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Affect the Role of Nursing Leadership in Health Management and Quality Improvement Initiatives to improving Health Management Delivery at Saudi Arabia 2024

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Abstract

Background

The healthcare context in which nurses practice is increasingly complex, with financial pressures and a continued demand for high quality, safe patient care. It is in this context that nursing leadership can no longer regarded solely as a supportive discipline but as integral to organizational performance, aiming to enhance efficiency, accessibility, and quality of care. Provide in supporting primary health care functioning, the design, development and implementation of these systems is a non-trivial task. Nurses and are integral to management implementation and utilization, contributing to patient-centered care, chronic disease management, and preventive health strategies. Additionally, technology has altered the information requirements and company structure. The introduction and application of information technologies in healthcare in our increasingly globalized society has greatly aided by advancements in computer science and the growing need for communication. Despite these advantages, challenges such as system interoperability issues, inadequate training,

Aim of the study: To assessment the effect of Role of Nursing Leadership in Health Management and Quality Improvement Initiatives to improving Health Management Delivery at Saudi Arabia 2024.

Method: This is a cross-sectional study targeting health care workers in Saudi Arabia. Validated questionnaires will used; the first validated questionnaire focuses on assessment Nursing Leadership in Health Management Systems on Quality Improving in Health Care and Role Nursing.

Results: Regarding socio demographic characteristics, the majority of participants age 40-49 years were (37.0%) and 30-39 years of age were (23.0%), while < 30 years and above 50 were respectively (20.0 %) but physician were (20.0%) and nursing leadership (43.0%)while technician (nursing) were (18.0%) followed by pharmacist were (20.0%).

Conclusion: Nursing leadership is an indispensable part of effective health management and Quality Improvement Initiatives Evidence clearly indicates that strong, strategic, and supportive nursing leadership development is not an optional luxury but a core essential for the pursuit of excellence in patient care and the long-term sustainability of healthcare organizations. Despite these advantages, challenges such as system interoperability issues, inadequate training, and resistance to adoption often hinder effective integration.

Keyword: Role, Nursing, Leadership, Health Management, Quality, Improvement Initiatives, Saudi Arabia.

Introduction

Leadership in the practice of nursing has undergone a sea of change over the past five decades. Nursing leadership in yesteryear emanated from an authoritarian, task-oriented model that relied heavily on hierarchy and compliance [1]. The "traditional" model for the most part, been replaced by more modern, relational approaches recognizing empowerment , inspiration and collaboration and it should be designed according to the service delivery system. [2] Nursing Leadership aims to improve the processes of data handling in order to extract useful information for health planning, decision-making and resource allocation through different sources to provide quality services .

[3] The countries are faced with a wide variety of health-related challenges including the limited resources and capabilities [4] the health systems that address those challenges, have inevitably moved into maximizing the value of scarce resources and finding ways to make health systems functions as efficiently as possible. [5]
The Integration of Nursing Leadership into health care has recognized as a transformative approach to addressing inefficiencies, enhancing patient outcomes , and fostering a patient-centered care model .[6] Health care is defined by the World Health Organization as "a model of care that supports first-contact, accessible, continuous, comprehensive and coordinated person focused care" while achieving equitable access to care and emphasizing population health [6]
Historically, Saudi Arabia's healthcare system has been primarily focused on acute care and specialized medical services. The foundational era of the 20th century saw a limited emphasis on primary health care, with healthcare services largely characterized by hospital-centered care. However, the realization of the importance of accessible and comprehensive healthcare services paved the way for the emergence and formal recognition of Health Management. [7]
The field of Health Management has undergone profound transformations globally, adapting to the needs and dynamics of diverse populations. In Saudi Arabia, this evolution has been particularly significant, shaped by cultural, social, and economic developments, as well as the country's unique healthcare challenges. [8] As healthcare systems evolve in response to emerging health concerns, technological advancements, and shifting demographics, the role of Health Management has become increasingly paramount. This introductory research essay delves into the evolution of Health Management in Saudi Arabia [9]
Nursing time represents the single highest cost for most health services. Healthcare services around the world are also experiencing a shortage of nursing staff [10]. The effective delivery of health care (HC) is pivotal in achieving comprehensive health coverage and improving population health outcomes. In recent decades, nursing leadership have emerged as a cornerstone of modern health care, offering tools that streamline clinical processes, improve data accuracy, and support evidence-based decision-making [11]
At its core, Health Management and Quality improvement and nursing characterized by a comprehensive and continuous approach to patient care, addressing a wide array of health concerns across all ages. Health Management and nursing serve as the first point of contact for patients seeking healthcare, often managing complex, chronic illnesses while also guiding patients toward preventive measures. [12] This unique position enables Nursing Leadership and nursing practitioners to build relationships with their patients, fostering a deeper understanding of their families' health histories, risk factors, and social determinants of health. Through regular check-ups, screenings, and counseling, family physicians and nursing can detect potential health issues before they escalate into serious conditions [13]
As Saudi Arabia transitioned into the 21st century, the country began to implement a series of reforms aimed at enhancing its healthcare system. The Saudi Vision 2030 framework is a long-term plan for economic and social development, with healthcare reform as one of its cornerstones. This initiative has underscored the importance of Quality Improvement in providing comprehensive care that prioritizes the needs of Quality Improvement and communities [14]
In the dynamic landscape of contemporary healthcare, the significance of preventive measures has gained unprecedented recognition. [15] With the escalating prevalence of chronic diseases coupled with increasing healthcare costs, the emphasis on preventive healthcare is more critical than ever. Family medicine, a unique branch of primary health care, plays an integral role in this paradigm shift. By centering on holistic patient care, continuity, and accessibility, family medicine emerges as a cornerstone in the promotion of preventive healthcare practices [16]

Literature review

Study by Yousef. et al (2023) , reported that we look forward, the expansion of the nursing leadership practitioners health model is likely to foster greater collaboration among healthcare teams. By employing advanced communication strategies, including tele-health and electronic health records (EHRs), nursing leadership can increase its capacity to manage holistic patient care. This transformation could lead to a more proactive healthcare system, wherein patients are engaged in their health journeys, leading to better adherence to treatment plans and improved health outcomes [17]
Study by Gala. et al. (2024), found that nursing leadership Systems in Health Care are critical systems deployed to help organizations and all stakeholders within the healthcare arena eradicate disjointed information and modernize health processes by integrating different health functions and departments across the healthcare arena for better healthcare delivery [18]. Over time, the nursing leadership has transformed significantly amidst several players such as political, economic, socio-technical, and technological factors that influence the ability to afford quality healthcare services [19]
Technology provides numerous opportunities for the private sector to invest in medical devices, digital health, e-health, and m-health to transform healthcare [20] as in the case of the National Home Healthcare Platform Serving (NHHCP) under the Saudi MOH new model of care initiative [21]
In supplies component, the participants identified that paperwork in data registration and transmission spends much time, and this makes the system inefficiently. Study by Alhomaidhi et al. in 2019 reported expressed that

the computerized systems are more useful and efficient than paperwork because of the further improvement of the efficiency in management processes, saving more time in locating information, more economical use of financial resources and greater ease and speed of data recovery.[22]
Nurses are pivotal in implementing and utilizing nursing leadership in PHC settings. Research highlights that nursing professionals' benefit from Health Management and Quality by gaining access to centralized patient data, enabling more informed care delivery and reducing the administrative burden. Nurses are committed to meeting the diverse and often complex needs of people with competence and compassion. [23]
Nurses, particularly those who work in communities and public health settings, may also face the stress of encountering health inequities laid bare, such as hazardous housing and food insecurity. [24]
Ghadi et al (2021) addressed seven ways to improve quality and safety in any health care as the following : Align organizational processes with external pressure, Put quality high on the agenda, Implement supportive organization- wide systems for quality improvement, Assure responsibilities and team expertise at departmental level , Organize care pathways based on evidence of quality and safety interventions , Implement pathway-oriented information systems, Conduct regular assessment and provide feedback '. The health system in Saudi Arabia (SA) has three sectors: the Ministry of Health sector (MOH), the private sector and other government sectors. The MOH is the major government provider of health services in Saudi Arabian. [25]

Aim of the study:
To assessment the effect of Role of Nursing Leadership in Health Management and Quality Improvement Initiatives to improving Health Management Delivery at Saudi Arabia 2024.
Specific objectives:
To assessment the effect of Role of Nursing Leadership in Health Management and Quality Improvement Initiatives to improving Health Management Delivery at Saudi Arabia 2024.

Methodology
This is a cross-sectional study targeting nursing leadership and nursing.in Saudi Arabia. Validated questionnaires were used; the first validated questionnaire focuses on assessment Nursing Leadership Systems on Improving Health Care and role of nursing leadership and nurses. This study was conducted with the support and collaboration of the Health Care Department of the Ministry of Health, Saudi Arabia, from October to November 2024. Based on the literature review of previous studies conducted for similar purposes, relevant questionnaires were developed. These consisted of forms, each of which was directed at a different authority to achieve the above-mentioned objectives. Data of all questionnaires were coded, entered, and analyzed using SPSS version 24.
Study Area
The study conducted from Nursing Leadership and Nurses in Health Care, in Saudi Arabia 2024.
Study population:
Nursing Leadership and Nursing about Nursing Leadership on Quality Improving in Health Care, in Saudi Arabia 2024
Eligibility Criteria
Inclusion criteria:
- Saudi Nursing Leadership and Family Medicine physicians and Nursing.
- Agreed to participant and asked to complete survey.

Exclusion criteria:
- There were no exclusion criteria

Sample Size
The sample size has been calculated by applying Raosoft sample size calculator based on (The margin of error: 5%, Confidence level: 95%, and the response distribution was considered to be 20%) accordingly the Sample size is 300 of nursing leadership and Nursing in health sector after adding 10 more to decrease margin of error. After adding 5% oversampling, the minimum calculated sample has been 300. Computer generated simple random sampling technique used to select the study participants.
Sampling Technique
The target Nursing Leadership and Nursing were selected from health sector of the Saudi Arabia during the study period. There were health sectors in the Saudi Arabia. By simple random sampling technique, selected out after being informed about the objectives of the study .
Data Collection Tool
The questionnaire was designed and built through the application of brainstorming sessions and panel discussion among the research team. Its design involved multiple steps drafting, content-focused and data-focused pilots, literature reviews, and careful consideration of outcomes to measure. He's consisted of four forms, each of which was directed at a different authority to achieve the above-mentioned goals. The first questionnaire comprising many questions on the current practice and training in FM in KSA (political commitment for role of nursing leadership and nursing, strategic plan, funding, and support for postgraduate training programs in FM). The second form, administered to the directors of PHCC in the regions in KSA , the number of PHCC, Nursing Leadership and nurses, diagnostic facilities available, effective referral.

Data Collection Technique

The researcher has been visiting the heath sectors in Saudi Arabia after getting official permissions to conduct the study . They have been explaining the purpose of the study to the Health sector in Saudi Arabia head in each setting. Then, the questionnaire has been distributed on participant different after explaining the purpose of the study and how to fill the questionnaire to them.

Data Entry and Analysis

Data has been collected, reviewed, coded and entered into the personal computer. Data has been presented in the form of frequencies and percentages. Chi-squared test ($\chi 2$) has been used for comparing qualitative data. Other statistical test has been applied whenever appropriate. Statistical significance has been considered at p-value ≤ 0.05. Analysis has been done using SPSS program version 24 .

Pilot Study

A pilot study was conducted on 30 eligible Nursing Leadership and Nursing and face validity of the used questionnaire. No modifications were performed on the used questionnaire; results of the pilot study were not included in the present study.

Ethical Considerations

The proposal was submitted review Committee Saudi Arabia, and data collection was commenced after ethical clearance.

A written consent form with a statement of confidentiality was taken from participant who welcomed participation in the present study; confidentiality of the data was confirmed

Budget

The research will be self-funded

Result

Table 1: Distribution of demographic profile of the Health care workers over the study period (n = 300).

	N	**%**
Age		
< 30 years old	60	20
30-39 years	69	23
40-49 years	111	37
Above 50 years	60	20
Gender		
Female	126	42
Male	174	58
Job classification		
Physician	57	19
Nursing Leadership	129	43
Pharmacist	60	20
Technician (nursing)	54	18
Level of education		
Diploma	126	42
Bachelor's degree	96	32
Master's degree or equivalent	45	15
MD, PhD degree or equivalent	33	11
Working experience		
0–3 years	117	39
5–9 years	102	34
<10 years	81	27

Language barrier		
Always/Sometimes	126	42
Rarely	96	32
Never	78	26

Regarding socio demographic characteristics, table 1 shows that the majority of participants age 40-49 years were (37.0%) and 30-39 years of age were (23.0%), while < 30 years and above 50 were respectively (20.0 %), regarding gender the majority of participant male were (58.0%) but female were (42.0%), regarding the job classification the majority of participant health nursing leadership were (43.0%), but physician were (20.0%) while technician (nursing) were (18.0%) followed by pharmacist were (20.0%), regarding the level of education is the majority of participant diploma were (42.0%) but bachelor's degree or equivalent were (32.0%), while master's degree were (15.0%) but MD, PhD degree or equivalent were (11.0%), regarding the working experience majority of participant 0-3 years were (39.0%) but 5-9 years were (34.0%), while <10 years were (27.0%), regarding language barrier the majority of participant always/Sometimes were (42.0%) but rarely were (32.0%), while never were (26.0%)

Table 2: Distribution of health care workers (Nursing Leadership And nursing) knowledge on Improving Health Care Delivery

Variable	N	%
Are you familiar with the following terms: Improving Health Care Delivery?		
Yes	60	20
No	96	32
I'm not sure	144	48
Are you familiar with Nursing Leadership Systems		
Yes	75	**25**
No	96	**32**
I'm not sure	129	43
How do you assess your satisfaction in general about Nursing Leadership Systems at Saudi Arabia?		
Very Satisfied	120	40
Satisfied	75	25
Unsatisfied	63	21
Very Dissatisfied	42	14
How do you assess your satisfaction in general about Health Care Delivery at Saudi Arabia?		
Very Satisfied	105	35
Satisfied	63	21
Unsatisfied	93	31
Very Dissatisfied	39	13
Which areas have opportunities for improvement and possible action to improve health management Quality?		
Primary medical care (clinics)	45	15
Logistics and supply services	30	10
Infrastructure	69	23
Technical Infrastructure	177	59
Which areas have core competencies for health management Quality for improvement		
Empowerment of medical care	96	32
Training programs	90	30
Communication	60	20
Self-management	54	18
Which areas have core competencies health management Quality for improvement		

Nursing Leadership	90	30
Primary medical care (clinics)	87	29
medical services (nursing unit)	75	25
Health education	30	10
The organization aspects of the medical center	18	6

Regarding Distribution of health care workers (Nursing Leadership And nursing) knowledge on nursing leadership Improving Health Care Delivery, table 2 shows regarding you familiar with the following terms: Improving Health Care Delivery the majority of participants answer No were (32.0%) while I'm not sure were (48.0%), while answer Yes were (20.0%), regarding Are you familiar with Nursing Leadership Systems the majority of participants answer No were (32.0%) while I'm not sure were (43.0%), while answer Yes were (25.0%), regarding do you assess your satisfaction in general about Nursing Leadership Systems at Saudi Arabia the majority of participant very Satisfied were (40.0%) but Satisfied were (25.0%) while unsatisfied were (21.0%) while very dissatisfied were (14.0%), regarding do you assess your satisfaction in general about health care delivery at Saudi Arabia the majority of participant very Satisfied were (35.0%) but Satisfied were (21.0%) while unsatisfied were (31.0%) while very dissatisfied were (13.0%), regarding areas have opportunities for improvement and possible action to improve medical services the majority of participant technical Infrastructure were (59.0%), followed by infrastructure were (23.0%) while Primary medical care (clinics) were (15.0%), regarding the Which areas have core competencies for health management Quality the majority of participant empowerment of employees were (32.0%) but training programs were (30.0%), while communication were (20.0%) but Self-management were (18.0%) , regarding the which areas have core competencies medical services for improvement majority of participant Nursing Leadership were (30.0%) but Primary medical care (clinics)were (29.0%) , while medical services (nursing unit) were (25.0%) but the Health education were (10.0%) while the organization aspects of the medical center were (9.0%) while others were (6.0%) .

Table 3. Distribution of Nursing Leadership perceptions about Systems ways to Improving Health Car

Variable						% Of satisfaction	Chi-square	
		Very Satisfied	Satisfied	Unsatisfied	Very Dissatisfied		X^2	P-value
Is the Health Care Centre ready to provide its Nursing Leadership Systems services	N	66	87	60	87	61	7.920	0.048
	%	22	29	20	29			
The application of the Nursing Leadership Systems project will work effectively in the Medical Centres?	N	132	90	57	21	77.75	89.520	0.000
	%	44	30	19	7			
There will be an expected improvement in Health Care Delivery in during the services Nursing Leadership Systems	N	114	120	36	30	76.5	94.560	0.000
	%	38	40	12	10			
The Nursing Leadership Systems will increase efficiency and improve the Primary Health Care Delivery	N	198	57	15	30	85.25	281.040	0.000
	%	66	19	5	10			
Implementing the Nursing Leadership Systems will to manage medical services and Improving Primary Health Care Delivery bridge the budget deficit	N	213	45	18	24	87.25	343.920	0.000
	%	71	15	6	8			
The Role of Nursing and Nursing Leadership will contribute to developing and modernizing health Care Delivery in the Medical Centre	N	192	45	30	33	83	245.040	0.000
	%	64	15	10	11			

The implementation of the Nursing Leadership Systems will contribute to the achievement of job satisfaction for the Family Medicine and Nursing .	**N**	225	45	12	18	89.75	408.240	0.000
	%	75	15	4	6			

Table 3 Distribution of Nursing Leadership perceptions about Nursing Leadership Systems ways to Improving Health Car show regarding the Health Care Centre ready to provide its Nursing Leadership Systems services while a significant relation were (P-value =0.048) and X^2 (7.920) while % of agreement were (61.0) the majority of participant Satisfied were (29.0%) followed by the very dissatisfied were (29.0%) while very Satisfied were (22.0%) but unsatisfied were (20.0%), regarding the application of the Nursing Leadership Systems project will work effectively in the Medical Centres while a significant relation were (P-value =0.000) and X^2 (89.520) while % of agreement were (77.75) the majority of participant very Satisfied were (44.0%) followed by the very dissatisfied were (7.0%) while Satisfied were (30.0%) but unsatisfied were (19.0%), regarding will be an expected improvement in Health Care Delivery in during the services nursing leadership systems while a significant relation were (P-value =0.000) and X^2 (94.560) while % of agreement were (76.5) the majority of participant Satisfied were (40.0%) followed by the very satisfied were (38.0%) while very dissatisfied were (10.0%) but unsatisfied were (12.0%), regarding the Nursing Leadership Systems will increase efficiency and improve the Health Care Delivery while a significant relation were (P-value =0.000) and X^2 (281.040) while % of agreement were (82.25) the majority of participant very Satisfied were (66.0%) followed by the satisfied were (19.0%) while unsatisfied were (10.0%) but very dissatisfied were (5.0%), regarding Implementing the Nursing Leadership Systems will to manage medical services and Improving Health Care Delivery bridge the budget deficit while a significant relation were (P-value =0.000) and X^2 (343.920) while % of agreement were (87.25) the majority of participant very Satisfied were (71.0%) followed by the satisfied were (15.0%) while very dissatisfied were (8.0%) but unsatisfied were (6.0%), regarding the role of Nursing and Nursing Leaders will contribute to developing and modernizing health Care Delivery in the Medical Centre while a significant relation were (P-value =0.000) and X^2 (245.040) while % of agreement were (83.0) the majority of participant very Satisfied were (64.0%) followed by satisfied were (15.0%) while very dissatisfied were (11.0%) but unsatisfied were (10.0%), regarding the implementation of the Nursing Leadership Systems will contribute to the achievement of job satisfaction for the Family Medicine and Nursing while a significant relation were (P-value =0.000) and X^2 (408.240) while % of agreement were (89.75) the majority of participant very Satisfied were (75.0%) followed by the satisfied were (15.0%) while very dissatisfied were (6.0%) but unsatisfied were (4.0%) ,

Table 4. Distribution of nursing leadership and nursing suggestions for about Improving Health Care Delivery throe Health Management Quality

Variable	N	%
Nursing leadership and nursing suggestions and comments around Improving Health Care work in the medical centers.		
Infrastructure development	210	70
Improving the Health management quality in medical.	192	64
Assigning a qualified employee for a Health systems unit	120	40
Increase the number of nursing and provide training programs for all levels.	96	32
Improvement of logistics and supply services	231	77
What opportunities can the Health Care Administration take advantage of to increase the role of nursing and nursing leadership?		
premarital examination and examination of employees for getting new jobs	240	80
Training courses and scientific conferences	180	60
Vaccination programs	240	80
Invest in virtual clinics	270	90
provide service to patients, health education	255	85
Invest in nursing leadership	210	70
What challenges may the Nursing and nursing leadership witness if implementing the Health Management Quality?		

The medical services provided need improvement	105	35
Medical services are not ready and will not meet the customer's desires (patient) regarding Management Quality	78	26
Current medical devices, and the Health Management Quality currently used need to Improving	60	20
Lack of number of nursing.	45	15
Resistance to change.	150	50
Lack of budget to meet the necessary needs.	120	40

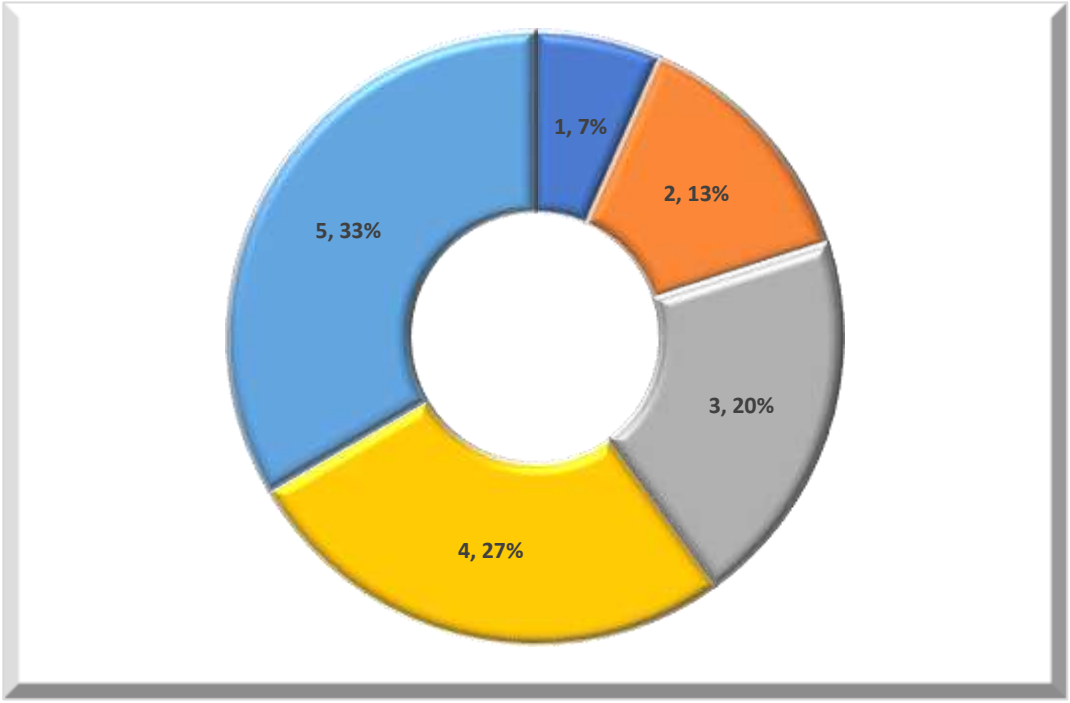
Regarding Distribution of nursing leadership and nursing suggestions for about Improving Health Care Delivery throe Health Management Quality table 4 shows regarding
Nursing leadership and nursing suggestions and comments around Improving Health Care work in the medical centers the majority of participants answer Improvement of logistics and supply services were (77.0%) but Infrastructure development were (70.0%) while Improving the Health in medical were (64.0%), while assigning a qualified employee for a Health Information Systems unit were (40.0), followed Increase the number of qualified Family Medicine and nursing and provide training programs for all levels. (32.0%), regarding **what opportunities can the Health Care Administration take advantage of to increase the role of nursing and nursing leadership** the majority of participant deal Invest in virtual clinics were (90.0%) but provide service to patients, health education were (85.0%) while premarital examination and examination of employees for getting new jobs and Vaccination programs were (80.0%) while Invest in health information systems and virtual clinics were (70.0%), followed Training courses and scientific conferences were (60.0%) , regarding the **challenges may the Nursing and nursing leadership witness if implementing the Health Management Quality** the majority of participant resistance to change were (50.0%) but lack of budget to meet the necessary needs were (40.0%), while The medical services provided need improvement were (35.0%) but medical services are not ready and will not meet the customer's desires (patient) regarding Health Systems were (26.0%) .

Table 5. Distribution of the extent of the expected improvement in the Health Care Delivery when implementing Health nursing leadership Systems . 1 is very low, 5 is very high

The extent of the expected improvement in the Primary Health Care Delivery when implementing Health nursing leadership Systems . 1 is very low, 5 is very high			
		N	**%**
1		27	9
2		33	11
3		21	7
4		45	15
5		174	58
	%	80.4	
Chi-square	**X^2**	276	
	P-value	<0.001*	

Table 5 Distribution of the extent of the expected improvement in the Health Care Delivery when implementing Health nursing leadership Systems . 1 is very low, 5 is very high regarding distribution The extent of the expected improvement in the Health Care Delivery when implementing Health **nursing leadership** Systems . 1 is very low, 5 is very high the most of participant in very high were (58.0%) followed by high were (15.0%) but average were (11.0%) while low were (9.0%) but very low were (7.0%) while a significant relation were (P-value =0.001) and X^2 (276.0) while % of agreement were (80.4)

Figure (1) Distribution of the extent of the expected improvement in the Health Care Delivery when implementing Health nursing leadership Systems . 1 is very low, 5 is very high



Discussion

The aim of this study was to assessment of the Health nursing leadership Systems on Improving Health Care, role of nursing leadership and Nursing in Health Management in Saudi Arabia 2024 .This study has addressed the Health nursing leadership Systems on Improving Health Care Delivery and the Role of nursing leadership and Nurses; first, it could not provide underlying causes of the improving health care. Secondly, the evaluation system is more single-dimension and does not include other manners to ensure the quality of delivered services such as contact with customer or patient. Also, in another qualitative study from Iran, nursing leadership health providers revealed that supervision and management system is suboptimal and does not give support and guidance for improving quality at tasks contributed to PHC.[26]

In our study reported the socio demographic characteristics, table 1 shows that the majority of participants age 40-49 years were (37.0%) and 30-39 years of age were (23.0%), while < 30 years and above 50 were respectively (20.0 %), regarding gender the majority of participant male were (58.0%) but female were (42.0%), regarding the job classification the majority of participant health nursing leadership were (43.0%), but physician were (20.0%) while technician (nursing) were (18.0%) followed by pharmacist were (20.0%), regarding the level of education is the majority of participant diploma were (42.0%) but bachelor's degree or equivalent were (32.0%) (See table 1)

The other important finding in this study was the shortage of qualified nursing leadership and nursing. The Health Management in Saudi Arabia has established Improving Health Care Delivery of Medical Services and Revenue Development arrangement changes and measures that can urge the private division to work intimately with the administration. Health Information Systems of Medical Services and Revenue Development changes require businesses (organizations) to get private medical Services and Revenue Development for their representatives. The usage of the approach has confronted a heap of difficulties in light of the fact that there are no compelling controls. [27]

In our study distribution of Improving Health Care Delivery the majority of participants answer No were (32.0%) while I'm not sure were (48.0%), while answer Yes were (20.0%), regarding Are you familiar with Nursing Leadership Systems the majority of participants answer No were (32.0%) while I'm not sure were (43.0%), while answer Yes were (25.0%), regarding do you assess your satisfaction in general about Nursing Leadership Systems at Saudi Arabia the majority of participant very Satisfied were (40.0%) but Satisfied were (25.0%) while unsatisfied were (21.0%) while very dissatisfied were (14.0%), regarding do you assess your satisfaction in general about health care delivery at Saudi Arabia the majority of participant very Satisfied were (35.0%) but Satisfied were (21.0%) while unsatisfied were (31.0%) while very dissatisfied were (13.0%), regarding areas have opportunities for improvement and possible action to improve medical services the majority of participant technical Infrastructure were (59.0%), followed by infrastructure were (23.0%) while Primary medical care (clinics) were (15.0%), regarding the Which areas have core competencies for health management Quality the

majority of participant empowerment of employees were (32.0%) but training programs were (30.0%), while communication were (20.0%) but Self-management were (18.0%) (See table 2)
As nursing leadership and Nurses may experience some emergency cases at their workplace and as usually health care centers are not well prepared to face such medical emergencies, previous studies suggested that PHC centers should have a written emergency protocol that can help them to effectively deal with emergency cases.[28]
This narrative synthesis integrated findings from recent studies on Saudi Health Information Systems services, in Improving Primary Health Care and role of nursing leadership and Nurses infrastructure, [29]
nursing leadership perceptions about Health Systems ways to Improving Health Car show regarding the Primary Health Care Centre ready to provide its Health Systems services while a significant relation were (P-value =0.048) and X^2 (7.920) while % of agreement were (61.0) the majority of participant Satisfied were (29.0%) followed by the very dissatisfied were (29.0%) while very Satisfied were (22.0%) but unsatisfied were (20.0%), regarding the application of the Health Systems project will work effectively in the Medical Centres while a significant relation were (P-value =0.000) and X^2 (89.520) while % of agreement were (77.75) the majority of participant very Satisfied were (44.0%) followed by the very dissatisfied were (7.0%) while Satisfied were (30.0%) but unsatisfied were (19.0%) (See table 3)

Conclusions

This review has synthesized compelling evidence that nursing leadership is an indispensable, strategic asset in health management and a critical determinant of the success of quality Improvement initiatives. Effective nursing leadership affects everything from bedside care to decisions made in the boardroom. By leading through the development of a safety culture, promoting evidence based practice, judiciously managing human and financial resources, and using data to drive improvement, nursing leaders directly influence the quality and safety of patient care. The evidence clearly demonstrates that leadership is not a passive attribute but an active practice. Transformational, resonant, and authentic styles of leadership are powerfully associated with superior outcomes for both patients and staff. Investing in nursing leadership, therefore, is not an administrative overhead but a core strategy in building resilient, high-reliability health care organizations

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