

# Challenges that influence the implementation of the Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI) Standards in Hospitals

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**ABSTRACT--***The Central Board for Accreditation of Healthcare Institutions (CBAHI) Saudi Arabia was established in 2005 to implement the quality standards in order to improve the quality of care in all Saudi hospitals across the country. It is worth mentioning that quality is a major concern in Saudi hospitals. Therefore, the Saudi government has adopted Total Quality Management (TQM) framework as a significant component of its Saudi 2030 vision. The interest in accreditation is growing in the Middle East, but the studies are rare about the challenges that influence the implementation of the CBAHI standards in hospitals. This study aims to investigate the factors in TQM perspective that influence the implementation of Saudi CBAHI accreditation standards in health-care sector by case study based on qualitative method. This research attempts to bridge the gap, helping professionals and policy makers in Saudi healthcare sector to implement CBAHI standards. This study will guide the hospitals to sustain the improvements for implementation of TQM and accreditations standards.*

**Keywords--** *Healthcare institutions; TQM implementation; CBAHI accreditation.*

## I. INTRODUCTION

The health-care sector is becoming more challenging and complex with the rapid change in lifestyle diseases, aging population, growing sector of health insurance, and global shortage of modern health facilities, the increasing patient knowledge and demand for quality of care. To cope with these challenges. The government of Saudi Arabia has taken the number of positive steps to make sure the improved quality of care in hospitals all over the country [1]. The Saudi government adopted the TQM as a major component of its Saudi vision 2030 for all aspects in general and for healthcare specifically [2]. Quality assurance programs, TQM tools and concepts, in healthcare sector were formulated and adopted in Saudi Arabia before any other GCC country [3]. One of the important emerging key drivers, is patient safety in the health-care sector. Accreditation is a framework which set standards for health-care organizations to develop objective systems. The ultimate objective is remarkable transformation of the health-care sector for providing the quality of care and patient safety [4]. The process of external peer-review and self-assessment is defined as a hospital accreditation that is used to assess the performance level in order to

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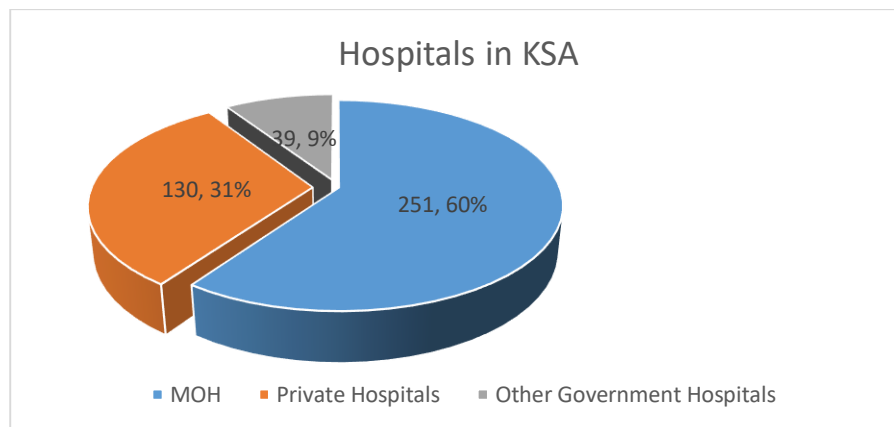
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establish standards, then formulate and implement methods to make improvements continuously [5]. The aim of accreditation is to assure the health-care institution to meet the national level quality standards [6]. Accreditation is comprised of evidence-based standards that will deliver high-quality health-care services in a dynamic safe environment. Accreditation standards are divided into three categories: infrastructure, processes and outcome. Each of them has quality improvement advantage, but the output of performance related standards have great significance to enhance the quality improvement [7]. Few developing countries have established accreditation standards. Although, there is growing interest in its implementation. Although, the implementation of accreditation standards has long history since over past 40 years. As a result, the probability of gaining high-quality and safe health-care services have improved for patients at global level [8]. But still it is ambiguous whether accreditation standards are truly implemented in the health-care sector or not [9]. However, CBAHI accreditation has been embarking in Saudi Arabia for improving the health-care sector to make sure the best utilization of resources for the improvement of TQM processes but lagging in its true implementation [10]. Various issues arise during the implementation of accreditation standards in hospitals. The leadership of healthcare sector should be vigilant about the challenges that would arise for the accreditation process. This research aims to aid the health-care sector to know the possible challenges that influence the implementation of CBAHI Standards in hospitals in terms of TQM. The lack of research on the implementation of CBAHI accreditation standards contribute to hinder the understanding of the program. Without real cases about the challenges relating to CBAHI accreditation standards implementation for health-care sector, based on its impacts on quality of care will remain with uncertainty. Therefore, studying the challenges that influence the implementation of CBAHI accreditation standards in the perspective of TQM are required to investigate that will increase the potential of CBAHI accreditation standards for implementation in hospitals. Secondly, the study will not only investigate the challenges to implement the CBAHI standards in KSA healthcare institutions, but also it will focus on the challenges that hinder the TQM implementation process. This will allow better understanding of the Saudi organizational platform that supposed to acquire CBAHI tools and philosophy with TQM, which will pave the way for further studies. The paper pattern is organized as follows: Section 2 provides Literature review. Section 3 comprised of the research problem. The research methodology is discussed in section 4. The overview of selected hospitals for case study is presented in section 5. The section 6 is presented the analysis and findings of hospital cases with details of interviews. In addition, the implementation of TQM challenges and CBAHI accreditation standards are also highlighted in this section. Last section 7 consisted of concluding remarks with limitation of this study.

## **II. LITERATURE REVIEW**

The KSA accreditation history back in 1994, the Saudi Medical Service Organization (SAMSO) was established by Saudi Aramco. Government and private hospitals met SAMSO standards to be accepted as health-care provision for their employees. Later in the Makkah, the Council for Development of Health Services was established in 2001, which resulted in the establishment of the Makkah Region Quality Program (MRQP) in 2003. It included particular standards required to meet by private and the ministry hospitals in Makkah area. The health minister of Saudi Arabia has established the CBAHI in October 2005. CBAHI came into existence after the success of MRQP. The standards of recent CBAHI were formulated by a team of experts from multiple health-care

institutions in Saudi Arabia that included National Guard healthcare services, MOH, Civil Defense, Security Forces healthcare services, Saudi Commission for Health Specialties, Research Centre, King Faisal Specialist Hospital, Saudi ARAMCO and private sector. The MOH implemented the quality standards in hospitals after the collaborative efforts of the experts. Finally, CBAHI manual standard was approved in 2006. The accreditation process has been started in 2010, which accredited 45 health-care organizations in all over the country. According to Ministry of Health (MOH), total 420 hospitals are in Saudi Arabia (MOH = 251, private hospitals= 130 and other governmental hospitals = 39) (see in Figure 1).



**Figure 1:** KSA hospitals

In 2011, the Ministry of Health (MOH) had made it compulsory for all health-care sector institutions to attain accreditation by CBAHI for operating in the kingdom [11]. As a result, various government and private hospitals acquired accreditation from several international accreditation bodies such as the Joint Commission International (JCI), The Australian Council on Healthcare Standards (ACHS), International Standard Organization (ISO), Commission on Accreditation for Rehabilitation Facilities (CARF), and Canadian Council on Health Services Accreditation (CCHS) but still the number of hospitals is limited that attained accreditation by CBAHI, and some are under process. The aim of the CBAHI was to identify private and public health-care facilities in the perspective of Total Quality Management (TQM). In this respect, quality means complying with the defined standards. It is worth mentioning that improving knowledge and attitude with regard to implementation of the standards of Total Quality Management (TQM) as well as leadership commitment to quality and change management are important factors for organisational shifting to implementing quality of care [12], which emphasize on both effectiveness, efficiency and cost reduction accordingly. Total Quality Management can be defined as *“Comprehensive strategy of change of organizational and attitude for enabling personnel to learn and use quality methods, in order to reduce costs and meet the requirements of patients and other customers”* [13]. This definition goes with the one proposed by Donabedian refers to quality as *“the maximization of patient’s satisfaction considering all profits and losses to be faced in a healthcare procedure”* [14]. The process of implementing the TQM concepts in the organization could be vital in improvement of patients’ safety. The key principles of TQM include; customer focus, obsession with quality, scientific approach, long-term commitment, teamwork, and continual improvement systems, education, and training, freedom through control, unity of purpose and employee involvement and empowerment [15]. TQM in the healthcare sector is vital in patient-focused processes, effective patient care,

creation of safe health service, improve healthcare outcomes, as well as improved patient satisfaction. All these could be achieved if the processes are designed, implemented, and executed as required [16][17] (Faloudah A., 2015). The application of TQM concept has revealed potential for tremendous improvement, based on the quality of services provides and overall costs in the provision of healthcare. However, the process of implementation has remained challenging [6]. the relationship between CBAHI and TQM, indicating that TQM approach and the CBAHI standards are essential in helping integrate the organisational functions, as well as activities to meet the objectives of the organisation and fulfilling the clients' needs [18]. In the same vein, the relationship between CBAHI and QMS is aligned to the purpose and QMS definition, as encompassing organisational wide framework, with a view to promote consistency, meet the objectives defined by the organisation, and fulfil the customer needs [19]. To summarize, QMS and TQM, which includes CBAHI accreditation standards, as well as other quality management systems, are the frameworks that integrate organisational functions and activities, in a bid to realise the organisational objective, promote continuous improvement, and satisfy the needs of clients. The CBAHI accreditation standards are part of QMS, which healthcare organisations use to improve quality and promote patient safety, with a strong emphasis on being consistent with care [10]. The researcher M. Almasabi and Thomas( 2017) discussed the significance of quality system ability in establishing a framework that promotes consistency in the organisation. As captured in the CBAHI-2016 report, these are the important standard features, as a quality framework that is used in the healthcare organisations.

### **2.1 Benefits of implementing CBAHI standards**

There is strong evidence that quality accreditation for healthcare organizations has positive impact on health outcomes and provides good solution to improve the quality and learning of healthcare systems in countries all over the world [20]. TQM has the capability of bringing major improvement on performances and positively influences the organisational culture [16], [21]. Nonetheless, only a few research studies have evaluated the impact of hospital accreditation process, particularly on the healthcare system where the system is implemented [6]. For healthcare facilities, achieving a voluntary accreditation is significant in getting recognised by the payers and it means that such an organisation is capable of providing quality services to the patients [22]. In this light, a healthcare organisation should be keen on finding a suitable management system, in a bid to promote patient safety and reduce errors [3], [23] observed that an extensive survey of data from about 250 United States hospitals had adopted patient safety initiatives, which had benefits to the hospital such as medical error reduction, patient satisfaction, and cost reduction. Al-Shdaifat (2015) posits that successful implementation of TQM improves the corporate image, encourages satisfaction of clients' needs, and makes employees aware of the qualities. It is worth mentioning that quality accreditation at the primary health care facilities has positive effects on areas relating to leadership, effective use of human capital and off course quality management and quality results besides working as a drive for organizational learning [20]. In the case of Canada, studies have shown that accreditation is significant in bringing improvement in communication and to some extent, improvement in clinical practices [25].

### **2.2 Research Problem**

The commitment to Saudi Vision 2030 puts high goals for each sector to achieve, which of course includes the health sector inside the kingdom. This highlights the need for further studies and analysis that can provide evidence

based approaches to implement the TQM concepts with high awareness regarding both the implementation strategies and more importantly the challenges it faces. Organizations that intend to implement the TQM system should be aware of the challenges relating to the implementation of the concept. The main challenges for health sector are financing of healthcare system, lack of professional workforce with high dependence on foreign workers, and the lack of a health information system. It is worth mentioning that organizational and employees' culture training is also another challenge that needs to be addressed by empirical research [26]. Despite the challenges in implementing TQM in hospitals, there is lack of research about the challenges that influence the implementation of the Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI) Standards in Hospitals [10], [27]. In addition, the limited number of studies cover this issue, despite of its importance, enhances the value of this work. As mentioned earlier, only few numbers of researchers dealt with the implementation of the TQM and CBAHI concepts and standards inside Saudi health-care institutes and most of the previous studies discuss its theoretical part [6], [28]. More importantly, the previous studies obviously lost the value with passage of time. The current study explores the challenges comprehensively, focusing on the public hospitals under the ministry of health, which are state owned hospitals in KSA. All health organizations in the Kingdom of Saudi Arabia have to get CBAHI certification compulsory by law. Yet, most of them have not been accredited by CBAHI so far because of inability to overcome the implementation challenges of CBAHI standards is the major cause behind this phenomenon [3], [6], [10]. This study attempts to narrow these gaps. However, the primary research aims to further explore and point out the challenges that hinder the implementation of CBAHI standards within KSA hospitals, Hence, the sub-objective of this study is as follow.

- To explore and analyse the challenges that lead to problems in the implementation of CBAHI standards in TQM perspective in KSA, through carrying out of case study.

### **III. METHODOLOGY/MATERIALS**

The subject of case studies is health- care institutions. Therefore, the four largest hospitals were selected from Saudi Arabia. The qualitative research method is selected for this research because this methodology gives clear understanding on the investigated scenario that would be lost in quantitatively [29]–[31]. A case study is an empirical investigation following replication logic that guided to analytic generalization [29]. Qualitative research is used to investigate different attitudes, experiences and individual behavior through the data collection techniques such as interviews and focused groups [32]. The ultimate objective of qualitative methods is to encourage the informants to explain their point of view's regarding social words, feelings and knowledge in a new way [33]. The selection of interviewees is based on following criteria :(1) Occupy position/designation such as TQM manager in the hospital (2) has professional experience with ranging 5 to 8. (3) Responsible for CBAHI accreditation procedures (see in Table 1). As a result, Total 20 potential interviewees were selected by using three sources: (1) Government websites of MOH and CBAHI (2) Visiting hospital websites (3) Researchers' professional networks in industry. All informants' profiles were stored in a database. Only 14 met the inclusion criteria after rigorous screening of the informant's profiles. Thus, a formal request was sent to the target respondents by email to participate in this research along with a brief description of the research. Overall 5 responses were received. One informant denied for participating in the research due to hospital policy. This study utilized the first tool of

measurement the semi-structured interview that has ability to triangulate the data as the core source. The interviews are considered as the most common way to explore the information in more naturalistic way [34]. Interviews were conducted in open-ended manner for this study as further elaboration is possible by the open nature of questions [34].

**Table 1:** Informants' data

<i>Company Name</i>	<i>Designation</i>	<i>Experience in years</i>	<i>Location</i>
The King Faisal Specialist Hospital and Research Centre	TQM manager	10	In office
King Saud Medical City	Hospital Administrator	7	In office
King Abdulaziz Medical City	Director of TQM	5	In office
Fahd Medical City (KFMC)	TQM Manager	6	In office

The objective of the case studies is complete comprehension of the challenges that influence the implementation TQM and CBAHI accreditation standards in hospitals. The seven semi-structured interviews were conducted for understanding the implementation of TQM that drives to the accreditation of CBAHI standards. The main structure of the interviews was as follows: to ask about the challenges that lead to problems in the implementation of CBAHI standards in hospital in TQM perspective, according to the interviewees' point of view. The questions were asked and answered in open-ended manner. The duration of interviews was 40 minutes to one hour an average, using the same interview guide for all respondents in order to facilitate comparative analysis. Every informant was also asked for other details that might be related to the topic. The data of case studies was systemized and analyzed with care. The content analysis approach was used for the analysis of interviews. A special attention was given to determine a comprehensive set of questions that could be potentially linked to the implementation of TQM and CBAHI accreditation standards. Each author rigorously analyzed all perspectives independently for core content of the study. Detail case was written with mutual consent of both authors.

## **IV. OVERVIEW OF CASE HOSPITALS**

### **4.1 The King Faisal Specialist Hospital and Research Centre (KFSH&RC)**

King Faisal Ibn Abdulaziz Al Saud denoted the land for the establishment of KFSH&RC in 1970. King Khaled Ibn Abdulaziz Al Saud inaugurated officially the opening of hospital in 1975. The Hospital Corporation of America (HCA) was taken the responsibility of administration of the KFSH&RC from 1973 to 1985; the administration contract was ended by following a Royal Decree in 1985. A national team had taken the responsibility for the operation and administration of the hospital's premises. The hospital comprised of 1599-bed capacity with 13,263 medical experts. It is one of the largest hospitals of Saudi Arabia with the adoption of latest technology and best medical practices.

#### 4.2 *King Saud Medical City (KSMC)*

This hospital is situated in Riyadh, Saudi Arabia; its specialty is neuro and spinal surgery. It is also identified internationally for training center in surgery and medicine. It is comprised of 1500 total beds with 180 beds for intensive-care unit.

#### 4.3 *King Abdulaziz Medical City (KAMC)*

It was established by Royal decree in 1983 in Riyadh that is capital city of Saudi Arabia, It has bed capacity of 690 beds and provide various types of health-care services to all National Guard soldiers including their families. It is started as from primary health care center and promoted to tertiary specialized care. It is internationally recognized in 2012, as a center for conjoined twin separation surgery. It is renowned as a first hospital around the world for twin separation surgery with 100% success full rate.

#### 4.4 *King Fahd Medical City (KFMC)*

It is medical complex with four hospitals. It was established with cost of \$633 cost in the heart of Riyadh, Saudi Arabia. KFMC is another one of the largest hospitals with the capacity of 1200 beds in Saudi Arabia. **It treats approximately 2,000,000 patients in outpatient clinics and 50,000 patients in the hospital annually.**

## V. RESULTS AND FINDINGS

This section summarizes the case hospitals in order to explore the challenges that influence the implementation of TQM for CBAHI accreditation standards implementation.

### 5.1 *Governance and Legal Support:*

Governance and legal support have been broadly recognized as the most significant challenge for hospitals accreditation standards implementation. All informants confirmed that constant support from MOH make it easier the process of accreditation for hospitals in terms of human skills, funding and other resources, two informants described firmly,

“If you are unable to attain support from MOH — it is doomed!” (M1, KFSH&RC, M4, KFMC)

Three interviewees stated the situation in this way,

“Governance and legal support have been identified to be the crucial challenge for the hospitals to attain the accreditation. A constant support by the MOH need to acquire for the implementation of CBAHI accreditation standards. All regularity compliance relating to multiple provisions should be listing and tracking carefully that is mandatory for hospitals accreditation” (M1, KFSH&RC, M3, KAMC, M4, KFMC)

For the implementation of CBAHI accreditation standards in Health-care institutions, a governance entity should be in each health-care institution that would be responsible for quality of care, services, treatment and safety according to the US-based Joint Commission [35]. The governance entity is consisted of a structure that is responsible to approve the budget, operational and strategic plans, processes, policies and mission of the hospital.

It is also responsible to evaluate the documents and appoints the hospital's top management such as chief executive annually [Joint commission international (JCI), 2017]. Most of informants agreed,

“.....An appropriate legal framework is required for international and national accreditation standards implementation in health-care sector”. (M2, KSMC, M3, KAMC, M4, KFMC)

As it is also confirmed by Desveaux et al. (2017), that all public and private hospitals require continuous legal support from the state during going through the accreditation procedure. Recently, the legal authority of public health governance is generally comprised of boards of health by legally accountable entities, individuals, councils and commissions. The decisions taken by these governing bodies lead toward their health-care institutions' accreditation [37]. Two interviewees stated,

“All hospitals particularly public hospitals are depended fully on MOH. A legal support should be delivered by the MOH because it accounts to great extent for the implementation of CBAHI accreditation standards”. (M2, KSMC, M3, KAMC).

Thus, shortage of governance and legal support is identified as major challenge for the leadership of health-care sector as it not only impedes the CBAHI accreditation standards implementation but also delays the accreditation process.

## 5.2 Financial Support and Sponsorship

Three informants demonstrated that financial investment and support is needed by the government and MOH for implementation of CBAHI accreditation standards and drives to acquire the accreditation. It is confirmed by Al Kuwaiti and Al Muhanna (2019) and Mumford et al. (2015), that increment of operating cost of undergoing health-care accreditation is vary per year from 0.03% to 0.60% of averaged accreditation cycle of four years in public hospitals in Australia that is real barrier in the way of implementation of accreditation standards. Thus, higher costs are related to smaller facilities because of lower financial investment. For example, two informants revealed the following statements:

“...Challenges of influencing for attaining CBAHI accreditation are the high cost of certification in terms of site visits, registration fees, and training and consultant fees.” (M1, KF&SH&RC, M2, KSMC)

The other two informants described in this way for the implementation of quality management system.

“The increasing cost of certification and the cost of required upgrade infrastructure prevented quality management system (QMS). Due to resource-oriented initiative, QMS needs massive investment.” (M3, KAMC, M4, KFMC)

All informant confirmed that,

“The shortage of financial resources contributes as a hurdle in TQM implementation in hospital. In this situation a lack of hospital's budget prevents hospital leadership to delay the accreditation” (M1, KF&SH&RC, M2, KSMC, M3, KAMC, M4, KFMC).

Sufficient resources allow hospitals to implement TQM successfully. The commitment of MOH is necessary for financial budget allocation for TQM implementation, which increase their chances to meet the CBHAI accreditation standards.



### **5.3 Top Management Commitment and Support**

Most of interviewees revealed the importance of management to show the commitment for the facilitating solid involvement in TQM practice and high-quality care not only measuring the success, but also contributing to the implementation of accreditation standards. It is clear that quality of care can be improved through management commitment to TQM in hospitals. This is also reflected by the following statements:

“A comprehensive policy should be formulated to check the success rate of the TQM continuously. The support, feedback and rewards by TQM managers can aid the success of TQM implementation that drives to the overcome of challenge of CIBAHI implementation standards”. (M2, KSMC, M3, KAMC, M4, KFMC)

It is vivid that the improved quality of care can be implemented through top leaders' commitment to TQM, As (Mustafa and Bon (2014) and Dubey et al. (2018) described that top managers should identify their responsibilities in provisions of the TQM in firms. Other interviewees described:

“The implementation of TQM should integrate the interdiction of an appropriate culture that needs sessions, feedback, meetings, and evaluation metrics orientated towards TQM” (M1, KFSH&RC, M2, KSMC, M4, KFMC)

Other significant challenges of managerial leadership are observed such as lack of support from top managers in terms of shortage of proper action plans, defective administrative procedures, absence of specific strategy for accreditation, weak monitoring of CBAHI accreditation standards implementation. Frequent meetings required to held, for multiple perspectives of healthcare, including the TQM implementation and address the relevant challenges. As result, they will be handled inappropriate way. Courses and workshops can also contribute the implementation of CBAHI accreditation standards implementation.

### **5.4 Strategic Vision and Policies**

The strategic vision and policies of hospitals and government health-care bodies are required to be aligned with each other for successful implementation of TQM. The hospital policies and strategies must be aligned with the objective and needs of MOH and CBAHI accreditation standards. If the hospital vision is not clear and understood well, it will eventually influence the desired outcomes of TQM. Addressing to this point, the informants explained in this way,

“In order to take initiatives to implement the TQM be supported by hospital leadership and MOH, they require to be aligned with the hospital strategic vision and policies. Otherwise they will not able to get the government and leadership support that is required to make TQM successful, that leads to the failure of coping with CBAHI accreditation standards” (M1, KFSH&RC, M2, KSMC, M3, KAMC, M4, KFMC)

The most common cause of failure of TQM is that the TQM initiative does not align with the hospital and government vision and so fails to meet the expected results of TQM implementation. Most of informants emphasized on solid hospital policy, that are designed by a detailed analysis of hospital needs would enhance the chances of attaining hospital leadership and government support. As revealed strongly by three interviewees,

“No doubt, the TQM implementation is extremely important for both patients and hospital leadership. In order to receive the top management support, if the hospital policies are integrated with TQM implementation. The outcomes would be positive” (M2, KSMC, M3, KAMC, M4, KFMC).

Hence, Hospitals should consider the expected risks, timeline, cost and strategic benefits. More important, it is significant to consider that TQM implementation is not a project, it is a process that evolves with the passage of time. It is also not predictable and finite. Sometimes policies have points of weakness that would be barrier in health-care facilities and pose some challenges in the way of CBAHI accreditation standards implementation. Therefore, hospitals and government policies require to be aligned in a way that improves the accreditation process.

### **5.6 Inter-Institutional Communications**

Inter-institutional communications refer to TQM policy and regulatory communications, Healthcare System Advisory Board communications, knowledge sharing communications, and TQM inter-hospital resource. Each of them is responsible for quality of care delivery that depends on improved levels of communication between public and private hospitals and more emphasis on MOH communication with hospitals. The commitment of all institutions is important for enhanced communication for quality of care in health-care institutions. One informant revealed the negative role effect of limited interaction between hospitals and the MOH in perspective to regulatory and policy communications. For instance, the interviewees stated the following:

“Sometimes, the poor transmission of government regulation and policy change is one of the important challenges. Most of the times, the hospitals management believes that we understand closer and placed better challenges, but suddenly MOH send instructions to the hospitals that may not be the most effective and efficient, but we abide to implement, that hurdled to the accreditation process.” (M2, KSMC, M3, KAMC, M4, KFMC)

Other informant also explained, how the implementation of TQM procedures influences the hospitals’ planning, how It is reviewed after receiving the feedback, as depicted in the following comment:

“... Sometimes, TQM updates are sent out to the employees to upgrade their awareness on specific occasions and we also eager to update the TQM staff by sending regular TQM update news.” (M2, KSMC, M4, KFMC).

Updating the knowledge of employees relating TQM perspective is positive activity. It will improve the process of TQM implementation. On other hand it will be reflected in quality of care for patients. One informant pointed out that lack of interaction between MOH and hospitals could be resulted in various challenges: such as

“In spite of the huge resource allocation by MOH and government, the hospitals are still facing the lack of facilities in terms of resource allocation at individual public hospitals such as one hospital has staff or equipment/ specialty in one area and the other hospital in other perspective. It reflected, the resources are not optimized” (M1, KFSH&RC, M2, KSMC, M3, KAMC)

It is reflected by the all informants that the hospitals need to follow by what they directed by the MOH. Although, the MOH requires to enhance the proficiency of its policies and communication regarding TQM. As a result, the hospitals can optimize health-care services with better implementation of TQM.

### **5.7 Human and Organizational Resource**

The real asset of any organization is its staff members and the competency of staff members has significance for attaining the organizational goals. Although, some organization can improve employee and customer satisfaction, if the implementation of TQM has been done by hospital staff. A large number of statements confirmed the urge for human resource investment such as cultural competency training, employee job satisfaction and HR financial investments. It was clearly demonstrated through different financial investments into human

resources that could be utilized for coaching, rewards and training of hospital staff that result in efficient and trained TQM. HR financial investments was demonstrated by two informants in the following comment:

“...Financial resources require to be invested and budgeted for training and rewards. Financial support by MOH and hospital leadership is essential especially for training and rewarding the hospital staff.” (M1, KFSH&RC, M3, KAMC)

Some informant stated that: The appropriate investment in the training of hospital staff will make sure the efficiency of TQM implementation that could be resulted in better quality of care and patient satisfaction”. (M2, KSMC, M3, KAMC, M4, KFMC)

As it is related to the investment of human resources in hospitals that includes hiring, educating, training to improve the qualification and abilities of hospital staff will have a direct effect on patient satisfaction and quality outcomes.

The informants said, “... Human resource financial investments were considered essential for initiative of TQM implementation, from hospital to government level in two contexts: investment in hospitals facilities, infrastructure and investment in hospital staff”. (M1, KFSH&RC, M3, KAMC, M4, KFMC)

Cultural perspective requires to be focused during the training of hospital staff, as large number of staff belongs to other countries and cultures. it will improve their capability of understanding the various patients’ needs. As a result, it will enhance the positivity for both patients and hospital staff. The most important another challenge is cultural barrier; the reason is acute shortage of local manpower that leads to the workload and staffing allocation challenging. For instance, two TQM manager stated in following note:

“The integration of Saudi nationals is increasing in the health-care institutions in the perspective of Saudi vision 2030. In this way the government has been taken major steps to hire the Saudi nationals that are positive initiative, and then we must be independent to some extent.” (M2, KSMC, M3, KAMC)

As cultural perspectives sometimes prevent in provision of suitable healthcare services, that directly impacted the TQM implementation and delayed in implementing the CBAHI accreditation standards. It is evident by the above examples and statements that there is a dire need for hospital staff to be fully developed and trained in the perspective of skills and culture. As a result, the level of their competency can be enhanced for the TQM implementation.

## **VI. CONCLUDING REMARKS AND RESEARCH LIMITATION**

The case study of Saudi hospitals can be helpful not only for hospital leadership but also MOH and CBAHI policy makers to improve the TQM implementation policies and the accreditation standards. CBAHI accreditation is one of the significant driving forces in KSA towards improvement in quality of health-care sector. Therefore, exploratory study is conducted to explore the potential challenges faced by hospitals in implementation of CBAHI accreditation standards. Based on analysis of hospitals’ case study: Governance and Legal Support; Financial support and sponsorship; Top Management Commitment and Support; Strategic Vision and Policies; Inter-Institutional Communications; and Human and Organizational Resource are identified as critical challenges in term of TQM implementation by the health-care institutions that leads to the failure of CBAHI accreditation standards implementation. The commitment of the top management of health-care institutions is an acute need for

implementation to the initiatives of the quality and patient safety in Saudi hospitals. The health-care leadership and MOH observed as most of the important factors that can affect positively or negatively on TQM implementation in hospitals which can overcome the challenges of resisting initiatives to implement accreditation standards. The health-care institutions need greater cooperation by MOH and hospital leadership in terms of legal support, training, infrastructure and facilities for hospitals etc. Failure to consideration of these challenges may lead to the nonconformance during assessment and impede the implementation of CBAHI accreditation standards. The other important element is strategic vision and policies of MOH, CBAHI and hospitals that should be not only aligned with each other for the successful implementation of TQM and accreditation standards but also required consistent improvement and measurement. The each and every case study is different in term of infrastructure and business situation. The case study of four hospitals cover only specific portion of health-care sector. Although it is believed that these cases can attract the other health-care institutions for the improved measures for TQM implementation and can achieve desired outcomes in order to implement the CBAHI accreditation standards without trial and error. The other health-care institutions with same domain can also be directed to the successful implementation of TQM and CBAHI accreditation standards. This study may assist the Saudi Arabian government, MOH and as well as hospitals' policy makers in deciding on whether their mission and vision will translate into an efficient and manageable way to improve the provision of high quality of care. Researchers also benefit from the study findings in term of direction to identify their present research position in this specific domain and focusing the future research directions that need attention.

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