Scientific Paper Entitled: The Impact Of Social And Economic Factors On The Performance Of Health Cadres In The Government Health Sector In The Kingdom Of Saudi Arabia

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Summary

For public hospitals to produce high-quality results, human resources must be used effectively. Being successful organizations, they are focused on issues that impact their employees and boost their morale, performance, and job satisfaction levels. This study aims to demonstrate how social and economic factors affect healthcare workers' performance in the Kingdom of Saudi Arabia.

Keywords: Economic Factors, Social Factors, Health Cadres, Government Health, Kingdom Of Saudi Arabia.

Introduction

A nation's health system develops in response to its socioeconomic, political, administrative, and cultural elements. Furthermore, a nation's health care system functions as a welfare state's allocative body. Reforms in the health sector thus have an impact on both the delivery of services and their organizational distribution. A nation's finance and organizational structures make up its health system. In addition to meeting the society's health demands, it adheres to the economic principles of efficacy, rationality, and efficiency. Aiming toward these goals also means that the organizational and financial structures of contemporary health systems are always changing. This article's primary goal is to outline the major steps the Saudi healthcare system took after the Saudi Vision 2030 was unveiled in 2016. Since its establishment in 1925, the Saudi public health system has experienced numerous modifications. The discovery of oil resources provided a new basis for the advancement of the health system (Kumar & Albashrawi, 2022).

The government has created a national strategy to enhance health care in the health sector. This strategy calls for diversifying funding sources, building workforce and health information systems, encouraging the private sector to offer health services, and distributing health services fairly across all regions. Furthermore, the Ministry of Health (MOH) has been suggesting new reforms in recent years that are in line with the Saudi Vision 2030 and the National Transformation Program (NTP) 2020. In order to increase efficiency and effectiveness in the provision of services, these centre on the institutionalization of the health system and the enhancement of the financial structure. The primary driver of economic growth in Saudi Arabia has seen a paradigm shift from one that is driven by the state sector to one that is driven more by the private sector, according to both the country's NTP and Vision 2030. The administrative and economic reforms are the main topics of the sections that follow (Moshashai et al., 2022).

The MOH organizes, directs, carries out, advertises, and assesses the medical services. Along with monitoring, advising, and evaluating the private sector, it collaborates and coordinates with other governmental sectors and provides support for all health care initiatives. The KSA witnessed additional advancements with the establishment of public hospitals around the nation as a result of the 5-year plans'

initiatives, which revolutionized the healthcare industry. The population's health status significantly improved as a result of these activities. The commercial sector and additional governmental organizations, in addition to MOH, also made contributions to this progress. In an attempt to improve the inadequate coordination and communication between service providers, the Council of Health Services was founded in 2002, albeit its effectiveness was not very high. To manage primary health centres and regional hospitals, the government established 20 regional directorates-generals of health. The creation of PHCs contributed to better prescribing practices and a decrease in unnecessary visits. The Ministry of Health, other ministries, and the business sector have also created new health facilities. The 1980s saw a significant push for "health for all," and a ministerial decree was issued that gave MOH the authority to raise the health posts in small and rural districts to the status of primary health care (PHC) centres in order to better serve the district's population's medical requirements. Prescription practice was enhanced, pharmaceutical expenditures were decreased, and duplication of services was lessened because to the PHC approach (Barnawi, 2018).

With the expectation that it will lead to improvements in health care access, efficiency, effectiveness, and quality, as well as lower costs, new technology adoption and service use, the government is giving priority to private sector investment. Wide-ranging privatization and an economic reform program of its service and economic sectors are the goals of Saudi Vision 2030, which would eventually help the country move away from its reliance on government expenditure and oil export earnings. A number of the issues facing the Kingdom's healthcare system have been addressed by the strategic suggestion and consideration of health insurance. According to the Head of Economic Affairs, one of the primary objectives of health insurance in the Kingdom of Saudi Arabia is to offer a third-party payer to cover the costs of medical services for its members. It is anticipated that this health insurance model will offer the best possible coverage without adding to the policyholders' burden. It also seeks to minimize waste and regulate, improve, and adjust the service. One of the insurance sectors in the world with the quickest rate of growth is Saudi Arabia (Jedidia & Medhioub, 2015).

The connection between social determinants of health (SDH) and primary health care (PHC) has drawn more attention in recent decades. A growing movement is calling for greater

social accountability in primary health care as well as investments in clinical competences to address systemic disease prevention (SDH), even while frontline health workers continue to observe the negative effects of socioeconomic issues on the health of their patients. "The conditions in which people are born, grow, live, work, and age; these circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels" is how the World Health Organization (WHO) defines social determinants of health (SDH). The acceptance of the notion that socioeconomic determinants impact a patient's presentation to their primary care physician and that helping patients overcome these obstacles can lead to better patient outcomes is shown in the gradual integration of SDH into PHC discourse. Social determinants of health (SDH) interventions in primary care settings are limited by organizational, contextual, and practitioner variables (Khim, & Andermann, 2021).

Study Problem

Exploring the effect of social and economic factors on the performance of health cadres in the government health sector in the Kingdom of Saudi Arabia.

Study questions:

1. What are the social factors that affect the performance of health cadres?
2. What are the economic factors that affect the performance of health cadres?
3. How these factors affect the performance of health cadres?

Study objectives:

1. To show the social factors that affect the performance of health cadres.
2. To explore the economic factors that affect the performance of health cadres.
3. To see the effect of social and economic factors on the performance of health cadres in the government health sector in KSA.

Study limitations:

- Geographical boundaries: The study will be applied in the Kingdom of Saudi Arabia.
- Time limits: The study will be implemented in 2022.

- Human limitations: The study will be applied to a sample of health personnel in the government health sector in the Kingdom of Saudi Arabia.
- Subject limits: limited to studying the “the effect of social and economic factors on the performance of health cadres in the government health sector in the Kingdom of Saudi Arabia”.

Literature Review

Before 1925, Saudi Arabia lacked adequate infrastructure and had few resources for healthcare. Only after 1925 had the initial infrastructure for healthcare services begun to take shape, and it picked up speed following the MOH's founding in 1950. Saudi Arabia is presently undergoing a period of development. The Saudi healthcare system is under tremendous pressure to deliver better healthcare services to the country's burgeoning senior population as well as its fast-expanding population. Two important issues that policymakers should take into account and address are the shortage of qualified healthcare professionals and the disproportionate reliance on foreign labour. Re-examining healthcare Human Resource Development (HRD) programs is crucial in order to ensure that there is a large pool of healthcare workers who possess the necessary education and skills. Hospitals in the public and commercial sectors have made financial and human resources available to enhance the quality of preventative care and services. The connection between social determinants of health (SDH) and primary health care (PHC) has drawn more attention in recent decades. Even so, frontline healthcare providers continue to observe the negative effects of societal issues on the health of their patients (Al-Hanawi et al., 2019).

1. Social Factors:

With a heavy emphasis on health promotion, the Saudi health care system has developed into one of the most sophisticated in the Middle East. However, there is still a dearth of research on the integration of SDH in Saudi primary care settings, and there is also little information available on how to better support marginalized patients and address SDH in clinical practice. "A process by which certain population groups experience multiple social determinants concurrently" is marginalization. Consequently, their risk of poor health is increased while their access to resources that promote health is restricted. An individual's health is influenced by their social position (gender, sexual orientation, race, and ethnicity), social

surroundings, and the resources available to prevent or fight disease. These factors also include their education, income, and the standard of their residential accommodation. Marginalization and SDH are linked by these intricate relationships (Baah et al., 2019).

- **Demographic Changes**

It is crucial to first take into account the effects that demographic shifts have had on the delivery of social and health care. Specifically, longer life expectancies combined with falling death rates have resulted in aging populations, which are significantly affecting public sector organizations' capacity to pay for primary healthcare. The percentage of people over 65 who live in the world is expected to increase from 6.9% to 15.6% during the course of the next 50 years. Health care systems will be under enormous pressure to adjust to these extraordinary demographic shifts. Specialization in geriatric care will be especially necessary to address the growing number of senior patients suffering from degenerative, chronic illnesses like dementia. This presents a significant logistical challenge for medical professionals worldwide. The Saudi health care system urgently has to be modernized, and this brings us to the ageing population. It is evident that the issues brought on by an aging population are having an influence on Saudi Arabia's health care system and will only get worse (Al-Hanawi & Qattan, 2019).

- **Gender Norms**

Arab women's professions in the KSA and around the world are badly impacted by the patriarchal, collectivist, and male nature of the Arab world, which presents many difficulties and impediments for working women. These issues, according to, are mostly connected to workplace culture and include prejudice against employers, discrimination, stereotyping, a lack of opportunities for training and development, discriminatory organizational policies and practices, unfavourable opinions about women's commitment and professional abilities, trouble forming personal connections at work, a lack of support for mentorship and coaching, and family-friendly programs. Work-family role conflicts, patriarchal systems, cultural and religious gender codes, a lack of family support and concern for equal opportunity, limited career-advancement opportunities, cultural barriers to accepting women in managerial roles, exclusion from informal networking processes, and other general societal factors are

some of the challenges that face women today. Even though there have been recent international attempts to abolish gender discrimination, much work remains, particularly in the Arab world where women confront numerous obstacles. In many aspects, the problems that Saudi Arabian women face in the workplace are shared by those of other Arabic nations. discover that the dedication of Saudi Muslim women to their families, the difficulty they face in obtaining professional training and development opportunities, the dearth of informal networks, mentorship programs, and organizational support, in addition to gender prejudice and the lack of consideration shown by male co-workers to women, are significant obstacles to women's career advancement (Al-Asfour et al., 2017).

- **Work-Life Balance**

The concept of work-life balance (WLB) refers to an individual's ability to make decisions about when, where, and how they work, with the implicit goal of achieving both job success and emotional and physical well-being. This phrase is typically used to characterize the equilibrium that a working person need between time allotted for work and other facets of their lives. The interdependence and mutual impact between the work and home domains make it a significant issue for human resource development (HRD). Furthermore, one domain's feelings, behaviours, and actions would transfer to the other. The key to a good work environment is maintaining optimal WLB, which lowers stress and guards against burnout at the office (Brough et al., 2014).

2. Economic Factors:

- **Compensation and Rewards**

An earlier study found a considerable positive correlation between faculty members' work satisfaction and fair and appropriate salary. A happy faculty member would view and balance their work-life balance favourably. In Saudi Arabia, incentives and pay had the biggest impact on faculty members' work-life balance. Researchers found that faculty members at Najran University in Saudi Arabia had a mediocre degree of satisfaction with their pay and financial assistance. According to a recent poll, just 65% of Saudi university faculty members believed they could successfully manage their personal and professional lives and were appropriately compensated for their labour (Subbarayalu & Al Kuwaiti, 2018).

- **Salaries and Wages Adequate**

A wage is the base pay that an employee receives for his or her work-related efforts; it is often seen as the primary source of income that an employee depends on to meet his or her fundamental needs. Earning fair wages and incentives is a major aspect in motivating people to work hard towards achieving organisational goals. It is also regarded as one of the most essential motivational factors. Companies typically base bonus and salary decisions on an employee's personal abilities, work history, and educational background. One of the most crucial aspects of Quality of Working Life (QWL) is wages, which indicate how much a person can afford to meet his needs and wants. Workers who perceive their jobs as their primary source of income and who feel they are in the correct organization are those who are paid fairly and receive bonuses. Since there is a positive and significant correlation between proper remuneration, fair bonus systems, and quality of work life (QWL), numerous studies have shown that salary is one of the factors used to quantify QWL (Chanana & Kumar Gupta, 2016).

- **Reliance on Expatriate Worker**

A sizable fraction of the global expatriate health professionals (EHPs), or migrant healthcare workforce, are employed in Saudi Arabia. Through the Saudization program, which replaces foreign workers with Saudi nationals, and other programs, the Saudi government has made significant efforts to raise the percentage of national healthcare professionals (HCPs) employed by the Saudi Ministry of Health (SMOH). These programs seek to reduce the high percentage of unemployment in the country, the utilization of nationally qualified labour, and the enormous amount of money spent on remittances from expatriates. The Saudi HCPs have increased as a result of this initiative. EHPs continue to make up the majority of healthcare providers in Saudi Arabia, even with the advancements made in the public sector. In the private sector, they still far outnumber Saudi HCPs. Furthermore, the amount of capital projects, customer expectations, and population expansion all contribute to the continued high need for EHPs. Allied health professionals, nurses, and doctors make up the bulk of EHPs. Therefore, it is essential for Saudi Arabia to draw in and keep EHPs (Yasin et al., 2017).

- **Capacity Building**

Primary healthcare investment should be prioritized, especially in light of the data demonstrating its critical role in enhancing population health and reducing medical costs. However, PHC accessibility and services are still a problem in nations like the UK, which are renowned for having top-notch healthcare systems, especially for their rural populations. The health sector of the Kingdom of Saudi Arabia (KSA), like that of many other nations worldwide, is facing significant obstacles as a result of the following: (1) rising healthcare costs due to the country's expanding population; (2) unequal access; (3) high costs of healthcare services; and (4) worries about the safety and quality of care. As part of Vision 2030, Saudi Arabia's future vision, the sector is rapidly changing in the KSA in accordance with the National Transformation Program. To successfully realize this vision, three pillars have been adopted: (1) facilitating access to health services; (2) enhancing the quality and efficiency of health services; and (3) promoting health risk prevention. In an effort to achieve these objectives, Saudi Arabia has already begun to refocus attention and investment away from secondary and tertiary healthcare institutions and toward primary healthcare reform and restructuring (Sheikh et al., 2019).

Aim of the study:

To detect the impact of social and economic factors on the performance of health cadres in the government health sector in the Kingdom of Saudi Arabia.

Methods

Research design:

Descriptive analytic cross sectional study design to detect the impact of social and economic factors on the performance of health cadres in the government health sector in the Kingdom of Saudi Arabia. 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, behaviours, 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 800 of health cadres, the sample will be selected according to certain inclusion criteria health cadres who working in Saudi health sector, 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. Also questions about the impact of social and economic factors on the performance of health cadres in the government health sector in the Kingdom of Saudi Arabia.

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	0.496**	7	0.757**
2	0.868**	8	0.456**
3	0.632**	9	0.721**
4	0.646**	10	0.301**
5	0.891**	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 (0.301 - 0.891), 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
comprehensive quality standards questionnaire	11	0.856

The table showed that the Cronbach's alpha reliability coefficient for the total score of the questionnaire was (0.856), 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
Strongly Disagree	1	From 1 to less than 1.80
Disagree	2	From 1.81 to less than 2.60
Neutral	3	From 2.61 to less than 3.40
Agree	4	From 3.41 to 4.20
Strongly agree	5	From 4.21 to 5.

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

Sociodemographic variables	Cases (n=800)	
	No.	%
Age category (years)		
Less than 25 years	210	26.25%
From 26 to 35 years	190	23.75%
From 36 to 47 years	250	31.25%
More than 47 years	150	18.75%
Gander		
Male	500	62.5%
Female	300	37.5%
Marital status		
single	220	27.5%
married	370	46.25%
absolute	210	26.25%
Job		
doctor	150	18.75%
pharmaceutical	100	12.5%
specialist	150	18.75%
Technical	140	17.5%
nurse	170	21.25%
Administrative	90	11.25%
Educational status		
Diploma or less	280	35%
Bachelor's	290	36.25%
Postgraduate studies (PhD - Master)	230	28.75%
Years of experience		
1 – 5 years	190	23.75%

6 – 10 years	180	22.5%
11 - 15 years	270	33.75%
16 – 25 years	160	20%

Table (1) showed that 31.25% and 23.75 % of the studied participants were aged 36 -47 years and 26-35 years respectively. Regarding to the gander, more than half (62%) were males and 38% were females. 21 % of the studied participants were nurse, 42% of the studied participants were bachelor's while only %35 was diploma or less. As regard to years of experience, 22.5% 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 the first axe (Social Factors) of Questionnaire

No.		Cases (n=800)			
		Mean	**SD**	**Category**	**Rank**
1-	How do you perceive the work environment in your healthcare facility in terms of social interactions and support from colleagues?	4.231	0.865	**Strongly agree**	**1**
2-	Have you ever faced discrimination or prejudice based on factors such as gender, nationality, or ethnicity in your workplace?	3.511	0.824	**Agree**	**4**
3-	Do you feel that there are adequate opportunities for professional development and career advancement in your current healthcare facility?	3.755	0.722	**Agree**	**3**
4-	How satisfied are you with the level of support	4.112	0.67	**Agree**	**2**

	and recognition you receive from your supervisors and management?				
Total score		**3.93**	**0.788**	**Agree**	

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 (3.511 to 4.231), 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 social and economic factors on the performance of health cadres in the government health sector in the Kingdom of Saudi Arabia.

Phrase (1): How do you perceive the work environment in your healthcare facility in terms of social interactions and support from colleagues? ranked first with an average agreement of (4.231)

Phrase (4): How satisfied are you with the level of support and recognition you receive from your supervisors and management? ranked second with an average agreement of (4.112)

Phrase (3): Do you feel that there are adequate opportunities for professional development and career advancement in your current healthcare facility? Ranked third with an average agreement of (3.755)

Table (6): response of the studied participants regarding to the second axe (Economic Factors) of Questionnaire

No.		**Cases (n=800)**			
		Mean	**SD**	**Category**	**Rank**
1-	Are you satisfied with your current salary and benefits package?	4.132	0.699	**Agree**	**3**
2-	Have you experienced any financial hardships	3.735	0.741	**Agree**	**4**

	that have affected your performance at work?				
3-	How do you perceive the overall economic stability and job security in the healthcare sector in Saudi Arabia?	4.612	0.831	**Strongly Agree**	**1**
4-	Do you believe that the availability of resources and infrastructure in your healthcare facility adequately supports your job performance?	4.24	0.985	**Agree**	**2**
Total score		**4.31**	**0.821**	**Strongly agree**	

Phrase (3): How do you perceive the overall economic stability and job security in the healthcare sector in Saudi Arabia? ranked first with an average agreement of (4.612)

Phrase (4): Do you believe that the availability of resources and infrastructure in your healthcare facility adequately supports your job performance? ranked second with an average agreement of (4.24)

Phrase (1): Are you satisfied with your current salary and benefits package? Ranked third with an average agreement of (4.132)

Table (7): response of the studied participants regarding to the third axe (Overall Job Performance) of Questionnaire

No.		**Cases (n=1000)**			
		Mean	**SD**	**Category**	**Rank**
1-	how would you rate your job satisfaction?	4.01	0.71	**Agree**	**2**
2-	How do you perceive the quality of healthcare services provided in your facility?	3.835	0.785	**Agree**	**3**
3-	Have you experienced any burnout or fatigue due to workload and	4.612	0.93	**Strongly Agree**	**1**

	job stress?				
Total score		**4.292**	**0.82**	**Strongly agree**	

Phrase (3): How satisfied are you with your current job stability? ranked first with an average agreement of (4.612)

Phrase (1): Work-life balance policies contribute to job stability in the government health sector. ranked second with an average agreement of (4.01)

Phrase (2): Employee recognition and appreciation contribute to job stability in the government health sector. Ranked third with an average agreement of (3.835)

Discussion

The social and economic elements have a significant impact on the performance of health cadres in the government health sector in Saudi Arabia. Positive social dynamics at work, such as helpful coworkers and efficient teamwork, boost morale and productivity. On the other hand, bias or a lack of collaboration can cause tension and poor performance. Opportunities for professional growth and supervisor recognition are essential for fostering motivation and a sense of fulfilment in the workplace (Kumar & Albashrawi, 2022).

Economically, healthcare employees may get demotivated if their pay is insufficient for their workload. Performance can also be impacted by job uncertainty brought on by unstable economies. Resolving these issues is essential to keeping a knowledgeable and driven staff. In order to retain healthcare professionals and guarantee the provision of high-quality services, competitive compensation, perks, and financial stability are crucial (Barnawi, 2018).

In general, the government health sector in Saudi Arabia must optimize healthcare performance by addressing social and economic variables. Facilitating job satisfaction and improving healthcare outcomes requires a work environment that is supportive, providing chances for professional advancement, equitable compensation, and stable economic conditions. Saudi Arabia can improve its healthcare system and better serve its people by giving these factors top priority (Al-Hanawi et al., 2019).

Conclusion

Physicians and nurses are the healthcare professionals who encounter WLB management issues the most frequently. The WLB of nursing professionals is directly impacted by elements like job stress, a heavy workload, a lack of autonomy in decision-making, rigid work schedules, poorly organized shift schedules, inadequate vacation planning, and deteriorating professional relationships between Saudi and expatriate nurses. Research has also shown that excessive hours, workplace discontent, a lack of support from superiors, and low community recognition of the nursing profession are among the reasons why nurses tend to leave their positions.

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