Scientific Paper Entitled: The Extent OF Healthcare Professionals' Awareness OF Service Quality And Patient Safety In The Government Healthcare Sector In The Kingdom Of Saudi Arabia

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Study Summary

The study aimed to assess healthcare professionals' awareness of service quality and patient safety in the government healthcare sector in the Kingdom of Saudi Arabia. The study utilized a descriptive-analytical approach to achieve its objectives. The study sample consisted of 200 healthcare professionals working in the government healthcare sector in Saudi Arabia. A questionnaire was used as the data collection instrument, and based on the results, the study reached

several conclusions. Most notably, the participants strongly agreed on the axis of healthcare professionals' awareness of service quality and patient safety in Saudi Arabia, with an average score of 4.38. Their agreement ranged between 4.51 and 4.21, falling within the fifth category of the five-point scale, indicating strong agreement with the study's tool. This demonstrates consistency in the participants' agreement regarding healthcare professionals' awareness of service quality and patient safety in Saudi Arabia. The study also identified key suggestions to improve service quality and patient safety among healthcare professionals in Saudi Arabia. These include emphasizing cleanliness and sterilization in healthcare institutions, promoting personal hygiene among healthcare professionals, providing instant customer service and inquiries to meet patients' needs easily and quickly, maintaining patient records and confidentiality, ensuring credibility and honesty in dealings with patients, and building trust with patients. There were statistically significant differences at a significance level of 0.05 regarding healthcare professionals' awareness of service quality and patient safety in Saudi Arabia among healthcare professionals in the government healthcare sector, attributed to variables such as education, years of service, and training courses. Based on the results, the study recommends that healthcare authorities provide regular training courses for healthcare professionals to enhance their knowledge of service quality and patient safety. There should be a focus on educating healthcare professionals on the latest practices and international standards in healthcare safety and quality. The Ministry of Health should develop effective systems for monitoring service quality and patient safety and ensure their implementation across healthcare institutions.

Introduction

Countries, represented by their healthcare sectors, aim to improve the quality of healthcare services provided by healthcare institutions to meet patients' needs and satisfaction. The increasing expectations of healthcare recipients, rapid technological and cultural changes in the medical field, and external pressures from financing, licensing, and accreditation bodies all exert significant pressure on healthcare institutions to provide high-quality services (Mehanna, 2014).

Quality of service and patient safety are among the primary goals pursued by healthcare institutions of all types and levels. Improving the quality of healthcare services provided to patients and adhering to safety standards reflects positively on citizens' and society's health, building trust between healthcare institutions and citizens, respecting patients' rights, and ensuring their satisfaction with the healthcare service provided. Compliance with health, ethical, and administrative

standards, clear quality control systems, and knowledgeable staff contribute to providing necessary service quality and patient safety to achieve maximum quality and patient satisfaction (Al-Shujairi, 2018).

In light of this, we aim to assess healthcare professionals' awareness in hospitals regarding service quality and patient safety. We will explore this awareness level in healthcare institutions in Saudi Arabia and among healthcare professionals including doctors, nurses, and administrators. Additionally, we aim to identify proposals that contribute to increasing healthcare professionals' awareness of service quality and patient safety.

Study problem

Quality of healthcare services is the primary goal pursued by all healthcare institutions. However, healthcare institutions face numerous difficulties and challenges that may threaten their ability to provide high-quality healthcare services and meet citizens' expectations. A study by Al-Shujairi (2018) indicates that the level of services provided in hospitals is not at the required level compared to international standards. Therefore, healthcare institutions can only provide quality services and achieve patient satisfaction and safety through knowledgeable staff who understand service quality principles, how to improve service efficiency for patients, and ensure their safety. Thus, the research problem can be summarized in the following question:

What is the level of awareness among healthcare professionals regarding service quality and patient safety in Saudi Arabia?

The Importance of the Study:

The importance of the study can be divided into scientific and practical significance:

Scientific Importance:

- Enriching the literature with a new topic about healthcare professionals' awareness of service quality and patient safety in Saudi Arabia, specifically in healthcare institutions in general.
- Understanding the attitudes and awareness of healthcare professionals regarding service quality and patient safety in Saudi Arabia.
- Generating recommendations that contribute to improving service quality and patient safety among healthcare professionals in Saudi Arabia.

Practical Importance:

- Increasing awareness among healthcare professionals in healthcare institutions about the importance of healthcare service quality and patient safety for beneficiaries.
- Contributing to enhancing the quality of healthcare services and patient safety in healthcare institutions in Hafar Al-Batin specifically, and in Saudi Arabia in general.
- Formulating recommendations that contribute to enhancing healthcare professionals' awareness of service quality and patient safety.
- Emphasizing the importance of healthcare service quality and patient safety in healthcare institutions and the healthcare sector.
- Contributing to increasing the level of service quality and patient safety provided by healthcare professionals in Saudi Arabia.

Study Objectives:

The study aims to achieve the following objectives:

1. Assessing the level of service quality and patient safety provided by healthcare professionals in Saudi Arabia.
2. Evaluating healthcare professionals' awareness of service quality and patient safety in Saudi Arabia.
3. Identifying proposals that contribute to improving service quality and patient safety among healthcare professionals in Saudi Arabia.

Study Questions:

1. What is the level of service quality and patient safety provided by healthcare professionals in Saudi Arabia?
2. How aware are healthcare professionals of service quality and patient safety in Saudi Arabia?
3. What proposals contribute to improving service quality and patient safety among healthcare professionals in Saudi Arabia?

Study Limitations:

- Spatial Limitations: The study was conducted in government healthcare institutions in Saudi Arabia.
- Temporal Limitations: The study was conducted in the year 2022.
- Human Limitations: The study targeted a sample of healthcare professionals working in the government healthcare sector in Saudi Arabia.

Study Terminologies:

Healthcare Institutions:

- Healthcare institutions are defined as "health units supervised by primary healthcare management in the area where they operate, aiming to improve the health of the local community by providing primary healthcare to a population according to healthcare standards based on the concept of primary healthcare and its adopted strategy" (Ajel, 2017: p. 10).
- Operational Definition: These are healthcare institutions such as government hospitals and clinics in Saudi Arabia.

Healthcare Service Quality:

- Healthcare service quality can be defined as "the continuous pursuit of meeting patient requirements at the lowest possible cost. It involves three key points: achieving quality from the patient's perspective, meeting patient needs and requirements according to medical service terms, and focusing on processes related to the quality of healthcare service design and delivery based on optimal use of healthcare organization resources" (Al-Amri, 2009: p. 78).
- Operational Definition: Employing all available resources and capabilities of healthcare institutions to provide distinguished medical services of high quality, meeting patients' needs and desires, and achieving a high level of their satisfaction, whether tangible or intangible services**.**

Study Methodology:

The researcher used the descriptive analytical approach, for its suitability to the nature of the study and its objectives, has been defined by Al-Assaf (2003, p. 178) as "that type of research by which all members of the research community or a large sample of them are questioned, with the aim of describing the phenomenon studied in terms of its nature and degree of existence only, without going beyond that to study the relationship or deduce the causes."

Study population:

The study population consists of health cadres in the Kingdom of Saudi Arabia in 2022.

Study sample

The origin of scientific research is to be conducted on all members of the" research community, because this is more likely to be true to the results, but the researcher resorts to choosing a sample of them if this is not possible because of their large number, for example" (Al-Assaf, 2003, p. 96), so the researcher chose a random sample of health cadres in the Kingdom of Saudi .Arabia, and the total sample of the study reached (200) individuals

Characteristics of the study sample

A number of main variables were identified to describe the members of the study sample, including (gender - educational level - job number of years of experience - number of training courses), which - have indicative indicators on the results of the study, in addition to ,reflecting the scientific background of the members of the study sample and help to lay the foundations on which the various analyzes related to :the study are built, and this is detailed as follows

Sex**

Table (3-1) Distribution of Study Sample Members by Gender Variable

Sex	Iteration	percentage
male	126	63
female	74	37
Total	200	100%

It is clear from Table (3-1) that (126) of the study sample representing 63% of the total study sample members were males, while (74) of them representing 37% of the total study sample members were females.

**Qualification:

Table (3-2) Distribution of Study Sample Members According to Academic Qualification Variable

Qualification	Iteration	percentage
diploma	118	59
Bachelor	61	30.5
Master	20	10
Doctorate	1	0.5
Total	200	100%

It is clear from Table (3-2) that (118) of the study sample represent 59% of the total members of the study sample with diploma qualifications, while (61) of them represent 30.5% of the total members of the study sample with their bachelor's academic qualifications, while (20) of them represent 10% of the total members of the study sample with master's qualifications, and (1) of them represent 0.5% of the total members of the study sample whose academic qualifications are PhD.

**Function:

Table (3-3) Distribution of Study Sample Members by Job Variable

Function	Iteration	percentage
doctor	13	7
pharmacist	8	4
specialist	47	24
technician	57	29
nurse	53	27
Administrative	22	11
Total	200	100%

It is clear from Table (3-3) that (57) of the study sample representing 29% of the total study sample members had a technical job, and that (53) of the study sample members representing 27% of the total study sample members were nurses, and that (47) of the study sample members representing 24% of the total study sample members were a specialist.While (13) of them representing 7% of the total study sample were employed as a doctor, and (8) of them representing 4% of the total study sample were pharmacists.

**Years of Experience:

Table (3-4) Distribution of Study Sample Members According to Years of Experience Variable

Years of Experience	Iteration	percentage
1-5 Years	55	27.5
From 6 years to less than 10 years	73	36.5
From 11 years to less than 15 years old	50	25
From 16 years to less than 25 years	22	11
Total	200	100%

It is clear from Table (3-4) that (55) of the study sample represents 18.4% of the total study sample members with 1-5 years of experience, while (73) of them represent 36.5% of the total study sample members with years of experience from 6 years to less than 10 years, (50) of them represent 25% of the total study sample with years of experience from 11 years to less than 15 years and (22) of them represent 11% Of the total

study sample members have years of experience from 16 years to less than 25 years.

**Training Courses:

Table No. (3-5) Distribution of Study Sample Members According to Training Courses Variable

Training Courses	Iteration	percentage
There isn't any	34	17
One to 3 courses	80	40
4-7 courses	42	21
8-10 training courses	44	22
Total	200	100%

It is clear from Table (3-5) that (34) of the study sample representing 17% of the total study sample members did not take any training course, while (80) of them representing 40% of the total study sample members had one to 3 courses, and (42) of them representing 21% of the total study sample members had 4-7 courses and (44) of them represented 22% of the total study sample members were They have 8-10 training sessions.

Study Tool:

The researcher used the questionnaire as a tool to collect data, due to its suitability to the objectives of the study, its methodology, its community, and to answer its questions. The questionnaire is considered one of the most important means of collecting standardized data and information, and the most truthful and consistent.

Construction of the study tool:

After reviewing the literature and previous studies related to the subject of the current study, and in light of the data and questions of the study and its objectives, the tool (questionnaire) was built, and it consisted in its final form of three parts. The following is a presentation of how they are built, and the procedures used to verify their authenticity and stability:

1- The first section: contains an introductory introduction to the objectives of the study, and the type of data and information that the researcher wishes to collect from the members of the study sample, while providing assurance of the confidentiality of the information provided, and pledging to use it for scientific research purposes only.

2- The second section: contains the primary data of the members of the study sample, which are: (gender - - academic qualification - years of experience - job - training courses).

3- Section III: It consists of (48) phrases, distributed on three main axes, and Table (3-7) shows the number of questionnaire phrases, and how to distribute them to the axes.

Table (3-7) Questionnaire Themes and Phrases

Axis	**Number of phrases**
The reality of service quality and patient safety provided by health cadres in the Kingdom of Saudi Arabia	22 phrases
The extent to which health personnel know the quality of service and patient safety in the Kingdom of Saudi Arabia	13 phrases
Proposals that contribute to increasing the quality of service and patient safety among health personnel in the Kingdom of Saudi Arabia	13 phrases
Questionnaire	**48phrases**

The Likert quintuple scale was used to obtain the responses of the study sample, according to the following degrees of approval: (strongly agree - agree - neutral - disagree - strongly disagree). And then express this scale quantitatively, by giving each of the previous statements a score, according to the following: strongly agree (5) degrees, agree (4) degrees, neutral (3) degrees, disagree (2) two degrees, strongly disagree (1) one score.

To determine the length of the categories of the Likert pentameter scale, the range was calculated by subtracting the upper limit from the minimum (5 – 1 = 4), then it was divided by the largest value in the scale (4 ÷ 5 = 0.80), and then this value was added to the lowest value in the scale (1) to determine the upper limit of this category, and thus the length of the categories became as shown in the following table:

Table (3-8) Dividing the Likert Pentameter Categories (Limits of Mean Responses)

N	Category	Category limits	
		From	To
1	I strongly agree	4.21	5.00
2	I agree	3.41	4.20

3	neutral	2.64	3.40
4	Disagree.	1.81	2.60
5	I absolutely disagree	1.00	1.80

The length of the range was used to obtain an objective judgment on the average responses of the study sample, after processing them statistically.

a) Believe the study tool:

The validity of the study tool means ensuring that it measures what has been prepared as it is intended to include the questionnaire for all the elements that enter into the analysis on the one hand, and the clarity of its phrases on the other hand, so that it is understandable to everyone who uses it The researcher has verified the sincerity of the study tool through:

1- The apparent honesty of the study tool (the sincerity of the arbitrators):

To identify the apparent validity of the questionnaire, and to ensure that it measures what was developed to measure, it was presented in its initial form to the distance of the experts and took their opinions, and to see the notes, the necessary adjustments were made, and then the questionnaire was produced in its final form.

B – Authenticity of the internal consistency of the tool:

To ensure the validity of the internal consistency, the correlation coefficient (Pearson) between the degree of each statement of the resolution was calculated with the total degree of the axis to which the statement belongs, as shown in the following two tables.

Table No. (3-9) Pearson correlation coefficients for the statements of the first axis of the study tool

The reality of service quality and patient safety provided by health cadres in the Kingdom of Saudi Arabia									
Phrases number	**Correlation coefficient**	**Phrases number**	**Correlation coefficient**	**Phrases number**	**Correlation coefficient**	**Phrases number**	**Correlation coefficient**	**Phrases number**	**Correlation coefficient**
Reliability		**Concrete**		**Response**		**Affirmation (trust)**		**empathy**	
1	**0.894	1	**0.894	1	**0.933	1	**0.919	1	**0.917

2	**0.854	2	**0.906	2	**0.940	2	**0.919	2	**0.924
3	**0.882	3	**0.939	3	**0.946	3	**0.937	3	**0.933
4	**0.893	4	**0.854	4	**0.918	4	**0.943	4	**0.865
5	**0.879							5	**0.909

**** at significance level 0.01 or less.**

It is clear from Table (3-9) that all statements are statistically significant at the significance level (0.01), which gives an indication of high internal consistency coefficients, and indicates high and sufficient truthfulness indicators that can be trusted in the application of the study tool.

Table No. (3-10) Pearson correlation coefficients for the statements of the second and third axis of the study tool

Phrases number	**Correlation coefficient**	**Phrases number**	**Correlation coefficient**
The second axis: The extent to which health cadres know the quality of service and patient safety in the Kingdom of Saudi Arabia		Third Theme: Proposals that contribute to increasing the quality of service and patient safety among health cadres in the Kingdom of Saudi Arabia	
1	****0.433**	**1**	****0.794**
2	****0.448**	**2**	****0.837**
3	****0.551**	**3**	****0.826**
4	****0.642**	**4**	****0.799**
5	*****0.684**	**5**	****0.864**
6	****0.750**	**6**	****0.877**
7	****0.761**	**7**	****0.835**
8	****0.750**	**8**	****0.801**
9	****0.820**	**9**	****0.901**
10	****0.780**	**10**	****0.587**
11	****0.487**	**11**	****0.658**
12	****0.684**	**12**	****0.578**
13	****0.785**	**13**	****0.746**

**** at significance level 0.01 or less**

It is clear from Table (3-10) that all statements are statistically significant at the function level (0.01), which gives an indication of high internal consistency coefficients, as well as high and sufficient truthfulness indicators that can be trusted in the application of the study tool.

Stability of the study instrument:

To measure the stability of the study tool (questionnaire), the Cronbach alpha coefficient was used, and Table (3-11) shows the stability coefficient for the axes of the study tool.

Table No. (3-11) Cronbach alpha coefficient to measure the stability of the study instrument

Axes and dimensions of the resolution	Number of phrases	Axis stability
The first axis: the reality of service quality and patient safety provided by health cadres in the Kingdom of Saudi Arabia	**22**	**0.720**
The second axis: The extent to which health cadres know the quality of service and patient safety in the Kingdom of Saudi Arabia	**13**	**0.851**
Third Theme: Proposals that contribute to increasing the quality of service and patient safety among health cadres in the Kingdom of Saudi Arabia	**31**	**0.879**
For the stability of the year	**48**	**0.829**

Table (3-11) shows that the study tool has statistically acceptable stability, where the general stability of the study was (0.829) while the stability coefficients of the study tool ranged between (0.720, 0.851-0.879), which are high stability coefficients that can be trusted in the application of the study tool.

Procedures for applying the study:

After ensuring the truthfulness and stability of the questionnaire, and its validity for application, the researcher applied it in the field by following the following steps:

1- Distribution of the resolution.

2- Collecting questionnaires after filling them out, which reached (200) questionnaires.

3- Review the questionnaires, ensure their validity and suitability for analysis.

Statistical processing methods:

To achieve the objectives of the study, and to analyze the collected data, many appropriate statistical methods were used using the Statistical Package for Social Sciences, which is symbolized by the symbol (SPSS), and then the following statistical measures were calculated:

1- Frequencies and percentages to identify the characteristics of the study sample members and determine their responses to the main themes statements included in the study tool.

2- The arithmetic mean "Mean", in order to know the extent to which the responses of the study sample members are high or low from the main axes, knowing that it is useful in arranging the axes according to the highest arithmetic average.

3- Standard deviation to identify the extent to which the responses of the study sample members deviate for each of the statements of the study variables, and for each of the main axes from their arithmetic mean. It is noted that the standard deviation shows the dispersion in the responses of the study sample members for each of the statements of the study variables, in addition to the main axes, the closer its value to zero, the concentrated the responses, and the less dispersion.

4- - Single Variance Analysis (ANOVA): to reveal the significance of the differences between the responses of the sample members, which are attributed to variables (gender - experience - academic qualification - training courses).

5- - The researcher used the LSD test (least significant difference) to determine the direction of differences in views of statistically significant variables.

Thus, the third chapter is finished, and it dealt with a detailed presentation of the study's methodology, tools, axes, and procedures used to implement the study and achieve its objectives. This chapter concluded by presenting the statistical methods used by the researcher in the fourth chapter to process and analyze data, which enable access to and interpretation of results.

Analysis and interpretation of study results

This chapter deals with the presentation and discussion of the results of the field study by presenting the responses of the members of the study sample to the questionnaire statements, by answering the questions of the study by calculating the frequencies, percentages, arithmetic averages, standard deviations and ranks of the responses of the study sample members to the questionnaire questions, and the results were as follows:

The first question: What is the reality of the quality of service and patient safety provided by health cadres in the Kingdom of Saudi Arabia?

To identify the reality of service quality and patient safety provided by health cadres in the Kingdom of Saudi Arabia from the point of view of health cadres in the Kingdom of Saudi Arabia, the arithmetic averages, standard deviations, and ranks of the responses of the study subjects

were calculated on the dimensions of the reality of service quality and patient safety provided by health cadres in the Kingdom of Saudi Arabia from the point of view of health cadres in the Kingdom of Saudi Arabia, and the following are the detailed results regarding the reality of service quality and patient safety provided by health cadres in the Kingdom Saudi Arabia from the point of view of health cadres in the Kingdom of Saudi Arabia:

First: Reliability:

To identify the reality of service quality and patient safety provided by health personnel in the Kingdom of Saudi Arabia in the dimension of reliability, frequencies, percentages, arithmetic averages, standard deviations, and ranks were calculated for the responses of the study members to statements after reliability, and the results were as shown in the following table:

Table (4-1) Responses of Study Subjects to First Dimension Statements (Reliability) Arranged in Descending Order by Approval Averages

N	Phrases	Iteration	Degree of approval					Arithmetic mean	Standard deviation	Rank
		Rate %	Strongly agree	I agree	neutral	Disagree	Strongly disagree			
1	The hospital adheres to its promises to patients in the field of providing health and treatment services and providing the appropriate environment as you expect in your mind.	as	78	85	26	8	3	4.14	0.89	3
		%	39	42.5	13	4	1.5			
2	The hospital administration sympathizes with patients when they submit complaints.	as	71	80	31	14	4	4	0.98	5
		%	35.5	40	15.5	7	2			

N	Phrases	Iteration	Degree of approval					Arithmetic mean	Standard deviation	Rank
		Rate %	Strongly agree	I agree	neutral	Disagree	Strongly disagree			
3	The hospital administration is interested in providing services on time, quickly and accurately.	as	77	86	28	8	1	4.15	0.84	2
		%	38.5	43	14	4	0.5			
4	Patients place their confidence in the skills of the medical profession confidently and safely.	as	71	83	32	11	3	4.04	0.93	4
		%	35.5	41.5	5.5	5.5	1.5			
5	The hospital administration is carefully interested in recording information about patients and their health conditions in records and computers.	as	84	81	23	8	4	4.17	0.92	1
		%	42	40.5	11.5	4	2			
Overall average								**4.10**	**0.91**	

Through the results shown above, it is clear that the response of the study members of the health cadres in the Kingdom of Saudi Arabia came with a degree of approval on the dimension of reliability with an arithmetic average of (4.10), and through the results shown above, it is clear that there is a disparity in the approval of the study members on the health cadres in the Kingdom of Saudi Arabia in the dimension of reliability, where the averages of their approval of the reliability dimension ranged between (4.17 to 4), which are averages located in the fourth category of

the five-scale categories, which indicate (agree) on The study tool, which illustrates the disparity in the approval of the study members on the health cadres in the Kingdom of Saudi Arabia in the dimension of reliability, and it is clear from the results that the study members agree on the statements after reliability, which were arranged in descending order according to the approval of the study members as follows:

- Statement No. (5), which is "the hospital administration is interested in accurately recording information about patients and their health conditions in records and computers" ranked first in terms of approval of the study members with a degree of approval with an arithmetic average of (4.17) and this result can be explained by the interest of the hospital administration accurately in recording information about patients and their health conditions in records and computer.

1. Statement No. (3), which is "the hospital administration is interested in providing services on time, quickly and accurately", ranked second in terms of approval of the study members with an acceptable score of (4.15) and this result explains the need to work attention by the hospital administration to provide services on time, quickly and accurately.
2. Statement No. (2), which is "The hospital administration sympathizes with patients when they submit complaints," ranked last in terms of approval of the study members with an average of (4) and this result is explained by the need for the management of health centers to have the type of sympathy for patients when submitting complaints.

The second dimension: tangible:

To identify the reality of service quality and patient safety provided by health cadres in the Kingdom of Saudi Arabia in the concrete dimension, frequencies, percentages, arithmetic averages, standard deviations, and ranks were calculated for the responses of the study members to the statements of the availability axis after the tangible, and the results were as shown in the following table:

Table (4-2) Responses of Study Subjects to Second Dimension Statements (Concrete) Arranged in Descending Order According to Average Approval

N	Phrases	Iteration	Degree of approval					Arithmetic mean	Standard deviation	Rank
		Rate %	Strongly agree	I agree	neutral	Disagree	Strongly disagree			
1	The hospital needs to	as	110	74	12	4	0	4.45	0.70	1
		%	55	37	6	2	0			

N	Phrases	Iteration	Degree of approval					Arithmetic mean	Standard deviation	Rank
		Rate %	Strongly agree	I agree	neutral	Disagree	Strongly disagree			
	upgrade the medical devices, equipment and supplies currently in use.									
2	I believe that the medical salons, waiting areas, and offices of current doctors and health staff fit what you expect in your mind.	as	48	71	42	31	8	3.60	1.13	4
		%	24	35.5	21	15.5	4			
3	There is interest by the hospital administration and health staff in the manner and body of work clothes that are commensurate with the level of service provided.	as	65	87	29	14	5	3.97	0.98	2
		%	32.5	43.5	14.5	7	2.5			
4	I think that the hospital administration provided the material supplies within	as	49	84	35	24	8	3.71	1.08	3
		%	24.5	42	17.5	12	4			

N	Phrases	Iteration	Degree of approval					Arithmetic mean	Standard deviation	Rank
		Rate %	Strongly agree	I agree	neutral	Disagree	Strongly			
	its available capabilities that suit your mental expectations for that.									
Overall average								3.93	0.77	

Through the results shown above, it is clear that the study members agree to a degree that indicates agreement with the reality of service quality and patient safety provided by health personnel in the Kingdom of Saudi Arabia in the tangible dimension with an arithmetic average of (3.93), and through the results shown above, it is clear that there is a disparity in the approval of the study members on the tangible dimension, as the averages of their approval of the dimension ranged between (4.45 to 3.60), which are averages ranging in the fourth and fifth category of the five-scale categories, which indicate To the degree of (strongly agree - agree) on the study tool, which shows the disparity in the agreement of the study members on the tangible dimension, which was arranged in descending order according to the approval of the study members as follows:

1. Statement No. (1) "The hospital needs to develop the medical devices, equipment and supplies currently in use." ranked first in terms of approval by the study members with a strongly agreeable score of (4.45), and this result explains the importance of working departments of health sector institutions to develop medical devices, equipment and supplies.
2. Statement No. (3), which is, "There is interest by the hospital administration and health cadres in the manner and form of work clothes that are commensurate with the level of service provided." came in second place in terms of approval of the study members with an agreeable score with an arithmetic average of (3.97).
1. Statement No. (4) "I think that the hospital administration provided the material supplies within its available capabilities that suit your mental expectations for that." ranked third in terms of approval of the study members with an agreement score with an arithmetic average of (3.71).

2. Statement No. (2), "I think that the medical salons, waiting areas, and offices of current doctors and health staff fit what you expect in your mind" ranked last in terms of approval by the study subjects with an agreeing score of (3.60).

Third Dimension: Response:

The results of identifying the reality of service quality and patient safety provided by health personnel in the Kingdom of Saudi Arabia came in the response dimension, percentages, arithmetic averages, standard deviations, and ranks of the responses of the study members to statements after the response, as shown in the following table:

Table (4-3) Responses of Study Subjects to Third Dimension Statements (Response) Arranged in Descending Order by Approval Averages

N	Phrases	Iteration	Degree of approval					Arithmetic mean	Standard deviation	Rank
		Rate %	Strongly agree	I agree	neutral	Disagree	Strongly disagree			
1	Patients are told when they are served according to your perception.	as	58	102	7	9	4	4.01	0.88	3
		%	29	51	13.5	4.5	2			
2	Patients are not expected to receive immediate service from hospital health staff.	as	47	77	34	30	12	3.59	1.17	4
		%	23.5	38.5	17	15	6			
3	Hospital staff want to help patients on a permanent basis.	as	93	77	18	8	4	4.20	0.91	1
		%	46.5	38.5	9	4	2			
4	Although the staff is busy	as	91	74	20	10	5	4.18	0.97	2
		%	45.5	37	10	5	2.5			

N	Phrases	Iteration	Degree of approval					Arithmetic mean	Standard deviation	Rank
		Rate %	Strongly agree	I agree	neutral	Disagree	Strongly disagree			
	providing services, they respond to patient requests immediately.									
Overall average								4	0.78	

Through the results shown above, it is clear that the study members agree to the degree of approval of the reality of service quality and patient safety provided by health cadres in the Kingdom of Saudi Arabia in the response dimension with an arithmetic average (4), through the results shown above, it is clear that there is homogeneity in the approval of the study members on the response dimension, as their averages of approval of the dimension ranged between (4.20 to 3.59), which are averages that fall into the fourth category of the five-scale categories, which indicate the degree of (OK) for axis statements, which shows the homogeneity in the approval of the study subjects on the response dimension, which was arranged in descending order according to the approval of the study subjects with a degree of OK as follows:

1. Statement No. (1), which is "hospital staff want to help patients permanently", ranked first in terms of approval of the study members with an agreement score and an arithmetic average of (4.20), and this result explains the awareness of health staff in the Kingdom of Saudi Arabia of the need to help patients permanently.
2. Statement No. (4), which is "Despite the employees' preoccupation with providing services, they respond to patients' requests immediately" ranked second in terms of approval of the study members with an agreeable score of (4.18), and this result is consistent with the previous result in the awareness of health personnel in the Kingdom of Saudi Arabia to respond to patients and meet their requests.
3. Statement No. (2), which is "Patients are informed about the times of service provided to them according to your perception." came in third place in terms of approval by the study subjects with an approval score with an arithmetic average of (4.01).

4. Statement No. (2), which is "Patients are not expected to receive immediate service by the health staff in the hospital," ranked last in terms of approval by the study subjects with an agreement score with an arithmetic average of (3.59).
5.

Fourth Dimension: Assurance (Trust):

To identify the reality of service quality and patient safety provided by health personnel in the Kingdom of Saudi Arabia in the dimension of affirmation (confidence), frequencies, percentages, arithmetic averages, standard deviations, and ranks were calculated for the responses of the study members to the statements after affirmation (confidence) through the views of health cadres in the Kingdom of Saudi Arabia, and the results were as shown in the following table:

Table (4-4) Responses of study subjects to the statements of the fourth dimension (emphasis (trust)) arranged in descending order according to the averages of approval

N	Phrases	Iteration	Degree of approval					Arithmetic mean	Standard deviation	Rank
		Rate %	Strongly agree	I agree	neutral	Disagree	Strongly			
1	Patients have full confidence in the health staff in the hospital	as	70	81	33	12	4	4.01	0.96	4
		%	35	40.5	16.5	6	2			
2	Reassures patients that he is in safe hands with the health staff in the hospital when dealing.	as	77	84	29	7	3	4.13	0.89	3
		%	38.5	42	14.5	3.5	1.5			
3	Medical staff and health staff are interactive with patients and treat them with	as	85	85	18	9	3	4.20	0.89	2
		%	42.5	42.5	9	4.5	1.5			

N	Phrases	Iteration	Degree of approval					Arithmetic mean	Standard deviation	Rank
		Rate %	Strongly agree	I agree	neutral	Disagree	Strongly			
	kindness and tact.									
4	The health staff in the hospital have merit and credibility in the performance of their work, which is imperative for the hospital administration to provide support to these health staff.	as	90	78	24	6	2	4.24	0.85	1
		%	45	39	12	3	1			
Overall average								4.14	0.71	

Through the results shown above, it is clear that the study members agree to a degree of agreement with the reality of service quality and patient safety provided by health personnel in the Kingdom of Saudi Arabia in the dimension of assurance (confidence) with an average of (4.14), and through the results shown above, it is clear that there is homogeneity in the approval of the study members on the dimension of assurance (confidence), where the averages of their approval of the dimension ranged between (4.24 to 4.01), which are averages located in the fourth category of the five-scale categories, which indicate (Strongly agree - agree) on the study tool, which shows the disparity in the agreement of the study subjects on the affirmation dimension (trust), as it was arranged in descending order according to the approval of the study members to a degree as follows:

1. Statement No. (4) "The health staff in the hospital have merit and credibility in performing their work, which is imperative for the hospital administration to provide support to these health staff." ranked first in terms of approval of the study members with a degree

of strongly agree with an arithmetic average (4.24) and this result can be explained by the need for health staff in the hospital to have merit and credibility in the performance of their work, which is imperative for the hospital administration to provide support to these health cadres.

2. Statement No. (3), which is "Medical staff and health personnel interact with patients and deal with them with kindness and tact." came in second place in terms of approval of the study members with an agreement score with an arithmetic average of (4.20).
3. Statement No. (2), which is "reassures patients that he is in safe hands with the health staff in the hospital when dealing," ranked third in terms of approval of the study members with an agreeable score of (4.13).
4. Statement No. (1), which is "Patients have full confidence in the health staff in the hospital", ranked last in terms of approval of the study members with an agreeable score of (4.01), and this result explains the need for patients to have full confidence in the health staff in the hospital in order to contribute to the treatment process.

Fifth Dimension: Empathy:

To identify the reality of service quality and patient safety provided by health personnel in the Kingdom of Saudi Arabia in the dimension of empathy, the researcher calculated frequencies, percentages, arithmetic averages, standard deviations, and ranks, for the responses of the study members to the expressions after empathy and the results were as shown in the following table:

Table No. (4-5) Responses of study subjects to the statements of the fifth dimension (empathy) arranged in descending order according to the averages of approval

N	Phrases	Iteration	Degree of approval					Arithmetic mean	Standard deviation	Rank
		Rate %	Strongly agree	I agree	neutral	Disagree	Strongly disagree			
1	The hospital administration must give patients personal care.	as	86	86	24	4	0	4.27	0.74	2
		%	43	43	12	2	0			
2	The health staff at the hospital have the ability to	as	89	83	22	4	2	4.27	0.81	3
		%	44.5	41.5	11	2	1			

N	Phrases	Iteration	Degree of approval					Arithmetic mean	Standard deviation	Rank
		Rate %	Strongly agree	I agree	neutral	Disagree	Strongly disagree			
	provide personal care to patients.									
3	The health staff at the hospital have the ability to provide personal care to patients.	as	89	75	27	6	3	4.21	0.89	4
		%	44.5	37.5	13.5	3	1.5			
4	The hospital administration offers its best to patients.	as	95	85	12	6	2	4.33	0.80	1
		%	47.5	42.5	6	3	1			
5	The hospital administration works with working hours according to the needs of patients.	as	70	85	25	16	4	4.01	0.99	5
		%	35	42.5	12.5	8	2			
Overall average								4.21	0.84	

Through the results shown above, it is clear that the study members agree to a degree of strong agreement with the reality of service quality and patient safety provided by health personnel in the Kingdom of Saudi Arabia in the dimension of empathy with an average of (4.21), and through the results shown above, it is clear that there is homogeneity in the approval of the study members on the expressions after empathy, as the averages of their approval of the dimension ranged between (4.33 to 4.01), which are averages that fall into the fifth and fourth category of the five-scale categories, which indicate to (Strongly Agree - Agree) on the study tool, which shows the homogeneity in the study subjects' agreement on the empathy dimension, which was arranged in descending order according to the approval of the study subjects to a degree as follows:

1. Statement No. (5), which is "The hospital administration provides its best to patients," ranked first in terms of approval by the study members with a strongly agreeable score with an arithmetic average of (4.33), and this result is explained by the need for the hospital administration to give its best to patients.
2. Statement No. (1), which is "The hospital administration must give patients personal care", came in second place in terms of approval by the study members with a strongly agreed score with an arithmetic average of (4.27).
3. Statement No. (3), which is "The health staff in the hospital have the ability to provide personal care to patients", ranked third in terms of approval of the study members with a strongly agreed score with an arithmetic average of (4.27).
4. Statement No. (3), which is "that the health staff in the hospital have the ability to provide personal care to patients", ranked fourth in terms of approval of the study members with a strongly agreeable score of (4.21).
5. Statement No. (5), which is "the hospital administration works with working hours according to the needs of patients", ranked fifth in terms of approval of the study members with an average of (4.01), and this result indicates the need for the hospital administration to work working hours according to the needs of patients.

The second question: What is the extent to which health cadres know the quality of service and patient safety in the Kingdom of Saudi Arabia from the point of view of health cadres in the Kingdom of Saudi Arabia:

To identify the extent to which health personnel know the quality of service and patient safety in the Kingdom of Saudi Arabia from the point of view of health cadres in the Kingdom of Saudi Arabia, frequencies, percentages, arithmetic averages, standard deviations, and ranks were calculated for the responses of the study subjects to the statements of the axis of the extent of health cadres' knowledge of the quality of service and patient safety in the Kingdom of Saudi Arabia from the point of view of health cadres in the Kingdom of Saudi Arabia, and the results were as shown in the following table:

Table No. (4-6) Responses of the study members to the statements of the axis of the extent of knowledge of health personnel about the quality of service and patient safety in the Kingdom of Saudi Arabia from the point of view of health cadres in the Kingdom of Saudi Arabia arranged in descending order according to the averages of approval

N	Phrases	Iteration	Degree of approval					Arithmetic mean	Standard deviation	Rank
		Rate %	Strongly agree	I agree	neutral	Disagree	Strongly disagree			
10	Follow safety and prevention measures while dealing with patients to ensure their health.	as	116	73	9	1	1	4.51	0.65	1
		%	58	36.5	4.5	0.5	0.5			
4	I wear my uniform and maintain personal hygiene and hand sanitization.	as	115	72	8	2	3	4.47	0.75	2
		%	57.5	36	4	1	1.5			
12	I care about patients, respect their customs and traditions, and provide moral support with a sense of humor.	as	114	69	12	4	1	4.46	0.74	3
		%	57	34.5	6	2	0.5			
3	I document patients' medical information in their medical records, and keep it confidential.	as	111	72	11	5	1	4.43	0.75	4
		%	55.5	36	5.5	2.5	0.5			
11	I apply the health quality standards of the Ministry of Health	as	107	77	12	3	1	4.43	0.72	5
		%	53.5	38.5	6	1.5	0.5			

N	Phrases	Iteration	Degree of approval					Arithmetic mean	Standard deviation	Rank
		Rate %	Strongly agree	I agree	neutral	Disagree	Strongly disagree			
	while working in the hospital.									
8	I put the patient's interest ahead of any other interest and personal interest.	as	114	64	17	3	2	4.43	0.79	6
		%	57	32	8.5	1.5	1			
9	I advise and guide patients on an ongoing basis.	as	107	72	18	2	1	4.41	0.73	7
		%	53.5	36	9	1	0.5			
2	I help patients solve their problems and provide for their needs.	as	99	83	13	4	1	4.38	0.74	8
		%	49.5	41.5	6.5	2	0.5			
6	Complete the steps of patient progress within the center quickly and comfortably for patients.	as	105	70	19	5	1	4.36	0.79	9
		%	52.5	35	9.5	2.5	0.5			
1	I am committed to providing medical services on time.	as	93	89	15	2	1	4.35	0.70	10
		%	46.5	44.5	7.5	1	0.5			
5	I provide information and inquiries about the patient's	as	100	75	12	12	1	4.31	0.86	11
		%	50	37.5	6	6	0.5			

N	Phrases	Iteration	Degree of approval					Arithmetic mean	Standard deviation	Rank
		Rate %	Strongly agree	I agree	neutral	Disagree	Strongly disagree			
	health status quickly and inform them about their health status.									
7	I learn about the latest developments in medical services, learn them and train on them.	as	91	79	24	4	2	4.26	0.82	12
		%	45.5	39.5	12	2	1			
13	I care about the patient's complaint and work to resolve it and he is always right.	as	95	69	22	10	4	4.21	0.96	13
		%	47.5	34.5	11	5	2			
Overall average								4.38	0.76	

Through the results described above, it is clear that the study members strongly agree on the axis of the extent to which health personnel know the quality of service and patient safety in the Kingdom of Saudi Arabia from the point of view of health personnel in the Kingdom of Saudi Arabia with an arithmetic average of (4.38).

Through the results shown above, it is clear that there is homogeneity in the approval of the study members on the axis of the extent of knowledge of health cadres about the quality of service and patient safety in the Kingdom of Saudi Arabia from the point of view of health cadres in the Kingdom of Saudi Arabia, where the averages of their approval on the extent of knowledge of health cadres about the quality of service and patient safety in the Kingdom of Saudi Arabia from the point of view of health cadres in the Kingdom of Saudi Arabia ranged between (4.51 to 4.21), which are averages that fall into the fifth category of the five-scale categories, which indicate To (strongly agree) on the study tool, which shows the homogeneity in the approval of the study subjects on the axis

of the extent of knowledge of health cadres about the quality of service and patient safety in the Kingdom of Saudi Arabia from the point of view of health cadres in the Kingdom of Saudi Arabia, which was arranged in descending order according to the averages of approval by the study members as follows:

1. Statement No. (10), which is "Follow safety and prevention measures while dealing with patients to ensure their health." ranked first in terms of approval of the study members with a degree of strongly agree with an arithmetic average of (4.51) and the researcher believes that this is due to the awareness of health staff and doctors of the importance of following safety and prevention measures while dealing with patients to ensure the patient's health
2. Statement No. (7), which is "I wear my uniform, maintain personal hygiene and sterilize hands," came in second place in terms of approval of the study members with a degree of strong agreement with an arithmetic average of (4.47), and this result is consistent in the context with the previous result in the awareness of health personnel and doctors of the need to wear special uniforms, maintain personal hygiene and sterilize hands.
3. Statement No. (12), which is "I care about patients, respect their customs and traditions, and provide moral support in a sense of humor." ranked third in terms of approval of the study members with a degree of strong agreement with an arithmetic average (4.46).
4. Statement No. (3), "I document patients' medical information in their medical records, and keep it confidential," ranked fourth in terms of approval by the study subjects with a strongly agreeable score of (4.43).
5. Statement No. (11), which is "I apply the health quality standards of the Ministry of Health while working in the hospital", ranked fifth in terms of approval of the study members with a strongly agreeable score with an arithmetic average of (4.43).
6. The statement (7), which is "I learn about the latest developments about medical services and I learn and train them" ranked penultimate in terms of approval of the study members with a degree of strong agreement with an arithmetic average (4.26), and this result can be explained by the weakness of the level of some health cadres to know the latest developments about medical services and I learn and train them.
7. Statement No. (13), which is "I care about the patient's complaint and work to resolve it and that he is always right." ranked last in terms of approval of the study members with a strongly agreeable score with an arithmetic average of (4.21) and indicates that the health staff pay attention to the patient's complaint and work to resolve it and that he is always right and this is within the quality of service and patient safety in the Kingdom of Saudi Arabia.

Third question: What are the proposals that contribute to increasing the quality of service and patient safety among health cadres in the Kingdom of Saudi Arabia among health cadres in the Kingdom of Saudi Arabia:

To identify the proposals that contribute to increasing the quality of service and patient safety among health cadres in the Kingdom of Saudi Arabia among health cadres in the Kingdom of Saudi Arabia, frequencies, percentages, arithmetic averages, standard deviations, and ranks were calculated for the responses of the study members to the statements of the proposals axis that contribute to increasing the quality of service and patient safety among health cadres in the Kingdom of Saudi Arabia among health cadres in the Kingdom of Saudi Arabia, and the results were as shown in the following table:

Table No. (4-7) Responses of study subjects to the statements of the proposals that contribute to increasing the quality of service and patient safety among health cadres in the Kingdom of Saudi Arabia among health cadres in the Kingdom of Saudi Arabia in descending order according to the approval averages

N	Phrases	Iteration	Degree of approval					Arithmetic mean	Standard deviation	Rank
		Rate %	Strongly agree	I agree	neutral	Disagree	Strongly disagree			
12	Attention to the cleanliness and sterilization of health sector institutions, and the attention of health cadres to personal hygiene.	as	127	59	12	2	0	4.56	0.65	1
		%	63.5	29.5	6	1	0			
10	Prompt customer service and inquiries should be provided that meet the needs of patients in an	as	120	69	9	2	0	4.54	0.63	2
		%	60	34.5	4.5	1	0			

N	Phrases	Iteration	Degree of approval					Arithmetic mean	Standard deviation	Rank
		Rate %	Strongly agree	I agree	neutral	Disagree	Strongly disagree			
	easy and quick manner.									
9	The management of health sector institutions and their health staff must maintain patient information records and secrets.	as	125	62	8	2	3	4.52	0.75	3
		%	62.5	31	4	1	1.5			
7	The management of health sector institutions must adhere to credibility and honesty in dealings with patients.	as	119	66	12	1	2	4.50	0.72	4
		%	59.5	33	6	0.5	1			
8	The management of health sector institutions and their health cadres must gain the trust of patients.	as	119	66	10	3	2	4.49	0.75	5
		%	59.5	33	5	1.5	1			
1	Attention to the development of medical devices,	as	118	64	14	2	2	4.47	0.75	6
		%	59	32	7	1	1			

N	Phrases	Iteration	Degree of approval					Arithmetic mean	Standard deviation	Rank
		Rate %	Strongly agree	I agree	neutral	Disagree	Strongly disagree			
	equipment and supplies on an ongoing basis.									
6	Health care staff should take care of patients, provide them with assistance and deal with them with kindness and tact.	as	119	61	16	3	1	4.47	0.66	7
		%	59.5	30.5	8	1.5	0.5			
11	The management of health sector institutions and health staff must receive patients' suggestions and work to implement them, as well as decide on their complaints.	as	109	77	13	1	0	4.47	0.82	8
		%	54.5	38.5	6.5	0.5	0			
3	Providing prevention and safety factors from disasters and infection, and providing ways to	as	117	61	14	6	2	4.43	0.73	9
		%	58.5	30.5	7	3	1			

N	Phrases	Iteration	Degree of approval					Arithmetic mean	Standard deviation	Rank
		Rate %	Strongly agree	I agree	neutral	Disagree	Strongly disagree			
	prevent epidemics.									
5	Respect patients' appointments, and alert patients to appointments by calling and texting before the appointment.	as	105	78	12	4	1	4.41	0.87	10
		%	52.5	39	6	2	0.5			
2	Ensure the provision of all medical specialties in the health sector institutions.	as	115	60	17	4	4	4.37	0.78	11
		%	57.5	30	8.5	2	2			
4	Attention to providing and improving patient waiting areas, and providing parking.	as	103	78	11	7	1	4.37	0.88	12
		%	51.5	39	5.5	3.5	0.5			
13	Evening work for health centers to serve patients and meet their needs.	as	79	61	25	14	21	3.82	1.3	13
		%	39.5	30.5	12.5	7	10.5			
Overall average								4.41	0.79	

Through the results shown above, it is clear that the study members strongly agree with the proposals that contribute to increasing the quality of service and patient safety among health cadres in the Kingdom of Saudi Arabia among health cadres in the Kingdom of Saudi Arabia with an

arithmetic average of (4.41), and through the results shown above, it is clear that there is homogeneity in the approval of the study members on the axis of proposals that contribute to increasing the quality of service and patient safety among health cadres in the Kingdom of Saudi Arabia, where the averages of their approval of the statements ranged between (4.56 to 3.82), which are averages located in the fifth and fourth categories of the five-year scale, which indicate (strongly agree - agree) on the study tool, which shows the homogeneity in the approval of the study members on the axis of proposals that contribute to increasing the quality of service and patient safety among health cadres in the Kingdom of Saudi Arabia, as they were arranged in descending order according to the approval of the study members as follows:

1. Statement No. (12), which is "attention to the cleanliness and sterilization of health sector institutions, and the attention of health cadres to personal hygiene" ranked first in terms of approval of the study members with a degree of strong agreement (4.56) and this result explains the need to pay attention to the cleanliness and sterilization of health sector institutions, and the attention of health cadres to personal hygiene.
2. Statement No. (10), which is "Immediate customer service and inquiries must be provided that meet the needs of patients in an easy and quick manner" came in second place in terms of approval of the study members with a strongly agreed degree with an arithmetic average of (4.54) and this result indicates the work by the departments of health sector institutions to provide immediate customer service and inquiries that meet the needs of patients in an easy and quick manner.
3. Statement No. (9), which is "The management of health sector institutions and health cadres must maintain patient information records and secrets" ranked third in terms of approval by the study members with a score of strong approval (4.54).
4. Statement No. (7), which is "The management of health sector institutions must adhere to credibility and honesty in dealings with patients", ranked fourth in terms of approval by the study members with a degree of strong agreement with an arithmetic average of (4.50).
5. Statement No. (8), which is "The management of health sector institutions and health cadres must gain the trust of patients", ranked fifth in terms of approval by the study members with a strongly agreeable score with an arithmetic average of (4.49).
6. Statement (4), which is "attention to providing and improving patient waiting areas, and providing parking" ranked penultimate in terms of approval of the study members with a strongly agreed degree with an arithmetic average of (4.37), and this result can be explained by the need to pay attention to providing and improving patient waiting areas, and providing parking lots.

7. Statement No. (13), which is "evening work for health centers to serve patients and meet their needs", ranked last in terms of approval of the study members with a score of approval with an arithmetic average of (3.82) and refers to evening work in health sector institutions that contributed to serving patients and meeting their needs.

Fourth question: Are there statistically significant differences at the level of (0.05) on the extent to which health cadres know the quality of service and patient safety in the Kingdom of Saudi Arabia among health cadres in the Kingdom of Saudi Arabia due to variables (academic qualification - years of service - training courses):

First: Gender:

* To identify whether there are statistically significant differences between the averages of the responses of the study sample members on the extent of knowledge of health personnel about the quality of service and patient safety in the Kingdom of Saudi Arabia among health cadres in the Kingdom of Saudi Arabia according to gender, the researcher used the " Independent Samples Test " to clarify the differences in statistical significance between the average answers of the study sample members due to the difference in sex as shown in the following figure:

Table No. (4-8) Results of the "Independent Samples Test " for the differences between the answers of the study members according to the difference in sex

Axis	Current work	Number	Arithmetic average	Standard deviation	Value (v)	Statistical significance level
Total grade of the interlocutor	male	126	4.36	0.45	10.638	0.00
	female	74	3.62	0.72		

Table (4-8) shows the following:

It is clear from the results in the above table that there are statistically significant differences at the level of (0.05) for the average answers of the members of the study sample about the extent to which health cadres know the quality of service and patient safety in the Kingdom of Saudi Arabia among health cadres in the Kingdom of Saudi Arabia according to the gender variable, where the value of t was (10.638), which are statistically significant values at the level of (0.05), where it was found through the arithmetic averages that the differences were in favor of males, meaning that males are more knowledgeable to health personnel of service quality and safety Patients in the Kingdom of Saudi Arabia with health personnel in the Kingdom of Saudi Arabia.

Second: Academic Qualification:

* To identify whether there are statistically significant differences between the averages of the answers of the members of the study sample on the extent to which health personnel know the quality of service and patient safety in the Kingdom of Saudi Arabia among health cadres in the Kingdom of Saudi Arabia according to the scientific qualification, the researcher used the test " one way anova" to clarify the differences in statistical significance between the average answers of the study sample members due to the difference in scientific qualification as shown in the following figure:

Table (4-9) Results of "One Way Anova Analysis" test for the differences between the answers of the study subjects according to the difference in academic qualification

Axis	Sources of variation	Sum of squares	Degrees of freedom	Average sum of squares	Value (F)	Statistical significance level
Total grade of the interlocutor	Between groups	5.456	3	1.819	7.438	0.00
	Inside groups	47.926	196	0.245		
	Total	53.383	199			

Table (4-9) shows the following:

It is clear through the results in the above table that there are statistically significant differences at the level of (0.05) for the averages of the answers of the members of the study sample on the extent to which health cadres know the quality of service and patient safety in the Kingdom of Saudi Arabia among health cadres in the Kingdom of Saudi Arabia according to the variable of scientific qualification, where the value of P (7.438), which is statistically significant values at the level of (0.05), where it was found through the dimensional differences test that the differences were valid from their diploma qualification.

Third: Differences according to the variable of years of service:

To identify whether there are statistically significant differences between the averages of the responses of the study sample members on the extent to which health personnel know the quality of service and patient safety in the Kingdom of Saudi Arabia among health cadres in the Kingdom of Saudi Arabia attributed to the years of service, the researcher used the " one way anova" test to clarify the differences in statistical

significance between the average answers of the study sample members due to the different years of service as shown in the following table:

Table (4-10) Results of " One Way Ava" test for differences between the answers of study subjects according to different years of service

Axis	Sources of variation	Sum of squares	Degrees of freedom	Average sum of squares	Value (F)	Statistical significance level
Total grade of the interlocutor	Between groups	8.219	3	4.11	8.071	0.00
	Inside groups	74.654	196	0.509		
	Total	82.873	199			

It is clear through the results in the above table that there are statistically significant differences at the level of (0.05) the averages of the answers of the members of the study sample on the extent of knowledge of health personnel about the quality of service and patient safety in the Kingdom of Saudi Arabia in the educational process attributed to the years of service, where the value of P (8.071), which is statistically significant values at the level of (0.05), and through the dimensional differences it was found that the differences were in favor of their years of experience from 11-15 years.

Fourth: Differences according to the variable of training courses:

To identify whether there are statistically significant differences between the averages of the answers of the study sample members on the extent to which health personnel know the quality of service and patient safety in the Kingdom of Saudi Arabia among health cadres in the Kingdom of Saudi Arabia due to the number of courses in the researcher used the " one way anova" test to clarify the differences in statistical significance between the average answers of the study sample members due to the difference in cycles in as shown in the following table:

Table No. (4-11) **Results of the "One Way Anova Analysis" test for the differences between the answers of the study members according to the different number of training courses**

Axis	Sources of variation	Sum of squares	Degrees of freedom	Average sum of squares	Value (F)	Statistical significance level
Total grade of the interlocutor	Between groups	7.736	3	2.579	5.036	0.002
	Inside groups	75.137	196	0.512		
	Total	82.873	199			

It is clear in the above table that there are statistically significant differences at the level of (0.05) between the averages of the answers of the members of the study sample on the extent of knowledge of health personnel about the quality of service and patient safety in the Kingdom of Saudi Arabia due to the number of training courses in where the value of P (5.036), which is statistically significant values at the level of (0.05), where it was found that the differences were in favor of those who have 1-3 training courses.

The results of the study:

In light of the analysis of the study data in the fourth quarter, many results were reached, according to the study questions as follows:

The first question: What is the reality of the quality of service and patient safety provided by health cadres in the Kingdom of Saudi Arabia?

First: Reliability:

The response of the study members of the health cadres in the Kingdom of Saudi Arabia came with a degree of approval on the dimension of reliability with an arithmetic average of (4.10), and through the results shown above, it is clear that there is a disparity in the approval of the study members on the health cadres in the Kingdom of Saudi Arabia in the dimension of reliability, where the averages of their approval of the dimension of reliability ranged between (4.17 to 4), which are averages located in the fourth category of the quintuple scale, which indicates (agree) on the study tool, which shows the disparity in The approval of the study members on the health cadres in the Kingdom of Saudi Arabia in the dimension of accreditation.

The second dimension: tangible:

The study members agree to a degree that indicates agreement on the reality of service quality and patient safety provided by health personnel in the Kingdom of Saudi Arabia in the tangible dimension with an arithmetic average of (3.93), and through the results shown above, it is clear that there is a discrepancy in the approval of the study members on the tangible dimension, as the averages of their approval of the

dimension ranged between (4.45 to 3.60), which are averages ranging in the fourth and fifth category of the five-scale categories, which indicate the degree of (strongly agree - agree) on The study tool, which illustrates the disparity in the approval of the study subjects on the degree of the tangible dimension.

Third Dimension: Response:

The study members agree to a degree of agreement with the reality of service quality and patient safety provided by health personnel in the Kingdom of Saudi Arabia in the dimension of the response with an arithmetic average (4), through the results shown above, it is clear that there is homogeneity in the approval of the study members on the dimension of the response, as the averages of their approval of the dimension ranged between (4.20 to 3.59), which are averages located in the fourth category of the five-scale categories, which indicate the degree of (OK) for the axis statements, which shows the homogeneity in Consent of the study subjects to the dimension of the response.

Fourth Dimension: Assurance (Trust):

The study members agree to a degree that agrees with the reality of service quality and patient safety provided by health personnel in the Kingdom of Saudi Arabia in the dimension of assurance (confidence) with an average of (4.14), and through the results shown above, it is clear that there is homogeneity in the approval of the study members on the dimension of assurance (confidence), as the averages of their approval of the dimension ranged between (4.24 to 4.01), which are averages located in the fourth category of the five-scale categories, which indicate (strongly agree - agree) on the study tool This illustrates the disparity in the study subjects' agreement on the affirmation dimension (trust).

Fifth Dimension: Empathy:

The study members agree to the degree of strongly agree with the reality of service quality and patient safety provided by health personnel in the Kingdom of Saudi Arabia in the dimension of empathy with an average of (4.21), and through the results shown above, it is clear that there is homogeneity in the approval of the study members on the expressions after empathy, as the averages of their approval of the dimension ranged between (4.33 to 4.01), which are averages located in the fifth and fourth category of the quintuple scale categories, which indicate (strongly agree - agree) on the tool The study illustrates the homogeneity in the study subjects' agreement on the empathy dimension.

The second question: What is the extent to which health cadres know the quality of service and patient safety in the Kingdom of Saudi Arabia from the point of view of health cadres in the Kingdom of Saudi Arabia:

The study members strongly agree on the axis of the extent of knowledge of health cadres of the quality of service and patient safety in the Kingdom of Saudi Arabia from the point of view of health cadres in the

Kingdom of Saudi Arabia with an arithmetic average of (4.38), where the averages of their approval on the extent of knowledge of health cadres in the quality of service and patient safety in the Kingdom of Saudi Arabia from the point of view of health cadres in the Kingdom of Saudi Arabia ranged between (4.51 to 4.21), which are averages that fall into the fifth category of the five-scale categories, which indicate (strongly agree) on The study tool, which shows the homogeneity in the approval of the study members on the axis of the extent of knowledge of health personnel about the quality of service and patient safety in the Kingdom of Saudi Arabia from the point of view of health cadres in the Kingdom of Saudi Arabia.

Third question: What are the proposals that contribute to increasing the quality of service and patient safety among health cadres in the Kingdom of Saudi Arabia among health cadres in the Kingdom of Saudi Arabia:

The study members strongly agree with the proposals that contribute to increasing the quality of service and patient safety among health cadres in the Kingdom of Saudi Arabia among health cadres in the Kingdom of Saudi Arabia with an arithmetic average of (4.41), and through the results shown above, it is clear that there is homogeneity in the approval of the study members on the axis of proposals that contribute to increasing the quality of service and patient safety among health cadres in the Kingdom of Saudi Arabia, where the averages of their approval of the statements ranged between (4.56 to 3.82), which are averages located In the fifth and fourth categories of the five-year scale, which indicate (strongly agree-agree) on the study tool, which shows the homogeneity in the approval of the study members on the axis of proposals that contribute to increasing the quality of service and patient safety among health cadres in the Kingdom of Saudi Arabia.

And that the most important proposals that contribute to increasing the quality of service and patient safety among health cadres in the Kingdom of Saudi Arabia are to pay attention to the cleanliness and sterilization of health sector institutions, and the attention of health cadres to personal hygiene, must provide immediate customer service and inquiries that meet the needs of patients in an easy and fast manner, the management of health sector institutions and health cadres must maintain patient information records and secrets, the management of health sector institutions must adhere to credibility and honesty in dealings with patients, Health sector institutions and health cadres gain the trust of patients.

Fourth question: Are there statistically significant differences at the level of (0.05) on the extent to which health cadres know the quality of service and patient safety in the Kingdom of Saudi Arabia among health cadres in the government health sector **in the Kingdom of Saudi Arabia**

due to variables (academic qualification - years of service - training courses):

First: Gender:

There were statistically significant differences at the level of (0.05) for the average answers of the study sample members on the extent to which health cadres know the quality of service and patient safety in the Kingdom of Saudi Arabia among health cadres in the government health sector in the Kingdom of Saudi Arabia according to the gender variable.

Second: Academic Qualification:

The existence of statistically significant differences at the level of (0.05) for the average answers of the study sample members on the extent of knowledge of health cadres about the quality of service and patient safety in the Kingdom of Saudi Arabia Health cadres in the government health sector in the Kingdom of Saudi Arabia according to the variable of academic qualification

Third: Differences according to the variable of years of service:

There were statistically significant differences at the level of (0.05) the average answers of the study sample members on the extent to which health personnel know the quality of service and patient safety in the Kingdom of Saudi Arabia in the educational process attributed to the years of service.

Fourth: Differences according to the variable of training courses:

There were statistically significant differences at the level of (0.05) between the averages of the responses of the study sample members on the extent to which health personnel know the quality of service and patient safety in the Kingdom of Saudi Arabia due to the number of training courses

Recommendations:

In light of the findings, the study recommends the following:

- Health authorities should provide regular training courses for health professionals to enhance their knowledge of service quality and patient safety.
- Emphasis should be placed on educating health personnel with the latest international practices and standards in the field of health safety and quality.
- The Ministry of Health should develop effective systems to monitor service quality and patient safety and follow up on their implementation at the level of health institutions.
- Continuous communication between health personnel and departments should be encouraged to exchange observations and improve processes based on field experiences.
- Health personnel should be encouraged to participate in the continuous improvement of health services and the development of internal processes to improve the quality of care and patient safety.

- Mechanisms can be developed to collect ideas and suggestions from health personnel to be used to improve health performance.
- Health staff and patients should be involved in a culture of safety and quality through continuous dialogue and communication.
- Awareness of the importance of periodic reports and field observations should be promoted to improve operations and enhance patient safety.
- Appropriate infrastructure, human and financial resources must be provided to ensure the delivery of high-quality and safe health services to patients.
- Emphasis should be placed on developing advanced information systems that support continuous monitoring and evaluation.

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