



Impact of Saudi Model of Care Initiatives on Healthcare Professionals' Perceptions in Saudi Arabia: A Cross-Sectional Study 2024

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Abstract

This study investigates healthcare professionals' perceptions of health system support across key care domains in Saudi Arabia within the context of ongoing healthcare transformation under Vision 2030 and the Saudi Model of Care (MoC) framework. A cross-sectional survey using a Likert-scale questionnaire was distributed to 201 healthcare professionals working in primary healthcare centers and hospitals. The survey assessed perceptions of system support in wellness maintenance, urgent care, planned procedures, childbirth, chronic disease management, and end-of-life care. Methodology: Descriptive and inferential analyses revealed moderate overall satisfaction with the health system, with higher perceived effectiveness in childbirth and chronic disease management. In contrast, urgent care and end-of-life care received comparatively lower ratings. No statistically significant differences were found based on gender; however, duty shift was associated with variations in perception, with night-shift workers reporting more favorable views in selected domains. The findings highlight critical gaps in communication, urgent care responsiveness, and end-of-life services despite notable progress in healthcare reform. These insights provide evidence to support ongoing Model of Care implementation and strategic health system strengthening in Saudi Arabia.

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Abstract

This study investigates healthcare professionals' perceptions of health system support across key care domains in Saudi Arabia within the context of ongoing healthcare transformation under Vision 2030 and the Saudi Model of Care (MoC) framework. A cross-sectional survey using a Likert-scale questionnaire was distributed to 201 healthcare professionals working in primary healthcare centers and hospitals. The survey assessed perceptions of system support in wellness maintenance, urgent care, planned procedures, childbirth, chronic disease management, and end-of-life care. Methodology: Descriptive and inferential analyses revealed moderate overall satisfaction with the health system, with higher perceived effectiveness in childbirth and chronic disease management. In contrast, urgent care and end-of-life care received comparatively lower ratings. No statistically significant differences were found based on gender; however, duty shift was associated with variations in perception, with night-shift workers reporting more favorable views in selected domains. The findings highlight critical gaps in communication, urgent care responsiveness, and end-of-life services despite notable progress in healthcare reform. These insights provide evidence to support ongoing Model of Care implementation and strategic health system strengthening in Saudi Arabia.

Keywords: Model of Care, Healthcare Transformation, Vision 2030, Professional Perceptions, Saudi Arabia, Health System Support

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1. Introduction

Saudi Arabia has undergone a significant transformation in its healthcare sector, primarily driven by technological advancements and the Model of Care initiatives under Vision 2030. According to Albarrak (2021), e-health strategies were first implemented in major hospitals in 2011 to improve healthcare access and quality. The Ministry of Health (MOH) launched the "Tatamman" mobile application in 2020 to monitor and support COVID-19 patients (MOH, 2020). Health indices have shown remarkable improvement; life expectancy increased from 66 to 74.9 years between 1983 and 2017, and infant mortality significantly decreased (Al-Hanawi, 2019). Despite these improvements, gaps remain, especially in urgent and end-of-life care, warranting an investigation into healthcare professionals' perceptions.

1.1. Saudi Arabia's Healthcare Transformation

Saudi Arabia has embarked on a comprehensive healthcare transformation under its Vision 2030 initiative, aiming to enhance healthcare delivery, efficiency, and accessibility. The country's healthcare reforms emphasize patient-centered care, improved infrastructure, and the integration of advanced technologies. Central to these reforms is the *Model of Care* framework, designed to reorient healthcare services toward preventive, proactive, and coordinated care, rather than reactive treatment alone.

1.2. Technological Innovations and Digital Health Strategies

Technology has been at the forefront of this transformation. As Albarrak (2021) noted, Saudi Arabia introduced e-health strategies as early as 2011, initially implemented in major urban hospitals. These technologies aimed to facilitate access, improve patient outcomes, and create a more interconnected healthcare system. The COVID-19 pandemic further accelerated digital health initiatives, with the Ministry of Health (MOH) launching the "Tatamman" mobile application in 2020. This app allowed for real-time monitoring and support of COVID-19 patients, showcasing the country's capacity to rapidly integrate technology to manage public health emergencies (MOH, 2020).

1.3. Improvements in Health Outcomes

The effectiveness of these reforms is evident in national health statistics. According to Al-Hanawi (2019), life expectancy in Saudi Arabia rose from 66 years in 1983 to 74.9 years in 2017. Similarly, the infant mortality rate significantly decreased, and the country successfully eradicated polio. These achievements reflect the substantial investments and policy efforts made by the Saudi government in public health and healthcare infrastructure.

1.4. Persistent Challenges

However, despite these advancements, challenges remain. In particular, the domains of urgent care responsiveness and end-of-

life care provision have not progressed at the same rate. There is growing recognition that while digitalization and systemic reforms have improved access and primary care, acute and compassionate care services require further attention. This study, therefore, seeks to explore healthcare professionals' perceptions regarding the strengths and weaknesses of the current system across these critical care scenarios.

2. Literature Review

Albarrak (2021) highlighted the successful adoption of e-health systems aimed at improving care quality and accessibility. The "Tatamman" app enabled real-time health monitoring during the pandemic, emphasizing the government's commitment to leveraging technology in healthcare (MOH, 2020). Health improvements reported by Al-Hanawi (2019) illustrate effective policy interventions. However, healthcare workers' perceptions regarding support across different health scenarios, especially urgent and end-of-life care, remain underexplored. This study aims to bridge that gap.

2.1. E-Health Initiatives in Saudi Arabia

E-health technologies have played a pivotal role in reshaping Saudi Arabia's healthcare system. Albarrak (2021) emphasized the early adoption of e-health strategies aimed at enhancing service quality, improving accessibility, and streamlining care coordination. Electronic Health Records (EHRs), telemedicine services, and online health portals became instrumental in promoting efficiency and patient engagement. Studies suggest that these technologies have not only reduced service delivery times but also contributed to better chronic disease management and preventive care practices (Albarrak, 2021).

2.2. The Role of Mobile Health Applications

The COVID-19 pandemic highlighted the critical need for robust digital health infrastructures. In response, the MOH launched the *Tatamman* mobile application, which enabled continuous health monitoring for suspected COVID-19 patients (MOH, 2020). The application provided features such as symptom tracking, communication with healthcare providers, and guidance on quarantine protocols. Research on *Tatamman* and similar apps indicates that mobile health applications can significantly enhance patient compliance, improve early detection of complications, and enable resource optimization during health crises (MOH, 2020).

2.3. Healthcare Improvements: Indicators of Success

Saudi Arabia's healthcare system has recorded impressive improvements over the past three decades. Al-Hanawi (2019) attributed these successes to substantial governmental investment, widespread immunization programs, and enhanced maternal and child health services. Key indicators such as life expectancy, infant mortality rates, and maternal mortality rates have all shown marked progress. For example, the maternal mortality ratio dropped from 3.2 per 1,000 live births to 1.2 per 1,000 live births between 1983 and 2017 (Al-Hanawi, 2019).

2.4. Gaps in Urgent and End-of-Life Care

Despite these achievements, significant challenges persist, particularly in urgent care and end-of-life services. Urgent care services are crucial for addressing acute medical conditions promptly, yet perceptions of delays, inefficiencies, and communication gaps have been noted (Albarrak, 2021). Similarly, end-of-life care remains underdeveloped, with limited emphasis on palliative care

education, resource allocation, and patient-family communication. These gaps point to the necessity of exploring healthcare professionals' experiences and insights, as they are on the frontlines of care delivery and uniquely positioned to identify areas for improvement.

2.5. Purpose of the Study

Given the context of technological progress and ongoing healthcare reforms, this study aims to systematically investigate healthcare workers' perceptions of the Saudi health system's performance across different domains of care. Specifically, it will assess satisfaction levels in areas such as preventative care, urgent care, chronic disease management, planned procedures, childbirth, and end-of-life support, thereby identifying strengths to consolidate and weaknesses to address in future policy initiatives.

3. Methodology

3.1. Research Design

This study follows a **quantitative research design** utilizing a **Likert-scale survey** to measure healthcare professionals' perceptions of the health system's support across various care scenarios, including wellness maintenance, urgent care, planned procedures, childbirth support, chronic health conditions, and end-of-life care. The Likert scale enables respondents to indicate their level of agreement with statements related to the quality of support provided by the health system in these areas.

3.2. Research Questions and Hypotheses

1. Research Questions:

- **RQ1:** How do healthcare professionals perceive the health system's support in maintaining overall health and well-being?
- **RQ2:** Are there significant differences in healthcare professionals' perceptions of the health system's support across various care scenarios (urgent care, planned procedures, childbirth support, chronic health conditions, end-of-life care) based on gender, work site, and duty shift?
- **RQ3:** Which areas within the health system are perceived as strengths, and which areas require improvement to enhance the quality of care and support provided to patients?

2. Hypotheses:

- **H1:** Healthcare professionals report general satisfaction with the health system's support for maintaining overall health and well-being, with variability in perceptions of support across different care scenarios.
- **H2:** There are no significant gender differences in healthcare professionals' perceptions of the health system's support. However, perceptions vary significantly based on duty shift, with night shift workers experiencing a more favorable view of the health system's support in specific areas.
- **H3:** Planned procedures and childbirth support are perceived as areas of strength within the health system,

Gender Distribution of Healthcare Professionals Sample

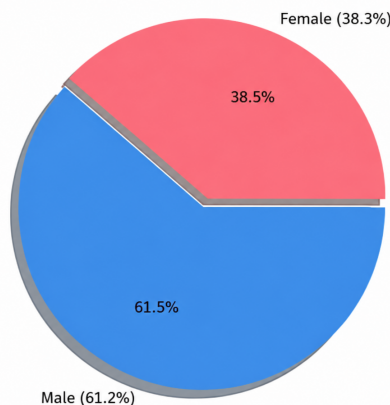


Figure 1. Demographic Information

whereas urgent care and end-of-life care are identified as areas requiring improvement to meet healthcare professionals' expectations and enhance patient care quality.

3.3. Sampling and Participants

The sample consists of **201 healthcare professionals** predominantly based in **Primary Health Care Centers (PHCCs)** and **hospitals**. The respondents represent a variety of **departments**, including **Family Medicine, Internal Medicine, and General Surgery**, as well as different **job titles** such as **Consultants, Nurses, and Specialists**. The participants range in **age** from 24 to 65 years and have varying levels of **professional experience**.

• Demographic Information:

- **Gender:** 61.2% male (n=123), 38.3% female (n=77).
- **Work Site:** 48.8% PHCCs (n=98), 37.3% hospitals (n=75), 11.4% other (n=23).
- **Shift Work:** 85.6% day shift (n=172), 14.4% night shift (n=29).
- **Age Range:** Most common age groups: 40 years (8.0%, n=16) and 38 years (7.5%, n=15).
- **Experience:** Most common experience ranges: 15 years (7.5%, n=15) and 12 years (6.0%, n=12).

3.4. Data Collection

The primary data collection tool was a **Likert-scale survey** that asked healthcare professionals to assess various aspects of the health system's support in multiple care scenarios. The survey addressed areas such as overall wellness support, urgent care, planned procedures, childbirth, chronic health conditions, and end-of-life care. **Reliability analysis** was conducted using **Cronbach's Alpha** to assess the internal consistency of the scales. After adjustments, high reliability was observed in most areas, including **Urgent Care Support** (.867), **Planned Procedures** (.850), and **Chronic Health Conditions** (.888).

4. Results and Discussion

4.1. Descriptive Statistics

Table 7 presents the mean, standard deviation, and skewness for each care scenario, reflecting the overall perceptions of healthcare professionals about the health system's support.

The overall mean scores indicate a **moderate satisfaction** with the health system's support, particularly in areas such as **Planned Procedures** (mean = 3.56), **Childbirth Support** (mean = 3.71), and **Chronic Health Conditions** (mean = 3.67), while **End-of-Life Care** scored the lowest (mean = 3.30).

4.2. Perceptions by Scenario

1. **Overall Support for Well-being:** A majority of respondents (57.7%) agreed that the health system provides adequate resources for overall health and well-being. However, there is room for improvement in **preventative care services** and **care coordination** (37.8% agreeing, 35.8% neutral).
2. **Urgent Care:** A mixed perception emerged, with only **47.3% agreeing** that urgent care is timely and effective. This suggests potential variability in the responsiveness of the system to urgent care needs.
3. **Planned Procedures:** The health system was generally perceived to provide **adequate resources** for planned procedures, with **47.3% agreeing** on the quality of care and **45.8% agreeing** on the effectiveness of scheduling and coordination.
4. **Childbirth Support:** While most respondents agreed that adequate resources are available for childbirth (54.2% agreeing), communication regarding **postnatal care** needs improvement, as highlighted by a significant portion of respondents being neutral or dissatisfied (34.8% neutral, 26.9% agreeing).
5. **Chronic Health Conditions:** Over 50% of respondents agreed that the health system provides adequate support for chronic health conditions, reflecting strong care coordination and resource availability.
6. **End-of-Life Care:** Respondents were more neutral on the support for **end-of-life care** (30.3% neutral), with a notable gap in **communication** about the care needed during the last phase of life (41.8% neutral).

4.3. Discussion of Key Findings

- **H1:** The hypothesis that healthcare professionals report general satisfaction with health system support for well-being is **supported** by the data. However, significant variability exists across different care scenarios, particularly with urgent care and end-of-life care.
- **H2:** The hypothesis regarding no significant gender differences but variability based on duty shifts is **supported**. Gender did not emerge as a significant factor, but night shift workers had more positive views on specific support aspects, especially in urgent care.
- **H3:** The hypothesis that planned procedures and childbirth support are perceived as strengths, while urgent care and end-of-life care require improvement, is **largely supported**. While planned procedures and childbirth scored high, urgent and end-of-life care still show room for improvement.

Table 1. Presents the mean, standard deviation, and skewness for each care scenario, reflecting the overall perceptions of healthcare professionals about the health system's support.

Care Scenario	Mean	Std. Error	Median	SD	Skewness	Kurtosis
Overall Support for Well-being	3.70	0.053	3.75	0.754	-0.861	1.974
Urgent Care	3.43	0.061	3.60	0.876	-0.460	-0.197
Planned Procedures	3.56	0.053	3.60	0.753	-0.448	0.499
Childbirth Support	3.71	0.048	3.75	0.687	-0.473	1.014
Chronic Health Conditions	3.67	0.056	3.80	0.802	-0.701	1.109
End-of-Life Care	3.30	0.047	3.40	0.663	-0.941	1.238

4.4. Recommendations

- **Improvement in Communication:** Focus on enhancing communication in areas like post-childbirth care and end-of-life care, where significant gaps in patient and family satisfaction were identified. Clear, empathetic communication can greatly improve the overall care experience and outcomes in these sensitive stages.
- **Urgent Care System:** Address the variability in urgent care support by improving triage processes, standardizing urgent care protocols, and ensuring timely access to urgent services. Reducing wait times and providing better guidance can enhance patient trust and satisfaction in emergency situations.
- **Preventative Care Services:** Invest in more robust preventative care offerings, including regular screenings, vaccination programs, and public health education initiatives. As responses to preventative care services were divided, a stronger focus here could improve public health outcomes and reduce the burden on emergency and chronic care systems.

5. Conclusion

In conclusion, the study highlights key areas within the healthcare system that require strategic improvements, particularly in communication, urgent care access, and preventative services. Strengthening these areas not only addresses patient dissatisfaction but also promotes a more efficient, compassionate, and sustainable healthcare system. By prioritizing these recommendations, healthcare providers can build a more patient-centered approach, enhance trust, and ultimately achieve better health outcomes for the communities they serve.

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