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Saudi Arabia's government highly prioritizes healthcare facilities development at all levels ranging from primary, secondary to tertiary level. To this regard, Saudi population as experienced a profound improvement of health in recent decades. Nevertheless, several issues pose threats to Saudi healthcare system, they include potential of automated health care strategies underutilization, a limited health professional from Saudi, absence of a national health information system, multiple roles by health ministry among others. This compilation is a review of scholarly articles on Kingdom of Saudi Arabia's standards and regulations for health administrators.

Article 1: Patients' Rights Awareness among Hospitalized Patients in Saudi Arabia

Patients' awareness on what to expect from healthcare specialists in a healthcare environment is of great significance in modern health care practice (Almoajel, 2015). To deliver proper health care in Saudi Arabia, it's vitally important to regard patients' rights by mimicking other countries. However, this is bound to face a drag of cultural differences. This because dissimilar barriers and enablers to respecting patients' rights are fashioned by culture and social-economic settings. Nonetheless, WHO advocates that, every country ought to articulate its concerns and primacies concerning her own social needs and cultural to encourage as well as defend rights of patients (Meyer, 2015).

In Saudi, a written document on bill of rights for patients is available across several country's reputable healthcare organizations, but numerous families and patients are not cognizant with their rights as provided by Saudi Arabian rule via her Ministry of Health (Khamir, 2015). Although the social system in Saudi highly esteems patients and their kin, and free health care is accessible in most infirmaries, a petite debate has been carried out on patients'

rights practices in healthcare organizations. Similarly, Saudi's bill of rights is concerned with conversant confidentiality and privacy; and autonomy. As a consequence, health professionals are required to uphold and respect patients' rights, but lack of familiarity with its provisions and implication is a huge drawback.

Article 2: Saudi Arabia's Electronic Health

According to Eysenbach, in medical informatics and related fields, electronic health refers to health services as well as information improved or delivered via internet and associated technologies (Eysenbach, 2015). Of many yearly mortality cases recorded as a result of medical errors, embarking on IT or ICT by health organizations in many countries, did enhanced results, abridged treatment faults, augmented healthcare efficacy to name a few. Although IT in healthcare has expanded to clinically based systems, a return on investment is yet to be realized by most health organizations. The primary reason can be attributed to main users counting nurses and physicians, not utilizing technology to its profound potential as well as not having commenced to utilize it at all.

In Saudi Arabia, two-thirds of health facilities are provided by health ministry whereas the remainder is delivered by alternative government bodies such as university infirmaries, defense ministry and National Guard (Altuwaijri, 2015). As a result of variations in health care service providers, similar variations are reflected in healthcare facilities administration and management, with a rippling variation in information systems utilization. Hence, patient record is dispersed in dissimilar health facilities without the provider maintaining a comprehensive patient record, excepting intermittent cases in which a patient chose to always obtain healthcare from a solitary provider. Consequently, varied healthcare systems have a drawback as they greatly waste effort and money.

Currently, the situation of electronic health in Saudi Arabia isn't accompanied by a harmonized effort to implement a unified national collection and network for healthcare information. Substantial health record systems are utilized without coordination with each other in several regional hospitals. Use of harmonized e-health guarantees benefits to physicians, ancillary departments, patients, and management. Among key e-health technologies that should be embraced by Saudi Healthcare facilities include electronic medical record, electronic physician order entry, telemedicine, picture archiving and communication systems as well as electronic health record. Despite the profound potential profits of e-health, its barriers range from economic, organizational, technological to behavior barriers.

Article 3: Healthcare Autonomy in Saudi Arabia

Healthcare amenities of Saudi have been improving based on the country's efforts and strategies (M. Almalki, 2016). following a royal decree from King Abdulaziz, Saudi Arabia established her first public health department in Mecca in 1925. This was self-effort aimed at monitoring and sponsoring free health care for the populace and pilgrims via established hospitals and dispensaries. Under a subsequent royal decree, Saudi Arabia established the Ministry of Health (MOH). To benefit from electronic health promises, Saudi Arabia has been spearheading several e-health initiatives such as the Saudi electronic health conference of 2006 and the Saudi Association for Health Informatics.

Furthermore, Saudi Arabia has projected a new model in adoption and execution of electronic health (Altuwajri, 2017). This model is founded on some theories such as dissemination of innovations theory and the study of critical factors of success. The significance this model pledges is strategic positioning of projects based on synergy created by management of associations between projects and capability to fathom challenges encountered while

implementing record systems projects, factors of success, as well as required strategies to take advantage of Information Technology.

Article Comparison and Contrast

The article on electronic health in Saudi Arabia, the author Majid Altuwaijri provides an in-depth analysis of how Saudi e-healthcare compares to global e-health. He goes deeper to citing other reports as to why Saudi should consider adopting e-health based on similar responses and acceptance by other countries. Subsequently, the article has informed facts in Saudi Arabia's health organization and weaknesses, to this regard, Majid doesn't lose his scope and ends up citing key areas of improvements to streamline physician-patient trust and improve healthcare service provision.

It's vivid in Saudi Arabia, there is no patients' awareness of their rights. Alyah Almoajel admits patients' rights is a new term in health sciences literature as well as practices. But author demonstrates its significance in modern health. Lastly, although Saudi Arabia is on the right trajectory to revamp her healthcare system, much is to be emulated from the world and effort applied to implement to guarantee her internal independence in healthcare services rather than autonomy.

Both articles address similar themes, certainly, are distinct and insightful for further research and studies on independent topics. The article on e-health greatly describes the Saudi rank in e-health services and key technologies it could adopt to improve its unique needs. It then dives deeper to demonstrate each technology and where it could be helpful. Alyah Almoajel demonstrates Saudi Arabia's government effort to protect patients' rights but sight a critical drawback the system has. The author demonstrates how a lack of awareness of patients' rights among patients and their families is on the surge in Saudi Arabia. This is key to formulating

strategies to improve awareness and facelift Saudi healthcare. Finally, the article on Saudi Government's effort to single-handedly improve her healthcare is exceptional. Based on it, one can trace the healthcare milestones of Saudi Government to her citizens. As if not enough, it breaks down the plans and initiatives Saudi Arabia has been executing. This is critical when seeking external support to improve Saudi Healthcare.

The articles are a true reflection of Saudi Arabia's standards and regulations for healthcare administrators. They utilize factual data that greatly illuminate Saudi Government achievements and failures in healthcare provision. However, key to consider is the authors' recommendations, both do admit a huge gap exists between what has been achieved and the envisioned healthcare sector. This is commendable as all future royal government will have to double their efforts to improve Saudi healthcare far above where their predecessors left.

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