

## Scientific Paper Entitled: The Impact of Professional Seniority on the Performance of Health Cadres in the Saudi Health Sector

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**Abstract:**

According to a 2017 Ministry of Health study, Saudi Arabia's healthcare industry has had remarkable growth over the past several years, employing 423,940 people in the medical field. Value-based healthcare is being approached by the healthcare industry through a significant transition brought about by the adoption of the Kingdom's Vision 2030. New obstacles accompany the shift. Effective workforce planning, a careful balancing act between the science of analysis and the art of execution, is a necessary first step in achieving

long-term objectives. Academic and practical discourse has dominated conversations about employee performance and leadership dynamics in Saudi Arabia's rapidly evolving healthcare industry. These healthcare organizations are addressing global technological advances and the demands of pandemic readiness in addition to unique mixes of operational, cultural, and creative challenges. A leader's behaviour takes several forms while they are in a leadership role. Determining the effect of professional seniority on the performance of health cadres in the Saudi healthcare system was the goal of this study.

**Keywords**

- professional seniority, performance, health cadres, Saudi health sector.

**Introduction**

According to a 2017 Ministry of Health study, Saudi Arabia's healthcare industry has had remarkable growth over the past several years, employing 423,940 people in the medical field. Value-based healthcare is being approached by the healthcare industry through a significant transition brought about by the adoption of the Kingdom's Vision 2030. New obstacles accompany the shift. Effective workforce planning, a careful balancing act between the science of analysis and the art of execution, is a necessary first step in achieving long-term objectives. Establishing long-term strategic goals and comparing the available resources to the skills, staffing levels, locations, and recruiting expenses of the future workforce are the first steps in successful planning. However, workforce planning on its own is insufficient. Having a skilled workforce is essential to preserving the highest standard of healthcare. Workforce competency refers to the cycle of learning new information, using it, reflecting frequently, and receiving feedback. Recognizing gaps in worker competencies is helpful in redefining educational objectives and defining desired results. The ideal integration of healthcare education and practice would include the inclusion of practice-based experiences in academic programs alongside a more academic approach to health practice (Parsons, 2019).

Furthermore, when the workload grows, it may negatively impact the workforce's well-being and the standard of treatment given, as well as practitioners. The intensity of burnout among intensivists, which can ultimately lead to workers quitting their professions, is correlated with the

increased workload. Additionally, a number of studies indicate that there will be a shortfall of healthcare workers in the years to come. By 2030, there might be a one million nurse shortage in the United States and a 104,906 physician skill gap. Furthermore, it is projected that by 2035, the percentage of senior people in Saudi Arabia will increase from 3% in 2010 to 18.4%. Employers are forced to implement retention tactics with a particular focus on the needs of potential new hires as a result of the increased demand for labour, which makes it simpler for workers to hunt for other employment. Comparing health systems and employment patterns with other nations was a sensible strategy for improving health workforce planning (Webb, 2019).

These days, it's common knowledge that evidence-based nursing and medicine may be used to create efficient healthcare organizations with excellent patient outcomes and productivity. To improve quality and care integration, healthcare personnel must be managed and led effectively. Leadership is the behaviour of guiding and organizing the actions of a team or group of people toward a shared objective. It is described as the interaction between the one or individuals who led and those who choose to follow. Although numerous leadership philosophies have been discovered, six seem to be more prevalent than the others: transformational, transactional, authoritarian, laissez-faire, task-oriented, and relationship-oriented leadership. Building relationships and inspiring employees are hallmarks of a transformational leadership style. Inspiring confidence, treating employees with respect, and communicating loyalty through a common goal are all characteristics of transformational leaders. These traits boost output, boost employee morale, and improve job satisfaction. The degree to which the likelihood of attaining the desired health outcomes is raised and in accordance with current professional knowledge and abilities within health services is known as quality of care, and it is a crucial component in reaching high productivity levels within healthcare organizations. Six qualities of high-quality treatment are listed by the Institute of Medicine OM: (1) safe; (2) effective; (3) dependable; (4) patient-centered; (5) efficient; and (6) equitable. One essential element of evaluating the quality of care is measuring health outcomes. Patient satisfaction, procedure, outcome, and structure make up quality metrics. The National Quality Measures Clearing House (USA) defines a clinical outcome as a patient's state of health after receiving medical treatment. Shorter patient stays,

hospital mortality rates, infections linked to medical care, failure-to-rescue ratios, use of restraints, medication errors, insufficient pain management, rate of pressure ulcers, patient falls, falls with injuries, medical errors, and urinary tract infections are all indicators of patient outcomes and satisfaction (Frandsen, 2014).

Academic and practical discourse has dominated conversations about employee performance and leadership dynamics in Saudi Arabia's rapidly evolving healthcare industry. These healthcare organizations are addressing global technological advances and the demands of pandemic readiness in addition to unique mixes of operational, cultural, and creative challenges. A leader's behaviour takes several forms while they are in a leadership role. The results that employees achieve are greatly impacted by these leadership behaviours. Aside from maintaining their ideals and convictions, fair, unbiased, and objective knowledge sharing, open and honest working relationships, and strong self-awareness are also characteristics of authentic leaders. To find out how AI is affecting Saudi Arabia's healthcare system, both culturally and professionally, more research is needed. As a significant reform, Saudi Arabia introduced Vision 2030 in April 2016. The creator was Prince Mohammed bin Salman. The strategic framework intends to increase public services and lessen Saudi Arabia's reliance on oil. Included are tourism, cultural heritage, employment, women's empowerment, renewable energy sources, sustainable practices, technology, and digitalization. To achieve the aims of Vision 2030, digitizing processes and utilizing technology are essential. For Saudi leadership, Vision 2030 offers a plethora of potential as well as obstacles. Public and private leaders need to foster innovation and provide staff training in an economy that is changing quickly. It is necessary to alter cultural norms to conform to contemporary, eco-friendly, and internationally competitive corporate tactics. A bold and ambitious plan called Vision 2030 aims to establish sustained prosperity by revolutionizing Saudi Arabia's economy and society (Al-Hanawi et al., 2018).

Voluntary employee actions that enhance the effectiveness and atmosphere of the company are considered extra-role performance. It includes being helpful to co-workers, showing initiative, encouraging a positive work atmosphere, volunteering for additional duties, coaching and training less experienced staff members, being adaptable, and being on time. Adding tasks to an already overworked healthcare team can depress morale. By transcending the constraints of their

job descriptions, healthcare administrators can foster a dynamic workplace that encourages collaboration among healthcare providers. Great patient care is the goal of healthcare organizations. Overachievers frequently go above and beyond to enhance patient care. These employees frequently assist co-workers, offer to take on extra work, or organize patient care. Extra-role performance raises the standard of care, safety, and patient happiness (Hassanie et al., 2021).

The needs of patients, the economic and infrastructural revolution (Vision 2030), and technological advancements have all contributed to a rapid transition in Saudi healthcare. To accomplish these changes, healthcare businesses require the support of their employees and reliable leaders. Although not explicitly mentioned in their job descriptions, the extra-role behaviours of healthcare personnel can increase productivity and reduce costs. In resource-intensive healthcare, proactive problem-solving, accepting greater responsibility, and supporting co-workers helps minimize overtime and staffing shortages. In their organizations, real leaders promote moral decision-making, equity, openness, and shared ideals. AL cultures foster creativity, enhance organizational performance, and establish a framework for effectively handling the difficulties posed by the dramatic changes taking place in the healthcare industry (Zeb et al., 2020).

#### Significance of study

Finding out how professional seniority affected the performance of health cadres in the Saudi healthcare system was the aim of this study. Additionally, it covered the main leadership philosophies employed by medical leaders as well as the variables affecting their choice of style. Clinician leadership demonstrated attitudes of health leaders for the improvement of quality and is vital in the delivery of healthcare and the development of services. This study also examined the assessment of health professionals' education and training, organizational culture, care quality, and knowledge-sharing behaviour (KSB) between supervisors and subordinates.

#### Objectives

1. To determine the impact of professional seniority on the performance of health cadres in the Saudi health sector.
2. To show the predominant leadership styles used by medical leaders and factors influencing leadership style use.
3. To explore evaluation of education and training among health professionals

### **Literature Review**

#### **Attitudes of Health Leaders for the Quality Enhancement**

As the healthcare industry continues to progress, competent leadership and management are essential in refocusing the workforce to effectively address new challenges. It is a perpetual challenge for leaders to establish fresh goals and meet evolving expectations. Health leadership has been defined by researchers as the capacity to identify priorities, provide strategic direction, and forge agreements to carry out those commitments. Thus, having knowledge, skills, and the capacity to interact with a diverse workforce are all essential components of effective leadership. However, a 2019 American survey found that few healthcare executives have shared their thoughts about the obstacles they face when trying to optimize their careers. Clinical supervision of healthcare professionals has been identified by Martin et al. as one of the most reliable means of eliciting positive reflection from leaders, which promotes greater job satisfaction, professional support, and the avoidance of burnout. Research on burnout has revealed that over half of physicians and approximately one-third of nurse's report having burnout symptoms. Even while its effects on the healthcare system are well understood, some leaders are unaware of how to stop it, which will ultimately have an influence on the standard of care. Thus, leaders have the ability to influence in order to enhance results in a variety of areas, particularly when organizations prioritize maintaining the compassion and well-being of their patients (Lown et al., 2019).

#### **Evaluation of Education and Training**

Challenges to global healthcare are ever-present, including the increasing needs of today's better-informed patients. In addition to the rise of new illnesses, which has prompted new research and a new degree of understanding, the problems presented by technology change and innovation in healthcare are becoming more prevalent. International health organizations advise enhancing the knowledge of healthcare practitioners through educational sessions and ongoing training in light of these advances and to accomplish the primary goal of providing high-quality care. In order to ensure that patients receive high-quality care and to minimize the risk of infection—which can manifest in the form of nosocomial infections, a global health concern with a high death and morbidity rate—healthcare professionals' education and training is a crucial component of the healthcare system. In order to ensure that patients receive high-quality care and to

minimize the risk of infection—which can manifest in the form of nosocomial infections, a global health concern with a high death and morbidity rate—healthcare professionals' education and training is a crucial component of the healthcare system. After completing their first training, healthcare professionals can further develop their knowledge, attitudes, and abilities through an ongoing learning process known as continuing education. The impact of theoretical instruction is widely acknowledged to be minimal, or at most modest, over time. Thus, practical instruction in gestures, tactics, and approaches ought to take precedence. Education in interpersonal skills and attitudes is also crucial since it facilitates the internalization of appropriate behaviour (Goyal & Chaudhry, 2019).

#### Importance of Leadership Style

Many articles acknowledge that a leader's style is a crucial component of healthcare excellence. One of the most important factors in guiding a company toward good outcomes is competent leadership. There have been documented significant positive correlations between high patient satisfaction and a decrease in side effects and effective leadership styles. Additionally, a number of studies have emphasized the significance of a leader's style in relation to the standard of care provided in assisted living facilities. The use of efficient management that creates a patient safety culture is closely linked to transformational leadership. Furthermore, research emphasizes how patient outcomes are impacted by empowered leadership, which fosters greater nursing knowledge through staff stability and lower turnover. By motivating, keeping, and assisting seasoned employees, effective leadership indirectly lowers death rates. Few published studies have attempted to establish a relationship between a particular leadership style and healthcare quality indicators or patient outcomes, despite the fact that numerous studies have demonstrated the relevance of leadership (Havig et al., 2011).

#### Leadership Style and Patients Outcomes

Consensus manager leadership style was linked to improved healthcare services (moderate-severe pain, usage of physical restraints, high-risk residents with pressure ulcers, and catheter in bladder). Medication errors were impacted by the safety climate quality, which was influenced by resonant leadership. Hospitals with mixed leadership styles trailed the resonant leadership style, which showed a substantial correlation with a 28% reduced chance of 30-day mortality compared to high-dissonant hospitals (14% lower). Based on



assessments from family members and employees, it was discovered that the task-oriented leadership style was associated with greater levels of care quality. Additionally, learning from mild and moderate patient safety events was positively correlated with formal leadership style, whereas informal leadership had no effect. When a manager used a transactional leadership style, the patients were happier. Nevertheless, the researchers discovered no connection between patient satisfaction and leadership style (Castle & Decker, 2011).

#### Organizational Culture and Quality of Care

It was found that there are significant connections between patient safety, practice environment for staff nurses, and workplace enforcement [14]. Patient-level quality and safety measures, including mortality patterns, patient safety, equity, and efficacy in care, were found to differ significantly when an authentic, hands-on leadership style, behaviours, and organizational practices of distinctive leadership were present. Effective nursing unit organization culture was found to have a weak association with transactional leadership, but to have a favourable relationship with transformational leadership. Furthermore, the organizational culture of nursing units was inversely correlated with laissez-faire leadership. The results verified that a greater safety level was associated with a higher overall structural empowerment score, and that empowering workplaces had a favourable impact on the quality of care provided by nurses. A stronger sense of entrepreneurship was also linked to a better patient safety environment. Researchers also discovered that the management role, organizational learning, continuous development, communication, teamwork, and feedback about errors were among the elements that affected the patient safety score. The results indicated that an organization's overall safety climate was positively correlated with greater group culture but negatively correlated with more hierarchical culture, indicating the importance of general organizational culture. It was discovered that greater nurse turnover rates were associated with role ambiguity and role conflict on the units. Greater role ambiguity and a higher turnover rate were associated with a higher risk of medical error. Finally, the most frequent reasons for leaving were a lack of team support and employer caring (Sfantou et al., 2017).

#### Knowledge-Sharing Behaviour (KSB)

Sharing task-related knowledge (Tacit) and information (Explicit) with colleagues is implied by the KSB idea.

Encouraging colleagues to solve problems together or carry out organizational policies and procedures is the goal of KSB. Given that information sharing is voluntary and that it requires both organizational culture and managerial backing, some authors have categorized knowledge sharing as an example of extra-role behaviour. A culture of social interaction where employees share their knowledge (both explicit and tacit), experiences, and skills can be fostered by having KSB among them (Afsar et al., 2019).

Real leaders (ALs) are aware of their strengths and shortcomings and value information that is shared with them and others, both explicitly and implicitly. Recognizing the impact of their actions on their followers, these leaders honour knowledge contributors in public. Relational transparency enables ALs to freely express their thoughts and emotions without coercion. Information from leaders may provide recipients with "justified true belief" or knowledge. Understanding this aids in goal-achieving and problem-solving for leaders. Under ALs, learning and a decrease in net loss are feasible. Knowledge-sharing leaders motivate others. Contributors with knowledge may believe that the company values them when its leader does. Leaders in balanced processing provide candid feedback to staff members so they can refine their ideas. Followers can assess their knowledge against what they learn when ALs provide feedback. Ultimately, a moral leader advances the interests of the group. Knowledge sharing is more likely to be encouraged among co-workers by a boss who values it (Tran, 2019).

Aim of the study:

To detect the impact of professional seniority on the performance of health cadres in the Saudi health sector

Objectives:

- 1) Evaluating the professional seniority among health cadres.
- 2) Evaluating performance of health cadres.
- 3) Detect the impact of professional seniority on the performance of health cadres in the Saudi health sector.

Research Questions:

The current study will answer the following question:

1. How is the professional seniority among health cadres?
2. What is the performance of health cadres?
3. What is the impact of professional seniority on the performance of health cadres in the Saudi health sector?

## **Methods**

### Research design:

Descriptive analytic cross sectional study design to detect the impact of professional seniority on the performance of health cadres in the Saudi health sector. This design is a systematic and structured technique to collecting data from a sample of persons or entities within a broader population, with the primary purpose of producing a thorough and accurate description of the features, behaviors, views, or attitudes that exist within the target group.

### Research Setting:

The study will be conducted in Al Iman General Hospital in Saudi Arabia.

### Subject:

Purposive sample of 400 of health cadres, the sample will be selected according to certain inclusion criteria health cadres who working in Al Iman General Hospital in Saudi Arabia, male and female.

### Sample size:

Study sample was selected via the systematic random sampling method.

The sample size is an important feature of any empirical study in which the goal is to make inferences about a population from a sample. In practice, the sample size used in a study is determined based on the expense of data collection and the need to have sufficient statistical power.

### Inclusion Criteria:

The inclusion criteria were set as follows:

- (1) health cadres who working in Al Iman General Hospital in Saudi Arabia.
- (2) female and male.
- (3) from Saudi Arabia.

### Sampling Technique:

Participants submitted data through a survey. Data will be collected by questionnaire.

### Tools for data collection:

It will concern with Participants demographic data as age, gender, marital status and educational level. And four questions about the use of information technology in health sector in Saudi Arabia. Also questions about the impact of professional seniority on the performance of health cadres in the Saudi health sector.

**Validity:**

The revision of the tools were ascertained by a panel of experts to measure the content validity of the tools and the necessary modification was done accordingly.

**Administrative design:**

An official permission was obtained from the directors of the hospital. The official permission included the aim of the study, the tools of data collection and the characteristics of the study.

**Ethical considerations**

Data was provided by participants via surveys. Participants were advised that participation in the study would be optional and that their privacy would be maintained. Data will be gathered by a self-reported questionnaire. The ethics committee will provide approval for this project. Before the questionnaire was administered, each participant provided written informed permission.

**Results**

**Validity and Reliability Tests:**

**Internal Consistency Reliability Calculation:**

Pearson's Coefficient Correlation was calculated to verify the validity of the internal consistency between the statements of each goal and the total score for the belonging axis. This was done after the study tool had been constructed and its apparent validity had been established by presenting it to a group of arbitrators who were both specialized and experienced in the field.

The questionnaire was given to a pilot sample consisting of thirty members of the healthcare staff in order to verify its internal reliability. The researchers then calculated correlation coefficients in order to evaluate the study tool's internal validity, as the following tables demonstrate:

Table (1): Correlation coefficients of items in the first axis with the total score.

Statement number	r	Statement number	r
1	0.508**	7	0.657**
2	0.808**	8	0.506**
3	0.632**	9	0.721**
4	0.746**	10	0.470**
5	0.661**	11	0.759**
6	0.654**		

\*\* : p value <0.001

It is clear from the previous table that all of the statements are significant at the 0.01 level, as the values of the dimensional correlation coefficients ranged between (0.470 - 0.808), which are excellent correlation coefficients, and this offers a hint of strong internal consistency coefficients as well. It provides strong validity indications that may be relied in utilizing the present research technique.

Reliability of the study tool:

As for testing the reliability of the questionnaire, we utilized Cronbach's alpha coefficient, and the accompanying table illustrates the reliability axis of the research instrument as follows:

Table (2): Cronbach's alpha coefficient reliability coefficient for the total score of the questionnaire

	No. of statements	Cronbach's alpha
<b>comprehensive quality standards questionnaire</b>	11	0.758

The table showed that the Cronbach's alpha reliability coefficient for the total score of the questionnaire was (0.758), which is a good reliability coefficient suitable for the study.

Application Method of the Study Tool:

After collecting the study data, the researchers reviewed it in preparation for inputting it into the computer for statistical analysis. Subsequently, they transcribed it onto appropriate tables, provided commentary, and linked it to previous studies. Responses were given five levels: strongly agree (5 points), agree (4 points), neutral (3 points), disagree (2 points), and strongly disagree (1 point). To determine the length of the pentavalent scale cells used in the study Phrases, the range (5-1=4) was calculated and divided by the number of questionnaire cells to obtain the correct cell length (4/5=0.80). This value was then added to the lowest value on the scale (or the beginning of the scale, which is one) to determine the upper limit of the cell. The following table illustrates the method for correcting the Likert pentavalent scale.

Table (3): Method for correcting the scale.

Scale	The weight	The average arithmetic mean value ranges
<b>Strongly Disagree</b>	1	From 1 to less than 1.80
<b>Disagree</b>	2	From 1.81 to less than 2.60
<b>Neutral</b>	3	From 2.61 to less than 3.40
<b>Agree</b>	4	From 3.41 to 4.20
<b>Strongly agree</b>	5	From 4.21 to 5.

Table (4): Socio demographic characteristics of the studied participants

Sociodemographic variables	Cases (n=400)	
	No.	%
<b>Age category (years)</b>		
Less than 25 years	85	21.25%
From 26 to 35 years	130	32.5%
From 36 to 47 years	129	32.25%
More than 47 years	56	14%
<b>Gander</b>		
Male	240	60%
Female	160	40%
<b>Marital status</b>		
single	130	32.5%
married	148	37%
absolute	122	30.5%
<b>Job</b>		
doctor	60	15%
pharmaceutical	80	20%
specialist	55	13.75%
Technical	72	18%
nurse	96	24%
Administrative	37	9.25%
<b>Educational status</b>		
Diploma or less	72	18%
Bachelor's	180	45%
Postgraduate studies (PhD - Master)	148	37%
<b>Years of experience</b>		
1 – 5 years	65	16.25%
6 – 10 years	102	25.5%
11 - 15 years	128	32%
16 – 25 years	105	26.25%

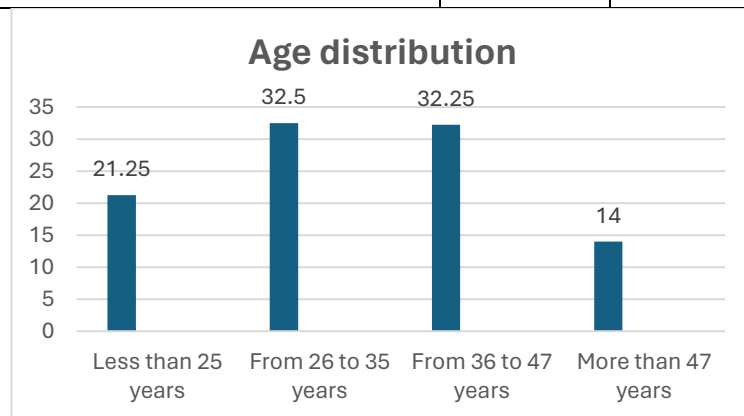


Fig (1): Age distribution among the studied participants

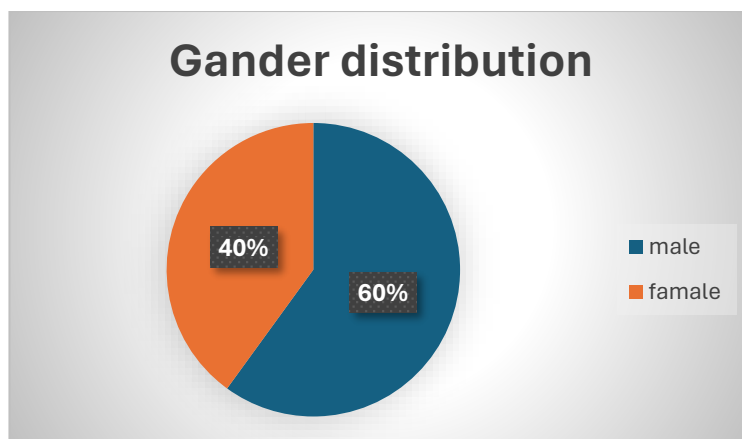


Fig (2): gender distribution among the studied participants

Table (1) & Figure (1-3) showed that 32.25% and 32.5 % of the studied participants were aged 36 -47 years and 26-35 years respectively. Regarding to the gender, more than half (60%) were males and 40% were females. 45% of the studied participants were bachelor's while only %18 was diploma or less. As regard to years of experience, 25.5% of the studied participants worked from 6 – 10 years.

Secondly: Results Related to the Axes of the Questionnaire:

Table (5): response of the studied participants regarding to Questionnaire

No.		Cases (n=400)			
		Mean	SD	Category	Rank
1-	Do you believe that the professional seniority in the healthcare sector is important?	4.21	0.813	<b>Strongly agree</b>	<b>3</b>
2-	Do you believe that professional seniority impacts the performance of health cadres?	3.51	0.825	<b>Agree</b>	<b>11</b>
3-	Professional seniority influences the quality of patient care provided by health cadres positively.	3.75	0.72	<b>Agree</b>	<b>10</b>
4-	Are there any differences in the performance of more senior health cadres compared to less experienced colleagues?	4.13	0.68	<b>Agree</b>	<b>6</b>
5-	Does your organization provide specific training or development opportunities tailored to different levels of professional seniority?	4.01	0.79	<b>Agree</b>	<b>8</b>
6-	Do you believe that investing in the professional development of health	4.02	0.74	<b>Agree</b>	<b>7</b>

	cadres at all levels of seniority is important for maintaining high performance?				
7-	Specific strategies or initiatives you believe would help bridge the gap between more experienced and less experienced health cadres.	3.95	0.76	<b>Agree</b>	<b>9</b>
8-	Have you received any feedback from peers or supervisors regarding your performance?	4.72	0.9231	<b>Strongly Agree</b>	<b>2</b>
9-	How do you perceive the quality of feedback and support provided by your supervisors to enhance your performance?	4.19	0.965	<b>Agree</b>	<b>4</b>
10-	How do you measure patient satisfaction with the care you provide?	4.8	0.962	<b>Strongly agree</b>	<b>1</b>
11-	How would you rate your overall performance in your role as a health cadre?	4.16	0.731	<b>agree</b>	<b>5</b>
<b>Total score</b>		<b>4.12</b>	<b>0.85</b>	<b>Agree</b>	

From the results shown in Table (5), it is evident that there is variation in the agreement among the study participants regarding the comprehensive quality standards and the productivity of health personnel in the government health sector in the Kingdom of Saudi Arabia. The participants' agreement averages ranged from (3.52 to 4.8), falling into the fourth and fifth category of the Likert scale, indicating agreement to strongly agreement with the study tool. This demonstrates consistency in agreement among the study participants regarding the impact of professional seniority on the performance of health cadres in the Saudi health sector.

Phrase (10): How do you measure patient satisfaction with the care you provide? ranked first with an average agreement of (4.8)

Phrase (8): Have you received any feedback from peers or supervisors regarding your performance? ranked second with an average agreement of (4.72)

Phrase (1): Do you believe that the professional seniority in the healthcare sector is important? Ranked third with an average agreement of (4.21)

Phrase (9): How do you perceive the quality of feedback and support provided by your supervisors to enhance your performance? ranked fourth with an average agreement of (4.19)



Phrase (11): How would you rate your overall performance in your role as a health cadre? ranked fifth with an average agreement of (4.16)

Phrase (4): Are there any differences in the performance of more senior health cadres compared to less experienced colleagues? ranked sixth with an average agreement of (4.13)

And last rank came to phrase (2): Do you believe that professional seniority impacts the performance of health cadres? with an average agreement of (3.51)

### **Discussion**

The influence of professional seniority on the performance of health cadres is the result of a dynamic and multidimensional interaction. The years of expertise, clinical judgment, and problem-solving abilities that seasoned health cadres have, which they have accumulated over the course of their careers, are frequently useful. Their comprehensive expertise may lead to more accurate diagnoses, better treatment regimens, and improved patient outcomes. Additionally, experienced health cadres tend to demonstrate greater leadership skills, supporting mentoring and assistance for younger colleagues, therefore creating a culture of continuous learning and professional growth within healthcare teams (Afsar et al., 2019).

However, the impact of professional seniority on performance isn't consistently good. In certain circumstances, long-standing traditions or entrenched beliefs may limit adaptation to new technology, treatment methods, or evidence-based recommendations. Moreover, burnout or complacency may arise among senior health cadres, thereby compromising their performance and patient care quality (Albott, C. S et al, 2020). Balancing the rewards and problems of professional seniority demands a thorough strategy. Encouraging cooperation between seasoned and less experienced health cadres may improve information transfer and innovation. Additionally, continual education and training programs geared to various levels of seniority may assist overcome skill gaps and ensure that all health cadres stay up-to-date with developing best practices. Ultimately, recognizing and using the unique skills of health cadres at various phases of their careers is vital for maximizing overall performance and providing high-quality healthcare services (Goyal & Chaudhry, 2019).

## Conclusion

In order to improve quality indicators in health workers and healthcare, leadership styles are crucial. The various leadership philosophies have varying effects on health-related results, and they can either widen or narrow the current healthcare disparity. To close the leadership gap in healthcare in a dynamic and demanding environment is the present and future objective of every society. To improve quality indicators and advance, health care organizations must ensure technical and professional competence, develop organizational culture and capacity, and strike a balance between leadership priorities and available talents.

## Reference

- Parsons, J. E. (2019). Addressing workforce challenges in healthcare calls for proactive leadership. *Frontiers of health services management*, 35(4), 11-17.
- Webb, P. G. (2019). Managing today's workforce to meet tomorrow's challenges. *Frontiers of health services management*, 35(4), 3-10.
- Frandsen, B. (2014). Nursing leadership management & leadership styles. AANAC, American Association of Nurse Assessment Coordination: Denver, CO, USA.
- Al-Hanawi, M. K., Alsharqi, O., Almazrou, S., & Vaidya, K. (2018). Healthcare finance in the Kingdom of Saudi Arabia: a qualitative study of householders' attitudes. *Applied health economics and health policy*, 16, 55-64.
- Hassanie, S., Karadas, G., & Lawrence Emeagwali, O. (2021). Do CSR perceptions influence work outcomes in the health care sector? The mediating role of organizational identification and employee attachment. *Sustainability*, 13(17), 9840.
- Zeb, A., Rehman, F. U., Imran, M., Ali, M., & Almansoori, R. G. (2020). Authentic leadership traits, high-performance human resource practices and job performance in Pakistan. *International Journal of Public Leadership*, 16(3), 299-317.
- Lown, B. A., Shin, A., & Jones, R. N. (2019). Can organizational leaders sustain compassionate, patient-centered care and mitigate burnout?. *Journal of Healthcare Management*, 64(6), 398-412.
- Goyal, M., & Chaudhry, D. (2019). Impact of educational and training programs on knowledge of healthcare students regarding nosocomial infections, standard precautions and hand hygiene: a study at tertiary care hospital. *Indian Journal of Critical Care Medicine: Peer-reviewed, Official Publication of Indian Society of Critical Care Medicine*, 23(5), 227.

- Havig, A. K., Skogstad, A., Kjekshus, L. E., & Romøren, T. I. (2011). Leadership, staffing and quality of care in nursing homes. *BMC Health Services Research*, 11, 1-13.
- Castle, N.; Decker, F. Top management leadership style and quality of care in nursing homes. *Gerontologist* 2011, 51, 630–642
- Sfantou, D. F., Laliotis, A., Patelarou, A. E., Sifaki-Pistolla, D., Matalliotakis, M., & Patelarou, E. (2017, October). Importance of leadership style towards quality of care measures in healthcare settings: a systematic review. In *Healthcare* (Vol. 5, No. 4, p. 73). MDPI.
- Afsar, B., Masood, M., & Umrani, W. A. (2019). The role of job crafting and knowledge sharing on the effect of transformational leadership on Innovative Work Behavior. *Personnel Review*, 48(5), 1186–1208. <https://doi.org/10.1108/pr-04-2018-0133>
- Tran, H. P. (2019). How authentic leadership promotes individual knowledge sharing: Viewing from the lens of COR theory. *Management & Marketing. Challenges for the Knowledge Society*, 14(4), 386–401. <https://doi.org/10.2478/mmcks-2019-0027>.
- Albott, C. S., Wozniak, J. R., McGlinch, B. P., Wall, M. H., Gold, B. S., & Vinogradov, S. (2020). Battle buddies: rapid deployment of a psychological resilience intervention for health care workers during the COVID-19 pandemic. *Anesthesia & Analgesia*, 131(1), 43-54.