



## KNOWLEDGE AND FAMILIARITY WITH THE VISION OF THE KINGDOM OF SAUDI ARABIA 2030 TO TRANSFORM THE HEALTH SECTOR AND INCREASE REVENUES

**Shoib Gazan Alotaibi<sup>1\*</sup>, Faisal Hamdi Hamdan Almutairi<sup>2</sup>, Faisal Saed Thoib Alotaibi<sup>3</sup>,  
Sultan Shabab Sudan Alotaibi<sup>4</sup>, Fares Faleh Abdulah Alotaibi<sup>5</sup>, Ahmed Gaed Maisha Alotaibi<sup>6</sup>  
,Tala Shaleh Maiteq Almutairi<sup>7</sup>,Mohmad Naif Talk Alotaibi<sup>8</sup>**

### Abstract

Kingdom of Saudi Arabia has endeavored to reorganize and improve its health care systems. One area of health sector that has undergone profound change and significant progress is health insurance. Healthcare systems are underfunded and understaffed, as many governments across the world find it challenging to meet the increasing expenditure of healthcare. The private sector can help overstretched state facilities if carried out transparently and in the best interests of all stakeholders, the health of the population is the foundation of prosperity: good health enables people to learn and earn, to work, to start businesses, and to thrive. Achieving good health requires immortal commitment, dedication, and, above all, sustainable financing mechanisms. The Saudi Arabian public health service has a long and storied history. The first public health department was created in 1925 by King Abdul Aziz . This department was responsible for providing essential healthcare services to the population, such as vaccination, sanitation, and disease prevention. In the 1950s, the Saudi Arabian government began to invest heavily in the healthcare sector; many countries have national health systems that cover all or part of the population. A population and advances in medical technology are making health insurance increasingly expensive, and governments are left seeking cost-effective options. Aim of the study: To assessment of health care workers knowledge about Privatization of Medical Services and Revenue Development at Saudi Arabia 2022. Method: This is a cross-sectional study targeting health care workers in Saudi Arabia. Two validated questionnaires were used, the first validated questionnaire focuses on assessment the knowledge about Privatization of Medical Services and Revenue Development . Results: shows the majority of participant's age 40-49 years were (49.0%), gender the majority of participant male were (54.0%), job classification the majority of participant health specialist were (32.0%), working experience majority of participant 5-9 years were (44.0%). Conclusion: Saudi Arabia wants to attract global investments and position itself in the globalized economy. This is made more attractive by being located at the crossroads of important international trade routes between three continents. It plans to maximize the benefits from its strategic geographic position by privatization of Medical Services and Revenue Development allows Saudi companies to increase exports

<sup>1\*</sup> Specialist Nurse Afif Hospital, Riyadh, Kingdom of Saudi Arabia

<sup>2</sup> Nursing Technician Afif Dialysis Center, Kingdom of Saudi Arabia

<sup>3</sup>Pharmacy technician Afif public health sector , Saudi Arabia

<sup>4</sup>Xray technician Afif Dental Center Afif, Saudi Arabia

<sup>5</sup>Pharmacist trustee Afif General Hospital, Kingdom of Saudi Arabia

<sup>6</sup>Laboratory technician Afif Marriage and Counseling Center, Kingdom of Saudi Arabia

<sup>7</sup>Health services technician AFIF Ambulance Transport, Kingdom of Saudi Arabia

<sup>8</sup>Nursing specialist, assistant director of Afif Hospital, Kingdom of Saudi Arabia

<sup>9</sup>Psychologist Afif Clinic, Afif General Hospital, Kingdom of Saudi Arabia

**\*Corresponding Author: Shiob Alotaibi**

**\*S Specialist Nurse Afif Hospital, Riyadh, Kingdom of Saudi Arabia**

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### Introduction:

The Saudi Arabian vision 2030 highlights the role of the private sector as the main engine for social and economic reform. It also emphasizes fostering private sector investment in sectors previously funded by the government [1,2]. It is expected that the private sector contributes to sustainable development by bringing both the public and private sectors together. This connection helps to improve the level of care, increase patient satisfaction, and reduce financial risks in the public sector [3]. The Saudi Arabian population is growing rapidly [4], and it is estimated that it will reach 55 million by 2050 [5]. This growth will put a strain on the country's healthcare system. The government is working to expand the healthcare system to meet the needs of the growing population [6]. The Ministry of Health (MOH) manages the Saudi Arabian. The twentieth century has seen the worldwide change of human health, empowering individuals to live more and more beneficial lives. Notwithstanding affecting populace size and structure, better public insurance has enhanced financial development rates everywhere throughout the world.[7] The normal human life range has step by step yet dynamically expanded subsequent to the second 50% of nineteenth century, expanding especially quickly in this century (International Monetary Fund (IMF) [8] This investment led to a significant improvement in the quality and availability of healthcare services. By the 1970s, Saudi Arabia had a well-developed public health system comparable to developed countries [9] Saudi Arabia is a dynamic nation that appreciates monetary development and political steadiness. This nation is an Islamic kingdom. With current advances in the human services economy, Saudi Arabians have turned out to be more beneficial and solid.[10] The force of human services accomplishments in Saudi Arabia is a sign of the achievement of the nation. Great health empowers Saudi Arabians to profit by enterprising and significant lives. The brilliant health of its residents adds to the riches and general public strength of a nation [11]The privatization initiative in the medical healthcare setting in Saudi Arabia presents both challenges and opportunities. According to Alkhamis et al., cost containment is a significant influencer of health restructuring worldwide, and governments, including that of Saudi Arabia, are under pressure to build sustainable health models [12]. Public-Private Partnerships (PPPs) were proposed to deliver

health services, aiming to transition from the traditional regulator-pay-or-deliver model to a more sustainable model. However, this transition has its challenges [13]. Some challenges faced by the healthcare system in Saudi Arabia include inefficiencies built into the system, such as duplication of services, lack of coordination between different stakeholders, and overstaffing. In addition, unhealthy lifestyles lead to morbidities in a large section of the population, rising healthcare costs, and premature deaths [14]. Despite these challenges, the MOH plans to develop more inclusive and sustainable PPP models. This presents opportunities for private players to participate in the healthcare sector and contribute to its growth [15].

### Literature review Study

by Kumar et al 2019 reported that respondents reported that one of the most important issues that impede the implementation of such projects is the lack of medical professionals in medical centers [16] Study by Mushi et al 2016 found that The Kingdom's examination of hospital privatization with medical insurance is moderately new and loaded with difficulties. Thus, it must to study and examine this issue carefully in order to make health insurance for all Saudis Citizens successful and effectively. Such as Takaful medical insurance in Saudi society, which contributed generally direct positive effect on specific divisions of Saudi economy, in particular insurance industry, private human services business and employment market [17] Technology provides numerous opportunities for the private sector to invest in medical devices, digital health, e-health, and m-health to transform healthcare [18] as in the case of the National Home Healthcare Platform Serving (NHHCP) under the Saudi MOH new model of care initiative [19] They also believed that virtual clinics, using primary medical services (clinical examinations, laboratory, radiology), organizing scientific conferences and training courses, and offering consulting services to companies would be a potential benefit for the medical centers and an area of privatization of services.[20] Of note, respondents believed that the Revenue Development Project would contribute to increasing the employees' income and motivating them. It was reported that privatizing health services would increase their effectiveness, quality, and public satisfaction while enabling the government to perform its constitutional obligations [21] In the USA, the UK, and other countries, the measurement of

patient satisfaction with nursing care services has been widely researched [22]. Most of such works were focused on patient satisfaction with hospitalization services, while there is a lacking of research that measured both patients' perceptions and nurses' attitudes simultaneously [23] Ghadi et al (2021) addressed seven ways to improve quality and safety in any health care as the following: (1) 'Align organizational processes with external pressure. (2) Put quality high on the agenda. (3) Implement supportive organization-wide systems for quality improvement. (4) Assure responsibilities and team expertise at departmental level. (5) Organize care pathways based on evidence of quality and safety interventions. (6) Implement pathway-oriented information systems. (7) Conduct regular assessment and provide feedback'. [24]. The health system in Saudi Arabia (SA) has three sectors: the Ministry of Health sector (MOH), the private sector and other government sectors. The MOH is the major government provider of health services in Saudi Arabian. [25] A study was conducted by Al-Mubarak et al. (2021), to investigate different healthcare professionals' insights about privatization of the Saudi healthcare sectors as they found that conflicting governance structures and inadequate and unclear communication hindered the plan's execution. However, it would give it a chance to compete with private sectors [26] Universal health coverage has its own strengths and weaknesses in different countries. While equity is one of the principal strengths, there are some segments of the population who tend to overburden integrated structure of the healthcare systems. A classic example case is using health insurance even when not required [27] Some providers ask patients to undergo unnecessary tests by misusing the system under the pretext of safeguarding patient health. The healthcare system should employ strategies to identify fraud in real time and ensure prompt investigation at the point of care. Similarly, real time alerts of potential suspect claims should be submitted to state anti-fraud units for prompt review and action that includes Universal health [28] Rationale: According to general goal governments are to guarantee the availability, accessibility,

acceptability, and quality of health facilities, goods, and services. Availability means that sufficient health services must be provided. Accessibility implies non-discrimination, physical accessibility, economic accessibility

(affordability), and access to information. 5 Acceptability means that health facilities must respect medical ethics and be culturally appropriate, while quality requires that health services are scientifically and medically appropriate and sound. The goal is to know citizens' satisfaction with medical services and their complaints of also satisfied with the medical services provided by the Medical Center and the potential application of the Revenue Development Project. However, the majority also believed that Medical Center is still being prepared for the Revenue Development Project at the current time. Aim of the study: To assessment of health care workers knowledge about Privatization of Medical Services and Revenue Development at Saudi Arabia 2022. Specific objectives: To assessment of health care workers knowledge about Privatization of Medical Services and Revenue Development at Saudi Arabia 2022.

methodology Study Design Cross-sectional analytical study design has been adopted. Study Area The study has been conducted from health care workers knowledge about Privatization of Medical Services and Revenue Development. Study population: Health care workers knowledge about Privatization of Medical Services and Revenue Development. Eligibility Criteria

inclusion criteria: Saudi Health care workers. Agreed to participant and asked to complete survey. Exclusion criteria: There were no exclusion criteria Sample Size The sample size calculation was done using  $n = P(1 - P) z^2 / d^2$  assuming the prevalence of Intimate Partner Violence as 30%,  $Z = 1.96$  and  $d = 0.05$ , and applying a confidence level of 95%. The calculated sample size. The sample size was raised to 300 after adding 10% as a non-response rate. Sampling Technique The target health care workers were selected from primary health centers of the Saudi Arabia during the study period. There were primary health centers in the Saudi Arabia. By simple random sampling technique, centers were selected out. The number of health care workers chosen in each primary health center was proportional to the number of health care workers served by this center until reaching the estimated sample size the target health care workers of the present study was chosen from the primary health centers after being informed about the objectives of the study. Data Collection Tool The questionnaire was

designed and built through the application of brainstorming sessions and panel discussion among the research team. Its design involved multiple steps drafting, content-focused and data-focused pilots, literature reviews, and careful consideration of outcomes to measure. The questionnaire contained questions comprising items of demographics, education and health specialty, staff perceptions around the current status of the medical services provided by the Medical Center and the privatization of medical, services, and their opinions whether the Revenue Development Project (RDP) has been implemented to provide medical services for a fee. The aim was to assess staff satisfaction about the services provided by the medical center and staff perspectives on the ways of generating revenue for the primary and specialized medical care services provided. Item types included open-ended, closed, and point Likert scale questions. Some questionnaire items were formulated so as to allow respondents to express their opinions or experiences in their own words, while other questions offered predefined choices or scales to select from. Before use, the research team reviewed the questionnaire for face and content validity. Data Collection Technique The researcher has been visit the Primary Health Centers in Saudi Arabia after getting official permissions to conduct the study. They have been explaining the

purpose of the study to the Primary Health Centers in Saudi Arabia head in each setting. Then, the questionnaire has been distributed on participant different after explaining the purpose of the study and how to fill the questionnaire to them. Data Entry and Analysis Data has been collected, reviewed, coded and entered into the personal computer. Data has been presented in the form of frequencies and percentages. Chi-squared test ( $\chi^2$ ) has been used for comparing qualitative data. Other statistical test has been applied whenever appropriate. Statistical significance has been considered at p-value  $\leq 0.05$ . Analysis has been done using SPSS program version 24. Pilot Study

A pilot study was conducted on 30 eligible women to assess the clarity and face validity of the used questionnaire. No modifications were performed on the used questionnaire, results of the pilot study were not included in the present study. Ethical Considerations The proposal was submitted review Committee Saudi Arabia, and data collection was commenced after ethical clearance. A written consent form with a statement of confidentiality was taken from participant who welcomed participation in the present study, confidentiality of the data was confirmed. Budget The research will be self-funded. Result Table 1: Distribution of demographic profile of the Health care workers over the study period (n = 400).

	N	%
<b>Age</b>		
< 30 years old	60	15
30-39 years	92	23
40-49 years	196	49
Above 50 years	52	13
<b>Gender</b>		
Female	184	46
Male	216	54
<b>Job classification</b>		
Physician	84	21
Health Specialist	128	32
Pharmacist	72	18
Technician	76	19
Administrative Personnel	40	10
<b>Level of education</b>		
Diploma	180	45
Bachelor's degree	84	21
Master's degree or equivalent	104	26
MD, PhD degree or equivalent	32	8
<b>Working experience</b>		
0-3 years	96	24
5-9 years	176	44
<10 years	128	32
<b>Language barrier</b>		
Always/Sometimes	196	49
Rarely	100	25
Never	104	26

**Onclusions:** The descriptive analysis revealed that the levels health care workers knowledge satisfaction, and PHC service quality are all generally at a high level, the public sector offers social responsibility, social justice, accountability, and local knowledge. An amalgamation of the strengths of the private and public sectors can offer high quality health infrastructure and services. In summary, the future of healthcare in the KSA will depend on pragmatic thinking, thriving for excellence, iterative learning from experiences, effective data . In addition, training, performance evaluation, and organizational development efforts can be used to raise staff clinical practice performance , that an organization should foster a culture of learning that leads the staff members to exchange expertise, build teamwork, learn new clinical information, and develop skills that will develop creativity in the medical practice, which eventually can impact positively on employees' competencies . This may lead to questions on whether such logistics are applicable to the University of Jeddah Medical Services Administration, which ultimately follows the National Transformation Program, which attempts to build the required infrastructure and establish a climate that enables the public, private, and non-profit sectors to meet Vision 2030 needs.

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