



A SCIENTIFIC PAPER TITLED: THE IMPACT OF INCENTIVES ON THE QUALITY OF HEALTHCARE SERVICES IN GOVERNMENT HOSPITALS IN RIYADH CITY FROM THE PERSPECTIVE OF HEALTHCARE PROFESSIONALS

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Abstract:

The study aimed to investigate the impact of incentives on the quality of healthcare services from the perspective of healthcare professionals in government hospitals in Riyadh city. The study utilized a descriptive-analytical approach to achieve its objectives. The study sample consisted of 224 healthcare professionals in government healthcare institutions in Riyadh city, and a questionnaire was used as a data collection tool. In light of this, the study found several key results, most notably the presence of a positive correlation relationship with a coefficient of 0.798 and statistical significance at the 0.01 level of significance, between the overall degree of incentives and the quality of healthcare services in government hospitals in Riyadh city. Based on the results, the study recommends the following: Enhancing the financial system and incentives for healthcare professionals in government hospitals, either through increasing bonuses or improving salaries, to enhance productivity and performance. Hospital management should continue to provide a supportive and encouraging work environment, and acknowledge and appreciate the efforts of employees. There is a necessity to improve the quality of healthcare services by focusing on areas that still require development, such as enhancing healthcare processes and advancing medical technology.

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Introduction

The human element within any institution in general, and healthcare professionals specifically within healthcare institutions, is considered one of the most important elements contributing to enhancing the efficiency of healthcare institutions. Therefore, it is essential to work on identifying the factors that contribute to increasing and improving the performance efficiency of this human element. To achieve this, administrations responsible for healthcare institutions strive to employ competent and qualified healthcare professionals and equip them with the necessary skills to perform their duties effectively.

Incentives, both monetary and non-monetary, are considered fundamental principles governing the rules and regulations of these policies. Incentives have become assisting factors in advancing and developing work. If individuals find factors that provide stability and benefit, it reflects on their productivity, achieving high levels of performance. Striving to find a good counterpart for these incentives enhances work and elevates it to high levels of quality (Marni and Al-Maskari, 2019).

The subject of incentives has garnered interest from many behavioral management scholars, perhaps because incentives, in all their forms, whether material or moral, are one of the most significant positive independent variables in work motivation. Incentives are divided into two types: material incentives, which include financial rewards, gifts, grades, and exceptional bonuses given to employees for outstanding work or clear efforts to advance the organization, and the second type is moral incentives, which include appreciation letters, commendations, and expressions of gratitude directed towards employees. Some may believe that moral incentives have limited effects compared to material incentives, but they give the impression of reinforcement for every good work executed by the employee (Abu Hameed, 2020).

The good performance of employees is crucial for an organization, as the human element is one of the most important production elements upon which the success of organizations relies. Therefore, attention is given to individuals and working towards fulfilling their requirements, as well as searching for means and ways to improve their job performance. This may contribute to achieving stability in organizational economy by improving living standards and increasing salaries. Thus, the connection between incentives and individuals' motives within the organization is necessary because work incentives

must align with individuals' motives, and lack of harmony between them leads to the ineffectiveness of incentives (Twam and Kalakhy, 2021).

Through the preceding discussion, the aim of the research is to understand the impact of incentives on the quality of healthcare services in government hospitals in Riyadh city.

Study Problem

Management of various institutions places significant emphasis on the human element by researching the factors influencing the productivity and efficiency of employees. Administrators strive to maximize the productivity of employees by providing good and qualified workforce and equipping them with the necessary skills for their tasks (Al-Halaybeh & Al-Nuaimi, 2018).

The performance of employees and the inability to identify the reasons for their underperformance or poor performance in tasks assigned by supervisors are problems in themselves. Consequently, these employees with low or poor performance cannot be dispensed with. Managers are inclined to find motivational methods to eliminate and overcome this underperformance or poor performance, which does not meet the expectations of work and affects the quality of production and services provided to citizens, which do not align with their needs and desires (Al-Qudat, 2018).

Effective performance of individuals and their ability to innovate and create do not lie solely in the small portion of wages and salaries given to the individual as a substitute for their effort and work. This entirely relies on the strength of motivation and incentives aimed at highlighting and discovering the performance and latent abilities in individuals, which consist of identifying shortcomings and needs, and then working to satisfy these needs. Therefore, human resource management should work on awakening these motivations and abilities through external stimuli aimed at satisfying the needs and desires of individuals (Al-Houri, 2015).

Incentives play a significant role in influencing the performance of employees, whether positively or negatively. The absence of incentives and their unfair distribution may directly impact the performance of employees. Some previous studies, through their recommendations, as mentioned by Al-Muqaddadi (2018, p. 38), indicate the necessity to improve employee salaries, review the incentive system in place to enhance their performance, focus on developing appreciation and respect among employees to motivate them to work, and follow a

fair system of incentives and promotions. The problem of the study can be summarized in answering the main question:

What is the impact of incentives on the quality of healthcare services in government hospitals in Riyadh city?

Study Questions

1. What is the status of material incentives in government hospitals in Riyadh from the perspective of healthcare professionals?
2. What is the status of moral incentives in government hospitals in Riyadh from the perspective of healthcare professionals?
3. What is the level of healthcare service quality in government hospitals in Riyadh from the perspective of healthcare professionals?
4. What is the impact of material and moral incentives on the quality of healthcare services in government hospitals in Riyadh from the perspective of healthcare professionals?

Study Objectives

1. To identify the status of material incentives in government hospitals in Riyadh from the perspective of healthcare professionals.
2. To identify the status of moral incentives in government hospitals in Riyadh from the perspective of healthcare professionals.
3. To identify the level of healthcare service quality in government hospitals in Riyadh from the perspective of healthcare professionals.
4. To understand the impact of material and moral incentives on the quality of healthcare services in government hospitals in Riyadh from the perspective of healthcare professionals.

Study Significance

- The significance of the study lies in the importance of the topic it addresses, which is material and moral incentives and their significant impact on the quality of healthcare services.
- Additionally, the study's importance stems from recognizing the importance of material and moral incentives on healthcare service quality from the perspective of healthcare professionals in government hospitals in Riyadh.
- The study opens avenues for researchers to contribute to finding solutions to some incentive-related problems in government hospitals in Riyadh specifically, and the healthcare sector in general.

- The study can provide decision-makers in government hospitals in Riyadh with information about the types of incentives practiced in government hospitals in Riyadh, which can contribute to improving the performance of their employees and the quality of healthcare services.

Study Limitations

- Geographical Limitation: The study will be conducted in the Kingdom of Saudi Arabia, specifically in Riyadh city.
- Temporal Limitation: The study will be conducted in the year 2023.
- Human Limitation: The study will be conducted on a sample of healthcare professionals in government hospitals in Riyadh.
- Subjective Limitation: The study is limited to investigating the impact of incentives on healthcare service quality.

Study Terminology

- Incentives: "A set of external factors and influences that stimulate an employee and drive them to perform assigned tasks to the best of their abilities by satisfying their material and moral needs, with the aim of achieving the required effectiveness, taking into account the surrounding environmental conditions" (Azoun & Issa, 2021, p. 778).
- Performance: "The ability of employees to perform the clear tasks, duties, and responsibilities of the job elements and features in the least time and cost to achieve the maximum level of production in an integrated organizational environment characterized by a suitable and good work climate, with instructions available within a organizational structure that takes into account all surrounding variables" (Twam & Kalakhy, 2021, p. 650).

Literature Review:

Study by Twam and Kalakhy (2021): This study, titled "The Impact of Material and Moral Incentives on Job Performance: A Field Study on Sonalgaz Tiaret Employees," aimed to investigate the influence of the material and moral incentive system on the performance of Sonalgaz Tiaret employees. The study employed a descriptive-analytical approach and targeted employees of Sonalgaz Tiaret. The sample consisted of 45 randomly selected workers, and data were collected using a questionnaire. Results showed a significant positive relationship

between both material and moral incentives and employee performance, suggesting the company should continue providing rewards, incentives, and promotions to enhance employee efficiency.

Study by Marni and Al-Maskari (2019): This study, titled "The Impact of Incentives on the Performance of Employees in the Healthcare Sector in Abu Dhabi Emirate," aimed to assess the influence of both material and moral incentives on employee performance in Abu Dhabi's healthcare sector. Using a descriptive-analytical method, the study surveyed 450 randomly selected employees and found that respondents favored moral incentives over material ones. The study recommended linking incentives directly to performance, focusing on moral incentives such as social events participation and verbal or written appreciation, and conducting workshops on the importance of incentives in improving healthcare employee performance.

Study by Al-Qudah (2017): Titled "Material and Moral Incentives and Their Impact on Employee Performance: An Applied Study on Private Hospitals in the Capital City of Amman," this research aimed to assess the application level and impact of material and moral incentives on employee performance in private hospitals in Amman. Using a descriptive-analytical approach, the study surveyed 120 hospital employees. Results indicated a statistically significant impact of both material and moral incentives on employee performance, suggesting the need for policies and strategies to enhance incentive effectiveness.

Study by Al-Halaybeh (2018): This study, titled "The Impact of Incentives on Improving Performance Among Public Sector Employees in Greater Amman Municipality: An Applied Study," aimed to examine the effect of incentives on enhancing employee performance in the Greater Amman Municipality. Using a descriptive-analytical approach, the study surveyed 449 managerial, departmental, and administrative employees. Results revealed a strong linear relationship between incentive dimensions and performance improvement. The study recommended

fostering positive work relationships, promoting teamwork culture, and aligning informal and formal interactions with the municipality's goals.

Study Methodology:

The researchers in this study adopted a descriptive-analytical methodology, utilizing a survey tool (questionnaire) to gather the opinions of all healthcare staff in government hospitals in Riyadh. This methodology was chosen because it aligns with the nature of the study and is one of the most suitable approaches for descriptive studies due to its flexibility and ease of application, allowing the researcher to achieve the study's objectives.

Study Population:

The study population is defined as: "All individuals in the community that the researcher aims to study, meaning that every individual, unit, or element within that community is considered part of its components" (Obaidat et al., 2002). The current study's population consists of all employees in government healthcare institutions in Riyadh.

Study Sample:

The researchers relied on applying a simple random sampling method from the study population, where the study sample consisted of 224 healthcare staff in government healthcare institutions in Riyadh.

Characteristics of the Study Sample:

Below is a presentation of the personal and demographic characteristics of the study sample: Several key variables were identified to describe the individuals in the study sample, including age, gender, occupation, educational level, and years of experience. These variables have significant implications for the study results, as they reflect the educational background of the study participants. They also help establish the foundation upon which various analyses related to the study are built. Further details are outlined below:

Table (1) Distribution of Study Sample According to Initial Data:

	Age	Frequency	Percentage
Age	18-25 years	24	10.7
	26-35 years	70	31.3
	36-50 years	110	49.1
	Over 50 years	20	8.9
Gender	Male	150	67
	Female	74	33

Occupation	Doctor	52	23.2
	Specialist	74	33
	Pharmacist	40	17.9
	Technician	52	23.2
	Health Assistant	26	11.6
Educational Level	Intermediate Qualification	46	20.5
	Higher Qualification	148	66.1
	Postgraduate (Master's, PhD)	30	13.4
Years of Experience	Less than 3 years	26	11.6
	4-10 years	132	58.9
	11-15 years	36	16.1
	More than 15 years	30	13.4

Based on the study results, it was found that (49.1%) of the total study sample were aged between (36-50 years), while (67%) of the total study sample were males. Additionally, (33%) represented the largest category in terms of job title, being specialists. Moreover, it was evident that the majority of the study sample had a high educational qualification. Finally, the largest portion of the study sample had 4-10 years of experience, comprising (58.9%).

Construction of the Study Tool:

After reviewing the literature and relevant previous studies on the subject of the current study, and in light of the study's data, questions, and objectives, the researchers developed the research tool (questionnaire). This was done by presenting some questions to be answered by the study sample members to achieve the desired results for the study topic. The questionnaire consisted of three parts in its final form. The following is an explanation of how it was constructed, along with the procedures followed to ensure its validity and reliability.

Study Tool:

The researchers opted to use a questionnaire as a data collection tool due to its suitability for the study's objectives, methodology, and population, as well as its ability to address the study's inquiries. The questionnaire is considered one of the most important and reliable means of collecting structured data and information.

Validity of the Internal Consistency of the Study Tool:

To verify the validity of the internal consistency of the questionnaire, the Pearson's correlation coefficient was calculated. This was done to determine the degree of correlation of each statement in the questionnaire with the overall score of the axis to which the statement belongs. The following tables illustrate the correlation coefficients for each axis, including the statements.

Table (2): Pearson's correlation coefficients for statements of the first axis with the overall score of the axis.

The reality of financial incentives in Riyadh hospitals		The reality of moral incentives in Riyadh hospitals		The quality of healthcare services in hospitals in Riyadh City.	
No. phrases.	Correlation Coefficient with the Axi	No. phrases.	Correlation Coefficient with the Axi	No. phrases.	Correlation Coefficient with the Axi
1	0.491**	1	0.731**	1	0.714**
2	0.601**	2	0.838**	2	0.766**
3	0.612**	3	0.850**	3	0.799**
4	0.739**	4	0.853**	4	0.801**
5	0.860**	5	0.869**	5	0.789**

The reality of financial incentives in Riyadh hospitals		The reality of moral incentives in Riyadh hospitals		The quality of healthcare services in hospitals in Riyadh City.	
No. phrases.	Correlation Coefficient with the Axi	No. phrases.	Correlation Coefficient with the Axi	No. phrases.	Correlation Coefficient with the Axi
6	0.705**	6	0.715**	6	0.817**
7	0.712**	7	0.850**	7	0.780**
8	0.869**	8	0.786**	8	0.865**
9	0.815**	9	0.812**	9	0.835**
10	0.756**	10	0.736**	10	0.736**
				11	0.875**
				12	0.854**
				13	0.766**
				14	0.786**
				15	0.865**
				16	0.875**
				17	0.766**
				18	0.801**
				19	0.865**
				20	0.786**

**Significant at the 0.01 level or less

Table (2) illustrates that the correlation coefficients for each statement with its respective axis are positive and statistically significant at the 0.01 level or less. This indicates the validity of the internal consistency among the statements of the first axis and their

suitability for measuring what they were intended to measure.

Reliability of the Study Tool:

The reliability of the study tool was ensured by using Cronbach's alpha coefficient (α). Table (3) shows the values of Cronbach's alpha coefficients for each axis of the questionnaire.

Table (3) Cronbach's Alpha Coefficients for Measuring the Reliability of the Study Tool

The survey axes are:	No. phrases.	The reliability of the axis.
The current status of financial incentives in hospitals in Riyadh city.	10	0.916
The current status of non-financial incentives in hospitals in Riyadh city.	10	0.968
The quality of healthcare services in hospitals in Riyadh City.	20	0.898
Overall consistency.	3240	0.927

The general reliability coefficient in Table (3) is high, reaching (0.927), indicating that the questionnaire has a high degree of reliability that can be relied upon in the field application of the study.

Data Collection Methods:

Two sources were relied upon to collect data related to the research:

- Secondary sources: Relying on books, journals, scientific papers, websites, and previous studies related to the subject of the research.
- Primary sources: Relying on a questionnaire prepared to collect data from the sample individuals.

Study Management Scale:

A Likert five-point scale was used to obtain responses from the study participants, according to the following agreement levels: (Strongly agree – Agree – Neutral – Disagree – Strongly disagree). Then, this scale was quantified by assigning each statement from the aforementioned statements a score, as follows: Strongly agree (5 points), Agree (4 points), Neutral (3 points), Disagree (2 points), Strongly disagree (1 point).

To determine the length of the Likert five-point scale categories, the range was calculated by subtracting the highest limit from the lowest limit ($5 - 1 = 4$), then dividing it by the highest value in the scale ($4 \div 5 = 0.80$). After that, this value was added to the lowest value in the scale (1) to determine the upper limit of this category. Thus, the length of the categories became as shown in the following table:

Table (4) Division of Likert Scale Categories (Boundaries of Response Means)

No	category	category limits	
		From	To
1	Strongly Agree	4.21	5.00
2	Agree	3.41	4.20
3	Neutral	2.64	3.40
4	Disagree	1.81	2.60
5	Strongly Disagree	1.00	1.80

The range was used to objectively assess the mean responses of the study sample individuals after statistical processing.

Statistical Analysis Methods:

To achieve the objectives of the study and analyze the collected data, several appropriate statistical methods were employed using the Statistical Package for Social Sciences (SPSS). These methods included frequencies, percentages, means, and standard deviations to identify the characteristics of the study sample individuals and determine their responses to the main axis statements included in the study tool. Mean, standard deviation were calculated to determine the extent of increase or decrease in the responses of the study sample individuals regarding

the main axes. This information aids in ranking the axes according to the highest mean. Additionally, Pearson correlation coefficient and Cronbach's alpha were used.

Results of the Study and Discussion:

Answer to the first question: What is the reality of material incentives in the hospitals of Riyadh city?

To identify the reality of material incentives in the hospitals of Riyadh city, frequencies, percentages, arithmetic means, standard deviations, and ranks for the responses of the study sample individuals regarding the statements about the reality of material incentives in the hospitals of Riyadh city were calculated. The results are presented as follows:

Table (5): Responses of the study sample individuals regarding the statements of the first axis arranged in descending order according to the agreement means.

No.	Phrases	The Arithmetic Mean	Standard Deviation	Rank
4	The hospital provides allowances for accommodation and transportation for medical staff.	4.46	0.89	1
5	Financial bonuses are offered for overtime work at the hospital.	4.36	0.89	2
6	The hospital offers social incentives for employees upon marriage or childbirth.	4.26	0.96	3
7	The hospital facilitates loan processes and advances for employees with easy terms.	4.26	1.06	4
8	The hospital promotes outstanding performance among medical staff.	4.19	1.04	5
1	Annual bonuses appropriate to service are provided by the hospital.	4.16	1.07	6

2	Monthly financial incentives are disbursed by the hospital for excellence in work.	4.15	1.05	7
10	Salaries provided by the hospital are commensurate with job nature.	4.09	1.01	8
3	Monthly infectious disease allowances are offered by the hospital.	4.08	1.16	9
9	The hospital provides a system for periodic bonuses to enhance work efficiency.	4.02	1.12	10
Overall average for the axis		4.2	0.81	

In Table (5), it is evident that the response of the study sample individuals indicates a high level of agreement regarding the role of material incentives on the productivity of healthcare personnel, with an average score of 4.20 out of 5.00. This average falls within the fourth category of the five-point scale (ranging from 3.61 to 4.21), which signifies strong agreement with the axis statements.

The results in Table (5) reveal variability in the agreement among the study sample individuals regarding the axis statements concerning the role of material incentives on the productivity of healthcare personnel in government hospitals in Riyadh. From the perspective of healthcare personnel, the calculated averages ranged between 4.46 and 4.02, indicating strong agreement.

- Statement number (4), "The hospital provides allowances for accommodation and transportation for medical staff," ranked first in terms of strong agreement among the study sample individuals, with an average score of 4.46 out of 5.
- Statement number (5), "The hospital offers financial rewards for overtime work," ranked second in terms of strong agreement among the study sample individuals, with an average score of 4.36 out of 5.
- Statement number (3), "The hospital provides monthly infection allowance incentives," ranked second to last in terms of strong agreement among

the study sample individuals, with an average score of 4.08 out of 5.

- Statement number (9), "The hospital provides a system of periodic bonuses to enhance work efficiency," ranked last in terms of agreement among the study sample individuals, with an average score of 4.02 out of 5.

From the above results, it is apparent that the most prominent statements regarding the role of material incentives on the productivity of healthcare personnel in hospitals include securing allowances for accommodation and transportation, providing financial rewards for overtime work, offering social allowances for marriage and children, facilitating loan processes, and promoting outstanding medical personnel in their duties.

Secondly, in response to the second question: What is the reality of morale incentives in Riyadh hospitals from the perspective of healthcare personnel in healthcare institutions in Riyadh?

To determine the reality of morale incentives in Riyadh hospitals from the perspective of healthcare personnel in healthcare institutions in Riyadh, frequencies, percentages, arithmetic means, standard deviations, and ranks were calculated for the responses of the study sample individuals regarding statements about the reality of morale incentives in Riyadh hospitals. The results are as follows:

Table (6) Responses of study sample individuals regarding statements of the second axis ranked in descending order according to agreement averages.

N o.	Phrases	The Arithmetic Mean	Standard Deviation	Rank
1	I feel appreciated by my superiors at the hospital for my efforts.	4.61	0.66	1
5	My superiors trust my abilities and grant me authority and delegation to carry out various tasks in the hospital.	4.47	0.73	2
6	My superiors provide me with opportunities to participate in relevant decision-making.	4.44	0.75	3
7	The hospital offers opportunities for participation in training courses and workshops.	4.44	0.77	4

8	My superior's express gratitude and appreciation when goals are achieved and tasks are successfully completed.	4.39	0.89	5
4	Outstanding healthcare professionals are awarded certificates of appreciation for their efforts in the hospital.	4.38	0.94	6
2	I feel financial and job stability in the hospital.	4.32	0.78	7
10	Various aspects of my performance are enhanced by morale-boosting incentives.	4.32	0.98	8
3	I receive awards and recognition for my efforts in the hospital.	4.31	0.90	9
9	My work at the hospital improves my social standing and helps me stand out in society.	4.29	0.97	10
Overall average for the axis		4.39	0.61	

In Table (6), it is evident that the response of the study sample individuals indicates a high level of agreement regarding the reality of morale incentives in Riyadh hospitals from the perspective of workers in healthcare institutions in Riyadh, with an average score of 4.39 out of 5.00. This average falls within the fifth category of the five-point scale (ranging from 4.21 to 5.00), which signifies strong agreement with the axis statements.

The results in Table (6) show that the study sample individuals strongly agree with all statements regarding the reality of morale incentives in Riyadh hospitals from the perspective of healthcare personnel in government hospitals in Riyadh, which are arranged in descending order according to the agreement of the study sample individuals as follows:

- Statement number (1), "I feel appreciated by my superiors in the hospital for my work efforts," ranked first in terms of strong agreement among the study sample individuals, with an average score of 4.61 out of 5.
- Statement number (5), "My superiors trust my abilities and give me authority and delegation to carry out various tasks in the hospital," ranked second in terms of strong agreement among the study sample individuals, with an average score of 4.47 out of 5.
- Statement number (3), "I receive awards and recognition for my efforts in the hospital," ranked second to last in terms of strong agreement among the study sample individuals, with an average score of 4.31 out of 5.

- Statement number (9), "My work in the hospital improves my social status and helps me to excel in society," ranked last in terms of agreement among the study sample individuals, with an average score of 4.29 out of 5.

From the above results, it is apparent that the reality of morale incentives in Riyadh hospitals is reflected in feeling appreciated by superiors in the hospital for work efforts, receiving authority and delegation from superiors to accomplish hospital tasks, being given opportunities to participate in decision-making, having opportunities for training courses and educational workshops provided by the hospital, and receiving expressions of gratitude and praise from superiors upon task completion and goal achievement.

Results of the second question: What is the level of improvement in the quality of healthcare services in government hospitals in Riyadh from the perspective of healthcare personnel in government hospitals in Riyadh?

To determine the level of improvement in the quality of healthcare services in government hospitals in Riyadh from the perspective of healthcare personnel in government hospitals in Riyadh, frequencies, percentages, arithmetic means, standard deviations, and ranks were calculated for the responses of the study participants to statements about the level of improvement in the quality of healthcare services in government hospitals in Riyadh. The results are as illustrated in the following table:

Table (7) Study participants' responses to statements of the second axis arranged in descending order according to agreement averages.

N o.	Phrases	The Arithmetic Mean	Standard Deviation	Rank
1	I have the abilities, skills, and experiences necessary to efficiently and effectively perform my job tasks with high quality.	4.57	0.74	1
4	I am willing to work outside official working hours if necessary, and I am prepared and ready for it.	4.52	0.72	2
5	I seek to solve any problems that may arise during work at the hospital.	4.50	0.75	3
10	I always strive for self-improvement and acquiring new experiences to enhance my performance and reach the highest levels of efficiency.	4.48	0.65	4
2	I carry out my tasks at the hospital according to the highest global quality standards.	4.48	0.71	5
7	I communicate effectively with patients and colleagues at the hospital and demonstrate an ability for good communication.	4.43	0.82	6
6	I can handle responsibility and act upon it effectively.	4.41	0.84	7
3	I manage my tasks at the hospital according to nationally approved quality standards.	4.40	0.83	8
12	Performance evaluation system helps in determining the financial and moral incentive system.	4.39	0.85	9
11	Good incentives increase my desire to achieve more and improve my performance.	4.37	0.79	10
9	I complete all assigned tasks on time and with the highest level of efficiency.	4.31	0.77	11
8	I adhere to the rules, procedures, and policies in place at the hospital.	4.29	0.89	12
	Overall average	4.43	0.78	

Based on the results presented in Table (7), it is evident that there is variability in the agreement of the study participants regarding the dimensions of improving the quality of healthcare services in government hospitals in Riyadh from the perspective of healthcare professionals working in these hospitals, as perceived by the researchers. The averages of their agreement ranged from (3.42 to 4.21), falling within the fourth and fifth categories of the five-point scale, indicating agreement and strong agreement with the study tool. This demonstrates consistency in the agreement of the study participants regarding the dimensions of improving the quality of healthcare services in government hospitals in Riyadh from the perspective of healthcare professionals working in these hospitals, as ranked in descending order according to the averages of agreement by the study participants as follows:

First: Tangibility:

- Statement (3) "Modern medical equipment is available in the hospital" ranked first among tangibility aspects with an average agreement score of (4.04).

- Statement (2) "Physical conditions are suitable and appealing to patients" ranked second among tangibility aspects with an average agreement score of (3.83).
- Statement (1) "Transportation facilities for patients are available in good condition" ranked last among tangibility aspects with an average agreement score of (3.66).

Second: Reliability:

- Statement (4) "Patient records are maintained with extreme accuracy, ensuring confidentiality of information" ranked first among reliability aspects with an average agreement score of (4.04).
- Statement (1) "Healthcare services are provided in a timely manner" ranked second among reliability aspects with an average agreement score of (4.03).
- Statement (2) "Required procedures are strictly followed according to specified instructions" ranked third among reliability aspects with an average agreement score of (3.89).
- Statement (3) "Hospital staff exhibit confidence and competence in their work" ranked last among

reliability aspects with an average agreement score of (3.82).

Third: Responsiveness:

- Statement (1) "Services are executed quickly, with emphasis on efficiency and timeliness" ranked first among responsiveness aspects with an average agreement score of (4.04).
- Statement (3) "Staff members show readiness to assist patients and protect their rights" ranked second among responsiveness aspects with an average agreement score of (3.89).
- Statement (2) "The duration of service is accurately explained and adhered to" ranked last among responsiveness aspects with an average agreement score of (3.88).

Fourth: Assurance:

- Statement (3) "Patients are provided with comprehensive information about their treatment and condition" ranked first among assurance aspects with an average agreement score of (4.21).
- Statement (1) "Patients are assured of receiving high-quality care" ranked second among assurance aspects with an average agreement score of (4.06).
- Statement (4) "Patient inquiries are responded to promptly, increasing their confidence" ranked third among assurance aspects with an average agreement score of (4.04).
- Statement (2) "Patients are treated with friendliness and respect at all times" ranked fourth among assurance aspects with an average agreement score of (4.00).
- Statement (5) "Concerns and needs of patients are expressed and respected" ranked last among assurance aspects with an average agreement score of (3.23).

Fifth: Empathy:

- Statement (4) "Patient complaints are taken seriously and dealt with promptly" ranked first among empathy aspects with a strong agreement average score of (4.21).
- Statement (3) "Patients receive comprehensive consultation and support as expected" ranked second among empathy aspects with a strong agreement average score of (4.21).
- Statement (1) "Hospital schedules are organized to accommodate patient preferences where possible" ranked third among empathy aspects with a strong agreement average score of (4.21).
- Statement (5) "Individual requests and preferences are understood and respected" ranked fourth among empathy aspects with a strong agreement average score of (4.21).
- Statement (2) "Individualized care is provided to each patient, considering their unique needs" ranked last among empathy aspects with an average agreement score to some extent of (3.23).

Answer to the Fourth Question: What is the relationship between incentives and the quality of healthcare services in government hospitals in Riyadh?

To answer the question regarding the relationship between incentives and the improvement of the quality of healthcare services in government hospitals in Riyadh from the perspective of healthcare professionals working in these hospitals, the researchers used the Pearson correlation coefficient to clarify the significance of the relationship between the variables. The results are as shown in the following table:

Table (8): Pearson Correlation Coefficient Results to Clarify the Relationship Between Incentives and the Quality of Healthcare Services in Government Hospitals in Riyadh

The incentives.	The quality of healthcare services in government hospitals in Riyadh city.	
	Correlation Value	Significance Level
The overall degree of incentives.	0.798**	0.001

**At a significance level of (0.01), The results shown in the table above indicate a positive and statistically significant correlation

coefficient of (0.798) between the overall level of incentives and the quality of healthcare services in government hospitals in Riyadh. This result suggests

the impact of incentives on the quality of healthcare services in government hospitals in Riyadh.

Study Results:

First Question Results: What is the reality of material incentives in government hospitals in Riyadh from the perspective of healthcare staff in these hospitals?

The response of the study sample individuals indicated a high agreement regarding the reality of material incentives on the efficiency of healthcare staff performance with an average score of (4.20 out of 5.00). This average falls within the fourth category of the five-point scale (ranging from 3.61 to 4.21), indicating strong agreement with the statements. There was variation in the agreement among the study sample individuals regarding the impact of material incentives on the productivity of healthcare staff, with arithmetic means ranging from (4.46-4.02), indicating strong agreement.

Second Question Results: What is the reality of moral incentives in government hospitals in Riyadh from the perspective of healthcare staff in these hospitals?

The response of the study sample individuals indicated a high agreement regarding the reality of moral incentives in government hospitals in Riyadh from the perspective of healthcare staff, with an average score of (4.39 out of 5.00). This average falls within the fifth category of the five-point scale (ranging from 4.21 to 5.00), indicating strong agreement with the statements. The study sample individuals strongly agreed with all statements regarding the reality of moral incentives in government hospitals in Riyadh from the perspective of healthcare staff.

Third Question Results: What is the level of improvement in the quality of healthcare services in government hospitals in Riyadh from the perspective of healthcare staff in these hospitals?

There was variation in the agreement among the study participants regarding the dimensions of the level of improvement in the quality of healthcare services in government hospitals in Riyadh from the perspective of healthcare staff. Their agreement ranged between (3.42 to 4.21), falling within the fourth and fifth categories of the five-point scale, indicating agreement and strong agreement, respectively.

Fourth Question Results: What is the relationship between incentives and the improvement of healthcare service quality in government hospitals in Riyadh?

There is a positive correlation coefficient of (0.798) with statistical significance at the (0.01) level of significance, between the total degree of incentives and the quality of healthcare services in government hospitals in Riyadh.

Recommendations:

- There is a need to enhance the financial system and incentives for healthcare staff in government hospitals, either through increasing bonuses or improving salaries, to enhance productivity and performance.
- Government hospital management should continue to provide a supportive and encouraging work environment and recognize the efforts of employees.
- There is a need to improve the quality of healthcare services by focusing on areas that still need development, such as improving healthcare processes and developing medical technology.
- It is essential to continue supporting and reinforcing the incentive system in government hospitals. Management should continue to monitor and evaluate this relationship and ensure the continuity of achieving positive outcomes.
- Additional studies should be conducted to examine other factors such as the work environment and organizational culture and their impact on performance and productivity.

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