Enhancing Private Healthcare in Saudi Arabia: the Integration of Total Quality Management and Leadership Dynamics for Organizational Success

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Abstract

The healthcare sector in Saudi Arabia faces unique challenges that affect its operational efficiency and overall effectiveness. This study explores the integration of Total Quality Management (TQM) practices with leadership dynamics within private healthcare settings in Taif, Saudi Arabia. The research employed a quantitative methodology, gathering data from 346 healthcare professionals using structured questionnaires. Analytical tools such as SPSS and SmartPLS were utilized to examine the impact of TQM practices—specifically process management, customer focus, continuous improvement, and employee involvement—on organizational effectiveness, with a particular focus on the moderating role of leadership skills.

The findings revealed that while TQM practices significantly enhance organizational effectiveness, the impact of customer focus was less pronounced compared to other TQM elements. Leadership skills were found to significantly moderate the relationship between TQM practices and organizational effectiveness, especially in the domains of process management and customer focus. This study contributes to the theoretical framework of TQM and leadership in healthcare, providing practical insights for healthcare managers and policymakers in Saudi Arabia.

Recommendations for future research include conducting longitudinal studies to assess the sustainability of TQM practices, exploring regional variations within Saudi Arabia, and examining the integration of technology with TQM practices. This research underscores the importance of strategic leadership in enhancing the effectiveness of TQM implementations in healthcare settings, aiming to support Saudi Arabia's Vision 2030 healthcare goals.

Keywords: Total quality management, Saudi Arabia Healthcare, Process Management in Healthcare, Saudi Vision 2030

1. Introduction

There is growing pressure from the competition for every organization. To remain competitive and stay up with the world's quick changes and progress, one must prioritize improving quality. It seems that total quality management—which is generally acknowledged as a contemporary management approach—is the only way to do this (Alnuaimi & Yaakub, 2020).

Saudi Arabia's healthcare system has evolved significantly, especially in recent decades with improvements in public health outcomes such as reduced rates of infectious diseases and lower maternal and infant mortality rates. However, challenges persist, including high rates of preventable injuries and non-communicable diseases, which underline the ongoing need for enhancing healthcare quality and management (WHO, 2016; NTP, 2020). The complexity of these challenges is magnified by the socio-economic transformations envisioned in Saudi Arabia's Vision 2030, which underscores a holistic improvement across various sectors, including healthcare (Leenen, Mok, & Chowdhury, 2021).

Total Quality Management (TQM) and effective leadership are pivotal in navigating the complexities of healthcare challenges. TQM practices, when integrated with robust leadership, can significantly enhance the operational effectiveness of healthcare institutions (Alkhaldi & Abdullah, 2019; Al Khamisi et al., 2019). Leadership not only steers the strategic direction but also influences the organizational culture, which is essential for the successful implementation of quality initiatives (Lussier, 2013).

1.1 Context: Challenges in Saudi Healthcare Sector The healthcare sector in Saudi Arabia has undergone significant transformations as part of the broader economic and social reforms under Vision 2030. Despite these advancements, the sector continues to grapple with inefficiencies in service delivery, variability in the quality of care across regions, and an increasing burden of noncommunicable diseases (Almalki, Fitzgerald, & Clark, 2011). These issues underscore the critical need for systematic improvements to enhance healthcare outcomes and operational efficiency.

1.2 Importance of TOM and Leadership in Healthcare Total Quality Management (TOM) has emerged as a vital approach to improving healthcare services by emphasizing continuous quality improvements, customer focus, and process optimization (Mosadeghrad, 2014). Integrating TQM practices in healthcare can lead to enhanced patient satisfaction, reduced costs, and improved operational effectiveness (Westphal, Gulati, & Shortell, 1997). However, the success of TQM initiatives largely depends on the leadership within the organization. Leadership plays a crucial role in shaping the culture, driving change, and ensuring the commitment of resources and personnel towards quality improvements (Antony & Preece, 2002). The dynamic nature of healthcare, coupled with the complex challenges specific to the Saudi context, requires leaders who are not only

adept at managing resources but also capable of inspiring and leading change.

2. Literature Review

2.1 Overview of Healthcare Sector in Saudi Arabia

The Saudi healthcare system has seen substantial evolution since the early 20th century, with significant government investment escalating since the 1970s. Initial healthcare efforts were predominantly focused on combating infectious diseases and improving maternal and child health (Almalki, Fitzgerald, & Clark, 2011). As the nation's wealth grew due to oil revenues, so did the sophistication and capacity of its healthcare services. Today, Saudi Arabia features a mixed healthcare system financed by both government and private sectors. The Ministry of Health (MoH) is the principal healthcare provider, managing about 60% of the hospitals along with numerous clinics and health centers across the country. Other government agencies and an expanding private sector also deliver healthcare services (Albejaidi, 2010). The infrastructure is modern, with medical technology on par with that of high-income countries. Saudi Arabia has achieved significant improvements in life expectancy and reductions in infant and maternal mortality rates. However, the healthcare challenges have shifted, with non-communicable diseases such as diabetes, cardiovascular diseases, and obesity becoming the predominant health threats (Memish, Jaber, Mokdad, AlMazroa, & Murray, 2014).

Despite these advancements, the healthcare system faces multiple challenges:

- Rapid Population Growth and Urbanization: The fast-growing population and urbanization exert substantial demands on healthcare services, straining the existing infrastructure.
- Changing Disease Profile: The shift from communicable to non-communicable diseases necessitates a change in healthcare strategies to focus more on chronic disease management, prevention, and lifestyle education (Memish et al., 2014).
- Healthcare Workforce Issues: There is a heavy reliance on expatriate healthcare professionals. Developing a skilled local healthcare workforce is crucial, particularly in specialized medical areas (Almalki, Fitzgerald, & Clark, 2011).
- **Regional Disparities:** While cities like Riyadh and Jeddah have advanced healthcare facilities, rural and remote areas often experience inadequate services.
- Costs and Efficiency: Rising healthcare costs and the need for efficient resource utilization are pressing concerns, exacerbated by the economic pressures of fluctuating oil revenues (Albejaidi, 2010).

Future Directions

Vision 2030 includes comprehensive plans to reform the healthcare sector:

- Privatization: A key strategy is the privatization of government-run hospitals to enhance efficiency and quality, expected to foster competition and attract investments (Vision 2030, 2017).
- Public-Private Partnerships (PPPs): These
 partnerships are crucial for improving
 healthcare infrastructure and services by
 leveraging private sector expertise and funding.
- Preventive Care: There is an increased focus on preventive care to combat the rise of lifestylerelated diseases, with numerous programs promoting healthier lifestyles.
- **Digital Health Initiatives:** Expanding the use of digital health technologies and telemedicine is aimed at improving access and efficiency in healthcare, especially in underserved areas.
- Training and Development: There are ongoing efforts to expand educational opportunities and professional development for Saudi nationals to decrease the sector's dependency on foreign workers (Vision 2030, 2017).

These initiatives represent a comprehensive approach to healthcare reform, aimed at not only enhancing the quality of medical services but also supporting the economic diversification of the kingdom. As these reforms progress, the healthcare sector in Saudi Arabia is poised for significant transformations that promise better health outcomes and greater sustainability.

2.2 TQM in Healthcare: Review of Key Literature

- Theoretical Foundations: Define TQM and discuss its origins and development as a critical management approach.
- TQM Practices: Explore core TQM practices such as process management, customer focus, continuous improvement, and staff involvement. How these practices have been implemented and measured in healthcare contexts globally.
- Benefits and Challenges: Analyze studies showing the benefits of TQM in healthcare, including improved patient outcomes and operational efficiency, and discuss any reported challenges or limitations.

Total Quality Management (TQM) is a comprehensive and structured approach to organizational management that seeks to improve the quality of products and services through ongoing refinements in response to continuous feedback. TQM has been widely adopted across various sectors, including healthcare, where it is used to enhance patient care, reduce operational costs, and improve the efficacy and efficiency of healthcare services. Here's a

deeper dive into the key literature surrounding the implementation and impact of TQM in the healthcare sector.

Historical Background and Theoretical Foundation

TQM originated in the manufacturing industry, largely influenced by the work of quality management gurus such as W. Edwards Deming, Joseph M. Juran, and Philip B. Crosby in the mid-20th century. Their work emphasized quality improvements through statistical control processes, focusing on customer satisfaction and organizational culture as pivotal elements of success. In healthcare, these principles have been adapted to focus on patient outcomes, safety standards, and service delivery efficiency.

Implementation of TQM in Healthcare

In healthcare, TQM involves several core components which are critical to its success:

- Patient Focus: The primary goal of healthcare TQM is to meet or exceed patient expectations. This includes improving the accessibility, effectiveness, and consistency of healthcare services (Mosadeghrad, 2013).
- Continuous Improvement: This involves the systematic measurement of outcomes and processes and the implementation of initiatives to improve healthcare delivery. Techniques such as Plan-Do-Check-Act (PDCA) cycles are commonly employed (Westphal, Gulati, & Shortell, 1997).
- Employee Involvement: Successful TQM implementation in healthcare also relies heavily on engaging healthcare professionals at all levels in decision-making processes and in fostering a culture of quality (Walston, Burns, & Kimberley, 2000).
- Process Optimization: Streamlining healthcare processes to eliminate waste, reduce errors, and increase efficiency is another crucial aspect. This includes re-designing processes to enhance workflow and patient care delivery (Shortell et al., 1998).

Impact of TQM on Healthcare Outcomes

Research has shown that TQM can lead to significant improvements in healthcare settings:

- Improved Patient Satisfaction: TQM initiatives have been linked to higher patient satisfaction due to more responsive and patient-centered care practices (Boselie, 2010).
- Enhanced Operational Efficiency: Studies have reported reductions in hospital stays, service errors, and improvements in the use of resources, contributing to overall cost reductions (Dückers, Wagner, & Vos, 2011).
- Better Clinical Outcomes: Implementing quality management practices in hospitals has been associated with improved clinical

outcomes, including reduced mortality rates and higher rates of successful treatment (Mainz, 2003).

Challenges and Considerations

While the benefits of TQM in healthcare are well documented, the literature also highlights several challenges:

- Resistance to Change: Resistance from staff, due to increased workload or skepticism about new practices, can hinder TQM efforts (Jacobs, 2011).
- Resource Constraints: The high costs associated with training and implementing TQM practices can be a significant barrier, particularly in under-resourced settings (Powell, 1995).
- Sustainability: Maintaining the momentum of quality improvement initiatives over time is challenging, and there is a need for ongoing commitment from all levels of the organization (Walston, Burns, & Kimberley, 2000).

2.3 Leadership in Healthcare:

Overview of Leadership Theories

Leadership within healthcare encompasses a range of theories from transactional to transformational and situational leadership. Effective leadership in healthcare is pivotal for fostering a culture of quality and continuous improvement. Leadership skills in healthcare impact organizational effectiveness by influencing team motivation, patient satisfaction, and the overall management of healthcare institutions (Hughes, 2012; Lussier, 2013). In Saudi Arabia, the dynamic and rapidly changing healthcare landscape requires leaders who can adapt to new challenges and drive the implementation of innovative management practices (Khoja et al., 2018).

Leadership in healthcare is a critical factor that influences a wide range of outcomes, from organizational effectiveness to patient satisfaction and safety. The study of leadership theories in the context of healthcare helps to illuminate how leaders can effectively manage and guide healthcare organizations through complex challenges and change. Below, we explore several key leadership theories that are particularly relevant to the healthcare sector.

1. Transformational Leadership

Transformational leadership is one of the most influential theories in modern leadership study. It involves leaders working with teams to identify needed change, creating a vision to guide the change through inspiration, and executing the change in tandem with committed members of the group. In healthcare, transformational leaders inspire staff to transcend their own self-interests for the sake of the team and patients, thereby improving job satisfaction, organizational commitment, and performance (Bass & Riggio, 2006).

Key Attributes:

- **Inspirational Motivation:** Leaders communicate a clear vision that is appealing and inspiring to followers.
- **Intellectual Stimulation:** Leaders encourage innovation and creativity through challenging the usual way of doing things.
- Individualized Consideration: Leaders provide personal attention to each member of the healthcare team.

2. Transactional Leadership

Transactional leadership, which focuses on the exchanges that occur between leaders and their followers, is effective in more stable, predictable environments. This style of leadership is based on a system of rewards and penalties for team performance. In healthcare, transactional leadership can be useful for managing day-to-day operations and maintaining short-term goals such as cost controls, scheduling, and administrative tasks (Burns, 1978).

Key Attributes:

- Contingent Reward: Leaders set clear goals and provide rewards when those goals are met.
- Management by Exception: Leaders intervene only when standards are not met or when the performance is not up to the expected level.

3. Servant Leadership

Servant leadership emphasizes the leader's role as a caretaker who helps team members perform as highly as possible. In a healthcare setting, a servant leader focuses on the growth and well-being of people and the communities to which they belong. This leadership style aligns well with healthcare's ethos of care and service, supporting a patient-centered approach and fostering a supportive workplace environment (Greenleaf, 1977).

Key Attributes:

- **Empathy:** Leaders strive to understand and empathize with others.
- **Listening:** Leaders give attention to what others are saying before expressing their own opinions.
- **Stewardship:** Leaders take responsibility for the governance and well-being of the organization.

4. Situational Leadership

Developed by Hersey and Blanchard, situational leadership theory proposes that no single leadership style is best. Instead, it all depends on the situation at hand. In healthcare, leaders might need to adjust their approach based on factors such as staff skill levels, emotional states, work conditions, and varying pressures related to patient care (Hersey & Blanchard, 1969).

Key Attributes:

- Adaptive: Leaders adapt their style based on the task at hand and the maturity level of the staff or team.
- **Flexible:** Leaders switch between directive and supportive behaviors as needed.

5. Distributed Leadership

This approach involves the distribution of leadership responsibilities within the organization, such that

multiple members are engaged in the leadership process. It supports team leadership and reflects the multidisciplinary nature of healthcare teams where leadership is often shared among physicians, nurses, specialists, and administrators (Gronn, 2002).

Key Attributes:

- Collaborative: Leadership is shared among different members based on expertise.
- **Inclusive:** Encourages input from all levels within the organization for decision-making.

2.4 Integration of TQM and Leadership: Exploring the Interrelationship

- Interdisciplinary Approaches: Review literature that combines elements of TQM and leadership, examining how these two areas interact within healthcare organizations.
- Moderating Effects of Leadership: Explore studies where leadership has been shown to moderate the relationship between quality management practices and organizational outcomes.
- Gaps in Research: Identify any gaps in the existing literature where further research is needed, particularly in the context of Saudi Arabia or similar healthcare systems.

The integration of TQM and leadership in healthcare is a critical area that addresses how leadership styles and capabilities enhance or impede the successful implementation of TQM practices. Studies have suggested that leadership is a significant moderator in the relationship between TQM elements and organizational outcomes (Swayne, Duncan, & Ginter, 2006). However, there exists a gap in research specifically exploring how different leadership styles within Saudi healthcare settings interact with TQM practices to affect organizational effectiveness. This paper seeks to fill that gap by examining how leadership dynamics influence the implementation and outcomes of TQM in the private healthcare sector of Saudi Arabia.

2.4 Cultural and Regional Considerations

- Cultural Impact on Management Practices:
 Discuss how cultural factors specific to Saudi Arabia, such as power distance and uncertainty avoidance, might influence the implementation and effectiveness of TQM and leadership practices.
- Comparative Studies: If available, review comparative studies that provide insights into how TQM and leadership integration might differ between Saudi Arabia and other countries.

2.5 Methodological Approaches in Existing Literature

Research Designs and Methods: Overview of the common research methodologies used in studies reviewed, noting any prevalent trends or biases that could affect the interpretation of results.

Quantitative vs. Qualitative Analyses: Discuss the strengths and limitations of both quantitative and qualitative research designs in studying TQM and leadership in healthcare.

3. Methodology

3.1 Research Design

The study employed a quantitative research approach to objectively assess the integration of Total Quality Management (TQM) practices with leadership dynamics in the Saudi Arabian private healthcare sector. This design facilitates the collection of numerical data that was statistically analyzed to draw conclusions about the relationships between variables under study. The quantitative methodology allows for testing of hypotheses generated from the research questions and objectives, providing a clear, structured analysis of how TQM practices influence organizational effectiveness within healthcare settings.

3.2 Sample and Setting

The research focused on a sample from private healthcare facilities in Taif, Saudi Arabia, encompassing 346 healthcare professionals including physicians, nurses, and administrative staff. This sample size was determined based on Krejcie and Morgan's sample size table, ensuring a representative distribution of participants. Systematic sampling techniques were employed to ensure each participant was selected to represent the larger population adequately, thereby enhancing the generalizability of the findings.

3.3 Data Collection Tools

Data was primarily collected through structured questionnaires designed to measure the impact of TQM practices and leadership skills on organizational effectiveness. The questionnaire included sections on process management, customer focus, continuous improvement, employee involvement, and leadership skills, each measured on a Likert scale to assess the degree of agreement with each statement. This method facilitated efficient, large-scale data collection and provided a robust dataset for analysis.

3.4 Data Analysis Methods

The collected data were analyzed using Statistical Package for the Social Sciences (SPSS) and SmartPLS.

SPSS was utilized to conduct descriptive statistics, correlation analyses, and regression testing to identify relationships and impacts among the variables. SmartPLS was used for path modeling to examine the structural relationships between TQM practices and organizational effectiveness, considering leadership skills as a moderating variable. These sophisticated analytical tools allowed for a detailed examination of the hypothesized models and the influence of various factors on the effectiveness of healthcare institutions.

4. Result

4.1 Descriptive Statistics

The study collected demographic data and initial responses from 346 healthcare professionals in Taif, Saudi Arabia. The respondents included a mix of male (66.5%) and female (33.5%) participants primarily from the services sector (60.5%). Most respondents had between 5 to 9 years of experience (46%), with a significant representation from organizations aged 10 to 15 years (43.7%). The majority of the systems reported were completely computerized (83.7%).

4.2 Main Findings

The analysis revealed significant effects of Total Quality Management (TQM) practices on organizational effectiveness. Specifically:

- Process Management and Continuous Improvement showed strong positive impacts on organizational effectiveness.
- Customer Focus and Total Employee Involvement also positively influenced effectiveness but to a lesser extent. Statistical analysis using Smart PLS indicated that the path coefficients were significant, confirming that TQM practices contribute positively to organizational effectiveness in healthcare settings.

4.3 Analysis of Leadership Role

The role of leadership skills was explored as a moderator in the relationship between TQM practices and organizational effectiveness. The findings from the interaction effects analysis showed:

 Leadership skills did not significantly moderate the relationship between continuous improvement and organizational effectiveness.

However, leadership skills significantly moderated the relationships involving customer focus and process

management, enhancing the positive impact of these TQM practices on organizational effectiveness.

These results suggest that while leadership skills are crucial, their moderating effect varies across different dimensions of TQM practices. Leadership enhances the effects of customer-oriented and process management initiatives but does not significantly alter the impact of continuous improvement efforts.

5. Discussion

5.1 Interpretation of Results

The findings of this study align well with existing research indicating that Total Quality Management (TQM) practices significantly enhance the effectiveness of healthcare institutions. Similar to studies by Pambreni et al. (2019) and Alzoubi & Ahmed (2019), our research confirmed the positive impact of process management continuous improvement on organizational effectiveness in Saudi Arabia's private healthcare sector. However, unlike expectations set by prior studies, customer focus did not show a significant direct effect on organizational effectiveness, suggesting unique contextual factors at play within Saudi healthcare that may differ from other regions or sectors.

5.2 Implications for Practice

For healthcare managers and policymakers in Saudi Arabia, the study underscores the importance of integrating TQM practices with strong leadership dynamics to boost organizational effectiveness. Emphasizing continuous improvement and process management can lead to better healthcare outcomes and increased efficiency. Leadership skills, particularly in moderating the relationship between TQM practices and organizational effectiveness, should be developed through targeted training and policies.

5.3 Theoretical Contributions

This study contributes to the theoretical frameworks of TQM and leadership within healthcare by demonstrating how leadership skills can moderate the relationship between TQM practices and organizational effectiveness. It adds a new dimension to the understanding of how TQM elements like process management and continuous improvement can be leveraged more effectively under skilled leadership.

6. Conclusion

6.1 Summary of Findings

The study confirmed that TQM practices significantly influence the effectiveness of healthcare institutions in Saudi Arabia. It highlighted the critical role of leadership in enhancing these effects, particularly in moderating the

impacts of customer focus and process management on organizational effectiveness. Continuous improvement and process management were validated as key drivers of success, aligning with global standards in healthcare management.

6.2 Limitations and Strengths

One limitation of the study is its focus solely on staff members within private healthcare institutions, which may not capture the broader impacts on patients and public health services. Additionally, the study was confined geographically to Saudi Arabia and might not reflect global healthcare dynamics. A strength of the study is its comprehensive quantitative analysis, which provides a robust foundation for evaluating the impact of TQM and leadership practices on organizational effectiveness.

7. Recommendations for Future Research

- 1. Longitudinal Studies: Future research could benefit from longitudinal studies that track the impact of TQM and leadership practices over time. This approach would help to ascertain not only the immediate effects but also the sustainability of improvements in organizational effectiveness within healthcare settings. Understanding the temporal dynamics of how TQM practices are implemented and their evolving impact on healthcare outcomes could provide deeper insights (Hair et al., 2017).
- 2. Different Geographic Settings within Saudi Arabia: Given the diverse socio-economic landscapes across Saudi Arabia, studies could examine how regional variations influence the effectiveness of TQM practices. Comparing healthcare institutions in rural versus urban settings, or across different provinces such as Riyadh, Jeddah, and the Eastern Province, could highlight specific challenges and opportunities unique to each area (Alzoubi & Ahmed, 2019).
- 3. Integration of Technology and TQM: As Saudi Arabia continues to invest heavily in digital healthcare technologies, future studies should investigate how the integration of technology with TQM practices can enhance healthcare delivery and management. Research could explore how digital tools and platforms impact TQM elements such as customer focus and process management (Pambreni et al., 2019).
- 4. **Impact of Cultural Factors**: Exploring how cultural factors within Saudi Arabia influence the adoption and effectiveness of TQM and leadership practices could provide valuable

insights. Cultural dimensions such as power distance, uncertainty avoidance, and individualism might moderate the relationship between TQM practices and organizational effectiveness (Hofstede, 2001).

- 5. Comparative Studies with Other Countries:
 Conducting comparative studies between Saudi healthcare institutions and those in other GCC countries or internationally could help identify best practices and innovative TQM and leadership strategies that could be adapted to the Saudi context.
- 6. Role of Leadership Styles: Further research is needed to explore the impact of different leadership styles (e.g., transformational vs. transactional leadership) on the success of TQM implementation in healthcare. This could help tailor leadership development programs that are more effective in supporting TQM initiatives (Bass & Bass, 2008).

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