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The impact of administrative decision-making on the performance of health facilities in Medina, Saudi Arabia

Saad Al Flayyeh
Business Administration Dept., College of Business, Majmaah University, Majma'h, Saudi Arabia
Email: alflayyeh@gmail.com

Nahed Awad Al-Harbi
Business Administration Dept., College of Business, Majmaah University, Majma'h | Ministry of Health, The General Directorate of Health Affairs in Medina, Saudi Arabia
Email: nahaw0419@gmail.com

***Abstract*---**Enhancing the administration of primary healthcare facilities might be a significant step toward achieving the quality improvement goal. The purpose of this research was to determine whether or not improvements in healthcare performance lead to improvements in the overall quality of decision-making in Medina, Saudi Arabia. In order to determine the impact that increased information security has on the quality of decision-making, the researcher used the use of a questionnaire. Our findings revealed a high level of the quality, accepting and implementing and timeliness and administrative decision-making, and this suggests that health facilities have a high degree of competence to make administrative choices in all three of their dimensions. In addition, we mentioned a high level of performance of health facilities, and this suggests that the health facilities that were investigated had a high level of performance. We found that administrative decision-making had a statistically significant influence on the performance of healthcare facilities, and we found that for every 1% rise in the level of administrative decision-making, the performance of healthcare facilities improved by 0.853%. Therefore, it is vital to develop the capability of medical professionals and the efficiency of assessment groups, engage community members in confirmation of data, provide responsibility systems for health data, and introduce motivation systems that encourage data usage in order to enhance data utilization and reliability.

***Keywords*---**Healthcare facilities; Administrative decision-making; Quality of decision-making; Medical professionals; Performance of health facilities.

1. Introduction

Administration is the process of organizing and directing the use of human as well as material assets. It is a reasoning or determining operation, and its primary focus is on the selection of important goals and guidelines. Organizing and overseeing are the two primary duties of management, and they need both intellectual and human talents to do well. Management, on the other hand, is the integration of every opportunity via the processes of preparing, arranging, leading, and regulating in order to accomplish predetermined goals. The management operation, often known as the executive role or the performing operation, is involved with carrying out the company's guidelines. According to Kelly (2012), the primary duties of management are guiding and coordinating, both of which need a combination of technological and human abilities.

Collaboration among the patient and the healthcare professional, within an atmosphere of emotional and physical support, is essential to the delivery of high-quality medical treatment. The level of healthcare services is impacted not only by the personal characteristics of the medical professional and the patient, but also by characteristics of the organization that provides healthcare, the medical system, and the wider society. According to Mosadeghrad (2014), the following factors may contribute to an improvement in the quality of health care: management that is supportive and visionary; good planning; education and training; availability of resources; effective administration of resources, people, and procedures; and teamwork and cooperation among health care professionals. According to Williams (2013), those who want to be effective as managers need to have strong abilities in the areas of arranging and making decisions, as well as solid organizational and leading capabilities. According to the Rossi et al. (2019), achieving successful patient results requires an attribute organizational process. This system must involve arranging, directing, preparing, and managing activities Planning is deciding what a company wants to accomplish and devising strategies to get there. In order to plan well, one must have information, expertise, specific abilities, and strategies. According to Williams (2013), it has to be contemporary, have a decision-making process, be constantly and be adaptable.

Essential healthcare interventions, including vaccines, are crucial for enhancing wellness and health equality, in particular in the setting of low- and middle-income contexts when funds are limited. This is especially true of the situation in countries like the United States. Decision-making in health care programs in low-income and middle-income nations has to be informed by research in order to efficiently provide medical services among all people with the restricted funds that are currently accessible (Tilahun et al., 2021).

Making decisions depending on facts likewise necessitates a concerted collaboration on the part of information creators and consumers operating at various tiers of the medical data system (Tilahun et al., 2021). The main health

care facility (basic hospitals, health clinic, and health center) serves as the first stage of a country's three-tiered healthcare system, which also includes the regular facility serving as the secondary stage, and the reference clinic serving as the higher institutions. The structure of the tracking system is multilevel, and it collects and reports information regarding the condition of health on a regular basis. At every stage of the healthcare system, choices may be made on the basis of research when there is access to health information of a top quality, which allows health managers, administrators, and healthcare professionals to conduct evidence-based decisions. At greater tiers, gathered information are required in order to facilitate comprehensive strategic and the deployment of resources (Nutley and Reynolds, 2013).

The accessibility of information of a high enough level is crucial for decision-making that is evidence-informed. On the contrary hand, the primary factor that contributes to the limited accessibility and poor information quality in low- and middle-income nations is the inability of the framework to make regular utilization of the data throughout all stages. The available evidence indicates that contexts with less resources available often make insufficient use of regional data for the decision-making and planning of healthcare systems (Ndabarora et al., 2014; Wickremasinghe et al., 2016).

The purpose of this research was to investigate whether or not there is a connection amongst the quality of the administrative structure and the level of medical attention given to patients by hospital administrators. Moreover, the authors aims to analyse the impact of administrative decision-making on the performance of health facilities.

2. Literature Review and Hypotheses Development

In the medical and health care industry, there are several decision-making approaches for assessing service effectiveness. For example, Hsu and Pan (2009) used AHP and Monte Carlo approaches to explore the value architecture of treatment care and properly estimate the ordering of the essential attributes. Shieh et al. (2010) developed and evaluated medical standards for service quality using the DEMATEL approach to determine important success elements associated with this evaluation. Büyüközkan et al. (2011) employed a fuzzy AHP approach to assess the offered level of service. Altuntas et al. (2012) blended AHP and ANP techniques to rate quality of service characteristics.

Lee and Lee (2013) used ANP and DEMATEL approaches to create an accurate and high-quality indicator of physical therapies and to undertake a comprehensive assessment and development strategy implementation for the clinic's facilities. Chang (2014) employed the fuzzy VIKOR approach to identify the major values of assessment parameters for service quality efficiency and to examine the level of operations supplied in private institutions. Moslehi et al. (2015) used the AHP and Delphi techniques to calculate the weights of quality assurance variables in order to discover the most key aspects that may be used for quality evaluation of Iranian health institutions.

Shafii et al. (2016) employed the fuzzy AHP and TOPSIS techniques to evaluate the service quality of a medical center in Yazd, Iran. La Fata et al. (2019) proposed a new approach using fuzzy ELECTRE III and importance-performance assessment (IPA) between many MCDM methods adopted in the healthcare sector to assess service quality. Every member of the hierarchical is assigned a numerical score or significance in AHP, allowing disparate and often incompatible things to be contrasted in an equitable and impartial way. Given this property, the AHP distinguishes itself from alternative decision-making systems.

Zarei et al. (2015) discovered that the concrete component seemed to have the highest aggregate rating in Iranian private clinics, while the psychological dimension got the least. This is virtually identical to the findings of the current investigation. According to Ramez (2012), the least service quality component is confidence, while the highest is dependability. Per the Abu Kharmeh (2012), the most important aspect is reactivity, while the lowest significant element is dependability. Among the most critical factors for individuals to come to the hospital is an attractive ambulatory atmosphere and appropriate outpatient clinics, and the external structure of the clinic has an essential influence in boosting service quality. Earlier research found that the tangible component, which is associated with the physical architecture of therapy in private healthcare facilities in Saudi Arabia, Jordan, Malaysia, and Iran, has the highest level of perceptions and expectations (Muhammad Butt and Cyril de Run, 2010; Abu Kharmeh 2012).

Choices may have both intentional and unforeseen consequences. As a result, knowing how to recognize variations in opinions, behaviors, and attitudes will assist the manager in exploring the possible ramifications of the possibilities found and, eventually, by the choice. This is backed forth by Louw's research (2016). The researcher came to the conclusion that ethical decision-making and ethnic competency are founded on knowing and valuing the various points of view that customers and medical providers have.

2.1 Research Model

In any organizational structure, including healthcare facilities, unit effectiveness gathering information is important. As details is converted into information, decision makers at various hierarchical levels have the ability to define and execute activities in their various administration areas. The intellectual comprehension of the relationships between causes and effects among the units have been analysed. Figure 1 represents the research model of our study from beginning till interpretation of our results.

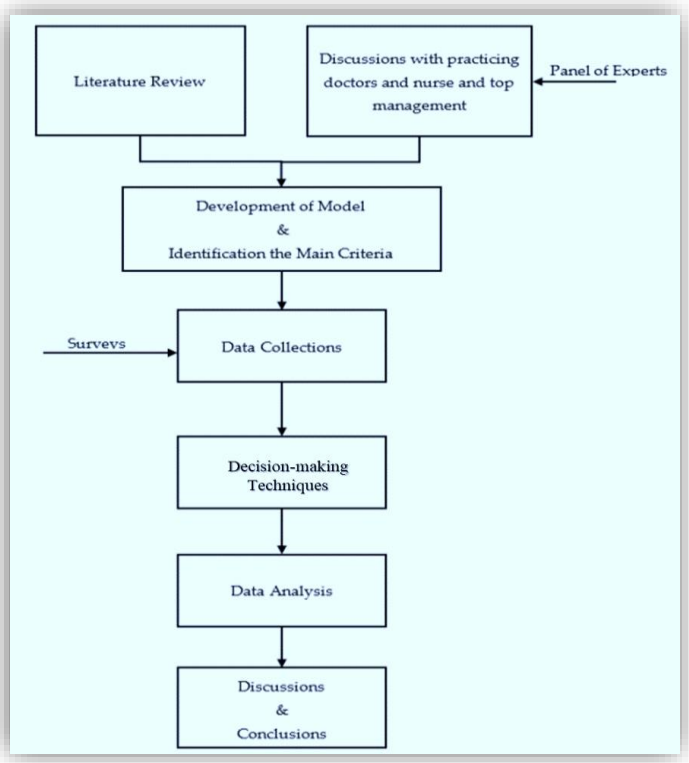

Figure 1. Research model

Hypotheses Development

2.2 Impact Of Administrative Decision-Making On The Performance Of Health Facilities

The studies on strategic decision-making is extensive and varied (Shahid et al., 2019), with the primary areas of concentration being decision efficacy (Sharma et al., 2014), peer evaluation in groups (Ahmadi et al., 2015), as well as intellectual and emotional disputes in organizations (Tulung and Ramdani, 2016). Research in the field of executive healthcare leadership has been few and dispersed, with some studies concentrating on the personality traits of physician administrators (De Vries et al., 2010; Parayitam, 2010), as well as others focused on CEO salary and executive turnover (Hazarika et al., 2012). On the other hand, the makeup of healthcare teams and how it affects choices has received a surprisingly small amount of study.

Strategic decision-making groups in the healthcare industry often include both medical professionals and administrative staff, each of whom brings a unique point of view to the table. A physician's viewpoint on the provision of healthcare results from the physician's paired understanding of healthcare and the context of healthcare, as well as the drive to benefit as a patient support (Otobo, 2015), while managers have a deeper understanding about economic statistics and have

broad business knowledge (Hilsenrath, 2012). As a result, managers have a tendency to involve leaders from a variety of experiences in order to get a wider range of opinions on various decision-making scenarios. In this research, we look at the educational achievements of healthcare managers, which is one of the most important demographic aspects of these professionals.

H1: *There is a statistically significant impact of administrative decision-making on the performance of health facilities.*

2.3 Impact Of Timing Of The Administrative Decision On The Performance Of Health Facilities

The process of making strategic decisions is getting more difficult as healthcare businesses face increased levels of competition, which makes the process more complicated. As was said before, strategic choices are not regular, and they are also imprecise and complicated. Strategic choices do not have fixed examples, but they possess long-term commitments of resources and implications that affect the whole business. Consequently, in the sphere of healthcare, it is vital to evaluate both the financially viable options as well as the quality of service in order to maintain one's position as a competitive player in the business.

When attempting to strike an intricate equilibrium among these two possibly polar opposite points of view, however, there is a possibility that members of the team may come into conflict with one another. As a result of their training in medicine, physician executives work to ensure that patients get high-quality treatment, while administrators focus on making strategic choices that are financially sustainable. According to the upper echelons hypothesis (Araujo-Cabrera et al., 2017), we claim that physician administrators impact the strategic choices by giving quality-of-care pertinent data in the decision-making process. This should translate to greater quality decisions being made overall.

H2: *There is a statistically significant impact of the timing of the administrative decision on the performance of health facilities.*

2.4 Impact Of Accepting And Implementing The Administrative Decision On The Performance Of Health Facilities

Additional theoretical underpinning taken from the discipline of accounting lends weight to the idea that strategic decision-making groups should consist of medical administrators in leadership roles. When the decision system is isolated from the implementation framework, data collected by the activity system is not given through to the decision systems (Alami and Boussetta, 2018). Empirical study conducted in the hospital sector adequately established that there is an insufficient link among actions and choices. Although hospital administrators often adhere to the principle of consequentiality (that is, actions that are motivated by choices and assumptions regarding outcomes), physician administrators mostly reflect the rationale of adequacy (behaviors that are driven more by requirement than desire). Therefore, interaction amongst the participants (members of the strategic decision-making groups) is required in order to achieve a comprehensive realization of the result. Because both of the incredibly difficult tasks that they perform at the very top of the business, physician administrators

carry a significant amount of weight when it comes to making strategic choices (Rao and Tilt, 2016).

Studies have shown that teams are more effective at identifying and solving difficult decision issues when they pool their cognitive abilities. According to Peterlin et al. (2015), chief executive officers and administrators are not only accountable for making choices, but also for the execution of these decisions, which requires them to include as many executives as feasible. The process of turning judgments into actions is referred to as execution. For the execution to be successful, the executives in charge need to comprehend the logic behind the choices they make in relation to the overarching goals of the institution. According to Zheng et al. (2010), a simple agreement on means, aims, and perspectives on the environment would not boost the efficiency of institutions unless managers comprehend the link between the choices and the goals and methods that were selected. In addition, the high stakes that participate in the results of strategic choices inspire leaders and executives of an organization to make a concentrated effort to comprehend the logic behind the decisions, and then to act in accordance with that analysis (Allison and Kaye, 2011).
H3: *There is a statistically significant impact of accepting and implementing the administrative decision on the performance of health facilities.*

2.5 Impact Of The Quality Of The Administrative Decision On The Performance Of Health Facilities

Strategic teams that include physician leaders may have the benefit of more completely appreciating the complexities of the choice based on their educational expertise and point of view because of the unique viewpoint that they bring to the table. This is because physicians have a more in-depth knowledge of the medical field. When putting such a program into action, it would be necessary to have a comprehensive understanding of many different issues, including the financial expenses involved. It would be really helpful to get a physician's perspective on the ramifications of this expansion in areas other than finances.

According to the findings of a study conducted by Parayitam and Papenhausen (2018) on strategic decision-making groups in the healthcare business, "the more dedicated the decision making teams are to the strategic choices, the higher the possibility of the decision being executed effectively." As was said before, making strategic choices within the healthcare business might provide the team with a conundrum owing to the possibly conflicting viewpoints of cost and quality. It is possible that executive teams that have a stronger presence of doctors would be able to more completely comprehend the significance of achieving the ultimate aim, which is to provide excellent healthcare to their patients, and will thus address this issue. Teams that have this point of view are likely to be more dedicated to a choice that takes into account a greater number of intangible factors, which are factors that cannot be measured but are necessary for making a high-quality strategic decision.

As a result, the provision of high-quality medical care to patients is more likely to be the major focus of strategic choices if the engagement of physician executives in those processes is increased. This emphasis, in turn, will make it possible for

members of the strategic decision-making groups to comprehend the reasoning behind choices, which in turn will improve members' dedication to the decision over the course of its implementation. In the end, the quality of the decisions made will be improved. On the basis of the evidence presented here, we have the following hypothesis:

H4: *There is a statistically significant impact of the quality of the administrative decision on the performance of health facilities.*

3. Research Methodology

3.1 Study Population

All personnel (n = 220) who operated in the designated hospitals were involved. The authors conducted semi-structured surveys with higher organizational representatives, including the manager of clinical and medical affairs as well as the manager of quality assurance, in addition to clinic department managers and achievement designated representatives, who specialized healthcare experts are allotted by every division and provider to interact and carry out the agency's achievement goals and strategies to upper supervisors (Fallman et al., 2019). All individuals in this executive and leadership capacity were represented in the survey.

The study's analysis unit was institutions, and the participants were managers and healthcare specialists in charge of information management. These participants were split into two categories (top administration and medical professionals from the same organization) since they work in the health sector and are on the front lines dealing with big information and decision-making procedures. Healthcare professionals were in charge of information administration, whereas the executive team was involved in decision-making to enhance sustainability impact via the use of leadership skills. These two categories of participants were chosen from every institution because they were the most suitable persons to respond to the survey queries as executives and appropriate persons.

3.2 Research Design

The descriptive qualitative correlational investigation technique was employed in the research, as well as theme analysis of respondent input. The current research used a questionnaire survey of investigation. The survey was meant to gather information from governmental and corporate hospitals that employed big data innovation to make decisions and enhance efficiency. In this research, a Likert scale with a measure range of 1 - 5 was utilized, with 5 representing strongly agree and 1 representing strongly disagree.

3.3 Data Analysis

In order to analyze data, the researcher used the Statistical Package for Social Sciences (SPSS) application. Secondary data were acquired from books, journals, and articles relevant to the issue of the research, comprising Arabic and English citations. These data were utilized to conduct examination of the conceptual

framework, and they contributed scientifically to the depth of discourse that was conducted in the context of the research. In addition, the researcher relied on the internet to conduct a comprehensive analysis of the prior research and investigations conducted on the topic. The information is gathered by the use of a qualitative research strategy known as the questionnaire technique. In order to accomplish the aforementioned goals of the study, the study makes use of several statistical techniques.

3.4 Ethical Concerns

Permission was obtained from the Ministry of Public Health and the Population, as well as the administrators of the research hospitals and respondents, wherein the author depended on presenting an inquiry for prior consent from each responder, and the survey was then provided solely to the governance in Medina, Saudi Arabia.

4. Analysis And Results

4.1. Validate The Study Tool

Table 1: Correlation phrase questionnaire

Phrases	Correlation coefficient	P-value	Phrases	Correlation coefficient	P-value	Phrases	Correlation coefficient	P-value
Administrative decision-making								
Quality			Accepting and implementing			Timing		
1	0.788**	0.000	1	0.800**	0.000	1	0.829**	0.000
2	0.851**	0.000	2	0.820**	0.000	2	0.799**	0.000
3	0.774**	0.000	3	0.809**	0.000	3	0.861**	0.000
4	0.707**	0.000	4	0.797**	0.000	4	0.675**	0.000
5	0.762**	0.000	5	0.750**	0.000	5	0.828**	0.000
6	0.775**	0.000	-----	-----	-----	-----	-----	-----
7	0.778**	0.000	-----	-----	-----	-----	-----	-----
8	0.885**	0.000	-----	-----	-----	-----	-----	-----
9	0.846**	0.000	-----	-----	-----	-----	-----	-----
10	0.859**	0.000	-----	-----	-----	-----	-----	-----
Performance of health facilities								
1	0.728**	0.000	8	0.867**	0.000	15	0.931**	0.000
2	0.800**	0.000	9	0.866**	0.000	16	0.883**	0.000
3	0.706**	0.000	10	0.660**	0.000	17	0.801**	0.000
4	0.810**	0.000	11	0.766**	0.000	18	0.801**	0.000
5	0.784**	0.000	12	0.932**	0.000	19	0.801**	0.000
6	0.759**	0.000	13	0.899**	0.000	20	0.811**	0.000
7	0.826**	0.000	14	0.886**	0.000	-----	-----	-----

The structural validity of the instrument was shown by a correlation coefficient for the phrase questionnaire items of 0.01.

4.2. Reliability Study Tool

Table 2: Reliability questionnaire

Dimension	Alpha Cronbach	Number of elements
Administrative decision-making	0.969	20
performance of health facilities	0.973	20
Total questionnaire	0.984	40

All of the research tools have a high reliability, as measured by a high Cronbach's alpha value.

4.3. Personal Data

Table 3: Sample according to Personal data

	Categories	N	%
Gender	Male	98	44.5
	Female	122	55.5
Age	Less than 30 years old	88	40.0
	From 30 to less than 40 years old	87	39.5
	From 40 to less than 50 years old	45	20.5
Academic qualification	Bachelor	170	77.3
	Master	44	20.0
	PhD	6	2.7
Job	Medical	51	23.2
	Nursing	35	15.9
	Technical	35	15.9
	Administrative	99	45.0
Number of years of experience	Less than 5 years	70	31.8
	From 5 years to less than 10 years	29	13.2
	From 10 years to less than 15 years	53	24.1
	15 years and over	68	30.9

4.4. The Variables of Study

4.4.1. The Administrative Decision-Making Axes

Table 4: Phrases of the quality

N.	Phrase	Mean	S. D	Degree	Arrangement
1	There is flexibility in regulations and laws when making decisions within health facilities	3.823	1.029	High	7
2	The problem within the health facilities is clearly identified, which contributes to making the right administrative decision related to it	3.923	1.068	High	5
3	The management of health facilities is concerned with making clear and easy-to-understand decisions so that they are implemented efficiently and effectively	4.032	0.943	High	3
4	The Health Facilities Department collects data and information and examines and analyzes alternatives in accordance with the criteria and objective considerations specified on the subject to ensure the quality of the decision taken.	3.764	1.015	High	8
5	The Health Facilities Department takes decisions that work to achieve the required goals and vision	4.064	0.791	High	2
6	The management of health facilities is interested in knowing all the surrounding circumstances before making decisions	3.650	1.220	High	10
7	Health facilities management is interested in developing and improving the internal operations of the facility in order to improve the quality of service provided	4.077	0.843	High	1

	to patients and customers				
8	Health facilities management is concerned with improving the work environment and providing a climate conducive to effective interaction and communication between workers	3.659	1.208	High	9
9	Health facilities management is concerned with providing the necessary resources to implement the decisions taken efficiently and effectively, and ensuring their availability in a timely manner	3.886	1.034	High	6
10	Health facilities management is concerned with evaluating the results, following up on the implementation of decisions, and analyzing the results in order to amend and improve future decisions	3.945	0.973	High	4

The all-expression quality was the high and it shows the high level of the quality where mean is 3.882 and S.D 1.012.

Table 5: Phrases of the accepting and implementing

N.	Phrase	Mean	S. D	Degree	Arrangement
1	The Health Facilities Administration consults with workers and the various administrative levels before making decisions related to work progress	3.714	1.284	High	2
2	Health facilities management is concerned with the participation of different administrative levels in decision-making	3.709	1.054	High	3
3	Health facilities management is concerned with evaluating the impact of the decisions it takes	3.600	1.144	High	4
4	The Health Facilities Department works to provide	3.823	1.131	High	1

	courses and training programs for workers and encourage them to innovate, in order to increase their capabilities and improve their efficiency in decision-making and work to find solutions to work problems.				
5	The Health Facilities Department gets to know the opinions of workers before and after making decisions related to work progress	3.441	1.254	High	5

The all-expression accepting and implementing was the high and it shows the high level of the accepting and implementing where mean is 3.657 and S.D 1.173.

Table 6: Phrases of the timing

N.	Phrase	Mean	S. D	Degree	Arrangement
1	The management of health facilities has the ability to make quick decisions in a timely manner and to deliver them to their executors in a timely manner	3.823	1.098	High	3
2	Officials in the management of health facilities deal with problems from the beginning of their occurrence	3.777	1.073	High	5
3	The Health Facilities Department works to provide all the needs to collect the necessary information for accurate and speedy decision-making	3.873	0.980	High	2
4	The management of health facilities is interested in making use of modern technology when communicating decisions to workers	4.136	0.770	High	1
5	The Health Facilities	3.805	1.039	High	4

	Administration will retract a decision taken in case it proves to be ineffective in a timely manner				

The all-expression timing was the high and it shows the high level of the timing where mean is 3.883 and S.D 0.992. It shows the high level of the administrative decision-making where mean is 3.826 and S.D 1.048.

4.4.2. The Performance Of Health Facilities Axes

Table 7: Phrases of the performance of health facilities

N.	Phrase	Mean	S. D	Degree	Arrangement
1	Health facilities are interested in providing all modern and advanced health care methods and services	3.991	0.865	High	5
2	Health facilities are interested in dealing with crises and solving problems.	3.968	0.878	High	8
3	Health facilities are concerned with working to raise the level of health care quality	4.095	0.857	High	2
4	Health facilities are interested in stimulating and encouraging volunteering and training programs effectively, which contributes to improving the quality of health services	4.005	0.868	High	4
5	Health facilities are interested in presenting effective proposals to counter the effects of any health crises	3.950	0.834	High	9
6	Health facilities are interested in developing an emergency plan ready to deal with any crisis in order to continue work	4.082	0.812	High	3
7	Health facilities are interested in working on the proper planning of the services that are provided, which contributes to achieving the highest	3.982	0.816	High	6

	possible performance rates				
8	Health facilities are working to utilize the available resources effectively and efficiently in order to achieve the goals to reach the targeted results	3.882	0.953	High	13
9	Health facilities focus on activities and actions that contribute to increasing their ability to achieve their vision and mission	3.932	0.907	High	11
10	Individual competencies in health facilities represent their strengths	4.123	0.936	High	1
11	Complaints of workers in health facilities are dealt with seriously and motivated	3.655	1.208	High	20
12	Health facilities are concerned with providing a healthy and safe work environment for workers and patients	3.741	1.077	High	18
13	Health facilities work to raise the efficiency of workers, which leads to providing the best possible level of performance quality	3.882	0.943	High	12
14	Health facilities encourage workers to cooperate with each other and work as a team	3.877	1.033	High	14
15	Health facilities encourage workers to pay attention to development and creativity when performing their work	3.705	1.102	High	19
16	Health facilities encourage workers to submit proposals that contribute to the development of performance levels	3.823	1.051	High	15
17	Health facilities are interested in using modern methods in evaluating the performance of workers	3.932	0.896	High	10
18	Health facilities are interested in following up the performance of workers	3.973	0.881	High	7

	on a regular and continuous basis				
19	Health facilities provide programs and training courses that contribute to increasing the capacity, capabilities and skills of workers	3.764	1.142	High	16
20	Health facilities are interested in solving all problems that may occur during work	3.755	1.018	High	17

The all-expression performance of health facilities was the high and it shows the high level of the performance of health facilities where mean is 3.906 and S.D 0.954.

4.5. Test Research Hypothesis

Table 8: The impact of the administrative decision-making on performance of health facilities

Hypotheses	B	T	F	P-VALUE
Main	0.853	**34.265	**1174.071	0.000
First sub-hypothesis	1.532	**22.805	**520.047	0.000
Second sub-hypothesis	2.688	**25.794	**665.344	0.000
Third sub-hypothesis	3.136	**27.656	**764.837	0.000

It is correct the main hypothesis and statistically significant impact of administrative decision-making on performance of health facilities and it turned out that the more it increased the administrative decision-making level 1% is the performance of health facilities has increased 0.853%.
It is correct the first sub-hypothesis and statistically significant impact of quality on performance of health facilities and it turned out that the more it increased quality level 1% is the performance of health facilities has increased 1.532%.
It is correct the second sub-hypothesis and statistically significant impact of accepting and implementing on performance of health facilities and it turned out that the more it increased accepting and implementing level 1% is the performance of health facilities has increased 2.688%.
It is correct the third sub-hypothesis and statistically significant impact of timing on performance of health facilities and it turned out that the more it increased timing level 1% is the performance of health facilities has increased 3.136%.

5. Discussion

In order to offer greater attention for their patients, all of the administrators of the physicians' departments, all of the administrators of the nurse departments, and all of the managerial executives should have a solid grasp of the framework and leadership system of the hospital. In addition, they should be equipped with sufficient information for the leadership of financial, material, and human assets

in a manner that is efficient in terms of cost and takes into account the optimal time strategy. Since they are in a great position to dictate regulations, procedures, processes, and organizational atmospheres, all hospital executives have an ethical and legal commitment to assure the highest standards of patient care (Siddqui, 2016). This obligation arises from the fact that they are in the best position to do so.

When treatment is planned for a patient in a manner that takes into account the patient's unique requirements and life situations (often referred to as "context"), we observed that the patient received more personalised medical attention. Given the statistically substantial correlation among leadership instruction and managerial efficiency ratings, it is reasonable to hypothesize that giving education and development of skills a higher priority might contribute to an increase in general leadership scores. Before delving deeper into the part that independence plays in managerial effectiveness, it can be beneficial to first make enhancing the quality of managerial education a priority and work on improving it. Even while independence along with leadership education are probably both significant aspects of primary medical establishment management, the interrelated components between these two aspects are probably more complicated and multifaceted.

Physician administrators have a variety of management styles, give helpful perspectives and data, and explore possibilities for institutions (Bergevin et al., 2016; Hossain et al., 2019). Statistics collected from countries other than the Kingdom of Saudi Arabia show that medical professionals assume responsibility as patient supporters, whereas administrators focus on company strategy (Otim et al., 2016). According to research, it is critical to concentrate on resource transfer according to program planning and incremental assessment in order to match the aims of doctors and leaders in medical facilities. Physicians offer analytical assessment skills to the decision-making structure, whilst managers contribute economic and strategic planning abilities required for successful decision-making. Another research found that conversation among physicians and doctors is crucial to the efficient and successful operation of health care systems (Lega, 2017). Thus, the presence of medical executives in teams helps to make better judgments. This conclusion is supported by the current study.

Although physician executives are excellent at managing great healthcare, they often lack business and accounting knowledge. Shanks (2016) discovered that the medical executives polled lacked business experience and financial skills and were therefore ineffective in leveraging financial and other assets. As a result, some data shows that clinical physicians have diverse viewpoints from managers, which may impede decision-making (von Knorring et al., 2016). Nevertheless, since decision making groups are made up of more than just medical executives, additional executives with a management mind-set would make up for the doctors' shortcomings, ensuring that the quality of choices would not decrease. The current study's findings imply that teams constituted of both doctors and non-physician executives improve decision quality. That is, leaders will have diverse and often conflicting experience that will generate the various choices required to solve the complicated and far-reaching issues.

Our research reveals that a high level of the quality, accepting and implementing and timeliness and administrative decision-making, and this suggests that health facilities have a high degree of competence to make administrative choices in all three of their dimensions. This is consistent with Seelbach & Brannan's (2022) assertion that the objective of the medical system is to offer the finest treatment from an appropriately trained professional in a suitable setting for a specific patient. In simple terms, the patient is to be provided with the highest level of care (i.e., an acceptable level treatment that relies on evidence-based healthcare) by an employee who has the appropriate expertise in an environment that optimizes effectiveness and reduces danger and neglect of assets, while simultaneously managing the individuals with dignity and permitting participation in the treatment plan as the individual's needs.

In the context of healthcare, the term "quality management" relates to the management of the creation of procedures, guidelines, and systems that reduce, if not entirely eliminate, damage while simultaneously maximizing patient care and results (Dodwad, 2013). The aim of quality administration is to guarantee that a particular item, assistance, or institution will reliably achieve its intended function. This may apply to both external and internal goals. In order to accomplish this goal, there is ongoing data collecting and process modification to provide an ideal item or service that delights the user while also accomplishing the purpose for which it was designed. After then, additional information is gathered in order to guarantee that no further adjustments are required. Systems that are used to execute quality oversight and to arrange, unify, and enhance processes concerning an item or service that is directed at consumers are known as quality management systems (Betlloch-Mas et al., 2019).

Mohammad Mosadeghrad (2013) detected problems within the system via the gathering of data through the process of assessing the results and impacts of various elements. Following this, evidence-based medicine and assets are utilized to establish or adjust systems in order to enhance the quality of treatment. The next step is to compile data pertaining to the newly observed effects in order to ascertain whether or not the modifications were successful and, if so, whether more modifications are needed. The ultimate objective is to accomplish constant high-level care with minimal illness, death, ailments, and pain, as well as high patient satisfaction, while simultaneously achieving or exceeding the standards established by all six of the healthcare institute categories.

In conclusion, it is vital to develop the capability of medical professionals and the efficiency of assessment groups, engage community members in confirmation of data, provide responsibility systems for health data, and introduce motivation systems that encourage data usage in order to enhance data utilization and reliability. Moreover, future studies and research related to identifying the level of decision-making in service establishments and identifying the most important factors affecting it and how to achieve the highest level of efficiency in decision-making is required.

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