



Developing quality standards for Vocational Rehabilitation Programs for people with disabilities in the Kingdom of Saudi Arabia and verifying their applicability to those programs

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ABSTRACT

Background: Quality standards for vocational rehabilitation programs (QSVRs) are essential for all Vocational Rehabilitation Programs (VRPs) [1]. **Objectives:** This study aims to identify the most significant quality standards for vocational rehabilitation programs (QSVRPs) in Saudi Arabia from the perspective of the study participants. It also intends to assess the applicability of these standards. Additionally, the study seeks to examine potential statistical differences in participant responses based on gender, educational level, and workplace. **Methodology:** The study employed a descriptive analytical approach, involving the development and administration of a questionnaire to a sample of 31 VRP workers. **Results:** The study's findings indicate that the most important standards within QSVRPs are evaluation, guidance and counseling, preparation, training, employment, and follow-up. Furthermore, the study reveals that there are no statistically significant differences in the evaluation of the importance of QSVRPs among the participants, regardless of their gender, educational level, or place of work. The applicability of these QSVRPs was rated as "high," with no statistically significant differences in participant evaluations based on the study's variables.

Keywords: Disability, Vocational rehabilitation, Special education, and Standard.

Introduction and literature review:

According to the U.S. Department of Labor's Office of Disability Employment Policy (ODEP), vocational rehabilitation (VR) is defined as a comprehensive process. This process involves assessing an individual's abilities, limitations, and interests in relation to work. It also includes providing vocational counseling and guidance, and developing an individualized plan for employment (IPE) [2]. The goal of VR is to deliver a wide range of services that assist individuals with disabilities in preparing for, obtaining, maintaining, or regaining employment. Essentially, VR is a process through which individuals with disabilities can be empowered to access, sustain, or return to meaningful employment or other productive occupations [3].

In 1993, the Arab Labor Organization adopted Convention No. (17) and Recommendation (7), which specifically focus on Quality Standards for Vocational Rehabilitation Programs (QSVRPs) designed for individuals with disabilities. This adoption brought these programs in alignment with international standards in this field [4]. The acceptance and endorsement of these standards by various organizations emphasize the importance of implementing systematic vocational training and rehabilitation processes for people with disabilities. These processes are designed to follow structured, sequential procedures, ensuring the effective integration of individuals with disabilities into the workforce.

Vocational Rehabilitation Programs (VRPs) in Saudi Arabia are relatively recent developments but have been steadily growing in importance in recent years. These initiatives have a primary goal of equipping individuals with disabilities or health conditions with the necessary skills and support to facilitate their employment search and job retention.

The government of the Kingdom of Saudi Arabia (KSA) has taken significant steps to protect the rights of persons with disabilities. One notable legislative action is the enactment of the Disability Care System (DCS) in the year 2000 [5]. This comprehensive law incorporates various provisions related to vocational rehabilitation and employment services tailored for individuals with disabilities. Additionally, it introduces incentives aimed at encouraging private sector employers to hire persons with disabilities [6]. These legislative efforts reflect the KSA government's commitment to fostering an inclusive society and workforce where individuals with disabilities can access meaningful employment opportunities and contribute to the nation's progress.

According to a report from the International Labor Organization (ILO), the Kingdom of Saudi Arabia (KSA) has made notable advancements in formulating policies and implementing programs aimed at fostering the inclusion of individuals with disabilities in the workforce, including Vocational Rehabilitation Programs (VRPs). The report underscores the crucial role played by the National Committee for Rehabilitation and Employment of People with Disabilities (NCREPD) in this regard. The NCREPD is responsible for overseeing and coordinating these programs within the country. Furthermore, the report highlights the significance of the Basic Regulations for Rehabilitation Programs for People with Disabilities (BRPD) [7], which serve as a foundational framework for guiding and regulating these initiatives [6]. These concerted efforts demonstrate the KSA's commitment to creating an inclusive environment that promotes the integration of individuals with disabilities into the workforce.

The National Committee for Rehabilitation and Employment of People with Disabilities (NCREPD) in Saudi Arabia has been proactive in developing various initiatives to advance the inclusion of individuals with disabilities in the workforce. These initiatives include the establishment of specialized centers that offer vocational training, job matching services, and employment support. One noteworthy example is the King Salman Center for Disability Research, which plays a pivotal role in providing vocational rehabilitation services and vocational training programs tailored for individuals with disabilities [7].

In addition to these efforts, the NCREPD has been instrumental in the creation of Vocational Rehabilitation Programs (VRPs) such as the Rehabilitation and Employment Program for People with Disabilities (Tawafuq), which is administered by the Ministry of Labor and Social Development. This program is designed to deliver vocational training, job placement assistance, and support services to individuals with disabilities, with the ultimate goal of facilitating their entry into the labor market and promoting self-sufficiency [8].

These initiatives collectively reflect the commitment of Saudi Arabia to empower individuals with disabilities by equipping them with the necessary skills and support to access meaningful employment opportunities and lead fulfilling lives.

Despite the progress made in recent years, there are still challenges to overcome in the area of vocational rehabilitation in Saudi Arabia. 1st: Lack of Employer Awareness and Discrimination: One of the foremost challenges is the lack of awareness among employers regarding the skills and capabilities of individuals with disabilities. This can result in discrimination and a reluctance to hire them. Promoting awareness among employers about the potential contributions of individuals with disabilities can help overcome this barrier. 2nd: accessibility in Rural Areas: Another important challenge is the need to enhance the accessibility of Vocational Rehabilitation Programs (VRPs) for individuals with disabilities who reside in rural areas. Geographical barriers and limited access to VRPs can hinder the participation of individuals with disabilities in these programs. Expanding the reach of VRPs to rural communities is essential for ensuring inclusivity, and 3rd: Limited Services: The availability of services within VRPs may be limited, posing a challenge for individuals with disabilities seeking vocational rehabilitation. It is crucial to bolster the resources and services offered within these programs to cater to the diverse needs of participants effectively. [26]

The challenges mentioned may indeed be related to the absence or insufficient implementation of Quality Standards for Vocational Rehabilitation Programs (QSVRs). The establishment and adherence to such standards can help ensure that VRPs are comprehensive, inclusive, and effective in addressing the specific needs of individuals with disabilities.

Previous studies

The study conducted by Georgiadou *et al.* [11] focused on evaluating the subjective quality of life and the quality of vocational education services as perceived by students with intellectual disabilities attending public special vocational education schools in Greece. The researchers included a sample of 131 students with mental disabilities who were enrolled in these special vocational education schools. To assess the subjective quality of life and the quality of vocational education services, the researchers used two main instruments: a quality of life questionnaire and a quality of vocational education services scale. Furthermore, The study's results indicated that students with mental disabilities reported a high level of subjective quality of life. This

suggests that, based on their own perspectives, they experienced a good overall quality of life. Similarly, the research findings showed that there was a high level of quality in the vocational education services provided to these students. This implies that the educational programs and services available to students with intellectual disabilities in these schools were perceived as being of high quality.

An important finding was the presence of a correlation between the quality of life reported by these students and the quality of vocational education services they received. In other words, their perception of their overall quality of life was linked to their satisfaction with the vocational education services they were receiving.

These findings emphasize the significance of offering high-quality vocational education services to students with intellectual disabilities. The observed correlation between their perceived quality of life and the quality of these services suggests that improving the educational experience and support for these students can have a positive impact on their overall well-being and satisfaction. This underscores the importance of continued efforts to enhance the quality of vocational education programs for individuals with intellectual disabilities.

In a study [1] investigated the role of occupational therapy in vocational rehabilitation in Saudi Arabia. The authors noted that occupational therapy can play an important role in supporting people with disabilities to achieve their vocational goals by improving their functional abilities and skills. However, they also highlighted several challenges to the integration of occupational therapy into vocational rehabilitation services, including a shortage of occupational therapy professionals and limited funding and resources.

In A systematic review, Mlenzana *et al*, [12] studied Barriers to and facilitators of rehabilitation services for people with physical disabilities. After revised 19 article there are gaps in the process of rehabilitation services provided. It would be advisable for health professionals to take cognizance of the issues highlighted in this study in order to make rehabilitation services more effective.

Al Muhanna and Al-Sobayel [9] examined the effectiveness of vocational rehabilitation for people with spinal cord injuries in Saudi Arabia. The authors found that vocational rehabilitation was effective in improving participants' vocational outcomes and quality of life. However, they also noted that there were several challenges to the implementation of vocational rehabilitation, including a lack of funding and resources, and a shortage of trained professionals.

Aleisa et al, [13] studied requirement for rehabilitation services due to variables such population, change in life style, incidence of diabetes, cardiovascular diseases, increased road traffic accidents leading to a head injury, stroke, spinal cord injury etc. they focused on the current structure and future challenges of tertiary care in the capital city of Saudi Arabia, Riyadh.

Kaya [14] in survey study examined the relationship between demographic factors, vocational rehabilitation services, and employment outcomes for young people with intellectual disabilities. The study found that young people with intellectual disabilities whose level of education is high are more likely to gain competitive employment. Job-related services, such as employment and on-the-job support, were positively linked to employment outcomes for young people with intellectual disabilities.

Furthermore, Almalki et al, [15] explored the perceptions of individuals with intellectual disabilities regarding the services of the Sagee initiative for the rehabilitation and employment of individuals with disabilities. The study founded that the individuals with intellectual disabilities perceived certain opportunities and positives in the initiative, the results show that challenges also exist, most notably the lack of laws that oblige the training of individuals with intellectual disabilities during the secondary school years. Implications to Research and Practice

In their study, Abu Shashiya and Al-Onaizat [16] assess the knowledge level of administrators, trainers, and trainees regarding international standards for vocational rehabilitation in vocational rehabilitation centers for individuals with disabilities in Jordan. The study included participants from both governmental and private sectors. The researchers employed a descriptive approach to analyze the data. The study findings indicated that the knowledge level of administrators, trainers, and trainees in the field of international standards for vocational rehabilitation was moderate across all areas of the scale. Based on these results, the study recommended the provision of competent, well-trained, and specialized personnel in the field of vocational rehabilitation for individuals with disabilities.

Al-Oweidi [17] conducted a study to evaluate the vocational rehabilitation services provided to persons with disabilities in accordance with international standards in Jordan. The study sample consisted of (56) principals and teachers in four centers specialized in vocational rehabilitation. The results showed that the level of vocational rehabilitation services ranged between high and medium levels. Evaluation and diagnosis services, vocational guidance services, safety and security procedures, interaction with the local community, vocational rehabilitation procedures and public activities were at an average level, while the sheltered workshops and follow-up areas showed good performance. Low, and the study did not find differences in the areas of vocational rehabilitation services due to the type of disability.

In a study conducted by Al-Daei [18] aimed to build a model of international standards for vocational rehabilitation centers for people with disabilities in the State of Kuwait, and to determine the extent of their application to those centers. The study was applied to (228) individuals from officials, workers, and trainees in those centers. The researcher used interviews, and two measures to achieve the purpose of the study. The results concluded that the degree of application of international standards for those centers was low, and the

level of knowledge of these standards by officials, workers, and trainees in those centers was average. The results also indicated that the lack of financial budget, the lack of annual development plans, the scarcity of qualified personnel, environmental challenges, the scarcity of standardized tests in the field of vocational rehabilitation, and the lack of families' awareness of VRPs are among the most significant obstacles that limit the application of these standards.

Larsson and Gard [19] described employers' experiences of the work rehabilitation planning process at the workplace, and how it can be improved. The used qualitative interviews were performed with 10 employers of employee/s that had participated in vocational rehabilitation in Sweden. The results showed that employers were interested in detecting work rehabilitation needs and in taking action early. Rehabilitation at the workplace could be improved by development of routines, improved work relations and work technique, and environment in-service training at the workplace. Prevention was perceived as a prerequisite for a good result of rehabilitation. Attention to social and geographic conditions is needed. Organizational and financial limitations exist.

Study Problem

Vocational rehabilitation important for people with disabilities, it improves life quality [9], [11]. However, reviewing previous studies and literature reveals of challenges and problems in Vocational rehabilitation for people with disabilities [17-19]. There are lack of awareness of its impotency [15], weakness of planning for VRPs [19], and lack of services [17]. These challenges may refer Ambiguity of recent standards and not applying them well. Reviewing SWOT analysis based on the self-evaluation report of the rehabilitation department for the year 2010 [9] indicated the weaknesses that standards are not established, Limited capacity. Staff qualifications at minimum level, limited of communication between the rehabilitation staff and other departments, and limited and/or undefined research in the field of rehabilitation.

Therefore, this study tries to develop QSVRPs for people with disabilities in the KSA and verifying their applicability. In this study, we will answer the following questions:

1. What is the most important QSVRPs?
2. Are there any statistical significant differences at the level $\alpha \leq 0.05$ of the most important QSVRPs according of study variables?
3. What the level of applicability of these QSVRPs?
4. Is there any statistical significant differences at the level $\alpha \leq 0.05$ of the level of applicability of QSVRPs according of study variables?

Study objectives:

The current study aims to identify the most important QSVRP in KSA, and to identify the possibility of applying it from the point of view of the participants in the study according to the variables of gender (male, female) and educational level (undergraduate, postgraduate). Place of work (government and private sectors).

Study importance

The importance of this study stems from the fact that it deals with vocational rehabilitation, which is an important issue for people with disabilities in the KSA; it contributes to defining the steps, procedures and practices of VRPs by state the most important QSVRPs. It also benefits officials and workers by increasing their knowledge of these international practices and standards for vocational qualification, as well as determining the current procedures in these programs, determining their level, identifying their weak points, and then developing improvement plans for them.

It also, provides a model based on international standard for VRPs. which is in light of current developments and transformations that can be used to evaluate the work and performance of VRPs in the KSA, as QSVRP is a tool is to identify the strengths and weaknesses of these programs with the aim of building them in an ideal manner that keeps pace with them. Those developments.

Study terms

VRPs (VRPs): programs aimed at providing vocational training and support for individuals with disabilities in KSA.

Quality standards: Refers to a set of standards that can be applied to VRPs and can be measured by the study tool.

Applicability: Refers to the extent to which the quality standards are relevant and can be implemented in VRPs. It can be measured by study tool.

Methodology

The current study adopted the descriptive method, where a questionnaire was applied, and analyzed using the statistical analysis package in the social sciences (SPSS), where the averages and standard deviations of the participants' performance according to the variables of the study were calculated, so, the t-test was conducted to confirm the statistical significance of the differences between the performance averages.

Participants:

The study involved 31 participants who were recruited from various vocational rehabilitation centers in the KSA. These participants were distributed among different centers as outlined in the following table 1.

Table 1: Study participant

Gender			Work place		Total
			government	private	
Male	Education level	Undergraduate	10	5	15
		Postgraduate	6	3	9
	Total		16	8	24
Female	Education level	Undergraduate	0	2	2
		Postgraduate	4	1	5
	Total		4	3	7

Study tool:

After reviewing the theoretical literature and previous studies [19], the vocational rehabilitation standards VRs of the Council of Exceptional Children (CEC), the basic regulations for rehabilitation programs for the disabled in Saudi Arabia BRPD ,(2018), and the Saudi Disabled Care System DCS (2000), a questionnaire was prepared to measure quality of VRP standard and its applicability. The questionnaire reviewed by many experts in VRP.

Overall, this methodical approach to questionnaire development demonstrates the researchers' commitment to conducting a robust and well-grounded study in the field of vocational rehabilitation. The inclusion of expert input and the reference to established standards further enhance the credibility of the research and the questionnaire's effectiveness in measuring the quality of VRPs and their applicability.

The structure of the final questionnaire is well-organized and designed to gather comprehensive data regarding the quality of Vocational Rehabilitation Standards (VRs) and their applicability. Here's a breakdown of the questionnaire's three parts:

Cover Letter (Part 1): It explains the objectives and importance of the research, providing context for the participants about the purpose of the questionnaire.

Demographic Data (Part 2): This section collects essential demographic information about the participants. The focus is on three key demographic variables: gender, academic level, and place of work.

Gathering these information allows for a better understanding of the participants' backgrounds and characteristics.

Questionnaire Paragraphs (Part 3): This is the core section of the questionnaire, consisting of two main sections: Quality of VRs and Applicability of Quality Standards. Quality of VRs (Section 1): this section assesses the quality of Vocational Rehabilitation Standards (VRs) based on six dimensions: D1: Evaluation, D2: Guidance and Counseling, D3: Preparation, D4: Training, D5: Employment, and D6: Follow-Up. Each dimension consists 10 items.

Applicability of Quality Standards (Section 2): This section explores the participants' views on the ability to apply these quality standards. Similar to Section 1, it consists of six dimensions, each with 10 items.

Overall, the questionnaire appears to be comprehensive, addressing both the assessment of quality standards and their real-world applicability. The use of standardized dimensions and multiple paragraphs allows for a thorough evaluation of participants' perspectives, contributing to a more robust and nuanced understanding of the research topic.

Questionnaire validity

The validity of the questionnaire was assessed by Pearson correlation coefficient between participant's responds average on each paragraph total average its dimension. The results presented in Table 2.

Table 2: Questionnaire validity

			p1	p2	p3	p4	p5	p6	p7	p8	p9	p10
quality of vocational rehabilitation standards	D1	Pearson Correlation	.823**	.588**	.177	.608**	.751**	.562**	.587**	.675**	.638**	.604**
		Sig. (2-tailed)	.000	.000	.341	.000	.000	.001	.001	.000	.000	.000
	D2	Pearson Correlation	.827**	.874**	.730**	.629**	.732**	.632**	.635**	.433*	.718**	.639**
		Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.015	.000	.000
	D3	Pearson Correlation	.811**	.715**	.764**	.617**	.690**	.484**	.583**	.450*	.840**	.643**
		Sig. (2-tailed)	.000	.000	.000	.000	.000	.006	.001	.011	.000	.000
	D4	Pearson Correlation	.813**	.508**	.682**	.707**	.696**	.667**	.505**	.717**	.697**	.751**
		Sig. (2-tailed)	.000	.004	.000	.000	.000	.000	.004	.000	.000	.000

Applicability	D5	Pearson Correlation	.766**	.720**	.622**	.647**	.638**	.605**	.550**	.805**	.738**	.593**
		Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.001	.000	.000	.000
	D6	Pearson Correlation	.834**	.862**	.772**	.653**	.756**	.668**	.708**	.367*	.557**	.680**
		Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.042	.001	.000
	AD1	Pearson Correlation	.783**	.371*	.761**	.422*	.335	.184	.647**	.656**	.704**	.454*
		Sig. (2-tailed)	.000	.040	.000	.018	.066	.322	.000	.000	.000	.010
	AD2	Pearson Correlation	.818**	.704**	.674**	.738**	.711**	.550**	.338	.456**	.523**	.629**
		Sig. (2-tailed)	.000	.000	.000	.000	.000	.001	.063	.010	.003	.000
	AD3	Pearson Correlation	.812**	.815**	.728**	.662**	.697**	.688**	.546**	.278	.641**	.539**
		Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.001	.130	.000	.002
	AD4	Pearson Correlation	.902**	.700**	.680**	.813**	.712**	.746**	.612**	.727**	.808**	.731**
		Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	AD5	Pearson Correlation	.935**	.928**	.799**	.811**	.858**	.892**	.671**	.748**	.845**	.874**
		Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	AD6	Pearson Correlation	.918**	.921**	.849**	.927**	.879**	.644**	.750**	.611**	.842**	.636**
		Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000

** . Correlation is significant at the 0.01 level (2-tailed). * . Correlation is significant at the 0.05 level (2-tailed).

Table 2 demonstrates that all correlation coefficients between the items and its dimensions are statistically significant. This indicates that the questionnaire is sufficient in achieving the goals of the study.

Questionnaire reliability

Questionnaire reliability achieved by conduction Cronbach's Alpha for all dimensions and total score as revealed in table 3.

Table 3: Questionnaire reliability.

	D1	D2	D3	D4	D5	D6	Total
Cronbach's Alpha	.952	.964	.954	.960	.972	.964	.975
AD1	AD2	AD3	AD4	AD5	AD6	Total	
Cronbach's Alpha	.910	.973	.956	.959	.978	.974	.970
N of Items	11	11	11	11	11	11	7

Table 3 presents the reliability analysis of the questionnaire, indicating that the obtained values are within an acceptable range for the study goals.

Study results:

To address the first question of the study, which focuses on identifying the most important of QSVRPs. Means and standard deviations were conducted based on participant responses. Which reveals the results in Table 4.

Table: 4 Means and std.deviation conducted for participant responds n=31

	Minimum	Maximum	Mean	Std. Deviation	Importance level*	rank
D1	1.10	5.00	4.0226	.97765	H	2
D2	1	5.00	3.91	1.030	H	3
D3	2	5.00	3.87	.963	H	5
D4	1.30	5.00	4.1032	.90351	H	1
D5	1.60	5.00	3.8903	1.04223	H	4
D6	1.64	5.00	3.8328	1.00031	H	6
Total	1.47	4.96	3.9339	.90891	H	

*Very low (VL): 1-1.8, Low (L): 1.81-2.6, Moderate (M): 2.61-3.4, High (H): 3.41-4.2, and Very high (VH): 4.21-5.

Table 4 presents the means and standard deviations of participant responds; it indicates that all means and total mean are high. The most important arranged in ranks 1st: Training (m=4.1032), 2nd: Evaluation (m=4.0226), 3ed: Guidance and counseling (m= 3.91), 4th: Employment (m=3.8903), 5th: Preparation (m=3.87), and 6th: Follow up(m=3.8328)

To address the second question: Is there any statistical significant differences between the means of participant responds at the level $\alpha \leq 0.05$ of the most important QSVRP according of study variables?. means and standard deviations were calculated based on participant responses according to participant gender as in

table no5 the result indicate differences between means of participant responses, to ensure the significant of these differences, t test conducted for means differences as in table 6.

Table 5: Means and standard deviations of participant responses according to participant gender

	Gender	N	Mean	Std. Deviation	Std. Error Mean
D1	Male	24	3.9667	1.07932	.22031
	Female	7	4.2143	.50803	.19202
D2	Male	24	3.89	1.090	.223
	Female	7	4.00	.858	.324
D3	Male	24	3.84	1.046	.214
	Female	7	3.99	.647	.244
D4	Male	24	4.0667	.99024	.20213
	Female	7	4.2286	.54685	.20669
D5	Male	24	3.9250	1.08718	.22192
	Female	7	3.7714	.93758	.35437
D6	Male	24	3.8447	1.06711	.21782
	Female	7	3.7922	.79722	.30132
Total	Male	24	3.9167	1.01552	.20729
	Female	7	3.9929	.41488	.15681

Table 6: t test conducted for means difference of participant responses according to participant gender

Levene's Test for Equality of Variances		t-test for Equality of Means						
F	Sig.	T	Sig. (2-tailed)	Mean Difference	Std. Difference	Error	95% Confidence Interval of the Difference	
							Lower	Upper
D1	5.062	.032	-.583	.564	-.24762	.42466	-1.11615	.62091
D2	1.083	.307	-.250	.804	-.112	.450	-1.032	.807
D3	2.574	.119	-.343	.734	-.144	.420	-1.002	.714
D4	2.005	.167	-.411	.684	-.16190	.39360	-.96691	.64310
D5	.798	.379	.338	.738	.15357	.45446	-.77591	1.08305
D6	2.100	.158	.120	.905	.05251	.43693	-.84112	.94614
Total	5.094	.032	-.192	.849	-.07619	.39686	-.88786	.73547

Table 6 reveals that the p-value between 0.564- 0.905 , so it is greater than the significance level ($\alpha \leq 0.05$). This indicates there are no statistically significant differences in the most QSVRPs based on participant gender.

In order to determine if there are statistically significant differences between the means of participant responses for the most important QSVRPs based on participants' education level, means and standard deviations were calculated. The results showed in Table 7.

Table 7: means and standard deviations means of participant responses according educational level

	Education level	N	Mean	Std. Deviation	Std. Error Mean
D1	Undergraduate	17	3.6824	1.12929	.27389
	Postgraduate	14	4.4357	.54857	.14661
D2	Undergraduate	17	3.75	1.219	.296
	Postgraduate	14	4.11	.735	.196
D3	Undergraduate	17	3.65	1.171	.284
	Postgraduate	14	4.14	.557	.149
D4	Undergraduate	17	3.8647	1.06180	.25753
	Postgraduate	14	4.3929	.57575	.15387
D5	Undergraduate	17	3.7529	1.16732	.28312

	Postgraduate	14	4.0571	.88031	.23527
D6	Undergraduate	17	3.7486	1.11875	.27134
	Postgraduate	14	3.9350	.86497	.23117
Total	Undergraduate	17	3.7359	1.09943	.26665
	Postgraduate	14	4.1743	.55249	.14766

Table 7 reveals there are differences between mean of participant responses according educational level. Therefore, T test of independent groups conducted as showed table 8.

Table no 8 t test of independent groups (education level)

Levene's Test for Equality of Variances		t-test for Equality of Means						
F	Sig.	T	Sig. (2-tailed)	Mean Difference	Std. Difference	Error	95% Confidence Interval of the Difference	
							Lower	Upper
D1	6.956	.013	-2.280	.030*	-.75336	.33048	-1.42927	-.07745
D2	6.507	.016	-.987	.332	-.367	.372	-1.128	.393
D3	9.381	.005	-1.435	.162	-.490	.341	-1.188	.208
D4	4.759	.037	-1.667	.106	-.52815	.31682	-1.17612	.11982
D5	2.078	.160	-.804	.428	-.30420	.37838	-1.07808	.46967
D6	1.502	.230	-.510	.614	-.18641	.36555	-.93405	.56123
Total	6.800	.014	-1.355	.186	-.43840	.32355	-1.10015	.22334

*Significant at 0.01

According to table no 8 *P value* for D1 (Evaluation) = 0.030 This indicates there is statistically significant differences in the most important quality standard according education level in favor post graduated (mean= 4.4357, Std. Deviation 0.54857).

In order to determine if there are differences between the means of participant responses for the most important QSVRPs based on participants' work place, means and standard deviations were calculated as showed in Table 9.

Table 9: means and standard deviations means of participant responses according work place

	Work place	N	Mean	Std. Deviation	Std. Error Mean
D1	Government	20	3.9650	1.03429	.23128
	Private	11	4.1273	.90343	.27239
D2	Government	20	3.78	1.078	.241
	Private	11	4.15	.935	.282
D3	Government	20	3.86	.962	.215
	Private	11	3.89	1.010	.305
D4	Government	20	4.0250	.95800	.21422
	Private	11	4.2455	.81898	.24693
D5	Government	20	3.8350	1.14583	.25621
	Private	11	3.9909	.86424	.26058
D6	Government	20	3.7136	1.04792	.23432
	Private	11	4.0495	.91397	.27557
Total	Government	20	3.8590	.95130	.21272
	Private	11	4.0700	.85284	.25714

Table 9 shows differences between means of participant responses for the most important QSVRPs based on participants' work place. In order to determine if these differences are statistically significant, t test of independents samples conducted as in table 10.

Table 10 test of independent groups

		Levene's Test for Equality of Variances	Test for t-test for Equality of Means							
		F	Sig.	T	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
D1	Equal variances assumed	.009	.924	-.436	29	.666	-.16227	.37205	-.92319	.59865
	Equal variances not assumed			-.454	23.254	.654	-.16227	.35733	-.90102	.57648
D2	Equal variances assumed	.816	.374	-.968	29	.341	-.375	.387	-1.166	.417
	Equal variances not assumed			-1.009	23.388	.323	-.375	.371	-1.141	.392
D3	Equal variances assumed	.037	.849	-.071	29	.944	-.026	.367	-.778	.726
	Equal variances not assumed			-.069	19.860	.945	-.026	.373	-.804	.752
D4	Equal variances assumed	.024	.878	-.644	29	.525	-.22045	.34252	-.92098	.48007
	Equal variances not assumed			-.674	23.662	.507	-.22045	.32690	-.89565	.45474
D5	Equal variances assumed	1.572	.220	-.393	29	.697	-.15591	.39686	-.96759	.65577
	Equal variances not assumed			-.427	25.928	.673	-.15591	.36544	-.90718	.59537
D6	Equal variances assumed	.159	.693	-.892	29	.380	-.33594	.37679	-1.10655	.43468
	Equal variances not assumed			-.929	23.282	.363	-.33594	.36173	-1.08372	.41185
Total	Equal variances assumed	.028	.868	-.612	29	.545	-.21100	.34480	-.91620	.49420
	Equal variances not assumed			-.632	22.760	.534	-.21100	.33372	-.90176	.47976

Table 10 indicated there are no statistically significant differences in the means of participant responses for the QSVRPs based on participants' workplace.

To answer 3rd question: What the level of applicability of these QSVRPs? Means and standard deviations conducted of participant responses about applicability of quality standard for VRPs as in table11.

Table 11 means and standard deviations applicability of quality standard. N=31

	Minimum	Maximum	Mean	Std. Deviation	level
applicability of DI	2.20	5.00	3.6548	.80201	H
applicability of D2	1	5.00	3.54	.950	H
applicability of D3	2	5.00	3.71	.925	H
applicability of D4	2.00	5.00	3.8226	.94400	H
applicability of D5	1.00	5.00	3.7097	1.24348	H
applicability of D6	1.30	5.00	3.5871	1.10837	H
Total applicability	2.02	4.92	3.6481	.89716	H

*Very low (VL): 1-1.8, Low (L): 1.81-2.6, Moderate (M): 2.61-3.4, High (H): 3.41-4.2, and Very high (VH): 4.21-5.

Table 11 reveals the applicability of QSVRPs are high. This result accepted for the study goals. In addition, to ensure if there are any statistical significant differences at the level $\alpha \leq 0.05$ of the level of applicability of QSVRPs according of study variables. Means and standard deviations conducted of participant responses about applicability of QSVRPs according study participant's gender as in table 12.

Table12 Means and standard deviations of participant responses about applicability of quality standard for VRPs according of study variables

		N	Mean	Std. Deviation	Std. Error Mean
applicability Mean	Male	24	3.6750	1.17149	.23913
	Female	7	3.2857	.86300	.32618
	Government	20	3.4050	1.17046	.26172
	Private	11	3.9182	.94638	.28534
	undergraduate	17	3.5412	1.14240	.27707
	Postgraduate	14	3.6429	1.10573	.29552

Table 12 reveals differences average of applicability of QSVRPs according to participants gender. To find statistical significant differences at the level $\alpha \leq 0.05$ of the level of applicability QSVRP according participants gender. T test for independent samples conducted for participant responses mean according study variables as in table 13

Table no 13 T test for independent samples

	Levene's Test for Equality of Variances		t-test for Equality of Means					
	F	Sig.	T	Sig. (2- tailed)	Mean Difference	Std. Difference	Error Difference	95% Confidence Interval of the Difference Lower Upper
gender	1.856	.184	.813	.29	.423	.38929	.47883	-.59003- 1.36860
Work place	.578	.453	-.1245	.29	.223	-.51318	.41230	-1.35644- .33007
Education level	.363	.552	-.250	.29	.804	-.10168	.40642	-.93290- .72954

Table 13 showed that there is no statistical significant difference at the level $\alpha \leq 0.05$ of the level of applicability of QSVRPs according of study variables (gender, education level, and work place).

Discussion:

The results showed the importance of QSVRPs was high, this result agrees with studies and legislation about VRP [3, 6, 7, 11]. The QSVRPs in this study arranged according to participant's responds as: arranged in ranks 1st: Training (m=4.1032), 2nd: Evaluation (m=4.0226), 3ed: Guidance and counseling (m= 3.91), 4th: Employment (m=3.8903), 5th: Preparation (m- 3.87), and 6th: Follow up (m=3.8328). This result agrees with studies, which indicated to the importance of training for workers in VRPs like [1, 9, 11, 13, 14].

More over results showed no statically differences in participant's responds according study variables in QSVRPs. this result refers to efforts of Saudi government presented by authority of caring persons with disabilities in KSA and Saudi legislations [5, 7]. Which agree with [17, 20, 24]. The result of the study also reveals that all QSVRPs are applicable which very close to literature review about implementing QSVRPS [21, 22]. More over the results agree that workers training about QSVRPs empower person with disabilities [11, 27]. Finally, all result consisted with the recommendations of BRPD [5, 7].

Study limitations

This study limited by Workers of VRPs perspective that related to their gender, education level and work place. This perspective in general shaped by Saudi legislations for persons of disabilities like BRPD, (2018), DCS (2000), and Saud vision (2030). It also limited by the standard that was driven of the main sores of QSVRPs like CEC standard.

Study Implementations:

The results of the study on barriers and facilitators in rehabilitation services for people with physical disabilities can serve as a foundational basis for improving the quality standards of Vocational Rehabilitation Programs (VRPs) and developing comprehensive Vocational Rehabilitation Systems (VRs) in Saudi Arabia and neighboring Arab Gulf countries. Here's how these findings can be utilized for these purposes:

Quality Standards for VRPs: The study's findings can be used to inform the development or enhancement of quality standards for VRPs in Saudi Arabia. By identifying the challenges and facilitators in the rehabilitation process, these standards can be tailored to address specific issues and promote evidence-based practices, ultimately leading to higher-quality vocational rehabilitation services.

Comprehensive VRs: Saudi Arabia can leverage the study's insights to build a more comprehensive and effective Vocational Rehabilitation System (VRS) within the country. This involves designing a system that incorporates best practices and evidence-based approaches, ensuring that individuals with physical disabilities receive the necessary support to achieve their vocational goals.

Regional Leadership: As Saudi Arabia is considered a model country in the region, it can take a leadership role in advocating for and assisting neighboring Arab Gulf countries in establishing their own comprehensive VRs. Sharing the lessons learned and best practices identified in the study can support the development of similar systems in these countries.

Evidence-Based Practices: The study's findings underscore the importance of evidence-based practices in vocational rehabilitation. By incorporating these practices into VRPs and VRs, Saudi Arabia and its neighboring countries can ensure that their rehabilitation services are both effective and grounded in rigorous research and data.

In summary, the study provides a valuable roadmap for improving vocational rehabilitation services and systems in Saudi Arabia and neighboring Arab Gulf countries. It emphasizes the need for evidence-based approaches and highlights the potential for Saudi Arabia to lead by example in the region, ultimately enhancing the quality of life and employment opportunities for individuals with physical disabilities..

Conclusion:

It's significant to note that the participants in this study identified several key quality standards for Vocational Rehabilitation Programs (VRPs) as being of utmost importance. These quality standards include: Evaluation, Guidance and Counseling, Preparation, Training, Employment, and Follow-up.

It's encouraging to see that, according to this study, these quality standards were deemed important by participants, and there were no statistically significant differences in their evaluations based on various study variables. This suggests a consensus among participants about the significance of these standards in VRPs and highlights their applicability across different contexts.

These findings emphasize the importance of incorporating these quality standards into VRPs to ensure that individuals with disabilities receive comprehensive and effective vocational rehabilitation services that support their successful integration into the workforce.

Recommendations:

The study can recommend more researches about VRPs cross KSA commitment of these quality standard, research about barrier about implement quality standards in VRPs, and the facilitation my they need. Research may conduct about accountability and transparency of QSVRPs.

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Conflicts of Interest

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