Journal of Population Therapeutics & Clinical Pharmacology

REVIEW ARTICLE
DOI: 10.53555/jptcp.v29i03.4524

EVALUATING THE IMPACT OF MEDICAL DECISIONS ON MEDICAL MALPRACTICE: A REVIEW OF HEALTHCARE ORGANIZATIONS IN SAUDI ARABIA

Dr. Nader Moneer Alqerafi[1*], Dr. Jaber Suliman Alrehaili[2], Dr. Abdullah Saleh Aljohani[3], Dr. Yazeed Saeed Alsenani[4]

[1*]General Directorate of Health Affairs – Medina – Saudi Arabia, Email: dr.naderq@gmail.com
[2]General Directorate of Health Affairs – Medina – Saudi Arabia
[3]General Directorate of Health Affairs – Medina – Saudi Arabia
[4]General Directorate of Health Affairs – Medina – Saudi Arabia

***Corresponding Author:** Dr. Nader Moneer Alqerafi
*General Directorate of Health Affairs – Medina – Saudi Arabia, Email: dr.naderq@gmail.com

Table of Contents

List of Table

Executive Summary

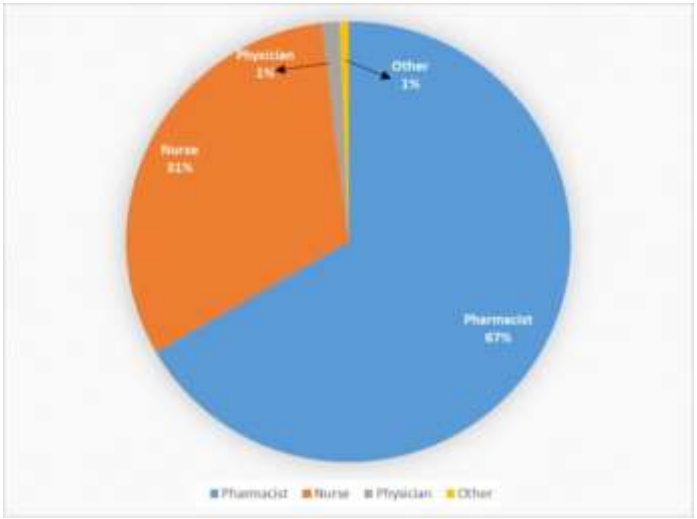
The study examines the impact of medical decisions on medical malpractice in healthcare organizations in Saudi Arabia. In Saudi Arabia, medical malpractice is considered professional negligence. The study focuses on the main cause of medical errors that affect medical decisions in the healthcare organization. A survey has been conducted to analyze the impact of medical decisions on Medical Malpractice. The findings of the study indicate that medical error in healthcare organizations is reduced by medical decision-making. It is also indicated that the law of Saudi Arabia is also effective and reduces medical malpractice. The long working hours and lack of communication and training increase medical errors in healthcare services. The provision of standard drugs to patients does not affect medical malpractice. The misrepresentation of test results and surgical decisions in the healthcare organization affected medical malpractice. It is recommended that training education programs enhance the awareness of medical practices in healthcare organizations.

Evaluating the Impact of Medical Decisions on Medical Malpractice: A Review of healthcare organizations in Saudi Arabia

Chapter 1
Background
Medical Negligence in Saudi Arabia

The healthcare system in Saudi Arabia focuses more on curative care. Medical services in Saudi Arabia are a public health care framework where the public sector provides free, comprehensive medical care through various government agencies. In recent years, there is tremendous advances in health care in Saudi Arabia. The program of Saudi Vision 2030 improves access to quality healthcare for the public of Saudi Arabia (Alasiri & Mohammed, 2022). The rate of non-communicable diseases is high in developing countries. In Saudi Arabia, people faced medical negligence or error in hospitals. Medication errors are a worldwide problem and lead to serious consequences for a large number of patients of all ages, especially for patients with complex diseases. Medical negligence increases the mortality rate and cost of the hospital.

The incidence of medical errors by physicians in Saudi Arabia is high. It also poses a serious threat to patients and healthcare services in Saudi Arabia. According to previous studies, medical negligence or error is the main issue in a hospital for many years in Saudi Arabia. Medical malpractices are caused due to various reasons (Almalki Z. S., Alqahtani, Salway, & Alqahtani, 2021). Medical negligence is caused due to lack of medication information and experience, understaffing, increased patient burden, time constraints and interruptions in referrals, poor supervision, poor communication in referral decisions, and increasing reliance on medication specialists and nurses to identify and correct referral errors. Medical errors are detected in nurses, pharmacists, and physicians.



Source: (Alyami, Naser, Alswar, Alyami, & Sulayyim, 2022)

Medication errors can be costly to patients and their families, emergency room and clinical staff, and insurance agencies. It also leads to serious complications such as delayed admission, dissatisfied outcomes, and lack of personal satisfaction. Therefore, there is a need to uncover the events and consequences of medical errors and ultimately achieve the goal of reducing medical errors (Morrison, Cope, & Murray, 2018). In the clinic, medication errors can occur at any stage of approval, distribution, organization, or observation. Medication errors represent one-fifth of all negligence encountered in the hospitals of Saudi Arabia. However, the error rates that occur in the different phases are different in the hospitals. Healthcare professionals (HCPs) should focus on their perceptions, thoughts, and practices regarding medication errors. Clinical errors can occur due to the improper examination of clinics, errors in perception, and wrong test reports of the patients (Agarwal & Agarwal, 2020). Most patients faced mortality due to the human factor in medication errors.

The mediation error disclosure framework is critical to investigating and containing medical errors, thereby protecting patients from harm. Most reported medical errors are accidental; however, they certainly increase morbidity and mortality. In this way, a safe healthcare environment will help reduce the likelihood of prescribing errors. In countries with advanced healthcare systems and physicians with a different basis of principles and practice (e.g. (Saudi Arabia)) (Alsulami, Sardidi, Almuzaini, & Alsaif, 2019). The process of medication used in the hospital is based on the background of the nation. Clinical negligence is an increasingly common health problem among healthcare providers because it threatens patient safety. Clinical misconduct affects both patients and physicians disproportionately. Therefore, it is important to examine the impact of clinical negligence claims on physicians. Healthcare in Saudi Arabia needs to understand that medical errors cause negative effects on the decision of the medical. Medication error is the responsibility of the hospitals. Medical negligence has an adverse impact on the medical decision in the hospital of Saudi Arabia.

The Objective of the Study

The study will focus on medical malpractice and its impact on medical decisions. The rate of medication error in Saudi Arabia is high. The practice of physicians is affected by medical errors. Medical errors also destroy the trust between doctors and patients. The safety of the patient is important in providing quality healthcare to them. The study aims to evaluate the impact of medical decisions on medical negligence in Saudi Arabia hospitals. The study focuses to provide safety and quality health care to the public of Saudi Arabia. The decision of the doctors and physicians impacts medical errors in hospitals. The decision-making must evaluate and monitor the healthcare system of Saudi Arabia. The study will provide knowledge on medical errors in Saudi Arabia. The research also contributes to the effect of medical decisions in healthcare.

The main objectives of the research are as follows:

- To determine the medical error rate in hospitals in Saudi Arabia.
- To create awareness about the medical decision of healthcare in Saudi Arabia.
- To evaluate the impact of medical decisions on medical negligence.
- To provide additional knowledge on the importance of medical decisions.
- To provide a relationship between medical decisions and medical malpractice.

Hypothesis Statements

The hypothesis of the study is as follows:

Hypothesis (Ho): Providing standard drugs in Saudi Arabian healthcare organizations does not affect medical malpractice.

Hypothesis (H1): Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice.

Hypothesis (H0): Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly do not affect medical malpractice.

Hypothesis (H2): Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly affect medical malpractice.

Hypothesis (H0): Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations do not affect medical malpractice.

Hypothesis (H3): Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations affect medical malpractice.

Chapter 2
Literature Review
Medical malpractice or negligence

Medical malpractice is a legal cause of action that occurs when a physician or doctor or healthcare provides inappropriate treatment and takes inappropriate action during the medical procedures. It happens due to the negligence of the medical professionals. Medical negligence occurs when a professional provider does not meet the proper standards. During covid-19, the malpractice crisis occurred. During a pandemic, it was difficult to provide standard drugs which cause medical malpractice (Sage, Boothman, & Gallagher, 2020). The malpractice occurs due to the high pressure on patients during a pandemic.

Medical Negligence is defined as an administrative error in medication. It occurs when doctors or physicians fail to provide professional obligations during providing healthcare services. Medical malpractice is the legal theory of medical negligence. Patients are impacted due to the negligence of medical professionals (Cheluvappa & Selvendran, 2020). Clinical errors and medical negligence are strongly associated with each other. The standard care of professionals also caused medical negligence.

Medical Negligence and Medical Decisions

According to (Agarwal & Agarwal, 2020), medical errors lead to tragic outcomes for both patients and medical professionals. The wrong prescription of the medication or misinterpretation of the test results affects patient health. These types of errors can affect the decisions of the doctors which affects the patient's well-being. The misrepresentation of the laboratory image can lead to errors in treatment. It also affects medical malnutrition. It is noted that medical malpractice occurs when medical professionals do not properly communicate instructions to patients. It is concluded that medical errors occur due to improper information and knowledge of medical professionals or healthcare.

Almannie and his fellow conducted a study on medical malpractice in Saudi Arabia. The researchers focus on the issue of medical malpractice which cause mortality in the country. The cost of medical error in Saudi Arabia is high than in other developing countries. Medical malpractice is affected by the misinterpretation of prescriptions. The regulations of Saudi Arabia introduced a law to control and monitor errors in healthcare services. It will improve the quality of healthcare and increase the safety of the patients (Almannie, Almuhaideb, Alyami, & Alkhayyal, 2021). Medical professionals must provide a proper standard of medication to the patients. It is noted that the healthcare system will be improved by reducing malpractice in the hospital.

In 2020, Dogan and his fellow conducted a study on medical malpractice in Turkey. According to them, health professionals are responsible for providing quality health to their patients. Medical malpractice claims evaluate through the Delphi model. Medical professionals are bound to provide standard care or drug to the patients. The healthcare professionals followed their duty of care to reduce medical malpractice in the hospital. The provision of standard drugs can cause medication errors which affect the patient's well-being and increase medical malpractice (Doğan, Yükseloğlu, Doğan, & Uğraş, 2020). It is concluded that the Delphi model help to evaluate the claims of medical practices. The process of Delphi is to improve the medical level in the hospitals.

According to (Dahlawi S. , Menezes, Khan, Waris, & Naseer, 2021), clinical negligence is an increasingly common health problem among healthcare providers because it threatens patient safety. It's a huge risk, and patients can be injured, infected, disabled, or killed. It is noted that due to clinical negligence and a growing interest in tacit health and quality issues, non-compliance and financial liability, there is an increasing global focus on understanding outcomes, safety, and the nature of care, resulting in partners, policymakers, and healthcare organizations benefiting from it standardized solution methods for the evaluation of health organizations.

Patient Safety

In 2021, Kaud and his fellow conducted a study on patient safety in healthcare services in Saudi Arabia. Measuring and monitoring safety is a framework that will help healthcare to evaluate the safety of the patients. Medical negligence threatens the safety of the patients. The complication in medical malpractice affects the decision of medical professionals in developing a treatment plan. The management or procedural problems occur in medical errors in the hospitals of Saudi Arabia. It is concluded that patient safety is an integral part of the healthcare services. Measuring and monitoring safety framework create awareness and reduce risk of safety. Within the framework of healthcare in Saudi Arabia, the MMS framework is in place to ensure they are at their best and that the resources provided provide information that improves quality and well-being.

According to (Kaud, O'Connor, O'Malley, Dunne, & Lydon, 2022), the healthcare system of Saudi Arabia maintains high standards to provide patients safety. Healthcare provides standard care to patients to reduce medical malpractice in Saudi Arabia. It is noted that the lack of knowledge of physicians and nurses leads to misconduct and error in healthcare services. The surgical decisions of the doctors are essential for the safety of the patients. It influences medical malpractice in the hospital. The improvements in the medical errors deliver significant clinical processes which increase the safety of the patients. It is concluded that the MMS framework provides safety information across healthcare in Saudi Arabia.

Chapter 3
Collection of Primary Data
3.1. Methodology

The quantitative research method was in the study to collect data through a survey. It is used to analyze the trend and patterns in the decision-making of doctors and physicians. The quantitative method interprets the perception and interpretation of the respondent involved in the study. A quantitative research method was used to analyze numerical data collected from the survey. The survey is a quantitative research method to collect data from a set of respondents. The survey is the most reliable source to gather data. The study used a survey technique because the data comes directly from individuals. It is used to analyze the thoughts and opinions of the respondents on the surgical and diagnostic judgment which may affect the medical malpractice. The study analyzes the impact of medical decisions on medical malpractices in Saudi Arabia.

3.2. Research Design

The survey was designed on Google Forms to collect and analyze the data. The questionnaire has various questions related to medical decisions and medical malpractices in the hospitals of Saudi Arabia. Almost 18 questions are mentioned in the questionnaire. The survey was distributed by using Weblink and emails.

3.2.1. Design of Instrument

An online survey was developed for the study. The online survey has multiple choices questions related to the study. The questionnaire is the most common method to gather data in the research. The questions are related to the hypothesis of the study. The purpose of the study is to prove the alternative hypothesis of the study. The alternative hypotheses of the study are:

- Providing standard drugs in Saudi Arabian healthcare organizations does affect medical malpractice.
- Surgical decisions, including surgical procedures and techniques, in Saudi Arabian healthcare organizations, significantly affect medical malpractice.
- Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabian healthcare organizations affect medical malpractice.

To achieve these hypotheses, the questionnaire was divided into two sections. These sections were tired of the main problem of the study. These sections have various questions stated in the literature review. The section of the questionnaire is as follows:

- Section 1 is the demography of the patients.
- Section 2 is related to medical malpractice
- Section 3 is related to medical decision making

3.2.2. Sample Selection

The sample selection is one of the critical and integral parts of the research. The sample is used to test the hypothesis. The study has targeted those people who work in the healthcare of Saudi Arabia. Numerous medical professionals were also selected for the study. The study randomly selects medical professionals and healthcare to gather data. The study selects 50 physicians, nurses, surgeons, and pharmacists. These are supposed to have information and knowledge about medical decisions and medical malpractice. The sample covered all the problems related to health in Saudi Arabia. The study targets 50 respondents from public and private hospitals.

3.3. Research Execution

The survey was distributed to the respondents who are physicians, nurses, surgeons, and pharmacists in a public and private hospital in Saudi Arabia. The link to the Google forms was sent through email and WhatsApp. The study distributed 80 invitations to the respondents who are working in the medical field. A total of 50 responses were collected from respondents. The response was almost 95%. Most respondents fully respond to the questionnaire.

3.4. Ethics

Ethical considerations are essential in quantitative research. These are the specific implication in the case of primary sources. In this case, the study follows ethical considerations to maintain the right of participants. The information obtained from participants is not shared with others. The study ensures that information from physicians, nurses, surgeons, and pharmacists is privately disposed of by using numbers. The respondents are fully aware of the nature and purpose of the topic. The data of the results is not misrepresented. The participants of the study could leave at any time during the research.

4.5. Analysis of Data

4.5.1. Profile of Respondents

The demographic profile of respondents shows age, gender, and educational background. The profile of respondents is 1st section of the survey. The survey of the study is anonymous. The responses were only linked to the participants.

4.5.2. Analysis of Responses

Section 1: Personal Background

Question 1: What is your age?

Table 1: Age

1. What is your age?	
18-25 years	11
26-35 years	20
36-45 years	17
46-55 years	2

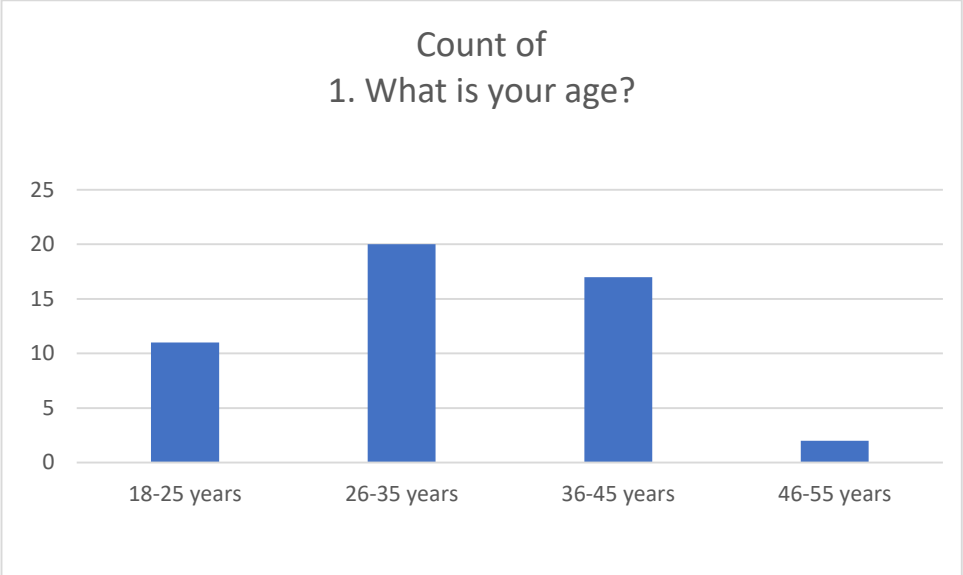


Figure 1: Age (Fathi & Miraj, 2021)

Most of the participants of the study belong to the age between 26-35 years.
Question 2: What is your gender

Table 2: What is your gender?

2. What is your gender?	
Female	21
Prefer not to say	0
Male	29

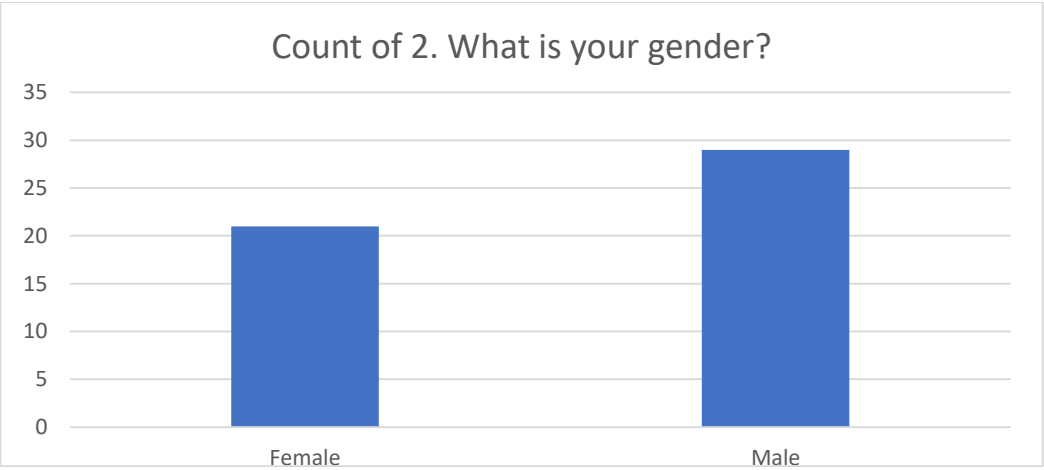


Figure 2: What is your gender (Aljaffary, Al Yaqoub, Al Madani, Aldossary, & Alumran, 2021)

Most participants of the study are female. Almost 21 respondents are female medical professionals.
Question 3: What is your educational Background?

Table 3: educational background?

3. What is your educational background?	
Bachelor's degree	33
Doctorate	3
High school or below	1
Master's degree	13

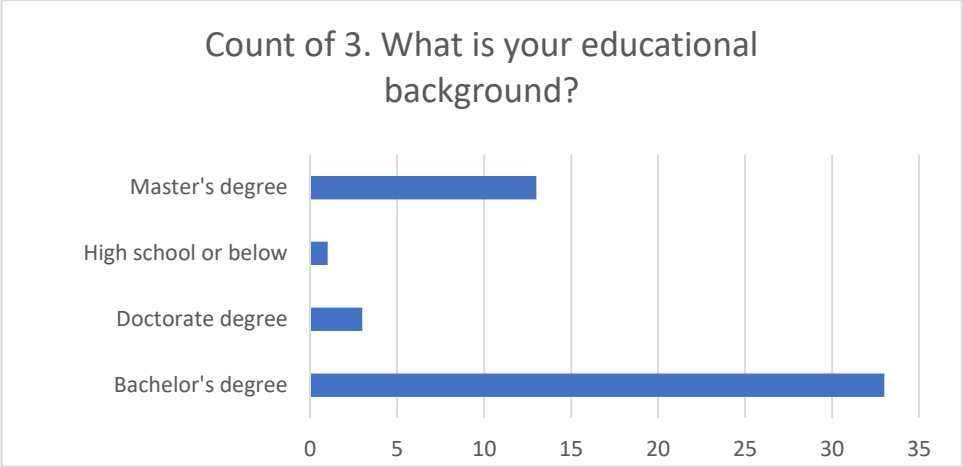


Figure 3: Educational background (Aljaffary, Al Yaqoub, Al Madani, Aldossary, & Alumran, 2021)

Most medical professionals have bachelor's degrees in the field of medicine. Almost 33 respondents are graduated. They have proper knowledge and information about medical decisions and medical malpractice.

Question: 4

Table 4: Worked Experience in healthcare?

4. How long have you worked in healthcare?	
11-15 years	5
1-5 years	27
6-10 years	13
Less than 1 year	5

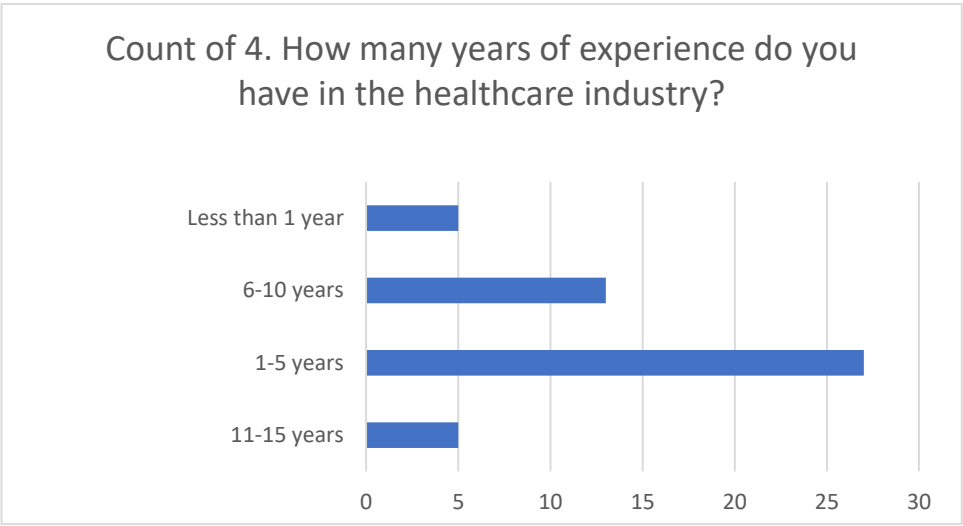


Figure 4: worked in healthcare (Almalki Z. S., et al., 2021)

Section 2: Medical Malpractice

Question 5:

Table 5: witnessed or been involved in any medical malpractice

5. Have you witnessed or been involved in any medical malpractice incidents within your healthcare organization?	
Maybe	3
No	8
Yes	39

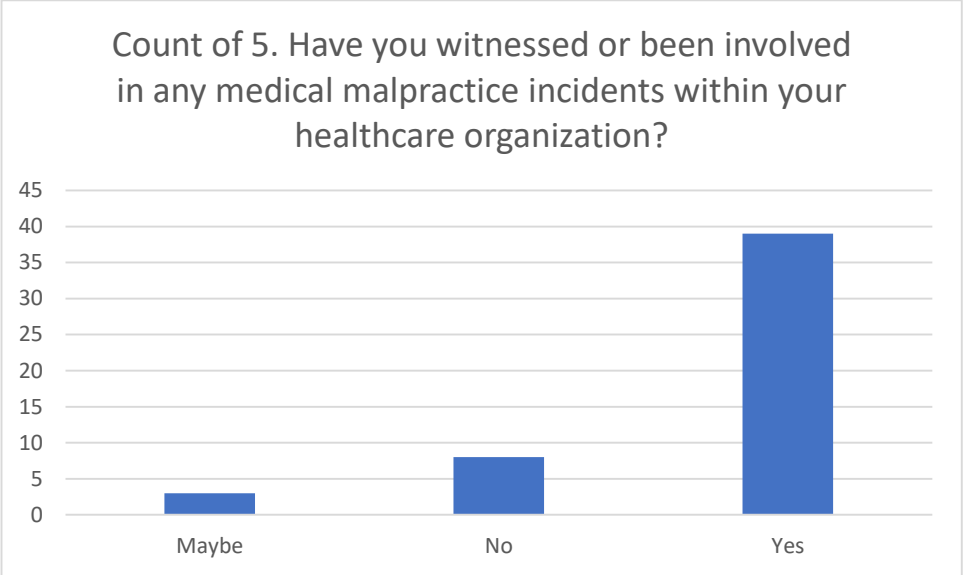


Figure 5: witnessed or been involved in any medical malpractice (Almalki Z. S., et al., 2021)

The question aims to investigate the incidents of malpractice in Saudi Arabia. Most participants are involved in medical malpractice. Some of the respondents skipped the question.

Question 6:

Table 6:rate the level of awareness about medical malpractice

6. How would you rate the level of awareness about medical malpractice among healthcare professionals in your organization?	
High	25
Low	1
Moderate	9
Very high	15

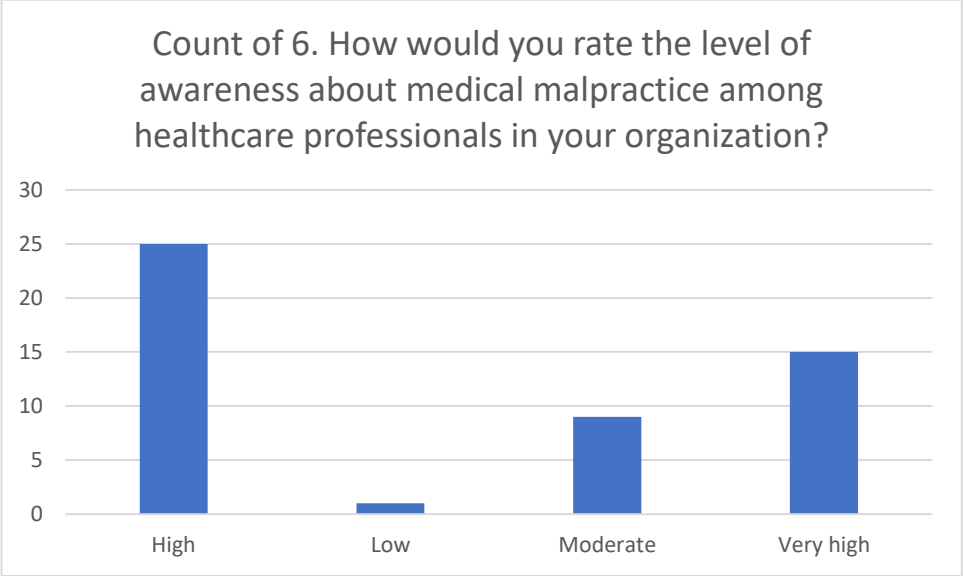


Figure 6: rate the level of awareness about medical malpractice (Almalki Z. S., et al., 2021)

This section highlights the awareness of medical malpractice in healthcare organizations. Awareness is important and integral part of healthcare services.

Question 7:

Table 7: believe contribute to medical malpractice

7. What factors do you believe contribute to medical malpractice incidents in healthcare organizations?	
High workload and long working hours	10
Inadequate training and education	15
Insufficient resources and equipment	3
Lack of communication between healthcare professionals	19
Lack of standardized protocols and procedures	3

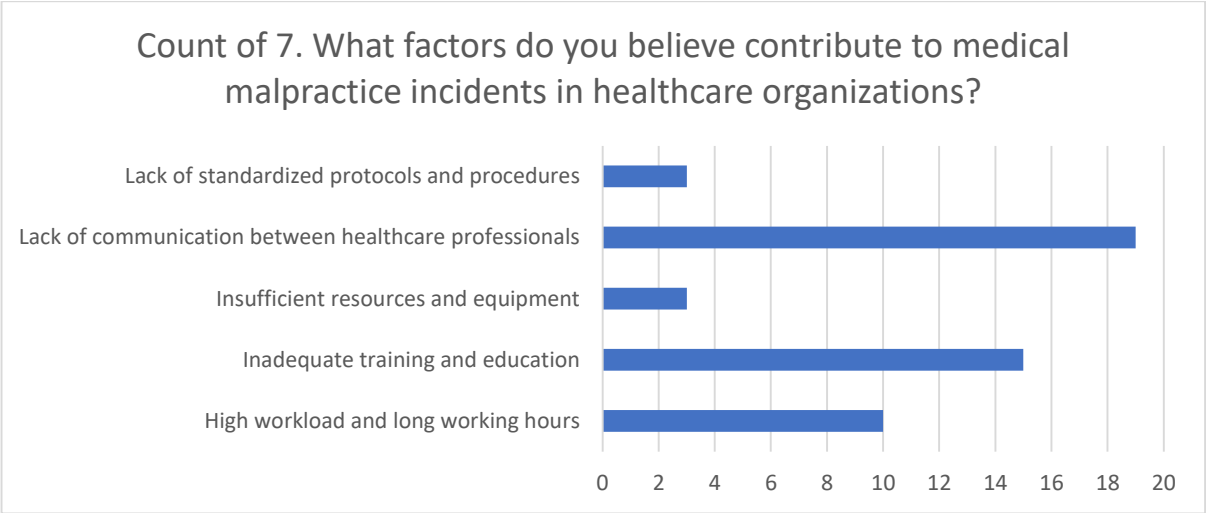


Figure 7: believe contributes to medical malpractice (Arif, 2022)

The question aims to highlight the factors that contribute to medical malpractice. Lack of communication between healthcare influences medical errors in the organization.

Section 3: Medical Decision

Question 8:

Table 8: Rate the effectiveness of the current medical decision-making

8. How would you rate the effectiveness of the current medical decision-making process in minimizing medical malpractice incidents?	
Effective	24
Ineffective	2
Moderately effective	7
Very effective	17

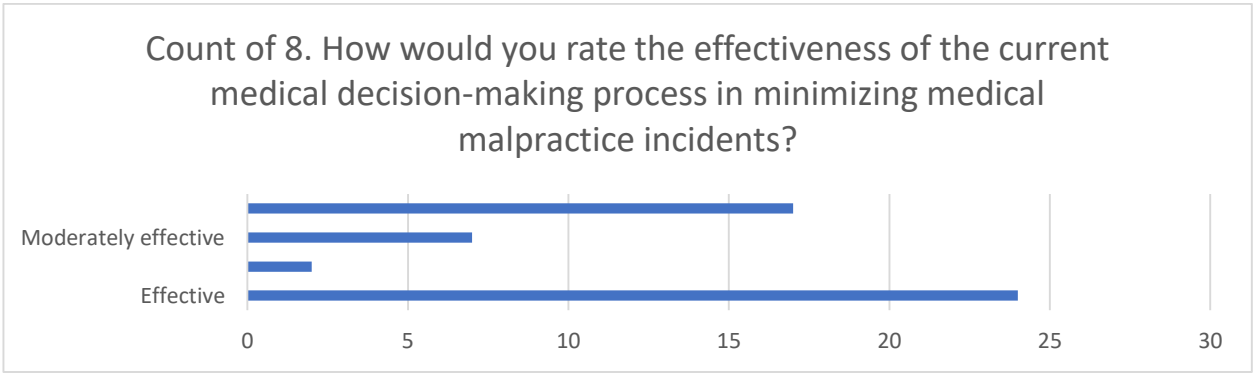


Figure 8: Table 8: rate the effectiveness of the current medical decision-making (Almalki Z. S., et al., 2021)

The question aims to analyze the decision-making of malpractice incidents in organizations.

Question 9:

Table 9: the need for improved oversight and monitoring of medical decisions

9. Do you believe there is a need for improved oversight and monitoring of medical decisions in healthcare organizations?	
Maybe	3
No	4
Yes	43

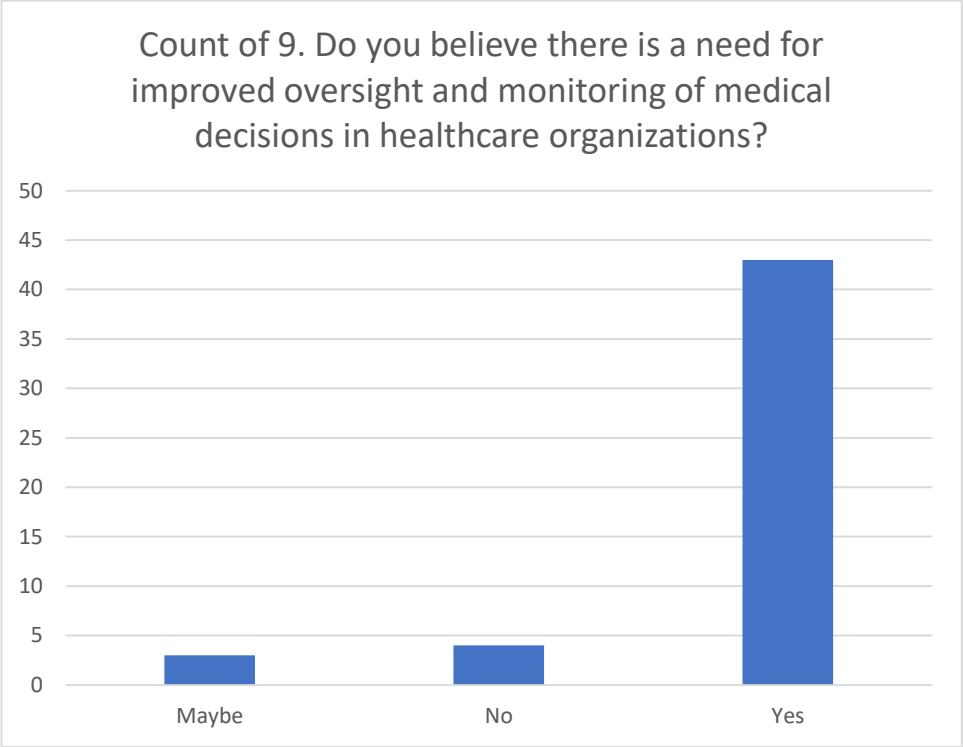


Figure 9: the need for improved oversight and monitoring of medical decisions (Aljaffary, Al Yaqoub, Al Madani, Aldossary, & Alumran, 2021)

The question aims to highlight the need that contributes to medical malpractice. Most participants agree that monitoring the medical negligence impact on the medical decision.

Question 10:

Table 10: measures implemented to reduce the occurrence of medical malpractice?

10. What measures do you think should be implemented to reduce the occurrence of medical malpractice?	
Enhancing training and education programs	18
Implementing standardized protocols and procedures	15
Increasing staffing levels and improving workload management	13
Strengthening communication channels among healthcare professionals	4

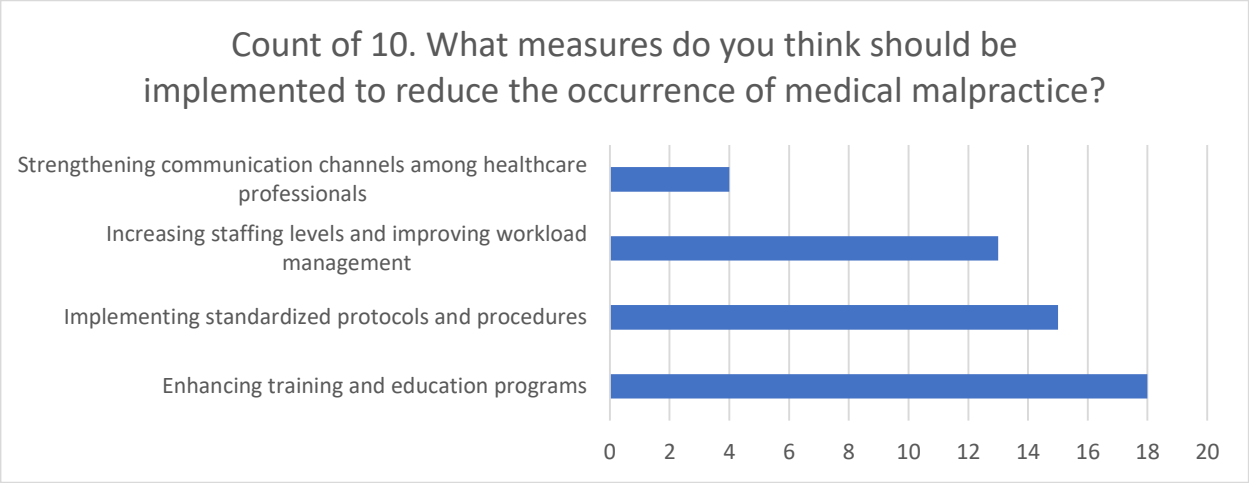


Figure 10: Measures implemented to reduce the occurrence of medical malpractice (Aljaffary, Al Yaqoub, Al Madani, Aldossary, & Alumran, 2021)

The training and education increase the awareness of medical error in the organization and reduce the occurrence of medical malpractice.

Question 11:

Table 11: Rate the level of accountability for medical malpractice

11. How would you rate the level of accountability for medical malpractice incidents within your healthcare organization?	
High	25
Low	1
Moderate	8
Very high	16

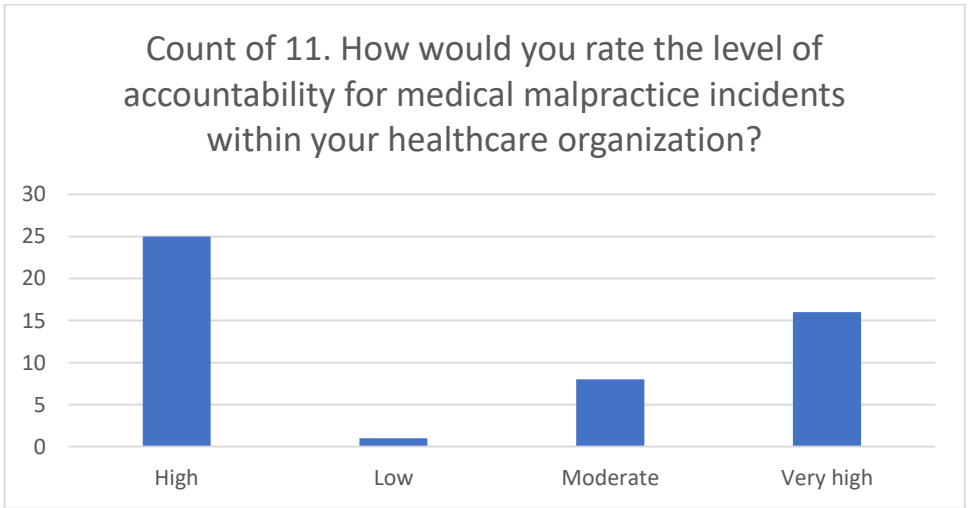


Figure 11: rate the level of accountability for medical malpractice (Almalki Z. S., et al., 2021)
The purpose of the question is to analyze the level of accountability for medical malpractice.

Question 12:

Table 12: Are healthcare professionals in your organization provided with adequate legal protection

12. Are healthcare professionals in your organization provided with adequate legal protection in cases of medical malpractice?	
Maybe	3
No	7
Yes	40

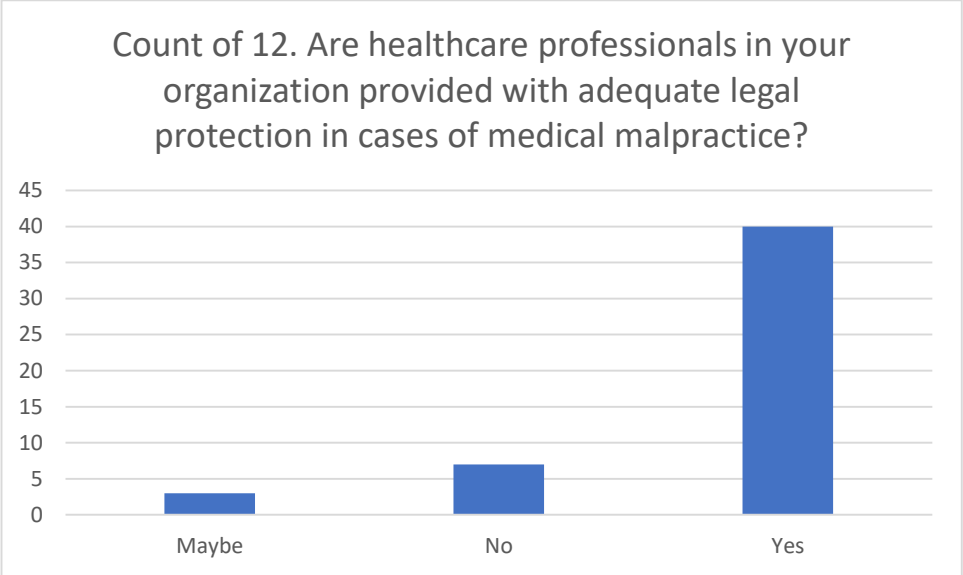


Figure 12: Are healthcare professionals in your organization provided with adequate legal protection (Almalki Z. S., et al., 2021)

The aim of the question is to highlight the legal protection of medical malpractice.

Question 13:

Table 13: rate the level of support and resources available to healthcare professionals

13. How would you rate the level of support and resources available to healthcare professionals to mitigate medical malpractice risks?	
High	26
Low	1
Moderate	10
Very high	13

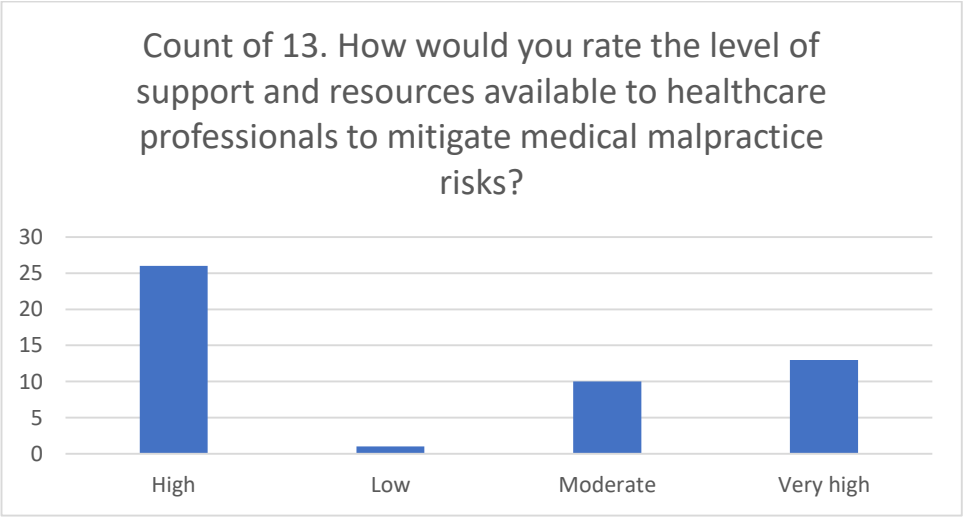


Figure 13: rate the level of support and resources available to healthcare professionals (Aljaffary, Al Yaqoub, Al Madani, Aldossary, & Alumran, 2021)

The purpose of the question is to evaluate the support and resources available to mitigate medical malpractice error in the healthcare services.

Question 14:

Table 14: patient satisfaction surveys can contribute to reducing medical malpractice

14. Do you believe that patient satisfaction surveys can contribute to reducing medical malpractice incidents?	
Maybe	2.1
No	20.8
Yes	77.1

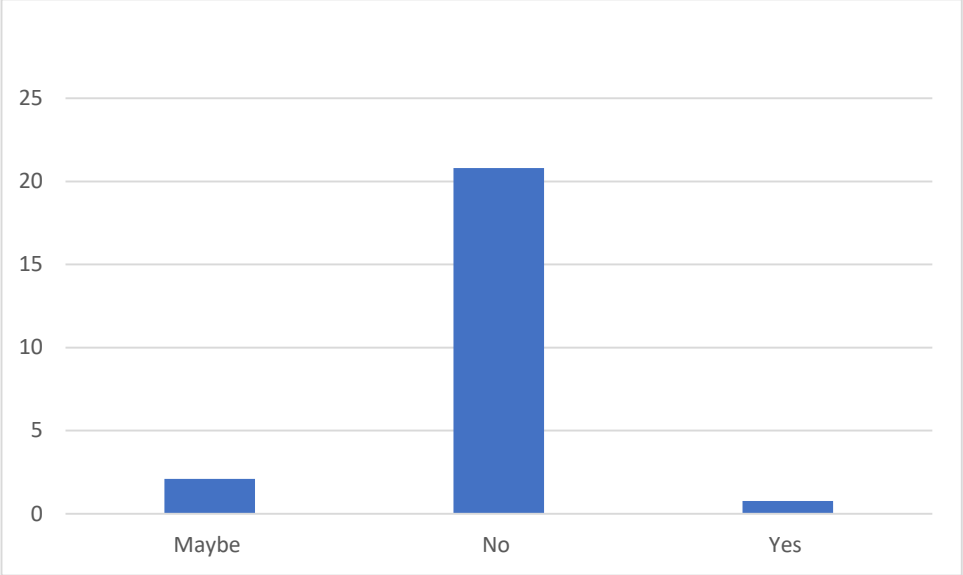


Figure 14: patient satisfaction surveys can contribute to reducing medical malpractice (Almalki Z. , et al., 2021)

Question 15:

Table 15: rate the level of transparency and disclosure of medical

15. How would you rate the level of transparency and disclosure of medical malpractice incidents within your organization?	
High	27
Low	2
Moderate	10
Very high	11

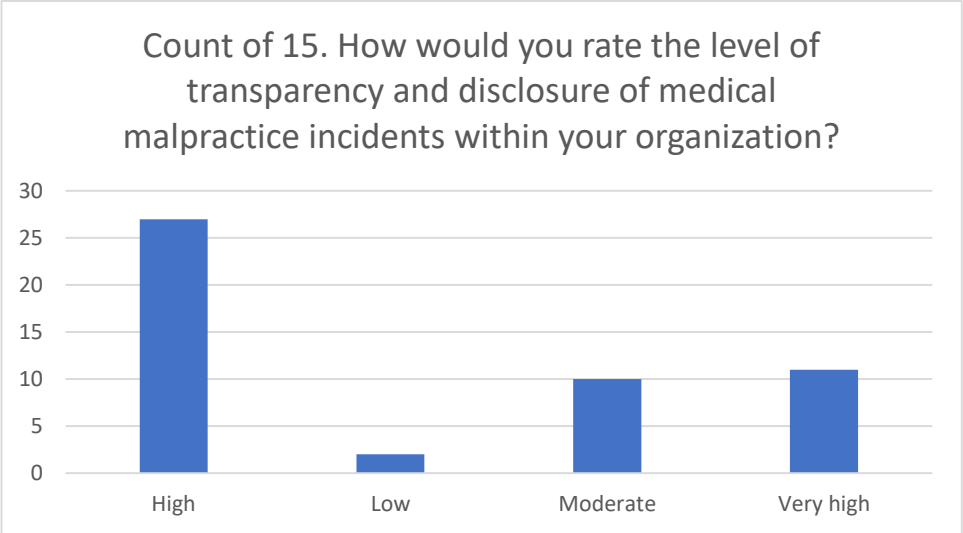


Figure 15: rate the level of transparency and disclosure of medical (Arif, 2022)

The level of transparency is evaluated in the question.

Question 16:

Table 16: how effective are the current legal frameworks and regulations

16. In your opinion, how effective are the current legal frameworks and regulations in addressing medical malpractice issues in Saudi Arabia?	
Effective	25
Ineffective	1
Moderately effective	8
Very effective	16

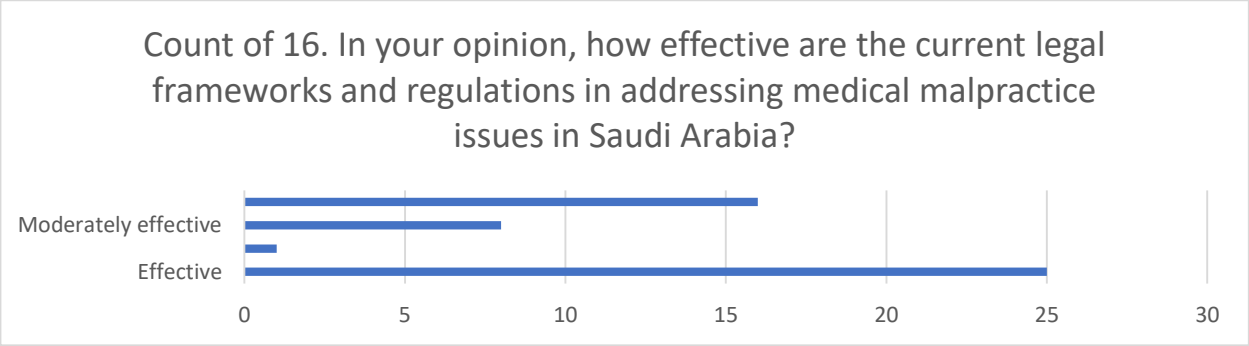


Figure 16: how effective are the current legal frameworks and regulations (Almalki Z. , et al., 2021)

Question 17:

Table 17: received any specific training or education on medical malpractice

17. Have you received any specific training or education on medical malpractice prevention during your professional career?	
Maybe	1
No	4
Yes	45

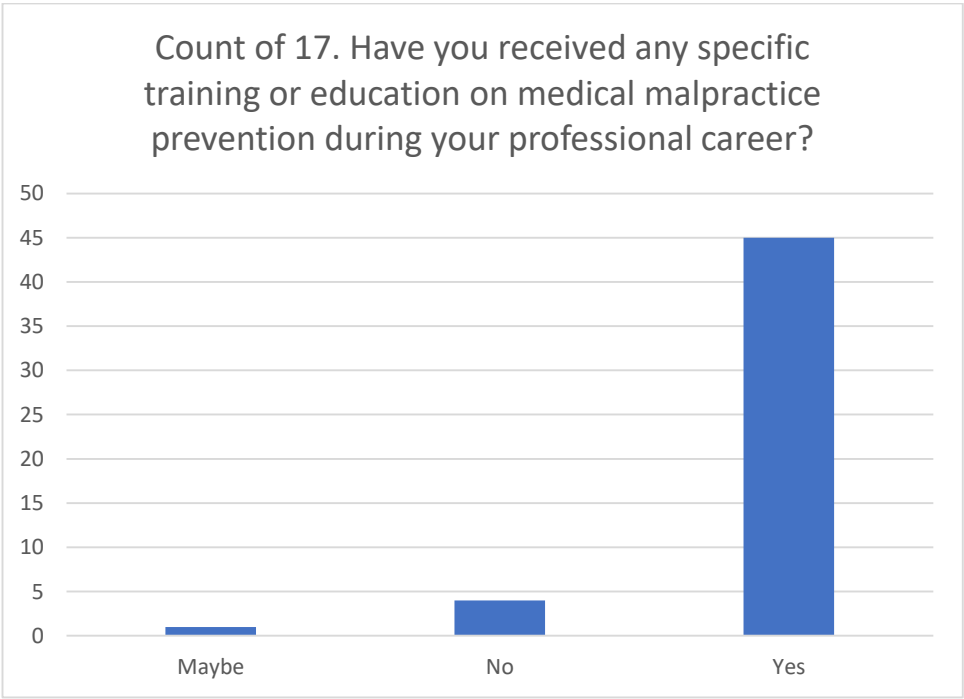


Figure 17: received any specific training or education on medical malpractice (Almalki Z. S., et al., 2021)

Question 18:

Table 18: report a medical error or incident that you witness

18. How likely are you to report a medical error or incident that you witness or are involved in?	
Likely	22
Neutral	9
Unlikely	3
Very likely	16

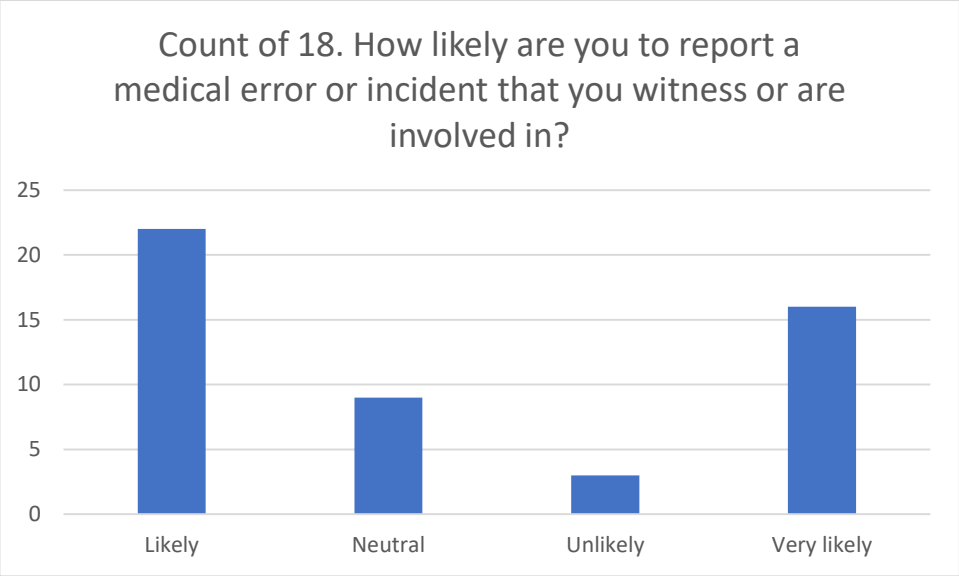


Figure 18: report a medical error or incident that you witness (Almalki Z. S., et al., 2021)

Question 19:

Table 19: doctors are more knowledgeable about informed consent regulations?

19. Do doctors are more knowledgeable about informed consent regulations?	
Maybe	26
No	11
Yes	13

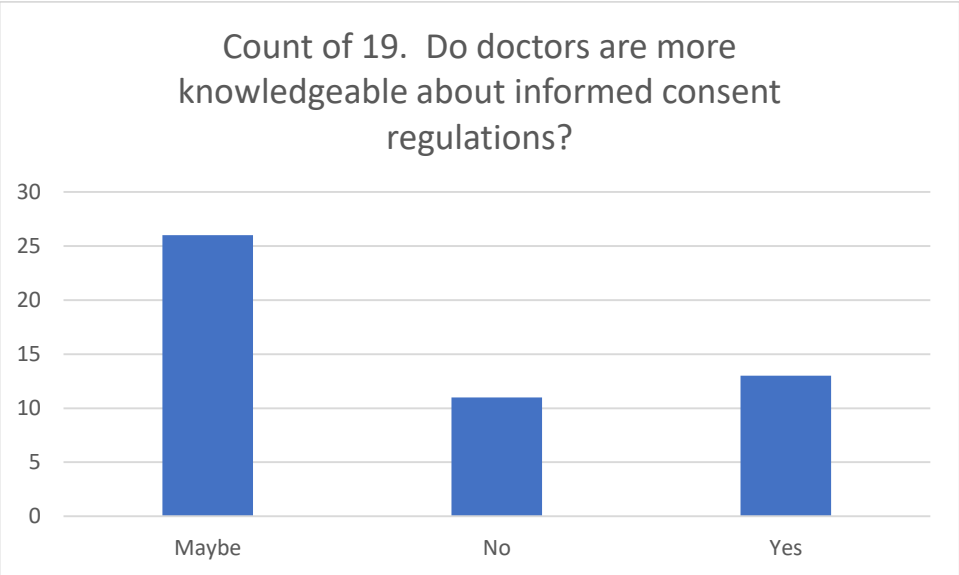


Figure 19: doctors are more knowledgeable about informed consent regulations (AlThubaity & Mahdy Shalby, 2023)

Question 20:

Table 20: Medical laws improve overall healthcare service delivery in Saudi Hospitals.

Question 20:	**Do medical laws improve overall healthcare service delivery in Saudi Hospitals?**
Agree	10
Disagree	8
Neutral	20
Strongly agree	8
Strongly disagree	4
Grand Total	**50**

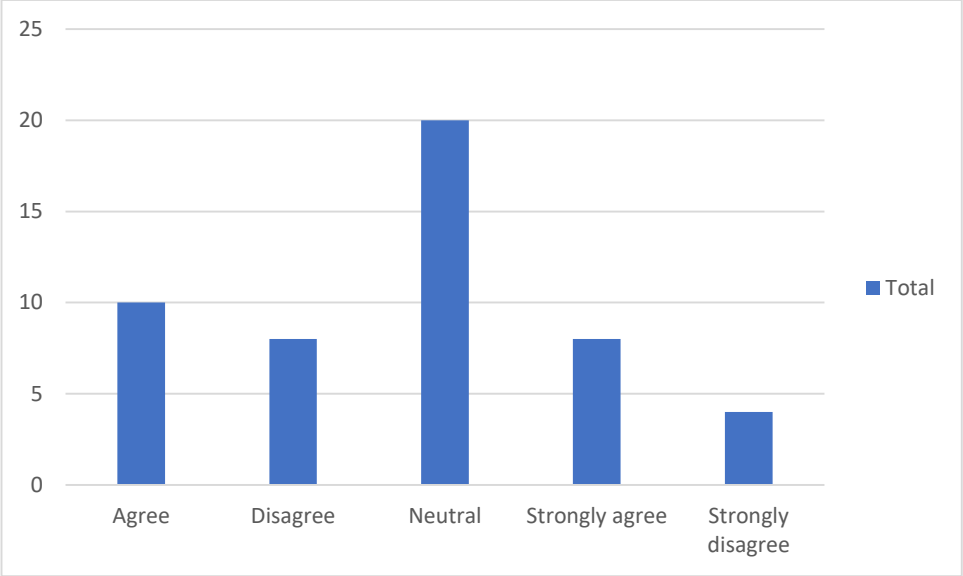


Figure 20: Medical laws improve overall healthcare service delivery in Saudi Hospitals (Aljaffary, Al Yaqoub, Al Madani, Aldossary, & Alumran, 2021)

Question 21:

Table 21: direct reforms improve medical productivity

21. Do direct reforms improve medical productivity primarily by reducing the malpractice claims rate?	
Agree	10
Disagree	7
Neutral	19
Strongly agree	7
Strongly disagree	7

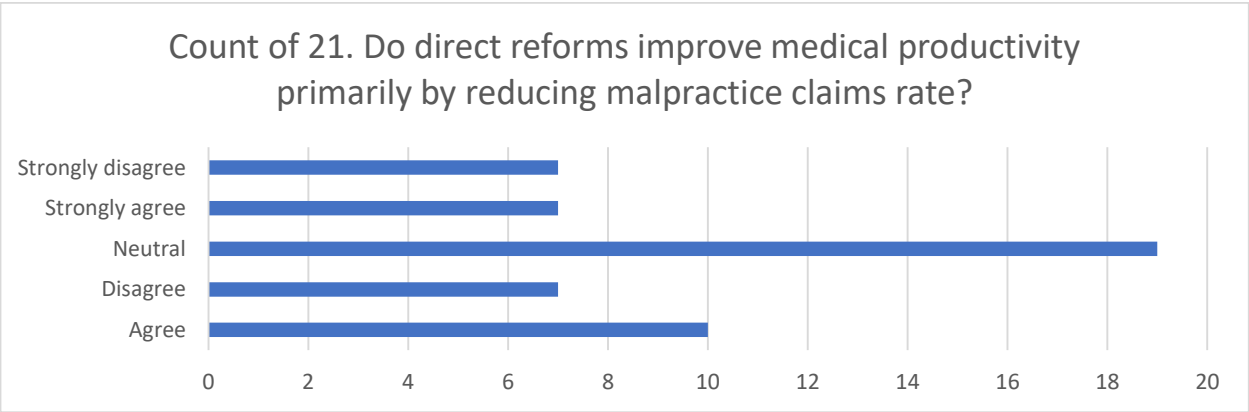


Figure 21: direct reforms improve medical productivity (Almalki Z. S., et al., 2021)

Question 22:

Table 22: given the opportunity to ask questions related to the medical procedure

22. Did you feel you were allowed to ask questions related to the medical procedure?	
Maybe	22
No	12
Yes	16

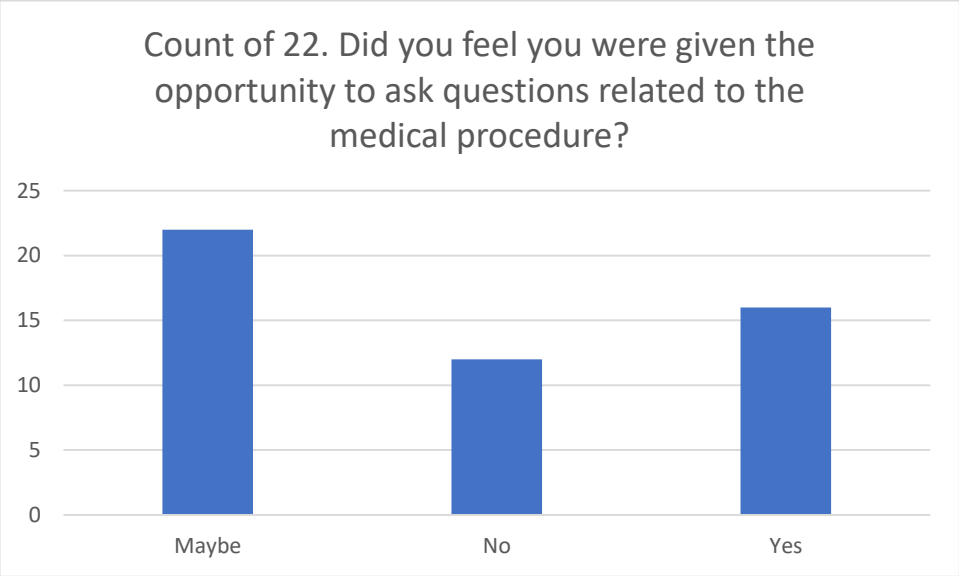


Figure 22: given the opportunity to ask questions related to the medical procedure (Almalki Z. S., et al., 2021)

Question 23:

Table 23: understood the information you were given?

23. Did you feel you understood the information you were given?	
Maybe	24
No	13
Yes	13

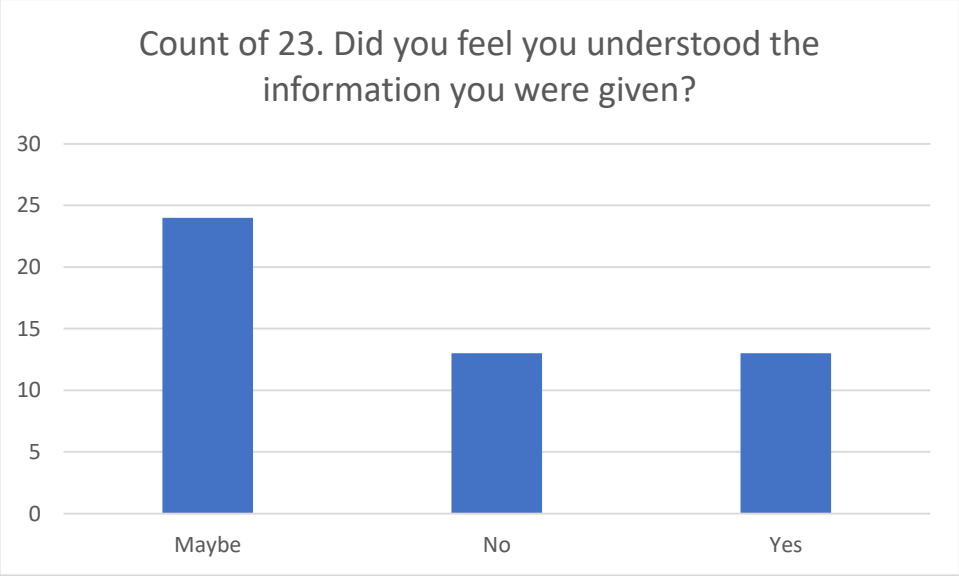


Figure 23: understood the information you were given (Arif, 2022)

Question 24:

Table 24: shared decision-making can improve patient outcomes

24. Does shared decision-making can improve patient outcomes by increasing knowledge?	
Agree	17
Disagree	9
Neutral	13
Strongly agree	8
Strongly disagree	3

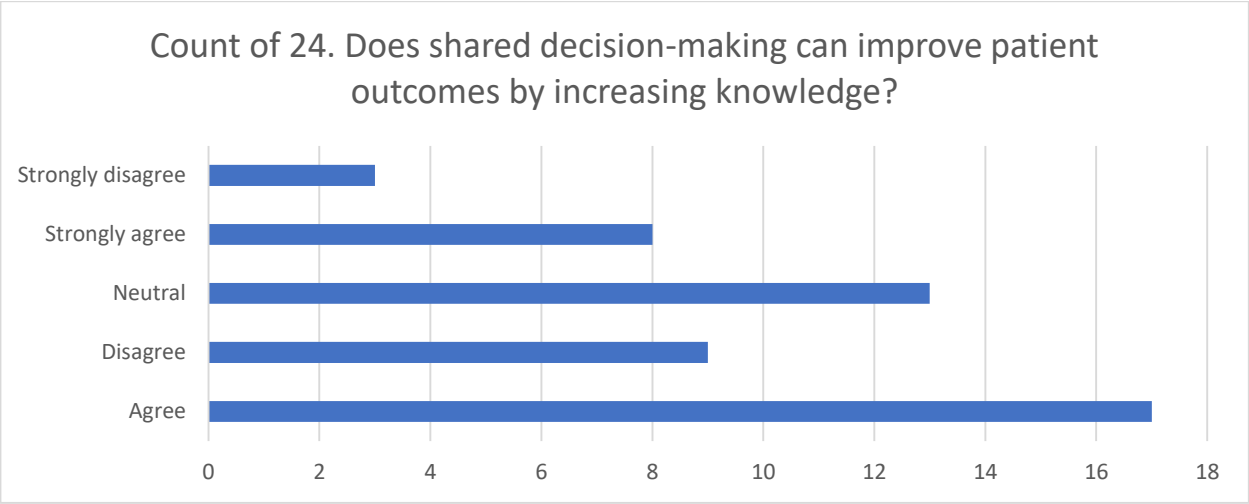


Figure 24: shared decision-making can improve patient outcomes (Almalki Z. , et al., 2021)

Question 25:

Table 25: diagnostic tests and invasive procedures increase the risk of psychological harm

25. Do diagnostic tests and invasive procedures increase the risk of psychological harm?	
Agree	9
Disagree	7
Neutral	17
Strongly agree	10
Strongly disagree	7

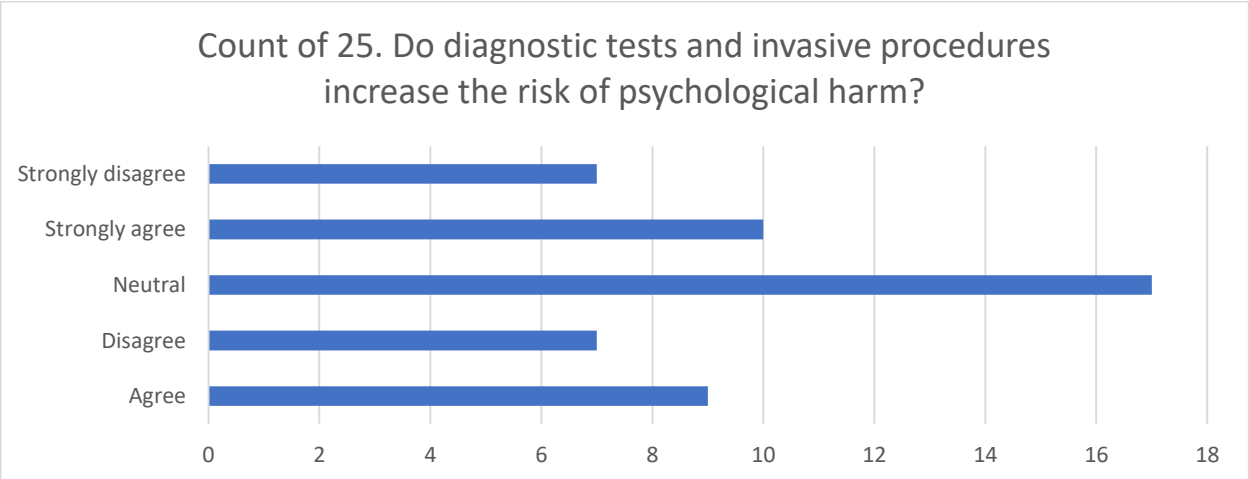


Figure 25: diagnostic tests and invasive procedures increase the risk of psychological harm (Alghamdi, et al., 2022)

Question 26:

Table 26: healthcare provider responsible for any mistake

26. Does the healthcare provider responsible for any mistake that could lead to medical negligence?	
Maybe	22
No	12
Yes	16

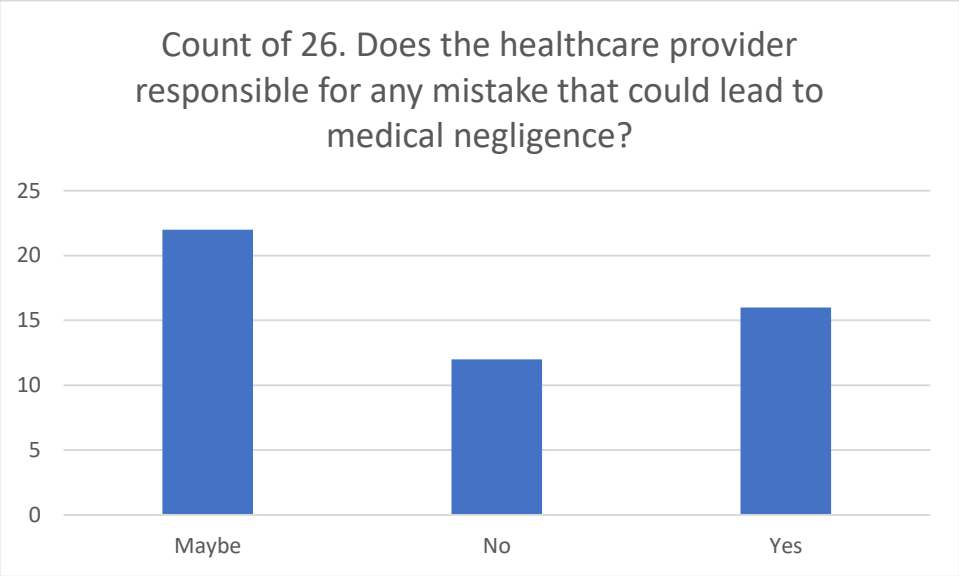


Figure 26: healthcare provider responsible for any mistake (Almalki Z. S., et al., 2021)

Question 27:

Table 27: difficulty understanding doctors due to different languages

27. Do you feel difficulty understanding doctors due to different languages?	
Maybe	26
No	15
Yes	9

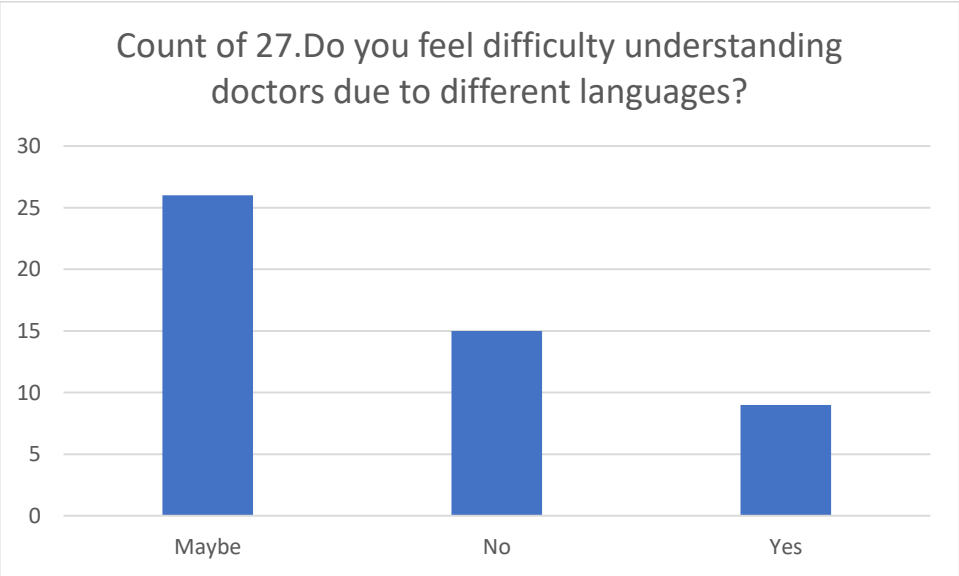


Figure 27: difficulty understanding doctors due to different languages (Arif, 2022)

Question 28:

Table 28: doctors need the training to provide quality care

28. Do doctors need training to provide quality care to patients?	
Agree	8
Disagree	12
Neutral	15
Strongly agree	11
Strongly disagree	4

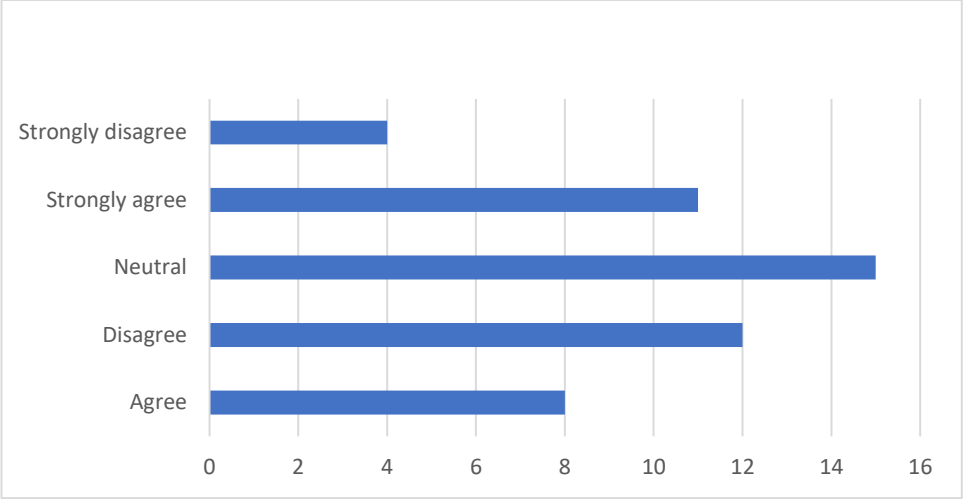


Figure 28: doctors need training to provide quality care (Alghamdi, et al., 2022)

Question 29:

Table 29: medical liability reduce uncertainty

29. Does medical liability reduce uncertainty on expected malpractice in hospitals in Saudi Arabia?	
Agree	12
Disagree	16
Neutral	4
Strongly agree	10
Strongly disagree	8

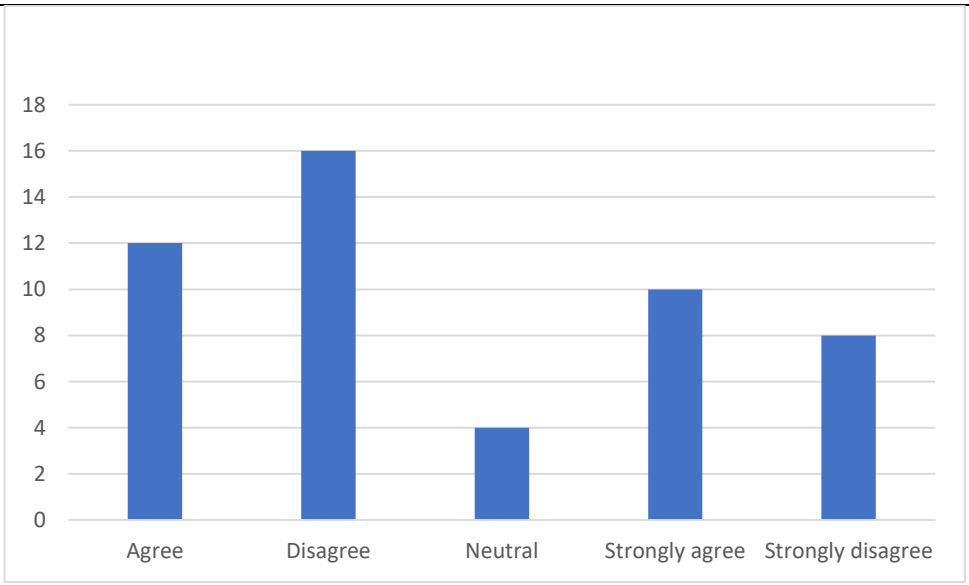


Figure 29: medical liability reduces uncertainty (Aljaffary, Al Yaqoub, Al Madani, Aldossary, & Alumran, 2021)

Question: 30

Table 30: high uncertainty reduces incentives for injured patients

30. Does high uncertainty reduce incentives for injured patients to file a claim?	
Maybe	16.3
No	14
Yes	19.7

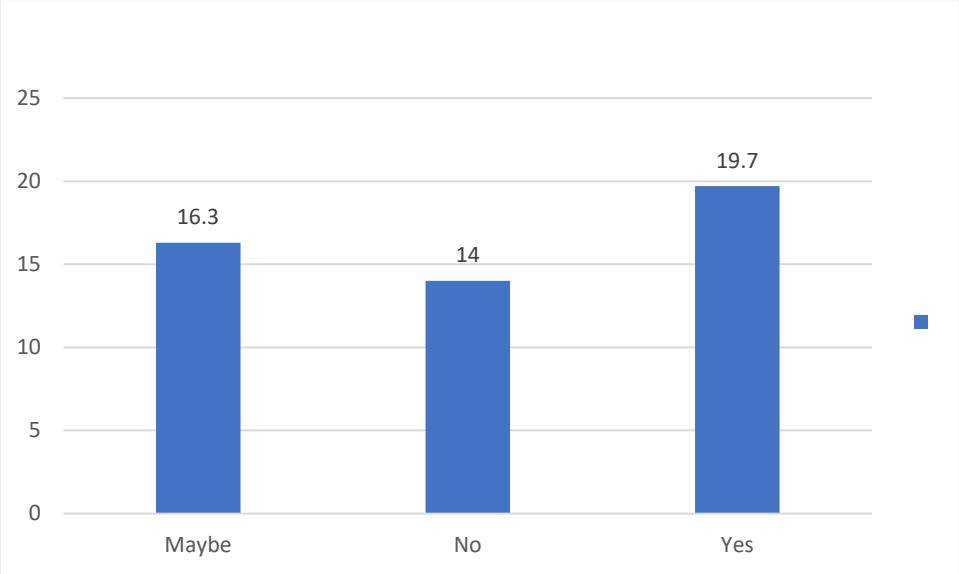


Figure 30: high uncertainty reduces incentives for injured patients (Almalki Z. S., et al., 2021)

Chapter 5
Intermediate Analysis & Conclusion

The hypothesis of the study is as follows:

Hypothesis (Ho): *Providing standard drugs in Saudi Arabian healthcare organizations does not affect medical malpractice.*

Hypothesis (H1): *Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice.*

Hypothesis (H0): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly do not affect medical malpractice.*

Hypothesis (H2): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly affect medical malpractice.*

Hypothesis (H0): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations do not affect medical malpractice.*

Hypothesis (H3): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations affect medical malpractice.*

5.1 Participant's Overview

Section 1: Personal Background

Age

Hypothesis (H1): *Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice.*

Participants' ages are required to collect demographic data for the study's hypothesis. The participants' age distribution helps to comprehend how different age groups view the impact of standard medications, surgical decisions, and medical judgments on Saudi Arabian healthcare organizations' medical malpractice situations. The idea suggests that getting older may affect how these factors affect medical misconduct. Standard medications, surgical decisions, and diagnostic judgments may

affect medical malpractice incidents differently for younger individuals. diverse age groups may have diverse medical malpractice attitudes, experiences, and knowledge. Given the various degrees of experience and expertise across age groups, this research provides insight into medical decision-making and misconduct (Alanezi, et al., 2021).

Gender

Hypothesis (H0): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly do not affect medical malpractice.*

The gender inquiry gathers demographic data to test the study hypothesis. In Saudi Arabian healthcare organizations, gender may affect how conventional medications, surgeries, and diagnostics affect medical malpractice. Given the hypotheses, gender may affect how these characteristics affect medical malpractice. Different genders have different experiences, attitudes, and positions in healthcare organizations, which might affect their views on standard pharmaceuticals, surgical decisions, diagnostic judgments, and medical malpractice occurrences. Gender analysis can reveal medical malpractice perspectives, experiences, and knowledge. It enables us see if gender affects medical malpractice perceptions.

Educational

Hypothesis (H0): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations do not affect medical malpractice.*

Educational backgrounds can test the study's hypothesis. Education impacts people's knowledge, abilities, and attitudes, which may alter how they interpret Saudi Arabian healthcare businesses medical malpractice cases. They can examine if educational background impacts traditional medication, surgical, and diagnostic errors by analyzing the responses.

The hypotheses suggest that medical malpractice awareness, knowledge, and understanding vary by educational background. Doctoral and master's degree holders may have more training in their fields, which may affect their perspectives on medical negligence situations. Medical malpractice risks, decision-making, and patient safety can be taught to healthcare workers (Almalki Z. S., et al., 2021).

Experience

Hypothesis (H0): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly do not affect medical malpractice*

The hypotheses about how standard medications, surgical decisions, and diagnostic judgments affect medical malpractice incidences in Saudi Arabian healthcare organizations are applicable to the subject of healthcare industry experience. The inquiry provides to examine how years of expertise affect medical malpractice perception. Experienced healthcare providers may have seen more medical circumstances, which may influence their awareness of medical malpractice concerns.

Longer-term healthcare workers may have seen the introduction of standard medications, surgical decision-making processes, and diagnostic conclusions. Their experience may reveal how these elements affect medical malpractice. However, those with less experience may rely more on theoretical knowledge and training due to limited medical exposure.

Section 2: Medical Malpractice

Witnessed Or Been Involved in Any Medical Malpractice

Hypothesis (H1): *Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice*

Hypothesis (H2): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly affect medical malpractice.*

Hypothesis (H3): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations affect medical malpractice.*

Personal medical malpractice experiences are related to assumptions regarding how standard medications, surgical decisions, and diagnostic judgments affect medical malpractice in Saudi Arabian healthcare organizations. Healthcare professionals describe their medical malpractice experiences in this topic. Their knowledge c
ould explain how conventional drugs, surgical decisions, and diagnostic judgments effect business medical malpractice. Medical malpractice reported or experienced by enough respondents may support the alternative hypothesis (H1, H2, and H3). These variables may contribute to Saudi Arabian medical misconduct.

Few respondents witnessing or participating in medical malpractice events may support the null hypotheses (Ho, H0) that these characteristics do not significantly affect medical malpractice incidents in the firm. Healthcare practitioners' experiences may assist organizations identify improvement areas. The data gathered can assist establish focused solutions like training programs, procedural improvements, or policy changes to address issues and prevent medical misconduct (Arif, 2022).

Rate The Level of Awareness About Medical

Hypothesis (H1): *Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice*

Hypothesis (H2): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly affect medical malpractice.*

Hypothesis (H3): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations affect medical malpractice.*

The question assesses medical malpractice knowledge among healthcare professionals in the organization. They can assess medical malpractice knowledge and risk awareness by asking healthcare practitioners to rate their awareness. If many respondents assess their awareness level as low or moderate, medical malpractice education and training may be needed. That supports the alternative hypothesis (H1, H2, and H3) that awareness is linked to medical malpractice incidences. If a majority of respondents rank the awareness level as high or very high, it may support the null hypothesis (Ho, H0) that awareness does not significantly affect medical malpractice incidents in the organization.

Preventing medical misconduct requires healthcare practitioners' awareness. Healthcare personnel can improve patient care by learning best practices, rules, and legal issues.

What factors do you believe contribute to medical malpractice

Support H1. H2 and H3 (Alternate Hypothesis)

The inquiry seeks to identify healthcare providers' causes of medical malpractice. The data is relevant to understanding the potential aspects that fit with the assumptions connected to delivering standard medications, surgical decisions, and diagnostic judgments in Saudi Arabian healthcare institutions and their impact on medical malpractice.

If healthcare workers cite poor training, lack of established protocols, communication breakdowns, excessive workload, or system failures as causes of medical malpractice cases, it may support the alternative hypothesis (H1, H2, and H3). These factors indicate a link between medical malpractice and the specified factors. However, healthcare experts may not support the hypotheses (Ho, H0) if they discuss unrelated factors or don't discover any. This information can still help grasp the bigger picture and suggest other areas that may need addressed to prevent medical misconduct (Dahlawi S. , Menezes, Khan, Waris, & Naseer, 2021).

Rate The Effectiveness of The Current Medical Decision-Making Process

Hypothesis (H1): *Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice*

Hypothesis (H2): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly affect medical malpractice.*
Hypothesis (H3): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations affect medical malpractice.*
The inquiry assesses whether the existing medical decision-making process reduces medical misconduct. The present research helps determine if Saudi Arabian healthcare institutions' hypotheses about conventional medications, surgery, and diagnosis match their actual outcomes. They can learn how respondents think the medical decision-making process reduces medical malpractice by asking them to rank its effectiveness.
If respondents perceive the existing medical decision-making process as extremely effective in minimizing medical malpractice instances, it may support the null hypothesis (Ho, H0) for standard medications, surgical decisions, and diagnostic judgments. This supports the alternative hypotheses (H1, H2, H3), showing that decision-making process changes may lower medical malpractice risks.

Section 3: Medical Decision
There is a need for improved oversight and monitoring
Support Alternate Hypothesis (H1, H2, and H3)
Hypothesis (H1): *Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice*
Hypothesis (H2): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly affect medical malpractice.*
Hypothesis (H3): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations affect medical malpractice.*
The question explores the responses of respondents on medical decision oversight in healthcare institutions. The evaluation is directly related to theories about standard medications, surgical decisions, and diagnostic judgments in Saudi Arabian healthcare organizations.
The alternative hypotheses (H1, H2, H3) may be supported if respondents believe medical decisions need better scrutiny. They may see a link between decision-making and medical misconduct. Their perspective emphasizes the need for more medical decision monitoring and oversight to protect patients and decrease malpractice. If respondents don't think oversight and monitoring need improvement, it may support the null hypotheses (Ho, H0) that present policies are enough to reduce medical malpractice risks. They may believe current methods ensure medical decision quality and safety (Alghamdi, et al., 2022).

Measures do you think should be implemented to reduce the occurrence
Support Alternate Hypothesis (H1, H2, and H3)
Hypothesis (H1): *Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice*
Hypothesis (H2): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly affect medical malpractice.*
Hypothesis (H3): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations affect medical malpractice.*
How may medical malpractice be reduced? It concerns Saudi Arabian healthcare organizations' hypotheses concerning traditional drugs, surgery, and diagnosis. Answers to this question are hypotheses. If the measurements reflect the alternative hypotheses (H1, H2, H3), respondents believe medical misconduct is linked to routine drugs, surgical decisions, and diagnostic judgments. They may propose enhancing drug quality control, surgical protocols and training, diagnostic criteria, supervision, and monitoring. These answers support initiatives to limit medical malpractice risks.
If the suggested measures reflect the null hypotheses (Ho, H0), respondents may assume these factors have minimal effect on medical misbehavior. Improved healthcare system infrastructure,

multidisciplinary collaboration, and patient education and involvement may be their goals. These statements suggest a multifaceted strategy to medical malpractice reduction.

rate the level of accountability for medical malpractice supports the null hypotheses (Ho, H0)
Hypothesis (Ho): *Providing standard drugs in Saudi Arabian healthcare organizations does not affect medical malpractice.*
Hypothesis (H0): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly do not affect medical malpractice.*
Hypothesis (H0): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations do not affect medical malpractice.*
The query asks respondents about their healthcare organization's medical malpractice accountability mechanisms. It concerns Saudi Arabian healthcare organizations' standard pharmacological, surgical, and diagnostic theories.
The question's responses can inform hypotheses. If scores indicate high accountability, respondents may perceive a close link between the hypotheses (offering standard medications, surgical decisions, diagnostic judgments) and medical malpractice instances. They may think their organization efficiently recognizes and punishes medical malpractice. That would support the alternative hypothesis (H1, H2, H3) and suggest targeting these factors to reduce medical malpractice chances. If ratings show low accountability, respondents may think these characteristics have little impact on medical malpractice incidents or that their organization lacks accountability measures. Their grade may suggest that medical malpractice incidents are not appropriately addressed or that accountability is hindered. That supports the null hypotheses (Ho, H0) and suggests healthcare institutions should increase accountability (Hassanien, 2021).

adequate legal protection in cases of medical malpractice supports the null hypotheses (Ho, H0)
Hypothesis (Ho): *Providing standard drugs in Saudi Arabian healthcare organizations does not affect medical malpractice.*
Hypothesis (H0): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly do not affect medical malpractice.*
Hypothesis (H0): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations do not affect medical malpractice.*
The issue assesses whether the organization's healthcare personnel feel adequately protected in medical malpractice lawsuits. It is related to theories about standard medications, surgical decisions, and diagnostic judgments in Saudi Arabian healthcare organizations.
If respondents say their organization provides enough legal protection for healthcare personnel, it suggests the organization realizes the necessity of supporting medical malpractice plaintiffs. That indicates that their legal rights and interests are protected during such occurrences. The alternative hypothesis (H1, H2, H3) recognize the possible impact of standard medications, surgical decisions, and diagnostic judgments on medical malpractice and the necessity for legislative safeguards. However, if respondents report that healthcare workers in their company do not receive proper legal protection, it shows that the organization may not prioritize the legal well-being of professionals involved in medical malpractice cases. This response supports the null hypothesis (Ho, H0) and suggests a lack of support and safeguards about the impact of conventional medications, surgical decisions, and diagnostic judgments on medical malpractice instances.

rate the level of support and resources available to healthcare professionals
Support Alternate Hypothesis (H1, H2, and H3)
Hypothesis (H1): *Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice*
Hypothesis (H2): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly affect medical malpractice.*

Hypothesis (H3): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations affect medical malpractice.*

The query analyzes healthcare providers' support and resources to reduce medical malpractice risks. It examines assumptions about how standard medications, surgical decisions, and diagnostic judgments affect medical malpractice in Saudi Arabian healthcare organizations. By asking about support and resources, they can learn how healthcare professionals view steps to prevent, identify, and resolve medical malpractice concerns. The organization recognizes the importance of equipping healthcare professionals with the tools, knowledge, and support to prevent and manage medical malpractice risks if respondents indicate a high level of support and abundant resources. That supports the alternative hypothesis (H1, H2, H3) that standard medications, surgical decisions, and diagnostic judgments may affect medical misconduct, requiring strong support and resources.

If respondents assess assistance and resources as poor, it suggests healthcare workers may not have enough support to manage medical malpractice risks. The result supports the null hypothesis (Ho, H0) and suggests that the organization may not prioritize support and resources for conventional medications, surgical decisions, and diagnostic judgments as medical malpractice factors (Fathi & Miraj, 2021).

patient satisfaction surveys can contribute to reducing medical malpractice

Support Alternate Hypothesis (H1, H2, and H3)

Hypothesis (H1): *Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice*

Hypothesis (H2): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly affect medical malpractice.*

Hypothesis (H3): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations affect medical malpractice.*

The query asks about patient satisfaction surveys and medical malpractice reduction. The theories examine how standard medications, surgical decisions, and diagnostic judgments affect medical malpractice in Saudi Arabian healthcare companies. If patient satisfaction surveys reduce medical misconduct, it supports the alternative hypothesis (H1, H2, H3). It demonstrates that standard medications, surgical decisions, and reliable diagnostics may affect medical malpractice incidents. Patient satisfaction surveys help highlight areas for improvement. Healthcare institutions can improve patient safety and reduce medical malpractice by actively accepting patient opinions and concerns. The null hypotheses (Ho, H0) apply if people don't think patient satisfaction surveys reduce medical malpractice.

rate the level of transparency and disclosure

Support Alternate Hypothesis (H1, H2, and H3)

Hypothesis (H1): *Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice*

Hypothesis (H2): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly affect medical malpractice.*

Hypothesis (H3): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations affect medical malpractice.*

The issue being addressed assesses people's views on their organization's medical malpractice transparency and disclosure. It examines how standard medications, surgical decisions, and diagnostic judgments affect medical malpractice in Saudi Arabian healthcare organizations. If people rate their organization's medical malpractice transparency and disclosure as high, it supports the alternative hypotheses (H1, H2, H3). The result suggests that supplying standard medications, making surgical decisions, and making diagnostic judgments significantly affect medical malpractice

instances. It means the company is honest about medical malpractice. Transparency and disclosure promote accountability by acknowledging, investigating, and sharing errors and unpleasant events with stakeholders. Transparency helps discover system weaknesses and prevent medical malpractice incidences.

However, inadequate transparency and disclosure of medical malpractice incidents in an organization supports the null hypothesis (Ho, H0). The result shows that routine medications, surgical decisions, and diagnostic judgments may not significantly affect medical malpractice instances. It suggests the company may not disclose such instances (Alghamdi, et al., 2022).

How effective are the current legal frameworks and regulations

Support Alternate Hypothesis (H1, H2, and H3)

Hypothesis (H1): *Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice*

Hypothesis (H2): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly affect medical malpractice.*

Hypothesis (H3): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations affect medical malpractice.*

The investigation asks about Saudi Arabia's medical malpractice laws. It examines how standard medications, surgical decisions, and diagnostic judgments affect medical malpractice in Saudi Arabian healthcare organizations. The hypotheses can be informed by people's attitudes on medical malpractice laws and regulations. The null hypotheses (Ho, H0) are supported if people think laws work. It demonstrates that routine medications, surgical decisions, and diagnostic judgments may not significantly affect medical malpractice incidents.

If they think the legal system is ineffectual, H1, H2, and H3 apply. It demonstrates that standard medications, surgical decisions, and diagnostic judgments affect medical malpractice. It suggests that medical malpractice concerns may be difficult to resolve under current laws.

Specific training or education on medical malpractice

Support Alternate Hypothesis (H1, H2, and H3)

Hypothesis (H1): *Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice*

Hypothesis (H2): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly affect medical malpractice.*

Hypothesis (H3): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations affect medical malpractice.*

The query aims to determine whether professionals received medical malpractice prevention training. The theories examine how standard medications, surgical decisions, and diagnostic judgments affect medical malpractice in Saudi Arabian healthcare companies. The study can reveal the hypothesis' alignment with individuals' training and education experiences. Medical malpractice prevention training shows that people understand the necessity of preventing and treating medical malpractice situations. That supports the alternative hypothesis (H1, H2, H3) that healthcare personnel are learning how to avoid medical errors. It means that conventional medications, surgical decisions, and diagnostic judgments may affect medical malpractice instances. Patient safety, risk management, informed consent, effective communication, and ethics may be covered in training and education.

However, the null hypotheses (Ho, H0) apply if people have not been trained in medical malpractice prevention. It indicates that medical malpractice prevention programs may not have been offered to healthcare providers (AlThubaity & Mahdy Shalby, 2023).

Report a medical error or incident

Support Alternate Hypothesis (H1, H2, and H3)

Hypothesis (H1): *Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice*

Hypothesis (H2): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly affect medical malpractice.*

Hypothesis (H3): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations affect medical malpractice.*

The query assesses whether witnesses or participants will report medical errors or incidents. The question is answered by ideas on how standard pharmaceuticals, surgical decisions, and diagnostic judgments affect medical malpractice in Saudi Arabian healthcare organizations. The study can reveal how the hypotheses affect medical error reporting. The healthcare organization's transparency and accountability is indicated by high reporting rates. That supports the different hypothesis (H1, H2, H3) that standard medications, surgical decisions, and diagnostic judgments affect medical misconduct. Reporting errors shows a commitment to acknowledge and learn from mistakes to improve patient safety. Reporting prevents future mishaps and promotes continual development.

Conversely, low likelihood of reporting medical errors or events supports the null hypothesis (Ho, H0). It suggests reporting impediments including fear of retribution, distrust in the reporting system, or a culture that inhibits disclosure. Medical errors may go unreported and prevent systemic issues from being identified. Organizational culture, reporting support, and opinions of the reporting process can all affect reporting.

Doctors are more knowledgeable about informed consent

Support Alternate Hypothesis (H1, H2, and H3)

Hypothesis (H1): *Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice*

Hypothesis (H2): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly affect medical malpractice.*

Hypothesis (H3): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations affect medical malpractice.*

The query tests doctors' informed consent knowledge. Hypotheses about how standard pharmaceuticals, surgical decisions, and diagnostic judgments affect medical malpractice in Saudi Arabian healthcare organizations can help answer this topic. The response to this issue can reveal how doctors' informed consent knowledge affects the hypothesis. Doctors who know more about informed consent requirements are often aware of their legal and ethical obligations to patients. That supports the alternative hypothesis (H1, H2, H3) that conventional medications, surgery, and diagnostics affect medical misconduct. Doctors who understand informed consent requirements are more likely to follow them, decreasing medical malpractice risk. Doctors with less informed consent knowledge support the null hypothesis (Ho, H0) (Almalki Z. , et al., 2021).

The query tests doctors' informed consent knowledge. Hypotheses about how standard pharmaceuticals, surgical decisions, and diagnostic judgments affect medical malpractice in Saudi Arabian healthcare organizations can help answer this topic. The response to this issue can reveal how doctors' informed consent knowledge affects the hypothesis. Doctors who know more about informed consent requirements are often aware of their legal and ethical obligations to patients. That supports the alternative hypothesis (H1, H2, H3) that conventional medications, surgery, and diagnostics affect medical misconduct. Doctors who understand informed consent requirements are more likely to follow them, decreasing medical malpractice risk. Doctors with less informed consent knowledge support the null hypothesis (Ho, H0) (Almalki Z. , et al., 2021).

Medical laws improve overall healthcare service
Support Alternate Hypothesis (H1, H2, and H3)
Hypothesis (H1): *Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice*
Hypothesis (H2): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly affect medical malpractice.*
Hypothesis (H3): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations affect medical malpractice.*

The query tests doctors' informed consent knowledge. Hypotheses about how standard pharmaceuticals, surgical decisions, and diagnostic judgments affect medical malpractice in Saudi Arabian healthcare organizations can help answer this topic. The response to this issue can reveal how doctors' informed consent knowledge affects the hypothesis. Doctors who know more about knowledgeable consent necessities are often conscious of their legal and ethical obligations to patients. That supports the alternative hypothesis (H1, H2, H3) that conventional medications, surgery, and diagnostics affect medical misconduct.

Reforms improve medical productivity
Support Alternate Hypothesis (H1, H2, and H3)
Hypothesis (H1): *Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice*
Hypothesis (H2): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly affect medical malpractice.*
Hypothesis (H3): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations affect medical malpractice.*
The study examines how direct reforms affect medical productivity, specifically whether they reduce malpractice claims. It examines how standard medications, surgical procedures, and diagnostic decisions affect medical malpractice in Saudi Arabian healthcare organizations. Based on the hypothesis, responds to this question can reveal how direct reforms affect medical output by reducing malpractice claims. Direct improvements have reduced malpractice claims and increased medical output, supporting alternate assumptions (H1, H2, H3). Direct reforms, such as policy, regulation, and practice modifications, have improved medical productivity by making healthcare safer and more responsible. These innovations reduce malpractice by addressing conventional pharmacological, surgical, and diagnostic decisions, improving productivity and patient outcomes. If respondents believe direct reforms have not considerably decreased malpractice claims or enhanced medical output, it supports the null hypothesis (Ho, H0). This suggests that direct measures may not have effectively reduced malpractice incidents or improved medical output. It shows that non-direct improvements may have a greater impact on malpractice claims and medical output (Aljaffary, Al Yaqoub, Al Madani, Aldossary, & Alumran, 2021).

Given the opportunity to ask questions related to the medical procedure
Support Alternate Hypothesis (H1, H2, and H3)
Hypothesis (H1): *Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice*
Hypothesis (H2): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly affect medical malpractice.*
Hypothesis (H3): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations affect medical malpractice.*

The query asks how people feel about asking questions about their medical procedure. It does not immediately relate to the hypotheses, which focus on how standard medications, surgical decisions,

and diagnostic judgments affect medical misconduct in Saudi Arabian healthcare companies. However, it indirectly impacts medical malpractice incidents through patient-centered care and communication. The subject matter explores patient satisfaction and involvement in the medical procedure. Patients who were able to ask questions about their medical procedure indicate good patient-centered care. The ideas emphasize the role of standard medications, surgical decisions, and diagnostic judgments in reducing medical malpractice, which explains this positive attitude.
However, if respondents report not being able to ask medical procedure questions, it may imply a patient-centered care gap. Patients may feel disempowered, uneducated, or detached from decision-making, which can lower satisfaction and healthcare experience.

Understood the information you were given
Support Alternate Hypothesis (H1, H2, and H3)
Hypothesis (H1): *Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice*
Hypothesis (H2): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly affect medical malpractice.*
Hypothesis (H3): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations affect medical malpractice.*
The query asks how well people grasp medical information. It's indirectly attached to patient education, communication, and medical practices' effects on medical misconduct. The question measures whether people felt informed and understood their healthcare information. Respondents who grasped the material indicate good patient-provider communication. The hypotheses pressure the relevance of standard medications, surgical decisions, and diagnostic judgments to improve patient safety and reduce medical malpractice. Well-informed individuals can participate in decision-making, follow treatment regimens, and actively participate in their own healthcare, potentially lowering medical errors and adverse occurrences.
If responders don't comprehend, it shows communication or patient education issues. Confused, ignorant, or uncertain patients may not comply with their medical care or make mistakes.

shared decision-making can improve patient outcomes
Support Alternate Hypothesis (H1, H2, and H3)
Hypothesis (H1): *Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice*
Hypothesis (H2): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly affect medical malpractice.*
Hypothesis (H3): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations affect medical malpractice.*
The subject examines how collaborative decision-making may improve patient outcomes through knowledge. It refers to patient involvement in healthcare decision-making and medical malpractice cases, but not directly to the theories. Healthcare providers and patients collaborate to make informed treatment decisions based on the patient's preferences, values, and evidence. Patients learn more about their medical condition, treatment alternatives, and risks and benefits through participating in decision-making.

Shared decision-making and access to pertinent information can help patients understand their illness and treatment alternatives. Patients can now make well-informed decisions that match their values and preferences. The hypothesis statements focus on standard medications, surgical decisions, and diagnostic judgments in Saudi Arabian healthcare organizations and medical misconduct (Aljaffary, Al Yaqoub, Al Madani, Aldossary, & Alumran, 2021)

diagnostic tests and invasive procedures increase the risk of psychological harm

Support Alternate Hypothesis (H1, H2, and H3)

Hypothesis (H1): *Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice*

Hypothesis (H2): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly affect medical malpractice.*

Hypothesis (H3): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations affect medical malpractice.*

The subject matter examines the relationship between diagnostic testing, intrusive procedures, and psychological harm. It is related to medical practices and their potential effects on patient well-being and medical misconduct, but not directly to the hypothesis. Medical tests and invasive procedures are used to identify and treat various illnesses. They're essential to healthcare, but their psychological effects on patients must be considered. These procedures can be physically and emotionally difficult, generating worry, fear, tension, and other psychological problems.

Although not specifically stated in the hypothesis, the question indirectly pertains to medical practices and their potential effects. Standard medications, surgical decisions, and diagnostic judgments affect Saudi Arabian healthcare organizations' medical malpractice rates. To protect patients and reduce unfavorable outcomes, healthcare providers and organizations must understand the psychological risks of diagnostic testing and invasive procedures (Almalki Z. , et al., 2021).

Healthcare provider responsible for any mistake

Support Alternate Hypothesis (H1, H2, and H3)

Hypothesis (H1): *Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice*

Hypothesis (H2): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly affect medical malpractice.*

Hypothesis (H3): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations affect medical malpractice.*

The query addresses healthcare professionals' liability for medical malpractice. It supports the medical malpractice theme and assumptions about factors affecting medical misconduct in Saudi Arabian healthcare organizations. Medical negligence occurs when a doctor breaks the rules and harms a patient. In such cases, healthcare professionals may be liable for medical negligence. The topic examines medical malpractice and healthcare providers' probable involvement. The hypotheses focus on how conventional medications, surgery, and diagnostics affect medical misconduct in Saudi Arabian healthcare organizations.

Healthcare providers' accountability and professional responsibilities are at stake. To protect patients and reduce medical negligence, healthcare providers must follow standards, guidelines, and best practices (Aljaffary, Al Yaqoub, Al Madani, Aldossary, & Alumran, 2021).

difficulty understanding doctors due to different languages

Language limitations between doctors and patients can make medical information and communication difficult. Although not directly related to medical malpractice in Saudi Arabian healthcare companies, it covers a crucial component of healthcare delivery and patient experience. Language problems can hinder patient-provider communication, leading to misdiagnoses and poor patient treatment. Instead of linguistic hurdles, the theories focus on how conventional medications, surgical decisions, and diagnostic judgments affect medical malpractice incidents (Almalki Z. S., et al., 2021).

Doctors need training to provide quality care
Supports language limitations
To provide high-quality treatment, doctors need training. While not directly related to medical misconduct in Saudi Arabian healthcare companies, it covers a vital part of healthcare quality and professional development. Quality care requires clinicians to have the information, skills, and competencies to diagnose, treat, and manage patients. To stay current on medical practices, technologies, and evidence-based standards, doctors need ongoing training and education. Doctors can enhance patient outcomes by continuously learning (Alghamdi, et al., 2022).

Medical liability reduce uncertainty
Support Alternate Hypothesis (H1, H2, and H3)
Hypothesis (H1): *Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice*
Hypothesis (H2): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly affect medical malpractice.*
Hypothesis (H3): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations affect medical malpractice.*
The issue examines how medical liability reduces malpractice uncertainty in Saudi Arabian hospitals. It supports Saudi Arabian medical malpractice ideas. Medical liability the legal accountability of healthcare practitioners for their actions or omissions may affect medical malpractice, according to the hypothesis. Medical liability policies may reduce malpractice uncertainty in Saudi Arabian institutions (Aljaffary, Al Yaqoub, Al Madani, Aldossary, & Alumran, 2021).

uncertainty reduce incentives
Support Alternate Hypothesis (H1, H2, and H3)
Hypothesis (H1): *Providing standard drugs in Saudi Arabia healthcare organizations does affect medical malpractice*
Hypothesis (H2): *Surgical decisions, including surgical procedures and techniques, in Saudi Arabia healthcare organizations, significantly affect medical malpractice.*
Hypothesis (H3): *Diagnostic judgments, such as the interpretation of medical tests and visualization investigations, in Saudi Arabia healthcare organizations affect medical malpractice.*
High uncertainty and damaged patients' incentives to file claims are examined in this question. The ideas about medical malpractice in Saudi Arabian healthcare organizations apply. The hypothesis argues that considerable uncertainty may affect wounded patients' desire to litigate. In this context, uncertainty refers to aspects like the medical situation's intricacy, the injury's source, or the claim's potential results. If the situation is unknown, harmed patients may be less inclined to pursue a claim. That could be due to concerns about the chance of success, the expenses and duration of legal action, or the perceived difficulty of demonstrating medical negligence.

Chapter 6
Overall Conclusion and Recommendation
6.1 Conclusions
The 30-questionnaire survey responses from Saudi healthcare experts revealed numerous significant conclusions. Most responses were male and from the 26-35 age bracket. Participants had more Bachelor's and Master's degrees. Most participants had 1-5 years of healthcare experience. Many healthcare workers observed or were involved in medical malpractice situations. Medical personnel were usually aware of medical malpractice. High workload and long working hours, inadequate training and education, lack of communication between healthcare workers, and absence of defined protocols and procedures contributed to medical malpractice cases. Current medical decision-making reduces medical misconduct primarily or very well. Healthcare institutions needed better medical decision oversight. Participants suggested increased staffing, training, and standardized standards and

procedures to reduce medical misconduct. Healthcare organizations have high or extremely high accountability for medical malpractice incidences. Medical malpractice legal protection for healthcare providers was questioned. Healthcare workers had high or very high support to reduce medical malpractice risks. Patient satisfaction surveys could reduce medical misconduct, however, opinions varied. Healthcare organizations scored well for transparency and disclosure of medical malpractice instances. Saudi Arabia's medical malpractice laws were effective or highly effective. Some participants did not receive medical malpractice prevention training during their careers. Participants reported medical mistakes and incidents differently. Psychological harm from diagnostic tests and surgical procedures and doctors' informed consent laws were mixed. Doctors' training and cooperative decision-making improve patient outcomes, participants acknowledged.

6.2 Summary

The report shows Saudi healthcare organizations' medical malpractice prevention capabilities and weaknesses. Negligence in medicine is well-known, but workload, communication, and standardized standards remain difficult. Medical malpractice plaintiffs require more regulation, monitoring, and legal protection. Maintain and improve risk mitigation support.

6.3 Recommendations

The findings suggest the following:

Enhance training and education programs to keep healthcare personnel up to speed on medical practices, patient safety, and legal issues.

To reduce errors and improve patient care, healthcare institutions should prioritize effective communication channels and standardized practices.

Improve oversight and monitoring: Medical standards and guidelines should be monitored by regulatory agencies.

Enhance legal protection: Healthcare personnel should have strong legal protection to encourage reporting and accountability and ensure justice in medical malpractice cases.

To promote learning, responsibility, and patient trust, healthcare organizations should promote medical malpractice transparency and disclosure.

6.4 Lessons Learned

Healthcare industries must continuously evaluate and improve, according to the survey. Clear communication, established systems, continual training, and a supportive atmosphere for reporting and learning from medical mistakes were lessons learned. Ethical considerations similar to patient autonomy, beneficence, non-maleficence, and justice play a central part in guiding medical decision-making. Assignments learned in this sphere include the need for healthcare professionals to continuously engage in ethical reflection, stay informed about current ethical guidelines, and seek ethical consultations when faced with delicate situations.

Evaluating the impact of medical decisions on medical malpractice requires comprehensive documentation, adherence to ethical guidelines, and a thorough understanding of accepted standards of care. Authentication of work and the inclusion of a preface provide important context, acknowledge contributions, and address moral and ethical considerations. Lessons learned encompass the importance of proper citation, verification, and review, as well as the recognition of ethical dilemmas and the need for ethical reflection. By incorporating these practices and addressing ethical considerations, healthcare professionals can enhance patient safety, maintain professional integrity, and navigate the complex landscape of medical decision-making and malpractice.

6.5 Ethical Implications

The study emphasizes security for patients, transparency, and professional ethics. Medical malpractice prevention requires patient autonomy, informed consent, and healthcare professional rights. The results of this survey provide insight into Saudi healthcare workers' medical malpractice

experiences. The recommendations and experiences learned can help healthcare organizations, legislators, and regulators improve patient safety, reduce medical malpractice, and increase healthcare quality.

References

1. Agarwal, M., & Agarwal, S. (2020). Tragedy of Errors- An Analysis of Human Factor in Medical Errors. *Journal of Clinical and Diagnostic Research*, 1301-1303.
2. Alanezi, F., Aljahdali, A., Alyousef, S. M., Alshaikh, W., Mushcab, H., AlThani, B., & Alanzi, T. M. (2021). Investigating healthcare practitioners' attitudes towards the COVID-19 outbreak in Saudi Arabia: a general qualitative framework for managing the pandemic. *Informatics in medicine unlocked*, *22*, 10049. From https://www.sciencedirect.com/science/article/pii/S2352914820306420
3. Alasiri, A. A., & Mohammed, V. (2022). Healthcare Transformation in Saudi Arabia: An Overview Since the Launch of Vision 2030. *Health Services Insights*, 15.
4. Alghamdi, A., Alhulaylah, F., Al-Qahtani, F., Alsallal, D., Alshabanat, N., Alanazi, H., & Alshehri, G. (2022). Evaluation of pharmacy intern-led transition of care service at an academic hospital in Saudi Arabia. *A prospective pilot study. Saudi Pharmaceutical Journal, 30(5)*, 629-634. From https://www.sciencedirect.com/science/article/pii/S1319016422000469
5. Aljaffary, A., Al Yaqoub, F., Al Madani, R., Aldossary, H., & Alumran, A. (2021). Patient safety culture in a teaching hospital in Eastern Province of Saudi Arabia: assessment and opportunities for improvement. *Risk Management and Healthcare Policy*, 3783-3795. From https://www.tandfonline.com/doi/full/10.2147/RMHP.S313368
6. Almalki, Z. S., Alqahtani, N., Salway, N. T., & Alqahtani, A. (2021). Evaluation of medication error rates in Saudi Arabia: A protocol for systematic review and meta-analysis. *Medicine*, e24956.
7. Almalki, Z. S., Alqahtani, N., Salway, N. T., Alharbi, M. M., Alqahtani, A., Alotaibi, N., & Alshammari, T. (2021). Evaluation of medication error rates in Saudi Arabia. *a protocol for systematic review and meta-analysis. Medicine*, 100. From https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7939210/
8. Almalki, Z., Alqahtani, N., Salway, N. T., Alharbi, M. M., Alqahtani, A., Alotaibi, N., & Alshammari, T. (2021). Evaluation of medication error rates in Saudi Arabia: a protocol for systematic review and meta-analysis. *Medicine, 100(9)*, 1-10. From https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7939210/
9. Almannie, R., Almuhaideb, M., Alyami, F., & Alkhayyal, A. (2021). The status of medical malpractice litigations in Saudi Arabia: Analysis of the annual report. *Saudi Journal of Anaesthesia*, 97.
10. Alsulami, S. L., Sardidi, H. O., Almuzaini, R. S., & Alsaif, M. A. (2019). Knowledge, attitude and practice on medication error reporting among health practitioners in a tertiary care setting in Saudi Arabia. *Saudi Medical Journal*, 246-251.
11. AlThubaity, D. D., & Mahdy Shalby, A. Y. (2023). Perception of health teams on the implementation of strategies to decrease nursing errors and enhance patient safety. *Journal of Multidisciplinary Healthcare*, 693-706. From https://www.tandfonline.com/doi/abs/10.2147/JMDH.S401966
12. Alyami, M. H., Naser, A. Y., Alswar, H. S., Alyami, H. S., & Sulayyim, H. J. (2022). Medication errors in Najran, Saudi Arabia: Reporting, responsibility, and characteristics: A cross-sectional study. *Saudi Pharmaceutical Journal*, 329-336.
13. Arif, M. (2022). Impact of the leadership in managing the quality of care: A comparative analysis of healthcare in Qassim Saudi Arabia. *Open Access Public Health and Health Administration Review, 1(1)*, 47-56. From https://journal.mdpip.com/index.php/oapr/article/view/7
14. Cheluvappa, R., & Selvendran, S. (2020). Medical negligence - Key cases and application of legislation. *Annals of Medicine & Surgery*, 205-211.

15. Dahlawi, S., Menezes, R. G., Khan, M. A., Waris, A., & Naseer, M. M. (2021). Medical negligence in healthcare organizations and its impact on patient safety and public health. *a bibliometric study. F1000Research, 10*, 1-10. From https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8156516/
16. Dahlawi, S., Menezes, R. G., Khan, M. A., Waris, A., & Naseer, M. M. (2021). Medical negligence in healthcare organizations and its impact on patient safety and public health: a bibliometric study. *BMC Medical Ethics*, 174.
17. Doğan, M. B., Yükseloğlu, E. H., Doğan, M., & Uğraş, S. D. (2020). The Evaluation of Medical Malpractice Claims: Creating a Standard Approach Model. *Journal of Forensic and Legal Medicine*, 101932.
18. Fathi, T. H., & Miraj, S. A. (2021). Impact of knowledge, attitude and practice on medication errors and safety improvement in pharmacy Departments of King Saud University Medical City Riyadh Saudi Arabia. *Biomedical and Pharmacology Journal, 14(2)*, 803-813. From https://biomedpharmajournal.org/vol14no2/impact-of-knowledge-attitude-and-practice-on-medication-errors-and-safety-improvement-in-pharmacy-departments-of-king-saud-university-medical-city-riyadh-saudi-arabia/
19. Hassanien, A. (2021). Evaluating the impact of investing in the industry of clinical practice guidelines for health systems. 1-10. From https://assets.researchsquare.com/files/rs-139323/v2/ef34309e-0b03-4fd1-ba25-791c1f56b028.pdf?c=1631871938
20. Kaud, Y., O'Connor, P., O'Malley, R., Dunne, R., & Lydon, S. (2022). A scoping review of patient safety research carried out in Saudi Arabian hospitals . *IJQHC Communications*, 014.
21. Morrison, M., Cope, V., & Murray, M. (2018). The underreporting of medication errors: A retrospective and comparative root cause analysis in an acute mental health unit over a 3-year period. *International Journal of Mental Health Nursing*, 1719-1728.
22. Sage, W. M., Boothman, R. C., & Gallagher, T. H. (2020). Another Medical Malpractice Crisis? Try Something Different. *Journal of the American Medical Association*, 1395-1396.

Appendix

Questionnaire

1. What is your age?

- 18-25 years
- 26-35 years
- 36-45 years
- 46-55 years
- Above 55 years

2. What is your gender?

- Male
- Female
- Prefer not to say

3. What is your educational background?

- High school or below
- Bachelor's degree
- Master's degree
- Doctorate degree

4. How many years of experience do you have in the healthcare industry?

- Less than 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- More than 15 years

5. Have you witnessed or been involved in any medical malpractice incidents within your healthcare organization?

- Yes
- No

6. How would you rate the level of awareness about medical malpractice among healthcare professionals in your organization?

- Very high
- High
- Moderate
- Low
- Very low

7. What factors do you believe contribute to medical malpractice incidents in healthcare organizations?

- Lack of communication between healthcare professionals
- Inadequate training and education
- High workload and long working hours
- Lack of standardized protocols and procedures
- Insufficient resources and equipment
- Patient-related factors (non-compliance, misinformation, etc.)

8. How would you rate the effectiveness of the current medical decision-making process in minimizing medical malpractice incidents?

- Very effective
- Effective
- Moderately effective
- Ineffective
- Very ineffective

9. Do you believe there is a need for improved oversight and monitoring of medical decisions in healthcare organizations?

- Yes
- No

10. What measures do you think should be implemented to reduce the occurrence of medical malpractice?

- Enhancing training and education programs
- Implementing standardized protocols and procedures
- Increasing staffing levels and improving workload management
- Strengthening communication channels among healthcare professionals

11. How would you rate the level of accountability for medical malpractice incidents within your healthcare organization?

- Very high
- High
- Moderate
- Low
- Very low

12. Are healthcare professionals in your organization provided with adequate legal protection in cases of medical malpractice?

- Yes
- No

13. How would you rate the level of support and resources available to healthcare professionals to mitigate medical malpractice risks?

- Very high
- High
- Moderate
- Low
- Very low

14. Do you believe that patient satisfaction surveys can contribute to reducing medical malpractice incidents?

- Yes
- No

15. How would you rate the level of transparency and disclosure of medical malpractice incidents within your organization?

- Very high
- High
- Moderate
- Low
- Very low

16. In your opinion, how effective are the current legal frameworks and regulations in addressing medical malpractice issues in Saudi Arabia?

- Very effective
- Effective
- Moderately effective
- Ineffective
- Very ineffective

17. Have you received any specific training or education on medical malpractice prevention during your professional career?

- **Yes**
- **No**

18. How likely are you to report a medical error or incident that you witness or are involved in?

- Very likely
- Likely
- Neutral
- Unlikely
- Very unlikely

19. Do doctors are more knowledgeable about informed consent regulations?

- **Maybe**
- **No**
- **Yes**

20. Do medical laws improve overall healthcare service delivery in Saudi Hospitals?

- **Agree**
- **Disagree**
- **Neutral**
- **Strongly agree**
- **Strongly disagree**

21. Do direct reforms improve medical productivity primarily by reducing malpractice claims rate?

- **Agree**
- **Disagree**
- **Neutral**
- **Strongly agree**

- **Strongly disagree**

22. Did you feel you were given the opportunity to ask questions related to the medical procedure?

- **Maybe**
- **No**
- **Yes**

23. Did you feel you understood the information you were given?

- **Maybe**
- **No**
- **Yes**

24. Does shared decision-making can improve patient outcomes by increasing knowledge?

- **Agree**
- **Disagree**
- **Neutral**
- **Strongly agree**
- **Strongly disagree**

25. Do diagnostic tests and invasive procedures increase the risk of psychological harm?

- **Agree**
- **Disagree**
- **Neutral**
- **Strongly agree**
- **Strongly disagree**

26. Does the healthcare provider responsible for any mistake that could lead to medical negligence?

- **Maybe**
- **No**
- **Yes**

27.Do you feel difficulty understanding doctors due to different languages?

- **Maybe**
- **No**
- **Yes**

28. Do doctors need training to provide quality care to patients?

- **Agree**
- **Disagree**
- **Neutral**
- **Strongly agree**
- **Strongly disagree**

29. Does medical liability reduce uncertainty on expected malpractice in hospitals of Saudi Arabia?

- **Agree**
- **Disagree**
- **Neutral**
- **Strongly agree**
- **Strongly disagree**

30. Does high uncertainty reduce incentives for injured patients to file a claim?

- **May be**
- **No**
- **Yes**