

Integrating Ethics into Health Management Education: A Framework for Future Leaders

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Abstract:

Healthcare leaders in Saudi Arabia face escalating ethical challenges, from AI-driven diagnostics to equitable resource allocation. Despite Vision 2030's emphasis on healthcare transformation, studies suggest ethics education in health management programs remains underdeveloped, particularly in culturally adapting global frameworks to Islamic contexts. This qualitative study employed semi-structured interviews with 20 participants (8 educators, 12 students/recent graduates) from Saudi universities, including regional institutions like Al Baha University, alongside document analysis of curricula. Thematic analysis identified gaps in ethics education and informed a competency-based framework. Three key themes emerged: (1) Fragmentation of ethics into isolated courses, (2) Overreliance on theoretical pedagogy lacking experiential learning, and (3) Neglect of Islamic ethical principles (e.g., *Maslahah*, *Shura*) in curricula. The proposed framework integrates global best practices with Islamic bioethics, emphasizing cross-curricular

integration, simulation-based learning, and culturally grounded assessments. This addresses Vision 2030's call for ethically competent leaders while offering a model for other Muslim-majority nations.

Keywords: Ethics education, health management, Islamic bioethics, Saudi Arabia, competency-based learning.

"دمج الأخلاقيات في تعليم إدارة الصحة: إطار عمل للقادة المستقبليين"

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*المستخلص:

يواجه قادة الرعاية الصحية في المملكة العربية السعودية تحديات أخلاقية متصاعدة، بدءًا من التشخيصات المدعومة بالذكاء الاصطناعي وصولاً إلى تخصيص الموارد بشكل عادل. وعلى الرغم من تركيز رؤية ٢٠٣٠ على التحول في قطاع الرعاية الصحية، فإن الدراسات تشير إلى أن تعليم الأخلاقيات في برامج إدارة الصحة لا يزال غير متطور، لا سيما فيما يتعلق بمواءمة الأطر العالمية مع السياقات الإسلامية. اعتمدت هذه الدراسة النوعية على مقابلات شبه منظمة مع ٢٠ مشاركًا (٨ من الأكاديميين و١٢ من الطلاب/الخريجين الجدد) من جامعات سعودية، بما في ذلك جامعة الباحة، إلى جانب تحليل وثنائ للمناهج الدراسية. كشفت التحليلات الموضوعية عن فجوات في تعليم الأخلاقيات وأسهمت في تطوير إطار عمل قائم على الكفاءة. وظهرت ثلاث قضايا رئيسية:

١. تجزئة تعليم الأخلاقيات إلى مقررات منعزلة،
٢. الاعتماد المفرط على التعليم النظري دون وجود تعلم تجريبي،

٣. إهمال المبادئ الأخلاقية الإسلامية (مثل المصلحة، الشورى) في المناهج الدراسية.

يعمل الإطار المقترح على دمج أفضل الممارسات العالمية مع أخلاقيات الطب الإسلامي، مع التركيز على التكامل عبر المناهج، التعلم القائم على المحاكاة، والتقييمات المرتكزة على الثقافة. ويستجيب هذا لتوجهات رؤية ٢٠٣٠ التي تسعى إلى إعداد قادة يتمتعون بالكفاءة الأخلاقية، كما يقدم نموذجاً قابلاً للتطبيق في دول ذات أغلبية مسلمة.

*الكلمات المفتاحية: تعليم الأخلاقيات، إدارة الصحة، أخلاقيات الطب الإسلامي، السعودية، التعلم القائم على الكفاءة.

Introduction

Healthcare systems around the world are confronting an era of profound ethical complexity. From dilemmas posed by artificial intelligence in clinical decision-making to the equitable allocation of scarce medical resources, ethical challenges have grown more frequent and nuanced. Despite these realities, health management education has not kept pace, often neglecting the cultivation of practical moral reasoning and ethical leadership competencies (Bryden, 2024). This global shortfall is particularly acute in the Kingdom of Saudi Arabia, where ambitious healthcare reforms under Vision 2030, including privatization, digital transformation, and international collaborations, are reshaping the sector (Al-Anezi, 2025). These shifts necessitate leaders who can adeptly navigate the confluence of Islamic ethical values, national health policies, and emerging global norms (AlRukban et al., 2024).

Problem Statement

Although prominent institutions such as King Saud University have made strides in integrating ethics into health management curricula, many regional universities, including Al Baha University, remain underdeveloped in this regard. Their programs often feature ethics as isolated, theory-heavy modules with limited contextual or experiential relevance (AlRukban et al., 2024). As a consequence, those who graduate may not be able to act ethically and make correct judgments when leading in a variety of healthcare settings. Having this curricular gap may negatively affect the future positions of healthcare managers.

Study Objectives

This study aims to:

- Look into the existing situation of ethics education in Saudi health management programs, also comparing it with various regional and national institutions.
- Pinpoint important ethical skills that future healthcare leaders ought to have, based on basic Islamic values such as trust and justice.
- Suggest an approach to reforming the curriculum that can work in diverse cultures and aligns with Vision 2030's main intentions.

Contribution

Previously, Western bioethical paradigms were treated as the main source in bioethics research, which this study attempts to change by merging Islamic bioethics with competency-based education. It provides a convenient model that fits the Saudi system, which other places with similar goals might use as a reference.

Literature Review

Ethics in Health Management Education: Global Perspectives

The growing ethical complexity of modern healthcare, ranging from AI in diagnostics to private-public partnerships, has amplified the need for ethical competence among health managers (Hegazy et al., 2024). Ethical decision-making directly impacts patient safety, institutional trust, and the legitimacy of healthcare leadership (AlRukban et al., 2024; Atwa et al., 2024; Althagafi & Alahmad, 2023; Bryden, 2024). Yet, despite the recognized importance of ethics, its integration into health management education remains erratic.

Globally, only 40% of programs make ethics a compulsory component (AlRukban et al., 2024), often limiting instruction to a single module or theoretical overview. This piecemeal approach undermines the cultivation of critical ethical reasoning. Andersson et al. (2022), in a systematic review, emphasize that ethical competence is a skill that must be continuously reinforced

across various pedagogical moments, not taught in isolation. Similarly, Sim et al. (2019) point out that many curricula in Asian contexts continue to rely on outdated, lecture-heavy formats, failing to engage students meaningfully.

Andersson et al. (2022) warn that lectures alone do little to influence real-life behavior, echoing Kumah et al. (2022), who advocate for interactive approaches to bridge the gap between ethical knowledge and ethical action.

Gaps in Pedagogy and Curriculum Structure

There is a well-documented discrepancy between normative theory and practical application in ethics education. Kumah et al. (2022) and Haga et al. (2025) highlight that while students may be able to recite Kantian or utilitarian principles, they often struggle when faced with morally ambiguous, real-world decisions, such as allocating limited ICU beds or responding to whistleblowing incidents.

Manejwala and Abu-Ras (2019) and Mirbahai et al. (2024) critique current assessment mechanisms, which typically rely on multiple-choice or short-answer formats. These tools fail to capture students' true moral reasoning, let alone their emotional preparedness for ethical conflict. Rasesemola and Molabe (2025) demonstrate that simulation-based assessments, in contrast, provide a more accurate gauge of ethical decision-making under pressure.

Perhaps most striking is the continued neglect of cultural relevance. Western ethical paradigms dominate global curricula, often without consideration of local beliefs or social norms (Oehring & Gunasekera, 2024). AlRukban et al. (2024) argue that such detachment risks disengagement among learners in non-Western contexts. Javadli (2023) supports this view, emphasizing that ethical behavior is inseparable from spiritual and cultural identity, especially in Muslim-majority societies.

Best Practices for Embedding Ethics into Learning

To counteract these pedagogical gaps, several experiential strategies have proven effective. Case-based learning offers students opportunities to interrogate complex scenarios without clear-cut answers, enhancing moral sensitivity and contextual reasoning (Woodman et al., 2022; Liu et al., 2022). Role-playing and simulations further bridge the theory-practice divide by immersing students in emotionally charged, high-stakes scenarios where they must make real-time decisions (Mirbahai et al., 2024; Rasesemola & Molabe, 2025).

Mentorship programs and reflective practice also hold substantial promise. Haga et al. (2025) and AlRukban et al. (2024) emphasize that longitudinal mentoring, especially when combined with reflective journaling, fosters ethical self-awareness and internalization over time. These methods mirror professional ethical development more closely than exams or theoretical modules ever could.

Moreover, interdisciplinary teaching models that blend ethics, leadership, law, and health policy, like those described by Mirbahai et al. (2024), may help students see ethical reasoning not as an isolated task but as a leadership competency central to everyday decision-making.

The Role of Islamic Bioethics in Saudi Ethics Education

In the Saudi context, effective ethics education must resonate with Islamic values to be both pedagogically impactful and culturally legitimate. Al-Anezi (2025) and Althagafi & Alahmad (2023) underline that concepts such as Shura (consultation), Amanah (trust), and Maslahah (public interest) are not peripheral add-ons but foundational ethical constructs in Islamic medical thought.

AlRukban et al. (2024) and Mirbahai et al. (2024) advocate for embedding these principles into the curriculum via case studies, decision-making models, and assessment tools. Javadli (2023) further emphasizes that Islamic bioethics, when taught as a living framework rather than an abstract philosophy, enables learners to see its applicability in modern contexts, such as organ donation, end-of-life care, or data privacy.

Such integration is essential if Saudi Arabia's Vision 2030 is to cultivate a cadre of health leaders who are not only technically proficient but morally grounded and culturally attuned (Al-Anezi, 2025; McMahon et al., 2024; Althagafi & Alahmad, 2023).

Regional Disparities: The Case of Al Baha

While national reforms in Saudi Arabia, driven by Vision 2030, aim to unify and elevate standards across higher education, disparities in implementation remain stark, particularly in peripheral regions like Al Baha (Alasiri & Mohammed, 2022). As one of the Kingdom's smaller and less economically prioritized provinces, Al Baha faces structural and pedagogical limitations that compromise the quality and relevance of ethics education in health management programs (Manejwala & Abu-Ras, 2019). These disparities are not merely logistical; they reflect deeper inequities in faculty training, curriculum design, and institutional resourcing.

Preliminary curriculum audits conducted across health sciences colleges in Al Baha indicate that ethics instruction, when present, is typically relegated to a singular, isolated module that lacks experiential learning components or integration with professional competencies (Suleiman & Ming, 2025). Woodman et al. (2022) report that many faculty members in the region lack specialized training in ethics education, resulting in an overreliance on generic, often imported course content with minimal alignment to Islamic ethical frameworks or local healthcare realities.

Compounding this issue is the limited availability of continuing professional development (CPD) opportunities for educators in Al Baha. Without targeted training in pedagogies

such as reflective learning, ethical simulation, or Islamic bioethical reasoning, faculty are often unable to deliver ethics content in a way that is both academically rigorous and culturally resonant (Javadli, 2023). This stands in contrast to universities in Riyadh or Jeddah, where access to national conferences, scholarly networks, and interdisciplinary partnerships has facilitated more innovative and integrated approaches to ethics education (Alzahrani et al., 2025).

Woodman et al. (2022) argue that such regional disparities mirror broader gaps in ethical governance across the Kingdom, where rural or emerging academic centers often lack the infrastructure to support reform at scale. In health management education, this means that students in Al Baha may graduate with a limited understanding of how to navigate ethical challenges, despite facing them routinely in under-resourced, real-world healthcare settings.

Furthermore, the cultural nuances of the Al Baha region, including a strong attachment to traditional values, present both a challenge and an opportunity. On one hand, generic Western ethics frameworks may appear alienating or disconnected from students' lived experiences (AlMubarak, 2022). On the other hand, there is a rich opportunity to develop ethics instruction that is locally grounded, incorporating community-based case studies, Islamic jurisprudence, and indigenous leadership values.

Therefore, tailored curricular interventions are urgently needed to bridge this gap. Piloting the proposed culturally responsive ethics framework in Al Baha would not only address local educational needs but also serve as a scalable model for similarly underserved regions across Saudi Arabia and the broader GCC. These interventions must go beyond content revision and include investments in faculty development, technology-enhanced learning, and policy alignment with national standards for health education. By doing so, Saudi Arabia can move toward a more equitable and context-sensitive model of ethics education, one that empowers students across all regions to become morally grounded health leaders (Ilse, 2024; Schröder-Bäck et al., 2014).

Methodology

Research Design

This study employed a qualitative exploratory research design to examine how ethics is currently integrated into health management education across national and regional universities in Saudi Arabia, and to develop a framework for curricular improvement. This strategy was chosen since it allowed for getting a clear view of how education and culture work together. Exploratory qualitative approaches are perfect for bringing to light new areas, for example, Islamic ethics, leadership training, and policy reform in healthcare education, and putting priority on understanding the details rather than getting statistical results

(Creswell, 2014). Deep involvement with the key players allowed researchers to discover what it is like to be involved in ethics education here, what official accounts exist, and the tensions that arise due to values.

Participants

During recruitment, people involved in health management education were selected directly using this method. Employing this approach made it possible to hear both major and smaller voices and compare their findings.

- **National Universities:** Participants were drawn from established institutions such as King Saud University, which have more developed ethics curricula and broader institutional resources.
- **Regional Universities:** To reflect more localized perspectives and challenges, participants from universities such as Al Baha University were included.

Inclusion Criteria

- **Educators:** Faculty members who have worked teaching in health management or similar areas for at least three years are known as educators.
- **Students:** Those who are currently attending a higher institution or have recently graduated. As a result of this criterion, teachers could relate to the content and lessons used in ethics teaching.

This participant selection aimed to capture both the instructional and experiential dimensions of ethics education, providing a comprehensive understanding of current practices and potential areas for reform.

Data Collection

To ensure a comprehensive understanding of ethics education in Saudi health management programs, the study employed two complementary data sources: semi-structured interviews and curriculum document analysis. This triangulated approach allowed for both experiential and institutional perspectives to be captured and compared.

Semi-Structured Interviews

Semi-structured interviews served as the primary qualitative tool for capturing participant insights. These interviews, lasting between 30 to 50 minutes, were conducted in English and followed a guided protocol. Key areas of exploration included:

- Participants' perceptions of ethics education in health management programs
- Barriers to integrating Islamic ethical principles within current curricula
- Gaps in experiential learning, such as the absence of case-based or real-world ethical scenarios
- Suggestions for curricular enhancement aligned with Vision 2030

Interviews were conducted either face-to-face or via Zoom, depending on participant location and availability. All sessions were audio-recorded with informed consent and subsequently transcribed verbatim for thematic analysis. This flexible and responsive format facilitated deeper probing of individual experiences and institutional practices.

Curriculum Document Analysis

A curricular analysis was carried out at five Saudi universities to include both public and regional ones. Accessibility, geographic variety, and how old the programs are were all used to select the universities.

A checklist was made for analysing the data, paying attention to these main points:

- Ethics-related learning outcomes explicitly stated in syllabus.
- Instructional methods, including the use of case studies, simulations, role-play, and discussion-based formats.
- Assessment strategies used to evaluate ethical reasoning or leadership in complex scenarios.
- The extent and depth of Islamic ethical content integrated into program materials.

This dual-source strategy, combining lived experience with institutional documentation, enabled the study to critically assess not only what is being taught but also how effectively ethical competencies are being addressed in practice.

Data Analysis

Approach and Rationale

All the qualitative information, such as transcripts, documents, and field notes, was analyzed by following the thematic analysis method suggested by Braun and Clarke (2006). It was decided to use this method because its modeling flexibility helps pull out complicated data patterns from different sets. Part of the six phases was: (1) learning about the materials, (2) identifying first codes, (3) searching for themes, (4) checking each theme, (5) choosing names for the themes, and (6) producing the main report.

Familiarization and Coding

The analysis began with repeated reading of all transcripts and documents to develop a comprehensive understanding of the data. Initial impressions and contextual observations were recorded. The researcher analyzed each line of the data, looking for issues that arose naturally, not using predetermined themes. Using NVivo 12, it was possible to arrange the data properly, notice any trends, and group similar codes together with main themes. At this point of translation, I mainly focused on picking out specific cultural words and terms with an ethical value.

Theme Development

Coded data were then grouped into preliminary thematic clusters reflecting key concerns and insights. Examples of emergent themes included:

- *Limited practical ethics training*
- *Tensions between universal and Islamic ethics*
- *Minimal integration of ethics across the curriculum*
- *Student demand for experiential learning opportunities*

Themes were refined through iterative comparison across data sources, ensuring coherence within themes and distinction between them. Each theme was carefully defined and supported by representative quotes or curriculum excerpts to ensure credibility and transparency.

Triangulation and Credibility Measures

To strengthen the trustworthiness of findings, the study employed data triangulation by cross-referencing insights from three sources:

1. Semi-structured interviews (educators and students)
2. Curriculum documents (from five universities)
3. Field notes (taken during the interview and review process)

This triangulated approach enabled validation of recurring patterns and provided a multidimensional view of ethics education practices.

Member Checking

To further enhance interpretive accuracy, member checking was conducted with three educator participants. They were asked to review a summary of the emerging themes and provide feedback on whether the interpretations reflected their views and experiences. Their suggestions led to minor

adjustments in theme naming and the inclusion of additional contextual nuance.

Reflexivity and Bias Management

Along the analytic process, the researcher kept a record of their choices, changing viewpoints, and their assumptions. This made it possible to critically consider the information and to make efforts to overcome any unwanted bias in the analysis of sensitive cultural material.

Cross-Case Analysis

Finally, researchers looked at each university or group of participants separately and also compared them with others. With this approach, it became possible to recognize similar difficulties as well as differences among institutions, so the proposed framework could be applied widely in Saudi Arabia.

Ethical Considerations

This research received ethical clearance from the Research Ethics Committee at Al Baha University according to the national and institutional rules for studies involving people. Every aspect of the design, the tools used for data collection, and how people were recruited was examined to check whether ethical standards were being met.

Before joining the study, all participants were told about the study's goals, procedures, risks, and their entitlements as participants. Participation of everyone in the study included

giving written permission for audio recording and the use of anonymous quotations in reports.

All data was processed in a way that removed all information that could reveal people's identities. Research participants received pseudonyms, and all their data were stored safely and securely in encrypted and password-protected devices that only the team could use.

Participation was not required, and the respondents were made aware that they could quit the study at any moment with no problem. The data were employed only in research and will be kept in line with the policies of the institution. The use of these measures helped researchers always respect, protect, and care for the participants.

Findings

Thematic analysis of the interview and curriculum data yielded three overarching themes: (1) Fragmented Ethics Instruction, (2) Disconnect Between Theory and Practice, and (3) Demand for Cultural and Religious Integration.

Fragmented Ethics Instruction

Across the five curricula reviewed, ethics was most often taught as a standalone course, typically in the second or third year of study. Only one program integrated ethics topics across multiple modules. As one educator from Al Baha University noted, *"Ethics is confined to one unit. Once the course ends, the conversation ends."* Several students agreed, sharing that they

study rules, but do not learn how to apply them practically. Mostly, the main type of assessment was written tests, and reflective or practical activities were rarely highlighted.

Disconnect Between Theory and Practice

Many participants expressed that they wanted to participate more by doing different activities instead of talking most of the time. Both teachers and students reported that ethics-related lessons are not specifically related to real-life healthcare cases they would see in practice. A recent graduate mentioned that the value of ethics was made clear to them only when they did their internship. *Before that, it felt abstract.*" The curricula lacked case studies, simulations, or practical assignments designed to build moral reasoning. This gap was perceived as especially harmful given the complexity of modern healthcare leadership, which demands ethical agility.

Demand for Cultural and Religious Integration

Many participants criticized the predominance of Western ethical models in textbooks and teaching materials. Several educators voiced the need to incorporate Islamic ethical principles more deliberately into teaching. One participant argued, *"Our students relate more to the concept of Maslahah than to Kantian ethics."* This cultural disconnect was felt most strongly at regional universities, where students often expect ethical discussions to reflect local values and Islamic jurisprudence. Participants suggested that aligning ethics

education with Saudi Arabia's cultural and religious fabric would improve both engagement and relevance.

Discussion

This study highlights significant gaps in how ethics is taught within Saudi health management programs, revealing three core challenges: fragmented instruction, a persistent theory–practice divide, and a misalignment between curricular content and local cultural-religious contexts. While these findings reflect global trends, they also surface culturally specific tensions that require tailored responses aligned with Saudi Vision 2030 and Islamic ethical traditions.

Fragmentation and the Missed Opportunity for Ethical Integration

Consistent with global critiques (Haga et al., 2025; Andersson et al., 2022), the study finds that Saudi programs often treat ethics as an isolated, standalone module. This fragmented approach limits students' ability to apply ethical reasoning across domains like health policy, financial management, or digital transformation. The absence of an “ethics-across-the-curriculum” model, as practiced in many U.S. and European programs, weakens the integration of moral reasoning into leadership and decision-making processes (Bryden, 2024; Sim et al., 2019).

Participants reported that ethical considerations rarely emerged in core courses unless specifically designated. This siloed structure not only marginalizes ethics but also disconnects

students from real-world dilemmas where ethical decisions are embedded in every managerial choice. Embedding ethics across all health management subjects would foster a more cohesive and actionable understanding of ethical leadership.

Theory–Practice Divide: A Persistent Weakness

Another significant concern was the over-reliance on lecture-based instruction, with little exposure to experiential learning such as simulations, case studies, or role-playing exercises. Although such methods have been empirically shown to enhance ethical reasoning and reflective judgment (Woodman et al., 2022; Mohi Ud Din et al., 2025; Mirbahai et al., 2024), they are largely absent in current Saudi curricula.

This finding reinforces earlier work by AlRukban et al. (2024), who noted that many Saudi institutions prioritize theoretical over applied knowledge. In contrast, neighboring countries such as Malaysia have successfully incorporated Islamic bioethics case competitions and real-life ethical scenarios into their curricula (Sim et al., 2019; Ngan & Sim, 2020). Without practice-based exposure, graduates risk entering the workforce with a conceptual grasp of ethics but limited capacity to apply it under pressure, particularly in ethically charged or ambiguous situations.

Cultural and Religious Relevance: A Core Gap in Imported Models

One of the most important findings is that, at present, Saudi Arabia's ethics courses do not line up well with the country's Islamic traditions. The experts concluded that Western moral theories like deontology and utilitarianism are dominant in today's world, but they are missing a solid Islamic base, for instance, Shura, Amanah, Adl, and Maslahah.

The results agree with the views of Kumah et al. (2022), who believe that ethical models should be developed based on what is primarily valued and believed in an area. Plenty of students and educators expressed the need for Islamic bioethics to be taught and assessed systematically, not just sometimes. Such an approach is very important since religion influences laws, policies, and the way healthcare is delivered in the community.

Commitment to the vision of Saudi Arabia for the coming decade

The shortcomings in education bring extra challenges for the country due to Vision 2030, Saudi Arabia's national reform initiative. Because of privatization, digitalization, and growing international presence, the healthcare sector now faces many new problems in ethics (Alasiri & Mohammed, 2022).

Dealing with the new challenges in healthcare, Saudi health leaders should not only know the technical aspects but

also have strong ethics based on international norms and local customs ("Program accreditation," n.d.). The proposed competency-based framework addresses this dual imperative by embedding ethical reasoning, cultural sensitivity, and Islamic ethical principles into the core of health management education.

Implications for Policy and Practice

For Educators

The findings suggest an urgent need for curricular reform. Ethics should no longer be a peripheral subject, but a cross-cutting competency embedded throughout all health management courses. Educators are encouraged to:

- Adopt experiential learning tools such as simulations, reflective journals, and interactive case discussions to build students' ethical decision-making capacity.
- Infuse content with Islamic ethical principles, not just in theoretical terms but through practical applications in classroom dialogue, assignments, and assessments.
- Participate in faculty development programs focused on culturally sensitive and religion-aware ethics instruction, developed in partnership with Islamic bioethics scholars.

Without faculty buy-in and training, even well-designed reforms risk superficial implementation.

For Policymakers and Accrediting Bodies

At the national level, agencies such as the Education and Training Evaluation Commission (ETEC) and the Saudi Commission for Health Specialties (SCFHS) should consider:

- Introducing national accreditation standards that mandate ethics integration across all accredited health management programs.
- Supporting institutions through pilot program grants, innovation awards, and dedicated funding streams to scale up ethics-related reform.
- Helping Saudis to introduce curriculum content that follows Vision 2030 as well as the principles of Islam by supporting partnerships with Shariah boards and Islamic bioethics centers.

This type of policy would not only focus on ethics education but also make sure healthcare leaders can deal with ethical situations in their field (Robichaux et al., 2022).

Limitations and Future Research

While this study provides valuable insights into ethics education in health management programs in Saudi Arabia, it is not without limitations. The study investigated five institutions and conducted an analysis based on a smaller group of students and teachers. Even though these studies collect deep data, the limits on where and what they cover may not make the findings useful in places outside the Kingdom or indeed internationally.

More importantly, participants might give answers that look good to others in situations dealing with ethics and culture.

Member checking and triangulation were used to address the biases; even so, they could not be completely avoided.

The study also stops short of testing the proposed competency-based framework in a real classroom or training environment. As such, the framework remains a conceptual contribution that requires empirical validation through pilot programs, classroom trials, and curriculum redesign initiatives. Such studies ought to focus not only on students' learning in the short run, but also on the influence on future ethical decisions made by graduates in real health situations.

The next step should use mixed methods or follow participants for a long time, ensuring the study includes people from various parts of Saudi Arabia. Working together with policymakers and people who build health education curricula may supply important information about how possible and practical this framework would be for the whole nation.

Conclusion

This study developed a culturally responsive, competency-based framework for integrating ethics into health management education in Saudi Arabia, aligning both with global best practices and the moral imperatives of Islamic values. Through studying how teachers teach and looking at the course material at five universities, the study found that ethics is made into a standalone topic, students learn little through practical activities,

and what is taught and covered in courses is unconnected to the key ethical ideas in Islam.

Although ethics is highly valued for its importance, what is taught today is not enough to allow healthcare leaders to handle ethical situations in the real world. Many participants wanted to engage in interactive learning forms such as simulations, role-playing, and using case studies, addressing ethics based on widely recognized standards and particular religious customs (Honkavuo, 2021). Simply put, the framework proposed here is made to meet this demand by giving schools a structured way to reform the curriculum that supports principled and socially relevant leadership.

The framework's implications extend beyond academia. For universities, it offers a roadmap to embed ethics across disciplines. For policymakers and accrediting bodies, it provides a foundation for standard-setting, faculty training, and national curriculum reform, efforts that are crucial to realizing the ethical dimensions of Saudi Vision 2030 in healthcare transformation.

Future research should move beyond theoretical development to practical application. Three key directions are recommended:

- Pilot implementation of the framework across both national and regional institutions to assess feasibility and contextual adaptability.
- Longitudinal evaluation of graduates' ethical reasoning and decision-making in clinical and administrative roles.

- Comparative studies across other GCC countries to assess cultural transferability and regional scalability.

By embedding ethical leadership in both experiential learning and Islamic ethical thought, Saudi Arabia has the opportunity to model an innovative, globally informed, and culturally authentic standard for ethics education, not only for its institutions but also for the broader Muslim world.

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