

Accountability in Healthcare Organizations; A Survey-Based Study among Patients in Government Hospital, Makkah

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Abstract Background: In recent years, accountability has become a key component of public service reform. Improving accountability has been cited as a factor in improving the health system's efficiency. In health care sector we need to identify the factors influencing accountability in health care organizations those that should be improved. **Objective:** The goal of this research is to identify the accountability in health care organization from patients' perceptions. **Subjects and Methods:** The type of study was a Descriptive "Cross-Sectional Design". Taken from a special hospital, Makkah, Saudi Arabia. A sample was collected from the 440 patients who was visited in King Abdullah Medical City (KAMC) outpatient department by using online self-made survey questionnaires. **Results:** Considering the patients' perceptions on health care organization's accountability, most of the participants agree each statement in all dimensions. When proving the hypothesis, the finding shows that there is significant relationship between accountability in healthcare and dimensions such as professionals in healthcare, Government actions, legal and ethical concerns, and administration and management actions. The correlation matrix and regression analysis show that all the four dimensions have strong correlation with accountability in healthcare settings. **Conclusion and Recommendations:** Health care leaders will be able to implement the findings of this study to new strategic plan to improve accountability of the patients in healthcare settings in Saudi Arabia. In order to institutionalize improvement of patient's accountability, Policies, organizations, and procedures must be aligned and integrated. The study findings have important in policy makers to maximize their accountability by focusing on quality, processes, information, involvement, and communication to patients This study strongly recommending to for further multicenter comparative study level, which can include government hospitals and private hospitals.

Keywords: *accountability, healthcare, organizations*

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1. Introduction

There is an increasing emphasis on accountability sought after in a key element of the most recent framework for public services for strengthening the health system. The improvement of the health system is often cited as a result of improved accountability. World health organization defines accountability as the responsibility of each member of the organization to answer for its actions and decisions, and to accept responsibility for its actions [1] Accountability is understood as a president or power referee in a two-way relationship, e.g., between service providers and patients, or between different levels of the health care system [2].

In spite of its fame, accountability is frequently misunderstood. Some researchers noted that accountability symbolizes a hidden idea whose meaning stays elusive,

whose margins are unclear, and whose inner configuration is perplexed. Common accountability is when an individual or organization owes information about or explains their actions to other stakeholders, along with the responsibility of repercussions if they do not do so [3].

Over the past two decades, health care organizations have made great strides in quality assurance and reporting in order to improve responsiveness to patients and other stakeholders [4]. When health organizations are committed to themselves and their employees, they can learn from mistakes and continue to improve performance. A culture of responsiveness to health care enhances the trust of doctors and patients, reduces misuse of resources, and helps organizations provide better quality care [5].

Health Care contributors have utilized performance management schemes and quality enhancement techniques in an effort to develop the quality and products of health care services. Regrettably, though these methods have been doing well in industrial fields, they have not been

practically as thriving in the health care area. There are numerous reasons for this. Nevertheless, the main issue has been the insignificant change in organizational culture to set off the tools and procedures that are used to improve excellence [6].

Life without accountability is a challenging task at hand, and more recently, governments have focused on the public health system to deliver a stronger approach to accountability. Aside from its emerging value, however, few outside Cornwall have carefully examined how accountability actually works in health care [7]. The focus is on another example of the progress made in improving response to health care. In the organization's view, the amount generated is maintained by the appropriate member of the health care team in an appropriate manner, allowing all team members to fully familiarize themselves with their training and license [8].

Accountability is an essential standard enforcement device that is crucial in the preservation of any communal system. Notably, accountability offers the mechanism during which general expectations and such synchronization can take place. In other terms, to preserve order and organization among individuals, social systems generate a whole host of standards to which individuals and groups are responsible, and to which these bodies are evaluated and endorsed. Such standards, and addressees who evaluate conformity with standards, are found within manifold layers in social systems, ranging from the self, to the group, to the organization, to the society as a whole [9].

1.1. Significance of the Research

Accountability comes along with the level of performance exhibited by the healthcare workforce. This is strongly associated with the perception and experience of patients who come across the health workforce. In healthcare, where the stakes of care are so high, accountability is necessarily more complex [8]. In this research, describe the evolution of healthcare quality accountability, including its recent extension to patient experience.

Lack of accountability can cause great damage to the organization. It can reduce quality care, damage the reputation of the organization, and increase the risk of litigation [5]. Patients' lives can be at risk due to a lack of accountability. Every individual in the organization needs to feel like it is their personal responsibility to make sure patients get excellent care. It is possible to prevent such mistakes by fostering an accountability culture in healthcare.

While accountability is challenging and critical to the improvement of health systems. There isn't a lot of systematic research on these topics. This study will be extremely useful because it is the first to provide a full explanation of how accountability is structured throughout Saudi Arabia's government health-care system.

1.2. Aim of the Study

The Aim of the research will be to identify the accountability in health care organization from patients' perspectives. The following objectives contribute to achieving this goal to:

1. Evaluate KAMC patients' perceptions on accountability in health care organization.

2. Identify factors, influence the accountability in health care organization.
3. Identify areas where accountability needs to be improved in the health care system.

1.3. Research Hypothesis

1. There is a significant association exist between professional's influence and healthcare accountability.

2. There is a significant association exist between administrative and managers influence and healthcare accountability.

3. There is a significant association exist between legal and ethical issues influence and healthcare accountability.

4. There is a significant association exist between government influence and healthcare accountability.

1.4. Subjects and Methods

1.4.1. Research Design, Setting, and Participants

The study was a descriptive cross-sectional study design. The population in this study included all patients who was visited in "King Abdullah Medical City (KAMC)" outpatient department. The inclusion criteria: included patient who have 18 years or more, patients who were admitted in KAMC before, patients who can understand Arabic or English and the patient who interested in participating in the research. Exclusion criteria include anyone who refuse to engage in the study. and the patient who do not understand Arabic or English.

1.4.2. Sample Size

In outpatient department the estimated patient visit per day was 800. The total data collection period was one month and estimated patients per month was 16000. With a minimum response rate of 50% and a confidence interval of +/-5 percent, the minimal sample size by total number of patients is 375. Total number of samples in the study was 440 patients who selected by simple random sampling.

1.4.3. Tool of Data Collection

The researcher designed self-made questionnaire, which included the most items suitable to measure the accountability in health care organization in government hospital from the patient's perspectives. The survey questions are divided into four dimensions with a total of 37 items. The first section of the questionnaire dealt with the patients' socio-demographic characteristics: "Gender, Age, Nationality, Educational Level, Occupation, monthly income, Frequency of visiting the hospital and reason to visit government hospital". The other part is representing survey questions related to accountability in healthcare organization included four Dimensions such as Professional's integrity, "Administration and Management practices, Legal enforcement and ethical issues and Government action". Each Dimensions reflecting some questions. The participant answers the questionnaire by "Likert scale", which included as "strongly agree, agree, neutral, disagree, and strongly agree". Each questions answer scored from 1-5. The questionnaire survey was distributed electronically to the study sample by online between 01/02/2021 to 30/04/2021.

The questionnaire also translated to Arabic language for those patients not understanding English. According to expert opinion, the questionnaire was pre-tested on a small sample (5-20 people) numerous times to confirm that the wording, format, length, and sequencing were adequate. (e.g., “medical professionals, and researcher experts”).

1.5. Validity and Reliability

The reliability test was done by using Cronbach's Alpha method and make sure the instrument is reliable to measure the objectives of the study. The total Cronbach's alpha for the four dimensions or factors ranged from 0.795 (government) to 0.901 (professionals). The result ensures the reliability of the questionnaire, meaning that the instrument is reliable to measure the objectives of the study, which is high (>0.70) and acceptable for the researcher and we can rely on the results reached through it.

1.6. Ethical Considerations

The study received IRB approval on 25th February 2021 with approval number 21-761 form attached in the appendices. Confidentiality was respected throughout the research steps. To obtain their assistance, the study's goal and an information section outlining the study's contents are included in the survey for ethical consideration. On the questions, the participants were not named. The researcher was able to retain the anonymity and confidentiality of the participants in this way.

1.7. Data Collection

The study was started with survey in order to generalize results. The researchers used online survey questionnaires to obtain data from the individuals. A portion of the invitation was included in the study to help participants understand the goal of the study and to gain their cooperation. A data sheet was provided before beginning to answer the questions, which included explanation of the study purposes. The selection of the sample was using by simple random sampling method.

1.8. Statistical Analysis

For the purposes of conducting the statistical analysis, the researcher was used the software “Statistical Package for Social Science (SPSS) version (25). The participant's demographics characteristics described using frequency and percentages. The data analysis doing by measuring the mean and standard deviation of responses to each independent variable axis. Descriptive statistics were used to look at the participants' demographic information, while factors analysis was employed to look at probable differences in mean between groups. Correlation statistics was performed to study between the variables. Regression analysis was used to investigate the association between study variables.

2. Results

Table 1 illustrates that 73% of those who responded were female and 208 participants 47.3% were aged from

18 to 29 years old. Of them, 203 married 46.1%. Most of the participants were enrolled on a College/University degree (35.7%, n = 157), and 28.6% (n = 126) were unemployed, 23.4% (103) sample were students. The majority of them were Saudi (87.3%, n = 384). Coming in estimated monthly income most of the participants have less than 3000SR 53.4% (235). Some of them have monthly income in between 7000 SR to less than 10,000SR (13%) 57, and most of the participants 35.5% (156) were choosing convenient is the reason for choosing government hospitals.

Table 1. Sociodemographic characteristics of responses (n=440)

Characteristics	Categories	Frequency	Percentage
Age	18 to 29 years	208	47.3
	30 to 39 years	106	24.1
	40 to 49 years	48	10.9
	50 to 59 years	46	10.5
	≥ 60 years	32	7.3
Gender	Male	119	27
	Female	321	73
Marital status	Single	203	46.1
	Married	181	41.1
	Widowed	29	6.6
	Divorced	27	6.1
Level of education	Uneducated	11	2.5
	Primary school completed	30	6.8
	Intermediate school completed	35	8
	High school completed	143	32.5
	Diploma before university completed	31	7
	College/University degree completed	157	35.7
	Diploma post university completed (postgraduate diploma)	9	2
	Post graduate degree completed	24	5.5
Nationality	Saudi	384	87.3
	Non-Saudi	56	12.7
Work status	Government employee	96	21.8
	Private sector employee	61	13.9
	Self-employed	28	6.4
	Student	103	23.4
	Retired	26	5.9
	Unemployed	126	28.6
Estimate monthly income	< 3000	235	53.4%
	3000 to less than 5000	63	14.3%
	5000 to less than 7000	38	8.6%
	7000 to less than 10,000	57	13%
	10,000 to less than 15,000	29	6.6%
	15,000 to less than 20,000	10	2.3%
	20,000 to less than 30,000	4	0.9%
	≥ 30,000	4	0.9%
Main reason to visit a government hospital	Convenient	156	35.5%
	Do not have a health insurance	35	8%
	Provide quality services	42	9.5%
	Knowing some people	20	4.5%

Table 2 shows the frequency distribution of each statement of the dimension of patient perceptions on accountability in healthcare settings, each variables have statements and the results reached are the following: In the variable professional in healthcare accountability the most rated statements are as follows; the most of the participants(58.6%) agree the statement “Practitioners communicate effectively with their patients when discussing health-related problems and possible outcome”, “Practitioners have specialized education in their respective field” (58.2), “They are being positive. . . (having a positive approach and a positive attitude; being

honest but not negative about your problems)” (57%) respectively and finally most of the statements Agree by the participants.

In the second variable Administration and Management in healthcare accountability the participant’s responses were as follows, most of the participants agree the statement “Visiting a government hospital is not embodied with financial risks” (56.8%) and remaining “High technological medical instruments are in effectively use” (56.1%) “The hospital is open 24 hours” (55.9%) respectively and finally most of the statements Agree by the participants.

Table 2. Patients’ perceptions on accountability in health care organization.

Q		SD%	D%	N%	A%	SA%
B1: Professional’s health care accountability (Doctors, Nurses and other staff)						
1	When you have health related problem/s you can trust your doctor(s)	1.6	3%	16.4	57.3	21.8
2	Practitioners have specialized education in their respective field	1.4	4.1	16.1	58.2	20.2
3	Practitioners have sincere interest in providing treatment to your problem/s	1.8	5.7	16.8	57.7	18
4	Technicians/pathologists can diagnose your problem/s the right way	3.4	15	24.1	46.4	11.1
5	Primarily they check your medical history before prescribing anything	4.1	10.5	13.6	51.1	20.7
6	Practitioners are well qualified, and you can rely on their care	1.6	6.6	21.1	56.1	14.5
7	Practitioners communicate effectively with their patients when discussing health-related problems and possible outcome	2.7	5	18	58.6	15.7
8	You feel comfortable after discussion about your problem with the physician (being friendly and warm towards you, treating you with respect not cold or abrupt.)	0.7	4.1	14.1	53.9	27.3
9	You feel safe visiting a government hospital	3.2	8	18.9	50	20
10	People go abroad for medical treatment although they can get the same services in the Saudi government hospitals	9.5	15	24.5	37	13.9
11	Physician explaining things clearly. fully answering your questions, giving you adequate information; not being vague	2.5	10.5	16.8	55.9	14.3
12	You feel that the physician understood your case properly, accurately understood your concerns not overlooking or dismissing anything	1.6	10.25	19.8	56.4	12
13	Physician is really listening. . . (paying close attention to what you were saying; not looking at the notes or computer as you were talking)	2.3	9.5	17.3	55.2	15.7
14	They are being positive.(having a positive approach and a positive attitude; being honest but not negative about your problems)	1.1	6.4	18.2	57	17.3
15	Healthcare practitioner is friendly and being interested in you as a whole person. They asking/knowing relevant details about your life, your situation”; not treating you as just a number	0.9	8	16.4	56.6	18.2
16	You feel enough warm and ease after consultation”. You are allowed to tell your “story” “giving you time to fully describe your illness in your own words, not interrupting or diverting you	2.7	9.3	17.5	53.4	17
B2: Administration and Management health care accountability						
17	Health services are usually provided as promised or advertised	3.6	11.1	26.4	45.9	13
18	Managers are credible and gain the patient’s confidence	2.3	8.4	27.7	50.9	10.7
19	Visiting a government hospital is not embodied with financial risks	2.7	8.2	14.5	56.8	17.7
20	Administrators have the ability to hire the right people	4.1	10.2	24.5	48.9	12.3
21	The hospital is open 24 hours	1.8	4.5	10.5	55.9	27.3
22	The hospital is conveniently located	2.5	9.5	12.5	55.2	20.2
23	Calls are returned promptly	11.4	26.8	21.4	33.4	7
24	Waiting time is low	22.7	29.3	21.1	21.8	5
25	Information regarding routine check-up is received through reports, letters or emails	10.5	16.6	24.5	39.8	8.6
26	Rules about seeing the doctor are not violated (no nepotism)”	3	10.7	36.8	40	9.5
27	High technological medical instruments are in effectively use	3	6.4	14.8	56.1	19.8
28	There is an easy access for disabled persons	2.7	8	20.2	48	21.1
B3: Legal ethical issues						
29	Medical malpractice laws are existing to protect patients	4.8	7	16.1	47.3	24.8
30	Services provided is ethical	3	5.7	16.6	56.1	18.6
31	I feel comfortable about taking legal action if anything goes wrong (e.g., the doctor is negligent, wrong treatment/prescription, etc.)”	3	7.7	15.7	51.4	22.3
32	Rules and laws are effectively being implemented	4.3	8.4	21.8	50	15.5
B4: Government action						
33	The government plays a major role in overseeing activities of healthcare sector	1.6	2.5	13.4	51.1	31.4
34	Government initiatives are not lenient toward medical malpractice	1.8	5.7	16.4	48.6	27.5
35	Government adequately promotes patients’ bill of rights	1.8	1.8	13	55.2	28.2
36	Fairness is always maintained to save patient	1.6	4.5	15.5	52.7	25.7
37	Government provides financial, legal, mental and social support to patient to protect the interest of patient	1.6	3.6	12.7	50.2	31.8

In the third variable legal and ethical issues in healthcare accountability the participant’s responses were as follows, most of the participants agree the statement “Services provided is ethical” (56.1%) and most of the statements Agree by the participants. Finally, the last variables were Government Actions Management on healthcare accountability the participant’s responses were as follows, most of the participants agree the statement “Government adequately promotes patients’ bill of rights” (55.2%), “The government plays a major role in overseeing activities of healthcare sector” (51.1%) and most of the statements Agree by the participants.

Table 3 represents the relationship between professional’s influence and healthcare accountability and the result represents a variable statement having It was regarded significant if the number was equal to or greater than 0.4. which means most of the statements shows have significant relationship with the accountability in healthcare settings.

Table 4 shows the relationship between administrative and managers influence and healthcare accountability and the result represent a variable statement having Significant was defined as a value of 0.4 or higher which means that all the statements have significant relationship with the accountability in healthcare settings.

Table 5 illustrates the relationship between legal and ethical issues influence and healthcare accountability and the result represent a variable statement having Significant was defined as a value of 0.4 or higher which means all the statements shows have significant relationship with the accountability in healthcare settings.

Table 6 shows the relationship between government influence and healthcare accountability and the result represents a variable statement having Significant was defined as a value of 0.4 or higher which means all the statements shows have significant relationship with the accountability in healthcare settings.

Table 3. Relationship between professional’s influence and healthcare accountability

Professionals’ health care accountability	Factors analysis	Communalities
When you have health related problem/s you can trust your doctor(s)	.720	.560
Physician have specialized education in their respective field	.747	.561
Practitioners have sincere interest in providing treatment to your problem/s	.744	.609
Technicians/pathologists can diagnose your problem/s the right way	.580	.467
Primarily they check your medical history before prescribing anything	.469	.387
Practitioners are well qualified, and you can rely on their care	.697	.615
Practitioners communicate effectively with their patients when discussing health-related problems and possible outcome	.611	.555
You feel comfortable after discussion about your problem with the physician (being friendly and warm towards you, treating you with respect not cold or abrupt.)”	.491	.369
You feel safe visiting a government hospital	.621	.512
“People go abroad for medical treatment although they can get the same services in the Saudi government hospitals”	.653	.461
“Physician explaining things clearly. . . fully answering your questions, giving you adequate information; not being vague”	.592	.592
“You feel that the physician understood your case properly, accurately understood your concerns not overlooking or dismissing anything”	.569	.634
“Physician is really listening. . . (paying close attention to what you were saying; not looking at the notes or computer as you were talking)”	.675	.663
“They are being positive. . . (having a positive approach and a positive attitude; being honest but not negative about your problems)”	.597	.577
“Healthcare practitioner is friendly and being interested in you as a whole person. They asking/knowing relevant details about your life, your situation”; not treating you as “just a number”	.552	.603
“You feel enough warm and ease after consultation”. You are allowed to tell your “story giving you time to fully describe your illness in your own words, not interrupting or diverting you”	.657	.651

Table 4. Relationship between administrative and managers influence and healthcare accountability

Administrative and managers influence	Factors analysis	Communalities
Health services are usually provided as promised or advertised	.709	.570
Managers are credible and gain the patient’s confidence	.698	.595
Visiting a government hospital is not embodied with financial risks	.667	.446
Administrators have the ability to hire the right people	.678	.590
The hospital is open 24 hours	.564	.355
The hospital is conveniently located	.481	.357
Calls are returned promptly	.819	.715
Waiting time is low	.803	.666
Information regarding routine check-up is received through reports, letters or emails	.772	.642
Rules about seeing the doctor are not violated (no nepotism)	.604	.516
High technological medical instruments are in effectively use	.658	.489
There is an easy access for disabled persons	.679	.517
Health services are usually provided as promised or advertised	.709	.570

Table 5. Relationship between legal and ethical issues influence and healthcare accountability

Legal and ethical issues influence	Factors analysis	Communalities
Medical malpractice laws are existing to protect patients	.851	.724
Services provided is ethical	.802	.643
“I feel comfortable about taking legal action if anything goes wrong” (“e.g., the doctor is negligent, wrong treatment/prescription”)	.777	.604
Rules and laws are effectively being implemented	.837	.700

Table 6. Relationship between government influence and healthcare accountability

Government influence	Factors analysis	Communalities
The government plays a major role in overseeing activities of healthcare sector	.819	.671
Government initiatives are not lenient toward medical malpractice	.799	.638
Government adequately promotes patients’ bill of rights	.859	.738
Fairness is always maintained to save patient	.819	.671
Government provides financial, legal, mental and social support to patient to protect the interest of patient	.817	.668

Table 7 represents the initial screening of the correlation matrix revealed some correlations among the variables. The result shows that all the four variables have strong correlation with accountability in healthcare settings as it is significant as 0.01 level.

Table 7. Correlation statistics between the study variables

	Professionals	Admin. and Management	Legal enforcement	Government action
Professionals’ health care accountability	1	.737**	.672**	.567**
Administration and Management health care accountability	.737**	1	.685**	.539**
Legal enforcement and ethical issues	.672**	.685**	1	.677**
Government action	.567**	.539**	.677**	1

**correlation is significant at the 0.01 level; (two-tailed).

Table 8 illustrates the regression analysis between the accountability in healthcare and independent variables such as professionals in healthcare, “administration and management actions, legal and ethical issues and government action”. The statistical result shows that all variables are significant at 0.05 level.

Table 8. Regression analysis between the accountability in healthcare and study variables

	Unstandardized coefficients		Standardized coefficients		Sig.	“Collinearity statistics”	
	B	Std. error	Beta	T		Tolerance	VIF
Professionals’ health care accountability	.433	.002	.463	213.8	.017	.394	2.540
Administration and Management health care accountability	.326	.002	.367	168.7	.000	.390	2.563
Legal enforcement and ethical issues	.111	.002	.154	69.47	.000	.376	2.660
Government action	.128	.002	.158	83.72	.000	.517	1.933

3. Discussion

This research project was aimed to identify accountability in health care organization from patients’ perspectives specifically in KAMC. In efforts to improve the accountability with in the Researchers have praised the efforts of care providers such as doctors, nurses, and administration in the public healthcare sector. As applies to this research, the test result showed that obtaining first-hand knowledge on healthcare issues that demand improvement in the health care domain requires measuring and reviewing patient perceptions on accountability. In hospital sector we need to identify the factors influencing accountability in health care organizations that require future improvement.

A total number of 440 out of 744 participants enrolled in this study representing, 59.1% response rate. 73% of those who responded were female and 208 participants 47.3% were aged from 18 to 29 years old. Of them, 203 married 46.1%. Most of the participants were enrolled on a College/University degree (35.7%, n = 157), and 28.6%

(n = 126) were unemployed. The majority of the participants were Saudi (87.3%, n = 384).

The result analysis shows the frequency distribution of each statement of the dimension of patient’s perceptions on accountability in healthcare settings. In the variable professional in healthcare accountability the most rated statements are as follows; the most of the participants (58.6%) agree the statement “Practitioners communicate effectively with their patients when discussing health-related problems and possible outcome” and most of the statements Agree by the participants. In the second variable Administration and Management in healthcare accountability the most of the participant’s responses (56.8%) “Visiting a government hospital is not embodied with financial risks” and all of them Agree all the statements. In the third variable legal and ethical issues in healthcare accountability the participant’s responses most of the participants agree the statement (51.6%) “Services provided is ethical” and finally, the last variables were Government Actions Management on healthcare accountability the participant’s responses were as follows,

most of the participants agree (55.2%) the statement “Government adequately promotes patients’ bill of rights” and all of them agree all the statements.

Our study introduces accountability dimensions in healthcare organization. It measures practice gaps in public healthcare settings. This measurement will lead to patient satisfaction. In a developing country, evaluating accountability is important because it serves as a link between accountability and patient satisfaction [10]. Another study also supporting the dimension that they also divided their accountability dimensions into four categories, which include the staff, management, legal enforcement and the role of government. All these dimensions were found to have some kind of participation when it comes to healthcare accountability [11]. Other categories of accountability in health care, such as professional competence, legal and ethical conduct, financial performance, sufficiency of access, public health promotion, and community benefit, were discussed in one of the studies [12]. All these study results supporting our study dimension in related to accountability in healthcare.

When proving the hypothesis, the finding shows that there is significant relationship between accountability in healthcare and independent variables such as professionals in healthcare, “administration and management actions, legal and ethical issues and government action”. The result represents a variable statement having Significant was defined as a value of 0.4 and it is considered as significant which means most of the statements shows have significant relationship with the accountability in healthcare settings. The same opinions published in the different study results [13,14].

The initial screening of the correlation matrix revealed some correlations among the variables. The result shows that all the four variables have strong correlation with accountability in healthcare settings as it is significant as 0.01 level. Another study found a substantial positive association between managerial abilities and responsibility, according to correlation data [15]. However, another study ruled that the government's efforts and legal enforcement were ineffective have significant role in the healthcare accountability Currently, any other strategy cannot replace the government's role and function in ensuring public healthcare accountability [16].

Finally, regression analysis between the accountability in healthcare and independent variables such as professionals in healthcare, “administration and management actions, legal and ethical issues and government action”. The statistical result shows that all variables are significant at 0.05 level. While accountability is a key element in improving accountability in relation to the governance, administration, and management actions of healthcare organizations [17,18].

4. Conclusion and Recommendations

Health care leaders will be able to implement the findings of this study to new strategic plan to improve accountability of the patients in healthcare settings in Saudi Arabia. In order to institutionalize improvement of patient’s accountability, Policies, organizations, and procedures must be aligned and integrated. The study

findings have important in policy makers to maximize their accountability by focusing on quality, processes, information, involvement, and communication to patients This study strongly recommending to for further multicenter comparative study level, which can include government hospitals and private hospitals.

5. Recommendations

This study's findings will assist hospital executives in making improvements to improve healthcare accountability. The result of the study showing the relationship between accountability in healthcare and professionals in healthcare, “administration and management actions, legal and ethical issues and government action”. Therefore, these findings have important in policy makers to optimize their responsibilities to patients, they should focus on quality, process, information, involvement, and communication. To achieve meaningful change and considerably enhance accountability, policymakers must consider patient perspectives and requirements. More research is needed in both the commercial and public healthcare sectors to determine the differences between accountability assessment and its relevance, according to this study.

6. Limitations of the Study

A limitation of this study was, it was covered only a specialist hospital in Makkah. Therefore, in all other Saudi Arabian government hospitals, there is a possibility to conduct a broad survey. This research is based on a questionnaire survey. Additional qualitative or mixed methods research could have improved the results. Finally, more research in the country is needed to determine the distinction between accountability assessment and its applicability. Nonetheless, the study looked into the perceived accountability gap in the public healthcare sector, and it might be applied to the private sector as well.

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