

**CRISES MANAGEMENT PRACTICES WITHIN PRIVATE SECTOR
HOSPITALS IN MECCA REGION**

Mohamed H. Al-Zahrani^{*2}, Naill M. Momani^{#1}, (Ph.D., P.E.)

[#]King Abdul Aziz University-Faculty of Economics and Administration

Jeddah- Kingdom of Saudi Arabia

1. ABSTRACT

Private sector hospitals in Saudi Arabia, like other companies competing in this market are under severe pressure. External changes in society and other factors can and will affect their competitiveness in the future. This is prompting the hospital's administration to adopt and follow new strategies to enhance their competitive position.

This study aims to shed light on the reality of crisis management in these private sector hospitals operating in the area of Mecca. In this research, we investigated the strategies that are used by department heads, managers and administrators. This study examined limiting factors such as demographics including age and sex, and length of service as well as educational background. We examined their different views from crisis management perspectives in various stages, program elements and the obstacles faced during a crisis. To achieve this, we designed analytical questionnaire to collect our data, a 300 questionnaires were distributed. The number of surveys recovered that were valid for analysis was 190 or 64%.

2. THE GENERAL FRAMEWORK FOR THE STUDY

2.1 The study problem

Hospitals have reached fourth place among organizations targeted during crisis due to external and internal hazard contributors that might impair their functionality during a crises. The others

are the securities industry, banking institutions and the airline industry. This creates an increased interest in the planning and preparation for crisis and natural disasters to enhance operational effectiveness and overall performance. (Elewa, 1997)

The concepts of crisis management from scientific point view is new for most countries and further researches are needed in addition to general awareness campaign to improve future understanding from general community on basic issues that might be subjected to research investigation by future researchers. In this research we examined the strategies in place from the point of view of hospital workers.

The problem is more evident by answering the following questions:

- A. What is risk management, and does this administration meet the objectives of risk management for private hospitals?
- B. Who is in charge of risk management activities in the private hospitals?
- C. Is there existing strategies in place for managing crises in the private health sector hospitals?
- D. What are the obstacles in establishing dedicated departments or units to manage crises in the private sector hospitals?
- E. To what extent private hospitals utilize methods for crisis management?

2.2 Hypotheses

In this paper we will investigate different hypotheses which will enable us to understand how private hospitals in Mecca region deal with current and future crises. These hypotheses are:

1. There is a relationship between the precautionary measures applied in the private hospitals and the ability for recovery from disasters and crises.
2. There is a relationship between previous experiences in dealing with crises and the precautionary measures applied.
3. There is a relationship between palliative procedures applied and the ability to respond to disasters and crises.
4. There is a relationship between the ability to respond to disasters and crises, and the ability to recovery from disasters and crises

5. There is a relationship between the personal relationships between superiors and subordinates and the procedures applied to increase the ability to respond to disasters and crises.
6. There is a relationship between the participation of workers in making decisions and problem solving and the relationship between superiors and subordinates.

2.3 Objectives of the study

In this research we identified the preparedness of private hospitals in the Mecca area for planning and risk management in all health units. Also, we determined the availability of a system to handle crisis management and their strategies in dealing with crises in the private sector hospitals operating in the area of Mecca. Moreover, we determine the extent of preparedness/readiness currently in place at private hospitals in the Mecca region when it comes to dealing with crises. Also, we acknowledged obstacles to the existence of a crisis management system in hospitals in the private sector working in the area of Mecca. Finally, we examined the consequences and make recommendations to various entities, including contributing to the application and the introduction of an integrated system for crisis management in private hospitals.

2.4 The importance of the study

This study contributes ideas on a topic of relevance and importance to management and should stimulate thought on crisis management. Also, contemporary crisis management provides the organization with a comprehensive and systematic response in dealing with various crises, and thus it is hoped that this study will enrich the Arabic library. It is hoped to disseminate the results of this study to hospitals, which suffer from the same circumstances and identify how to deal with the various crises effectively and efficiently to further progress and success. Finally, this study (to the researcher's knowledge) is the first of its kind in the western region and possibly in the entire Kingdom. It is hoped that this study opens up new possibilities for more and diverse researcher on this topic.

3 Theoretical Framework

The dictionary (Webster) defines: crisis, a turning point for the better or for the worse. It is a crucial moment, or a rough time or any situation that reaches a critical stage. The use of crisis in Chinese is two words: (Wet - Ji) the first; Wet from danger, and the second Ji; opportunity that can be invested, through the conversion of the crisis and what it entails risk and opportunities to restore conditions to normal, and to find constructive solutions. (Shalan, 2002). Despite the large number of trading terms, crisis in the last decade of the twentieth century has resulted in rapid and successive changes. These changes may lead to impose the use of effective processes to meet and reduce their effects. It is difficult to define the concept of a crisis because of the universal nature, and breadth of its use. The usage and context applied by the authors, researchers and respondents varies in their definition as well.

There have been a range of definitions of crisis at the level of the organization, including: Fink (1986) defined crisis is a turning point in the life of the organization for the worse or better. It is a state of instability occurs and creates decisive change in the functioning of the organization and may lead to undesirable result/s. Hamalawy (1997) see crisis is defect that materially affects the whole system, and threatens the main assumptions underlying the system. Finally Al Momani (2011) believes that crisis is an event or a sudden change (unexpectedly) in the course of action with implications whose outcome has positive or negative effects.

The researchers believe that the:" crisis is an unusual situation that can spiral out of control and lead to a work stoppage that threatens the organization's achievement of their objectives. Even those definitions deduced many of the characteristics of the crisis, based upon the concept as follows: You do not necessarily have to be at a negative turning point. It may be an opportunity to invest in progress and success. The complexity tangles and speed of the events increases the degree of uncertainty in the face of the crisis. Uncertainty, lack of information, and lack of time; in the face of the crisis, require the right decisions are fast, or loss of control over the course of events threaten organization. The high degree of tension in the beginning of the crisis causes a loss of balance, which weakens the potential for rapid response. A crisis requires effective processes to manage them properly, to reduce the consequences of the negative effects.

Through the review of the concepts of a crisis, we conclude their characteristics, as: The moment of turning, a critical and decisive moment where you can lose the organization ability to work, or a series of events that mixes uncertainty, and lack of time, lack of information, which increases the degree of role ambiguity. Intensity and the degree of the unknown; causes a loss of balance, and a high degree of tension that threatens the entity. This makes it difficult to deal with or make the appropriate decisions. It requires the practice of scientific methodology in managing a crisis to prevent (negative effects) and consider opportunities for investment in achieving desirable and beneficial results.

In spite of the divisions of the various crisis management but there are common denominators between the various crises. Al Momani (2012) integrated framework for earthquake consequences model identified in the four stages is what will be used by a researcher in this study as shown in Figure (1). They are as follows:

Mitigation phase includes measures aimed at removing the causes of the crisis and reduce the probability of occurrence and the extent of its impact on humans and the environment. The mitigation phase is the most important of these stages. It is most effective time to deal with the crisis at the lowest possible cost.

Natural disasters show overlapping environmental regulations with the humanitarian activities so the probability of influence by human factors during a crisis such as a flood, hurricane or earthquake can change and modify environmental regulations or humanitarian activities. For example: When you get the possibility of flooding casualties may be reduced either by building a dam to contain the flood waters, or by changing land use to prevent habitation in the presence of a flood zone. It is also possible that there are effective systems used to solve the problems. Do not forget that there is a cadre of qualified and trained labor at the facility to contribute significantly and reduce the likelihood of problems that could lead to human or material losses.

Preparedness stage (precautionary), are measures aimed at protecting lives and property from the impact of risks. It is understood that it is not possible to prevent a crisis entirely through palliative procedures.

There is a need to take precautions if there is a risk is about to fall, and this requires the availability of plans, procedures and resources to be properly prepared before the occurrence to contribute to an effective response and minimize the potential damage. Precautionary measures fall within three main themes, namely:

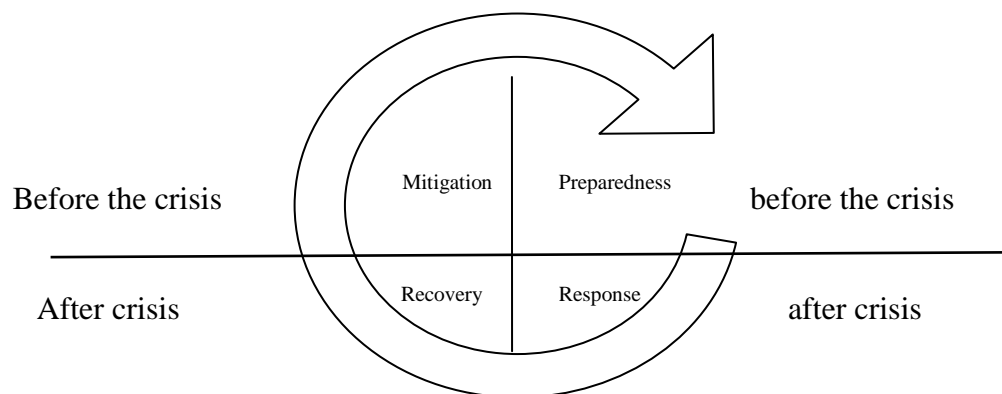


Figure (1): stages of crisis management

Theme I: The elaboration of the basic rules of the stage prepping. With regard to the institutions of government, it includes the development of institutions concerned with crisis management. It provides specialists to within, the laws and regulations of the state, as well as prepares a plan for crisis management and the establishment of a center for crisis management.

Theme II: Warning institutions concerned with crisis management. Time and the impact of expected risk, these precautionary measures aimed at the development or use of technology (forecasting and prediction). Competent institutions check the risk to make sure that there is enough time to warn the locations and the severity of the impact. Such technology exists in

early warning systems, such as the use of rain gauges, and sensors to monitor the water level to predict floods. The use of detection radar can track storms and warn areas of impending hurricanes. The use sensors and computers specialized to assess and determine the impact area of radioactive materials, chemicals or biological hazards to avoid human and material losses.

Theme III: Crisis management operations, which include a lot of activities such as a plan for the coordination between the institutions that respond to the crisis, carry out the roles assigned during the crisis. Manage evacuation of the affected area; provide food, shelter, and medical care. Training helps to implement the plans of responders and increase their ability to respond when a crisis occurs. Storage of your equipment and medical sources and other needs in warehouses makes it easier to use when needed through the crisis. Do not forget that these needs are a major factor in determining the success or failure of efforts to respond to the crisis.

In response stage of dealing with crisis management response includes a predictable start of the approaching danger. The ability to predict the coming risk and type of risk ease the response effort. For example, it is possible to take action after knowing the arrival of a hurricane or access to a flood in the area but it is difficult to predict an earthquake. Activities focus on the response phase on the protection of persons affected by the danger and reduce the direct impact of the occurrence. Destruction resulting from the crisis has accompanying risks. Hazards effect on the environment sometimes far exceeds the dangers from the original crisis and must therefore be taken into account when planning for crisis management.

Managers must during crises constantly evaluate mass response, coordinating the arrival of aid and equipment and move it to the neediest places, in coordination with different sets of government agencies, the private sector and volunteers. Usually the response phase is managed in crisis management by the public security organizations, civil defense, medical services and crisis management professionals. It should be noted in the stages of mitigation and preparedness a delay of response, even for a few minutes a community could suffer a huge loss of life and property losses which could have been avoided. (Al-Momni -2012)

The final stage of the stage of crisis management is the recovery stage. Since the end of the response phase until the return of society and its institutions to the situation as it was in before the occurrence of the risk. The duration of this phase depends on many factors, including the nature of the threat and the extent of the potential of community material and the presence of the manpower needed to restore the situation to normal.

The recovery phase is divided into short-term and include the provision of assistance and rehabilitation, and long-term reconstruction including assistance and rehabilitation such as; debris removal, water, food, medicine and shelter to the needy. While reconstruction includes rebuilding key facilities (buildings, roads, bridges, dams). Normally construction takes into account the precautionary arrangements to minimize future risks and insurance needs.

In a study aimed to examine the relationship between job stress and crisis management strategies in the field of nursing in Mjajal health network, Chrisopher et al. (2010) analyzed the work environment and determined the current pressures and potential issues in the work environment and how to reduce and minimize them or prevent their occurrence altogether. They explored strategies and procedures for handling issues and workers adaptation and the relationship between occupational stresses in function and use quality as an indicator. There is an increase in claims against medical malpractice which force to increase the insurance premium due to medical malpractices. Lura et al. (2009) explored the possible relationships between the activities of clinical risk management and compensation claims for various 37 hospitals in Maryland to take advantage of the earliest systematic information available in the risk management of hospitals. Duckers et al. (1991) investigated safety and risk management in hospitals in order to improve the procedures and events following safety-related incidents' and crisis management in hospitals. This study identified and described the components and controls, and those responsible for the actions and events that reduce the risks in hospitals.

4 Research Methodology And Procedures

In this research we used the descriptive survey of the relevance to this study. Care was taken to provide accurate descriptions of the phenomenon to be studied. By gathering data, by the best

methods and describe the results and their interpretation in the clearest terms. The author’s attempt was to draw generalizations that would lead to meaningful conclusions to benefit managers and hospitals in the field of crisis management.

We chose descriptive approach because it is appropriate for the nature of the study and will help as achieve the research goals. This method can even access answers to contribute to the description and analysis of the results.

4.2 The Research Community:

The research community consists of managers, heads of departments, divisions and administrative assistants in hospitals in the private sector working in the area of Mecca, totaling almost (730) persons as shown in Table (1), consisting sample of 300 individuals, representing 42% of the size of the study population, selected in the manner of a random sample stratified based on variable job title, and the questionnaires recovered (217) questionnaires, 27 were excluded for reason of lack of validity for the analysis, and therefore the number of questionnaires completed and ready for analysis (190) questionnaires, representing the study sample the current rate (63.3 %) of the original community of the study. The distribution of the sample as follows: (President and Director) (24) i.e. (11.1) of the sample size, (99) head by (79) 45.8, Division by (36.6), and (14) Administrative Assistant by (6.5) of the sample size was chosen these because they are more aware and understanding of the subject of crisis management, with direct responsibilities in dealing with the crisis. Also because they occupy the centers of decision-making and thus can identify the main problems and crises experienced by the organization and how it was handled. The table (1) shows the number the demographic characteristics of the research sample.

Private hospital administrator	valid questionnaires		questionnaires excluded		questionnaires recovered		questionnaires distributed		population of the study	
	%	Number	%	Number	%	Number	%	Number	%	Number
	63.3	190	9	27	72	217	42	300	100	730

Table (1) - the numbers and percentages of questionnaires distributed and refunds for members of the study population

4.3 Demographic characteristics of the study sample:

Perhaps the first thing that you can start it after unloading the data contained in the questionnaire received from the research sample is determine the nature of the general information contained in the resolution. This enables the classification of members of the research sample by qualification, functional category, years of on-site service, sex, site hospital, number of medical specialties available, capacity hospital clinical, number of storey hospital, all kinds of disasters and crises involving the hospital, the last time contributed to the hospital in the management of crisis or disaster, as follows:

The demographic characteristics of the sample were found that 77.9% of the respondents are male and 22.1% of them are female. Table (2), show different characteristics of the study sample

Age	Number	Percentage	Education Level	Number	Percentage	Experience	Number	Percentage
Less than 30	29	15.2%	Bachelor	102	53.6%	Less than 5 years	27	14.2%
30 to 40	43	22.6%	Master	49	25.6%	From 5 to 10 years	46	24.2%
40 to 50	65	34.4%	Ph.D.	23	12.4%	From 10 to 15 years	56	29.4%
			Below the bachelor	16	8.4%	More than 15 years	61	32.2%
			Total	190	100%	Total	190	100%
Experience	Number	Percentage	City	Number	Percentage			

Director General	18	9.6%	Mecca	61	32%			
Director	61	32.1%	Jeddah	78	41%			
Chief, Division	65	34.2%	Taif	51	27%			
Other	46	24.1%	Total	190	100%			
Total	190	100%						

Figure (2): Study sample characteristics

In our sample, we found that we have 14 - 24 majors specialty. Also, the clinical capacity of the hospitals which were included in the sample between is 190 - 410 beds, a mean of (300) bed.

4.4 Method of data collection and its tool.

We used the method of sample survey as a questionnaire tool to collect data, by reference to the previous literature, an essential tool to collect data required to support the theoretical study. We used in the construction of the questionnaire based it on theoretical framework for the study and from previous studies. The questionnaire was designed to contain a series of questions that support the subject of the study through direct relation to the objectives of the study and its questions and hypotheses.

To examine the reality of crisis management in the private hospitals of Mecca and strategies to deal with them, we have designed a questionnaire consisted of nine main parts, and were as follows:

Part I: It contains questions concerned with personal data, namely: Age, qualification, functional category, years of Experience, years of service in the job site, sex.

Part II: It contains questions concerned with the hospital's own data, namely: Hospital site, the number of available medical specialties, hospital clinical capacity, and number of hospital floors, types of disasters that the hospital participated, the last time the hospital contributed in the management of crisis or disaster.

Part III: The tool includes a study that relates to previous experiences in dealing with crises and includes 5 vertebrae.

Part IV: The tool includes a study that relates to mitigation procedures applied and contains 10 paragraphs.

Part V: The study includes a tool that relates to the preparedness procedures and includes a 18 paragraph.

Part VI: The study includes a tool that relates to the ability to respond to disasters and crises and includes 3 paragraphs.

Part VII: The study includes a tool that relates to the ability to recovery from disasters and crises and includes 4 vertebrae.

Part VIII: The study includes a tool that relates to the relationship between superiors and subordinates and includes 5 vertebrae.

Part IX: Includes a study tool that relates to the participation of employees in decision-making and problem-solving and includes 5 vertebrae.

We used Likert scale (strongly agree - agree - neutral -disagree - strongly disagree) to measure the extent to approve the terms of the study in terms of strength or weakness.

We used to check the veracity of the tool on the two first called honesty virtual (Face validity), which depends on display tool on a group of specialists experts in the field. The second is called the internal consistency based on the expense of the correlation coefficient between each unit of the tool, and the tool as a whole, the following steps followed by the researchers to check the veracity of the tool according to each method of two ways:

Firstly, virtual honesty: It is honesty based on the arbitrators, as has been the study tool on a number of experts and specialists were asked to study the tool and make their views in terms of the extent appropriate paragraphs to achieve the objectives of the study, and inclusiveness, and diversity of content. Assess the level of the language, and output, and any observations they deem appropriate with regard to the amendment, or change, or deletion. It has provided valuable

feedback. According to the study, it influenced the tool, and helped make the so-called logical or virtual truth.

Secondly, The internal consistency: Because consistency in the literature of measurement means consistency of the test with the same measure which was built to measure, ie it shows the consistency of scores in the case of repeat the experiment. So it depends on persistence by checking the internal consistency of the tool at the expense of correlation degree axis of the questionnaire. Table (3) shows the correlation coefficients between the degree of each axis and the total score of the questionnaire.

Section	The correlation coefficient
Measuring previous experience in dealing with crises	0.636 **
Assessing of applicable mitigation measures	0.759 **
Assessing of applicable preparedness measures	0.711 **
Assessing procedures applied to increase the capacity to respond to disasters and crises	0.623 **
Assessing procedures applied to increase the ability to recover from disasters and crises	0.750 **
Relationship between superiors and subordinates	0.859 **
Participation of workers in making decisions and solving problems	0.848 **

Table (3) - the correlation coefficient between the degree of each axis and the total score of the questionnaire

** Significant presence at the level of 0.01

As can be seen from the above table the values of correlation coefficients for total axes primarily questionnaire ranged between (0.623) and (0.859) which means that there is a high degree of internal consistency reflecting a high degree of honesty to paragraphs resolution. To check the stability of the questionnaire, the researcher used the equation (Cronbach Alpha). We found that

the coefficients are high values ranking coefficients stability in the questionnaire between (0.687-0.954) and coefficient stability total identification (0.960), indicating these high values of coefficients stability to the validity of the questionnaire for the application and the reliability of the results.

4.5 Processing and statistical methods used

In addition to the previously used statistical methods, we used such as Person Product-moment correlation coefficient, and the Alpha Cronbach coefficient", it was the use of statistical methods in the following analysis of the data collected from the application of the questionnaire to the study sample:

First: Descriptive statistics through Frequencies and percentages to describe the study population for the initial information. Also, we measured SMA in order to calculate the value given by the members of the study population for each phrase of phrases axis, and the arithmetic average for each axis. Additionally, we estimated SDs to identify the differences in the responses of the respondents on each phrase of phrases resolution.

To calculate the degree of approval in terms of the strength or weakness of the Likert scale quintet has been determining the degree of response so given class (5) to respond strongly agree, and class (4) to respond agree, and class (3) to respond to a neutral, Class (2) response is disagree, and class (1) to respond strongly disagree. If the value of the arithmetic average of (1 to 1.79) the degree of response is (strongly disagree). If the value of the arithmetic averages of (1.80 to 2.59) the degree of response is (disagree). If the value of the arithmetic averages of (2.60 to 3.39) the degree of response is (neutral). And, if the value of the arithmetic average is (3.40 to 4.19) the degree of the degree of response is (agree). Finally, if the value of the arithmetic average of (4.20 to 5.00) the degree of the response is (strongly agree).

Second: Deductive census through measuring Spearman coefficient of correlation and ranks this test is used to check for the existence of a relationship and correlation between pairs of quantitative data or views ordinal or ranked.

5. ANALYSIS OF THE RESULTS OF RESEARCH QUESTIONS

The study is aimed to know the methods of crisis management in the private sector hospitals operating in the area of Mecca, and its relation to planning to prepare for crises. To answer the questions of the study a questionnaire was created to include variables. The questionnaire was applied to the members of the study's (190) of the administrative staff at government hospitals and private hospitals in the Mecca region. The data was inputted into a computer, and using the statistical program SPSS results was analyzed.

The results of the study were analyzed according to the questions and its hypotheses by presenting each question and then examined the hypothesis as follows:

Question One: To what extent was their existence of previous experience in dealing with crisis?

To answer the first question of the study, we allocated five questions to gauge the views of members of the study sample about the existence of previous experience in dealing with crises, with the following results in Table (4).

No	Paragraphs	standard deviation	arithmetic average	Degree approved
1	The hospital participated in previous crises management	4.03	0.160	agree
2	Hospital learned lessons from previous in crises	3.58	0.592	agree
3	The hospital participated in managing crises per year more than once	2.56	0.960	Disagree
4	A dissemination of lessons learned from the crisis to workers	2.53	0.821	Disagree
5	All procedures related to crises are reviewed and evaluated	2.39	0.632	Disagree

Table (4) - arithmetic averages, standard deviations, respectively to paragraphs axis and having previous experience in dealing with crises in descending order according to the arithmetical averages

As seen from Table (4) as for previous experiences in dealing with crises, the averages calculation is located between the degree of "disagree" and "agree" and ranged arithmetical averages of paragraphs between (2.39-4.03) and the highest degree of approval for the (The hospital participated in previous crises management) with average of 4.03.

Question Two: What are the existing mitigation measures?

To answer the second question of the study, we allocated ten questions to gauge the views of members of the study sample on mitigation measures applied with the following results:

No	Paragraphs	Standard Deviation	Arithmetic Average	Degree Approved
1	Hospital procedures applied for protection from the dangers before they occur, such as early warning systems or procedures for the protection of private establishments such as hospitals	3.79	0.615	agree
2	Hospital contributed to the application of measures to protect the property of the occurrence of the risk (earthquake, flood, fire) by reducing the expected dangers such as the installation of water heaters, use sophisticated systems and devices, building earthquake-resistant buildings	3.63	0.668	agree
3	Hospital contributed to the application of measures to prevent an aggravation of the current risk as a result of a disaster because of construction or changes in modern society such as restrictions on building codes and planning to become safer	3.50	0.754	agree
4	The hospital has implemented major projects for the protection of people and property from unexpected dangers, such as the rehabilitation of sensitive	2.34	0.737	Disagree

	buildings in the hospital to resist dangers of earthquakes and early warning devices			
5	Protection measures of the dangers before they occur are included in planning for crisis management in the hospital	3.11	1.023	Neutral
6	Contributes to the hospital in the news and to remind citizens of the dangers of possible exposure and procedures to be followed to prevent or mitigate	2.61	0.815	Neutral
7	The hospital will review procedures for the protection of the dangers before they occur based on the lessons learned from exercises	2.55	1.021	Disagree
8	Exercise is the protective measures of the dangers before they occur	2.50	0.996	Disagree
9	Emergency procedures are used efficiently to reduce the damage associated with the crisis	2.34	0.928	Disagree
10	The existence of a dedicated team and qualified for crisis management	2.03	1.041	Disagree

Table (5) - arithmetic averages, standard deviations, respectively to paragraphs axis and having previous experience in dealing with crises in descending order according to the arithmetical averages

As seen from Table (5) to paragraphs axis measures mitigation measures get an averages between the degree of "disagree" and "agree" and ranged arithmetical averages of paragraphs between (2.03-3.79) and the highest degree of approval for the statement (applicable hospital procedures for protection from the dangers before they occur, such as early warning systems or procedures for the protection of private establishments such as hospitals, and won the average account 3.79). The lowest degree of approval of paragraph (a specialized team and qualified to manage crises, and get average of 2.03).

Question Three: What are the preparedness measures are in place?

To answer the third question of the study, we allocated fifteen questions to gauge the views of the members of the study sample about precautionary measures applied with the following results.

No	Paragraphs	Standard Deviation	Arithmetic Average	Degree Approved
1	The hospital has a crisis management plan addresses the various risks and how to manage them	3.42	0.909	agree
2	Hospital contributed to the application of measures to protect the property of the occurrence of the risk (earthquake, flood, fire) by reducing the expected hazards such as installing alarms, follow-up sources of risk, build earthquake-resistant buildings	3.32	0.894	Neutral
3	The plan contains special procedures and health care equipment and medical equipment and qualified personnel to work in this area	3.26	0.940	Neutral
4	The plan contains special procedures for evacuation (a method of evacuation and the control of those responsible for the implementation of evacuation)	3.26	0.967	Neutral
5	Plan identified the sources and their need and possible equipment that are available in the event of a disaster	2.97	1.066	Neutral
6	There is a difference between what is of sources and sources of equipment and equipment possible to their need	2.89	0.553	Neutral
7	Plan defines the limits of the responsibilities and relationship to each other institutions to coordinate the management of the crisis	2.79	0.866	Neutral
8	Plan identifies people, equipment, buildings and	2.74	0.638	Neutral

	other sources can be processed during the crisis management process			
9	The plan contains a mechanism for the distribution (the requirements in the event of a crisis such as food, medicine, and how to communicate those needs to the citizens	2.74	0.994	Neutral
10	The allocation of hospital facilities for use in the event of a crisis, as part of the planning process to manage the crisis, such as crisis management centers, shelters, and distribution centers, storage centers	2.74	1.119	Neutral
11	Hospital devoted special places for the distribution of needs such as food, medical needs	2.66	0.772	Neutral
12	The plan contains a mechanism to inform citizens of what must be done during and after crises	2.63	0.932	Neutral
13	Allocates the hospital shelters to be used in the event of a crisis shelter for needy patients, citizens and workers in the hospital, if necessary	2.53	1.047	Disagree
14	The plan contains a mechanism to warn the citizens and contact with them before, during and after disasters and crises	2.50	1.022	Disagree
15	The plan contains procedures for hazardous materials and terrorist acts, whether biological or chemical weapons	2.47	0.853	Disagree

Table (6) - averages and standard deviations for paragraphs axis precautionary measures applied in descending order according to the arithmetical averages

As seen from table (6) to paragraphs axis for applicable precautionary measures the averages calculation is located between the degree of "disagree" and "agree" and ranged arithmetical averages of paragraphs between (2.13-3.42) and the highest degree of approval for the phrase (no hospital has a management plan for crises addresses the hazards of different and how to manage,

and get an average of 3.42). The lowest degree of approval of paragraph (crisis management centers have people to manage in terms of administrative, financial, logistical, and get an average of 2.13).

Question Four: To what extent the ability to respond to disasters and crises? To answer the fourth question of the study, we allocated three questions, to gauge the views of members of the study sample about the ability to respond to disasters and crises, with the following results:

N	Paragraphs	Standard Deviation	Arithmetic Average	Degree Approved
1	People or teams in the hospital could conduct rapid assessment after disasters	3.18	0.792	Neutral
2	The hospital has written procedures to carry out rapid assessment of the losses resulting from disasters such requirements are necessary to prevent or minimize the casualties, the status of main stockholders such as civil defense, public security and the number of dead and wounded and displaced persons	2.55	1.046	Neutral
3	The hospital people or teams trained to conduct such an assessment	2.00	1.003	Neutral

Table (7) Arithmetic averages, standard deviations, respectively vertebrae axis of the ability to respond to disasters and crises In descending order according to the arithmetical averages

As seen from Table (7) to paragraphs axis of the ability to respond to disasters and crises, the averages of calculation almost "neutral" and ranged arithmetical averages of paragraphs between (2.00-3.18) and the highest degree of approval for the gateway (people or teams in the hospital could conduct rapid assessment after disasters 3.18). The lowest degree of approval of paragraph (The hospital people or teams trained to conduct such an assessment and get average of 2.00)

Question Five: What is the hospital's ability to recovery from disasters and crises?

To answer the fifth question of the study, the researcher allocated four questions to gauge the views of members of the study sample about the hospital's ability to recovery from disasters and crises, with the following results:

No	Paragraphs	Standard Deviation	Arithmetic Average	Degree Approved
1	The hospital precautionary measures to mitigate or prevent the occurrence of damage or casualties from disasters and crises	3.66	0.576	agree
2	The hospital competent health measures in order to reduce the likelihood of injury and disease epidemics due to disasters	3.39	0.907	Neutral
3	There are procedures in the hospital in order to rebuild bridges, roads and infrastructure if it was destroyed by an earthquake	1.82	0.758	Disagree
4	There are procedures in the hospital in order to rebuild the economy if the cause of the disaster affected the public sector or the private sector	1.58	0.750	Strongly Disagree

Table (8) averages and standard deviations and to arrange for paragraphs axis of the hospital's ability to recovery from disasters and crises, in descending order according to the arithmetical averages

As seen from table (8) to paragraphs axis of the ability of the hospital on recovery from disasters and crises, the averages calculation is located between the degree of "strongly disagree" and "agree" and ranged arithmetical averages of paragraphs between (1.58-3.66) and the highest degree of approval for the phrase (the hospital precautionary measures to mitigate or prevent the occurrence of damage or casualties from disasters and crises, and get an average of 3.66) while the other paragraphs which got averages less with some variation in degrees of approval. The lowest degree of approval of paragraph (There are procedures in the hospital in order to rebuild

the economy if the cause of the disaster affected the public sector or the private sector, and earned on average of 1.58).

Question Six: What is the relationship between superiors and subordinates in the hospital?

To answer the sixth question of the study, we allocated five questions to gauge the views of members of the study sample about the hospital's ability to recovery from disasters and crises, with the following results:

No	paragraphs	Standard Deviation	Arithmetic Average	Degree approved
1	There is a relationship between you and your subordinates are encouraged to prepare the face of crises	3.74	0.442	agree
2	Harmony between superiors and subordinates and the distribution of roles contributes in the face of any crisis	3.66	0.662	agree
3	Good personal relationships to facilitate the face of crisis	3.58	0.714	agree
4	I do not recall the difficulties and problems of work to my superiors or subordinates in order to maintain good personal relations with them	3.34	1.061	Neutral
5	There is a relationship between you and your superiors encouraged to prepare the face of crises	3.24	0.874	Neutral

Table (9) averages and standard deviations and to arrange for paragraphs axis of the extent of the relationship between superiors and subordinates in the hospital in descending order according to the arithmetical averages

As shown in Table (9) to paragraphs axis of the relationship between superiors and subordinates at the hospital get an averages between the degree of "neutral" and "agree" and ranged arithmetical averages of paragraphs between (3.24-3.74) and the highest degree of approval for the phrase (there is a relationship between you and subordinates are encouraged to prepare in the face of crises, and get an average of 3.74). The lowest degree of approval of paragraph (There is

a relationship between you and your superiors encouraged to prepare the face of crises, and won my average (3.24).

Question Seven: What is the extent of participation of workers in making decisions and solving business problems?

To answer the seventh question of the study we allocated five questions to gauge the views of members of the sample of the study on the extent of participation of employees in decision-making and problem-solving work, with the following results:

No	Paragraphs	Standard Deviation	Arithmetic Average	Degree Approved
1	When discussing things work in meetings accept things running smoothly and discuss it objectively	3.74	0.442	agree
2	Workers involved in the resolution of crises, each according to the nature of his work	3.42	0.938	agree
3	Avoids a lot of personnel decisions with respect to their work for fear of falling into the embarrassment with management	3.32	1.870	Neutral
4	There is no chance to discuss problems and spent work only for managers	3.05	1.978	Neutral
5	If one of the workers tried to search for solutions to any crisis himself, he will face confrontations from his superiors	3.00	1.811	Neutral

Table (10) - averages and standard deviations and to arrange for paragraphs axis the extent of participation of workers in making decisions and solving problems in descending order according to the arithmetical averages

As seen from the table (10) to paragraphs axis over the participation of workers in making decisions and solving problems of work get averages calculation between the degree of "neutral" and "agree " and ranged arithmetical averages of paragraphs between (3.00-3.74) and the highest degree of approval for the statement (when discuss things work in meetings accept things

running smoothly and discuss it objectively, and get an average of 3.74). The lowest degree of approval to paragraph (if one of the workers tried to search for solutions to any crisis himself, he will face confrontations from his superiors) and gets an average of 3.00.

6. Hypotheses Tests

First hypothesis: There is no statistically significant relationship between the precautionary measures applied in the private hospitals and the ability to recovery from disasters and crises.

To validate this hypothesis the Spearman correlation coefficient was used to find a relationship between the precautionary measures applied in the private hospitals and the ability to recovery from disasters and crises. We found that there is existence of a positive relationship between the precautionary measures applied in the private hospitals and the ability to recovery from disasters and crises, where the value of the Spearman correlation coefficient is (0.910) and the level of significance (0.000) which is significant value at the level of (0.05).

The second hypothesis: There is a statistically significant relationship between previous experience in dealing with crises and the precautionary measures applied.

To validate this hypothesis the Spearman correlation coefficient was used to find a relationship between previous experience in dealing with crises and the precautionary measures applied. We found that there is a direct correlation between previous experience in dealing with crises and the precautionary measures applied where the value of the Spearman correlation coefficient (0.617) and the level of significance (0.000) which is significant value at the level of (0.05).

The third hypothesis: There is no statistically significant relationship between palliative procedures applied and the ability to respond to disasters and crises.

To validate this hypothesis the Spearman correlation coefficient was used to find a relationship between palliative procedures applied and the ability to respond to disasters and crises. We found that there is a direct correlation between mitigation measures and the ability to respond to disasters and crises, where the value of the Spearman correlation coefficient (0.614) and the level of significance (0.000) which is significant value at the level of (0.05).

The fourth hypothesis: There is no statistically significant relationship between the ability to respond to disasters and crises and the ability to recovery from disasters and crises. To validate this hypothesis the Spearman correlation coefficient was used to find a relationship between the ability to respond to disasters and crises, and the ability to recovery from disasters and crises. We found that a direct correlation between the ability to respond to disasters and crises, and the ability to recovery from disasters and crises, where the value of the correlation coefficient Spearman (0.876) and the level of significance (0.000) which is significant value at the level of (0.05).

The fifth hypothesis: There is no statistically significant relationship between the personal relationships between superiors and subordinates and the procedures applied to increase the ability to respond to disasters and crises.

To validate this hypothesis the Spearman correlation coefficient was used to find a relationship between the personal relationships between superiors and subordinates and the procedures applied to increase the ability to respond to disasters and crises. There is existence of a positive relationship between personal relationships between supervisors and subordinates, and the procedures applied to increase the capacity to respond to disasters and crises, where the value of the correlation coefficient Spearman (0.414) and the level of significance (0.000) which is significant value at the level of (0.05).

The Sixth hypothesis: There is no statistically significant relationship between the personal relationships between superiors and subordinates and the procedures applied to increase the ability to respond to disasters and crises.

To validate this hypothesis the Spearman correlation coefficient was used to find a relationship between the personal relationships between superiors and subordinates and the procedures applied to increase the capacity to respond to disasters and crises. We found a positive relationship between personal relationships among supervisors and subordinates, between the procedures applied to increase the capacity to respond to disasters and crises, where the value of the correlation coefficient Spearman (0.725) and the level of significance (0.000) which is significant value at the level of (0.05).

7. RESULTS OF THE STUDY

The study showed that past experience with private hospitals operating in the region of Mecca, available but unacceptably, while they participate in the management of previous crises, but that the degree and extent of learning of these hospitals from the lessons of the posts disasters in the management of crises, and dissemination of learned lessons of the crisis on workers, and the number and extent of review of all procedures related to crises and their evaluation, came to an disagree evaluation. Mitigation measures within the study sample were acceptable but barely exceed the minimum requirements, so administration of these hospitals need to enhance the provision of these requirements greater than it is now , and that the participation of these hospitals in the mitigation measures outside the boundaries of the hospital are almost virtually non-existent, and this shows the inadequacy of this vital sector, which is the first line in the face of disasters and crises in society, and adopt entirely on the government sector, which in turn makes it imperative for the public sector and the Ministry of Health pressure these hospitals to provide greater support and carry social responsibility and ethics towards society. The precautionary measures are acceptable, with varied results of the study between the degree of agree and disagree, where the results of having a plan in private hospitals much good, but degrees of detail in the contents and the way of the plan and its commitment to modernization and a team that specializes in the application came with weak results.

As illustrated by the study, the basic requirements to respond to crises and disasters (cadres, and plans prepared in advance) are available in private sector hospitals is weak, as it lacks the presence of people or teams trained to accurately assess and effectively, and also lacks written procedures to carry out rapid assessment of the losses resulting from disasters such requirements are necessary to prevent or minimize casualties, and this indicates a lack of indifference and lack of interest in the consequences and losses by the departments of these hospitals in the event of a crisis or disaster occurred to them.

Mixed results in terms of the ability of private hospitals on recovery from crises and disasters , while the results were the existence of precautionary measures to mitigate or prevent the occurrence of damage or casualties in the event disasters and crises degree is good, but it was

very weak in the proceedings the competent health, was almost non-existent in respects outside the hospital in the case of roads, bridges and restore the economy if the disaster belong to the public sector economy.

It is clear from the study that those working in hospitals in the private sector the relations between superiors and subordinates, which encourages to prepare the face of crisis, but this relationship is not up to the degree of harmony to the degree of consensus and the distribution of administrative, and personal relationships obstacle in achieving a good degree of transparency and clarity in resolving problems confronting disasters and crises.

The study showed that the participation of employees in decision-making role in solving problems and cope with crises, where the results were much good, while the results were weak degree in cases that many of the workers to avoid making decisions with respect to their work for fear of falling into the embarrassment with management, as well as the opportunity to debate the issues Showing spent working are only available for managers only.

There is no statistically significant differences in the answers of respondents attributed to sex on the reality of crisis management method, except in qualified human cadres administratively, where the degree of consent for females than males. Also, there are no statistically significant differences in the answers of respondents attributed to age about the reality and the method of crisis management. And, there are no statistically significant differences in the answers of respondents attributed to the academic qualification about the reality and the method of crisis management. As for experiences, we found that there is significant differences in the answers of respondents attributed to the number of years of experience about the reality and the way of crisis management in private hospitals, in the areas of decision-making, and dealing between the president and subordinates, but as for the rest of the areas, there is no statistically significant differences.

Finally, we can say that private hospitals operating in the area of Mecca have fundamentals but the minimum, which requires the departments of these hospitals to raise the level crisis

management in the private health sector, especially with repeated disasters and crises In recent years in the region, and is expected to continue in pace of increase in disasters and crises in the future.

8. RECOMMENDATIONS

There is a need to implement integrated methodology for crisis management in the private sector hospitals by activating or increasing the provision of basic elements that characterize the successful management of crises in various stages that represent an integrated perspective of crisis management, and try to achieve a balance between these stages. Private hospitals need to take advantages of their previous experiences with disasters and crises to learn lessons of the past and turn them into written procedures, and disseminate these lessons to workers, especially those involved in crisis management or could have them participate, and upon review of procedures based on those lessons and periodically update depending on the variables and developments. This administration must strengthen the provision of the requirements of hospitals mitigation measures to a greater degree than it is now.

Hospitals in the private sector need to strengthen its role to the larger community and assume responsibilities and do the social and moral turn by not only relying on the government sector. Also, there is a need to make sure there is a written plan in private hospitals which contains all the details that could be needed in the event of a crisis or disaster, and make sure of its contents and its commitment to modernization. This could be augmented by the ongoing review of crisis management plans, and conduct mock trials to deal with various crises, to test the efficiency and effectiveness of these programs and plans, in order to identify weaknesses to overcome them, and identify strengths to increase their support and rooting. We recommend that private sector hospitals create units for crisis management, and provide qualified people and specialists in crisis management and trained to crises and disasters measures to develop plans and provide training and continuing education about the state of the reach of science in crisis management for the crisis management team within hospital. Such team must be trained periodically on crises and disasters plans and to develop scenarios similar to what can happen in the event of crises and disasters and to make sure of comprehension.

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