

Submitted: 18 DEC 2024

Accepted: 30 DEC 2024

Published: 01 JAN 2025

The Impact Assessment of Healthcare Policies and Regulations in the **Ouality of Health Management**

Original Article

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Citation

Alharbi, L.M., Kundi, G.M., & Al-Khamis, M.I. (2024). The impact assessment of healthcare policies and regulations in the quality of healthcare management. *Open Access Digital Management and Governance Review*, 1(1), 58-67.

Abstract

Quality is the significant factor that matters in healthcare. When it comes to managing healthcare, quality comes first, to achieve the highest targets it is significant to build a strong regulation. In the kingdom of Saudi Arabia, Ministry of health developed healthcare laws that should be followed by all parties. Some of these regulations are ensuring the provision and regulation of comprehensive, ensure the provision of primary healthcare services, set instructions and requirements to prevent the entry and spread of, regulate and control the handling of medicines and drugs, etc. This research employed a cross-sectional study design. A systematic review of peer-reviewed studies was done from two databases (Google scholar, PubMed), supplemented it by the documentation review in the original sites for (WHO and the ministry of Health in KSA. Data was collected from patients visiting private hospital located in the Qassim region. A non-probability convenience was used to get the opinion of the sample respondents. A structured questionnaire on 5-point Likert scale was administered by the researcher. The variables were found moderately correlated. The study was conducted by analysing the single crosssectional data and the study suggest the use of longitudinal data in the future studies related on this topic. Result for impact analysis could be seen in the Table 5 that shows R2 .776 which means 77.6% variance explained by P&R and HCM upon the HQM. Likewise, model for Goodness of Fit F= 540/773, p-value,0.01 found fit. One unit change in P&R could bring 76.7% change in the HQM, similarly, 1% increase in HCM could enhance 22.7% of the healthcare quality. The study has employed nonprobability and convenience sample which cause issue related the generalization of the findings. Therefore, these findings led us to suggest the application of probability sample in the future studies.

Keywords: Impact Assessment, Healthcare Policies, Healthcare Regulations, Quality of Health Management, Use of Technology.



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Introduction

The policies and regulations affect the process in any organization, especially in healthcare so any step put on will make a huge impact on the sequence of the work. Improved clinical governance and HRM practices are key pillars of the nation's current health policy that prioritize patient care quality (Gergen, Josephson, Vernon et al., 2018). Identifying and minimizing medical errors while maximizing the use of effective care and improving outcomes, aligning care to what users/patients want in addition to what they need, and strengthening the accountability of health practitioners and managers are just a few of the many reasons why it is crucial to improve the quality of healthcare (El-Jardali, Fadi, & Racha Fadlallah, 2017). All of these can be developed through improving health policies. Saudi Arabia is from the most successful countries in health sector. The government of KSA devout its effort to build a modern healthcare system depends on well thought out polices and regulations to ensure high quality services to all citizens and residents. Quality improvement requires laws together with the actions of national governments, professional associations, and societies have a significant role in advancing the country (Kruk, Gage, Arsenault et al., 2018). The main objective of these associations/governments is developing a work plan from good regulations and rules to arrive to the target of quality. Saudi Arabia is from the most successful countries in health sector. The government of KSA devout its effort to build a modern healthcare system depends on well thought out polices and regulations to ensure high quality services to all citizens and residents. The ministry of health in KSA developed a system of plans to improve the management of health sector to improve the environment of healthcare that drives to a higher level of quality. The study identified the key benefits of developing a policies/regulation in management quality for each sector and in healthcare sector, also we observed in many studies the key effects of putting a feasible rule in the manage of quality in an organization. As we determined in this research in the entire world the human beings are the most important thing and to protect their lives, we should walk on a clear path which means in first we most develop a well care system to decrease the risk may happen in future and improve the knowledge that would implementing development process. So, by implementing patient safety programs and putting regulations with clear executive responsibility in place, healthcare organizations and the professionals associated with them should make continuously enhanced patient safety in highest quality a proclaimed and serious purpose to build a clear foundation from strong policies. The work of professional organisations, such as medical and scientific societies, the policies and priorities of the current government, and media coverage of healthcare quality issues were identified as the main forces behind the development of policies and strategies for healthcare quality by governments (George, Jack, Gauld, Colbourn, & Stokes, 2023). International factors such policies and initiatives, as well as patient and service user organisations, were found to have little influence. Saudi Arabia's government has made health care services a top priority. The quantity and quality of health services, as well as health management, have significantly increased during the last few decades. The Saudi health care system The World Health Organization (WHO) ranked it 26th out of 190 health systems worldwide. Notwithstanding these successes, there are still many obstacles facing the Saudi health care system, necessitating fresh approaches and directives from the Ministry of Health (MOH) in addition to efficient collaboration with other sectors. This review outlines the policies and regulations were recently created by the Ministry of Health to fulfill the goals of healthcare quality management (El-Jardali, Fadi, & Racha Fadlallah, 2017).

Problem Statement

When some organizations or management unfollow the policies and regulations developed by the government will lead to a huge mess in the system and that up to decrease in the quality of the services with time (Hanefeld, Powell-Jackson, & Balabanova, 2017). Developing a unique policy that a staff don't know to deal with may be a challenge to the government, so a sequence step in the development process is important as much as the polices and regulations. Some people stated that having QI systems was mandated by law in their nation for healthcare organizations. this requirement has been in effect for five to ten years. Legal requirements in QI seemed to be mostly focused on hospital services and health services in the public sector; they were less frequently applied to long-term and primary care. In Saudi Arabia, the government developed a policy and regulations that everyone can handled but a set of citizens (old people) sometimes they get a difficulty to understand it so that a staff consider it as a barrier to give the high quality services to them, Also today's move to the technical systems in KSA may be a barrier to increase the quality to these people too.





Objective

- 1. To demonstrate the impact of the policy and regulations on the decision-making process in healthcare sector.
- 2. To determine the importance of put polices and regulations to make the work clearer and easier to both healthcare staff and patients.
- 3. To fulfil the significant evidence that the quality of health management is based on the thoughtful policy and regulations.
- 4. To identify the impacts of policy and regulations and on the quality of health management in KSA.
- 5. To identify the policies that KSA touts to ensure high quality in health sector.

Research Questions

- 1. RQ1: Do the variables of the study are significantly and positively associated.
- 2. RQ2: Do P&R and HCM positively predict HQM.

Literature Review

Quality in health is doing the right things for the right people at the right time and doing them right first time and every time (Rahman & Alsharqi, 2019). In addition to the technical quality of care, quality can also relate to nontechnical factors of service delivery including staff attitudes and client wait times, as well as programmatic components like policies, infrastructure, access, and management (Ruelas *et al.*, 2012).). All these aspects of service need to an appropriate polices and regulations apply equally by both the managers/workers and the citizens to make it possible in a highly level. Before oil was discovered, Saudi society was isolated, traditional, and poor, indicating that the nation's way of life was incredibly antiquated. Most medical treatments at the period were based on traditional practices and pharmaceuticals, and there was no centralized healthcare system in existence (Taylor, McNicholas, Nicolay *et al.*, 2014). A 'Health Department' was founded in Saudi Arabia in 1926 under the visionary leadership of King Abdulaziz Al-Saud (1880–1953) (Mufti, 2000: 3). This one-of-a-kind incident was a critical turning point and might be seen as the start of the Kingdom's organized healthcare system's modernization. After that the king started to establish the policies and regulations as an ordered to be followed by the health managements to decrease the mess, focus on increasing the medical knowledge to help the patient and improve the quality of health management.

The Impact of Healthcare Policies and Regulations on the Quality of Health Management in KSA

In the healthcare industry, quality is more than a concept. It has become essential to patient well-being and financial survival. In the healthcare industry, "quality" is defined as everything an organization does to satisfy the needs of a client, which could be a patient, payer, admitting physician, employer, or an internal customer (World Health Organization, World Bank Group, OECD, 2018). Also, the quality in healthcare refers to how well healthcare services meet the needs and expectations of patients. It includes factors like patient satisfaction, effectiveness of treatments, safety, accessibility, and efficiency of healthcare delivery. High-quality healthcare aims to provide the best possible outcomes and experiences for patients.

What are the Healthcare Policies and Regulations?

Refer to the regulations and rules that oversee the provision of healthcare services and are established by governmental and other regulatory authorities (Scott, 2009). The population's access to high-quality, affordable, safe, and accessible healthcare is the goal of these rules and regulations (Siddiqi, Masud, Nishtar *et al.*, 2009). It is important to note that healthcare policies and regulations can vary between countries and regions depending on political, economic, and cultural factors (Walston, Al-Harbi, & Al-Omar, 2008). Some common examples of policies and regulations in healthcare:

1. Health Insurance: Regulations pertaining to the supply of health insurance, encompassing the creation of public or private insurance schemes, qualifying standards, costs, and coverage specifications.





- Licensing and Accreditation: Rules governing the licensing and accreditation of healthcare establishments, including clinics, hospitals, and assisted living homes, to guarantee that they adhere to safety and quality requirements.
- 3. Patient Privacy and Data Protection: Rules pertaining to the gathering, storing, and distribution of personal health information are among the policies that safeguard patient privacy.
- 4. Healthcare Workforce: Regulations pertaining to hiring, educating, and licensing medical professionals, such as doctors, nurses, pharmacists, and other healthcare employees.
- 5. Drug Approval and Regulation: To guarantee safety, effectiveness, and appropriate use, regulations control the approval, production, labeling, and distribution of pharmaceutical medications.

How Healthcare Policies and Regulations Impact the Quality of Health Management?

The improvement of quality is, for most countries, central to the reform of health systems and service delivery. Every nation faces difficulties in ensuring patient engagement, equity, safety, and access as well as in developing technology, expertise, and evidence-based medicine within the constraints of their financial resources (Saif-Ur-Rahman, Mamun, Nowrin *et al.*, 2019). These are associated with make a strong polices to support the implementation and ensure the quality is increased toward the highest level. Improving quality of care and patient safety practices can strengthen health care delivery systems, improve health sector performance, and accelerate attainment of health-related Sustainability Development Goals (Tang, Eisenberg, & Meyer, 2004). Although quality improvement is now prominent on the health policy agendas of governments in low- and middle-income countries because of put a visible and suitable regulations that helps in the development process. Therefore, policies and regulations pertaining to healthcare have a significant impact on how well health management is provided. These rules and regulations specify the requirements that must be fulfilled, the services that are covered, how healthcare providers are compensated, and how they conduct business. Overall, healthcare policies and regulations are designed to safeguard and improve the quality of health management. They help to establish standards, ensure accountability, increase access to care, promote cost-effectiveness, and encourage innovation. By creating a regulatory framework, healthcare policies play a critical role in shaping the quality of health management.

The Policies and Regulations of Healthcare in Saudi Arabia

The development of primary, secondary, and tertiary health care services has been deemed a top priority by the Saudi Arabian government (Saif-Ur-Rahman, Mamun, Nowrin *et al.*, 2019). The population of Saudi Arabia has therefore experienced significant improvements in health in recent decades. The Ministry of Health, which oversees monitoring and enforcing laws and regulations, controls the healthcare system in Saudi Arabia. Hospital performance may be significantly improved, and quality and patient safety issues can be resolved with the help of total quality management (TQM) (Spencer& Walshe, 2009). Recently Saudi Arabia taken these methods to improve its production in health sector and aid in raising the quality of health management. Some Key policies and regulations of healthcare in Saudi Arabia as follows:

- 1. Ensuring the provision and regulation of comprehensive and integrated Healthcare for all the population in a fair and accessible manner.
- 2. The State shall endeavor to provide Healthcare and be concerned with the Public Health of the community in a manner that ensures living in a sound healthy environment.
- 3. The State shall provide Healthcare services prescribed below to the citizens in a manner regulated by:
 - a. Maternal and childcare
 - b. Immunization programs.
 - c. Healthcare for the disabled and the elderly.
 - d. Healthcare for male and female students.
- 4. The Ministry shall be the entity responsible for providing Healthcare and it shall:
 - a. Assure that primary healthcare services are provided.
 - b. Offer medical care at secondary and specialist treatment facilities as well as hospitals.
 - c. Create biostatistics and health statistics, perform and evaluate scientific research, and reap the rewards of it.





- d. Establish the plans and health strategy required to create, develop, and way that guarantees access to it for every member of society.
- 5. The state shall endeavor, through the Ministry, to provide an integrated network of healthcare services covering all regions of the Kingdom, including primary, secondary, and specialized Healthcare levels. The Ministry, in cooperation with the regions' councils, shall determine the need, locations, and levels of providing this care according to the geographical and demographic status and the patterns of diseases prevailing in the region.

These policies and regulations are aimed at ensuring the provision of high-quality healthcare services, protecting patient rights, and improving the overall healthcare system in Saudi Arabia.

Method

This research will employ a cross-sectional study design. I employed a mixed-methods strategy that included stakeholder surveys and documentation assessment. I systematically reviewed peer-reviewed studies in two databases (Google scholar, PubMed) and supplemented it by the documentation review in the original sites for (WHO and the ministry of Health in KSA). Data was collected from patients visiting private hospital located in the Qassim region. A non-probability convenience was used to get the opinion of the sample respondents. A structured questionnaire on 5-point Likert scale was administered by the researcher.

Hypotheses

H₁: The variables of the study are significantly and positively associated.

H₂: P&R and HCM positively predict HQM.

Ethical Considerations

Ethical standards will be followed in this research. Every participant will be asked for their informed consent, and their privacy and confidentiality will be properly protected. The relevant authorities will be contacted to get ethical permission.

Results and Findings

Table 1

Demographics: Gender

| T | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|--------|-----------|---------|---------------|---------------------------|
| Valid | Male | 289 | 91.7 | 91.7 | 91.7 |
| | Female | 26 | 8.3 | 8.3 | 100.0 |
| | Total | 315 | 100.0 | 100.0 | |

Table 2

Demographics: Age

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------------|-----------|---------|---------------|---------------------------|
| Valid | 15-25 Years | 3 | 1.0 | 1.0 | 1.0 |
| | 26-35 Years | 34 | 10.8 | 10.8 | 11.7 |
| | 36-45 Years | 58 | 18.4 | 18.4 | 30.2 |
| | 46-55 Years | 122 | 38.7 | 38.7 | 68.9 |
| | 56 Above | 98 | 31.1 | 31.1 | 100.0 |
| | Total | 315 | 100.0 | 100.0 | |





Table 3

Demographics: Experience

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|------------|-----------|---------|---------------|---------------------------|
| Valid | 1-5 Years | 39 | 12.4 | 12.4 | 12.4 |
| | 6-10 Years | 115 | 36.5 | 36.5 | 48.9 |
| | 11-15 | 85 | 27.0 | 27.0 | 75.9 |
| | 16-20 | 63 | 20.0 | 20.0 | 95.9 |
| | 20 Above | 13 | 4.1 | 4.1 | 100.0 |
| | Total | 315 | 100.0 | 100.0 | |

Table 1 gives birds eye view on the demographics features on the gender, the data reveals that majority of the respondents were male i.e. 91.7% followed the female participants i.e. 8.2%, likewise, Table 2 presents age of the respondents. Majority of the resident fall in the age group of 46-55 i.e., 38.7%, where lowest was ranging from 15 to 25 i.e., 1%. Similarly, Table 3 portrays experience of the respondents, 36.5% belong to the category of 6-10 years, followed by 4.1& for experience ranging from 20 years and above.

Table 4Correlation Analysis

| | | P&R | HCM | HQM |
|-----|---------------------|--------|--------|-----|
| P&R | Pearson Correlation | 1 | | |
| HCM | Pearson Correlation | .389** | 1 | |
| HMQ | Pearson Correlation | .856** | .526** | 1 |

^{**.} Correlation is significant at the 0.01 level (2-tailed) n=315.

Table 4 shows result for association, according to the result Policies and regulations ((P&R) is correlated significantly and positively with healthcare management (HCM) r=.38, p-value, 0.01. P&R is highly associated with health quality management (HQM) r=.856 p-vale, 0.01. As for association between HCM and HQM is concerned, we can see a moderate association between these two variables i.e., r=.526 at p-value, 0.01. This implies that if policies and regulations are adequately executed, healthcare management and quality could be enhanced.

Regression Analysis

Table 5

Model Summary

| Model | R | \mathbb{R}^2 | Adjusted R ² | Std. Error of the Estimate |
|-------|-------|----------------|-------------------------|----------------------------|
| 1 | .881a | .776 | .775 | .24767 |

a. Predictors: (Constant), P&R, HCM

Table 6 ANOVA

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|-------|------------|----------------|-----|-------------|---------|-------|
| 1 | Regression | 66.345 | 2 | 33.172 | 540.773 | .000b |
| | Residual | 19.139 | 312 | .061 | | |
| | Total | 85.483 | 314 | | | |

a. Dependent Variable: HQM

b. b. Predictors: (Constant), P&R, HCM





Table 7 *Coefficients*

| Model | | Unstandardiz | zed Coefficients | Standardized Coefficients | t | Sig. |
|-------|------------|--------------|------------------|---------------------------|--------|------|
| | | В | Std. Error | Beta | | |
| 1 | (Constant) | .631 | .105 | | 6.019 | .000 |
| | P&R | .669 | .025 | .767 | 26.385 | .000 |
| | HCM | .226 | .029 | .227 | 7.822 | .000 |

a. Dependent Variable: JS

Multiple regression analysis was run. Result for impact analysis could be seen in the Table 5 that shows R2 .776 which means 77.6% variance explained by P&R and HCM upon the HQM. Likewise, model for Goodness of Fit F= 540/773, p-value,0.01 found fit. One unit change in P&R could bring 76.7% change in the HQM, similarly, 1% increase in HCM could enhance 22.7% of the healthcare quality (see results from Table 5-7).

Table 8Comparison of Means

| GENDER | | P&R | HCM | HQM |
|--------|----------------|--------|--------|--------|
| Male | Mean | 3.9957 | 2.9372 | 3.9727 |
| | n | 289 | 289 | 289 |
| | Std. Deviation | .58869 | .53288 | .51092 |
| Female | Mean | 4.0192 | 2.9121 | 3.9313 |
| | n | 26 | 26 | 26 |
| | Std. Deviation | .70683 | .44277 | .64075 |
| n | Mean | 3.9976 | 2.9351 | 3.9693 |
| | n | 315 | 315 | 315 |
| | Std. Deviation | .59806 | .52545 | .52177 |

Table 8 describes comparison of the means based on gender. Female shows higher score on policy and regulations M=4.0192 with SD .70683 while male got high mean score on HCM and HQM i.e., M=2.9372 and M=3.9727 with SD values as .53288 and .51092 respectively.

Discussion

Protecting and advancing societal interests is the duty of the government, and this includes providing high-quality healthcare. The government must protect the interests of its citizens by filling in the gaps in the market and regulating the market when there is inefficiency or unfairness since the market cannot guarantee that all citizens have access to high-quality healthcare on its own. So, developing a strong policies and regulations and ensure that everyone will follows it may increase the opportunity in success to make high quality future and ensure managed the environment in a balanced manner. According to this study, national governments are the main actors in creating quality improvement (QI) policies, establishing quality standards and goals, and advising and assisting organizations with their execution. This illustrates the significant influence national governments have on the financing and delivery of healthcare within member states. It was noteworthy, therefore, that organizations representing patients and service users were said to have the least influence on the creation of QI policy. One could argue that patient and user groups find it more challenging to be heard and to participate in the development of QI policies and strategies due to the overwhelming influence of governments and the health professions through professional bodies and societies. This could imply that the strategies, policies, and QI activities they generate represent a provider- and professional-based understanding of what defines high-quality care. Therefore, in my opinion, it should take the client's perspective into





account to facilitate the process of creating a high-quality system. Most national governments have released policy documents outlining their policies and strategies, and most member states have legal, statutory requirement for quality improvement (QI) from put clear regulations in healthcare systems and organizations. However, we found that the degree to which QI systems or approaches are required or mandated varies considerably, and the existence of the basic infrastructure for QI at a hospital level is rather less established than one might expect. The information points to significant differences in the extent to which certain QI policies and strategies are covered by different sectors' mandates and options, which could result in differing degrees of implementation coverage and advancement. Many healthcare organizations still lack the fundamental framework required to create a solid QI program and rules for it.

Conclusion

Healthcare quality improvement policies have mostly been developed at the national level, primarily in response to domestic issues. However, we did see some degree of policy convergence in areas like the broad adoption of statutory or legal requirements for healthcare organizations to implement quality improvement systems, the creation of specialized mechanisms like accreditation programs, and the recent global emphasis on patient safety as a top policy priority. However, until the goals of coordination and integration are more aggressively pursued, it appears doubtful that such natural convergence will result in coordinated or integrated quality systems in healthcare at the global level. The expansion of international healthcare and the effects of free market principles on the structure and financing of healthcare systems in Certain nations necessitate a certain level of policy-level collaboration. More realistically, it is obvious that many countries stand to gain from studying other countries' experiences and advancements in quality improvement policies and initiatives. There is some convergence in the policy of healthcare quality improvement and that results to the growth of the challenges in healthcare sector increases and may prevent some progress in the plan of developing a quality but with the good manage of rules it will be easier to achieve it. As well as in KSA we have a good strategies and rules that everyone most taken to improve the health quality and that's make us from the best countries in healthcare management. Prioritizing quality may necessitate challenging adjustments to objectives, policies, practices, and attitudes. Organizations usually make small, gradual changes to themselves instead of changing all at once. It is feasible and effective if they have a clear and solid foundation of rules that can make it easier. And it can be supported financially by the states. In this study we discussed an impact of these policies on the quality in healthcare management and we found several factors which could help the organizations in identify their policies to improve their performance. In the end it is importance to aligning policies, organizations, methods, capacities and resources to institutionalize quality improvement and patient safety practices in health systems. Also gaps and dysfunctions identified can help improve the effectiveness of developing the policies in each organization and help to manage the quality.

Theoretical and Practical Implications

All things considered, policies and regulations are essential in determining the caliber of health management since they establish guidelines, make it easier to hold people accountable, encourage creativity, and give patient-centered care priority. Policies and regulations are essential to health management because they offer standards and rules that guarantee the caliber and security of medical care. So, they have a huge practical implication. Health management rules and regulations include a variety of real-world applications, including better patient safety and care quality as well as increased responsibility, resource allocation, documentation, and patient empowerment. They are essential in forming the structure of the healthcare delivery system as a whole and guaranteeing the delivery of safe, efficient, and high-quality care.

Recommendations

In health sector we need a balanced rules to build a strong system and effective containment for patients in the hospitals to ensure the highest quality of services given and contentment to the results achieved. Here are some recommendations on how policies and regulations can positively impact the quality of health management:

- a. Adequate funding.
- b. standardized protocols.
- c. accreditation.





- d. transparency.
- e. patient-centered care.
- f. continuous quality improvement.
- g. technology integration.
- h. promoting preventive care and population health.

Limitations and Direction for the Future Research

The study was conducted by analysing the single cross-sectional data and the study suggest the use of longitudinal data in the future studies related on this topic. The study has employed nonprobability and convenience sample which cause issue related the generalization of the findings. Therefore, these findings led us to suggest the application of probability sample in the future studies.

Acknowledgements

We are thankful to the respondents of the study who wholeheartedly filled and returned the questionnaires.

Declaration of Interests

We declare that we have no clash of interest.

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