
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10 - The salary received by employees corresponds to the workload	0.567**	0.000

** **Correlation at 0.01 significance level**

From the results of the previous table, it is evident that all Pearson correlation coefficients between the items of Axis 1 and the total score of the axis are statistically significant at the 0.01 level. The minimum correlation coefficient was 0.567, and the maximum correlation coefficient was 0.801. This indicates that all items in Axis 1 are internally consistent with the axis to which they belong, confirming the internal consistency validity of the items in this axis.

Table (4): Correlation coefficients between the score of each paragraph and the total score of the second axis

Item	Correlation Coefficient	Significance Value (p-value)
1 - There is supervision over work	0.636**	0.000
2 - Services are provided quickly to clients	0.645**	0.000
3 - Modern equipment is available to expedite work	0.732**	0.000
4 - Each beneficiary has a card with their registered information	0.692**	0.000
5 - Shifts are distributed fairly among employees at the center	0.723**	0.000

**** Correlation at 0.01 significance level**

From the results of the previous table, it is clear that all Pearson correlation coefficients between the items of Axis 2 and the total score of the axis are statistically significant at the 0.01 level. The minimum correlation coefficient was 0.636, and the maximum correlation coefficient was 0.732. This indicates that all items in Axis 2 are internally consistent with the axis to which they belong, demonstrating the internal consistency validity of the items in this axis.

Power System Technology
ISSN:1000-3673
Received: 16-09-2024 Revised: 05-10-2024 Accepted: 22-11-2024

Table (5): Correlation coefficients between the score of each paragraph and the total score of the third axis

Item	Correlation Coefficient	Significance Value (p-value)
1 - Medical equipment is available	0.802**	0.000
2 - Medical equipment is modern	0.728**	0.000
3 - Regular maintenance of medical equipment is conducted	0.784**	0.000
4 - Vaccines and medical supplies are available at the center	0.618**	0.000
5 - The number of employees at the center is sufficient	0.565**	0.000
6 - Employees at the center have sufficient experience	0.565**	0.000
7 - Financial allocations are available	0.762**	0.000
8 - Medications are continuously available	0.733**	0.000

**** Correlation at 0.01 significance level**

From the results of the previous table, it is evident that all Pearson correlation coefficients between the items of Axis 3 and the total score of the axis are statistically significant at the 0.01 level. The minimum correlation coefficient was 0.565, and the maximum correlation coefficient was 0.802. This indicates that all items in Axis 3 are internally consistent with the axis to which they belong, demonstrating the internal consistency validity of the items in this axis.

Table (6): Correlation coefficients between the score of each paragraph and the total score of the fourth axis

Item	Correlation Coefficient	Significance Value (p-value)
1 - A spirit of cooperation prevails in the workplace	0.856**	0.000

Power System Technology
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2 - Employees compete with each other to improve services	0.780**	0.000
3 - Cooperation within the center is based on mutual respect	0.827**	0.000
4 - Self-control in dealing with certain behaviors from clients	0.586**	0.000
5 - Employees are committed to equality in dealing with all beneficiaries	0.773**	0.000

**** Correlation at 0.01 significance level**

From the results of the previous table: All Pearson correlation coefficients between the items of Axis 4 and the total score of the axis are statistically significant at the 0.01 level. The minimum correlation coefficient was 0.586, and the maximum correlation coefficient was 0.856. This confirms that all items in Axis 4 are internally consistent with the axis they belong to, indicating strong internal consistency validity.

Overall Tool Reliability and Validity Reviewing the results for reliability and validity from previous tables, it is clear that the study tool has high reliability and validity coefficients. This provides confidence in its use for the current study.

Statistical Criterion: To evaluate the efficiency levels of services provided at primary healthcare centers in Al-Majma'ah from the perspective of employees, the following scoring scale was applied:

1. High level: Weighted average ranging from 2.34 to 3.00.
2. Medium level: Weighted average ranging from 1.67 to 2.33.
3. Low level: Weighted average ranging from 1.00 to 1.66.

Statistical Procedures

To confirm the psychometric properties of the study tool, the following were used:

1. Internal consistency: Pearson correlation coefficient was applied to measure the correlation between each item and the total score of its respective axis.
2. Reliability: Cronbach's Alpha was used for the overall questionnaire and for each axis separately.

Power System Technology
ISSN:1000-3673
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To answer the main research question: Mean, standard deviation, and ranks were calculated to estimate the overall efficiency level of services provided at primary healthcare centers in Al-Majma'ah from the perspective of employees.

For the sub-questions: Frequencies, percentages, ranks, mean, and standard deviation were used to estimate the efficiency level of services for each axis of the study.

Results and Discussion

This section presents the results of the statistical analysis conducted using the study tool, aimed at identifying the overall efficiency levels of services provided at primary healthcare centers in Al-Majma'ah from the employees' perspective.

Results Related to the Main Research Question: What is the overall efficiency level of services provided at primary healthcare centers in Al-Majma'ah from the perspective of employees?

To answer this, **mean, standard deviation, and ranks** of the responses across all axes of the study were calculated to assess the overall efficiency level of services. The results are summarized in the following table:

Table 8: Overall Efficiency Level of Services at Primary Healthcare Centers in Al-Majma'ah from Employees' Perspective

Axis	Weighted Mean	Standard Deviation	Rank	Efficiency Level
Employees' ability to perform their duties at the healthcare center	1.85	0.585	4	Medium
Speed of healthcare service delivery at the center, as perceived by employees	2.11	0.608	2	Medium
Availability of material and human resources at the center	2.00	0.584	3	Medium
Human relations among employees and beneficiaries	2.34	0.588	1	High
Overall Tool	2.03	0.505	Medium	

Power System Technology
ISSN:1000-3673
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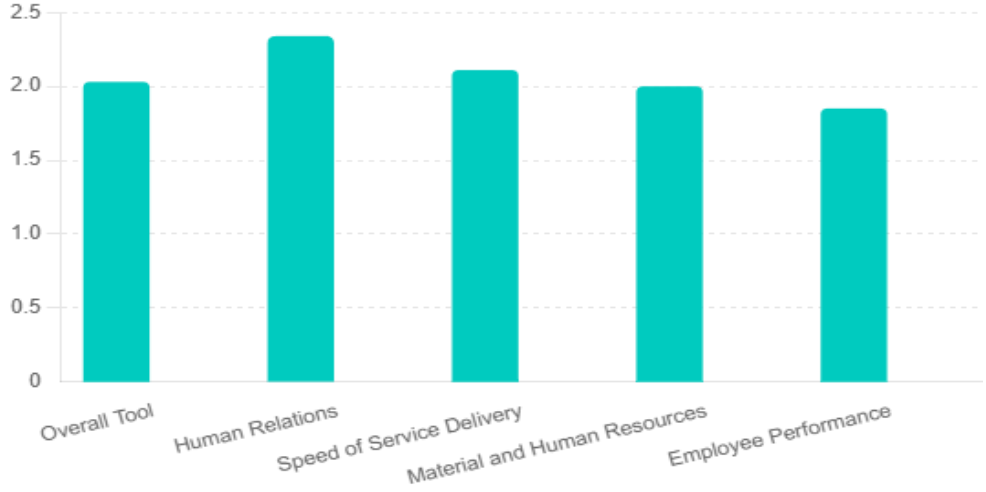
The previous table indicates that the overall efficiency level of services provided at primary healthcare centers in Al-Majma'ah, as perceived by employees, is rated as **moderate**, with a weighted mean of **2.03**, which falls within the medium range according to the statistical criterion adopted in this study. The standard deviation was **0.505**.

All axes were evaluated as having a moderate efficiency level, except for **Axis 4**, which was rated as having a **high efficiency level**. The axes are ranked according to their weighted means as follows:

1. **First place**: **Human relations among employees at the healthcare center and between employees and beneficiaries**, with a weighted mean of **2.34** and a standard deviation of **0.588**.
2. **Second place**: **Speed of healthcare service delivery at the center, as perceived by employees**, with a weighted mean of **2.11** and a standard deviation of **0.608**.
3. **Third place**: **Availability of material and human resources at the center for healthcare service delivery**, with a weighted mean of **2.00** and a standard deviation of **0.584**.
4. **Last place**: **Employees' ability to perform their duties at the healthcare center**, with a weighted mean of **1.85** and a standard deviation of **0.585**.

The following chart illustrates the comparison of weighted means for the overall tool and each axis separately.

Figure (2): Weighted averages for the tool as a whole and for each axis separately.



Section 2: Results Related to Sub-questions

Power System Technology
ISSN:1000-3673
Received: 16-09-2024 Revised: 05-10-2024 Accepted: 22-11-2024

1. What is the level of the employees' ability to perform their duties at primary healthcare centers as perceived by the employees?

To answer this question, the following statistical tools were employed: Frequencies, percentages, ranks, mean, and standard deviation were used to evaluate the responses of the sample regarding the axis: Employees' ability to perform their duties at primary healthcare centers as perceived by the employees. The findings are summarized in the following table:

Table 9: Level of Employees' Ability to Perform Their Duties at Primary Healthcare Centers (From Employees' Perspective)

Item	Disagree	Neutral	Agree	Weighted Mean	Standard Deviation	Rank	Efficiency Level
	No.	No.	No.				
	%	%	%				
1. I feel satisfied with my work	38	25	60	2,18	0,88	2	Medium
	30,9%	20,3%	48,8%				
2. Regular meetings are held to evaluate employees' performance	65	22	36	1,76	.0,88	8	Medium
	52,8%	17,9%	29,3%				
3. A consistent system for rewards and incentives is in place	84	14	25	1,52	.0,81	9	Low
	68,3%	11,4%	20,3%				
4. Working at the center provides opportunities to gain experience	62	27	34	1,77	.0,86	7	Medium
	50,2%	22%	27,6%				
5. I have received training during my time at the center	65	20	38	1,78	.0,89	6	Medium
	52,8%	16,3%	30,9%				
6. The center offers opportunities for promotion	61	22	40	1,83	0,89	5	Medium
	49,6%	17,9%	32,5%				

Power System Technology
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Received: 16-09-2024 Revised: 05-10-2024 Accepted: 22-11-2024

7. Financial allocations are available	59	21	43	1,87	.0,91	4	Medium
	47,9%	17,1%	35%				
8. There is cooperation among employees	20	36	67	2,38	.0,75	1	High
	16,2%	29,3%	54,5%				
9. Employees at the center receive financial incentives	92	13	18	1,40	.0,73	10	Low
	74,8%	10,6%	14,6%				
10. The salary received by employees corresponds to the workload	43	32	48	2,04	0,86	3	Medium
	35%	26%	39%				
Overall Weighted Mean for Axis 1				1,85	0,585	Medium	

The table demonstrates that the level of employees' ability to perform their duties at primary healthcare centers, as perceived by the employees, is rated as medium efficiency, with a weighted mean of 1.85 and a standard deviation of 0.585. Based on the statistical criterion adopted in this study, the items are categorized as follows:

- Items with High Efficiency Level: Item 8 ("There is cooperation among employees"), with a weighted mean of 2.38 and a standard deviation of 0.75.
- Items with Medium Efficiency Level: Items 1, 2, 4, 5, 6, 7, and 10, with weighted means ranging from 1.76 to 2.18 and standard deviations ranging from 0.86 to 0.91.
- Items with Low Efficiency Level: Items 3 and 9, with weighted means of 1.52 and 1.40, and standard deviations of 0.81 and 0.73, respectively.

2. What is the level of speed in delivering primary healthcare services, as perceived by the employees?

To address this question, the following statistical tools were used: Frequencies, percentages, ranks, mean, and standard deviation were calculated to evaluate the responses of the sample on the axis: Speed in delivering primary healthcare services, as perceived by employees.

Power System Technology
ISSN:1000-3673
Received: 16-09-2024 Revised: 05-10-2024 Accepted: 22-11-2024

Table No. (10): The level of speed in performing primary health care services from the point of view of its employees

Item	Disagree	Neutral	Agree	Weighted Mean	Standard Deviation	Rank	Efficiency Level
	No.	No.	No.				
	%	%	%				
1. There is supervision over work	26	26	71	2,37	0,81	2	High
	21,1%	21,1%	57,7%				
2. Services are provided quickly to clients	25	20	78	2,43	0,81	1	High
	20,3%	16,3%	63,4%				
3. Modern equipment is available to expedite work	61	22	40	1,83	0,89	5	Medium
	49,6%	17,9%	32,5%				
4. Each beneficiary has a card with their registered information	53	27	43	1,92	0,88	4	Medium
	43,1%	22%	35%				
5. Shifts are distributed fairly among employees	45	31	47	2,02	0,87	3	Medium
	36,6%	25,2%	38,2%				
Overall Weighted Mean for Axis 2				2,11	0,608	Medium	

Power System Technology
ISSN:1000-3673
Received: 16-09-2024 Revised: 05-10-2024 Accepted: 22-11-2024

The table demonstrates that the speed of delivering primary healthcare services, as perceived by employees, is rated as medium efficiency, with a weighted mean of 2.11 and a standard deviation of 0.608. Based on the statistical criterion adopted in this study, the items are categorized as follows:

Items with High Efficiency Level: Items 1 ("There is supervision over work") and 2 ("Services are provided quickly to clients"). Weighted means range from 2.37 to 2.43, with standard deviations of 0.81 for both items.

Items with Medium Efficiency Level: Items 3, 4, and 5, with weighted means ranging from 1.83 to 2.02 and standard deviations ranging from 0.87 to 0.89.

Items with Low Efficiency Level: None.

3. What is the level of material and human resources available at primary healthcare centers for delivering healthcare services, as perceived by employees?

To address this question, the following statistical tools were used: Frequencies, percentages, ranks, mean, and standard deviation were calculated to evaluate the responses of the sample on the axis: Material and human resources available at primary healthcare centers for delivering healthcare services, as perceived by employees.

Table No. (11): The level of material and human capabilities available in primary health care centers to perform health care services from the point of view of their employees.

Item	Disagree	Neutral	Agree	Weighted Mean	Standard Deviation	Rank	**Efficiency Level**
	No.	No.	No.				
	%	%	%				
1. Medical equipment is available	42	34	47	2,04	0,85	3	Medium
	34,1%	27,6%	38,2%				
2. Medical equipment is modern	57	31	35	1,82	0,85	7	Medium
	46,3%	25,2%	46,3%				
3. Regular maintenance	50	28	45	1,96	0,88	6	Medium

Power System Technology
ISSN:1000-3673
Received: 16-09-2024 Revised: 05-10-2024 Accepted: 22-11-2024

of medical equipment is conducted	40,7%	22,8%	36,6%				
4. Vaccines and medical supplies are available at the center	19	35	69	2,41	0,75	1	**High**
	15,4%	28,5%	56,1%				
5. The number of employees at the center is sufficient	52	17	54	2,02	0,93	4	Medium
	42.3%	13.8%	43,9%				
6. Employees at the center have sufficient experience	35	36	52	2,14	0,83	2	Medium
	28,5%	29,3%	42,3%				
7. Financial allocations are available	69	31	23	1,63	0,78	8	**Low**
	56,1%	25,2%	18,7%				
8. Medications are continuously available	43	40	40	1,98	0,82	5	**Medium**
	35%	32,5%	32,5%				
Overall Weighted Mean for Axis 3				**2,00**	**0,584**	**Medium**	

The table demonstrates that the level of material and human resources available at primary healthcare centers for delivering healthcare services, as perceived by employees, is rated as medium efficiency, with a weighted mean of 2.00 and a standard deviation of 0.584. Based on the statistical criterion adopted in this study, the items are categorized as follows:

Items with High Efficiency Level: Item 4 ("Vaccines and medical supplies are available at the center"), with a weighted mean of 2.41 and a standard deviation of 0.75.

Items with Medium Efficiency Level: Items 1, 2, 3, 5, 6, and 8, with weighted means ranging from 1.82 to 2.14 and standard deviations between 0.82 and 0.88.

Items with Low Efficiency Level: Item 7 ("Financial allocations are available"), with a weighted mean of 1.63 and a standard deviation of 0.78.

Power System Technology
ISSN:1000-3673
Received: 16-09-2024 Revised: 05-10-2024 Accepted: 22-11-2024

4. What is the level of human relations between employees at primary healthcare centers and beneficiaries, as perceived by employees?

To address this question, the following statistical tools were used: Frequencies, percentages, ranks, mean, and standard deviation were calculated to evaluate the responses of the sample on the axis: Human relations between employees at primary healthcare centers and beneficiaries, as perceived by employees.

Table No. (12): The level of human relations between workers in primary health care centers and beneficiaries from the point of view of the workers therein

Item	Disagree	Neutral	Agree	Weighted Mean	Standard Deviation	Rank	Efficiency Level
	No.	No.	No.				
	%	%	%				
1. A spirit of cooperation prevails in the workplace	21	33	69	2,39	0,76	4	High
	17,1%	26,8%	56,1%				
2. Employees compete with each other to improve services	44	37	42	1,98	0,84	5	Medium
	35,8%	30,1%	34,1%				
3. Cooperation within the center is based on mutual respect	20	31	72	2,42	0,76	3	High
	16,3%	25,2%	58,5%				
4. Self-control in dealing with certain behaviors from clients	20	28	75	2,45	0,76	2	High
	16,3%	22,8%	61%				
5. Employees ensure equality in dealing with all beneficiaries	21	25	77	2,46	0,77	1	High
	17,1%	20,3%	62,6%				
Overall Weighted Mean for Axis 4				**2,34**	**0,588**	High	

The table indicates that the level of human relations between employees at primary healthcare centers and beneficiaries, as perceived by employees, is rated as high efficiency,

Power System Technology
ISSN:1000-3673
Received: 16-09-2024 Revised: 05-10-2024 Accepted: 22-11-2024

with a weighted mean of 2.34 and a standard deviation of 0.588. Based on the statistical criterion adopted in this study, the items are categorized as follows:

Items with High Efficiency Level: Items 1, 3, 4, and 5. Weighted means range from 2.39 to 2.46, with standard deviations ranging from 0.76 to 0.77.

Items with Medium Efficiency Level: Item 2 ("Employees compete with each other to improve services"), with a weighted mean of 1.98 and a standard deviation of 0.84.

Items with Low Efficiency Level: None.

Discussion of Results

The study aimed to assess the efficiency level of services provided at primary healthcare centers in Al-Majma'ah from the perspective of employees. This study is one of the first to determine the efficiency level in healthcare centers in Saudi Arabia from the employees' point of view. Its significance lies in identifying the strengths and weaknesses of these services to improve weak points, ultimately enhancing healthcare efficiency for patients.

Overall Efficiency of Services; The results indicate that the overall efficiency level of services is medium, with a weighted mean of 2.03, according to the adopted statistical criterion. This suggests a reasonable level of available human and material resources and advancements in provided services, especially with the implementation of virtual healthcare programs like "Mawid". This finding aligns with the results of Abdel-Majid and Ilham Helmy's study, which found a medium efficiency level with a weighted mean of 1.71.

Employees' Ability to Perform Duties; The ability of employees to perform their duties was rated as medium efficiency, with a weighted mean of 1.85. This aligns with the study by Abdel-Majid, where the efficiency was also medium, with a mean of 1.68. A notable finding in this axis is the strong collaboration among employees, with a high efficiency level indicated by a mean of 2.38. For example, the item "There is cooperation among employees" scored a high efficiency with a mean of 2.38, while items like "There is a consistent system for rewards and incentives" (1.52) and "Employees receive financial incentives" (1.40) were rated as low efficiency.

Speed of Service Delivery; The speed of service delivery was rated as medium efficiency, with a mean of 2.11. This differs from Abdel-Majid's study, where this axis was rated as low efficiency with a mean of 1.64. The higher scores in this study are attributed to effective supervision and the commitment of senior management to monitor work processes.

Power System Technology
ISSN:1000-3673
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Availability of Material and Human Resources; This axis was rated as medium efficiency, with a mean of 2.00, consistent with Abdel-Majid's study, which recorded a mean of 1.74. High efficiency was noted for items like "Vaccines and medical supplies are available," with a mean of 2.41, indicating the centers' success in fulfilling their preventive healthcare role, such as providing vaccines for children and seasonal flu.

Human Relations Between Employees and Beneficiaries; The level of human relations was rated as high efficiency, with a mean of 2.34. This surpasses Abdel-Majid's study, which reported a medium efficiency of 1.96. The strong human relations in this study are attributed to cultural and religious values in Saudi Arabia that emphasize good ethics and respectful behavior. Items such as "Employees ensure equality in dealing with all beneficiaries" (mean: 2.46) and "Cooperation within the center is based on mutual respect" (mean: **2.42**) demonstrated high efficiency.

Recommendations

1. Continue providing primary healthcare services at the current level while striving for higher efficiency through modern systems and technologies, aligned with the Ministry of Health's ongoing efforts.
2. Urge financial administrators at the Ministry of Health to prioritize providing financial incentives such as allowances, holiday bonuses, and other benefits. These are directly tied to employees' social well-being and significantly impact their performance and productivity.
3. Leverage the findings of this study in Riyadh and other regions to understand the human and material resources contributing to the **medium efficiency** level at Al-Majma'ah healthcare centers and replicate these practices.
4. Increase awareness among employees about the concept of "efficiency" and its significance in improving service quality at primary healthcare centers.

Proposed Research

1. Assess the effectiveness of services at primary healthcare centers in Al-Majma'ah from the perspective of beneficiaries.
2. Measure the efficiency and effectiveness of primary healthcare services in Al-Majma'ah from the perspective of both employees and beneficiaries.

Power System Technology
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