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Health Care Service Performance in the Governmental Hospitals and Its Relation to the Leaders' Qualifications in the Eastern Region in Saudi Arabia

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Abstract: This research seeks to examine the qualifications of hospital managers in the Eastern Region in Saudi Arabia and to identify the skills and competencies needed by hospital managers. Also, the study attempted to ascertain whether the qualifications of the managers of the hospital affect the performance of the hospital or not. The researcher used the descriptive analytical approach with its quantitative dimension. They study was conducted on 20 hospital managers in 20 governmental hospitals in the Eastern Region in Saudi Arabia. The researcher collected data for this research using a self-administered questionnaire and a performance indicators card. The findings showed that approximately 50% of hospital managers did not receive formal training in health management prior to assuming the post of director of the hospital as their basic qualification in the bachelor was not in the field of health management. Also, the results showed that all the skills and competencies mentioned are important with varying degrees. The most important skills and competencies for managers were the personal or soft skills. The leadership, strategic planning, quality and process improvement skills were second in importance for hospital managers. Furthermore, the majority of the managers indicated that the qualifications of hospital managers affect the performance of the hospital. It is found that there is a positive correlation between the qualifications of the managers and performance of health services in government hospitals.

Key words: health care; performance; qualifications; governmental hospitals; the eastern region
JEL codes: I0, I1

1. Introduction

The health care services have witnessed a huge interest in the Kingdom of Saudi Arabia in the past few decades. This qualitative and quantitative expansion in the provision of health services has emerged as a reaction to the challenges calling for improving the quality and performance of the provided health care services.

The current structure of the health care system in Saudi Arabia relies on the Ministry of Health as the main provider and financier of the health care system. The services provided by the Ministry of Health constitute more than 59% of the total health services in Saudi Arabia. The private sector in Saudi Arabia also contributes to the health care system, accounting for 24% of the total number of beds in the Kingdom. Saudi Arabia provides free health care to all Saudis (MOH, 2017).

The Saudi government health sector faces many challenges, the most important of which is the increase in

expenditure on the health sector. The budget of the Ministry of Health amounted to 61.7% of the general budget for the year 2007 with an increase of 0.60% from the allocations of the previous year (MOH, 2017). These challenges also include the increasing demand for health services the changing disease patterns, the rise of non-communicable disease and demographic changes, the insufficient number of qualified labor force and the high expectations of citizens for high quality and safe services (Yusuf, 2014; Almasabi, 2013; Memish et al., 2014). All these components place increasing pressure on the public health care system and call for new insights into the Saudi health system.

These challenges have called on the Ministry of Health to make major changes in the current health care system in light of achieving the objectives of the National Transformation Program 2020 and the objectives of the Kingdom's Vision 2030 in the health sector. This vision aims to restructure the health sector to become a comprehensive and effective health system by improving quality and efficiency of health services, facilitate access to and rationalization of health services, reduce inequalities in health care, increase the effectiveness and development of health institutions, and improve their operation cycle (Alharbi, 2018).

Hospitals play an important role in the health care system in Saudi Arabia as it dominates the health care system components and is considered by the community as the main provider of the preventive, curative, diagnostic and rehabilitation services. The number of hospitals operating in the Kingdom is 487 hospitals, of which 282 were public hospitals affiliated to the Ministry of Health and with 43080 beds, representing 59.1% of the total beds in the Kingdom (MOH, 2017). The Eastern region has 20 hospitals under the Ministry of Health with a capacity of 3356 beds. Although the National Transition 2020 program focuses on reforming the health system and its components with a strong focus on health sector policies and governance, the operation and management of the hospitals play a vital role in facilitating changes and in having a profound impact on the functioning of the entire health system.

The health care leaders and professionals are the key sources in the success of the health system in Saudi Arabia. The efficiency and quality of the provided health serviced depend mainly on the skills, competencies, and qualifications of the health managers who are in charge of the management and operation of the health institutions. This has motivated the health institutions in Saudi Arabia to recruit the highly qualified professionals in all specialties with serious efforts to Saudize the major health positions in the manner that ensure that the best quality is provided to the beneficiaries all over the Kingdom (Ameer et al., 2018).

Several studies have linked the performance of health facilities to the skills and qualifications of the health leaders. The study of Alharbi (2018) found a positive and significant relation between transformational leadership and the readiness for change in the Saudi health care sector in light of Vision 2030. Also, the study of Aljuaid et al (2016) concluded that the problems with quality of care in Saudi university hospitals could be due to failures of leadership, a requirement for better management and a need to have highly qualified professionals in university hospitals. Furthermore, Almasabi (2013) confirmed that the presence of highly qualified executives and modern health information systems contributes to enhancing the quality of the provided services, the productivity of health facilities, the professional development of the workforce and the economic returns of the health care organizations in Saudi Arabia.

This relationship between performance and management qualifications and practices in health organizations has been the subject of a growing body of research. It has been pointed out that in a healthcare system with highly qualified health leaders bring a unique set of skills to the business of medicine as they better understand clinical challenges and general patients' needs (Sarto & Veronesi, 2016). Additionally, they can ensure better

communication with clinically-qualified personnel as well as enjoying greater legitimacy (Tingvoll et al., 2016). Thus, through greater involvement of qualified and skillful leaders at the strategic level, hospitals not only will benefit from a higher quality of strategic decisions, but also from a more concrete implementation of decisions taken (Barkhordari-Sharifabad et al., 2017).

Effective management is a key requirement to maximize the quality and safety of hospital care, achieve transition goals, provide timely care, and achieve system efficiency and excellence. The sound management practices are likely to be translated into improved service delivery, efficiency and effectiveness in any regulatory context (John et al., 2015).

In the hospital sector, the demands on leaders have become more complex and the need for leadership and managerial skills is increasingly apparent to improve performance and results. In a study by Mannion et al. (2005), a comparison was made between high performance and low performance hospitals in terms of leadership and management knowledge, accountability and information systems, human resources policies, and relationships and collaboration with stakeholders and institutions within the health system. The study found that there is a strong relationship between hospital leadership and hospital performance.

The qualities that make up the effective leader have become more important during periods of transformation and change. The most important qualities of leaders include emotional intelligence, financial skills, change management skills and courage to start important initiatives. Leaders must listen and show important behaviors in promoting institutional transformation (Sachs & Margolis, 2015).

Health care managers and administrators have become a vital part of successful health care institutions. Bloom et al. (2013) found a positive correlation between management and good outcomes such as survival rates from general surgery, low staff drop-out rates and short stay. In a paper by Leja (2013), governance has been reported to be necessary to improve the performance and sustainability of health care systems and organizations. The performance of health care systems and organizations has been linked to management practices, leadership, manager characteristics, and cultural attributes associated with values and management approaches.

Several studies have also shown that hospital leaders can affect quality, effectiveness, clinical outcomes and performance (Barnett, 2014). Also, hospital leaders enhance operational results such as service delivery and workforce efficiency (Mo et al., 2008). Proper management practices have also been linked as ways for hospitals to create value and improve health care outcomes and operational results (Bloom, 2009).

Qualified leadership will be necessary for health care institutions to continue to move towards meeting the needs of communities and achieving health transformation goals. The disparity in the performance of health care institutions over the decades has highlighted the importance of leadership qualifications, the need for training and managerial experience, as well as the leadership qualities required of any person who takes the lead. According to Develo (2016), it is noted that management development rests upon investments in leaders, technology support, training and guidance.

Health care executives are categorized as health managers or clinicians such as physicians, health practitioners, administrative managers or non-clinical management such as health management specialties and others. A number of studies (e.g., Lega et al., 2013; Mo, 2008) reported that health service managers often moved to the management from a clinical background and had very little management experience. In such cases, it was a major responsibility for doctors or health practitioners to have managerial and leadership skills, effectively balancing the requirements of clinical and administrative responsibilities. Health services can only be provided if there is a successful management or leadership with highly qualified staff who clinical and managerial skills.

Many executives and even senior managers in government hospitals are doctors who no longer perform clinical work, especially in major hospitals (Renee et al., 2015). While these professionals may play important roles in facilitating clinical practice, they belong to the administrative structures of the hospital. Over the past 100 years, hospitals have changed from the leadership of doctors, which was the norm in both the United Kingdom and the United States, to be led today by managers who are not medically trained. In fact, in the United States, only 4% of hospitals are led by doctors and figures are similar in the United Kingdom (Cumbis, 2012).

In 2011, results were published identifying the skills that the doctors need to practice and lead health care institutions in the changing environment in light of the reforms in healthcare systems. There are more than 17 skills required leadership, analysis and planning, use of information technology, population health management, resource management/economics, health policy and regulation, communication skills, conflict management/ emotional intelligence, etc. In study conducted on physicians as managers, the study called for the development of management knowledge for physicians and that the managerial function should be supported by professional knowledge (Goodall, 2011),

The rapid change in the healthy environment requires doctors and health practitioners in the future to excel not only in medicine but also in the management of complex health care institutions. Managers and executives will therefore require doctors and health practitioners to improve their leadership and management skills (Hopkins, 1987). It would also be better if hospital managers and health care institutions have dual clinical and business competencies (Falcone & Satiani, 2008). Hospital performance depends heavily on hospital managers in the absence of strong governance and accountability mechanisms. However, these managers do not usually have the power, incentives, capacities and knowledge to improve them (Issac & Moaz, 2017).

Shao (2003) in an article, entitled "How can hospital performance be measured and monitored?" suggested the main methods of measuring hospital performance which included the general satisfaction surveys and statistical hospital indicators (Kaiser et al., 2018). Hospital management practices are often evaluated through a number of indicators and benchmarks such as average length of stay for patients, effectiveness and efficiency of patient care, and financial performance and costs.

Kaiser et al. (2008) discussed the benefit of leadership assessment in terms of organizational performance. The study concluded that leaders are already influencing organizational performance for better or for worse. The effectiveness of the leadership should be identified and evaluated in terms of the performance of the institutions for which they are responsible. Litter (2000) stressed the need to distinguish between the success of managers based on knowledge, prestige and reputation and the effectiveness of managers as leaders.

Based on the above, it is shown that the qualities and skills of health care leaders were the interest of researchers and health care organizations. However, very rare studies discussed the leaders' qualities and their relation to the performance of hospitals. Also, to the researcher's best knowledge, no study investigated the relation between leaders' qualities and the performance of governmental hospitals in Saudi Arabia. This study fills an academic gap by exploring the health care service performance in the governmental hospitals and its relation to the leaders' qualifications in the Eastern Region in Saudi Arabia.

2. Statement of the Problem

Hospitals face many challenges in the Kingdom in light of the initiatives and targets of national transformation and health system reforms. They need to be more responsive to current needs and changes so that the hospitals continue in providing effective and high-quality care. Current infrastructure, resources and skills in the Saudi health system can barely accommodate the proposed changes, all of which may affect health care quality standards and weaken the aims of reform (Al-Abbad & Al-Haidary, 2016).

Several studies have reported that the workforce in Saudi governmental health organizations have problems in the skills and qualifications needed for the delivery of high quality care (e.g., Al-Dlaigan et al., 2011; Ameer et al., 2018). These studied concluded that the Saudi professionals working in the hospitals need to be equipped with the modern technological skills, robust leadership qualities, and innovative practices. Furthermore, the lack of trained healthcare professionals and heavy reliance on foreign workers are significant aspects for policymakers to consider and deal with (Al-Hanawi et al., 2019).

The Kingdom is moving towards changing the health care system and improving the health of patients and communities. The directors of the hospitals are responsible for leading the change towards a more innovative health system that serve the society in accordance with the international quality standards in health care delivery. The qualifications of the health professionals and their skills have a great impact on the performance, quality, and productivity of the health institutions. This issue is understudied in the context of Saudi Arabia, especially in the governmental sector. Based on the research problem, this research attempts to answer the following questions:

1) What are the qualifications of the hospital directors in the Eastern region in Saudi Arabia?
2) Do the qualifications of the hospital directors have an impact of the hospital performance in the Eastern region in Saudi Arabia?
3) What are the skills and competences needed for the hospital directors in the Eastern region in Saudi Arabia?

3. Methodology

3.1 Research Design

Research design is considered as a blueprint for research, dealing with at least four problems: which questions to study, which data are relevant, what data to collect, and how to analyze the results (Zikmund, 1991). The best design depends on the research question as well as the orientation of the researcher. Every design has its positive and negative sides.

The current research is a descriptive analytical research that describes and analyses the health care service performance in the governmental hospitals and its relation to the leaders' qualifications. The research design constructed here is based on the questions formulated. These questions were raised from the researcher's observation and from the literature. Also, the researcher used the quantitative approach in order give a description of the data in qualitative terms. In the quantitative approach, data is presented in numerical formats and visual demonstration (Yin, 1993).

3.2 Research Population & Sample

The determination of the research population in an accurate manner is vital in order to collect the required data for the research problem. While population is the entire set of participants of interest, sample is a representative subset of the population (Yin, 1993). The population of this research consists of all the governmental hospitals' directors in the Eastern Region, Kingdom of Saudi Arabia. As per the statistics of MOH

(2017), the number of hospitals in the Eastern Region is 20 hospitals. The sample of the study consists of the entire research population by the way of census. Therefore, the research sample consists of 20 hospital managers in the governmental hospitals in the Eastern Region in Saudi Arabia. The number of the respondents who participated and gave valid responses to the questionnaire was 19 respondents.

3.3 Data Collection Tools

In this research, the researcher used two data collection tools.

3.3.1 Questionnaire

Questionnaire is one of the most important data collection tools. It allows the collection of large amount of data from a big sample size in a relatively short time (Zikmund, 1991). In this study, the questionnaire is used as the main data collection tool. The questionnaire is designed based on the research questions and objectives. Also, the researcher used the questionnaire because it allows the collection of data from a large number of the respondents.

3.3.2 Performance Indicators Card

This study uses the performance indicators for government hospitals (health performance) which is a government project aimed at improving hospital performance and increasing productivity by collecting data for indicators in specialized areas. The program includes performance indicators for the following areas: emergency department, inpatient department, outpatient department, laboratories, radiology, operating rooms, intensive care, and patient and staff satisfaction. This study is based on the data collected from the analysis of performance indicators of the health performance program in 20 hospitals in the Eastern Region and a survey of the hospital directors participating in the study.

The researcher has conducted a thorough study to determine the appropriate tools to measure the performance of the hospital through a number of performance indicators used locally and internationally, including satisfaction of patients and job satisfaction of hospital staff and the extent of hospital local reliability by the Saudi Center for Health Facilities Accreditation in the public and private sectors in the Kingdom of Saudi Arabia.

3.4 Questionnaire Design

This questionnaire composed of six parts. The first part included questions about the demographic data of the participants (age and gender). The second part of the questionnaire tackled the hospital managers' qualifications and professional and administrative experience. The third part was about hospital information (size – location – number of the employees). The fourth and fifth parts tackle the administrative training and the skills and competencies needed by the hospital managers. The last part of the questionnaire tackles the hospital performance.

The questionnaire was designed by the researcher based on the previous studies and the literature of the topic. The questionnaire was electronically published via Questionpro platform that is supported by all operating systems and mobile devices.

The participants of the research were made aware of the research objectives and their approval to participate in the study was ensured. Also, the participants were informed that their responses will be used for the research purposes only and will not affect them in any aspect. Furthermore, the confidentiality of the data is ensured.

3.5 Validity and Reliability of Questionnaire

Validity means that the research tool measures what it is designed to measure (Zikmund, 1991). While reliability is concerned with the accuracy of the actual measuring instrument or procedure, validity is concerned with the study's success at measuring what the researchers set out to measure (Yin, 1993).

The researcher achieved the face validity of the questionnaire by verifying that the questionnaire measures what it is intended to measure. The researcher has followed the following steps.

1) A revision of the relevant studies and researches to formulate the first draft of the questionnaire.
2) The questionnaire has been made available to a number of judges who are majored in the field. In light of the comments and remarks provided by the judges, the researcher has modified the questionnaire and rephrased the items that need more clarity and relevance to the intended goal.

Also, the researcher conducted a pilot study in order to ensure that the questionnaire questions are appropriate and understandable for the participants. The pilot study revealed that the questionnaire items are clear for the participants and valuable for them.

On the other hand, the reliability of the questionnaire is ensured. Reliability means the consistency of results (Zikmund, 1991). In this research, the researcher has used Cronbach's Alpha coefficient to assess the reliability of the questionnaire sections. Cronbach's Alpha coefficient was calculated. The overall value of Cronbach's Alpha coefficient is 0.93 and it is a very high value. The questionnaire is then considered a reliable tool.

Table 1 Cronbach's Alpha Coefficient Results

Summary	Count	Sum	Average	Variance
Health Care Environment Knowledge	19	49	2.578947	0.25731
Leadership and Strategic Planning	19	52	2.736842	0.315789
Technological Skills	19	43	2.263158	0.315789
Development Skills	19	47	2.473684	0.263158
Information Managment	19	44	2.315789	0.22807
Change and Innovation Managment	19	50	2.631579	0.356725
Resources Managment, HRM	19	46	2.421053	0.368421
Quality and Operations Improvement	19	52	2.736842	0.315789
Clinical Skills	19	36	1.894737	0.432749
Soft Skills	19	53	2.789474	0.175439

ANOVA

Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Rows	12.92632	9	1.436257	13.95455	1.7E-16	1.938083
Columns	37.85263	18	2.102924	20.43182	8.3E-33	1.667863
Error	16.67368	162	0.102924			
Total	67.45263	189				
Alpha	0.93					

4. Results and Discussion

This section presents the findings of the study. In particular, the responses of the participants to the questionnaire are presented. The questionnaire mainly attempted to check the participants' point of view towards health care service performance in the governmental hospitals and its relation to the leaders' qualifications. The responses were collected and statistically analyzed. Furthermore, these results are discussed and linked to the previous studies and empirical research on the research issue.

4.1 The Participants Demographics

Table 2 shows that the percentage of male participants is 89.47% and the percentage of females is 10.53%. With regard to age variable, it is shown that the number of the participants aged 33-44 years is 63.16%, the percentage of the participants aged 45-54 years is 31.59%, and the percentage of the participants aged 55-64 years is 5.28%.

Table 2 The Participants Demographics

1- Gender		
Gender	**Frequency**	**Percentage**
Male	17	89.47%
Female	2	10.53%
Total	**19**	**100%**
2- Age		
Age	**Frequency**	**Percentage**
18 – 24 years	0	0%
25 – 34 years	0	0%
35 – 44 years	12	63.16%
45 – 54 years	6	31.59%
55- 64 years	1	5.28%
More than 64 years	0	0
Total	**19**	**100%**

4.2 The Participants' Qualifications Profile

Table 3 shows that the percentage of participants who hold the bachelor degree is 42.11% of the whole participants, the percentage of those who hold the master degree is 31.58%, and the percentage of those who hold the doctorate degree is 26.32% of the entire participants.

Table 3 The Participants' Qualifications Profile

1. Education		
Education	**Frequency**	**Percentage**
Bachelor	8	42.11%
Master	6	31.58%
Doctorate	5	26.32%
Others	0	0%
Total	**19**	**100%**
2. Basic Qualification (Bachelor)		
Basic Qualification	**Frequency**	**Percentage**
Medicine	7	36.84%
Health specialties	3	15.39%
Health care management	5	26.32%
Public management	1	5.26%
Others	3	15.39%
Total	**19**	**100%**

Also, it is shown that the percentage of the participants whose basic qualification is medicine (36.84%), the percentage of the participants majored in health specialties is 15.39%, the percentage of the participants majored in health care management is 26.32%, the percentage of the participants majored in public management is 5.26%, and the percentage of the participants who have other qualifications is 15.39%.

The study also revealed that approximately 50% of hospital managers did not receive formal training in health management prior to assuming the post of director of the hospital as their basic qualification was not in the bachelor's degree in the field of health management. Many managers have adopted training courses and workshops to develop their managerial skills. More than 75% of the managers indicated that these training courses and workshops were effective for them. Also, 58% of managers attended 3 to 5 training activities per year, 32% of managers attended 6 to 10 training activities per year, and the remaining participants took less than 3 training activities per year.

Table 4 shows the number of years of practical and administrative experience for the directors of hospitals in the Eastern Region. The mean of years of practical experience was 16 years and the standard deviation was 6.27 years. The mean of years of administrative experience was 10.5 years with a standard deviation of 4.3.

Table 4 Scientific and Administrative Experience

Item	Mean	Standard deviation
Years of practical experience	16	6.27
Years of administrative experience	10.5	4.3
Years of experience as a manager for the current hospital	5	2.8

As for the characteristics of hospitals, Table 5 shows that the average operation of hospitals has been 17 years. The number of staff ranged from approximately 250 to 750 and the majority of the hospitals had 50 to 150 beds.

Table 5 Yeas of Hospital Operation

Mean	Standard Deviation	Maximum	Minimum
17	8.9	33	5

Figures 1-2 show the number of employees and the number of beds in the hospitals.

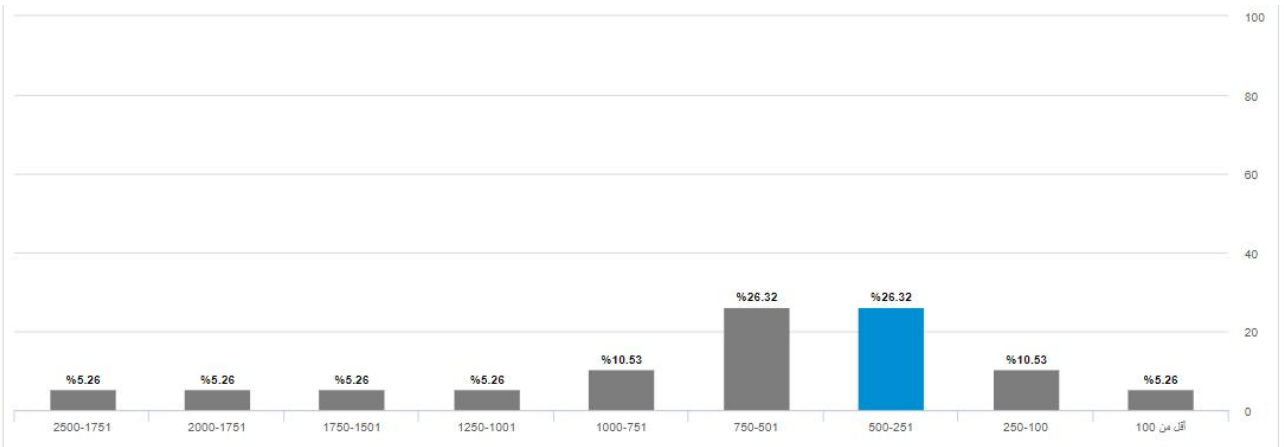

Figure 1 The Number of the Employees

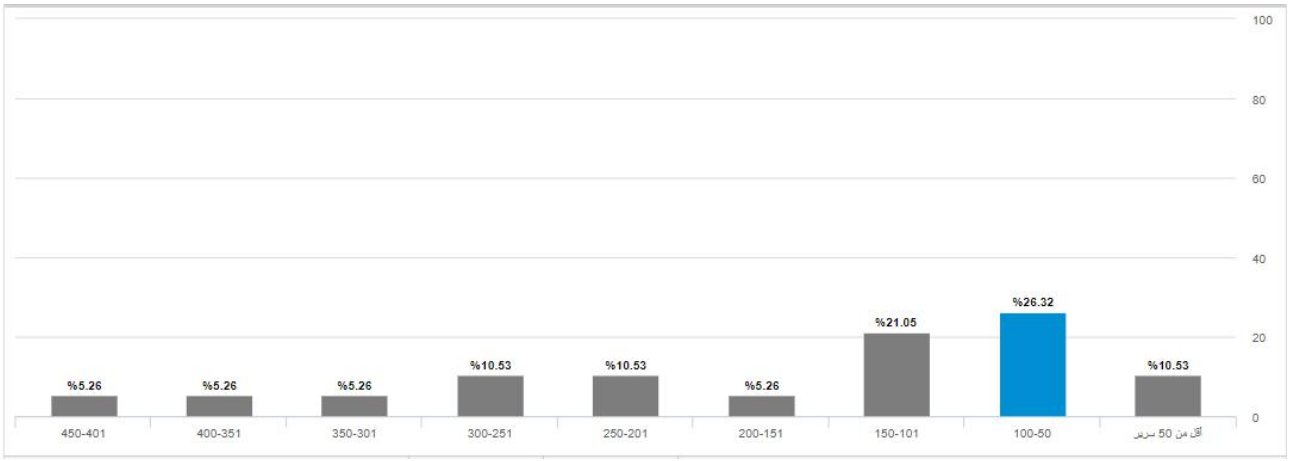

Figure 2 The Number of Beds

Figure 3 shows the location of the hospitals as per their administrative classification.

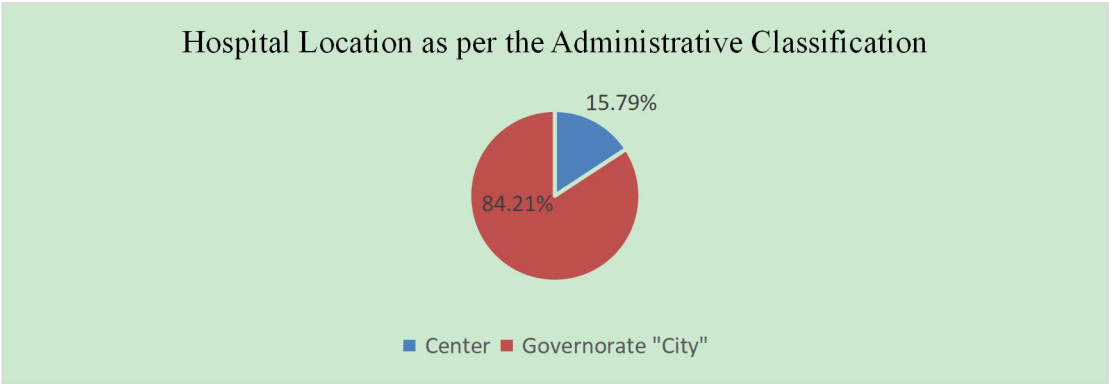

Figure 3 The Location of the Hospitals as Per Their Administrative Classification

Regarding the administrative training, the findings showed that all managers see the need for doctors and health practitioners in management positions to have qualifications in the management of hospitals. Nearly 95% of managers confirmed that an administrative qualification would improve their performance as hospital manager. They pointed to the importance of managerial functional experience and the training and development of management skills of hospital managers. Table 6 shows the respondents' answers to the importance of qualifications for hospital managers:

Table 6 Importance of Qualifications for the Hospital Managers

Qualifications	Very important	Important	Unimportant
Educational qualification in health care management	9	10	0
The administrative job experience	14	4	1
Developing and training the administrative skills	12	7	0
Clinical qualifications	6	8	5

Regarding the skills and competencies of hospital managers and their ranking according to importance, the results showed that all of the skills and competencies mentioned are important with varying degrees. The most important skills and competencies of managers according to the results were the personal or soft skills which are personal traits that enhance interaction with others and improve job performance such communication, creative

thinking, work ethics, teamwork, decision making, positivism, time management, motivation, flexibility, problem solving, critical thinking, and conflict resolution. Leadership skills, strategic planning, quality, and process improvement were second in importance for hospital managers.

Table 7 Skills and Competencies of Hospital Managers

Skills and Competencies	Very important	Important	Unimportant
Public Management and Governance	42%	53%	5%
Health Care Environment Knowledge	58%	42%	0%
Leadership and Strategic Planning	79%	16%	5%
Technological Skills	32%	63%	5%
Development Skills	47%	53%	0%
Information Management	32%	68%	0%
Change and Innovation Management	69%	26%	5%
Resources Management, HRM	48%	47%	5%
Quality and Operations Improvement	79%	16%	5%
Clinical Skills	16%	58%	26%
Personal and Soft Skills	80%	20%	0%

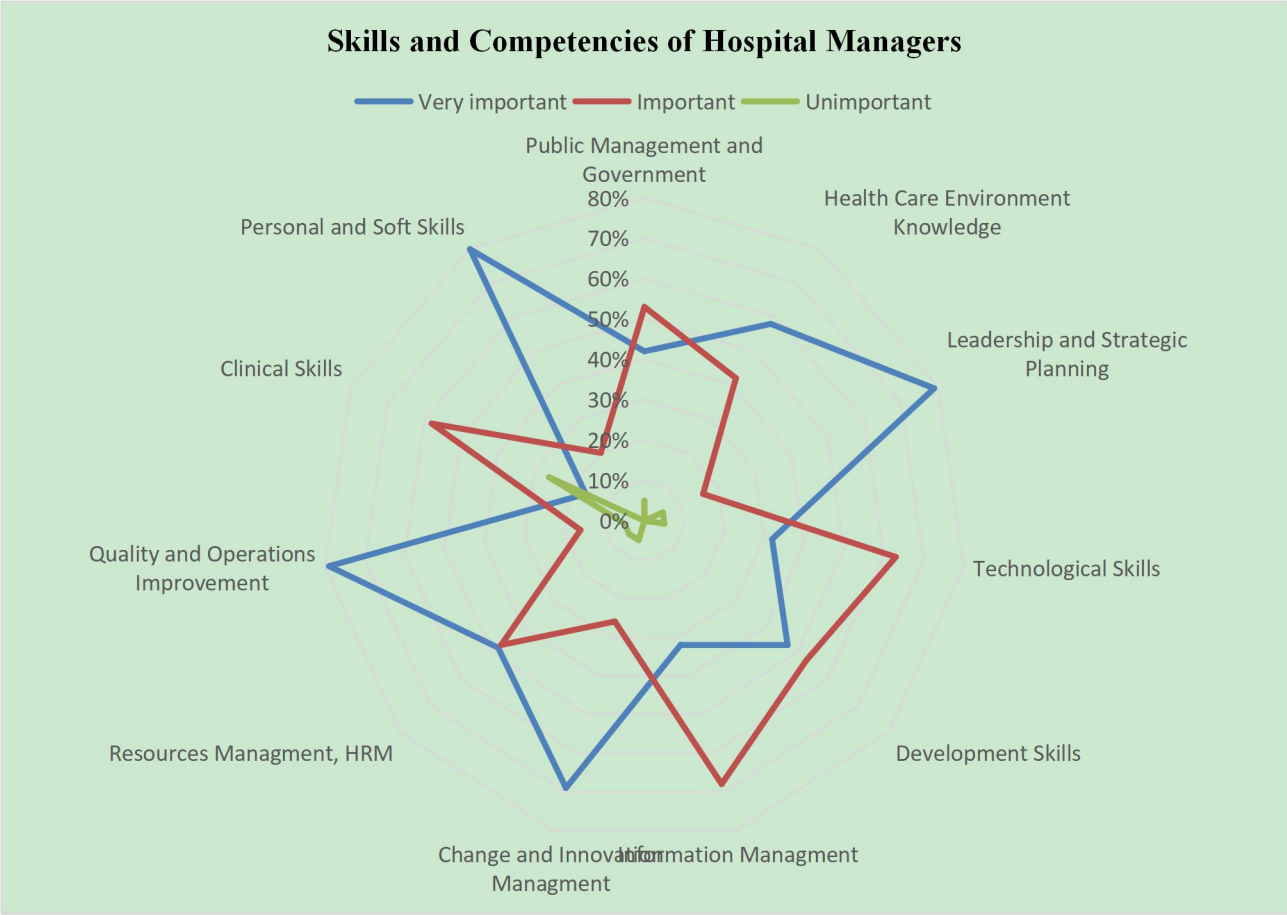

Figure 4 Skills and Competencies of Hospital Managers

Table 8 shows the average rank of skills and competencies and their ranking according to importance from the point of view of hospital managers: quality and improvement processes, followed by soft and personal skills, and then leadership and strategic planning, clinical skills, change management and innovation, development skills, resources management including human resources, information management, public management and governance skills, technology skills, and knowledge of the environment and the context of health care.

Table 8 The Rank of Skills and Competencies

Skills and Competencies	Average Rank	Order
Quality and Operations Improvement	8.16	1
Personal and Soft Skills	8.11	2
Leadership and Strategic Planning	6.42	3
Clinical Skills	6.21	4
Change and Innovation Management	6.11	5
Development Skills	6.11	6
Resources Management, HRM	6	7
Information Management	5.63	8
Public Management and Governance	4.84	9
Technological Skills	4.37	10
Health Care Environment Knowledge	4.05	11

As for hospital performance, most managers indicated satisfaction with the performance of their hospitals. 10% of managers were very satisfied of their hospital performance, 68% were satisfied, and 22% were neutral. As to whether the qualifications of hospital managers affect the performance of the hospital or not from the point of view of managers; about 74% of the managers indicated that the qualifications of hospital managers affect the performance of the hospital.

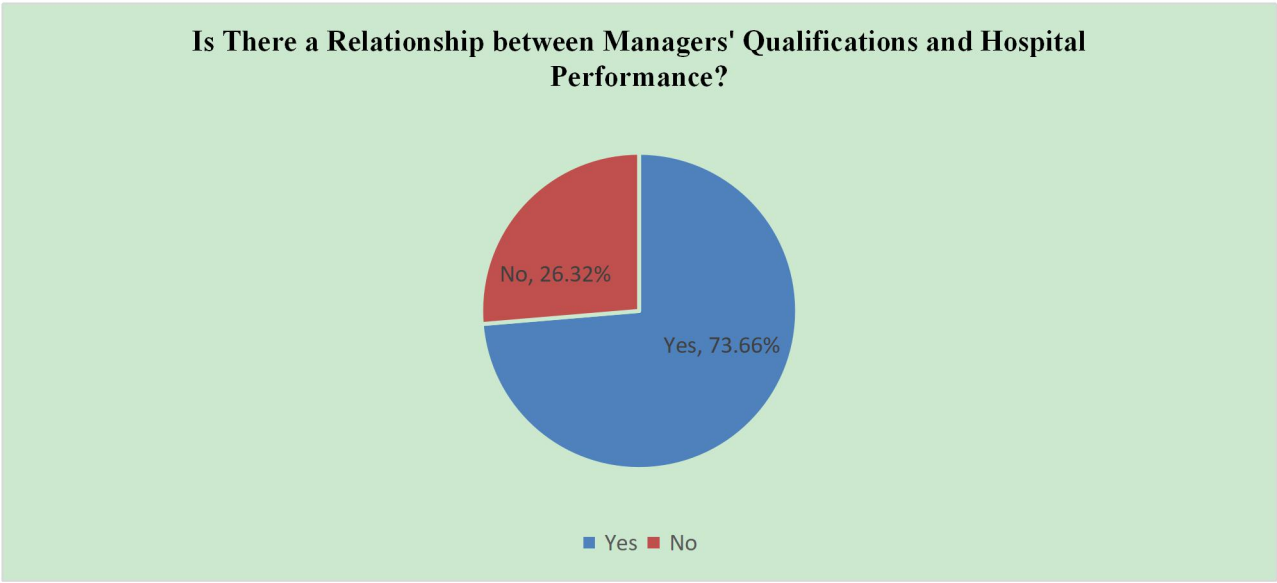

Figure 5 The Relationship between Managers' Qualifications and Hospital Performance

The performance of the hospital is considered to be one of the main variables in the study. It is based on a number of performance indicators used locally and internationally, including: patient satisfaction and job

satisfaction of hospital staff as well as the degree of reliability of hospitals globally and locally by the Saudi Center for Health Facilities. It is the official body for the accreditation of health care facilities operating in the public and private sectors in the Kingdom of Saudi Arabia.

The study showed that 31% of hospitals are locally accredited by the Saudi Center for Health Facilities, while one hospital (5%) is accredited by international bodies. As for the National Basic Patient Safety Program (AMAN), it is a national initiative to examine all hospitals in the Kingdom according to basic safety requirements annually. The study found that 26% of hospitals are in the green range (low risk), 5% in the yellow range (moderate risk), and 69% of hospitals in the red range (high risk).

Based on the results of the performance indicators of government hospitals (health performance), the results of patient satisfaction and job satisfaction for hospital staff are as follows.

Table 9 Performance Indicators Results

Patient satisfaction	61%
Employee satisfaction	60%

As shown the above table, the average overall satisfaction for employees was 60%. Hospital managers should focus on the dissatisfaction factors of the medical and administrative staff, increase their happiness at work and sense of belonging so that they can provide better medical services to patients. Out of the 19 hospitals, the overall result of patient satisfaction was 61.0%. Pearson correlation coefficient (r) is used to measure the linear correlation strength between two variables. When the value of r = 1, it is an ideal positive correlation and when the value of r = -1, it is completely negative. In this study, the (r) value of the relationship between qualifications and patient and staff satisfaction was 0.3528, indicating a positive correlation. However, the relationship between the variables is weak. This means that there is a statistically significant relation between patients and employees satisfaction and the qualifications of hospital managers (specialization and qualification).

The above findings shows that the qualifications and skills of hospital managers play an important role of the performance of the hospitals. The contribution of the hospital managers' competencies to the operation and management of the facilities was supported by many researchers (e.g., Almutairi & Moussa, 2014; Akinci, 2002; Walston et al., 2008; Parand et al., 2014).

Also, the above findings are in line with the results of Daly et al (2014) and Goodall (2011) who reported that different managerial positions with accompanying functions require different combinations of skills. In the context of health manager, priority factor is the level of a managerial position in the health care organization. The next factor is the level of health care to which a certain health institution belongs. The higher the managerial position, the higher the likelihood that the job will be more complex and demand a higher number of skills.

Furthermore, the skills of the hospital managers elicited in this study were also reported by Slipicevic & Masic (2012) who concluded that management skills, clinical skills, information skills, and development and innovation skills are among the priority skills for health leaders. The conclusion can be drawn that health managers, in order to fulfill their responsibilities in a competent manner, have to be equipped with the ability to determine goals and standards, to allocate resources and asses the performance, to accomplish set goals, and to work with limited resources and within time constraints (Karamat et al., 2018).

On the other hand, it is reported that employee satisfaction and patient satisfaction are key factors in the health care management. This is supported by Stefl (2008) and Healy & McKeee (2000) who concluded that health care work environment fosters job satisfaction which leads to the organizational commitment among

employees in the long run. Also, Mannion et al (2005) and Falcone & Satiani (2008) confirmed that that job satisfaction is important for developing and enhancing organizational commitment among healthcare workers.

As recommended by Ackerly et al (2011), in hospitals where patient experience is related to employee's satisfaction, organizations should focus on hospital employees needs and should create an environment which will improve job satisfaction and commitment. Furthermore, hospital managers have responsibilities to both staff and patients.

5. Conclusion

This study aimed to investigate the qualifications of hospital managers in the Eastern Region in Saudi Arabia and to identify the skills and competencies needed by hospital managers. Also, the study attempted to ascertain whether the qualifications of the managers of the hospital affect the performance of the hospital or not. They study was conducted on (20) hospital managers in (20) governmental hospitals in the Eastern Region in Saudi Arabia. The researcher collected data for this research using a self-administered questionnaire and a performance indicators card.

It was shown that approximately 50% of hospital managers did not receive formal training in health management prior to assuming the post of director of the hospital as their basic qualification in the bachelor was not in the field of health management. Many managers have adopted training courses and workshops to develop their managerial skills. More than 75% of the managers indicated that these training courses and workshops were effective for them.

With regard to the skills and competencies of the directors of the hospitals, the results showed that all the skills and competencies mentioned are important with varying degrees. The most important skills and competencies for managers were the personal or soft skills. The leadership, strategic planning, quality and process improvement skills were second in importance for hospital managers.

It is also shown that most of the managers are satisfied of the performance of their hospitals. As to whether the qualifications of hospital managers affect the performance of the hospital or not from the point of view of managers; the majority of the managers indicated that the qualifications of hospital managers affect the performance of the hospital. It is found that there is a positive correlation between the qualifications of the managers and performance of health services in government hospitals.

6. Recommendations

Based on the findings of the study, the researcher recommends the following:

1) Using a larger sample and expanding the study to include all hospital directors in the Kingdom in order to get more reliable findings.
2) Conducting an extensive study to identify the difficulties faced by hospital managers and the requirements of developing their skills and administrative competencies.
3) The need of the health practitioners (doctors and others) to be administratively qualified before assuming managerial positions.
4) There is a relationship between the qualifications of hospital managers and the overall performance of the hospital. Therefore, the process of developing the qualifications and competencies of hospital managers would contribute to improving the performance of health services in public hospitals.

5) Developing a framework for the administrative competencies of hospital directors, redefining the basic competencies of health care managers in light of the health transformation process and the future health care model in the Kingdom.

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