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REVIEW

Framing health policy in the context of Saudi Arabia

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To understand health policy contexts, it is essential to recognize the main challenges facing health policy methodology and theory [1]. A number of papers have addressed health policy from various perspectives; some focus on the policy analysis method and process, while others focus more on how research and evidence influence policy, including policy evaluation [1—4]. To add to the limited literature and references highlighting the various levels of health policies, this paper aims to frame health policy within the Saudi Arabian health system and highlight the main elements and challenges facing the development of macro- and micro-policy.

Saudi Arabia shares some of its healthcare system characteristics and challenges with both high and low income countries [5]. As a result, policy framing and processes may be unique. The dynamic environment challenging health systems in Saudi Arabia necessitates compliance to international patient safety standards and internationally accepted practices, at the same time conforming to statutory regulations, adhering to cultural sensitivities of the country, and aligning its health development strategies.

Recently, the Saudi Arabian Ministry of Health (MOH) has moved toward developing medical cities and employing self-operating systems as a strategic move to improve its hospitals' operations [6]. To achieve this objective and ensure the hospitals function according to specific rules and regulations, the MOH's strategic plan emphasized the importance of developing administrative policy and procedures (APPs) to govern the operation of its hospitals, as well as developing nursing policy and procedures [6]. In addition, international healthcare quality accrediting bodies, such as Joint Commission International (JCI), require healthcare facilities not only to develop, implement and maintain written policies and procedures to support

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compliance to applicable standards, laws and regulations, but also to ensure a periodical review governing revision and implementation [7].

With a diverse demographic profile of human resources within Saudi Arabian healthcare facilities, foreigners outnumber nationals (more than 72% of physicians and 42% of nurses working at MOH hospitals are non-nationals [8], whereas more than 77% of physicians and 65% of nurses working within the private health sector are non-nationals) [8]. Policies must be established to ensure compliance to local regulations and determine common rules for performance management and evaluation for efficient service delivery and effective communication among patients and staff.

Comparison between macro- and micro-policies

Health policy is categorized as macro-policy or micro-policy (Fig. 1). Macro-policies are broad and expansive, affecting the whole country, region or globe. A health issue that affects a large portion of the population is addressed in a macro health policy, while individual healthcare facilities address the issue through micro health policy. Macro health policies, usually in the form of national health policies, play a vital role in defining a country's vision, priorities, budgetary decisions and course of action to enhance and sustain its citizens' health [9]. Additionally, national policy is part of a large and dynamic process that aims to align a country's priorities with population health needs and generate commitments with other governments, affected or interested health development partners, civil society and private sectors to ensure all people have access to quality health care and live longer and healthier [9,10].

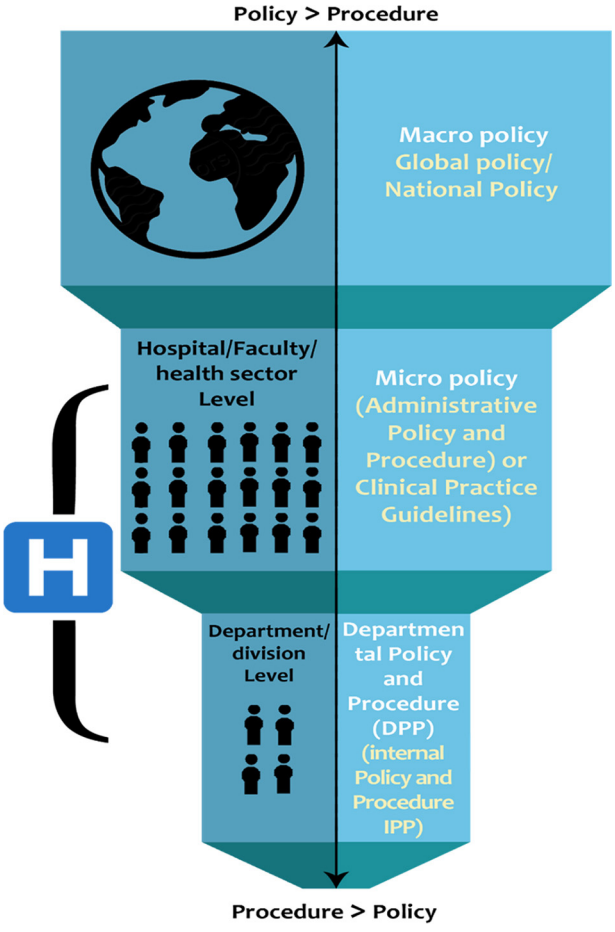

Figure 1 Framing health policy into macro- and micro-policies (designed by author).

Macro-policy includes global health policy which ''implies consideration of the people's health needs of the whole planet above the concerns of particular nations'' [11]. Global and national policies focus on what the policy is all about and sometimes leave out details of how government offices or healthcare facilities should implement the policy (the procedure).

Micro health policies are usually developed in relation to macro health policies. In terms of scope, macro-policies have a larger impact than micro-policies. Micro-policies affect a particular sector, organization, service or process (see Fig. 1). In this sense, micro-policy is a broad guide for organizational members to observe in their behaviors or performance of their management or operational responsibilities [12]. Like a traffic light, policy gives direction to the motorist regarding how and when to go or stop. A policy directs the employees how to act and how to do their job effectively and efficiently with clear expectations for both management and employees. Examples are APPs, Departmental/Internal Policy and Procedures (DPPs/IPPs) and Clinical Practice Guidelines (CPGs). Differences between APPs, DPPs, IPPs and CPGs are briefly explained below.

Micro health policy: APPs, DPPs, and CPGs

APPs in a healthcare environment are based on operational needs and may differ from one healthcare facility to another. Although commonalities may exist, their implementations vary. APPs are implemented by governing departments, which are also responsible for creating, amalgamating, deleting or updating existing policies. APP refers to

policy and associated procedures that apply to all employees within an organizational level. These policies govern the organization's activities related not only to human resource policies, but all activities associated with operations, ethics, safety and research [13]. The impact and scope of APPs applies only to a specific healthcare facility or hospital (see Fig. 1).

Alternatively, DPPs (sometimes called IPPs) are documents designed, organized or developed by a particular department and provide information or instructions for employees to assist them in performing assigned tasks precisely [14]. The scope of the DPP is limited to one department or division within the healthcare facility or hospital (see Fig. 1).

Clinical Practice Guidelines (CPGs) are ''systematically developed statements to assist practitioners in making patient decisions about appropriate healthcare for specific circumstances'' [14]. CPGs are designed to help practitioners assimilate, evaluate and implement the increasing amount of evidence and opinion on current best practice. CPGs can provide clear evidence-based recommendations to influence how physicians, nurses and allied health employees perform clinically. Examples of CPGs are arterial line management, evaluation of acute chest pain and pressure ulcer prevention.

Difference between policy and procedures

Confusion between policy and procedures sometimes exists within micro health policy. A policy is a statement that explains what organizations' employees must do, supports management philosophies and communicates regulations that apply to all personnel, to influence the governing decision-makers. Policies describe the rules that establish what will or will not be done and can range from broad philosophies to specific rules. Policies usually include *what* the role is, *when* it applies, and *who* it covers.

Procedures are usually developed in reference to a written policy. Procedures describe the steps, methods and instructions on *how* to carry out a relevant policy [15], accomplish a particular goal, perform a function or carry out an activity or process. For example, a procedure may require the completion of a form, the administration of a medication or the submission of a memorandum. Procedures include *how* to achieve the necessary result.

Inter-relationship between micro and macro health policy levels

Macro-policy influences the formulation of a micro-policy. One of the considerations before developing a new micro-policy is its alignment with the macro-policy — meaning it does not contradict government rules and regulations and complies with international patient safety standards. Most macro health policies stem from national health policies or programs. For example, the Saudi government established the National Family Safety Program (NFSP) which aims to protect victims of domestic violence, such as physically abused children [16]. The MOH and other healthcare sectors (public and private) then direct all hospitals to accommodate victims by providing necessary logistics and policies or procedures (APP) when NFSP cases are detected. The hospitals then devise policies that include who qualify for such programs and the interventions available at the hospital for these patients, including steps to be undertaken for patients who are victims of domestic violence.

Health policy analysis on both macro and micro levels requires a multi-disciplinary approach to identify the relationship and participation of different organizations or professionals. For example, although based on national policy, the initiation, development, implementation, evaluation and monitoring of NFSP involved different government and non-government institutions (e.g., MOH, other government and private healthcare providers, Ministry of Education, Ministry of Social Affairs and Ministry of Interior). Similarly, at the micro health policy level (healthcare facility), it is expected that multi-disciplinary teams are involved in the development and implementation of APPs or DPPs and the roles and responsibilities of healthcare professionals such as physicians, other clinicians, social workers and other staff are clearly outlined.

Developing and implementing micro health policies and procedures: issues and challenges

Translating a micro health policy into implementation presents many challenges. One of the most common reasons for weak implementation is the conscious exclusion of some sectors or affected groups in a healthcare facility during the policy development stage; for example, top-level centric policies that do not solicit input and participation from relevant groups such as frontline caregivers. Inconsistencies between policy and implementation

(actual practice) result in non-compliance, thus compromising patient safety in the worst case scenario.

Lack of organizational structure or the absence of command responsibility can render a policy ineffective without clear communication channels. Therefore, micro-policy development must align with a facility's organizational chart, strategy and line of authority. The line of authority may vary among healthcare facilities. It is critical to note that differences in mission, facility size or scope of services can ultimately affect implementation. This is why ''borrowing'' policies from other healthcare facilities often creates confusion among staff and adversely affects the quality of healthcare service.

During the development of micro-policy, mainly APPs, senior management of healthcare organizations must ensure patients' and organizational interests are considered. A policy that disregards the interest of the employees, patients or organization and grants or yields power to a specific person or section will negatively affect the morale of all staff throughout the organization.

Policy compliance is the responsibility of everyone within a healthcare facility. To ensure adherence and uniformity of understanding, training must be conducted within all concerned sections, especially for groups affected by the policy. Continuous education, awareness and timely dissemination of newly developed or updated policies ensure compliance and efficiency.

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