



IMPACT OF IMPLEMENTING QUALITY OF HEALTH CARE SECTOR HUMAN RESOURCES PERFORMANCE IN SAUDI ARABIAN 2022

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ABSTRACT

Background: Saudi Arabia is currently passing through a transformational phase. There is a huge demand on the Saudi healthcare system to provide better healthcare facilities to the rapidly increasing Saudi population, as well as the growing elderly population. The management of human resources in healthcare institution is essential to enable the delivery of efficient and effective medical services and to achieve patient satisfaction. This study aims to investigate the impact of practicing human resources management on the quality of healthcare service and achieving patients' satisfaction. Lack of trained healthcare professionals and heavy reliance on foreign workers are significant aspects for policymakers to consider and deal with. It is also important to re-examine the healthcare Human Resource Development (HRD) initiatives so as to provide a huge reserve of healthcare professionals with appropriate learning and competence. Although Saudi is the largest Middle Eastern state and is the world's largest oil producer, the motivation to implementing quality of health care sector human resources performance, the employee retention rate, and the presence of females in the workplace are low in the country. This problem has resulted in low of implementing quality of health care sector human resources performance design quality, construction delays, and end-user dissatisfaction. **Aim of the study:** To investigate the impact of Implementing Quality of Health Care Sector Human Resources Performance and achieving patients' satisfaction in Saudi Arabian 2022. **Method:** cross-sectional, descriptive methodology study to investigate the impact of implementing quality of health care sector human resources Performance and achieving patients' satisfaction. The study was conducted at Health Care Sector in the Saudi Arabian. Total of 300 eligible participant participated in this study. **Results:** show the remaining socio-demographic characteristics of the participant, regarding age most of participants 24-35 were (42.0%) the gender majority of participants were(66.0%) were female the employment status majority of participants governmental health sector employee were (59.0%) the experience most of participant from 6-10 years were (42.0%) **Conclusion .** The management of human resources is essential to enable the delivery of efficient and effective medical services and to achieve patient satisfaction that human resources management has a strong impact on healthcare quality, and most of literatures show the importance of human resources management to achieve the goals of health organizations.

Keywords: Impact, implementing, quality, health care sector, human, resources, performance, Saudi Arabian

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Introduction

Defining human resources in health care within many health care systems worldwide, increased attention is being focused on human resources management (HRM). Specifically, human resources are one of three principle health system inputs, with the other two major inputs being physical capital and consumables [1].

The relationship between health system inputs, quality of health care sector elements and expenditure categories. Human resources, when pertaining to health care, can be defined as the different kinds of clinical and non-clinical staff responsible for public and individual health intervention [2]. As arguably the most important of the health system inputs, the performance and the benefits the system can deliver depend largely upon the knowledge, skills and motivation of those individuals responsible for delivering health services [3].

Human resource management (HRM) is the management of an organization's workforce, or human resources. It is responsible for the attraction, selection, training, assessment, and rewarding of employees, while also overseeing organizational leadership and culture and ensuring compliance with employment and labor laws [4]. Naturally, the definition of human resource management would be incomplete without further explaining what the terms of 'human resources' and 'management'. First and foremost, people in work organizations, endowed with a range of abilities, talents and attitudes, influence productivity, quality and profitability. [5] People set overall strategies and goals, design work systems, produce goods and services, monitor quality.

Quality has become an increasingly predominant part of our lives. People are constantly looking for quality products and services.[6] This desire for quality has caused company managers throughout the world to consider quality as a strategic goal to achieve competitive advantage. If product or service quality improves, costs decrease. [7]

Productivity increases and a better products or services are available for clients, which in turn enhance organizational performance and provide long-term working relationships for employees and suppliers. [8]

The word "quality" is derived from the Latin "quails", meaning "what kind of" [9] . Defines

quality as "The degree of excellence; superiority of kind; and a distinguishing attribute" . Quality, because of its subjective nature and intangible characteristics, is difficult to define. It is an elusive and abstract concept, which has many meanings and interpretations [10]. Definitions vary depending on whose perspective is taken and within which context it is considered. Quality, therefore, has been defined as "value" "excellence" "conformance to specifications. [11] It is often difficult to reproduce consistent healthcare services, which differ between producers, customers, places and time. This "heterogeneity" can occur because different professionals (e.g. physicians, nurses, etc.) deliver the service to patients with varying needs. [13] Quality standards are more difficult to establish in service operations. Healthcare professionals provide services differently because factors vary, such as education/training, experience, individual abilities and personalities [14]. Healthcare services are simultaneously produced and consumed and cannot be stored for later consumption. This makes quality control difficult because the customer cannot judge "quality" prior to purchase and consumption. [15] Unlike manufactured goods, it is less likely to have a final quality check. Therefore, healthcare outcomes cannot be guaranteed. [16] So, satisfaction is one of the variables affecting the outcomes of health care and use of services. In order to improve the provision of care, predictors of dissatisfaction must be identified and eliminated [17].

Literature Review

There are various studies that cover the topic of HRM and the role and effectiveness of human resource management in general and the impact of HRM on the quality of healthcare service, also discussed the factors that affect the performance of individuals working in health organizations. In addition to that many studies discussed the functions of HRM such as planning, employment, training, performance assessment, incentives and rewards for human resources. In the following section, we demonstrate the main literatures that discussed HRM in health sector. [18]

Service providers are progressively facing a wide range of social, financial, political, regulatory and cultural challenges, associating with demands for

greater efficiency, better quality, and lower costs [19] Health care institutions have to go beyond a medical view and replace it with a holistic social approach to healthcare. Precise diagnosis and treatment are not enough, patients will be looking for performance for services they are rendered. It is argued that the focus on the patients is the first among 5 attributes of healthcare quality.[20]

Consistent with the literature, we found that a relatively small percentage (approximately 35.13%) of the sample possesses adequate knowledge of implementing quality of health care sector human resources performance .[21]

Hammad et al 2020 reported that developing countries also face the problem of in the training of health care professionals, thus using precious national resources, but losing many of their trained professionals to other areas of the world that are able to provide them with more opportunities and benefits. Human resources professionals face the task of attempting to find and/or retain workers in areas that are most severely affected by the loss of valuable workers .[22]

Some studies have been conducted to examine the impact of service quality in healthcare settings in Saudi Arabia on patient satisfaction. Al-Salem et al (2020) evaluated the satisfaction of 400 inpatients with health services in Riyadh, and found that the highest mean satisfaction score was admission, and the lowest was communication.[23] Another study was conducted to examine patient satisfaction in primary health care centers in different regions of Saudi Arabia. It indicated that 77.5% of the primary health care patients were satisfied with the services.[24] the most important factor in the choosing was medical services followed by accessibility and administrative services. since the Saudi government provides 64.5% of healthcare and the rest is provided by the private sector .[25]

Al-Hanawi et al. Found that only 42% of physicians reported a heightened level of cost consciousness in their daily practice. [26]

In another context. Heydari et al reported that merely 3.6% of pharmacists demonstrated a strong understanding of pharmacy-economics. This knowledge deficit can be attributed to several factors, including the absence of quality of health care sector education in health professional training and a lack of interest among health professionals in management issues, leading to an exclusive focus on patient care [27].

Over time, initiatives have emerged to promote such knowledge among health professionals, involving the implementation of policies and interventions to address the existing knowledge gap [28]. Researchers use a range of quality measures

to aim to see health care quality, as well as counts of a therapy's reduction or decrease of diseases known by diagnosing, a decrease within the variety of risk factors which individuals have following preventive care, or a survey of health indicators in an exceedingly population WHO are accessing bound styles of care. [20]

Aim of the study:

To investigate the impact of Implementing Quality of Health Care Sector Human Resources Performance and achieving patients' satisfaction in Saudi Arabian 2022 .

Objectives:

- Effectiveness of human resource management in general and the impact of HRM on the quality of healthcare service, also discussed the factors that affect the performance of in service and achieving patients' satisfaction health organizations.

Methodology:

This cross-sectional study was conducted in Saudi Arabia, from June 2022 to August 2022, on 300 patients (198 males, 102 females). The ages ranged from 18-61 years, to investigate the impact of Implementing Quality of Health Care Sector Human Resources Performance and achieving patients' satisfaction in Saudi Arabian , including physicians, pharmacists, nurses and healthcare management staff. The data for this study were collected online via and interview a self-administered questionnaire. The survey's link was shared with healthcare professionals through What Sapp groups to engage wider participation. In addition, participants were asked to forward the survey link to their colleagues. Based on the most recent statistics, high number of healthcare professionals working in the healthcare sector in the KSA . The sample size considering a margin of error of $\pm 5\%$, a confidence level of 95%, a response distribution of 50%, and the estimated population size indicated above, resulting in a required sample size of 300 respondents.

Study design:

A cross-sectional study to investigate the impact of Implementing Quality of Health Care Sector Human Resources Performance and achieving patients' satisfaction in Saudi Arabian 2022 .

Study setting:

The present study has been conducted in health care sector in Saudi Arabian 2022 .

Study Sampling: The current study has been conducted at health care sector in Saudi Arabian the study randomly sampled. They has been collected thro the Saudi healthcare sector and more specifically in according to the inclusion, exclusion criteria shown below.

Inclusion criteria:

- Adult age 18 -or above
- Male and female .
- Visiting health care sector seeking health services in the past 3 months .

Exclusion criteria:

- The healthcare sector refused to participate in the research.
- The participates refused to answer the questionnaire .

Sample size:

Sample size was calculator by Raosoft Online sample size calculator. It was 300 participant, based on assumption that during the last 3 month , the total number of participant who visited the one health care sector at Saudi Arabian, 300 participants were invited to participate in the study.

Tool of Data Collection:

A questionnaire was developed by the researcher to collect the needed data. It included two parts:

Tool (I) Questionnaire the first part deals with demographic data such as. Gender, marital status, age

The second part concerns with

Tool (II): consisted of close-ended questions will be assessed by a questionnaire that was previously assesses to have good reliability examines how satisfied the Saudi People are with their public sector healthcare services.

Data Collection technique

Result

Table (1) Distribution of Socio-demographic data in study group .

Demographic variables	N	%
Age		
18-23	57	19
24-35	126	42
36-47	75	25
48-57	42	14
Gender		
Male	198	66
Female	102	34
Marital Status		

- During the study period (June 2022 to August 2022), the researcher was available at the involved healthcare sector five days in the week to clarify any issue.
- The researcher distributed the questionnaire in the waiting area by themself to the selected patients.
- The questionnaires were collected at the same time.

Pilot study/pretesting

An exploratory sample was drawn and the stability of each was calculated reliability target value were 0.8 pilot study conducted on 10% of sample size; and modification made according

Field of Work:

- Saudi health care sector will be identified by their record number and names then the quality of health care to patient satisfaction Saudi of the list .
- The researcher introduced himself to each staff in the sector

Ethical Considerations:

This study was conducted under the approval from the administrator's in Saudi Arabic and more specifically at Saudi Arabian . Participants were given explanations about the purpose of the study, Confidentiality of participants' information was assured, and the data were accessed only by the investigators involved in the study.

Data Analysis:

Collected data has be coded and tabulated using a personal computer, then will be statistical package for social science (SPSS) version 24 was used to analyse these data. chi- square to compare t test and ANOVA level was considered at p value>0.5

Budget

It has be self- funded

Single	75	25
Married	225	75
Level of education		
primary	87	29
intermediate	63	21
Secondary	99	33
High education	51	17
Employment status		
Governmental health sector employee	177	59
Private health sector employee	123	41
Family income		
<5000 SR	45	15
5000 – 10000 SR	126	42
>10000SR	129	43
Experience		
1–5 years	45	15
6–10 years	126	42
11–15 years	105	35
>15 years	24	8

The study included 300 participant table 1 show the remaining socio-demographic characteristics of the participant, regarding age most of participants 24-35 were (42.0%) followed by 36-47 years were (25.0%) while 18-23 years were (19.0%) while 48-57 were (14.0%) , regarding the gender majority of participants were(66.0%) were female while male were (34.0%), regarding the marital status the most of participant were (75.0%) married while single were (25.0%), regarding the level of education the most of participant secondary were (33.0%) while primary were (29.0%) followed by

intermediate were (21.0%) but the high education (17.0%), regarding the employment status majority of participants governmental health sector employee were (59.0%) while private health sector employee were (41.0%) , regarding family income the majority of participant >10000SR were (43.0%) while 5000 – 10000 SR were (42.0%) but <5000 SR were (15.0%), regarding the experience most of participant from 6-10 years were (42.0%) while from 11-15 years were (35.0%) followed by from 1-5 years were (15.0%) but from >16 years (8.0%) .

Table (2) description of implementing quality of health care Sector and human resources performer .

Demographic variables	N	%
Consider knowledge of human resources performance		
Yes	225	75
No	75	25
Consider knowledge of health economics to be important in job practice		
No	87	29
Yes	213	71
Participate in implementing quality of health care Sector decisions at work		
Yes	45	15
No	255	85
Implement health economics techniques to make decisions		
No	63	21
Yes	237	79
Working of quality of human resources performance		
No	78	26
Yes	222	74
Member of the quality management department		
No	96	32

Yes	204	68
Involved in the accreditation		
No	96	32
Yes	204	68

Table 2 show the description implementing quality of health care Sector and human resources performer, regarding Consider knowledge of human resources performance most of participants answer Yes were (75.0%) followed by No were (25.0%), regarding Consider knowledge of health economics to be important in job practice majority of participants answer Yes were (71.0%) were No while male were (29.0%), regarding Participate in implementing quality of health care Sector decisions at work the most of participant answer No were (85.0%) while Yes were (15.0%), regarding

the Implement health economics techniques to make decisions the most of participant answer Yes were (74.0%) while No were (21.0%), regarding the working of quality of human resources performance majority of participants answer Yes were (74.0%) while No were (26.0%) , regarding member of the quality management department the majority of participant answer Yes were (68.0%) while No were (32.0%) , regarding the involved in the accreditation most of participant answer Yes were (68.0%) while No were (32.0%) .

Table 3: Distribution of the Patient Satisfaction to quality of health care Sector

Items		Accessibility			% Of agreement	Chi-square	
		Disagree	don't know	Agree		X ²	P-value
1	The implementing quality of health care Sector human resources performance in Saudi Arabian is acceptable	N	15	11	95.44	454.220	<0.001*
		%	5.00	3.67			
2	Time spent in the waiting room for a routine visit is very long	N	27	19	91.89	356.060	<0.001*
		%	9.00	6.33			
3	I find it difficult to get an appointment for health care	N	30	26	90.44	348.257	<0.001*
		%	10.00	8.67			
4	The clinic gives me access to medical care at any time I need it	N	59	42	82.22	148.460	<0.001*
		%	19.67	14.00			

Table 3 show distribution of the Patient Satisfaction to quality of health care Sector regarding implementing quality of health care Sector human resources performance in Saudi Arabian is acceptable was a significant relation were P=0.001 and X² 454.220 while % of agreement were 95.44 also showed that (91.33%) of the participant agree while don't know were (3.67%) followed by disagree were (5.0%), regarding Time spent in the waiting room for a routine visit is very long was a significant relation were P=0.001 and X² 356.060 while % of agreement were 91.89 also showed that (84.0%) of

the participant agree but Don't know were (6.33%) followed by disagree were (9.0%) , regarding find it difficult to get an appointment for health care was a significant relation were P=0.001 and X² 348.257 while % of agreement were 90.44 also showed that (81.33%) of the participant agree while Don't know were (8.67%) followed by disagree were (10.0%), regarding clinic gives me access to medical care at any time I need it was a significant relation were P=0.001 and X² 148.460 while % of agreement were 82.22 also showed that (66.33%) of the participant agree followed by disagree were (19.67%) but Don't know were (14.0%) .

Table 4: Distribution of the accessibility Patient Satisfaction to quality of health care Sector .

Accessibility		
	N	%
Weak	21	7
Average	66	22
High	213	71
Total	300	100
Chi-square	X²	201.66
	P-value	<0.001*

This table 4 shows distribution of the accessibility Patient Satisfaction to quality of health care Sector the significant relation were $P=0.001$ and $X^2 201.66$ majority of participant (71.0%) have high of the

accessibility Patient Satisfaction to quality of health care followed by (22.0%) of participant average while weak were(7.0%)

Figure (1): Distribution of the accessibility Patient Satisfaction to quality of health care Sector

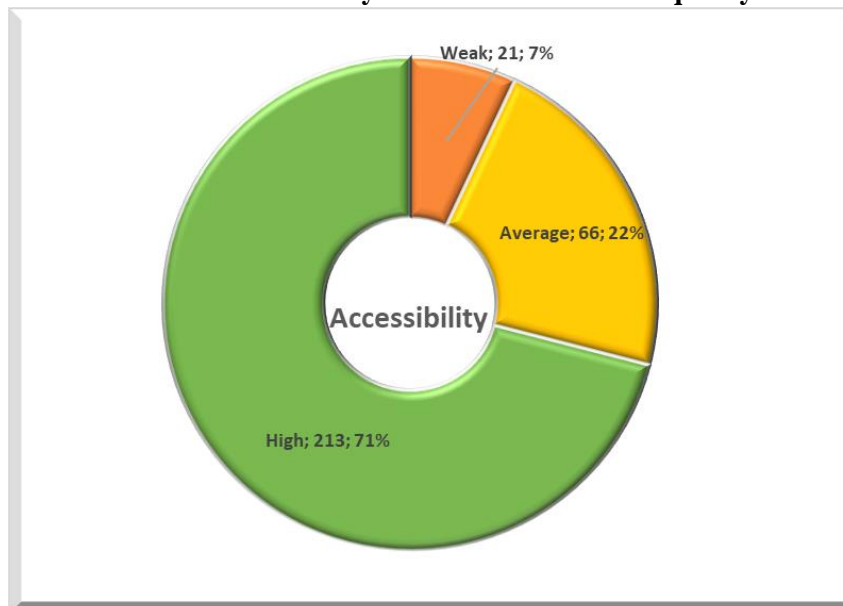


Table 5: Distribution of the Patient Satisfaction to quality health care according to their perceptions about Comprehensiveness of health care .

Items	Quality of health care			% Of agreement	Chi-square	
	Disagree	don't know	Agree		X ²	P-value
1 All members of my family have a medical file and they are screened routinely in the clinic.	N	55	45	82.78	150.500	<0.001*
	%	18.33	15.00			
2 The data in the medical file are comprehensive and accurate.	N	36	73	83.89	131.060	<0.001*
	%	12.00	24.33			
3 In each medical visit they measured (weight, height, blood pressure, temperature).	N	62	20	84.00	94.129	<0.001*
	%	20.67	6.67			
4 The doctor provides me a comprehensive medical examination when I need it.	N	42	33	87.00	234.780	<0.001*
	%	14.00	11.00			
5 the results of laboratory tests attached immediately to the file	N	19	85	86.33	160.020	<0.001*
	%	6.33	28.33			
6 The medical staffs at the clinic are familiar with the latest medical developments.	N	67	120	71.78	16.580	0.003*
	%	22.33	40.00			

The results shown in table (5) represent the Distribution of the Patient Satisfaction to quality health care according to their perceptions about Comprehensiveness of health care showed regarding all members of my family have a medical file and they are screened routinely in the clinic was a significant relation were $P=0.001$ and X^2 150.500 while % of agreement were 82.78 also showed that (66.67%) of the participant agree followed by disagree were (18.33%), while don't know were (15.00%) , regarding The data in the medical file are comprehensive and accurate was a significant relation were $P=0.001$ and X^2 131.060 while % of agreement were 83.89 also showed that (63.67%) of the participant agree but Don't know were (24.33%) followed by disagree were (12.0%) , regarding each medical visit they measured (weight, height, blood pressure, temperature) was a significant relation were $P=0.001$ and X^2 94.129 while % of agreement were 84.00 also showed that (72.67%) of the participant agree followed by

disagree were (20.67%) while Don't know were (6.67%), regarding the doctor provides me a comprehensive medical examination when I need it was a significant relation were $P=0.001$ and X^2 234.780 while % of agreement were 87.00 also showed that (75.00%) of the participant agree followed by disagree were (14.0%) while Don't know were (11.00%), regarding the results of laboratory tests attached immediately to the file was a significant relation were $P=0.001$ and X^2 160.020 while % of agreement were 86.33 also showed that (65.33%) of the participant agree but Don't know were (28.33%) followed by disagree were (6.33%) , regarding The medical staffs at the clinic are familiar with the latest medical developments was a significant relation were $P=0.001$ and X^2 16.580 while % of agreement were 71.78 also showed that (40.00%) of the participant Don't know but agree were (37.67%) followed by disagree were (22.33%)

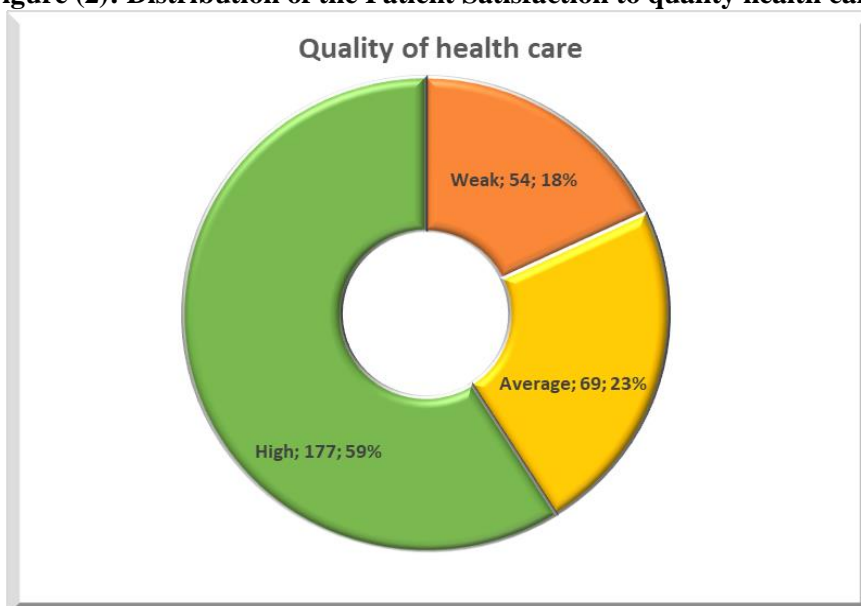
Table 6 : Distribution of the Patient Satisfaction to quality health care .

Quality of health care		N	%
Weak		54	18
Average		69	23
High		177	59
Total		300	100
Chi-square	X ²	90.06	
	P-value	<0.001*	

This table 6 shows distribution of the Patient Satisfaction to quality health care the significant relation were $P=0.001$ and X^2 90.06 majority of participant (59.0%) have high of the Patient

Satisfaction to quality of health care followed by (23.0%) of participant average while weak were(18.0%) .

Figure (2): Distribution of the Patient Satisfaction to quality health care .



Discussion

The impact of implementing quality of health care sector human resources performance in Saudi Arabian, this study aims to investigate the impact of Implementing Quality of Health Care Sector Human Resources Performance and achieving patients' satisfaction in Saudi Arabian 2022. The study was carried out during June 2022 to August, on 300 participant the results of the current study support the emerging literature regarding implementing quality of health care sector human resources performance and patient satisfaction, especially in Saudi Arabia.[29] to identify the component of primary health care that cause most concern to service users and to identify socio demographic and other factors associated with satisfaction among the users of healthcare sector. In our study included 300 participant show the remaining socio-demographic characteristics of the participant, regarding age most of participants 24-35 were (42.0%), regarding the gender majority of participants were (66.0%) were female, regarding the marital status the most of participant were (75.0%) married, regarding the level of education the most of participant secondary were (33.0%) while primary were (29.0%), regarding the employment status majority of participants governmental health sector employee were (59.0%) while, regarding family income the majority of participant >10000SR were (43.0%), regarding the experience most of participant from 6-10 years were (42.0%).(See table 1).

While examining health care systems in various countries, we have found significant differences pertaining to human resources management and health care practices. It is evident that in Saudi Arabian, quality of health care sector legislation influences human resources management within the health care sector. Furthermore, the result of the debate on Saudi Arabian one-tier versus two-tier system may have drastic impacts on the management of human resources in health care. Additionally, due to a lack of Saudi Arabian trained health professionals, we have found that Saudi Arabian have a tendency to recruit from developing countries such as South Africa and Ghana, in order to meet demand. In our study regarding description of implementing quality of health care Sector and human resources performer show Consider knowledge of human resources performance most of participants answer Yes were (75.0%) regarding Consider knowledge of health economics to be important in job practice majority of participants answer Yes were (71.0%), regarding Participate in implementing quality of health care Sector

decisions at work the most of participant answer No were (85.0%) (See table 2).

The recent efforts made by the Saudi government to improve health care quality may, to some extent, contribute to the study results. Patients rendered a high level of service quality would report a high satisfaction rate when filling out an ad hoc survey and vice versa.[29] in our study show distribution of the Patient Satisfaction to quality of health care Sector regarding implementing quality of health care Sector human resources performance in Saudi Arabian is acceptable was a significant relation were $P=0.001$ and $X^2=454.220$ while % of agreement were 95.44 also showed that (91.33%) of the participant agree while don't know were (3.67%) followed by disagree were (5.0%), regarding clinic gives me access to medical care at any time I need it was a significant relation were $P=0.001$ and $X^2=148.460$ while % of agreement were 82.22 also showed that (66.33%) of the participant agree followed by disagree were (19.67%) but Don't know were (14.0%). (See table 3)

Examination of the relationship between quality of health care sector in the Saudi Arabian and human resources management reveals three major problems: rapidly escalating health care costs, a growing number of Saudi Arabian with health care coverage and an epidemic regarding the standard of care. These problems each have significant consequences for the well-being of individual Saudi Arabian and will have devastating effects on the physical and psychological health and well-being of the nation as a whole. In our study shows distribution of the accessibility Patient Satisfaction to quality of health care Sector the significant relation were $P=0.001$ and $X^2=201.66$ majority of participant (71.0%) have high of the accessibility Patient Satisfaction to quality of health care followed by (22.0%) of participant average while weak were (7.0%). (See table 4)

Human resources management plays a significant role in the distribution of health care workers. With those in more developed countries offering amenities otherwise unavailable, chances are that professionals will be more enticed to relocate, thus increasing shortages in all areas of health care. Due to an increase in globalization, resources are now being shared more than ever, though not always distributed equally. In our study shows distribution of the Patient Satisfaction to quality health care the significant relation were $P=0.001$ and $X^2=90.06$ majority of participant (59.0%) have high of the Patient Satisfaction to quality of health care followed by (23.0%) of participant average while weak were (18.0%). (See table 5,6)

Conclusion

The study achieved its objective by showing the Impact of implementing quality of health care sector human resources performance in Saudi Arabian 2022. The assessment indicates that while most of the respondents consider health knowledge essential in their quality in job practice, only a small percentage possess optimal knowledge, engage in economic decision making at work, and apply health techniques in their decision making. Furthermore, health implementing quality of health care sector human resources performance depending on professional status, work experience, perceptions about health, and involvement in management tasks and decision-making processes. Generally, knowledge of health quality of health care sector human resources performance tends to increase with experience, positive perceptions, and engagement in administrative or management tasks. These findings highlight the need for policymakers to address existing limitations and disparities in knowledge and perceptions of health quality through ongoing training courses and workshops.

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