



## Assessing the Level of Clinical Governance in the Saudi Public Healthcare Settings: Perspectives of Healthcare Professionals

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### Abstract

This study aimed to assess the level of clinical governance in the Saudi public healthcare settings from the perspective of healthcare professionals. Employing the descriptive analytical approach, the research utilized a questionnaire as the primary data collection instrument. The participants included healthcare professionals in three public hospitals in Riyadh city. A random sample size of 109 Saudi healthcare professionals was targeted. The findings showed that the mean score for the quality standards in the hospitals is (3.64), indicating a generally positive perception among healthcare professionals. Also, accountability was perceived highly (3.68). On the other hand, transparency (3.15) and continuous improvement (3.17) got the lower mean scores out of the four components of clinical governance. Based on the research results, four key recommendations are proposed. First, develop comprehensive ethical guidelines to establish clear standards for behavior and integrity, complemented by regular training for staff. Second, improve communication and involvement by implementing feedback mechanisms, such as surveys and focus groups, to ensure employees feel valued and engaged in decision-making processes. Third, implement robust performance management systems that include clear metrics for evaluating employee performance, alongside opportunities for professional development to promote accountability and growth. Lastly, accelerate the adoption of modern technologies to streamline processes and improve service delivery, ensuring staff receive adequate training to utilize these tools effectively. By addressing these areas, healthcare organizations can foster a culture of transparency, accountability, and continuous improvement, ultimately enhancing the quality of care provided to patients.

**Keywords:** *Clinical Governance, Quality Standards, Accountability, Transparency, Continuous Improvement, Healthcare Professionals*

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### 1. Introduction

The healthcare sector is undergoing profound changes worldwide, driven by the need to improve patient outcomes, enhance safety, and ensure the delivery of high-quality care. In this context, clinical governance has emerged as a critical framework aimed at achieving these goals (Squires, 2021). Defined as a systematic approach to

maintaining and improving the quality of patient care within healthcare systems, clinical governance encompasses various processes and structures that support healthcare organizations in delivering safe, effective, and patient-centered services (Michael & Loh, 2023).

At its core, clinical governance comprises several key components, including quality, transparency, accountability, and continuous improvement (Chambers et al., 2018; Gillies, 2018). Each of these elements plays a vital role in reducing medical errors and enhancing patient safety. For instance, the establishment of clear quality standards provides healthcare professionals with guidelines that inform clinical decision-making and promote evidence-based practices (Ghavamabad et al., 2021). Research has shown that adherence to these standards can significantly reduce the likelihood of errors (Kwedza et al., 2020). Medical errors, defined as preventable adverse events that can harm patients, represent a critical concern in healthcare (Donaldson, 2018). According to the World Health Organization, millions of patients are affected by medical errors each year, leading to increased morbidity, extended hospital stays, and even mortality (Secker-Walker & Lugon, 2023). The implications of these errors extend beyond individual patients, impacting healthcare systems' overall efficiency and public trust (Azilaku, 2020). Consequently, the integration of clinical governance into healthcare practices is essential for mitigating these risks and fostering a culture of safety (Kaminska, 2020).

One of the primary pillars of clinical governance is the implementation of evidence-based practices (Claverl&Pomey, 2022). This involves integrating the best available research with clinical expertise and patient values to inform decision-making. By adhering to established clinical guidelines, hospitals can standardize care and minimize variations in treatment, ensuring all patients receive high-quality care. Another critical aspect of clinical governance is risk management (van Gulik et al., 2020). Hospitals must identify, assess, and mitigate risks associated with patient care. This includes developing protocols to prevent medical errors, adverse events, and infection outbreaks. A robust incident reporting system is vital, allowing healthcare professionals to learn from mistakes and implement corrective actions to enhance safety (Kaba & Oztruk, 2022).

The key components of clinical governance—quality standards, transparency, accountability, and continuous improvement—are inherently interconnected (Chambers et al., 2018; Gillies et al., 2018). Quality standards provide the foundation upon which transparency and accountability are built; without clear standards, it becomes challenging to hold individuals and organizations accountable for their performance. Transparency enables accountability by ensuring that information regarding performance and practices is readily available for scrutiny (Donaldson, 2018).

Furthermore, continuous improvement is reliant on the establishment of quality standards and accountability mechanisms (Michael & Loh, 2023). Effective quality improvement initiatives require data on current performance, which can only be obtained through transparent practices. In this way, the components of clinical governance work synergistically to create a framework that promotes high-quality care and patient safety (Squires, 2021).

Moreover, clinical governance emphasizes the importance of patient involvement in their care (Robinson et al., 2021). Hospitals are encouraged to foster transparent communication with patients, enabling them to participate actively in decision-making regarding their treatment. This patient-centered approach not only improves satisfaction but also encourages adherence to treatment plans (Teck & Liao, 2024).

Healthcare professionals are essential to clinical governance because their expertise and frontline roles directly impact the quality and safety of patient care (Secker-Walker & Lugon, 2023). They implement evidence-based practices, engage in quality improvement initiatives, and advocate for patient needs, ensuring care is patient-centered. Their collaboration and teamwork foster effective communication among multidisciplinary teams, while their monitoring and reporting of patient outcomes contribute to a culture of safety (van Julik et al., 2020). Additionally, experienced professionals mentor junior staff, provide valuable feedback on governance processes, and help shape the organizational culture by promoting safety and accountability (Gillies, 2018).

The healthcare landscape in Saudi Arabia is undergoing transformative changes, especially in light of the Kingdom's Vision 2030, which aims to enhance the quality and accessibility of healthcare services (Saudi Vision 2030, 2016). As part of this initiative, the concept of clinical governance has gained prominence, emphasizing the need for robust frameworks that ensure high standards of care, patient safety, and continuous improvement within public healthcare settings. This study seeks to assess the level of clinical governance in Saudi public healthcare from the perspectives of healthcare professionals. This focus can lead to actionable recommendations for improving the implementation of clinical governance frameworks in public healthcare settings, ultimately benefiting patients and healthcare providers alike.

## 1.2. Statement of the Problem

The Kingdom of Saudi Arabia is undergoing significant transformations in its healthcare system, particularly in light of Vision 2030, which aims to enhance the quality and accessibility of healthcare services (Hamdan et al., 2024). Despite these ambitious objectives, the implementation of effective clinical governance remains a critical challenge within the public health sector (Tolba, 2020). Clinical governance, which encompasses quality assurance, accountability, transparency, and continuous improvement, is essential for ensuring high standards of care and fostering a culture of safety (Price et al., 2020).

However, evidence suggests that many public healthcare institutions in Saudi Arabia struggle to fully integrate these principles into their operational frameworks. For instance, Qassim et al (2022) and Al Rahahleh et al (2024) have indicated that gaps in accountability and transparency can lead to variations in care quality and patient safety incidents. Additionally, the lack of a robust feedback mechanism hinders continuous improvement initiatives, which are vital for adapting to evolving healthcare needs and enhancing service delivery (Alasiri & Kalliecharan, 2019).

The implementation of clinical governance in Saudi hospitals faces several significant barriers that hinder the effective delivery of healthcare. The findings of Hamdan & Jaffar (2024) and Abadi (2023) concluded that cultural resistance, lack of training, inadequate resources, system fragmentation, limited stakeholder engagement, and regulatory challenges—present significant obstacles to the effective implementation of clinical governance in Saudi hospitals. Moreover, Ageiz et al. (2022) reported that the incidence of medical errors in Saudi public hospitals is on the rise, attributed to ineffective clinical governance mechanisms. This situation jeopardizes patient safety and adversely impacts the overall quality of care provided.

In the context of Vision 2030, it is imperative to understand these dynamics, as enhancing clinical governance is critical to achieving the overarching goal of delivering high-quality healthcare services. Therefore, this study seeks to identify and assess the perceptions of healthcare professionals regarding the current state of clinical governance in three major governmental hospitals in Riyadh city. By focusing on the perspectives of those directly engaged in patient care, this research aims to uncover the barriers and facilitators to effective clinical governance implementation. Addressing this research problem not only contributes to the academic literature but also provides actionable insights that can inform policy and practice within the Saudi public healthcare system.

## 1.3. Research Questions

This study seeks to answer the following questions:

1. To what extent are quality standards effectively implemented in Saudi public healthcare settings as perceived by healthcare professionals?
2. How do healthcare professionals perceive the implementation of transparency measures within Saudi public healthcare settings?
3. In what ways do healthcare professionals assess the practice of accountability in Saudi public healthcare settings?
4. How do healthcare professionals evaluate the effectiveness of continuous improvement practices in Saudi public healthcare settings?

## 1.4. Research Objectives

This study aims to achieve the following objectives:

1. To evaluate the effectiveness of the implementation of quality standards in Saudi public healthcare settings as perceived by healthcare professionals.
2. To assess the perception of healthcare professionals regarding the implementation of transparency measures within Saudi public healthcare settings.
3. To examine the assessment of healthcare professionals on the practice of accountability in Saudi public healthcare settings.
4. To evaluate the effectiveness of continuous improvement practices in Saudi public healthcare settings from the perspective of healthcare professionals.

## 1.5. Research Significance

The importance of this study extends beyond theoretical contributions, offering significant implications for the broader healthcare landscape in Saudi Arabia. First, the study addresses a critical gap in understanding the effectiveness of clinical governance from the perspective of healthcare professionals. Their insights are invaluable, as these individuals are directly involved in the day-to-day operations of healthcare delivery and can provide firsthand accounts of the challenges and successes related to governance frameworks. Capturing their perspectives enables a more comprehensive assessment of current practices and identifies areas needing enhancement.

Second, the focus on key determinants—quality standards, transparency, accountability, and continuous improvement—aligns with global healthcare priorities. These elements are essential for fostering a culture of

safety and excellence in patient care. By systematically evaluating these factors, the study can highlight specific areas where improvements are necessary, thereby contributing to the development of more effective governance strategies that ultimately enhance patient outcomes.

Moreover, the findings from this study can serve as a catalyst for policy reforms within Saudi Arabia's public healthcare system. As the country continues to evolve its healthcare infrastructure, understanding the perceptions of healthcare professionals can inform evidence-based policy decisions that promote better governance practices. This could lead to improved resource allocation, enhanced training programs, and the establishment of accountability mechanisms that are responsive to the needs of both patients and healthcare providers.

Finally, this research has the potential to influence the broader discourse around healthcare governance in the Middle East. By providing a case study from Saudi Arabia, it can offer lessons learned and best practices that may be applicable to other countries facing similar challenges. In this way, the study contributes to a regional understanding of clinical governance, promoting collaboration and knowledge sharing among healthcare professionals and institutions across the region.

## **1.6. Research Scope**

This study aims to assess the level of clinical governance within Saudi public healthcare settings, specifically from the perspective of Saudi healthcare professionals. The research is conducted in three governmental hospitals located in Riyadh: King Saud Medical City (KSMC), King Fahd Medical City (KFMC), and King Abdulaziz Medical City (KAMC). The study focuses on four key determinants of clinical governance: quality standards, transparency, accountability, and continuous improvement. A questionnaire was employed as the primary method of data collection, which took place over a one-month period from September to October 2024.

## **2. Literature Review**

Clinical governance is defined as a framework through which healthcare organizations are held accountable for continuously improving the quality of their services and safeguarding high standards of care (Michael & Loh, 2023). It encompasses various processes and structures that ensure healthcare providers deliver safe, effective, and patient-centered care consistently (Squires, 2021). The concept originated in the UK as a response to the need for improved quality and safety in healthcare, emphasizing the responsibility of healthcare professionals to enhance the systems and processes of care they contribute to (Chamber et al., 2018).

Clinical governance is a systematic approach to maintaining and improving the quality of patient care within a healthcare organization (Gillies et al., 2018). It encompasses various components that ensure healthcare services are delivered safely, effectively, and ethically, ultimately enhancing patient outcomes and satisfaction. In hospitals, clinical governance is essential for fostering a culture of continuous improvement and accountability (Donaldson, 2018).

Effective clinical governance practices in healthcare organizations are essential for enhancing quality and patient safety (Secker-Walker & Lugon, 2023). Key examples include implementing evidence-based guidelines, conducting regular audits and performance reviews, and establishing patient safety reporting systems to facilitate learning from errors (Price et al., 2020). Ongoing training and continuous education for staff, promoting multidisciplinary teamwork, and involving patients in their care processes further enhance safety and satisfaction (Ghavamabad et al., 2021). Quality improvement initiatives, such as Plan- Do-Study-Act cycles, along with data transparency and public reporting, foster accountability. Additionally, developing comprehensive risk management programs and utilizing technology like electronic health records and clinical decision support systems can significantly reduce errors (Kwedza et al., 2020).

One of the foundational components of clinical governance is the establishment of quality standards (Secker-Walker & Lugon, 2023). Quality standards serve as benchmarks that guide healthcare organizations in delivering care that meets established safety and efficacy criteria. These standards are critical for ensuring that healthcare professionals adhere to evidence-based practices and provide high-quality care to patients. In many healthcare systems, including those in public settings, regulatory bodies and professional organizations develop and disseminate quality standards to support healthcare providers in their clinical practices (Donaldson, 2018).

Transparency is another critical component of clinical governance that plays a vital role in fostering trust and accountability within healthcare organizations (Gillies, 2018). Transparency refers to the openness with which healthcare providers share information about their practices, performance metrics, and decision-making processes (Chambers et al., 2018). It is essential for building trust among patients, healthcare professionals, and stakeholders (Tack & Liau, 2024). Transparent practices encourage open communication, facilitate informed decision-making, and empower patients to take an active role in their care (Robinson et al., 2021).

Accountability is a fundamental element of clinical governance, encompassing the systems and processes through which healthcare professionals and organizations are held responsible for their actions and decisions (Squires, 2021). In a well-functioning clinical governance framework, accountability mechanisms ensure that

healthcare providers adhere to established standards and are answerable for the quality of care they deliver (Kaba & Ozturk, 2022). Effective accountability promotes a culture of responsibility and encourages healthcare professionals to prioritize patient safety and quality of care (Ageiz et al., 2022).

The further of clinical governance is continuous improvement, which involves ongoing efforts to enhance healthcare practices, processes, and outcomes (Michael & Loh, 2023). Continuous improvement is rooted in the belief that healthcare organizations must constantly adapt and evolve to meet the changing needs of patients and the healthcare system (Kaminska, 2020). This component encompasses various initiatives, such as quality improvement projects, staff training programs, and the implementation of new technologies (Azilaku, 2020).

Clinical governance was investigated by researchers all over the world. Price et al. (2020) examined the impact of professional regulatory reforms on clinical governance in England, finding that while these reforms aimed to revitalize governance structures, challenges in practical integration persisted, necessitating ongoing support and training for healthcare professionals. Also, Ghavamabad et al. (2021) conducted a systematic review to establish a clinical governance model in primary healthcare. They identified key components—such as leadership, accountability, and patient involvement—as essential for enhancing service quality and patient outcomes, reinforcing the need for a well-defined governance framework.

In the context of psychiatric hospitals in Ghana, Azilaku (2020) explored health workers' perceptions of clinical governance and its influence on hospital performance. The findings indicated that robust governance positively impacts staff morale and patient care quality, further emphasizing the significance of strong governance frameworks.

Van Gulik et al. (2020) investigated the integration of antimicrobial stewardship into clinical governance practices in Thailand. They identified both barriers and facilitators, highlighting that institutional support and provider education are crucial for successful implementation, which echoes the themes of leadership and support found in earlier studies.

Moreover, Teck and Liao (2024) explored factors influencing the clinical governance climate in private hospitals in Malaysia, concluding that organizational culture, staff engagement, and management commitment are essential for shaping effective governance frameworks.

In the Saudi context, several researchers examined the level of clinical governance in healthcare settings. For instance, Hamdan, Jaaffar, and Khraisat (2024) explored the impact of implementing a shared governance model on the professional governance perceptions among nurses. Their findings indicated that such a model significantly improved nurses' autonomy and collaboration, ultimately fostering a more empowered nursing workforce. This aligns with the work of Tolba (2020) who emphasized that integrating TQM principles can facilitate change management and lead to notable improvements in healthcare service quality.

Further complementing these findings, Aldossary (2023) reviewed dental governance within the context of Saudi Vision 2030, underlining the importance of effective governance in achieving national health objectives. Similarly, Qasim et al. (2022) assessed professional nursing governance in a multicultural setting, revealing that effective governance structures are essential for fostering a supportive environment that promotes high standards of care among diverse nursing staff.

Moreover, Al Rahahleh et al. (2024) focused on governance and accountability from patients' perspectives, highlighting that patient satisfaction and trust are closely linked to effective governance in public healthcare. Their findings underscore the need for transparent governance practices to improve patient experiences. In parallel, Alasiri and Kalliecharan (2019) emphasized the importance of strengthening clinical leadership among nurses, suggesting that empowered leaders can drive improvements in clinical governance and patient care.

Additionally, Hamdan and Jaafar (2024) conducted a randomized controlled trial on the shared governance model, further supporting the notion that such frameworks enhance professional governance perceptions among nurses. Abadi (2023) examined the role of culture in leadership and governance in Saudi Arabia, indicating that cultural factors significantly influence governance practices in healthcare settings. Lastly, Ageiz, Elshrief, and Rashad (2022) identified key success factors for implementing lean management practices and clinical governance climates as perceived by nurse managers, reinforcing the idea that managerial perspectives are vital for successful governance initiatives.

The body of research on clinical governance across various global contexts indicates a growing recognition of its importance in enhancing healthcare quality and patient outcomes. However, despite the extensive examination of various aspects of clinical governance, significant research gaps remain. Many studies focus primarily on specific aspects of governance—such as leadership or patient satisfaction—without providing a comprehensive understanding of how these elements interconnect within different healthcare systems. Furthermore, while the influence of cultural factors on governance practices has been acknowledged, there is a lack of in-depth exploration of how cultural contexts shape governance frameworks and their implementation in diverse settings.

Additionally, the existing literature often emphasizes quantitative measures of governance effectiveness, neglecting qualitative insights from healthcare professionals that could enrich understanding of governance dynamics.

### 3. Research Methodology

#### 3.1. Research Design

This study employs the descriptive analytical approach. The descriptive analytical approach is a research approach commonly used in various fields, including social sciences, healthcare, and business. This approach focuses on providing a detailed account of phenomena, capturing the characteristics, behaviors, and relationships of the subjects being studied. It typically involves the systematic collection and analysis of data to describe the current state of a situation or to identify patterns and trends (Walliman, 2021).

One of the key features of the descriptive analytical approach is its emphasis on understanding "what" is happening rather than "why" it is happening. Researchers gather quantitative data through surveys, observations, or existing records and then analyze this data to generate insights. For example, in a healthcare setting, a descriptive study might analyze patient records to identify trends in disease prevalence or treatment outcomes over time. This can help healthcare professionals understand the current landscape of health issues and make informed decisions based on the findings (Crowther & Lancaster, 2012).

Moreover, the descriptive analytical approach is often the precursor to more complex analytical methods. By establishing a clear understanding of the current state of affairs, researchers can formulate hypotheses and further investigate causal relationships in subsequent studies. This approach is particularly useful in exploratory research, where the aim is to gather preliminary data that can inform future, more detailed investigations (Walliman, 2021).

#### 3.2. Participants

The research population comprised Saudi healthcare professionals employed at three public healthcare hospitals in Riyadh, Saudi Arabia, totaling 150 individuals. The hospitals included in the study are King Saud Medical City (KSMC), King Fahd Medical City (KFMC), and King Abdulaziz Medical City (KAMC). Utilizing a sample size calculator with a confidence level of 95% and a margin of error of 5%, the target sample size was determined to be 109 healthcare professionals. The sample was selected through a random sampling method.

#### 3.3. Data Collection

The researcher employed a questionnaire as the primary data collection instrument for this study. The questionnaire was developed based on a comprehensive review of relevant literature and previous studies addressing clinical governance in healthcare settings. It consisted of two sections: the first section gathered demographic information from participants, including three variables: education level, job title, and years of experience. The second section contained 24 items distributed equally across four domains: quality standards, transparency, accountability, and continuous improvement.

To measure responses, a five-point Likert scale was utilized, offering the following options: strongly agree (5), agree (4), neutral (3), disagree (2), and strongly disagree (1). The researcher distributed the questionnaire in person, achieving a total of 109 responses, resulting in a response rate of 100%.

The content validity of the questionnaire was established by submitting it to a panel of experts in healthcare management. The researcher addressed the feedback and suggestions provided by the experts, leading to the development of a final version of the questionnaire. Additionally, the reliability of the instrument was assessed using Cronbach's Alpha, with the results presented in Table 3.1.

**Table 3.1 Cronbach's Alpha for Questionnaire Reliability**

Sections	No of Items	Cronbach's Alpha
Quality standards	6	0.711
Transparency	6	0.805
Accountability	6	0.756
Continuous improvement	6	0.714

Table 3.1 indicates that the reliability coefficients for the sections of the questionnaire range from 0.711 to 0.805, reflecting a good level of reliability. This demonstrates that the questionnaire serves as a dependable tool for this study.

Participants were informed about the purpose of the questionnaire and provided their informed consent to participate in the research. They were assured that their responses would be kept confidential. Prior to distributing the questionnaire, approval was obtained from the hospital management to ensure adherence to institutional guidelines. The questionnaires were administered to participants during their regular working hours, with a request for them to return the completed questionnaires by the following day.

Upon data collection, the researchers conducted a statistical analysis to derive the results, ensuring a thorough examination of the responses gathered from the participants.

#### Data Analysis

The Statistical Package for the Social Sciences (SPSS) software was utilized for data analysis. The following statistical tools were employed in this research:

1. **Percentage and Frequency:** they are used to indicate the percentage and frequency for each data point.
2. **Standard Deviation:** This is employed to indicate the degree of variation present among participants' responses.
3. **Mean:** This measure was used to determine the relative importance of items in relation to the study outcomes.
4. **Pearson Correlation Coefficient:** This measure was used to determine the correlation between the use of smart applications and the level of workforce performance.

#### 4. Results & Discussion

This section presents the research findings derived from the questionnaire, along with a discussion of these results in light of relevant literature.

Table 4.1  
*Demographics of the Participants*

Education	Frequency	Percentage
Master	33	30%
Doctorate	42	39%
Bachelor	34	31%
<b>Total</b>	<b>109</b>	<b>%100</b>
Years of Experience	Frequency	Percentage
Less than 5 years	29	27%
From 5 to less than 10 years	49	45%
From 10 to less than 15 years	19	17%
More than 15 years	12	11%
<b>Total</b>	<b>109</b>	<b>%100</b>
Job	Frequency	Percentage
Nursing	43	38.44%
Physician	21	19.26%
Technician	36	33%
Pharmacists	9	8%
<b>Total</b>	<b>109</b>	<b>%100</b>

Table 4.1 provides a comprehensive overview of the demographic characteristics of the participants in the study, which includes their education levels, years of experience, and job roles within the healthcare sector. The largest group consists of individuals with a Doctorate (39%), followed closely by those with a master's degree (30%) and Bachelor's degree holders (31%).

In terms of professional experience, the majority of participants (45%) reported having between 5 to less than 10 years of experience, while 27% had less than 5 years. A smaller proportion of respondents had 10 to less than 15 years (17%), and only 11% had more than 15 years of experience.

Nursing professionals constituted the largest group at 38.44%, followed by Technicians (33%) and Physicians (19.26%). Pharmacists represented the smallest group at 8%. This distribution highlights the significant involvement of nursing and technical staff in the study, which is critical, as these roles are essential in the implementation and adherence to clinical governance frameworks.

Table 4.2

**Quality Standards in the Saudi Public Healthcare as Perceived by Healthcare Professionals**

s	Statements	Responses					Mean	Standard Deviation
		Strongly Agree	Agree	Neuter	Agree	Strongly Disagree		
1	The hospital has internal roles that regulate workflow inside the hospital	14	46	24	9	16	3.30	1.01
2	There is a written guide to the ethics and behavior in the hospital.	10	35	30	18	16	3.05	0.99
3	The hospital has laws related to security, safety and risks.	39	37	22	4	7	3.89	1.13
4	Patient information and documents are protected from tampering and damage.	23	47	29	5	5	3.72	1.06
5	The hospital cares for patient safety and welfare	37	38	22	6	6	3.86	1.11
6	The hospital has the latest medical equipment and technologies	40	48	14	0	7	4.05	1.15
<b>Total Mean</b>		<b>3.64</b>						

Table 4.2 presents the perceived quality standards in Saudi public healthcare as evaluated by healthcare professionals. The items are ranked from highest to lowest mean score, highlighting both strengths and areas for improvement within the healthcare system. The item with the highest mean score is "The hospital has the latest medical equipment and technologies" (Mean: 4.05).

Following closely is "The hospital cares for patient safety and welfare" (Mean: 3.86). This score reflects a commendable emphasis on patient-centered care within hospitals. The third highest score, "The hospital has laws related to security, safety, and risks" (Mean: 3.89), indicates a strong perception of the legal frameworks governing hospital operations.

Next, "Patient information and documents are protected from tampering and damage" (Mean: 3.72) received a robust score, underscoring the importance of data security and privacy in the healthcare environment. In contrast, the lower mean score for "Internal roles that regulate workflow inside the hospital" (Mean: 3.30) suggests that there may be significant room for improvement in organizational structure and processes. Finally, the lowest mean score is associated with "There is a written guide to the ethics and behavior in the hospital" (Mean: 3.05). This score highlights a perception that clear ethical guidelines are not sufficiently established or communicated within the hospital setting.

While the overall mean score of 3.64 reflects a generally positive perception of quality standards in Saudi public healthcare, the variance in mean scores emphasizes the need for targeted improvements. Focusing on enhancing internal roles and establishing clear ethical guidelines will be essential for advancing the overall quality of care and ensuring that healthcare professionals feel supported in their roles. By addressing these areas, healthcare organizations can create a more cohesive, efficient, and patient-centered healthcare environment.

The previous result is consistent with the findings of the studies of Hamdan et al (2024) and Tolba (2020) which emphasized the importance of quality in controlling medical performance in hospitals and the importance of having a code of medical conduct that ensures adherence to professional ethics and prevents any ethical and professional deviations. The results of this study are also consistent with the results Price et al (2020) which stressed the importance of following security and safety standards in hospitals because they contribute to



preserving the lives of workers and patients and enhance patient satisfaction with the health services provided to them.

Table 4.3  
**Transparency in the Saudi Public Healthcare as Perceived by Healthcare Professionals**

s	Statements	Responses					Mean	Standard Deviation
		Strongly Agree	Agree	Neuter	Agree	Strongly Disagree		
1	The staff roles and responsibilities are clear.	20	35	30	11	13	3.35	1.09
2	The employees are provided with information they need in a timely manner	11	28	42	12	16	3.06	1.07
3	All employees are involved in the decision-making process in the hospital	21	42	32	6	8	3.57	1.12
4	The rights and privacy of employees are respected	12	22	47	16	12	3.06	1.05
5	The employees are treated equally and fairly	8	23	43	14	21	2.84	1.01
6	Benefits are given on the basis of competence and merit	9	32	35	19	14	3.03	1.03
<b>Total Mean</b>		<b>3.15</b>						

Table 4.3 presents an overview of the perceived levels of transparency in Saudi public healthcare, as evaluated by healthcare professionals. The item with the highest mean score is "All employees are involved in the decision-making process in the hospital" (Mean: 3.57). This suggests a positive perception among healthcare professionals regarding their inclusion in important decisions affecting their work environment.

Following this, "The staff roles and responsibilities are clear" (Mean: 3.35) indicates that while there is a reasonable understanding of individual roles within the hospital, there may still be ambiguities that need to be addressed. The mean scores for "Benefits are given on the basis of competence and merit" (3.03) and "Employees are treated equally and fairly" (2.84) raise concerns about equity and fairness within the workplace.

The mean scores for "The rights and privacy of employees are respected" (3.06) and "Employees are provided with information they need in a timely manner" (3.06) indicate a perceived lack of sufficient respect for employee rights and timely communication.

Overall, the total mean score of 3.15 reflects a moderate level of perceived transparency within Saudi public healthcare. While there are some positive indicators, such as involvement in decision-making, the lower scores in areas related to equity, fairness, and communication highlight significant opportunities for improvement. The results of this study are consistent with the results of Azilaku (2020) and Clavel& Pomey (2022) which confirmed that the hospitals should have legislation and laws that include a statement of the tasks and responsibilities assigned to each worker and determining the powers allocated to each individual. Gillies (2018) also confirmed the necessity of applying the principle of efficiency in selecting workers and not favoritism in promotion or appointment processes. This finding is also supported by Qassim et al (2022) who confirmed the necessity of functional empowerment of workers and their participation in decision-making.

Table 4.4  
**Accountability in the Saudi Public Healthcare as Perceived by Healthcare Professionals**

		Responses				

s	Statements	Strongly Agree	Agree	Neuter	Agree	Strongly Disagree	Mean	Standard Deviation
1	There are clear policies in the hospital regarding cases of non- compliance	23	46	30	4	6	3.70	1.02
2	Communication channels are clear and available	29	48	21	5	6	3.82	1.03
3	Employees are encouraged to report errors and accidents	32	48	22	3	4	3.93	1.07
4	There is a concern to develop self-control of employees	23	36	40	5	5	3.61	0.99
5	The hospital is keen to develop employees professionally	29	33	29	11	7	3.61	0.97
6	Complaints and violations are dealt with seriously by the hospital	22	27	44	8	8	3.43	0.93
<b>Total Mean</b>		<b>3.68</b>						

Table 4.4 provides an analysis of the perceived accountability within Saudi public healthcare, as viewed by healthcare professionals. The statement with the highest mean score is "Employees are encouraged to report errors and accidents" (3.93). Closely following is "Communication channels are clear and available" (3.82). The statement "There are clear policies in the hospital regarding cases of non- compliance" (3.70) also received a favorable score, suggesting that healthcare professionals feel that the hospital has established guidelines for addressing non-compliance.

However, the scores for "There is a concern to develop self-control of employees" (3.61) and "The hospital is keen to develop employees professionally" (3.61) indicate that while there is some recognition of the importance of personal and professional development, there may be opportunities for further enhancement. Finally, the mean score for "Complaints and violations are dealt with seriously by the hospital" 3.43) suggests a perception that while there are mechanisms for addressing issues, there may be inconsistencies in how they are applied.

Overall, the total mean score of 3.68 indicates a generally positive perception of accountability within Saudi public healthcare. While the results show strengths in areas such as error reporting and communication, there are clear opportunities for improvement in employee development and the handling of complaints.

These results are consistent with the results of Teck & Liao (2024) and Abadi (2023) which concluded that there is a weakness in monitoring and review in many health institutions. Also, this finding is supported by the findings of Robinson et al (2021) who reported that there should be open communications channels among the employees and top management in the hospitals and that risks should be reported directly in order to avoid any accidents.

**Table 4.5**  
**Continuous Improvement in the Saudi Public Healthcare as Perceived by Healthcare Professionals**

s	Statements	Responses					Mean	Standard Deviation
		Strongly Agree	Agree	Neuter	Agree	Strongly Disagree		
1	The work procedures are constantly updated in order to improve the level of service	17	29	22	19	22	3.00	1.03
2	The hospital is keen to use modern technologies that simplify the work procedures	15	27	24	23	20	2.94	0.95

3	Patients and employees are involved in the improvement processes in the hospital	14	30	36	14	15	3.13	1.06
4	There is a quick response for any requirement for improvement and change	14	24	33	21	17	2.97	0.98
5	The hospital emphasizes cooperation between workers and departments	28	39	27	12	3	3.71	1.14
6	Performance is reviewed and evaluated periodically	17	29	41	12	10	3.28	1.09
<b>Total Mean</b>		<b>3.17</b>						

Table 4.5 presents an assessment of continuous improvement within Saudi public healthcare, as perceived by healthcare professionals. The item with the highest mean score is "The hospital emphasizes cooperation between workers and departments" (3.71). This suggests a strong perception of collaboration within the healthcare environment, which is essential for fostering a culture of continuous improvement.

In contrast, the other scores indicate significant concerns regarding continuous improvement practices. For example, "Performance is reviewed and evaluated periodically" (3.28) reflects a moderate level of confidence in the evaluation processes. The statement "Patients and employees are involved in the improvement processes in the hospital" (3.13) indicates a recognition of the importance of involving both patients and staff in improvement initiatives.

The scores for "There is a quick response for any requirement for improvement and change" (2.97) and "The hospital is keen to use modern technologies that simplify the work procedures" (2.94) are particularly concerning, as they both fall below the average mean.

Lastly, the mean score of 3.00 for "The work procedures are constantly updated in order to improve the level of service" reflects a general concern that procedures may not be updated frequently enough to keep pace with evolving healthcare demands.

Overall, the total mean score of 3.17 suggests a moderate perception of continuous improvement efforts within Saudi public healthcare. While there are strengths in interdepartmental cooperation, significant gaps remain in the areas of timely responses to improvement needs, technology adoption, and regular updates to work procedures.

This result is consistent with the findings Kaba & Ozturk (2022) which confirmed that Effective cooperation among staff and departments can lead to innovative solutions and enhanced patient care, making this a key strength in the healthcare system. This result is also consistent with the findings of Kaminska (2020) which showed that improving health services on a regular basis is a cornerstone in improving the level of service provided and increasing patient satisfaction. Gillies (2018) assured that continuous improvement presents an opportunity for hospitals to enhance their performance management systems to ensure that evaluations are systematic and constructive. Continuous updates to work processes are vital for maintaining high service levels.

## 5. Conclusion & Recommendations

The research findings which show an assessment of quality standards, transparency, accountability, and continuous improvement in Saudi public healthcare reveal a complex landscape. While there are notable strengths, such as the availability of modern medical technologies and a commendable emphasis on patient safety and cooperation among staff, several areas require significant attention. Low mean scores related to ethical guidelines, employee treatment, and responsiveness to improvement indicate systemic issues that could hinder the overall effectiveness of the healthcare system. Addressing these challenges is essential for fostering an environment that prioritizes quality care and operational efficiency.

To enhance the overall performance of Saudi public healthcare, several practical recommendations can be implemented. First, developing comprehensive ethical guidelines is crucial. Establishing and disseminating clear written guidelines for ethics and behavior will help foster a culture of integrity and professionalism within healthcare organizations. These guidelines should be communicated effectively to all staff members, and regular training sessions must be conducted to reinforce their importance. By ensuring that healthcare professionals understand their roles and responsibilities in upholding high ethical standards, organizations will promote a more accountable and trustworthy environment.

Second, enhancing communication and involvement among staff is essential for creating a more inclusive workplace. Improving internal communication channels will ensure that employees are well-informed and engaged in decision-making processes. Healthcare organizations should implement regular feedback mechanisms, such as surveys or focus groups, to gather input from both staff and patients regarding operational improvements. This approach will empower employees to contribute to continuous improvement efforts, fostering a sense of value and ownership in their roles.

Another key recommendation is to implement robust performance management systems. Regular and systematic evaluations of employee performance are necessary to promote accountability and professional development. Organizations should develop clear metrics for performance assessment and provide constructive feedback to employees. Additionally, investing in professional development opportunities will enhance staff competencies and demonstrate a commitment to their growth and satisfaction. This focus on performance management will not only improve individual accountability but also contribute to a culture of excellence within the healthcare system. Finally, accelerating the adoption of modern technologies is vital for streamlining work procedures and improving service delivery. Healthcare organizations must prioritize investments in modern technologies and provide training for staff to effectively utilize these tools. Simplifying workflows and enhancing patient care through technology will ensure that the healthcare system remains responsive to evolving patient needs and industry standards. Regularly updating work processes to incorporate technological advancements will further support this goal.

In conclusion, by focusing on these practical recommendations—ethical practices, effective communication, performance management, and technological advancement—Saudi public healthcare can address the identified weaknesses while building upon its strengths. A commitment to these areas will not only improve operational efficiency but also significantly enhance the quality of care provided to patients, ultimately contributing to a more effective and sustainable healthcare system.

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