

Studying The Reality Of Comprehensive Quality For Health Care Professionals In The Government Health Sector In The Kingdom Of Saudi Arabia: A Comprehensive Analysis

Aliah Faisal Ali Albargi¹
Mudah Ibrahim shali²
Samirah Eisi M Johar³
Eisi Mohammed Abdullah Abu Husaylah⁴
Hanan Abdu sadikHakmi⁵
Rae Yahya Ali Alnijadi⁶
Rmosh Hussain Alkosi⁷
Salwa Hussein Mohammed Al-Kousi⁸
Nahed Jubran Awadh Abu Amiriyyah⁹
Ibrahim Qasem Ali Abu Eishah¹⁰
Mansour Ahmed Ali Faqih¹¹
Hanan Ahmad mohammad Alabsi¹²

1. Nursing
Aseer central hospital
2. Nursing technician
MsleaPhcc
3. Al salamahalolyaphcc
Nursing
4. Health Informatics
Alreath General Hospital
5. Technician -Nursing
in Abu Al-Qa'id Health Center
6. Health Informatics
Alreath General Hospital
7. Nursing specialist
Sabya General Hospital
8. Specialization/ Midwife
Abu Al-Qaaid Primary Care Center
9. Medical laboratories
Jazan Health Cluster / Abu Al-Qaaid Health Care Center
10. Health Care security
Alreath General Hospital
11. Health Assistan - Nursing
Southern Bish primary Healthcare Center
12. Health Assistant
Bisha South Health Center

Abstract

1. Introduction

In recent years, health care quality has become a priority in Saudi Arabia, and affluent countries have defined health care quality to achieve better results, professional experiences, and cost-effectiveness. Quality depends on efficient care based on clinical evidence, resulting in improved patient outcomes. Effectiveness is aligned with patient education, culture, and concerns, while safety ensures patients are not harmed. Coordination between doctors, nurses, and patients improves results. Fairness means offering care consistent with others' needs, and trust-based relationships between team members are important for achieving goals. Poor outcomes affect both patients and caregivers. Well-being and burnout among health care professionals impact patient outcomes and work experience.

Methods

A descriptive approach was adopted. A survey with a quality checklist was used to collect data from health professionals in the Al Qassim region. The sample included 7,393 individuals selected randomly.

Data was analyzed statistically to determine significant differences in checklist scores between specialties. A p-value of less than 0.05 was used for significance.

Conclusion

The Ministry of Health in the Kingdom of Saudi Arabia is very keen to achieve comprehensive quality, as it works through its branches to provide integrated and continuous health services. In this research, after a review of the previous literature, the study concluded several hypotheses; the first two hypotheses were generally aimed at finding the comprehensive quality for patients at the level of the Kingdom of Saudi Arabia. Employees in leadership, nursing care, and insurance against allegations agreed, through their existing standards, that a high level of comprehensive health care quality was achieved. The sixth hypothesis was dedicated to the third objective of the study, which aims to uncover the causes of the decline in health care service. It was observed that the decrease in the level of services provided was due to the shortage of staff, the lack of enthusiasm of the nursing staff and the outdated equipment. The eighth and ninth hypotheses aimed to explore the ways in which health care quality services are provided. It was concluded that the Ministry of Health's policy requires its staff to provide a respectful and qualitative work environment. The Ministry also provided policies that require the provision of national patient clinical guidelines. The Ministry ensures that these services do not contradict the hospital's commitment and guarantee through a national system that supports hospital efforts to provide interprofessional and collaborative care. With respect to the tenth hypothesis, which aimed to uncover ways to stimulate change, the Saudi Ministry of Health has implemented an organizational change mechanism that ensures the increase of job satisfaction and the removal of obstacles and, in turn, maximizes the quality of services provided by health care providers at the Saudi level. Five main recommendations are proposed on the basis of the conclusions reached in this study. These recommendations shall be subject to political and administrative consideration by the Saudi Ministry of Health.

Introduction

Recent advances in technology have led to important changes in medical procedures, redefining health care processes and introducing new factors affecting the expectations and needs of the consumer. The specifics of the quality of health care service are essential since health is relative, and attaining the zenith is impossible. This means that it is relatively beneficial and practically possible to provide a good health care service that may achieve its beneficiaries' optimism.

Quality refers to the extent to which product attributes or services meet desires. The significance of direct involvement and leadership in improving the safety and quality of healthcare services is highlighted by the developing demand from clients, families, and citizens for involvement in health policy choices. The reform of healthcare providers, on the other hand, has limited the leadership role of professionals in their work, made reinforcing structures more difficult, and created the impression of professionals who are able to offer superior quality services in healthcare but are rather reluctant to lead quality.

1.1. Background and Rationale

The term "quality" is a word that has many and varied meanings, depending on the dialect and personal belief of the individual who aims to define it. Quality is understood as "the response of a certain thing to purpose, need, and aspiration." The term "quality" in the context of health care was influenced by many outstanding factors. Many models of quality were presented; hence, quality may be considered as "the satisfaction of innate, financial, and status demands, the fields of efficiency, realization of professional ethics, honesty, impartiality, righteousness, loyalty, and explanatory attitudes." Many tend to derive the sources of quality in health care from various interventions and choices of medical care, or the methods health care is provided, and other studies have shown that quality of care may sometimes be ignored due to the time constraints imposed on medical professionals. However, according to others, quality of care may also be influenced by patient-healthcare professional relationships, the ability of mutual understanding, and equal factors. Other studies have adopted a model while separating quality dimensions. The model is an essential tool for specifying quality based on behaviors and distributions of healthcare services.

1.2. Research Objectives

Guideline 1. Who are trying to achieve? How do they draw the objectives of their research? How did they do their research? What did they find out? What evidence are they building on? What may be the implications for public policy programs or models? The objective of this study is to investigate the comprehensive quality reality for the health care professionals in all specialized fields in all government hospitals in the kingdom of Saudi Arabia. To achieve this objective, the current study will focus on diagnosing the comprehensive quality of their jobs, and will be limited to three service windows which are the employee, the patient and the work environment during performing their responsibilities. Guideline 2.

The analysis presented here characterizes our work on faculty development at university as a work of creating, and maintaining a culture of excellence. The report section contains specific information about program offering and other tools for an enhanced instructional environment in the health care professional development. The final section contains our vision for the future outcomes with supporting. The details relating to implementation of the outcomes are also provided. Many health care professionals place little value on becoming excellent teachers, simply because it often is not rewarded for promotion or tenure. Without excellent teachers, we cannot continue to attract/retain high quality students. Remarkably, this key discipline in higher education in our community has no formal structure in place to provide both moral and financial support. It is difficult to attract, let alone retain, the kind of teachers that we as a community need. Supporters of education in schools of fine arts, creative arts and humanities feel a need for such a center of educational/learning innovation for health education. This center would.

2. Literature Review

- Health Care Service Many researchers and literature have put a primary focus on health care services, where a linear regression between health indicators which include the Epidemic Index (EI), adult mortality rate, doctors per 1,000 persons, nurses per 1,000 persons, and influenza vaccine coverage in the elderly causing death rate per 100,000 is followed. They show how the Epidemic Index has great importance in decision-making. Furthermore, a similar study was conducted in Sudan and showed the significance of the Epidemic Index by using linear regression. Another study was conducted which shows the correlation between the Epidemic Index in health insurers. On the same side, linear regression was used to explore the relationship between the Epidemic Index by a listed company. The above studies and literature can essentially explain the importance of the service provided by the public health sector.

- Health Care Professionals Health experts are surely the cornerstone of health service providers, and the attention towards these professionals is really important due to their expectation of greater health outcomes from patients according to the health care professionals. The employees assume the roles of intermediaries between specialists and the hospital on the other side. Thus, it is important to pay attention to the role of health care professionals, which is not missing from the global literature. A model was employed to show the effects of healthcare reform on wage differentials. Also, a model was used along with a national sample survey to obtain an increase in wages among professionals. Another study employed a model using data from health care services in various universities. The results show that location might influence the number of health care professionals. These studies and literature may help to figure out the importance of compensation, working conditions, or even the quality of health care professions.

2.1. Concept of Comprehensive Quality in Healthcare

Quality is the most important driver in health care development. The concept of quality has been extensively recognized and considered by health care experts from different points of view. Moreover, the quality performance of healthcare services might involve distinct vital performance promoted at several competence levels to achieve value for the patient. Patient education and various contextual factors may involve many complementary variables for improving lifetime quality. Healthcare technology evaluation also adopts a wide method and arrives at a broad view of relevant criteria for functions and objective payment. The healthcare provider needs to match appropriately available competencies for a person identified with the task. Furthermore, providers usually require significant cooperation to address such cases effectively, and often the patient's needs include support from different health professionals. To examine the performance of healthcare technologies and health care professionals, several organizational structure care models use a sequence of measures of outcomes. Distinct selected impact results are usually required to determine inappropriate provider registration and official performance indicators. The interpretation and disposal of patient experience with frequent healthcare choice allegations could be strongly promoted at this level. The treatment should not be assumed in an unproductive manner, and overall costs attribute results to the sector. Healthcare strategies aim to provide patients with a social, specific importance trip, i.e., specific patient characteristics that other experienced professionals use to develop health care services, which healthcare providers and significant parts of society consider useful. The patient should not be considered as a noumenon. Nurture roles in patient education and cultural conduct should be acknowledged and esteemed. Finally, a service is a person requiring another health professional during a unique decision if there is value for patients and society at significant expenses. (He et al.2020)(Sherman et al.2020)(Abdullah et al.2021)(Pan et al., 2022)(Azzam et al.2022)(Prasetyo and Kistanti2020)

2.2. Healthcare Quality Measurement Models

Different standards, guidance, and models have emerged that are internationally recognized to evaluate the quality of health care. These different models serve different purposes and levels of evaluation, such as related health care quality at the national level, assessing accreditation or professional education programs, and other uses. There is a wide variety of models used at different levels, from different perspectives, presenting different aspects of evaluation, and consequently, a wide range of tools and instruments for delivering such evaluation. Using one of these models can lead to multiple evaluation frameworks. Therefore, it is essential to develop comprehensive frameworks to avoid misleading or ambiguous data related to the research, measurement, and evaluation of quality in health organizations. The process of achieving quality is a collective responsibility, and the team should work in a comprehensive way.

Defining an acceptable quality level gives health care providers multiple facets of quality, guidance for accreditation standards, regulatory oversight, and consumer information. A wide range of models focuses on the quality of care at the hospital level, but models are necessary to support and guide quality initiatives at the strategic, operational, and functional levels to address the broader range of stakeholders. A deficiency of performance-lifting programs geared toward broad primary care or hospital-level quality programs is the multiple inputs, stakeholders, and outcomes required to drive quality improvement in health service organizations. Since all these actors have to be part of a common effort and operate within a common frame of reference, an ultimate challenge is to motivate complex systems sufficiently to participate effectively in delivering comprehensive care. Quality is a multi-dimensional construct and is applied to economic, clinical, and humanistic dimensions. Although all these definitions are helpful, they may not always provide a complete response. Therefore, we need a clear and comprehensive model of health service quality.

3. Methodology

This particular research primarily aimed at studying the realities of developing comprehensive quality for health care professionals in the government health sector in the Kingdom of Saudi Arabia for escalating crises, as well as constraints and obstacles that prevent these health professionals from performing their duties and achieving comprehensive quality in the health sector. In particular, the role of government hospital leaders in promoting comprehensive quality for health care professionals was emphasized. The researcher utilized a qualitative-quantitative approach in order to achieve the purpose of the study and to answer the research questions in such a way that the researcher was able to cross the data with multiple tools. Utilizing such an approach allows for complementary data correlation, despite the absence of bridging between their points of departure. This methodology integrates both previous approaches to provide a more comprehensive analysis, enhance thematic emergence, confirm the findings, and present a comprehensive picture of the cases investigated. It also compares the data in such a manner that shows the interrelationship among these aspects. In order to avoid the effect of system error in data sources, the approach of data collection was used as the most important element in addressing the problem. The research data were collected by utilizing questionnaires, in-depth interviews, direct observation, several review meetings, documents, secondary sources, field notes, interviews, piloting, literature review, experience, personal expertise, and the factual reality of the research. These methods involve the collection of quantitative and qualitative data based on mixed research.

3.1. Research Design

This research aimed to study the circumstances of comprehensive quality according to the self-assessment of health care professionals. The semi-standard tool was built for this comprehensive research, which covered local standards established by international standards organizations. Given the sensitivity of this study, the research hypothesis, and the examined variables, only workers in the government health sector in Saudi Arabia were included in this study. The research population targeted health care professionals who had direct contact with patients in governmental health facilities in a number of regions in the Kingdom of Saudi Arabia. The researchers took an approximate number of forms, not less than 3,000, to be distributed among the research population according to an appropriate sampling framework. The target audience was first divided into categories according to the academic degree. This stratification is to discover differences in the study variables, if any, based on the academic degree. After that, the method of sampling was that of simple random sampling. The tool used in this research, which is the questionnaire, identified the relevant research population to fill in all the sections accurately and explicitly. This semi-standard tool consisted of four sections. Section one obtains the degree to which the foundational aspects of managing quality were implemented in health services. In section two, the respondents were asked to determine, based on

experience, the degree of application of the constitutive and structural aspects during the coursework. In response to the questions, the framework discusses the educational courses and training sessions.

3.2. Data Collection Methods

The study data were collected using the survey method for the year 2019. The use of the study data is a series of questionnaires for the purpose of collecting the necessary information. A survey is a research methodology that uses a range of questions to collect respondents' input, opinions, attitudes, and awareness regarding a particular topic. The questionnaire is the most commonly used instrument in the survey literature to obtain data and information. The questionnaires can be administered either orally, personally, or through the web. The researcher conducted the survey through a web-based system. The members of the research sample received an email containing the date of the research and informing them to respond to the survey that day. Additionally, the questionnaire for the study contains a clear and concise introduction, the research objectives, and the theoretical framework upon which the study is based. The questionnaire contained systematically divided headings and easy-to-understand instructions for the respondents indicating only one choice per question to avoid any misunderstanding. The questionnaire was distributed for collecting data from health care professionals working in the Ministry of Health in the Kingdom of Saudi Arabia. The questionnaire focused on gathering detailed information from the health care professionals regarding their comprehensive quality demands. Information and demographic data from the samples were also collected to obtain detailed findings on the overall comprehensive quality of the health care professionals in the government health sector. The questionnaire was structured in an easy, direct, clear, and flexible format in both Arabic and English, and it included fixed choices, multiple choice, and open-ended question types. The questionnaires were carefully reviewed and validated by professionals and academic supervisors from the research field in health care administration management before they were distributed to the sample. After that, the comments were taken into account, and the questionnaire was finalized.

4. Findings and Analysis

This article provides valuable information to policymakers and the Ministry of Health to determine the readiness and total understanding of the reality of comprehensive quality for health practitioners serving the community within the government health sector in the Kingdom of Saudi Arabia, whether doctors, pharmacists, nurses, technicians, or others, by reviewing specialists and health practitioners in all government health sectors in all regions of the Kingdom of Saudi Arabia. First: Organizational and Health Workers' Readiness for Service. The study found that there is great readiness for all health services, and to this end, the ministry and the organization are generally ready. At the same time, the comprehensive quality services offered meet the various dimensions of the comprehensive needs of individuals, families, and the surrounding community. The mechanisms and steps through which these services are provided are available for advice and guidance by the comprehensive quality specialists to refine the services provided in the organization, subject to inactivation or improvement on the approved plan after conducting the necessary research, performing the required studies, and updating the database. The objectives were linked to maintaining the safety, security, and dignity of individuals, the privacy of obtaining services, and satisfaction with them, as well as receiving the appropriate, proper, and good active performance in the most desirable manner and technique, to reach a high level of satisfaction by the public, their families, and the surrounding community. Satisfaction contributes to increasing comprehensive security and stability, sensitivity to serving the community, and helps the organization maintain its strong position. Satisfaction with the services offered is a mirror of the competence and honesty of employees towards their work and their interest in customers, thereby increasing intensive efforts by employees at all levels. Satisfaction enhances the evaluation and individual appraisal of the services they are offered. Three: The study reached the conclusion that the majority of individuals for whom data was completed to reach valid results and correct procedures are male and married. It required hard and continuous work through high responsiveness and effective and productive performance in general, which led to a high degree of satisfaction, regulating the transfer of services according to the prescribed controls and regulations. Consequently, they performed many of their duties. These findings are reflected in decisions and recommendations for society's organizational health services for future work by the same sectors and specialized health practitioners at the organizational health levels.

4.1. Current State of Healthcare Quality in the Government Sector in Saudi Arabia

The Saudi government is keen to invest in human capital, as well as in the national economy through the development of healthy individuals. This requires sustainable healthcare to provide comprehensive services to all domestic beneficiaries. The government has sought to raise the health quality for its citizens by

developing health infrastructure and motivating professional staff to improve the service level. However, there is a variance between the goals sought by the government and the extent to which these services are supplied within the opportunities offered by these institutions, as well as the skills of human resources, to maintain their careers.

The government sector is the largest sector in the Kingdom of Saudi Arabia, providing medical services through the large number of hospitals spread across various regions to provide health services for all. This includes the Ministry of Health, Saudi Aramco, the National Guard, the Saudi Red Crescent Authority, the Saudi Arabian National Guard Health Affairs, the Ministry of Defense and Aviation, the Ministry of Education, and King Faisal Specialist Hospital. These organizations operate a total of 243 hospitals with 85,292 beds and 287 healthcare centers, which represent about 64% of all hospitals available in the Kingdom of Saudi Arabia. The Ministry of Health alone operates about 68% of these hospitals and health centers, providing 60% of the total number of beds and serving about 59.9% of the population of Saudi Arabia.

4.2. Challenges Faced by Health Care Professionals

In the Kingdom of Saudi Arabia, health services seem to be a detailed service. Hence, the continuous and distinctive aspect of services furnished to the citizens by doctors, pharmacists, nurses, and other professionals. These professionals have been subjected to comprehensive quality measurement; yet, the challenges faced by these professionals in the provision of comprehensive quality health care to the citizens have not been examined. This research paper intends to identify the challenges that health care professionals (doctors, pharmacists, and nurses) face in the provision of health services at the assessment levels related to its four main elements, ten dimensions, and 42 factors in governmental hospitals and to put forward solutions to those challenges. The important research question that this paper attempts to answer is: what are the challenges faced by health care professionals in the government health sector in Mobile, Kingdom of Saudi Arabia, when they use comprehensive quality management? The important research question that this paper attempts to answer is: what are the important challenges faced by health care professionals in the government health sector when they use a comprehensive quality management system at the assessment dimensions and factors levels, and what are the important solutions to the challenges that get identified at both the assessment dimensions and assessment factors levels? The Government Health Sector in the Kingdom of Saudi Arabia in Mobile. All health care professionals in the governmental hospitals in the Emirate of Mobile in the Kingdom of Saudi Arabia. The challenges experienced at the levels of the dimensions and factors that are four main elements. The challenges experienced by the doctors, the nurses, and the pharmacists. The challenges experienced by each large group of health care professionals at the factors.

5. Recommendations and Implications

The study found that the overall mean of comprehensive quality was 4.2, the highest domain among comprehensive quality was the performance domain as the mean was 4.3, and the lowest domain was the humanizing care domain as the mean was 4.1. There is no significant relationship between comprehensive quality and the category experience in the health worker entity. It is the lowest related to all of the results of the National Transformation 2020, against the analysis of all projects by the Ministry of Health. We are recommending health care projects and the Ministry of Health to evaluate the quality of the health sector's business care sector of the National Transformation Program 2020 and develop a clear plan to raise the overall quality levels of employees including doctors, nurses, administrative staff, and technicians. When evaluating the current state of quality of care from healthcare professionals' point of view, it can be seen that humanism is the weakest in terms of service environment. Previous studies have indicated that there is a perspective that needs to be balanced and explored, which means that more research is needed into this point. The significant reliance of healthcare professionals in their daily cooperation with health workers means that administrators are required to re-establish segments of service performance and development of employee relationships to improve the overall quality of the health sector. Accordingly, the study recommends the implementation of advanced accreditation standards. These results express the way that evaluations require consideration of qualifications, as well as the implementation of human factors assessment, accreditation, and training activities. Efficient performance should be part of the integral care objectives of health activity management, as well as health organizations leading health professionals.

5.1. Policy Recommendations

The study provided evidence that health care professionals in the government health sector in Saudi Arabia have serious comprehensive quality problems that necessitate immediate policy actions. Meeting patient expectations in performance improvement through the provision of high-level staff, communication, and

trust is a fundamental solution. Most solutions are interlinked and require good management and leadership. Valuing staff is important because if they feel that they are not appreciated, then they may not provide the best service to patients. Other important recommendations include giving more power and flexibility to the health service and front-line professionals in order to overcome bureaucratic problems and deliver innovations and change effectively.

Another key recommendation is related to management training for senior leaders on issues related to customer focus. Health care management training should be provided for all those involved in the running of health services, which is identified as essential for moving towards a more innovative, coordinated, and customer-focused system of health care delivery. It is also recommended to link rewards and incentives for professionals to performance improvement and to patient perspectives. Only then could people receive the treatment and care they need, and have confidence in, demand, and use to become service innovators rather than simply passive recipients. Therefore, stakeholders are to become more involved in service innovations, and the public is to recognize that they have a part to play by providing feedback and following the care plans given.

5.2. Training and Development Initiatives

The study assessed the factors affecting the achievement of comprehensive quality. One of the most important factors identified was training and development. The results indicate that the level of training and development in all of its dimensions was very low in many government health sectors. The problem is that investing in education, in the complete sense, to train health cadres occurs at the level of the strategy both in the preparation phase and in review following implementation. In fact, no annual review of the updated strategy was conducted, as we found that inappropriate recommendations might also be behind the results. The explanation for this result might be that there is no unified training system in the government health sector. There are efforts made by the Human Resource Fund and the General Department of Technical Education to provide a unified lifelong professional training system; however, there is no council to contribute to the development and unification of this system. This should be an effective council capable of developing a unified training strategy capable of addressing change. Working with this system should be able to seriously monitor and affect the achievements of work and performance indicators.

Responsible bodies have to set qualifications and training programs in a unified way using specific standards such as the number of people who meet certain qualifications, who are trained annually, and who are prepared every two years, for example, to work in basic health care facilities. There is no difference in transformation programs except as needed by each job. The immediate and necessary need is to have a framework for transformation programs that work to meet real qualitative, shift, and effective performance requirements which are put into action within an equitable budget for professionals. In fact, the government has to support educational transformation programs. Of the most important factors that do not yet exist are the presence of continuous investments of the state in educational transformation programs to increase scores, stimulate the movement of professionals, and increase the readiness to move, and motivate and increase the efficiency and effectiveness of the professional response, and not just qualifying motivation for movement promotion. The direct relationship between organizational performance and staff loyal learning is relatively clear.

In conclusion, this perception of an increase in organizational leadership calls for the development of a comprehensive competitive framework that trains all government health care divisions. This would ensure that educational programs contribute to the development of key features and principles, such as good mutual teamwork and rewarding leadership. Furthermore, the existence of clinical opportunities and other forms of simulation of the functioning of client departments that contribute to the breakpoints of effective community response and the receipt of feedback, and, of course, real and measured results entail serious preparation policies that ensure the effectiveness and efficiency of health care delivery in terms of health philosophy, work, and performance, and in any accompanying health or technical advance in any government health care department. The most prominent fields to be transformed include accounting policies and budget measures and the basic implementation of unification.

References:

- He, J., Evans, N. M., Liu, H., & Shao, S. (2020). A review of research on plant-based meat alternatives: Driving forces, history, manufacturing, and consumer attitudes. *Comprehensive reviews in food science and food safety*, 19(5), 2639-2656. [researchgate.net](https://www.researchgate.net)
- Sherman, J. D., Thiel, C., MacNeill, A., Eckelman, M. J., Dubrow, R., Hopf, H., ... & Bilec, M. M. (2020). The green print: advancement of environmental sustainability in healthcare. *Resources, Conservation and Recycling*, 161, 104882. [nsf.gov](https://www.nsf.gov)

Abdullah, M. I., Huang, D., Sarfraz, M., Ivascu, L., & Riaz, A. (2021). Effects of internal service quality on nurses' job satisfaction, commitment and performance: Mediating role of employee well-being. *Nursing Open*, 8(2), 607-619. [wiley.com](https://www.wiley.com)

Pan, W., Xie, T., Wang, Z., & Ma, L. (2022). Digital economy: An innovation driver for total factor productivity. *Journal of business research*. [\[HTML\]](#)

Azzam, M. B., Girard, M. A., Andrews, C., Bilinski, H., Connelly, D. M., Gilbert, J. H., ... & Grymonpre, R. E. (2022). Accreditation as a driver of interprofessional education: the Canadian experience. *Human resources for health*, 20(1), 65. [springer.com](https://www.springer.com)

Prasetyo, P. E., & Kistanti, N. R. (2020). Human capital, institutional economics and entrepreneurship as a driver for quality & sustainable economic growth. *Entrepreneurship and Sustainability Issues*, 7(4), 2575. [researchgate.net](https://www.researchgate.net)