CHALLENGES FACED BY HEALTH ADMINISTRATION SPECIALISTS IN CAPTURING THE LEADERSHIP POSITIONS: AN ANALYSIS OF THE SAUDI MINISTRY OF HEALTH

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ABSTRACT: *The healthcare system of Saudi Arabia is passing through dynamic reforms under the Saudi vision 2030. Saudi healthcare is governed by the ministry of health, and most of the senior positions are occupied by the generalists, whereas the specialists have not been given due share to move up into the top positions in the ministry of health. The study was aimed to analyze the challenges faced by health administration specialists in capturing the leadership positions in the Saudi ministry of health. The researcher has reviewed the existing studies. Based on which a schematic diagram of the theoretical model was developed to understand the association and cause and effect relationship between the Independent and dependent variables. An interview schedule was developed and focused group interviews from 75 respondents were conducted by the researcher. Purposive and convenience sampling was done. Since, research in hand is qualitative thus, for qualitative data analyses, hermeneutics, discourse and heuristic were used for qualitative analysis. Data were analyzed through ATLAS.ti a computer-based software. The study finds that the Saudi healthcare system is dominantly managed by the generalists, therefore, the need of the hour is to restructure and redesign the entire human resources policies and personnel functions by giving a fair chance of promotion to health specialty personnel to the top leadership potions. This will be helpful to enhance institutional and individual performance and efficiency and reduce the cost of service. However, before taking such an initiative, a meaningful education, training program needs to be arranged so disciplined and result oriented change in the organizational structures of the healthcare system of Saudi Arabia could be ensured.*

Keywords: Health Administration, Specialists, Leadership Position, Organizational, Managerial, People, and Quality of education, Knowledge, Skills.

INTRODUCTION

Background of the study

Health is the basic human right and every citizen of the country should have to enjoy a healthy and pleasant life. The aim of the healthcare system is to promote, restore and maintain the health in a country with minimum wastage of time, energy and resources [13]. The Saudi healthcare system is governed and managed by the ministry of health. Heath sector is divided into 22 regions, and every region is working under the supervision of the ministry of health [4]. Polices are formulated, communicated and flow down from the ministry of health [33].

Health administration specialists are the backbone of any health care system as success or otherwise failure is dependent on their knowledge, skills, expertise, and commitment towards their job being administrators of the healthcare institutions Appelbaum & Wohl [5], however, like other developing countries, the role of the health administration specialists is undermined by the top management of the ministry of health in Saudi Arabia [33]. A very small number of graduates produced by the health colleges could secure administrative positions in the ministry of health, the rest of the positions are generally occupied by the officials from the physician background Al-Yousuf, Akerele & Al-Mazrou, [4] due to their tendency for power attainment.

There may be countless reasons, yet governmental, organizational, managerial, structural, functional and human factors are considered by the researcher as the main barriers for the health administration specialists to move ahead of both vertically and horizontally in the ladder of organizational hierarchy to capture top ranks [2].

The review of the secondary sources was done by thoroughly exhausting the available sources of secondary data. A Theoretical model was developed to understand the relationships and impact of the independent variables (IVs) i.e. "governmental, organizational and human' factors of the study over the dependent variable (DV) "challenges for health administration specialists in capturing the leadership positions".

The problem of the Study

This study has been undertaken to investigate and analyze the contextual factors and main challenges that are being faced by the health administration specialists in the ministry of health Kingdom of Saudi Arabia, which prevents them to capture leadership positions.

LITERATURE REVIEW

The review of the existing literature is done to get an understanding of the issue/ problem of the study and to develop a model for logical analysis, drawing inferences, possible conclusions, and recommendations/ suggestions. This second section of the study in hand gives an overview of the secondary sources on the topic under investigation.

Existing Research

An effective vision of the healthcare system helps the personnel working healthcare systems to accept inexorable changes and convert the threats into opportunities [3]. Since

the healthcare sector is evolving, growing and expanding, therefore, it requires a breed of experts abreast with expertise, knowledge, and skills especially from health administration specialists to plan, direct, coordinate, and supervise the delivery of healthcare in the most cost-effective manner [1]. It has been noted by researchers like, Decker, Wheeler, Johnson & Parsons [12] that today's health administration professionals are responsible not only to address the emerging complexities but also to integrate them with delivery of healthcare systems, and also welcome the technological innovations, whereas, Bryan [9] further added that they work in an increasingly complex regulatory environment under the law of the land that governs the health care system.

The growing complexity of structure, size, functions and operations of the healthcare system in the modern word inter alia the convolutedness of the modern healthcare system demands healthcare executives to work distinctly with different roles at several levels of the hierarchy of the health care system [5]. All of the administrators have a single agenda and responsibility i.e. to improve the efficiency, delivery of high-quality healthcare services to serve the patients as to their satisfaction [13].

Keeping in view the above challenges, needs and requirements of the healthcare services, therefore, most of the healthcare systems, especially the large hospitals and the managed care organizations hire both generalists as well as specialists' healthcare administrators to cater to their organizational and managerial needs [3]. Although both the health administration generalists and specialists work together side by side in order to make certain the smooth amalgamation of healthcare services as each of them has to play inimitable roles and responsibilities to fulfill within the ambit of their jurisdiction i.e. healthcare delivery system.

The generalists of health administration manage or help to manage the whole healthcare system and the facility by supervising and assessing different facets of planning, coordination, and care which need broader knowledge of health administration and expert-level skills particularly in an area of health administration [2]. The generalists occupy the positions of a chief administrative officer, executive director and administrator, assistant director, director of practice plan operations, etc [33].

On the other hand, the health administration specialists, contrasting to their generalist colleagues, also require to oversee the specific clinical departments or services of the healthcare system [5]. The large facilities need to hire a swarm of health administration specialists to look after the affairs of the different department of the facility for example, the human resources department, department of information technology, department of patient services, finance department, and department of public relations along with clinical areas for example, nursing, surgery, cardiology, internal medicine, gynecology, and pediatrics etc.

The specialists in health administrative have to perform some specific duties that also include to ensure the efficient, effective and cost-efficient management and operations of the area of their responsibilities i.e. departments or clinical areas, which demands typical and purpose related education and training for their area of expertise or specialty, for example,

an official/ administrator of human resource department is likely to possess a background in personnel management and labor laws Bazzoli., Dynan., Burns., & Yap, [6]. Similarly, a manager responsible for financial administration must be a specialist in finance, accounts, and auditing, etc. Normally, the specialists enjoy the positions of finance and operations administrator, director care coordination, and director patient care services, etc. [6].

The health administration specialists generally possess a bachelor or master degree in health administration with a specialization in a specific area of healthcare including finance, health informatics, human resources management, Information systems, global health administration, project management, long-term care management, public administration and public health [33].

Major Challenges

Around the globe, countries are striving hard to reform and improve the healthcare quality by containing and controlling the cost and delivering maximum access of service in order to ensure the provision of quality of care and services to the patient [33]. The Saudi government under Vision 2030 and national transformation plan 2020 for health under the leadership of Prince Muhammad Bin Salman are bringing radical changes to improve the organizational, managerial efficacy and quality of the service in the Saudi health care system Government of Saudi Arabia. Saudi Arabia's Vision for 2030 [15].

The Kingdom has a huge geographical territory covering an area of 2 250 000 square kilometers. The economy of Saudi Arabia is mainly dependent on oil production and the majority of the population lives in rural areas [3]. The population of the country is growing humbly in the recent past approximately 7.3 million people in 1975 to approximately 24.6 million in 2005. The large percentage of foreign workers and young people have profound impacts on the Saudi health care system [21].

According to statistics, some 25% of the population i.e. 6.1 million people are the foreign nationals, while 40% of its population belong to age group below 15 years, likewise, 3.5% of the population is above the age of 65 (Ministry of Health General Directorate of Statistics & Information, 2016). According to Dr. Gireesh Kumar [14], Saudi Arabia is having 70% of the young population below the age of 40 years, whereas, it is recommended that health services need to be planned on this demographic profile if they fast-forward to 2035.

Like other countries of the region, Saudi Arabia lacks qualified healthcare professionals since its inception (Zohair, Waleed, Milaat & Abdulmohsen, [33], however, with passage of time in general and under the reign of King Salman Bin Abdulaziz in particular, government is actively following the self-reliance policy not only by bringing dynamic reforms but also investing more in the health and medical education to meet the country requirement by producing quality health professionals [28].

Several universities and colleges throughout the kingdom are offering courses of public health, health administration and health informatics and producing a good number of graduates every year [33]. Though Saudi healthcare sector is growing and have a large market, despite the efforts of the present

regime to promote Saudization i.e. replacing the foreign health workers with Saudi national, still the health administration graduates produced failed to secure high-rank positions in the ministry of health and its intuitions [1].

It has been widely recognized by the researchers like Bazzoli, Dynan, Burns, & Yap [6] that governmental (government policies), organizational (structural and functional), managerial factors (marginalization, work culture, lack of motivation and lack of leadership and managerial qualities) are largely responsible to impede the movement of the health administration specialists to the upper level managerial positions [18]. Whereas, some of the studies like Jannadi [17] have identified that human factor is significant as their varying cultural background, attitude, beliefs, competence and lust for organizational power are also keeping the specialist away from the top position as they are in direct competition with generalist and physician who are holding most of the senior positions [11].

Likewise, some of the studies, for example, Julie Bassi [19] have identified that the quality of graduates produces by the local institutions lacks the related knowledge and skills because of the outdated and inconsistent curriculum that does not fulfill the market requirements [4, 31].

RESEARCH METHODS

The methodology is a guideline that guides the researcher throughout the process to decide about the tools and techniques to be employed in the study to successfully take it to its final destination.

Tools and Techniques

In this study, a careful literature survey was carried out by thoroughly exhausting the possible available sources of secondary data. Grounded on the critical review of the existing studies, the main variables both dependent and independent were regarding the issue were extracted. Since, research in hand is qualitative thus, for qualitative data analyses, the researcher used an ATLAS. ti a computer-based software.

Secondly, focused group interviews were conducted from 75 healthcare professionals to get the first-hand opinion of the relevant sample of the study. The sample of the study was selected on the principle of convenience and purpose. Interviews were conducted from the healthcare care professionals in Qassim, Riyadh and Hafrul-batin regions. Both personnel from health directorates, hospitals and primary healthcare were included in the target population of this study.

The main variables, sentences, phrases and terminologies were fed into a computer, moreover, as a next step coding was done, extraction of quotes and memos were created.

Generally in qualitative research, researchers examine, categorize, tabulate and recombine data for analyses, as for as this study is concerned, the researcher employed three methods i.e. hermeneutics by James [16] discourse by Max [22] and heuristic by Moustakas [24]. The theoretical framework of the study was developed which illustrates the relationship and cause and effect of the dependent and independent variables of the study.

Theoretical Framework of the Study

The below given schematic diagram of the theoretical model of this study is developed from the existing studies, which illustrates the association, and cause and effect of the dependent variable and independent variables used in examining the challenges faced by health administration specialists in capturing the leadership position of Saudi Ministry of health.
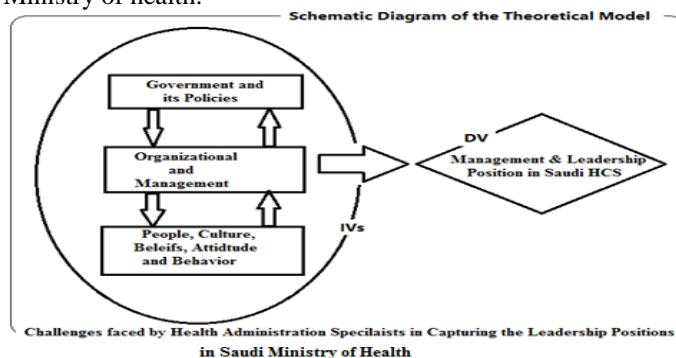

Figure-1: The above schematic diagram gives a picturesque of the IVs and DV of the current study developed from the review of the existing studies.

The following table gives an overview of the descriptive/ as a percentage of the characteristics of the demographic features of the respondents of this research:

Table 1: Demographic Characteristics of Respondents

Variables	Nature	Number of Respondents	Percentage
Institution	Primary Health Center	25	33.33
	Govt. hospital	25	33.33
	Private hospital	25	33.33
Gender	Male	55	73.33
	Female	20	26.66
Designation	Manager	27	36.00
	Deputy Manager	14	18.66
	Assistant Manager	34	45.33
Profession	Manager	21	28.00
	Physician	26	34.66
	Nurse	28	37.33
Level of Education	Diploma	22	29.33
	Bachelor	41	54.66
	Master and Higher	12	16.00
Resident	Rural Area	35	46.66
	Urban Area	40	53.33

DISCUSSION AND ANALYSIS

This section is based on the tools and techniques mentioned in the methodology section, wherein arguments have been built on the basis of the findings of the previous studies and the data collected through interviews from the respondents of the study.

Government and its Policies

Since the ministry of health is the sole regulator and policy formulator of the health sector in Saudi Arabia, therefore, it's the responsibility of the government functionaries to streamline their policies in line with ground realities in order to increase the level of care and efficiency of the institutions [29]. It has been observed by the researchers that in most developed as well developed counties the role of specialists is played down in favor of generalists [1].

A well-known study by Madsen, Miller & John [20], has identified that mistrusting the specialists' abilities and the importance of this specialty is one of the causes of dissatisfaction among the health administration specialists and the major barrier for them which prevent their promotion to the higher ranks of leadership.

This argument was also supported by the respondents, 53.79% of the respondents were of the view that the ministry of health may need to review and revise its human resource policies and induction process. They further opine that job description needs to be redesigned and specialists may be given chance to fairly moving up in the ladder of the hierarchy to a higher position. Al-Yousuf, Akerele & Al-Mazrou [4] assert that it is essential for satisfaction and to prevent turn over and absenteeism.

Organization and Managerial Issues

The organizational structure and functions are performed in the department require specialized personnel in the field of organization and management to materialize the goals and targets of the organizations and departments [31]. Since, health administration specialist has the knowledge and skills of orgware and peopleware (Rumaiya & Muhammad, [26], therefore, they could more effectively formulate policies, make plans and take

decisions with sound strategies to ensure transparent and patient-centered health service delivery as compared to their generalized and physician counterparts [32].

Experts like, Cole, Harris & Bernerth [11], believe that the marginalization of health administration specialists by influential managers is one of the main causes of low performance and high cost. The physicians and generalists ignore the role of the specialists and do not allow them to capture high ranks, this according to organization and management scientists negates the principle of the right person for the right job. It has been concluded by several studies that in most of cases, physicians and other medical specialties dominate the leadership [32].

Likewise, the organizational culture of holding power by the generalists, lack of motivation, lack of leadership and managerial qualities of the generalist hamper the pace of performance and growth of the healthcare institution Spinelli, [31], which in turn affect the delivery of service hence, leads toward patient dissatisfaction [25]. The respondents admitted

this fact, 68.21% of the respondents suggested restructuring the organizational and management roles in order to achieve the targets of the vision 2030. The opinion expressed by the respondents were consistent with the findings of the previous studies of [10].

People/ Human

Healthcare organizations are designed and created to provide the best of the healthcare facilities to the citizens of the country, one could justify their existence if they are meeting their predefined and predetermined goals [31]. Organizations come into existence when two or more than people come in contact or interact Sananda, [27]. Organization and management scientists assert that humans/ people are the core elements since without people one cannot imagine the existence of an organization [25]. However, every individual is unique in his personality and different in attitude and behavior, experience, qualification, expertise and performance [27].

People get influence by their immediate environment and therefore, we cannot accurately predict their attitude, behavior and response (Al-Yousuf, Akerele & Al-Mazrou, [4], however, getting their favor and cooperation is prerequisite for successful operation and management of the healthcare institutions[27]. With this background, when respondents were asked to express their views that why, specialist of health administration feel deprived, and what mare the possible barriers in your view that they could not get higher ranks in the Saudi ministry of health, 72.46% gave a very interesting opinion. According to them, power motives, competence motives, and displacement of the common good for personal gain are the main human obstacles, therefore generalists already holding power tried their best to close all possible options for specialists. Refereeing to the power struggle in healthcare, Rumaiya & Muhammad [26] concluded that generalists intentionally deprive the specialist in order to strengthen their grip on the policy formulation and decision making and, as they do not want to share their power since they consider the specialist as social, status and economic threats [25].

Quality of the Graduates

Any organization including healthcare depends on its success and survival on the qualified input produced by the health science education system of the country [32]. The psycho-social researchers and analysts in the field of health education have concluded that the quality of the graduates is the net outcome of the learning-teaching process, the curricula, teaching methodology and assessment process [10].

It has been noted by researchers that in Saudi Arabia, students' lack of interest to thoroughly study rather, they are more interested in the high grades instead of studying hard to increase the level of their knowledge [27]. The Saudi education systems are largely dependent on the expatriate faculty, the Saudi nationals who earned a higher level of qualification tend to be more interested in managerial positions instead of teaching.

The curriculum is tough updated, quality assurance units are working to maintain the quality of teaching and learning process, however, the language barriers between the Saudi students and expatriate faculty have been considered by

several experts as the barrier towards effective delivery and learning (Walston, Al-Harbi & Al-Omar, [32], thereby, it is difficult for the students to understand and follow the teaching in English. 55.04 % of the respondents supported this argument, according to them the graduates produced by the healthcare education institutions lack deep knowledge of the field. Thus, as a result of scrawny educational output, the graduates in health specialties fail to meet the market needs that is why the ministry of health could not afford the risk to hand over the fate of the health sector into the laymen. The views expressed by the respondents were consistent with the findings of Bernard [8].

CONCLUSION AND RECOMMENDATIONS
The purpose and goal of any social organization are to accomplish its targets efficiently and effectively through available human and material resources to keep its operational cost minimum. Though without material resources, we cannot realize these dreams, however, the human element is the most significant of all.

The Saudi ministry of health is passing through structural, functional and operational reforms and transformation under the Saudi vision 2030 and NTP 2020 with the aim to ensure and provide international standards in quality of care by reducing, on one hand, the burden on government finances through public-private partnership and Saudization on the other.

Since the Saudi healthcare system is dominantly managed by the ministry of health, therefore, the need of the hour is to restructure and redesign the entire human resources policies and personnel functions.

Generalists and specialists are the two pillars of the healthcare system, however, this study has found that the role of specialists of health administration is played down by the generalists, who are holding senior positions at the moment. This study has further investigated the factors which are impeding the specialist's promotion to the high positions and it has been identified that the government's human resource policies, organizational, managerial and human factors are considered as the main bottlenecks. Further, this study has identified that the language barrier is causing poor learning, therefore the graduates produced by health science colleges fall below the standard, so the ministry of health could not afford to assign them key positions.

Based on the findings and conclusions, it is hereby recommended that:

The government reform unit working and monitoring the progress of the implementation of NTP 2020 may also review and consider the challenges highlighted by this study. The structure and mechanism of the ministry of health may be redefined by engaging and promoting the specialists of health administration through a gradual and incremental process. This, on one hand, will give them the chances to gain experience and enhance their managerial skills i.e. technical, human, and conceptual and design, and on other, using their potentials lead the ministry of health in the right direction i.e. quality of care and better service delivery in cost-effective way. Further, it will give them a sense of recognition and ownership, thereby, minimize the impacts of anxiety and depression among them. Likewise, it will decrease the

dependence on expatriate personnel, hence the goal of Saudization could also be accomplished through this initiative.

Furthermore, it will be helpful in enhancing the institutional performance and efficiency inter alia individual efficiency and productivity. However, before taking such an initiative, a meaningful education, training program need to be arrange so disciplined and result oriented change in the organizational structures of the healthcare system of Saudi Arabia.

REFERENCES:
1. Abdulateef Al-Mulhim (2017). Reforming the Saudi health care system, Arab News, Saturday 6 April 2013, available at: http://www.arabnews.com/news/447146.
2. Abdulwahab A. Alkhamis (2017). Critical analysis and review of the literature on healthcare privatization and its association with access to medical care in Saudi Arabia, Journal of Infection and Public Health; 10, 258—268, Available at: http://www.jiph.org/article/S1876-0341(17)30092-8/pdf, accessed on: December 19, 2017
3. Alhusaini HA. (2006). Obstacles to the efficiency and performance of Saudi nurses at the Ministry of Health, Riyadh Region: analytical field study]. Riyadh, Saudi Arabia, Ministry of Health, [in Arabic].
4. Al-Yousuf M, Akerele TM, Al-Mazrou YY. (2002). Organization of the Saudi health system. Eastern Mediterranean Health Journal, 8:4–5.
5. Appelbaum, S., & Wohl, L. (2000). Transformation or change: Some prescription for health care organizations. Managing Service Quality, 10(5): 279-298.
6. Bazzoli G, LoSasso A, Arnould R, Shalowitz M. (2002). Hospital reorganization and restructuring achieved through merger. *Health Care Management Review 27(1):*7–20.
7. Bazzoli, G., Dynan, L., Burns, L., & Yap, C. (2004). Two decades of organization change in health care: What have we learned? Medical Care Research and Review, 61: 247–331.
8. Bernard M. (2000). The future of leadership in learning organizations. *Journal of Leadership & Organizational Studies, 7(3)*: 19-31.
9. Bryan, J. Weiner (2009). A theory of organizational readiness for change. Implementation Science, 4: 67, DOI: 10.1186/1748-5908-4-67

10. Caldwell D, O'reilly C. (2003). The determinants of team-based innovation in organizations: The role of social influence. Small Group Res; 34:497-517.

11. Cole, M.S., Harris, S.G., Bernerth, J.B. (2006). Exploring the implications of vision, appropriateness, and execution of organizational change. Leadership & Organization Development Journal, 27: 352-567.

12. Decker D, Wheeler G, Johnson J, Parsons R. (2001). Effect of organizational change on the individual employee. *The Health Care Manager 19(4)*:1-12.

13. Eby L, Adams D, Russell J, Gaby S. (2000). Perceptions of organizational readiness for change: Factors related to employees' reactions to the implementation of team-based selling. Hum Relat; 53:419-42.

14. Gireesh Kumar (2018). Healthcare in Saudi Arabia opportunities in the sector | MAY 2018. Knight Frank Research, accessed from: https://content.knightfrank.com/research/1526/documents/en/healthcare-in-saudi-arabia-opportunities-in-the-sector-may-2018-5563.pdf, Note: The author is a Senior Manager, Healthcare.

15. Government of Saudi Arabia. Saudi Arabia's Vision for 2030 (2016). Available from: http://www.vision2030.gov.sa/en. [Last accessed on 2017 Apr 03].

16. James, P. Gee. (1992). Discourse analysis, In: LeCompte, M. et al. (2001). The handbook of qualitative research in education ((Eds). chapter 6), San Diego, Academic Press, USA. 100.

17. Jannadi B et al. (2008). Current structure and future challenges for the healthcare system in Saudi Arabia. Asia Pacific Journal of Health Management, 3:43–50.

18. Jones R, Jimmieson N, Griffiths A. (2005). The impact of organizational culture and reshaping capabilities on change implementation success: The mediating role of readiness for change. J Manage Stud; 42:361-86.

19. Julie Bassi (December 2016 – January 2017). *Vision 2030 and the opportunities it represents in healthcare in Saudi Arabia*, Al-Tamimi and Co. Jeddah, KSA. Available at: http://www.tamimi.com/law-update-articles/vision-2030-and-the-opportunities-it-represents-in-healthcare-in-saudi-arabia/

20. Madsen S, Miller D, John C. (2005). Readiness for organizational change: Do organizational commitment and social relationships in the workplace make a difference? Hum Res Dev Q; 16:213-34.

21. Marwan A., Sultan, A., Snajabek, A., Latin, E., Mathew, P., and Bradn, H. (2017). Public Healthcare in the Kingdom of Saudi Arabia: Plans for Private Sector Participation, Healthcare July 2017, Shearman and Sterling LLP, Hong Kong.

22. Max, V. Manen (1990). Hermeneutical Analysis: Researching lived experience, New York, State University of New York Press, USA.

23. Ministry of Health. General Directorate of Statistics & Information, Health statistic book. Riyadh (KSA): Ministry of Health; 2016. Available from: http://www.moh.gov.sa/en/ministry/statistics/book/pages/default.aspx. [Last accessed on 2017 Apr 09].

24. Moustakas C. Heuristic research. Academic Press, Newbury Park. 1990. USA.

25. Oreg S. (2003). Resistance to change: Developing an individual differences measure. Journal of Applied Psychology; 88:680-93.

26. Rumaiya Sajjad, Muhammad Owais Qureshi (2018). An assessment of the healthcare services in the Kingdom of Saudi Arabia: An analysis of the old, current, and future systems. International Journal of Healthcare Management, Received 03 Nov 2017, Accepted 24 Jan 2018, Published online: 05 Feb 2018, Accessed from: https://www.tandfonline.com/doi/abs/10.1080/20479700.2018.1433459?journalCode=yjhm20.

27. Sananda S. (2017). Saudi health sector set for boost from National Transformation Plan, The National's Business Section, The National UAE Edition June 16, 2016, Updated: June 16, 2016 04:00 AM, available at: https://www.thenational.ae/business/saudi-health-sector-set-for-boost-from-national-transformation-plan-1.221295

28. Saudi Arabia- Health Economics News (2017). Big changes ahead for Saudi Arabia's health care sector, Oxford Business School Review Report, 24 Feb 2017, available at: http://www.oxfordbusinessgroup.com/news/big-changes-ahead-saudi-arabia%E2%80%99s-health-care-sector

29. Saudi Healthcare Reforms (2017). Saudi Gazette report, Wednesday October 25, 2017 / 5, Safar, 1439, available at: http://saudigazette.com.sa/article/512731/SAUDI-ARABIA/Healthcare

30. Simeon Kerr (2016). Five goals of Saudi Arabia's ambitious transformation plans. Financial Times published on June 10, 2016, available at: https://www.ft.com/content/cbb86ed2-2e38-11e6-a18d-a96ab29e3c95.

31. Spinelli, RJ. (2006). The applicability of bass's model of transformational, transactional, and laissez-faire leadership in the hospital administrative environment. Hosp Top; 84:11-8.

32. Walston, S., Y. Al-Harbi and B. Al-Omar (2008). The Changing Face of Healthcare in Saudi Arabia. Annals of Saudi Medicine, 2008; 28(4): 243–50.

33. Zohair A. Sebai, Waleed A, Milaat & Abdulmohsen A. Al-Zulaibani (2001). Health care services in Saudi Arabia: past, present and future. J Family Community Med. Sep-Dec; 8(3): 19–23.

34. World Health Organization. The World Health Report 2006 - Working together for health. Geneva: WHO

35. World Health Organization, Regional Office for the Western Pacific(2004): Developing Health Management Information Systems: A Practical Guide For Developing Countries.WHO

36. Yin, R.K. *Case study research, design and methods*, Thousand Oaks: Sage Publications.(1994),