

## Scientific Paper Entitled: The Impact Of The Health Transformation Program Of The Kingdom's Vision 2030 On The Performance Of Health Personnel In The Government Health Sector In The Kingdom Of Saudi Arabia

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### Summary

The Kingdom of Saudi Arabia adopted "Vision 2030" as a plan for the country's growth and economic development. The vision outlined the Kingdom's aspirations to become a leader in the world by accomplishing three key objectives: a successful economy, an ambitious nation, and a lively society. In order to achieve this, the Kingdom introduced in June 2016 a national

transformation program (NTP) based on "vision 2030." One of the NTP's eight topics is the transformation of health care. The Kingdom's medical institutions have nearly a century of history. Even if the Kingdom's population health has improved significantly in recent years, the "vision 2030" aim still requires modernization of the healthcare system.

The goal of this study is to provide an overview of the new Model of Care (MOC) in light of the recent changes in Saudi health care and the Kingdom's 2030 vision. Understanding the current situation and gathering lessons learned were the foundation of the MOC concept. The national transformation program, driven by social and economic factors, has implemented strategic steps to develop its private healthcare system. These include the establishment of health clusters, the recently approved Private Sector Participation (PSP) Law, which involves several legislative enablers intended to enhance investor confidence in the privatization process, and the National Centre for Privatization & PPP, an official enabler for the privatization of all government sectors. The future of healthcare, like many other developing economies, continues to weigh policies for universal coverage while containing costs.

**Keywords:** Health transformation, Program, Kingdom's Vision 2030, Health personnel, Saudi Arabia.

## Introduction

With an estimated population of 33.4 million and a terrain of 2250,000 square kilometers, the Kingdom of Saudi Arabia is the largest country on the Arabian Peninsula. It ranks among the top 20 economies in the world and is regarded as an energy superpower. The Kingdom promoted "Vision 2030" as a plan for advancing the country's economy and size. The vision outlined the Kingdom's aspirations to become a leader in the world by accomplishing three key objectives: a successful economy, an ambitious nation, and a lively society. The Kingdom unveiled its "Vision 2030" in April 2016; it included 96 strategic goals that were measured by a number of Key Performance Indicators (KPIs). In order to accomplish that goal, a few initiatives—known as vision realization programs, or VRPs—were created in this regard and under the various implementation methods of governmental,

commercial, and nonprofit entities. The Council of Economic and Development Affairs established a workable and integrated governance mechanism to translate "Vision 2030" into numerous VRPs that collaborate to accomplish the strategic goals and fulfill the vision.

(Chowdhury, 2021).

Saudi Vision 2030 is a strategic framework of initiatives led by Crown Prince, Deputy Prime Minister, and Chairman of the Council of Economic and Development Affairs Prince Mohammed Bin Salman Bin Abdulaziz, with the goal of reducing Saudi Arabia's reliance on oil and diversifying its economy through innovative, transformative economic and social reforms. The framework also aims to develop public service sectors like health, education, infrastructure, recreation, and tourism (Alharbi, 2018).

Launched in 2021, the Health Sector Transformation program under Vision 2030 aims to restructure the health sector into an integrated, comprehensive, and effective health system based on the health of the individual and society, which includes citizens, residents, and visitors. It is intended to be implemented over the course of the next five years. The program is founded on the value-based care philosophy, which promotes public health and illness prevention while guaranteeing financial sustainability and transparency. The program's particular goals are to increase the availability of e-health services and digital solutions, promote optimal coverage, equitable geographical distribution, and enhance the quality and accessibility of health services (Alasiri & Mohammed, 2022).

Given the possibility of a sustained decline in crude oil prices and the anticipated effects on public coffers, the Saudi health system must likewise encourage economic diversification and containment of public spending. The Saudi Health Transformation Strategy purposefully incorporates elements of the Financial, Economic, and Institutional framework into the formulation of its objectives and techniques. It is acknowledged that the government's policy aims, as articulated in Vision 2030, mitigate the need for special attention to the health of the entire population and for a high degree of control over overall health services expenditure (Young et al., 2021).

Prior research on health systems in the Kingdom of Saudi Arabia has mostly concentrated on an overview of the healthcare system, the health information system, the difficulties facing the healthcare system, and how people regard medical services. Almalki and colleagues examined the historical evolution and contemporary configuration of the Saudi healthcare system, taking into account the opportunities and problems it faces as well as the significance of the public health sector. A related study by Walston et al. brought to light issues with Saudi healthcare services, including lengthy wait times for non-emergency surgeries as a result of rising patient demand and construction hold-ups as facilities try to boost capacity (Young et al., 2021).

### **Study Problem**

To know the impact of the health transformation program of the Kingdom's Vision 2030 on the performance of health personnel in the government health sector in the Kingdom of Saudi Arabia.

### **Study questions**

- 1-What is the impact of health transformation program of the Kingdom's Vision 2030 on the performance of health personnel?
- 2-What is the impact of privatization of healthcare sector of the Kingdom's Vision 2030 on the performance of health personnel?
- 3-What is the impact of digital health adoption of the Kingdom's Vision 2030 on the performance of health personnel?

### **Study objectives**

- 1-To detect the impact of health transformation program of the Kingdom's Vision 2030 on the performance of health personnel.
- 2-To detect the impact of Digital Health Adtopion of the Kingdom's Vision 2030 on the performance of health personnel.
- 3-To detect the impact of Preventive Measures and Public Health of the Kingdom's Vision 2030 on the performance of health personnel.

### **Study limitations**

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

3-Human limitations: The study will be applied to a sample of health personnel in the government health sector in the Kingdom of Saudi Arabia.

4-Subject limits: limited to studying the impact of the health transformation program of the Kingdom's Vision 2030 on the performance of health personnel in the government health sector in the Kingdom of Saudi Arabia.

### **Literature Review**

Through this study, we hope to provide an overview of Saudi Arabia's healthcare transformation since the ambitious Vision 2030 was introduced, identifying issues that need to be addressed and steps taken to provide health systems transformation. There is a growing body of literature on the subject of healthcare transformation in Saudi Arabia since the introduction of Vision 2030.

This publication focuses on outlining the changes implemented to speed up the transformation process. In the course of examining those reforms, the article seeks to describe the following: The process and plans for privatization, the creation of Saudi Health Clusters to aid in the decentralization of health care resources, the legal framework supporting the growth of public-private partnerships, and the potential outcomes of privatization based on the body of existing literature are the first four things to consider. In the article's discussion section, the conclusion is discussed in light of the progress made, and recommendations are made regarding how to proceed cautiously when anticipating and identifying obstacles to the implementation of PPPs, how to effectively implement Revenue Cycle Management (RCM) for healthcare reimbursement, and how to guarantee that vulnerable populations have access to high-quality tertiary healthcare (Alasiri & Mohammed, 2022).

In order to fully embrace the Kingdom's ambitious vision and streamline the Saudi health care system, the new healthcare model of care identifies six key enablers to meet the needs: workforce, e-Health, corporatization, governance, and private sector participation. It is important to note that the implementation of all suggested measures will require more time and resources. The interrelated Vision Realization Programs (VRPs) activities, such as the Human Capability, appear to be complementing one another and are in line with delivery plans

guided by pre-established KPIs. The goal of the development program is to prepare citizens' abilities and skills for the future labor market in their community. Saudi Arabia's mandated health insurance policy will guarantee that more citizens have access to private healthcare facilities, thereby increasing the scope of primary and secondary healthcare in the private sector and opening up a market for foreign investment (Alasiri & Mohammed, 2022).

### **An Impetus to Privatization of Healthcare Sector**

The Kingdom's welfare state model of governance, which is supported by oil revenues, has allowed the Ministry of Health (MOH) to provide comprehensive and universal healthcare services to its entire population for decades without receiving any outside funding or tax revenue. However, the growing costs of healthcare provision, the changing demographics of the nation, the rise in non-communicable diseases, and inefficient access to healthcare appear to make this policy difficult to maintain (Al-Hanawi & Qattan, 2019)

The life expectancy at birth increased from 64 years in 1970 to 75 years in 2015, demonstrating Saudi Arabia's impressive success in improving the health of its citizens. By 2030, there will be 4.63 million older people in the country, up from 1.96 million in 2018. Over the next ten years, there is likely to be a significant demographic change in Saudi Arabia, with the population between 40 and 59 expected to grow by 1.5 times, and the population over 60 expected to grow by more than three times. The anticipated change in population dynamics is linked to a higher prevalence of lifestyle-related illnesses and non-communicable diseases (NCDs), which would drive up demand for extremely specialized medical and surgical care in the Kingdom. Furthermore, it is anticipated that the need for home healthcare, rehabilitation, and geriatric-related care will rise for people over 60 (Al-Hanawi & Qattan, 2019)

### **Digital Health Adoption and Innovation**

The adoption and innovation of digital health has been welcomed by the Kingdom of Saudi Arabia as a fundamental component of its Vision 2030 healthcare reform. This dedication is demonstrated by the broad adoption of artificial intelligence (AI), telemedicine, and electronic health records (EHRs) throughout the healthcare industry. The delivery of healthcare is being revolutionized by

these digital health efforts, which are making it more efficient, individualized, and accessible than ever (Mani & Goniewicz, 2022).

The word "telehealth" refers to a broader category that includes automated and remote patient condition monitoring and management intended to promote preventive care and minimize hospital readmissions. Telehealth, as opposed to telemedicine, can refer to distant, nonclinical services like instruction and training. On the other hand, telehealth includes virtual care. This term combines two terms: "care," which refers to nursing and treatment, and "virtual," which refers to something that is expanded by software or temporally mimicked. Telemedicine is expanded upon and enhanced in the delivery of healthcare through virtual care. Rather of facilitating real-time online patient-physician interactions, virtual care facilitates asynchronous user connections and allows for the outsourcing of services to non-healthcare professionals. It gives consumers greater options for where, when, and how to receive healthcare (ElGibreen, 2020).

The use of telemedicine in Saudi Arabia's healthcare system has become increasingly important since it helps people in rural places receive follow-up care and medical consultations by removing geographical boundaries. This has been especially important in improving the continuity of care and guaranteeing that every citizen and resident can get expert medical advice by just making a video call (Dawood et al., 2021).

The way Saudi Arabian healthcare is delivered is changing dramatically as a result of artificial intelligence. AI-powered solutions are being used in customized medicine, predictive analytics, and diagnostic support. These solutions provide new perspectives on patient care and greatly increase the precision and speed of diagnosis and treatment planning. Robust infrastructure and legal frameworks that protect patient data privacy and security foster innovation in digital health.

(Alghamdi & Alashban, 2022).

### **Comprehensive Healthcare System**

The Ministry of Health in Saudi Arabia has demonstrated its resolute dedication to realizing Vision 2030, which involves including the private sector in sustainable development and economic progress. In order to achieve the objectives outlined in Vision 2030, the public and private sectors must collaborate to enhance patient happiness, lower financial risk, and foster



sustainable growth in addition to raising the general quality of healthcare services provided. Along with inviting international investors, the government guaranteed them 100% ownership of any investments made in the healthcare industry. The development of the international for-profit healthcare industry has been greatly aided by investment partnerships between domestic and foreign capital formed under the direction of International Finance Corporation (IFC), a member of the World Bank Group. Furthermore, during the past ten years, private equity investments have made the global healthcare sector a key target due to growing interest in the healthcare and social sectors as possible growth areas (Rahman & Qattan, 2021).

### **Preventive Measures and Public Health**

In line with Vision 2030, the public sector would encourage the use of primary healthcare, work to reduce the spread of infectious diseases, and promote preventative care. This will increase the scope of collaboration and integration between social and health care. Planning, observing, and overseeing the provision of healthcare is entrusted to the public sector. The government plans to cooperate with public companies to further privatization, which will raise the standard of healthcare delivery. Additionally, the government wants to shorten the wait times for doctor's and consultant's visits. Doctors will receive training in treating patients with contemporary illnesses (Rahman & Qattan, 2021).

### **Workforce development**

Initiatives for workforce development emphasize how crucial it is to make investments in human capital in order to maintain improvements in healthcare. The focus on education, training, and foreign hiring reflects the widespread recognition that cutting-edge healthcare methods and providing high-quality care depend on a skilled healthcare workforce (Goniewicz et al., 2022).

Saudi Arabia is following the global trend of prioritizing the development of its healthcare personnel, emphasizing the importance of ongoing education and adaptability to technological innovations. The changing face of healthcare demands a workforce with both clinical expertise and proficiency in digital health competencies. The global trend toward a more dynamic approach to healthcare education emphasizes the value of healthcare

professionals' capacity for lifelong learning and adaptation in order to stay on the cutting edge of scientific and technological developments (Gardanova et al., 2022).

### **Patient safety**

Saudi Arabia has demonstrated its commitment to attaining the highest standards in healthcare services through its emphasis on patient safety and quality of care. The application of patient safety procedures and quality assurance methods is in line with global initiatives to enhance healthcare results and patient experiences (Bakry & Saud, 2021).

### **Aim of the study:**

To detect the impact of the health transformation program of the Kingdom's Vision 2030 on the performance of health personnel in the government health sector in the Kingdom of Saudi Arabia.

### **Methods**

#### **Research design:**

In the Kingdom of Saudi Arabia, a descriptive analytic cross-sectional research design was conducted with the purpose of detecting The reality of work turnover in the government health sector in the Kingdom of Saudi Arabia and its impact on the performance of health personnel. This design is a method that is both systematic and organized, and it is used to gather data from a sample of individuals or entities that are part of a larger population. The major objective of this design is to provide a comprehensive and accurate description of the characteristics, behaviors, perspectives, or attitudes that are present within the target group.

#### **Research Setting:**

The study will be conducted in in the government health sector in the Kingdom of Saudi Arabia.

#### **Subject:**

Those health cadres who are employed in the government health sector in the Kingdom of Saudi Arabia, both male and female, will

be required to meet specific inclusion criteria in order to be considered for inclusion in the sample.

**Sample size:**

Study sample was 500 of health cadres selected via the systematic random sampling method. When conducting empirical research with the purpose of drawing conclusions about a population based on a sample, the size of the sample is an essential component to consider. In actual fact, the sample size that is used in an investigation is established by taking into consideration the cost of data collection as well as the need to have enough statistical power.

**Inclusion Criteria:**

The inclusion criteria were set as follows:

- (1) health cadres who working in the government health sector in the Kingdom of 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 deal with Participants demographic such like age, gender, marital status and educational level. Also issues concerning the impact of the health transformation program of the Kingdom's Vision 2030 on the performance of health personnel 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 assess the content validity of the tools and the required modification was done appropriately.

**Ethical considerations**

Data was submitted by individuals via questionnaires. Participants were notified that participation in the research would be elective and that their anonymity would be preserved. Data will be

acquired using a self-reported questionnaire. The ethics committee will offer clearance for this initiative. Before the questionnaire was conducted, each participant supplied signed informed consent.

**Results**

**Validity and Reliability Tests:**

**Internal Consistency Reliability Calculation:**

After determining the legitimacy of the internal consistency between the statements of each objective and the overall score for the corresponding axis, Pearson's Coefficient Correlation was computed in order to validate the validity of the statement. Following the construction of the research instrument and the establishment of its apparent validity by the presentation of the instrument to a panel of arbitrators who were both knowledgeable and experienced in the area, this step was taken.

For the purpose of determining whether or not the questionnaire has an internal reliability, it was administered to a pilot sample that consisted of thirty members of the healthcare staff. After that, the researchers determined the correlation coefficients in order to assess the internal validity of the research instrument, as the tables that follow 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
<b>comprehensive quality standards questionnaire</b>	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.

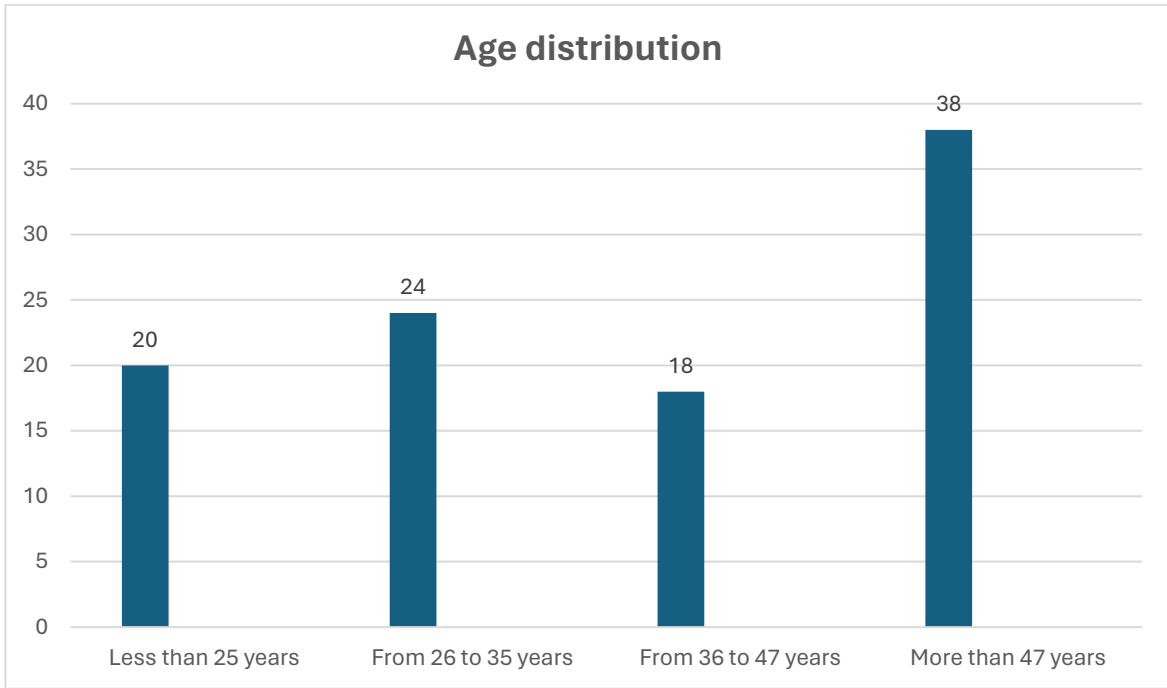
**Table (3): Method for correcting the scale.**

Scale	The weight	The average arithmetic mean value ranges
<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.

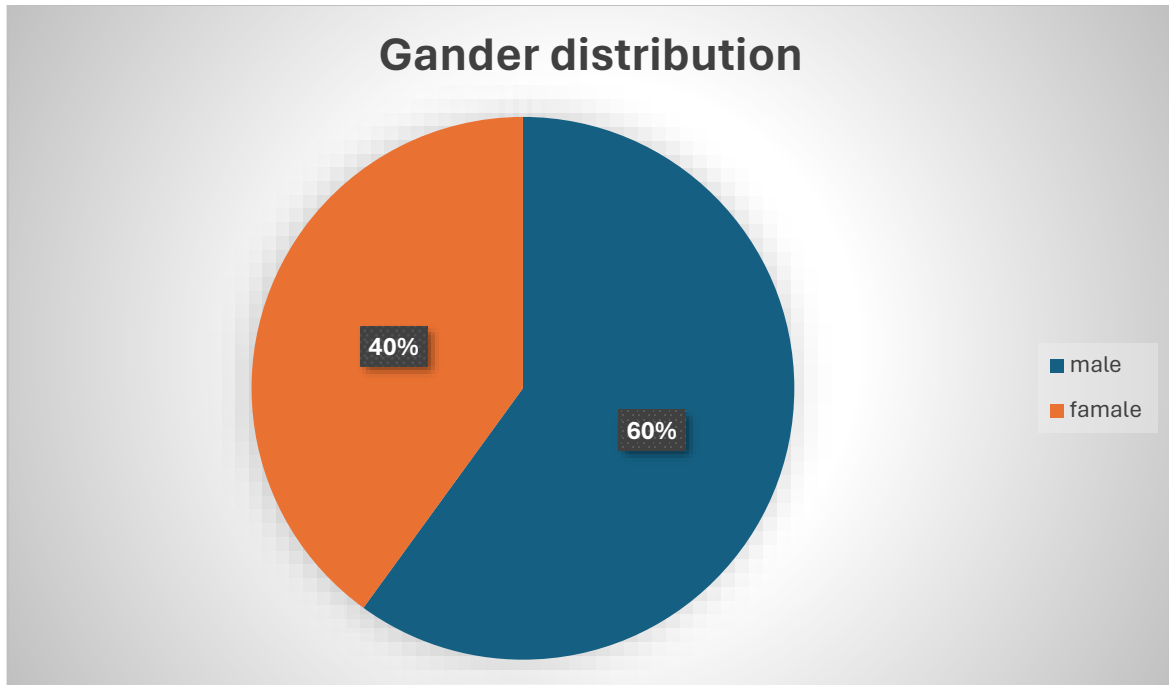
**Table (4): Socio demographic characteristics of the studied participants**

Sociodemographic variables	Cases (n=500)	
	No.	%
<b>Age category (years)</b>		
Less than 25 years	100	20%
From 26 to 35 years	120	24%
From 36 to 47 years	90	18%
More than 47 years	190	38%
<b>Gander</b>		
Male	300	60%
Female	200	40%
<b>Marital status</b>		
single	180	36%
married	160	32%
absolute	158	31.6%
<b>Job</b>		
doctor	50	10%
pharmaceutical	40	8%
specialist	180	36%
Technical	130	26%
nurse	65	13%
Administrative	35	7%
<b>Educational status</b>		
Diploma or less	160	32%
Bachelor's	200	40%
Postgraduate studies (PhD - Master)	140	28%

Years of experience		
1 – 5 years	130	26%
6 – 10 years	120	24%
11 - 15 years	140	28%
16 – 25 years	110	22%



**Fig (1): Age distribution among the studied participants**



**Fig (2): gander distribution among the studied participants**

Table (1) & Figure (1-3) showed that 18% and 24% of the studied participants were aged 36 -47 years and 26-35 years respectively. Regarding to the gander, more than half (60%) were males and 40% were females. 36% of the studied participants were specialist while only %26 was Technical. As regard to years of experience, 24% 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 (Vision 2030 and the Health Transformation Program) of Questionnaire**

No.		Cases (n=500)			
		Mean	SD	Category	Rank
1-	Are you familiar with Saudi Arabia's Vision 2030 initiative?	4.23	0.865	<b>Strongly agree</b>	<b>3</b>
2-	Are you aware of the Health Transformation Program within Vision 2030?	3.58	0.824	<b>Agree</b>	<b>7</b>



3-	How would you rate your understanding of the objectives and goals of the Health Transformation Program?	3.75	0.722	<b>Agree</b>	<b>6</b>
4-	Have you received any training or professional development opportunities as part of the Health Transformation Program?	4.11	0.67	<b>Agree</b>	<b>5</b>
5-	Has the adoption of technology impacted your workflow and efficiency positively?	4.52	0.865	<b>Strongly agree</b>	<b>1</b>
6-	Are there any specific technological tools or systems introduced under the Health Transformation Program that have improved your productivity?	4.26	0.758	<b>Strongly agree</b>	<b>2</b>
7-	Do you believe that technology has enhanced patient care and safety?	4.22	0.657	<b>Strongly agree</b>	<b>4</b>
8-	How has the overall work environment in the government health sector changed since the implementation of the Health Transformation Program?	3.42	0.642	<b>Agree</b>	<b>8</b>
<b>Total score</b>		<b>3.93</b>	<b>0.788</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 (3.42 to 4.52), 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 the health transformation program of the Kingdom’s Vision 2030 on the performance of health personnel in the government health sector in the Kingdom of Saudi Arabia.

Phrase (5): Has the adoption of technology impacted your workflow and efficiency positively? ranked first with an average agreement of (4.52)

Phrase (6): Are there any specific technological tools or systems introduced under the Health Transformation Program that have improved your productivity? ranked second with an average agreement of (4.26)

Phrase (1): Are you familiar with Saudi Arabia's Vision 2030 initiative? Ranked third with an average agreement of (4.23)

**Table (6): response of the studied participants regarding to the second axe (Impact on Healthcare Delivery) of Questionnaire**

No.		Cases (n=500)			
		Mean	SD	Category	Rank
1-	Have you observed any changes in the quality of healthcare services provided since the implementation of the Health Transformation Program?	4.132	0.699	<b>Agree</b>	<b>2</b>
2-	How would you rate the accessibility of healthcare services now compared to before the implementation of the program?	3.735	0.741	<b>Agree</b>	<b>3</b>
3-	Do you believe that the Health Transformation Program has contributed to improvements in patient outcomes?	4.612	0.831	<b>Strongly Agree</b>	<b>1</b>
Total score		<b>4.31</b>	<b>0.821</b>	<b>Strongly agree</b>	

Phrase (3): Do you believe that the Health Transformation Program has contributed to improvements in patient outcomes? ranked first with an average agreement of (4.612)

Phrase (1): Have you observed any changes in the quality of healthcare services provided since the implementation of the Health Transformation Program? ranked second with an average agreement of (4.132)

Phrase (2): How would you rate the accessibility of healthcare services now compared to before the implementation of the program? Ranked third with an average agreement of (3.735)

### **Discussion**

The performance of health staff working in the government health sector has been significantly improved as a result of the Health Transformation Program, which is a component of Saudi Arabia's Vision 2030. Through the implementation of reforms that are aimed at modernizing and enhancing healthcare services, the program has established an atmosphere that is more favorable to the delivery of high-quality care by medical staff (Young et al., 2021).

One of the most important aspects of the program is the focus placed on providing chances for training and development for health staff. Staff members have been provided with the information and abilities essential to perform exceptionally well in their positions as a result of a variety of initiatives, including specialized training programs and partnerships with healthcare institutions located in other countries. The result of this is not simply that their performance has improved, but it has also led to better results for patients (Dawood et al., 2021).

### **Conclusion**

The Saudi Arabian healthcare system's transformation path under Vision 2030 is a prime example of the country's historic turn toward innovation, excellence, and accessibility. This review's thorough analysis revealed how the kingdom's lofty objectives are being achieved through calculated measures that take into account current global healthcare trends and locally specific

difficulties, such as the requirement for sustainable healthcare delivery methods and environmental concerns.

Notable advances in digital health, infrastructure, and public health programs highlight a critical step toward a patient-centered, affordable, and accessible healthcare system. This evaluation demonstrated the kingdom's proactive response to upcoming healthcare demands by highlighting its strategic alignment with global healthcare movements, notably in the areas of digital health and environmental health. This analysis's integration of empirical data helps to clarify the concrete results that have been attained thus far, confirming Vision 2030's contribution to a marked improvement in Saudi Arabia's healthcare system.

Saudi Arabia is not just changing its healthcare system but also redefining sustainable, fair, and high-quality healthcare globally as it moves forward on the ambitious path outlined by Vision 2030. The projects of Vision 2030 offer to build a foundation for a future in which healthcare in the kingdom is not just technologically advanced and widely accessible, but also resilient and sustainable. This revolutionary journey, which has ushered in a new age in healthcare both inside the kingdom and throughout the global healthcare community, is a monument to visionary leadership, strategic planning, and an uncompromising pursuit of quality.

## References

1. Chowdhury, S., Mok, D., & Leenen, L. (2021). Transformation of health care and the new model of care in Saudi Arabia: Kingdom's vision 2030. *Journal of Medicine and Life*, 14(3), 347–354. <https://doi.org/10.25122/jml-2021-0070>
2. Alasiri, A. A., & Mohammed, V. (2022). Healthcare transformation in Saudi Arabia: An overview since the launch of Vision 2030. *Health Services Insights*, 15, 117863292211212. <https://doi.org/10.1177/11786329221121214>
3. Alharbi, M. F. (2018). An analysis of the Saudi health-care system's readiness to change in the context of the Saudi National Health-care plan in Vision 2030. *International journal of health sciences*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5969787/>
4. Young, Y., Alharthy, A., & Hosler, A. S. (2021). Transformation of Saudi Arabia's health system and its impact on Population Health: What can the USA learn? *Saudi Journal of Health Systems Research*, 1(3), 93–102. <https://doi.org/10.1159/000517488>

5. Al-Hanawi, M. K., & Qattan, A. M. (2019). An analysis of public-private partnerships and sustainable health care provision in the Kingdom of Saudi Arabia. *Health Services Insights*, 12, 117863291985900. <https://doi.org/10.1177/1178632919859008>
6. Mani, Z. A., & Goniewicz, K. (2022). Transforming healthcare in Saudi Arabia: A comprehensive evaluation of vision 2030's impact. *Sustainability*, 16(8), 3277. <https://doi.org/10.3390/su16083277>
7. Dawood, S., Dawood, A., Alaskar, H., & Saba, T. (2021). Covid-19 artificial intelligence based surveillance applications in the Kingdom of Saudi Arabia. 2021 1st International Conference on Artificial Intelligence and Data Analytics (CAIDA). <https://doi.org/10.1109/caida51941.2021.9425183>
8. Alghamdi, S. A., & Alashban, Y. (2022). Medical science students' attitudes and perceptions of artificial intelligence in Healthcare: A National Study conducted in Saudi Arabia. *Journal of Radiation Research and Applied Sciences*, 17(1), 100815. <https://doi.org/10.1016/j.jrras.2022.100815>
9. ElGibreen, H. (2020). Chapter 5: Health transformation in Saudi Arabia via connected Health Technologies. *Technology and Global Public Health*, 83–99. [https://doi.org/10.1007/978-3-030-46355-7\\_10](https://doi.org/10.1007/978-3-030-46355-7_10)
10. Rahman, R., & Qattan, A. (2021). Vision 2030 and Sustainable Development: State Capacity to revitalize the healthcare system in Saudi Arabia. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 58, 004695802098468. <https://doi.org/10.1177/0046958020984682>
11. Goniewicz, K., Khorram-Manesh, A., Burkle, F. M., Hertelendy, A. J., & Goniewicz, M. (2022). The European Union's post-pandemic strategies for Public Health, economic recovery, and Social Resilience. *Global Transitions*, 5, 201–209. <https://doi.org/10.1016/j.glt.2022.10.003>
12. Gardanova, Z., Belaia, O., Zuevskaya, S., Turkadze, K., & Strielkowski, W. (2022). Lessons for medical and Health Education learned from the COVID-19 pandemic. *Healthcare*, 11(13), 1921. <https://doi.org/10.3390/healthcare11131921>
13. Bakry, S. H., & Saud, B. A. (2021). A roadmap to AI: An Insight from the saudi vision 2030. *Artificial Intelligence and Its Contexts*, 201–223. [https://doi.org/10.1007/978-3-030-88972-2\\_13](https://doi.org/10.1007/978-3-030-88972-2_13)