

The Role of Health Administration in Solving Work Problems

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Abstracts

In many countries, old age people, children, youngsters, etc. are in dire need of healthcare services and the same is growing with every passing year, however this situation runs simultaneously along an getting older team of workers, that means large numbers of professional older healthcare employees reduce and finish paintings. but, advances in information and generation have accelerated the sturdiness of human beings of every age, a number of whom may additionally formerly have no longer survived deadly injuries and ailments. yet, such sturdiness won't be without effects consisting of: long-term disability and persistent contamination, including heart disorder; stroke; cancer; continual respiratory diseases and diabetes; plus, the associated excessive-degree ability care required. This present study evaluates the scenario in shape of a review study.

Key words: Health care services, Saudi Arabia, Literature review, issues and concerns.

1. Introduction

Health workers all over the world are facing a number of issues in terms of maintaining and delivering healthcare services. Here the important component is of delivering quality healthcare services that are best in the interest of general public and even for the image building of the agency or hospitals. Many of the middle Easter countries face a undertaking in retaining healthcare experts – mainly doctors and nurses. As like in Saudi Arabia, the nurse shortage is equal to 11% of the working towards registered nurses, which is about 11,400 nurses, simply to fulfill gift demand. The scenario is similar for scientific practitioners. This dilemma is exacerbated via the aging populace and the high percent of older healthcare experts running in the gadget. moreover, past research has identified that healthcare professionals reporting dissatisfaction with control regulations and practices have a 59% higher probability of leaving than those reporting satisfaction, plus the retention of skilled employees is a key element affecting organizational effectiveness.[1] [2]

This study was conducted to evaluate the current programs under the purview healthcare system in Saudi Arabia and for highlighting the progress in current times, future issues and even the reach of healthcare programs in other countries of Saudi Arabia. The research has been conducted in a variety of locations of Saudi Arabia including both the public and private sector agencies and hospitals. [3] [9]

The areas that were touched in this present study were like areas of improvement, staff selection and recruitment, deployment of workforce and monitoring healthcare programs in respective areas. It was found in the process that there is shortage of healthcare workers in the country including, nurses, attendants, etc. as a matter of fact this is not the issue in middle east alone rather many of the other western countries are facing the issue.[1] [7] This shortage of nurses and other health care workers have created a gap in the demand and supply of health care services. This shortage of workforce have been discussed in many of the national and international forums apparently around the globe. Since the last decade, this concern has remained debatable at all the possible forums.

In many countries, older populace is in dire need of healthcare services and the same is growing with every passing year, however this situation runs simultaneously along an getting older team of workers, that means large numbers of professional older healthcare employees reduce and finish paintings. but, advances in information and generation have accelerated the sturdiness of human beings of every age, a number of whom may additionally formerly have no longer survived deadly injuries and ailments. yet, such sturdiness won't be without effects consisting of: long-term disability and persistent contamination, including heart disorder; stroke; cancer; continual respiratory diseases and diabetes; plus, the associated excessive-degree ability care required. The mixture of troubles, an getting old populace and team of workers, expanded sturdiness, plus extended standard calls for offerings and specifically for complex and continual situations, means that fitness management faces difficult demanding situations. [16] [18][7]

Development in KSA (Kingdom of Saudi Arabia):

Since the launch of first development plan in 1970, the Kingdom of Saudi Arabia has accorded top priority to the development of health care services at all levels, and its commitment is

reflected in increased budget allocation to the Ministry of Health (MOH) from 2.8% in 1970 to 7.6% in 2017.^{1,2} Rapid expansion of health care delivery system in the country has led to significant improvement in health status of the population almost comparable with some of the developed nations.³ Between 1983 and 2017, life expectancy has improved from 66 to 74.9 years; infant mortality rate per 1000 live births drastically declined from 52 to 6.3; below 5 years, children mortality rate declined from 63 to 8.9; and maternal mortality rate declined² from 3.2 to 1.2. [9] [20]

Despite these achievements, the government faces many challenges in providing quality health services to the fastest growing population. The annual population growth rate of the country as per census 2010 is 3.2%, with a total fertility rate of 3.04.⁴ The improvement in life expectancy of population has added new challenges of meeting health care requirements of increasing number of elderly population which is projected to increase from 3% in 2010 to 18.4% by 2035.⁵ The country has recorded sharp increase in chronic and lifestyle-related diseases such as coronary heart diseases, cancers, obesity, diabetes, mental illnesses, and hypertension. Mortality due to road accidents recorded 4.7% of all mortalities, which is one of the major causes of death among young population in the kingdom.[7] [20]

Many of these demanding situations are probably to create considerable strain on fitness infrastructure and necessities for skilled fitness workforce within the destiny. traditionally, the USA health system has been dependent on overseas workforce. for the reason that discovery of oil inside, Saudi Arabia attracted thousands and thousands of overseas paintings pressure in exceptional sectors of financial system as it lacked efficient and professional personnel at that time. during the period of growth in oil fees in the late 1970s, its economy witnessed a drastic expansion in authorities' prices on improvement plans because of sharp boom in oil sales. these improvement plans had been centered on energy generation, infrastructure initiatives, tele-communications, exchange, and social development, for which the authorities relied totally on foreign body of workers. [21] [14]With the significant increase in authorities' expenditures to satisfy the targets of development plans and persistent boom of the private zone to diversify the economy, the USA became structured closely on unskilled, skilled, and exceedingly professional staff from foreign countries. Overreliance on overseas workers brought about a huge transformation in socio, monetary, and demographic structures of the economy. one in all the largest troubles became the increasing unemployment rate amongst Saudi nationals, and in keeping with authorities' statistics, unemployment growth amongst Saudi nationals turned into 11.6% in 2016 to 2017. Every other hassle is the huge remittances outflow from the USA, which according to the arena financial institution report 2011, Saudi Arabia has the distinction being the second one largest source of remittance outflows with US\$26 billion, after the United States.

The continuous dependence of foreign workforce and persistent unemployment among Saudi nationals compelled the government to adopt Saudization program in the early 1970s, but it came to implementation in the sixth development plan (1995-1999). During the period, private sector companies employing more than 20 employees were mandated to reduce the number of non-Saudis by 5% per annum. However, the actual enforcement of localization focusing on the private sector, known as Nitaqat Program, was introduced by the government in 2011, and subsequently, the Saudization level in the private sector has recorded a marginal increase from

10% in 2011 to 13% in 2012. Presently, the MOH has been the major source of public provider of health services through its network of 282 hospitals (43 080 beds) and 2631 primary health centers. The other authorities fitness offerings vendors, such as referral hospitals, security forces medical offerings, army forces scientific services, country wide guard fitness affairs, hospitals managed by way of the Ministry of higher education, [11][19] ARAMCO hospitals, Royal commission for Jubail and Yanbu health offerings, college fitness devices of the Ministry of training and, the crimson Crescent Society, collectively function forty seven hospitals with 12, 000 beds. Health care programs run by MOH is supervised by the directorate well known of health affairs established in each of the thirteen administrative regions of the Saudi Arabia, aside from enforcing the policies, plans, and applications of MOH, those directorates additionally play a key position in workforce recruitment, their development, supervision, and assessment of performances. The non-public fitness quarter delivers services starting from fundamental hospital therapy to specialized offerings within the city areas and cities through a community of 160 hospitals with 17,000 beds, 2700 clinics and other related facilities. [20][21]

“Vision 2030” added new challenges as well as opportunities for the health system. It gives a new direction in identifying priorities, strategic goals, and objectives throughout all economic sectors within the kingdom. Saudization of team of workers is one of the key components of the vision. The country wide Transformation software (NTP) 2020, applied as one of the executive packages to obtain the imaginative and prescient, has diagnosed demanding situations encountered with the aid of all ministries and construct institutional capability for knowing the dreams.¹⁶ The NTP, followed for the health area in 2016, recognized 15 strategic objectives and 16 key performance signs (KPIs). The strategic goals of NTP related to health body of workers development accorded higher precedence to clinical training and education and endorsed status quo of tutorial institutions and partnering with reputed worldwide universities along with the personal zone. even as emphasizing the role of private zone participation and boom in the proportion of spending through alternative financing strategies and provision of services, the NTP units a target of 35% to be performed by way of 2020. To implement the NTP in preferred expectancies, the MOH developed an extended-term street map known as the health area Transformational Plan (HSTP). The health quarter Transformation approach (HSTS) developed by means of the MOH identifies key rules including fitness workforce improvement software and allied them with the demanding situations they strive to cope with inside the health care zone. The policy goals of health team of workers development program objectives to guide the transformation of the team of workers important to enable a value-based totally fitness care technique, which require a main growth in paintings potential, redistribution, and diversification of staff potential throughout one-of-a-kind regions. in step with the vision, MOH has also deliberate to reinforce a further a hundred 000 Saudi staff with the aid of 2030.¹⁵ however, the achievement of this target and reducing dependence of overseas workforce in health region, especially for specialized professionals turning into a huge challenge for Saudi Arabia.

The main aim of this paper is to present an overview of the health care services and health workers engaged in Saudi Arabia for providing health care services. The study also provide an overview of health workforce in Saudi Arabia and identify various critical issues and future challenges that need to be addressed in achieving health system goals.

Research Process:

- This study is based on secondary data and tries to present the gist of various studies conducted in connection with the growth and development of health care services in Saudi Arabia.
- Then at the second level the study will also consider the state of patient and critical care cases that are in dire need of attention from health care services.
- The major thrust of this study was on the existing scenario of health care workforce, their issues and concerns, recent developments and future prospects.
- The researcher has touched many of the national and international publication related to WHO, World Bank, government reports, annual statistics of MoH, etc.
- Then many of the research articles, Student thesis and general articles were touched in the process.
- The collected literature is spread over multiple sources that are credible and analysis in terms of evaluation is given thereof.
- Some of the electronic sources were also touched in the process for collecting information from govt. websites, authentic blogs, etc. that are engaged in the process of keeping and discussing health care scenario of Saudi Arabia.

Present Scenario of Health care workers:

Health care in KSA has developed quickly amid the past few a long time as compared with other Inlet Participation Board (GCC) nations. The nation spends the most elevated percent of GDP on wellbeing (4.16% in 2015) among GCC countries. The number of doctors per 10 000 populace of 9.4, which was one of the least among GCC nations amid 2005-2012, has expanded to 24.9 amid 2007-2013. And this figure is comparable with other nations within the GCC but Qatar.3,18 Agreeing to the report of MOH, there was a add up to number of 423 940 health workforce utilized within the Saudi Middle eastern wellbeing division in 2017, out of which, 70.7% were locked in within the open sector. Conveyance of wellbeing workforce agreeing to distinctive categories uncovers that doctors constitute 23.1%; medical caretakers, 43.8%; drug specialists, 6.6%; and associated wellbeing staff comprises 26.4%. Saudi nationals constitute 29.5% of all doctors including dentists (98 074) and 36.7% of all medical attendants (185 693) utilized within the nation in 2017. There were 28,000 drug specialists and 111,861 partnered wellbeing faculty within the Kingdom in 2017, of which Saudi nationals constitute 22.2% and 74.7%, separately. In contrast to the open division, a miniscule share of Saudi nationals, 8.9% of doctors and 5.8% of medical caretakers, were utilized within the private segment in 2017.

MOH has been the major boss of wellbeing workforce within the nation; it utilized 47.5% (46 605) of doctors counting dental specialists, 56% (103 990) of medical attendants, and 53.3% (59 646) of united wellbeing work force in various wellbeing offices within the kingdom in 2017. Saudi nationals speak to a lower share among doctors utilized by the MOH amid 2010-2017. Nearly 80% of associated wellbeing workforce within the nation were utilized by the open division (53% by MOH and 27% by other government offices), and they are basically composed

of workforce in research facility, drug store, radiology, dental, open wellbeing, wellbeing administrations administration, wellbeing informatics, social administrations, surgical operations, anesthesia, and sustenance. Other than this workforce, there are staff utilized in specialized, authoritative, and steady categories within the MOH, territorial directorates, and wellbeing offices possessed by the government.

Gender composition of wellbeing workforce uncovers there's underrepresentation of female in all ca3ategories. The information appears female constituted 29.7% and 37%, individually, of all doctors (both Saudi nationals and non-Saudi nationals) utilized by the MOH clinics and essential wellbeing centers. With respect to doctors utilized by the private wellbeing segment, information appears 34.8% of them are females. Among Saudi nationals, there's again under representation of female doctors within the open and private divisions. Out of all Saudi doctors utilized by the MOH in 2017, female comprised 34.3% and 32.7% in clinics and essential wellbeing centers, separately; while within the private segment, Saudi female comprised 31% of all Saudi doctors.

Health Workforce Origin and Development:

Health Care sector in KSA started to advance after the establishment of the nation in 1932, from a dependence on conventional pharmaceutical towards a present day wellbeing care framework with the wellbeing workforce drawn essentially from the neighboring countries. Afterward, with the graduation of 5-year financial improvement plans, numerous Saudi citizens with high-school recognitions were granted grants to consider pharmaceutical and associated wellbeing sciences from colleges overseas. This plot proceeded until 1967 when Ruler Saud College set up the primary restorative college in Riyadh.

The execution of a revolutionary strategy within the 1970s pointed at preparing and advancement of Saudi nationals to supplant remote workforce in all financial divisions counting health. With this objective, a number of restoratives, dental, nursing, drug store, and wellbeing sciences schools have been built up over the nation. Directly, within the open division, there are 26 colleges of medication, 19 colleges for dental sciences, 14 nursing colleges, 20 colleges for drug store sciences, and 51 colleges for associated wellbeing callings conferring instruction to 81,000 understudies, 39.9% of them are females. 2 In 2016-2017, add up to number of 12 537 understudies were graduated from these educate, of which 57.6% were females. The foundation of these teach were primarily aimed at giving fundamental abilities and to substitute the outside workforce within the wellbeing care framework with qualified Saudi citizens. Over a long time, the budget allotment for preparing and grants has expanded complex times and experts utilized by MOH were advertised grants to seek after higher thinks about overseas. To a few degrees, these procedures have driven to enhancement in abilities of neighborhood wellbeing workforce and diminished the rate of turnover among them in wellbeing facilities.

Medical instruction segment in Saudi Arabia seen quick changes amid the past few a long time with the foundation of more therapeutic colleges over the nation. The starting stage of restorative instruction within the nation taken after a teacher-centric approach with conventional educational programs and destitute educating environment. Saudi Arabia's to begin with school of nursing was built up in 1926, taken after by the school of wellbeing and emergencies in 1927, but the formal nursing preparing started in 1954 with a 1-year program. The primary Lone ranger of

Science in Nursing (BSN) was established within the nation in 1976. By and large, nursing as a career is being considered more as a women's calling, but in Saudi Arabia, there's constrained cooperation of ladies within the nursing profession. With the expanded request for nursing workforce, a greater number of nursing colleges have been set up to pull in Saudi nationals into the nursing calling. In arrange to draw in male nursing experts, the government built up a BSN program for men in 2004.²⁵ As of now, numerous colleges within the nation are advertising BSN courses for both male and female understudies. Worldwide grants are advertised to empower planned candidates for higher thinks about in colleges abroad.

Despite these activities, nursing courses tend to have moo levels of enrolment since of the destitute picture of nursing as compared with other professions. There are developing concerns with respect to execution of nursing administrations in the nation. Social recognition on nursing calling has been one of the major reasons within the shortage of medical attendants within the nation. Ponders have highlighted components such as moo paying work, long working hours, night shifts, and strict social conventions as the reasons for less acknowledgment among female. Ponders have too demonstrated that a noteworthy number of Saudi medical caretakers have a propensity to take off their occupations since of reasons like social shame related with the calling, need of special roads, long hours of work, and for higher considers. he number of drug specialists utilized in government wellbeing offices has recorded a sharp increment and not at all like other categories of wellbeing work drive, Saudi drug specialists constituted 93% of all drug specialists utilized by the MOH in 2017. With regard to quality of pharmacy education, numerous of the undergrad drug store programs within the nation have been licensed by universal accreditation bodies. With the expanding request for specialized drug specialists, Saudi Commission for Wellbeing Masters (SCFHS) started common and specialized drug store residency programs, few of the programs have been agreed accreditation by the American Society of Health System Pharmacists. As of now, there are five drug store colleges advertising ace degrees within the field of clinical drug store and three of them in pharmaceutical sciences. In spite of this advance, there will be deficiency of this category of workforce within the future. A think about assessed that 100,000 pharmacists were required to meet the request for drug specialists in wellbeing care and the mechanical segment in 2015, which is able be a gigantic challenge for the government.

2. Conclusion:

The ratio of health workforce to population in Saudi Arabia has improved over the last decade, but the increase is not impressive while comparing with other GCC countries. Huge influx of pilgrims during the Haj season could intensely change the health workforce/population ratio as physicians, nurses, pharmacists, and allied health personnel are drawn from the different parts of the country. The pilgrimage poses special problems, not only in terms of the number of people, but also the special health problems associated with this diverse group. The Saudi health system is unique in that medical consultations are overwhelmingly doctor-patient encounters, unlike in other settings where there are different pattern of health workforce mix like for example physicians, clinicians, and nurse practitioners in the United States; physicians and barefoot doctors in China; and physicians and medical auxiliaries in most Asian and African countries. Within the country, access to health workforce is also unequal. Many factors influence

geographical variation that is observed in health worker density. Regions with teaching hospitals and population that can afford to pay for health services invariably attract more health workforce than regions without such facilities or organizations. Hence, health worker density is likely to be higher in urban areas where higher income is common. Rapid development of health system could be one of the reasons that led to shortage of trained health work-force, as recruitment of workforce was not in tandem with the increased requirement of health facilities in the country. In order to meet the requirements, the government has set a target for 2030 of physician to a population ratio of 1:500, with 60% of all doctors in the country being Saudi nationals; this target compares with the WHO recommendation of 1:600.³⁹ With the changing demographic and health scenario, the country requires a huge number of specialized health professionals in selected disciplines to meet future challenges. According to the MOH report, there is also serious scarcity of physicians in family medicine as only 5% of all physicians practices the family medicine. In the pharmacy sector, a recent study has estimated the total requirements for 12 078 clinical pharmacists in all sectors by 2030 with MOH hospitals and primary health centers requiring highest demand for clinical pharmacists. In order to meet the health care requirements of the fast growing as well as changing composition of population, the country requires huge number of health facilities and trained health workforce in the fields such as mother and child health, obstetrics, gynecology, and pediatrics. Increasing number of elderly populations because of improved life expectancy requires a greater number of medical specialists for treatment of chronic and long-term care. An Oxford review estimated that the country requires an additional 20,000 hospital beds by 2035 to meet many of its future health challenges. This means a huge number of Saudi nationals will be required to achieve the objectives of Vision 2030.

WORKS CITED

1. Eyiah, A.K., Kheni, N. A., and Quartey, P., D. (2019) "An Assessment of Occupational Health and Safety Regulations in Ghana: A Study of the Construction Industry" *J. of building construction and planning research*, 07(02), 11-31
2. J. Seo, S. Han, S. Lee, and H. Kim, (2015) "Computer vision techniques for construction safety and health monitoring," *Adv. Eng. Informatics*, vol. vol. 29, no. 2, pp. 239-251, 2015.
3. Kahya, E. (2007) "The effects of job characteristics and working conditions on job performance" *Inter. J. of Industrial Ergonomics*, 37(6), 515-523.
4. Budawara, N. and Alkass, S. (2009) "Key performance indicators to measure design performance in construction" In *Proceeding, Annual Conference - Canadian Sociaety for Civil Engineering* (Vol. 3, Issue April)
5. Ghoddosi, P. and Hosseini, M. R. (2012) "A survey of the factors affecting the productivity of construction projects" *Tech. and Economic Development of Economy*, 18(1), 99-116.
6. M. Gunduz and A. Abu-Hijleh, "Assessment of human productivity drivers for construction labor through importance rating and risk mapping," *Sustain.*, vol. 12, no. 20, pp.
7. M. T. Shafiq and M. Afzal, (2020) "Potential of virtual design construction technologies to improve job-site safety in gulf corporation council," *Sustain.*, vol. 12, no. 9. HSA, (2006) "Workplace Safety and Health Management: Practical guidelines on the implementation and maintenance of an occupational safety, health and welfare management system,"
8. J. Izudi, V. Ninsiima, and J. B. Alege, (2017) "Use of Personal Protective Equipment among Building Construction Workers in Kampala, Uganda," *J. Environ. Public Health*, vol. 2017, no. November 2015, 2017.

9. K. Imriyas, S. P. Low, A. L. Teo, and S. L. Chan, "Premium-Rating Model for Workers' Compensation Insurance in Construction," *J. Constr. Eng. Manag.*, vol. 134, no. 8, pp. 601-617, 2008.
10. C. Ajila and A. Abiola, "Influence of Rewards on Workers Performance in an Organization," *J. Soc. Sci.*, vol. 8, no. 1, pp. 7-12, 2004.
11. Y. A. Istomina and J. V. Ivanchina, "Labor and Family Responsibilities: Updated Approaches in Law," vol. 498, pp. 129-134, 2020.
12. K. Chandrasekar, "Workplace environment and its impact on organisational performance in public sector organisations," *Int. J. Enterp. Comput. Bus. Syst.*, vol. 1, no. 1, pp. 1-19, 2011.
13. Othman, M. Kamil, R. Y. Sunindijo, M. Alnsour, and A. F. Kineber, "Critical success factors influencing construction safety program implementation in developing countries," *J. Phys. Conf. Ser.*, vol. 1529, no. 4, 2020.
14. P. B. Setiadi, R. Ursula, R. Rismawati, and M. Setini, "Labour Productivity, Work Experience, Age and Education: The Case of Lurik Weaving Industry in Klaten, Indonesia," *Webology*, vol. 17, no. 2, pp. 487-502, 2020.
15. K. A. Shamsuddin, A. K. Ismail, C. ani M. Norzaimi, and M. R. bin Ibrahim, "(PDF) Investigation the Safety, Health and Environment (SHE) Protection in Construction Area," *Int. Res. J. Eng. Technol.*, vol. 2, no. 6, pp. 624-636, 2015, [Online]. Available: <https://www.researchgate.net/publication/>
16. M. O. Sanni-anibire, A. S. Mahmoud, M. A. Hassanain, and B. A. Salami, "A risk assessment approach for enhancing construction safety performance," *Saf. Sci.*, vol. 121, no. August 2019, pp. 15-29, 2020.
17. R. Almamlook, M. Bzizi, M. Al-Kbisbeh, T. Ali, and E. Almajiri, "Factors Affecting Labor Productivity in the Construction Industry," *Am. J. Environ. Sci. Eng.*, vol. 4, no. 2, p. 24, 2020.
18. C. Town and J. Thomas, "HYPERION SOLAR DEVELOPMENT 3 AND ASSOCIATED INFRASTRUCTURE NEAR KATHU, NORTHERN CAPE PROVINCE," vol. 27, no. May, 2019.
19. Charehzehi and A. Ahankoob, "Enhancement Of Safety Performance At Construction Site," *Int. J. Adv. Eng. Technol.*, vol. 5, no. 1, pp. 303-312, 2012.
20. L. D. Nguyen, S. O. Ogunlana, and D. T. X. Lan, "A study on project success factors in large construction projects in Vietnam," *Eng. Constr. Archit. Manag.*, vol. 11, no. 6, pp. 404-413, 2004.
21. Y. Chinniah, "Analysis and prevention of serious and fatal accidents related to moving parts of machinery," *Saf. Sci.*, vol. 75, pp. 163-173, 2015.
22. B. M. Varghese et al., "Heat-related injuries in Australian workplaces: Perspectives from health and safety representatives," *Saf. Sci.*, vol. 126, no. October 2019, p. 104651, 2020.