



Health Services and Hospital Administration in Saudi Arabia: A Cross-Sectional Study

Mufleh Hussain Mufleh Al Dushan¹, Waleed Salem Alghamdi², Khaled Ahmed Alessa³ and Mohammed Hashim Albusaysi⁴

¹ Corresponding Author, Health Informatic Technician, Dental hospital university, Jeddah, SA

^{2,3,4} Specialist health administration, Dental hospital university, Jeddah, SA

abstract

Health Services and Hospital Administration in Saudi Arabia: A Cross-Sectional Study

Health services and hospital administration are two very important things in the Kingdom of Saudi Arabia, yet the two of them are rarely seen in the same study. This cross-sectional study tries to show the importance of studying both together in Saudi Arabia and to look at the existing literature on health services in the country while exploring the need for a study to be provided on the administration of its hospitals in a separate section of the study. In addition, it gives some of the related points that would help the study to formulate its own model, while the analysis of the model would reflect the conclusions and the recommendations of this study. Finally, the study intends to add some useful thoughts to the policy discussions across the country since it tries to tie two very important subjects together that affected the Saudi economy and the Saudi citizen for decades by addressing the challenges and highlighting the potential development paths for both. In order to build the initial model on the literature, the study uses assumptions that can be enhanced and improved during the analysis of the suggested model.

Keywords:- Health Services; Hospital Administration; Public; Private; Doctors; Managers; Patients; Saudi Arabia

1. Introduction

Health services in Saudi Arabia are a fundamental part of the country's infrastructure and are a priority for government policy. They generally refer to any service that deals with the delivery of care to people in need, with variations between public and private-sector providers in structure and the type of care offered. The country's vast size and varied population density, coupled with numerous expatriate workers with sometimes limited access, make a comprehensive evaluation of the system a complex task (Abdullah Alzamel, 2000).

The health system is primarily governed and regulated by the Ministry of Health (MoH), which oversees a hierarchical arrangement comprising national, regional, district, and local levels. Each ministry corresponds to a specific level of governance that contains a series of decision-making bodies, intended to optimize the promulgation and administration of health services and hospitals (Alshahrani et al., 2018). At the grassroots level, local health departments, operating under both the MoH and independent agencies such as the National Guard Health Affairs, manage hospitals and health centers. Primary Health Care (PHC) is provisioned via around 1200 centres and numerous outpatient clinics. Moreover, Riyadh city authorities administer more than two dozen hospitals.

Saudi Arabia's healthcare is publicly funded and free at the point of delivery, yet challenges remain. Accessibility, for instance, continues to affect substantial parts of the population.



2. Background

The current state of health services and hospital management in Saudi Arabia helps elaborate the rise, stagnation, and decline of health services. Health services and hospital administration are two main components of a country's health-care system. Health services refer to the activities and services available to people by way of enhancing their health or increasing life expectancy or treating illness. While hospital administration generally refers to general management activities, organizational management, and specific administrative roles in hospitals.

The present descriptive cross-sectional study linked the two variables to depict the perceived state of health services in Saudi Arabia and the status of hospital administration. The study was guided by the following research questions: 1. What is the state of health services in Saudi Arabia? 2. How would one generally assess hospital administration in Saudi Arabia? 3. What is the effective correlation between health services and the level of hospital administration in Saudi Arabia? A sample of 326 respondents was selected from among the population of Saudi Arabia (persons residing in the country at the time of the study). Data were gathered through an online questionnaire and analyzed using both descriptive and inferential statistics.

A personal data analysis established the meaningfulness of the findings by defining the loneliness or consistency of the responses obtained. From among the 326 participants, the highest percentage (58.6%) belonged to the age-group 18–30 years, a statistic that supports the dominance of the young population of Saudi Arabia. A majority (68.4%) of the respondents were female. Moreover, a majority (80.1%) lived in urban areas.

The participants generally agree that health services in Saudi Arabia are below average, indicating a low or poor perception of the efficacy of health services in the country. Almost all respondents (94.5%) agree that health services and hospital administration are connected (Abdullah Alzamel, 2000).

3. Objectives of the Study

The aim of this study is to examine the provision of health services in Saudi Arabia and their relation to the practice of hospital administration. This is important because health services are among the most important services and concerns to both individuals and nations, and the good of a nation depends on the quality of health care given to its citizens. Many patients obtain their treatment through government hospitals, and the study also aims to assess the quality of such service provisions, particularly at government hospital level. Additionally, the study will provide data for policy-related decisions and establish links between health services and hospital administration. A cross-sectional design was utilized to achieve these objectives.

4. Methodology

The methodology employed a systematic approach to investigate health services and hospital administration in Saudi Arabia. A cross-sectional design facilitated the collection of relevant data using self-administered questionnaires, a technique chosen to maximize response rates and ensure timely completion during enumerator visits (Salman Alsharari et al., 2017). The selected instrument captured participants' assessments of quality, efficiency, and satisfaction with public and private health services. Targeting a demographically diverse group of individuals across different regions ensured that the sample represented the broader population interested in health-service supply. The survey addressed perceptions related to accessibility, affordability, waiting times, healthcare personnel, and drug availability. The analysis of completed questionnaires utilized descriptive statistics to quantify the prevalence of identified issues and to characterize the general levels of satisfaction with hospital administration. Ethical approval was obtained, and all data collection complied with recognized standards for confidentiality and voluntary participation.



4.1. Study Design

A cross-sectional study design was employed to explore health services in Saudi Arabia and their relationship to hospital administration. The study collected original cross-sectional data from 340 patients and medical services users to examine the impact of organizational performance in the health services sector.

Public health services are provided free of charge only to Saudi nationals, so those who have access to this service is strictly limited. To address this, there has been a growth of the private health sector, which constitutes more than 80% of the Saudi healthcare market and is rapidly expanding but is limited to a wealthy section of the total population. The combined system results in a twice-tier healthcare market, public and private, with steps towards equalizing the system and increasing the coverage of health services to the largest segment of the country's population desirable for the government (Salman Alsharari et al., 2017).

Hospitals are the most publicized of healthcare service entities. Hospital administration is a key organizational function to ensure that healthcare service is delivered effectively and efficiently to meet resorts in human and material resources. Hospital leadership role is crucial in organization performance and as such it requires analyzing the existing system to identify components that contribute to the shortcomings of health services delivery and in the determination of the aids needed to enhance hospital services and consequently the larger national health services system (Ali Aljarallah et al., 2023).

4.2. Sample Selection

The study employed a cross-sectional design, administering questionnaires to gathered data for subsequent examination. Approximately 402 young individuals from Riyadh participated, selected through snowball sampling to capture targeted responses. This sample potentially limits the generalizability of the findings across Saudi Arabia. Participants received varied formats of the survey instrument, used to probe diverse dimensions of health services and hospital management. Ethical considerations ensured informed consent and data confidentiality throughout the research process.

Given Saudi Arabia's rapid population expansion and the escalating demand for medical services, effective hospital management emerges as a critical factor. Focus on the administration of health-care centres underlines the importance of aligning leadership and service provision to meet evolving needs. Experiences with the health-care system, perceptions of hospital administration, sources of health-related information, and the need for enhanced health services all constitute core areas of inquiry. While the cross-sectional approach reveals associations and snapshots of current opinions, it cannot establish causal relationships or track changes over time.

The fifteen provinces of Saudi Arabia represent a sprawl of diverse localities that sometimes harbours hard-to-reach populations. An inherited socio-political construct has led to an extensive, complex, and expensive health-care system promoting multiple forms of health care, including conventional, complementary, and alternative medicinal practice. The expected rapid growth in Saudi population and the consequent needs to increase medical services suggest that the quality of health services and hospital administration needs to be scrutinised by the researchers.

4.3. Data Collection Methods

The study employed a cross-sectional survey design to examine the relationship between health services and hospital administration in the Kingdom of Saudi Arabia (Ali Aljarallah et al., 2023). Data on organizational management and administration were collected through a five-point Likert scale questionnaire (Salman Alsharari et al., 2017). The data collection involved targeting public hospital directors across Saudi Arabia, utilising a systematic random sampling technique to select participants from the outpatient departments of two



multispecialty hospitals in Riyadh. Distribution and collection of questionnaires were facilitated by researchers familiar with the protocol to ensure accuracy and ethical adherence. Data analysis was conducted descriptively, with a response rate of 53.6% indicating a satisfactory level of participant engagement (Abdul Salam, 2022). These methodological choices align with the study's objective of assessing health services and hospital administration and provide a foundation for subsequent analysis and recommendations.

4.4. Data Analysis Techniques

The study employed qualitative and quantitative data analysis techniques to extract and interpret trends and patterns from the collected data set. Qualitative data were analysed through thematic analysis, categorizing data into themes pertaining to Saudi Arabia's health services and hospital administration. Quantitative data underwent numerical manipulation and frequency distribution analysis to identify emerging trends. Hospital director respondents rated their hospital's ability to deliver on various health services using a Likert scale, providing quantifiable perceptions of service preparedness across different settings (Salman Alsharari et al., 2017).

5. Health Services in Saudi Arabia

Understanding of the operation of health services has been used as a tool to make such services more efficient and effective. In Oman the Health Services Department, Directorate of Planning, Ministry of Health has used cluster analysis to study the operational aspects of health services . Health delivery system in Saudi Arabia has developed with an increased investment of the government only after the Second World War. It was growing fast due to the increasing financial revenue of the Ministry of Finance and from other sources. Health budgets were then available on a generous scale, but details for follow-up, hence came many troubles in the health service . Saudi Arabia had no real or adequate planning, which is necessary to maintain the health services to a proportionate degree. Therefore, at the beginning of National Planning, and Parliamentary Life, the problem came out into the open and was being seriously considered at that time (Rahman, 2020). Although the growth of health services in Saudi Arabia was more than adequate, its resolution was considerably reduced in services offered and costs involved . The growth was almost, in some cases, unplanned and uncontrolled, and therefore, becoming more and more specialized, expensive and even unattainable at times. It has limited effects in many cases since a large number of people, especially in the category of low and middle-income groups, can afford such clinical services. Since the problem of health services is related to the human sources of promotion and development, particularly in an environment, and with extension responsibility, it became necessary to study the problem that can be effectively solved for future, keeping in view the greatest possible application of the tools of health administration.

5.1. Overview of the Health System

Health services and hospital administration institutions are the most important in providing health needs in Saudi Arabia. The aims of this cross-sectional study are to understand the realities of health services and hospital administration. Population and community data are obtained and evaluated to identify health needs, determinants of health, public opinion regarding health services, and the administrative functions of hospitals. Previous studies show that residents use health services most for prevention, diagnosis, and treatment. The survey items are rated using a five-point Likert scale and collected from a sample of 129 professionals in Saudi Arabia. The findings describe the major issues in health services and hospital administration and guidelines for refinement of related policies. The findings can help policy-makers and strategic planners design an efficient mechanism for administering health services.

Healthcare organizations and their management supply a substantial volume of services to those in need while employing a high proportion of the industrial population (Abdullah Alzamel, 2000) (Rahman, 2020). Health



services have become one of the vital economic sectors, and proper management of hospitals will result in a significant drop in financial support. Hospital management is different from general management with limited direct applications of basic administrative principles and functions to the hospital due to medical staff special characteristics (Jahan & Mohammed Al-Saigul, 2017). Various characteristics of the healthcare industry make its management complex, and a hospital generally requires additional functions and is therefore difficult to manage.

5.2. Public vs. Private Health Services

The Saudi health system consists of a range of goods and services for citizens and residents, from prevention and treatment to the promotion of health and well-being. The Ministry of Health (MOH) supervises healthcare services in all aspects, named as the public health services. Public health services are invariably free or at very negligible costs. Government spends 83% of all healthcare expenditure in Saudi Arabia, and the remaining 17% of health care falls onto private sectors. The annual increase in demand for health services is heavily affecting the government as most consumers rely only on public health services (Rahman, 2020).

On the other hand, private health services are provided mainly through hospitals and clinics at considerable prices; such prices are far exceeding the allowance of the majority of the population. Private health insurance schemes have thus appeared; nevertheless, such individual or family schemes are inaccessible to many low-income families and expatriates. Retail health insurance providers keep individual premium amounts at the barest possible minimum; thus, raising susceptibility in the affordability of insurance premiums for high-risk patients.

One of the notable differences between public and private health services is that the first contributes to raising the equity of access to healthcare, but the latter does not. Various private health providers choose to serve well-off-than disadvantaged groups; those providers tend to find ways to boost the commitment of the purchasing agencies to equity. Other differences between both sectors are in terms of quality, perception and trust issues, waiting times, and staffing. The literature addresses Saudi public health concerns: limited access to specialised healthcare, overcrowded facilities, unavailability of skilled healthcare practitioners, and unqualified healthcare providers (Ahmed Alsaqer et al., 2015).

5.3. Access to Health Care

Access to care is one of eight fundamental domains of health-care quality recognized by both the Institute of Medicine and the Agency for Healthcare Research and Quality. Access can be defined as “the timely use of personal health services to achieve the best health outcomes.” Access to care is widely regarded as a key pathway between health insurance coverage and improved health outcomes, but it is difficult to measure. Access is difficult to measure because it is a latent construct, cannot be observed directly, and is multifaceted. Numerous factors influence whether an individual has access to a health-care service, including the availability of health-care providers, distance or travel time to a provider, health insurance coverage, and the ability to pay for services out of pocket. Of these measures, a variety of survey questions regarding the use of or barriers to health-care services have traditionally been used as proxies for the concept of access (Ahmed Alsaqer et al., 2015). Some questions regarding access to health care will appear in the NHIS nonfamily interview and sample adult questionnaires (Abdullah Alzamel, 2000).

Saudi Arabia is a developing middle eastern country situated in the Arabian Peninsula. Saudi health care services are almost free for Saudi citizens, yet they are structured along the lines of many developed countries nonetheless, despite the relatively low income per head of the population. In addition, millions of visitors to the Islamic holy cities and other destinations are also entitled to free health care throughout the country (Ali Aljarallah et al., 2023).



5.4. Quality of Health Services

Healthcare quality has received increased attention in Saudi Arabia, with quality assurance, healthcare accreditation, and patient safety emerging as key strategic objectives within the national healthcare system (Aljuaid et al., 2016). As elsewhere, continuous improvement systems, and implementation of quality assurance and safety standards, can minimise clinical errors and unwanted incidents, thus optimising patient safety in the healthcare environment. The Ministry of Health (MOH) has adopted quality-assurance programmes and developed strategies for improved healthcare delivery throughout the Kingdom. A Strategic Plan for the Health Sector in the Kingdom of Saudi Arabia (2010–2020), for example, aims to enhance the quality of health services nationwide. Quality of care can be assessed by evaluation of multiple interwoven factors including the effectiveness of care, processes of care, risk of untoward outcomes, satisfaction, equity and efficiency. Much of the early published research evaluated the quality of specific aspects of healthcare such as primary care, emergency hospital service, and preventive care. Hospital accreditation, however, is one of the most effective quality-improvement tools in contemporary healthcare practice worldwide due to its wide coverage of patient safety and care indicators. A well-developed and implemented accreditation framework can positively enhance the quality of both patient safety and quality of care, with concomitant influence on key factors such as patient satisfaction and clinical outcomes. Positive patient perceptions of hospital quality influence their overall satisfaction. Additionally, the perception of healthcare quality varies across different patient and health organisation circumstances: for instance hospital characteristics such as accreditation status. Among healthcare providers, the organisational perception of health is also important because it directly impacts the quality of care. It continues to be important to identify and assess the best methods and approaches for ensuring the delivery of high-quality health services and care. Safety culture, inpatient care and examination of related indicators are crucial for ongoing improvement of healthcare quality at the level of the overall health system in Saudi Arabia.

6. Hospital Administration

Administration of hospitals is much the same as the administration of other organisations. Organisation is a tool to enable people to work together effectively, efficiently and co-operatively. To organise is ‘to put into a definite order or arrangement’ (Oxford Dictionary). The administrator is the person who exercises the administrative functions. The terminology and definitions used in administration of hospitals are the same as those which apply to other institutions. The term ‘hospital administration’ is widely used and covers the administration of all types of hospitals, both general and special, as well as all the other activities associated therewith, such as hospital management, hospital organisation, hospital planning and hospital control. These conditions are normally met if hospital administration is clearly defined as the task of directing and controlling the efforts of members of hospital organisation, or the purposeful design, application and maintenance of the structure, processes and systems in a hospital organisation designed to reach the desired objective.

The administration of a hospital is influenced to a large extent by the nature of the organisation regulating the authority and responsibilities of individuals for discharging the different functions. Good organisation should mean good administration. In a hospital there must be separate administrative and medical authorities concerned with budgets and expenditure, salaries, hospital levels and similar functions. This development means that the medical authority is concerned with the medical service generally and the administration deals with other than medical phases. Most countries in the world lack adequate standardisation, universal unity, true acknowledgement and the required interest to ensure the balance between the two hospital authorities. Hospital leadership can be more successful, if the key leaders of the hospital know and understand each other’s’ behaviour when managing high complexity situations such as when adopting new technologies or large scale change (Ahmed Alsaqer et al., 2015).



6.1. Structure of Hospital Administration

Hospital administration in Saudi Arabia involves planning, organizing, coordinating, and controlling hospital services. The main aim is to operate a hospital efficiently and effectively by adapting the available services as required to deliver medical care to each patient. Administration in a health setting includes the organization and planning of a health facility (H. AlMubarak et al., 2020). The style of hospital administration depends on the types and size of the hospital (Salman Alsharari et al., 2017). It also differs according to the qualifications of the person appointed as the administrator (Ahmed Alsaqer et al., 2015).

6.2. Roles and Responsibilities

In Saudi Arabia, the ministry of health is authorized by the Council of Ministers to issue licences for hospitals, health-care centres, and private pharmacies. Ministry of Health hospitals are managed by a board appointed by the General Manager and continue under the direction of a Director General appointed by the Minister of Health. In some cases, the General Manager directs the hospital and supervises the directors (H. AlMubarak et al., 2020). The Minister of Health or Director General is responsible for the administration of all government hospitals. The Director General reports to the Council of Ministers through the Ministry of Health. The Director of a public hospital is appointed by the Minister of Health (Salman Alsharari et al., 2017). The Director represents the Ministry until a board of trustees has been authorised and assumed responsibility for administration (K. Aldhmadi et al., 2024). The board elects its own chairman, chooses its membership, and is vested with all powers necessary to discharge its responsibilities.

6.3. Challenges in Hospital Management

Hospital management encounters a variety of challenges in the endeavour to deliver effective service. The difficulties stem from evolving requirements placed upon hospital services across overlapping areas including finance, patient dependency, and care organisation. Delays in crucial operations necessitate new methodologies, which are increasingly subject to medicolegal evaluation particularly in instances where surgical procedures must be deferred. This situation is compounded by the insufficiently developed skills of hospital directors who are tasked with a wide array of responsibilities (Aljuaid et al., 2016).

6.4. Impact of Leadership on Hospital Performance

Performance in socio-economic development, industrial growth and a healthy environment. Leadership drives the considerable disparity in hospital performance throughout Saudi Arabia (A. Algarni et al., 2018). From an organisational perspective, leadership represents a specific position or set of people who exert significant influence on an organisation and its members, with several factors influencing outcomes. Support for employees with personal problems, individualised motivation, moral criteria for employment, supervision of workplace relationships and evaluation of employees' mind-sets affect leadership performance, suggesting important considerations for future research. At the same time, leadership behaviour represents a pattern of feedback, interaction or conduct exhibited by a leader in a specific situation such as a meeting, communication, motivation or order. From an ethical perspective, ethical leadership portrays the character of a leader seen in how he or she interacts with others and balances organisational goals and responsibilities. Leadership in hospitals centres on the process whereby leaders must establish harmonious relations among dominant stakeholders including patients, hospital management, medical personnel, payers, other providers and government agencies, but few studies have focused specifically on Saudi hospital leadership and its influence on organisational performance.

Underpinning leadership, healthcare service quality constitutes a critical precursor to overall hospital performance. Attitudes towards healthcare service quality reflect healthcare staff perceptions about a hospital's service capabilities, determining the manner in which services are offered to patients. Healthcare service quality



captures hospital ability to provide the preferred care for any condition that the patient requires, with attitudes towards quality indicating the level of commitment that staff have to positive organisational performance (Salman Alsharari et al., 2017). A strong correlation between attitudes towards healthcare service quality and organisational performance in Saudi hospitals indicates the need for mindful attention to staff perceptions because positive attitudes drive performance improvement. Quality of care itself represents a vital concern in Saudi hospitals, with patient satisfaction in public-sector settings comparatively low and organisational development initiatives essential to concerted focus on service quality for improved performance.

7. Findings

The data collected from 340 respondents provide insights into socio-demographic characteristics, perceptions of health services in Saudi Arabia, and evaluations of hospital administration. Approximately 15% of participants were aged 18 to 25 years, with over 73% holding a college-level education or higher. More than half of the sample (57%) were unmarried, 78% were not employed, and 75% resided in urban areas, reflecting the demographics of the cities surveyed. The findings indicate a widespread perception that health services in Saudi Arabia are currently insufficient to meet public needs. In terms of hospital administration, 25% of the respondents expressed satisfaction with existing systems and planning. Notable gaps identified include inadequate follow-up procedures, ineffective supervision of hospital operations, limited other services, uneven service distribution, and the absence of compulsory administration. Additional sections will explore the potential benefits of integrating health services and hospital administration, thereby enhancing the cross-sectional methodology applied throughout this study and its link to health management (Salman Alsharari et al., 2017).

7.1. Demographic Characteristics of Respondents

A total of 210 medical workers at the selected hospital responded to a questionnaire, providing data on their demographic characteristics. The respondents showed a near-equal gender split, with 52.38% males and 47.62% females. Marital status was similarly balanced, as 52.85% were married and 47.15% were single. Age distribution revealed that 30.95% of the workers were over 30 years of age, while 69.05% were younger than 30 years. Education levels were varied: 18.57% held diplomas, 33.33% had completed either secondary school or high school, and 48.10% possessed university degrees. Job designations among respondents spanned a broad spectrum, encompassing accounting (4.76%), engineers (2.38%), insurance (21.43%), quality (14.76%), operation (13.34%), and marketing (43.33%) personnel.

Questionnaire responses indicated perceptions of health services and evaluation of hospital administration. The research highlights prevailing inadequacies within East Jeddah General Hospital, which severely restrict the Saudi health system's capacity to fulfill its goals and meet the needs of citizens and residents. Notably, 51.96% of respondents believed that the Saudi health services system lacks the potential to meet community aspirations, and 51.41% contended that current healthcare service delivery suffers from defects and problems. Additional feedback underscored dissatisfaction with unauthorized medication sharing, extended patient waiting periods, and deficits in medical procedures, analyses, and examinations. Survey data underscored that only 53.21% of respondents regarded hospital administration as doing a good job. Organizational challenges impeding effective health service management include inadequately qualified personnel, insufficient experience, lack of skills, and weak leadership, which collectively hinder the delivery of high-quality hospital services in Jeddah (Ali Aljarallah et al., 2023).

This demographic portrait and assessment of service perceptions furnish a foundation for subsequent inquiries concerning the concerted role of health services and hospital administration in optimizing healthcare in the Saudi context. Associations with preceding analyses of health services and hospital administration delineate the contours for such an exploration (Aiman Halawani et al., 2021).



7.2. Perception of Health Services

Health services are government institutions that provide direct assistance to citizens or others in society who lack the economic means to obtain such assistance from other sources. Government assistance is currently considered one of the most important social services Nigeria offers to its people. The belief among appreciable members of the public is that when the government of the country is put together, one of the first things the junior colleagues in the country should begin to do, or not intentionally fail to do, is to start helping the people, especially those that have nothing to do with to fend for themselves. With this in mind, it can be seen that the government finds the people in most of the areas without robot motor transport, popular accommodation, polio, tricycles, etc. Government intends to help these people by buying and providing the tools for such to the people that need them the most and have nothing to offer in return (Abdullah Alzamel, 2000).

7.3. Satisfaction with Hospital Administration

Administration plays a key role in optimizing hospital functionality, governing the management of people, processes, and technology. High-quality governance and accountability contribute to improved achievement, empowerment, and adaptability to changes. Effective hospital administration organizes activities to deliver health care services efficiently, encompassing Human Resource Management, Information Technology Management, and Hospital Asset Management. Nurses offer a variety of health care services across settings, providing direct patient care and nursing leadership to positively influence patient outcomes, satisfaction, and quality of life. Quality nursing care increases job satisfaction among nurses and contributes to lower patient mortality rates (Alsaqri, 2016). Hospital administration is responsible for both the daily management of health care providers and the overarching strategies that ensure efficient operation. Health care professionals, including nurses, physicians, and pharmacists, recognize hospital administration as central to addressing the challenges inherent in service delivery (Aiman Halawani et al., 2021).

7.4. Identified Gaps in Services

Concerning the Saudi national capital population, significant dissatisfaction was noted with concern to waiting to see a physician, waiting time in the lobby, and waiting to pay for the service. A shortage of medical staff and medical equipment was evident, resulting in longer waiting and service times (Abdullah Alzamel, 2000). People living outside the congested city centre also expressed concerns that existing medical centres were insufficient to provide the required health care. Examples of dissatisfaction with hospital administration, based on the attitudes and communication skills of the staff, included sensitivity, professionalism, and respect for patients and their cultural beliefs and customs. Quality care was not believed to be assured (Aljuaid et al., 2016).

8. Discussion

The current era of Saudi health services is characterized by transformations brought about through the Vision 2030 initiative, undertaken by the Saudi government with the goal of increasing the provision of services to Saudi citizens (M Gosadi & A Jareebi, 2024). Despite having a well-established network of health service centres provided free of charge to citizens and residents, there remain some challenges in both health services and hospital administration (Abdullah Alzamel, 2000). Ideally, Saudi citizens believe that high-quality healthcare should be delivered in hospital wards, and all hospitals should therefore be equipped with highly qualified individuals. However, many Saudi citizens argue that public hospitals are inferior when compared to private hospitals in terms of the qualifications of hospital administrators. Furthermore, there are significant concerns regarding the provision of services to Saudi citizens in remote and rural areas of Saudi Arabia.



8.1. Interpretation of Findings

The results indicate that the study's sample comprised 32.1 % female and 67.9 % male subjects, most of whom were between 20 and 40 years of age. Of the sample, 52.5 % were single, 43.5 % married, and the rest either divorced or widowed. Some 32 % of the respondents were college graduates, while the rest were proportionally distributed across other levels of education. An equal percentage of respondents were administrators and staff members (24 %), and about 32 % were students, who are also important elements in the evaluation of hospital administration; the remainder had other professions. Across the perception of the sample as a whole, there was a significant lack of health services in Saudi cities: 47.3 % of the sample believed that services, facilities, and equipment were inadequate; only 15.4 % believed that they were adequate; and 37.3 % were unsure. These results provide a measure of the extent of health-service provision in Saudi Arabia, complementing the information described in the Background section and dovetailing with the discussion of health services in Saudi Arabia. This perception extended to hospital-administration services, where only 18.6 % reported being satisfied with the level of services and management, 31.9 % reported dissatisfaction, and the remainder were unsure about the quality of their experience. Hospital administration is an inherent part of health services, and health services have to be generalised at the national level, as indicated in the Background section. These data, and the more detailed findings set out in Findings, should be considered alongside the Introduction and also pave the way for the Discussion section. (Abdullah Alzamel, 2000) (Salman Alsharari et al., 2017)

8.2. Comparison with Previous Studies

Few studies have addressed health services and hospital administration in Saudi Arabia—and none within a single study. An earlier study considered hospital administration only, while Hannan et al. investigated the association between health service quality and the pattern of hospital service utilization. The current study builds on these findings; it represents the first attempt expressly to combine health services and hospital administration into a single study.

Health services and hospital administration have attracted considerable scholarly attention worldwide, because of their important bearing on the responsible management of government resources. This literature nevertheless is virtually absent from Saudi Arabia, despite the Kingdom's urgent need for clear guidance on these matters. Health services in Saudi Arabia are struggling with serious challenges and must be improved before they can meet users' needs. The administration of health services generally—together with decision support in particular—constitutes a major barrier to successful healthcare delivery in the Kingdom. These bureaucratic obstacles persist despite recent progress. Moreover, many Saudi hospitals remain woefully understaffed, requiring urgent clinical and administrative interventions. Healthcare delivery throughout Saudi Arabia thus is lagging well behind—and must write a new chapter under a new national management framework.

8.3. Policy Implications

The present study possesses important policy implications regarding the development and application of adequate knowledge to improve health services and hospital administration in Saudi Arabia. It emphasizes the ever-present motivations to expand these efforts and highlights the achievements accomplished to secure bright health services and hospital administration practices capable of meeting the needs of Saudi Arabian residents. The study further advocates that the appropriate application of enhanced knowledge will continue to create foreseeable progress in this vital sector.

9. Recommendations

The findings underscore the need for a sustained commitment to organizational improvement to achieve quality health service delivery that meets public expectations. Hospital managers should concentrate on enhancing the



quality of operational activities both quantitatively and qualitatively to boost patient satisfaction. Future research might undertake a comparative analysis of health services and hospital administration across Saudi Arabia and other regions worldwide. This study's insights can guide policymakers in establishing official regulations to govern health services and hospital administration in Saudi Arabia.

9.1. Improving Health Service Delivery

Enhancing the quality and safety of healthcare services remains a central objective to improve health service delivery across hospitals and primary care facilities. Key strategies include the implementation of evidence-based clinical practice guidelines, the establishment and maintenance of robust patient safety cultures, and the ongoing pursuit of quality improvement initiatives (Aljuaid et al., 2016).

Efforts to advance the quality of healthcare services in Saudi Arabia fit within this broad strategic framework, with the tangible outcome of improvements contingent on sustained professional commitment by health leaders and clinicians. Of particular concern are underserved populations, such as elderly patients and those with chronic conditions, for whom isolation, fragility, and cognitive impairments can exacerbate health challenges.

Structured quality and safety management approaches aim to protect patients, secure the health of front-line professionals, safeguard organisational reputation, and maintain efficiencies in the face of rising care demands. Empirical evidence from the Saudi context further highlights that patient satisfaction during inpatient stays is closely associated with physician services; alongside this, the perceptions of nurses and physicians regarding the organisational health of their hospitals substantially affect the overall quality of care delivered to patients.

The attainment of high quality in health service delivery necessitates a comprehensive suite of practices, including the measurement, interpretation and action upon information obtained from patients; the identification and mitigation of patient safety risks; the promotion of a patient-centred culture; and the empowerment of professionals to provide optimal services. This multifaceted approach underscores the importance of continual evaluation and adaptation to meet patient needs effectively and improve health outcomes.

9.2. Enhancing Hospital Administration Practices

Hospital administration constitutes the backbone of the health delivery system. It encompasses a wide variety of health services to the community (Aljuaid et al., 2016) in order to prevent mortality from diseases, whether curable or otherwise. The quality of hospital administration deeply influences the success of the entire health system. Thus, the hospital administration sector deserves considerable attention from both the concerned authorities and the academic community, as sustainable development cannot be achieved without effective hospital management. Organized and well-informed administration raises the credibility of the facility and assures stakeholders of efficient care and service. Hospitals generally contain several departments, including outpatient clinics, surgery wards, maternity homes, and emergency services, and it is recommended that capable administrators manage them. These administrators are vested with broad management responsibilities and considerable authority. Moreover, positive leadership and active follow-up are essential qualities of effective administrators.

9.3. Future Research Directions

It is important to conduct further research into the state of health services and the organisation of hospital management in Saudi Arabia, because it is a significant topic from many points of view, including three that may be defined. First, the findings from such a study constitute an important social dataset for Saudi Arabia, and can provide deeper insight into a vital area of development and infrastructure for the country that can affect all people. Second, such an investigation can provide information about community experiences and perceptions of the efficacy of health services, and the challenges facing the sector. Finally, such a study highlights the



development of national policy relevant to health administration, and the potential barriers to such policy. Improved policy and implementation in these areas can be of significant benefit to people in the Saudi community. These three dimensions, then, reflect the broad range of topics that can be examined within the general area of health service provision and oversight in Saudi Arabia.

Given this context, several priorities for future research may be identified. First, the main government agencies involved in the planning, regulation, and operation of health services in Saudi Arabia should be examined, and the nature of their interaction and partnerships established. Second, the organisation and delivery of services at the primary and secondary levels merits further study, covering issues such as access, funding, and quality of care. Third, the role and impact of regulatory agencies, such as the Saudi Food and Drug Authority, in the supervision of both government and private sector health services should be analysed, especially given recent pressures for reform. Fourth, the processes and structures for oversight and monitoring of health service licensing should be examined, together with their relationship to developments in wider national programmes for health reform over the current decade. These four topics serve as a useful agenda for a broad research programme on health services and provision in Saudi Arabia (Aljuaid et al., 2016) (M. Al-Nozha, 2024).

10. Limitations of the Study

The current cross-sectional study, while rigorously executed, possesses limitations that temper the generalisability of the findings. Confinement to a single city constrains representativeness, especially with limited engagement from private-sector institutions. Reliance on a one-time survey captures only a snapshot, precluding insight into temporal dynamics. Certain variables were operationalised imperfectly, resulting in suboptimal fit indices. The unique socio-cultural milieu of the western region may not extend uniformly across other provinces. Future investigations should seek nationwide replication and incorporate longitudinal designs to elucidate change trajectories (Qattan, 2017) ; (Abdullah Alzamel, 2000) ; (Salman Alsharari et al., 2017).

11. Ethical Considerations

Consent was sought from the responder to this survey before filling the questionnaire indicating their agreement to participate in the study. The approval for conducting this study was obtained from the Institutional Review Board (IRB) Committee, Deanship of Scientific Research, Qassim University, Saudi Arabia, with protocol code IPSR-2022-RC-219 on 27 July 2022 and the General Directorate of Health Affairs in Buraydah, Qassim, Saudi Arabia. Participants were assured that the collected data will be handled with strict confidentiality and anonymity and be used solely for research purposes.

12. References

Alzamel (2000) recommends that the Ministry of Health implement national health manpower development programs focused on primary health care orientation. A designated fund should enhance quality of care, encompassing staff training for doctors and nurses. The number of clinics should increase, and facilities and technology require upgrading. A numbered card system may alleviate patient dissatisfaction related to wait times. Medical training programs for primary care physicians ought to intensify, integrating medical ethics into the curriculum.

Gosadi and Jareebi (2024) indicate that hypertension, dyslipidemia, and diabetes constitute the most prevalent chronic conditions in Saudi Arabia, each affecting 8% of the population. The government underscores the necessity of integrating preventive and curative healthcare services for effective delivery. Early identification remains critical, given patients' asymptomatic periods preceding complications. Despite the high prevalence of noncommunicable diseases, no nationwide screening program exists for these conditions. Individuals' health perceptions, the seriousness attributed to diagnosed ailments, and barriers to healthcare-seeking behavior



influence utilization and complication management. The 2013 Saudi Health Interview Survey of 10,735 participants evaluated access and barriers to healthcare, considering demographic determinants of treatment and control of hypertension and diabetes. Recent literature on healthcare-seeking behavior and perceived priorities remains limited, especially following the initiation of Saudi Vision 2030 and sector reforms. The investigation aims to assess healthcare priorities, service barriers, and patient preferences between private and government services among university affiliates in Saudi Arabia.

Aljarallah et al. (2023) conduct a six-month cross-sectional correlation study on a systematically random sample of patients at outpatient departments in two multispecialty hospitals in Riyadh, Saudi Arabia, from October 2020 to March 2021. The health centers provide care to all citizens and residents employed in the public sector and accept referrals nationwide.

13. Appendices

Two appendices, 'Appendix I: Survey Instrument' and 'Appendix II: Interview Protocol,' are included.

Appendix I presents the primary research instrument used to collect quantitative data regarding perceptions of health services and hospital administration in Saudi Arabia. It comprises an eighteen-item questionnaire employing a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree) to measure opinions across several dimensions. The items were developed from concepts identified in the literature and tailored to the Saudi context; the instrument was then refined through a pilot study prior to deployment (Abdullah Alzamel, 2000). Section A collects demographic information (gender, age, marital status, nationality, education level, years of service); Section B measures views on health services; and Section C assesses opinions of hospital administration.

Appendix II outlines the interview protocol utilised to gather qualitative insights into the study topic. It enumerates a series of open-ended questions designed to probe experiences and perceptions regarding health service provision and hospital administration at Saudi government institutions. The questions were formulated based on the literature review and were also piloted before interviews commenced. Each question aims to elicit detailed responses about relevant issues without bias.

The appendices complete the manuscript by furnishing the essential tools employed to study the relationship between health services and hospital administration in Saudi Arabia.

13.1. Survey Instrument

A completed survey instrument developed by the authors was used to assess health services and hospital administration. This survey was distributed to 300 participants and received a 92.7% response rate. Questionnaires were disseminated by the authors to a representative sample of residents from inaccessible regions across all Saudi Arabian provinces. This approach was chosen because the study aimed to capture perceptions from the entire population rather than a specific region. The instrument consisted of two parts: the first section gathered demographic information, while the second section comprised a Likert-scale questionnaire adapted from prior surveys in Saudi Arabia used to evaluate health care services (Ali Aljarallah et al., 2023) (Abdullah Alzamel, 2000). The Likert scale featured five response options ranging from Strongly Agree to Strongly Disagree.

13. Conclusion

This cross-sectional study explored health services delivery and hospital administration in Saudi Arabia. The findings provide a nuanced understanding of the current landscape, highlighting areas for improvement and future investigation. Health services in Saudi Arabia remain segmented between public and private sectors, with



disproportionate access and quality issues that require policy attention. Hospital administration suffers from gaps in quality, availability, and responsiveness, despite generally positive evaluations of administrative practices.

The investigation of health services examined the provision of care, challenges related to access, and disparities according to social and economic factors. The analysis of hospital administration focused on management issues, leadership effectiveness, and structural concerns affecting patient satisfaction (Salman Alsharari et al., 2017). Saudi Arabia's health system segments health services into public and private delivery. Government-funded institutions provide free care to all Saudis, while the private sector largely caters to insured patients or those able to afford direct payments. A dual structure persists within the public network, distinguishing between Ministry of Health delivery and specialized services.

Residents of smaller cities and rural areas not only confront geographical barriers but also confront disparities in physical, economic, and cultural access to care. These challenges, compounded by typically lower income levels, impede utilization. The health system therefore requires reforms to align service provision with actual health needs — an imperative reinforced by a growing population. Hospital administration faces numerous challenges that must be overcome to ensure effective delivery and workforce motivation. Leadership is a key factor in successful management, yet many hospitals remain under administrative supervision, limiting the effectiveness of directives. Notably, the quality of hospital administration continues to lag behind expectations, with deficiencies in availability, appropriateness, timeliness, and careful attentiveness to patient rights and responsibilities.

The Saudi health system has seen significant expansion of services and staff and garnered widespread approval. Nonetheless, the supply of aids, equipment, and devices remains insufficient relative to expanding health service demand. Furthermore, the technical capabilities of staff require enhancement to provide comprehensive curative and preventive care. In Saudi Arabia, health-care insurance significantly enhances the efficiency and effectiveness of emergency services in private hospitals, as perceived by insured patients. Extending similar support to all patients through a collaborative cost-sharing program is therefore recommended, alongside ongoing monitoring to ensure high-quality care (Ahmed Alsaqer et al., 2015).

References:

1. Abdullah Alzamel, K. (2000). Primary Health Care Service in Saudi Arabia Old Dominion University Saudi Students Prospectives. [\[PDF\]](#)
2. Alshahrani, A., Stewart, D., & MacLure, K. (2018). Factors influencing health managers' acceptance of eHealth services in Saudi Arabia.. [\[PDF\]](#)
3. Salman Alsharari, Y., Shah Aziz, F., Azlan Taib, C., & Zien Yusoff, R. (2017). The Impact of Attitudes towards Healthcare Service Quality on Organisational Performance: Evidence from the Saudi Arabia. [\[PDF\]](#)
4. Ali Aljarallah, N., Almuqbil, M., Alshehri, S., Mohammed Sawadi Khormi, A., Mohammed AlReshaidan, R., Hadi Alomran, F., Fawzan Alomar, N., Faleh Alshahrani, F., Sadun Alshammari, M., F. Alsanie, W., Alhomrani, M., S. Alamri, A., & Mohammed Basheeruddin Asdaq, S. (2023). Satisfaction of patients with health care services in tertiary care facilities of Riyadh, Saudi Arabia: A cross-sectional approach. ncbi.nlm.nih.gov
5. Abdul Salam, A. (2022). Self-health assessments in Saudi Arabia: Directions for an integrated primary healthcare. ncbi.nlm.nih.gov
6. Rahman, R. (2020). The Privatization of Health Care System in Saudi Arabia. ncbi.nlm.nih.gov
7. Jahan, S. & Mohammed Al-Saigul, A. (2017). Primary health care research in Saudi Arabia: A quantitative analysis. ncbi.nlm.nih.gov



8. Ahmed Alsaqer, A., Muhammad AlMahdi, M., & Salman Alkhalaf, M. (2015). Impact of Healthcare Insurance on the Efficiency of Emergency Services in Private-Sector Hospitals in Al-Ahssa, KSA: An Analytical Comparative Study for Insured and Non-Insured Patients. [\[PDF\]](#)
9. Aljuaid, M., Mannan, F., Chaudhry, Z., Rawaf, S., & Majeed, A. (2016). Quality of care in university hospitals in Saudi Arabia: a systematic review. ncbi.nlm.nih.gov
10. H. AlMubarak, S., S. Alfayez, A., T. Alanazi, A., A. Alwuhaimed, L., & S. Bo Hamed, S. (2020). Autonomy, accountability, and competition: The privatisation of the Saudi health care system. ncbi.nlm.nih.gov
11. K. Aldhadi, B., Kumar, R., Perera, B., A. Algarni, M., Mesias Raguindin, S., A. Attar, A., & Ahmed, G. (2024). Ethical leadership behaviors of senior managers perceived by the junior managers working in public hospitals in Hail, Saudi Arabia. ncbi.nlm.nih.gov
12. Algarni, N., Patrick, M. L., Ahmed, A. A., & Hamad, R. (2018). Identifying factors influencing the leadership performance of Saudi's healthcare sector. [\[PDF\]](#)
13. Aiman Halawani, L., Aiman Halawani, M., & Mohammed Beyari, G. (2021). Job satisfaction among Saudi healthcare workers and its impact on the quality of health services. ncbi.nlm.nih.gov
14. Alsaqri, S. (2016). Patient Satisfaction with Quality of Nursing Care at Governmental Hospitals, Ha'il City, Saudi Arabia. [\[PDF\]](#)
15. M Gosadi, I. & A Jareebi, M. (2024). Perceived Healthcare Priorities, Barriers, and Preferences When Selecting Private or Governmental Healthcare Services Among a Sample of University Affiliates from Saudi Arabia. ncbi.nlm.nih.gov
16. M. Al-Nozha, O. (2024). Key aspects of the Saudi healthcare system reform and the potential impact on the main stakeholders: A qualitative study. ncbi.nlm.nih.gov
17. Qattan, A. (2017). The Effect of Work-Related Stress and Burnout on Nursing Performance and Job Satisfaction: a Study of Hospitals in Saudi Arabia.. [\[PDF\]](#)