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# The Impact Of Socioeconomic Status And Health-Related Expenditure On The Quality Primary Healthcare System Reform Saudi Arabia 2023

Sultan khalid alali[1], Abdullah Khelaif Alanazi[1], Ahmed Eid Alblawi[1], Abdullah Falih Al Alenazy[1], Essam Gharamah Alghamdi[1], Saeed Abdullah Al Khtany[1], Fahad hashr alanazi[1], Naif Mohmmed Ahmed Al Zhrani[2], Thuraya Ibrahim Fallatah[3], Suoad Ibrahem Ahmed Fallatah[4]

## Abstract

***Background***

*Global economic, climate, and environmental changes are among the main factors affecting the health economies of developing and developed countries and they have a significant impact on the rate of individual and family expenditure on health services and adherence to a healthy lifestyle. Aside from the formal governmental reports, there is a lack of studies that focus on the rate of per capita and family spending on the individual's health; and studies that compare the consumption patterns and the rate of expenditure across Saudi regions. Health care services in Saudi Arabia have been given a high priority by the government. During the past few decades, health and health services have improved greatly in terms of quantity and quality, has stated that: "Although many nations have seen sizable growth in their health care systems, probably no other nation (other than Saudi Arabia) of large geographic expanse and population has, in comparable time, achieved so much on a broad national scale, with a relatively high level of care made available to virtually all segments of the population, as a result of the continued attention to and support from the government, Saudi health services have advanced greatly over recent years in all levels of health services: primary, secondary and tertiary. As a consequence, the health of the Saudi population has improved markedly.* ***Aim of the study:*** *To assessment of impact of socioeconomic Status and Health-Related Expenditure on the quality primary healthcare system reform Saudi Arabia 2023.* ***Method:*** *cross-sectional study to determine the relationship between socioeconomic Status and Health-Related Expenditure on the quality primary healthcare system reform Saudi Arabia and the satisfaction of Saudi people .The study was conducted at Health Centers that implemented the reform of the Saudi healthcare system and more specifically in Saudi Arabia.* ***Results*** *: Age majority of participants (57.5%) were within the age group ([1]18-30) years, The Female's gender was (53%) , Satisfaction to your visit with the provider The testing tool included 7 objective questions about your visit with the provider . these questions were analysed using the percentage of approval (% of wt) and Chi square (X2 )analysis and (P-value) total (200) participant* ***Conclusion:*** *The transformation of the health care system in the Kingdom of Saudi Arabia must take into consideration the low trends on healthcare consumption among Saudi families and design policies that ensure that healthcare coverage include all households in different regions regardless of their socio-economic status. The MOH has introduced many reforms to its services, with substantial emphasis on PHC. Despite these achievements, health services, and in particular public sector health services, are still facing many challenges.*

[1]Nursing - alyamama hospital, Saudi Arabia.
[2]Specialist Nursing, Alnoor hospital, MOH, Makkah, Saudi Arabia.
[3]Senior Specialist Midwife, MOH, Jeddah, Saudi Arabia.
[4]General Nursing, Primary care in Hajla, Saudi Arabia.

***Keywords:*** *socioeconomic, Health-Related, Expenditure, quality, system ,reform*

**Introduction**

Healthcare services in the Kingdom of Saudi Arabia are mainly provided through public, private, and other governmental sectors. The largest part of health care services in the Kingdom of Saudi Arabia is provided by the public health care sector through the Ministry of Health and its affiliated health clusters.(1)The Ministry of Health, which is funded annually from the total government budget, is the main provider of public health care services, operating nearly 60% of hospitals and primary health care centers across the Kingdom, which puts a heavy burden on them since it constitutes a large part of the government budget (2). Recent years in the Kingdom have witnessed efforts to improve health care services, with a significant increase in the allocated budget, which ranges from 5.9% of the Kingdom's GDP in 2006 to 7.0% in 2014. The apparent success of the healthcare system in the Kingdom of Saudi Arabia could be attributed to this high level of funding (3).

Health-care providers, patients, and policy makers are increasingly recognizing the importance of quality in health care. However, these groups use different measures to evaluate the quality of care. Patient experience is a measurement concept introduced for the evaluation of patient centered care, which itself is defined as “a respectful of and response to individual patient preferences, needs, and values, and ensures that patient values guide all clinical decisions”
(4).

Physicians and nurses are the first point of contact for patients at primary health-care centers (PHCs). In Saudi Arabia, health services can be accessed through 2 routes. Patients can first use the health services provided by PHCs and subsequently be referred to secondary care. Alternatively, patients can bypass the PHCs to receive care at the emergency department , followed by visits to outpatient clinics for further secondary care (5). A study (6) found that in Saudi Arabia, 65% of patients’ visits to the ED were for no urgent cases. Patients were asked if they have regular PHCs, 63% of these patients indicated that they did not have a regular PHC and 44% reported that the ED provided better care than other health services. Therefore, this study raised questions about the effectiveness of PHCs in Saudi Arabia (7)

Assessment of health care quality might occur on two completely different levels: that of the individual patient which of populations. At the amount of the individual patient, or micro-level, assessment focuses on services at the purpose of delivery and its subsequent effects. At the population level, or macro-level, assessments of health care quality embody indicators like anticipation, death rate rates, incidence, and prevalence of bound health conditions. (8) .

Delay of care could be a persistent and undesirable feature of current health care systems. Though delay looks to be inevitable and joined to resource limitations, it usually is neither. Rather, it's typically the results of unplanned, irrational planning and resource allocation. Application of queuing theory and principles of business engineering, custom-made suitably to clinical settings, will cut back delay well, even in tiny practices, while not requiring extra resources. (9).

Six parts of advanced access are vital in its application: equalization offer and demand, reducing backlog, reducing the range of appointment varieties, developing contingency plans for uncommon circumstances, operating to regulate demand profiles, and increasing the supply of bottleneck resources. though these principles are powerful, they're counter to deeply command beliefs and established practices in health care organizations. Adopting these principles needs robust leadership investment and support . (10) . you must be have New strategy for health care services To meet the challenges of the Saudi health care system and to improve the quality of health care services, the MOH has set a national strategy for health care services. This strategy was approved by the Council of Ministers in April 2009. It focuses on diversifying funding sources; developing information systems; developing the human workforce; activating the supervision and monitoring role of the MOH over health

services; encouraging the private sector to take its position in providing sector to take its position in providing health services; improving the quality of preventive, curative and rehabilitative care; and distributing health care services equally to all regions. (11)The national strategy for health care services is to be implemented by the MOH in cooperation with other health care providers and it will be supervised by the Council of Health Services. A 20-year timeframe for achieving the objectives of this strategy has been identified. (12) This study examines know the impact of Saudi healthcare system reform on the quality of services providing in primary healthcare and their willingness to contribute to financing the system through reforming the Saudi healthcare system.

**Literature review**

Saudi health care system reform definition Health care in Saudi Arabia is classified as a national health care system during which the government provides health care services through variety of state agencies. Within the context of the state the role of the Saudi Arabia, there's a growing role and enlarged participation from the personal sector within the provision of health care services. (13). Describes the essential role of quality within the delivery of health care services . As nations arrange to achieve universal health coverage by 2030, there's a growing acknowledgement that optimum health care cannot be delivered by merely making certain existence of infrastructure, medical providers and health care suppliers. (14) Improvement in health provision needs a deliberate concentrate on quality of health services, that involves providing effective, safe, people-centred care that's timely, equitable, integrated and economical. Quality of care is that the degree to that health services for people and populations increase the probability of desired health outcomes and are in line with current professional information. (15).

Globally, healthcare systems are evolving constantly, becoming ever more complex in terms of the interrelatedness of system components. Healthcare system reform frequently involves complex challenges, primarily because there is a significant need to review the underlying policies and regulations associated with the sources of these challenges. A major concern for large healthcare systems worldwide has been how to eliminate or limit, recurrent challenges. In addition, population growth and the consequent escalating healthcare demand, poses a major threat to the Saudi government by increasing healthcare expenditure which will ultimately force the government to create new legislation to finance the extended coverage. (16)

Saudi Arabia's ambitious programmer of social and economic renewal, Vision 2030 (17), has attention squarely in its sights. Vision 2030 (Vision) is informed by a basic ought to diversify the country removed from the organic compound sector, aiming at the same time to revitalize the economy and to rationalize/reduce state disbursal. The key economic driver remains the market value for oil, that continues to hover within the USD 50-55 per barrel vary .The challenges in attention are important. Taking only 1 key indicator of health, in keeping with a 2013 report by the Saudi Ministry of Health, regarding twenty five percent of Saudis are diabetics.(18).

The population of Saudi Arabia has expanded rapidly in the past few decades from approximately 7.3 million people in 1975 to approximately 24.6 million in 2005.2 Two factors that affect healthcare services are the large present of foreign workers in the country and the high percentage of young people. About 25% of the population, or about 6.1 million people, are considered foreign nationals. Also, 40% of the population is under the age of 15 years and only 3.5% of the population over the age of 65.3 As will be seen, the presence and number of these foreign nationals and demographics profoundly affect the future shape and direction of the Saudi healthcare system. (19).

The struggle to supply quality aid for a nation's population at an inexpensive price may be a challenge for any nation. The Kingdom of Saudi Arabia, like several nations, is seeking to reconfigure its existing aid system to boost the standard of care its citizens receive and management the burdensome, escalating prices. To do such they're embarking on a free market strategy to realize these changes by introducing healthcare insurance and privatizing public hospitals. (20).

Healthcare in Saudi Arabia currently is provided freed from charge to all Saudi citizens and expatriates operating within the public sector, primarily through the Ministry of Health and increased by different governmental health facilities. the govt. needs that expatriates operating within the personal sectors have some level of tending coverage paid by their employers. tending has been seen as a "right". Healthcare in Saudi Arabia has been funded primarily by public (75%) or out-of-pocket expenditures (about 25%) . The Kingdom of Saudi Arabia (KSA) may be a high-income developing country with a landmass. It has experienced rapid urbanization. The vastness of the country impacts the accessibility, quality and equity of tending service delivery. Oil-derived wealth has funded free public sector services, together with Saudi health care system reform. (21)

At $680 per capita overall health expenditure Saudi Arabia (SA) spends abundant but different countries on tending. The cash that is presently spent on healthcare is from private spending from non-public defrayal, either due expenses, non-public insurance or from leader schemes. This lower level of paying within the Certainly Saudi Arabia (SA) provides care which can match higher quality healthcare systems. (SA) provides care which may match higher quality tending systems. for instance, in terms of its immunisation rates, the region mean Saudi over ( SA ) is healthier than different countries examined. this might reflect the stress placed on up rates of childhood and infectious diseases within the region mean Saudi over the past few decades. (22).

What has been distinctive has been the low level of private insurance involved in the provision of healthcare, the majority of the private expenditures are due payments for services in private hospitals and clinics. Governmental funding is allotted through annual budgets to individual ministries and programs. Royal decrees are also issued for allocations of further funding for special health programs and comes . (23).

Sometime known as statutory health insurance (SHI) – may be a system of health insurance that ensures a national population against the prices of health care. It is also administered by the general public sector, the non-public sector, or a mixture of each. Funding mechanisms vary with the actual program and country. National or Statutory insurance doesn't equate to government-run or government-financed health is typically established by national legislation. (24).

several countries currently struggle to provide cost-effective, quality healthcare services to their citizens. Saudi Arabia has toughened high prices at the side of issues about quality of care in its public facilities, to deal with these problems the country is presently restructuring their challenges in radically changing a country's healthcare system denationalize public hospitals. And introduce insurance coverage for both foreign workers and citizens. The changes provide an interesting and insightful case for the challenges in radically changing a country's healthcare system. The situation also demonstrates a unique case in the Middle East for greater reliance of the private sector to address rapidly escalating healthcare costs and deteriorating quality. The complexity of changing a health care system is discussed with the many challenges associated with the change . (25)

**Aim and objectives**

To assessment of impact of socioeconomic Status and Health-Related Expenditure on the quality primary healthcare system reform Saudi Arabia 2023

**Objectives*:***

To assessment of impact of socioeconomic Status and Health-Related Expenditure on the quality primary healthcare system reform Saudi Arabia 2023

**Materials and methods**

**Study design*:***

Cross-sectional study to determine the relationship between socioeconomic Status and Health-Related Expenditure on the quality primary healthcare system reform Saudi Arabia and the satisfaction of Saudi people

**Study Area**
There is a lack of reliable population data in Saudi Arabia. This lack precludes a fully representative sample. Thus, to achieve as representative a sample as possible, was selected randomly sampled a varied sample of the participants. The questionnaire results has been collected in the period from 2023 the total (200) participated.

**Study Population**
The study has be conducted among primary healthcare system reform Saudi Arabia .

**Inclusion criteria:**
Age 18 -65
Male and female .

**Exclusion criteria:**
Primary healthcare not have reform system.
Primary healthcare refused to participate in the research

**The sample size**
The sample size has been calculated by applying Raosoft sample size calculator based on (The margin of error: 5%, Confidence level: 95%, and the response distribution was considered to be 20%) accordingly to sample size from medical practitioners by the required sample size; (200 ). (male and female) and adding 10 more to decrease margin of error. After adding 5% oversampling, the minimum calculated sample has been 200. Computer generated simple random sampling technique was used to select the study participants. Data collection was done by the researcher during the October to December, 2023.

**Sampling technique***:*
Systematic random sampling technique is adopted. After that, by using random number generator, then simple random sampling technique was applied to select the health care providers. Also, convenience sampling technique will be utilized to select the participants in the study. By using systematic sampling random as dividing the total health care providers by the required sample size; (200 ).

**Data collection tools of the study:**
The self-administered questionnaire was adopted and modified Questionnaire.5 The questionnaire consists of two main parts, socio-demographic and personal characteristics including age, gender, nationality, grade and associated determinants. The questionnaire was then translated from English to Arabic. Then it was independently retranslated into English to ensure the linguistic quality. The final questionnaire was validated by three consultants .
The study was approved by the local research committee, and permitted by the Joint Program of Family Medicine. Permission to conduct the study in the PHC was also obtained from the Ministry of health . Written consent was obtained from each participant. All collected data from the health care workers are kept confidential, accessed only for scientific research.

**Data entry and analysis***:*
The Statistical Package for Social Sciences (SPSS) software version 24.0 has be used for data entry and analysis. Descriptive statistics (e.g., number, percentage) and analytic statistics using Chi-Square tests ($\chi 2$) to test for the association and the difference between two categorical variables were applied. A p-value $\leq 0.05$ will be considered statistically significant.

**Pilot study**

A pilot study has be conducted in primary health care patient's the same sector due to the similarity to the target group using the same questionnaire to test the methodology of the study, the questionnaire has be clear and no defect has be detected in the methodology

**Ethical considerations**
Permission from the joint program Family Medicine program has be obtained. Permission from the Directorate of health, verbal consents from all participants in the questionnaire were obtained. All information was kept confidential, and results have be submitted to the department as feedback .

**Budget:** Self-funded

**Result**

**Table (1) the distribution of Socio-demographic data in study group**

| | **N** | **%** |
|---|---|---|
| **Age** | | |
| 18-30 | 72 | 36 |
| 31-45 | 68 | 34 |
| 46-55 | 50 | 25 |
| 56-65 | 10 | 5 |
| **Gender** | | |
| Male | 94 | 47 |
| Female | 106 | 53 |
| **Level of education** | | |
| primary | 66 | 33 |
| intermediate | 60 | 30 |
| secondary | 44 | 22 |
| high education | 30 | 15 |
| **Occupation** | | |
| Work | 110 | 55 |
| Not work | 90 | 45 |
| **Economic level** | | |
| Low | 70 | 35 |
| Average | 50 | 25 |

In our study, showed that the majority of participants (57.5%) were within the age group (18-30) years, while the age (56-65) years was (5% ) , the Female's gender was (53%) while Male were (47%) of participants , the majority of our participants were at Primary level were constitutes (33%). but high education (15%) , work participants constituted (55% ) , While not work (45%) of our study, Economic level high participants constituted (44%) in our study.

**Table (2) the distribution of Patient Satisfaction to your visit with the provider*:* (Doctor, Physician Assistant, Nurse Practitioner).**

Willingness to listen carefully to you , Taking time to answer your questions , Explaining things in a way you could understand , Advice given to you on ways to stay healthy, the thoroughness of the examination, amount of time spent with you, instruction's regarding medication/follow-up care .

All the question no statistically significant , the your visit with the provider there was high percentage answer in Willingness to listen carefully to you the % of wt ( 79.100%) , While percentage answer said "Poor, Fair"(13.5%) . The % of wt ( 84.60%) and the answer said "Very Good, Excellent"(66.0%) . While percentage answer said "Poor, Fair"(10.0%) , question addressed the Explaining things in a way you could understand there was high percentage answer Explaining things in a way you could understand the % of wt ( 91.40%) , While percentage answer said "Poor, Fair"(10.0%) , the Advice given to you on ways to stay healthy there was high percentage answer Advice given to you on ways to stay healthy the % of wt ( 81.60%) , While percentage answer said "Poor, Fair"(11.5%) ,The most of question addressed the thoroughness of the examination there was high percentage answer The thoroughness of the examination the % of wt (78.90%) , While percentage answer said "Poor, Fair"(14.0%), amount of time spent with you there was high percentage answer Amount of time spent with you the % of wt (86.20%) and the answer said "Very Good, Excellent"(86.0%) , While percentage answer said "Poor, Fair"(9.0%) , Instructions regarding medication/follow-up care there was high percentage answer Instructions regarding medication/follow-up care the % of wt (86.60%) , While percentage answer said "Poor, Fair"(10.0%).

| **YOUR VISIT WITH THE PROVIDER: (Doctor, Physician Assistant, Nurse Practitioner)** | | | **Satisfaction** | | | | | **Wt** | **% of wt** | **P-value** |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | **Poor** | **Fair** | **Good** | **Very Good** | **Excellent** | | | |
| **1** | **Willingness to listen carefully to you** | تكرار | 12 | 15 | 34 | 48 | 91 | 791 | 79.100 | 0.000 |
| | | **%** | 6.0% | 7.5% | 17.0% | 24.0% | 45.5% | | | |
| **2** | **Taking time to answer your questions** | تكرار | 8 | 12 | 28 | 30 | 122 | 846 | 84.600 | 0.000 |
| | | **%** | 4.0% | 6.0% | 14.0% | 15.0% | 61.0% | | | |
| **3** | **Explaining things in a way you could understand** | تكرار | 10 | 10 | 6 | 4 | 170 | 914 | 91.400 | 0.000 |
| | | **%** | 5.0% | 5.0% | 3.0% | 2.0% | 85.0% | | | |
| **4** | **Advice given to you on ways to stay healthy** | تكرار | 11 | 12 | 16 | 72 | 89 | 816 | 81.600 | 0.000 |
| | | **%** | 5.5% | 6.0% | 8.0% | 36.0% | 44.5% | | | |
| **5** | **The thoroughness of the examination** | تكرار | 8 | 22 | 24 | 65 | 81 | 789 | 78.900 | 0.000 |
| | | **%** | 4.0% | 11.0% | 12.0% | 32.5% | 40.5% | | | |
| **6** | **Amount of time spent with you** | تكرار | 9 | 9 | 10 | 55 | 117 | 862 | 86.200 | 0.000 |
| | | **%** | 4.5% | 4.5% | 5.0% | 27.5% | 58.5% | | | |
| **7** | **Instructions regarding medication/follow-up care** | تكرار | 10 | 10 | 22 | 20 | 138 | 866 | 86.600 | 0.000 |
| | | **%** | 5.0% | 5.0% | 11.0% | 10.0% | 69.0% | | | |

**Table (3) the distribution of Patient Satisfaction about our staff.**

All questions no statistically significant.

| OUR STAFF | | | Satisfaction | | | | | Wt | % of wt | P-value |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Poor | Fair | Good | Very Good | Excellent | | | |
| 1 | Doctors using computerized medical records | تكرار | 8 | 11 | 22 | 51 | 108 | 840 | 84.000 | 0.000 |
| | | % | 4.0% | 5.5% | 11.0% | 25.5% | 54.0% | | | |
| 2 | The courtesy of the person who took your call | تكرار | 7 | 12 | 18 | 110 | 53 | 790 | 79.000 | 0.000 |
| | | % | 3.5% | 6.0% | 9.0% | 55.0% | 26.5% | | | |
| 3 | The friendliness and courtesy of the receptionist | تكرار | 10 | 13 | 6 | 20 | 151 | 889 | 88.900 | 0.000 |
| | | % | 5.0% | 6.5% | 3.0% | 10.0% | 75.5% | | | |
| 4 | The helpfulness of the people who assisted you with | تكرار | 11 | 10 | 9 | 108 | 62 | 800 | 80.000 | 0.000 |
| | | % | 5.5% | 5.0% | 4.5% | 54.0% | 31.0% | | | |
| 5 | billing or insurance | تكرار | 12 | 11 | 1 | 30 | 146 | 887 | 88.700 | 0.000 |
| | | % | 6.0% | 5.5% | 0.5% | 15.0% | 73.0% | | | |
| 6 | Doctors and nurses working closely as teams, with an expanded role for nurse | تكرار | 9 | 12 | 35 | 70 | 74 | 788 | 78.800 | 0.000 |
| | | % | 4.5% | 6.0% | 17.5% | 35.0% | 37.0% | | | |
| 7 | healthcare system reform your and your family's | تكرار | 8 | 9 | 10 | 72 | 101 | 849 | 84.900 | 0.000 |
| | | % | 4.0% | 4.5% | 5.0% | 36.0% | 50.5% | | | |
| 8 | Getting care on nights, weekends, or holidays without going to the hospital emergency room | تكرار | 7 | 10 | 55 | 72 | 56 | 760 | 76.000 | 0.00 |
| | | % | 3.5% | 5.0% | 27.5% | 36.0% | 28.0% | | | |
| 9 | The caring concern of our nurses/medical assistants | تكرار | 8 | 11 | 96 | 64 | 21 | 679 | 67.900 | 0.000 |
| | | % | 4.0% | 5.5% | 48.0% | 32.0% | 10.5% | | | |
| 10 | Doctors being able to share information electronically with other doctors | تكرار | 12 | 12 | 15 | 71 | 90 | 815 | 81.500 | 0.000 |
| | | % | 6.0% | 6.0% | 7.5% | 35.5% | 45.0% | | | |
| 11 | Doctors practicing with other doctors in groups, rather than practicing on his or her own | تكرار | 10 | 8 | 32 | 71 | 79 | 801 | 80.100 | 0.000 |
| | | % | 5.0% | 4.0% | 16.0% | 35.5% | 39.5% | | | |
| 12 | The professionalism of our lab or x-ray staff | تكرار | 9 | 9 | 11 | 79 | 92 | 836 | 83.600 | 0.000 |
| | | % | 4.5% | 4.5% | 5.5% | 39.5% | 46.0% | | | |

**Table (4) the distribution of Patient Satisfaction about your appointment**

The testing tool included 9 objective questions about your Satisfaction of your appointment the questions had answers limited to Poor, Fair or Good, Very Good , Excellent , these questions were analyzed using the percentage of approval (% of wt)

| YOUR APPOINTMENT | | | Satisfaction | | | | | Wt | % of wt |
|---|---|---|---|---|---|---|---|---|---|
| | | | Poor | Fair | Good | Very Good | Excellent | | |
| 1 | Ease of making appointments by phone. | تكرار | 8 | 10 | 11 | 70 | 101 | 846 | 84.600 |
| | | % | 4.0% | 5.0% | 5.5% | 35.0% | 50.5% | | |
| 2 | Appointment available within a reasonable amount of time. | تكرار | 7 | 8 | 16 | 74 | 95 | 842 | 84.200 |
| | | % | 3.5% | 4.0% | 8.0% | 37.0% | 47.5% | | |
| 3 | Getting care for illness/injury as soon as you wanted it. | تكرار | 10 | 13 | 15 | 82 | 80 | 809 | 80.900 |
| | | % | 5.0% | 6.5% | 7.5% | 41.0% | 40.0% | | |
| 4 | | تكرار | 11 | 18 | 20 | 106 | 45 | 756 | 75.600 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Getting after-hours care when you needed it.** | **%** | 5.5% | 9.0% | 10.0% | 53.0% | 22.5% | | |
| **5** | **The efficiency of the check-in process.** | **تكرار** | 12 | 3 | 105 | 67 | 13 | 666 | 66.600 |
| | | **%** | 6.0% | 1.5% | 52.5% | 33.5% | 6.5% | | |
| **6** | **Waiting time in the reception area.** | **تكرار** | 12 | 8 | 30 | 109 | 41 | 759 | 75.900 |
| | | **%** | 6.0% | 4.0% | 15.0% | 54.5% | 20.5% | | |
| **7** | **Waiting time in the exam room.** | **تكرار** | 10 | 10 | 41 | 95 | 44 | 753 | 75.300 |
| | | **%** | 5.0% | 5.0% | 20.5% | 47.5% | 22.0% | | |
| **8** | **Keeping you informed if your appointment time was delayed.** | **تكرار** | 11 | 8 | 14 | 85 | 82 | 819 | 81.900 |
| | | **%** | 5.5% | 4.0% | 7.0% | 42.5% | 41.0% | | |
| **9** | **Ease of getting a referral when you needed one.** | **تكرار** | 12 | 6 | 28 | 6 | 148 | 872 | 87.200 |
| | | **%** | 6.0% | 3.0% | 14.0% | 3.0% | 74.0% | | |

**Table (5) the distribution of Patient Satisfaction about our communication with you .**The testing tool included 8 objective questions about your Satisfaction about our communication with you the questions had answers limited to Poor, Fair or Good, Very Good , Excellent , these questions were analyzed using the percentage of approval (% of wt)

| **OUR COMMUNICATION WITH YOU** | | | **Satisfaction** | | | | | **Wt** | **% of wt** |
|---|---|---|---|---|---|---|---|---|---|
| | | | **Poor** | **Fair** | **Good** | **Very Good** | **Excellent** | | |
| **1** | **Your phone calls answered promptly** | **تكرار** | 13 | 12 | 44 | 88 | 43 | 736 | 73.600 |
| | | **%** | 6.5% | 6.0% | 22.0% | 44.0% | 21.5% | | |
| **2** | **Getting advice or help when needed during office hours** | **تكرار** | 11 | 6 | 18 | 71 | 94 | 831 | 83.100 |
| | | **%** | 5.5% | 3.0% | 9.0% | 35.5% | 47.0% | | |
| **3** | **Explanation of your procedure (if applicable)** | **تكرار** | 14 | 11 | 22 | 40 | 113 | 827 | 82.700 |
| | | **%** | 7.0% | 5.5% | 11.0% | 20.0% | 56.5% | | |
| **4** | **Your test results reported in a reasonable amount of time** | **تكرار** | 12 | 9 | 30 | 46 | 103 | 819 | 81.900 |
| | | **%** | 6.0% | 4.5% | 15.0% | 23.0% | 51.5% | | |
| **5** | **Effectiveness of our health information materials** | **تكرار** | 11 | 12 | 32 | 46 | 99 | 810 | 81.000 |
| | | **%** | 5.5% | 6.0% | 16.0% | 23.0% | 49.5% | | |
| **6** | **Our ability to return your calls in a timely manner** | **تكرار** | 10 | 15 | 36 | 60 | 79 | 783 | 78.300 |
| | | **%** | 5.0% | 7.5% | 18.0% | 30.0% | 39.5% | | |
| **7** | **Your ability to contact us after hours** | **تكرار** | 12 | 10 | 22 | 62 | 94 | 816 | 81.600 |
| | | **%** | 6.0% | 5.0% | 11.0% | 31.0% | 47.0% | | |
| **8** | **Your ability to obtain prescription refills by phone** | **تكرار** | 13 | 14 | 24 | 64 | 85 | 794 | 79.400 |
| | | **%** | 6.5% | 7.0% | 12.0% | 32.0% | 42.5% | | |

**Figure (1) Distribution of Total Patient Satisfaction about your overall with**.

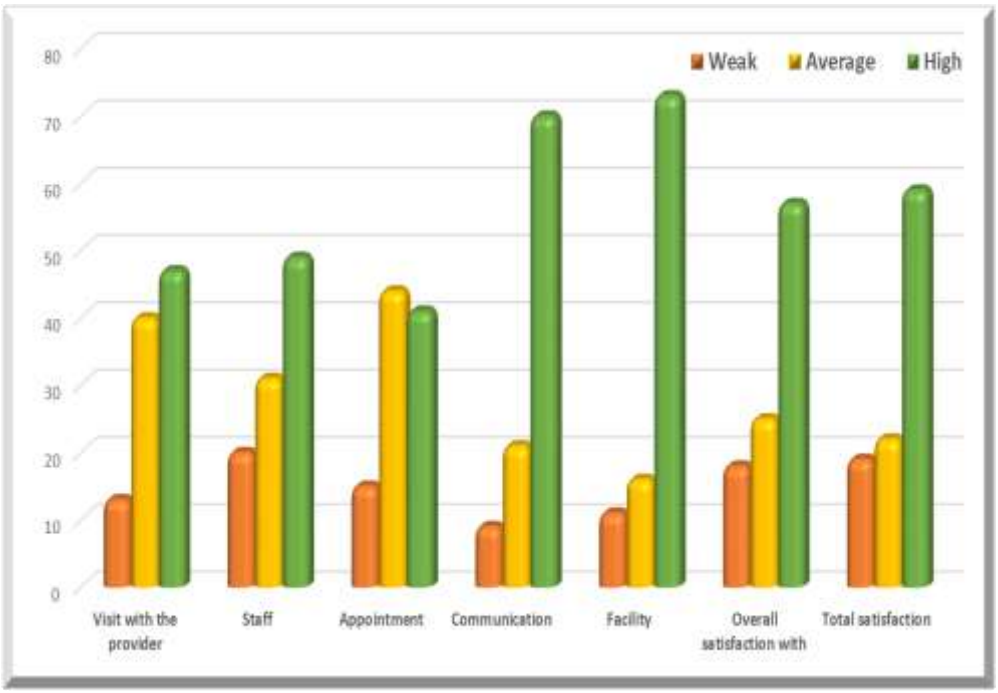


Figure (1) Distribution of Total Patient Satisfaction about your overall with.

**Table (6) distribute of the Relation of Satisfaction about Visit with the provider and demographic data. (**age , gender , Level of education , occupation , economic level ).

| **Demographic data** | | **N** | **Satisfaction about Visit with the provider** | **F or T** | **ANOVA or T-test** | |
|---|---|---|---|---|---|---|
| | | | **Mean ± SD** | | **Test value** | **P-value** |
| **Age** | **18-** | 72 | 19.833 ± 3.929 | F | 118.423 | <0.001* |
| | **30-** | 68 | 25.279 ± 2.602 | | | |
| | **45-** | 50 | 29.200 ± 1.959 | | | |
| | **55-** | 10 | 31.500 ± 1.780 | | | |
| **Gender** | **Male** | 94 | 25.872 ± 4.062 | T | 3.456 | <0.001* |
| | **Female** | 106 | 23.491 ± 5.478 | | | |
| **Level of education** | **Primary** | 66 | 19.788 ± 4.273 | F | 101.923 | <0.001* |
| | **Intermediate** | 60 | 24.717 ± 2.518 | | | |
| | **Secondary** | 44 | 27.545 ± 2.637 | | | |
| | **High education** | 30 | 30.700 ± 1.664 | | | |
| **Occupation** | **Work** | 110 | 27.564 ± 3.155 | T | 12.204 | <0.001* |
| | **Not work** | 90 | 21.000 ± 4.434 | | | |
| **Economic level** | **Low** | 70 | 19.843 ± 3.851 | F | 124.960 | <0.001* |
| | **Average** | 50 | 25.160 ± 3.086 | | | |
| | **High** | 80 | 28.438 ± 2.976 | | | |

Regarding age Show that is significant relation between Satisfaction about Visit with the provider and age were F = (118.423) and p-value <0.001 and Mean ± SD (31.500± 1.780) in age between (55-) years followed by Mean ± SD (29.200 ±1.959) in age between (45-) years while Mean ± SD (25.279±2.602) in age between (30-) years but show in the age (18-) Mean ± SD (19.833±3.929 *).*

Regarding gender Show that is significant relation between Satisfaction about Visit with the provider and gender were T= (3.456) and p-value <0.001 and Mean ± SD (25.872 ± 4.062) in male but female (23.491±5.478) .

Regarding Level of education show that is significant relation between Satisfaction about Visit with the provider and level of education were F= (101. 923) and p-value < 0.001 and Mean ± SD (30.700 ±1.664) in High education but secondary the Mean ± SD (27.545±2.637) and Intermediate the Mean ± SD (24.717±2.518) while Primary the Mean ± SD (19.788±4.273) .

Regarding Occupation show that is significant relation between Satisfaction about Visit with the provider and occupation were T= (12. 204) and p-value < 0.001 and Mean ± SD (27.564±3.155) in work but not work the Mean ± SD (21.000±4.434) .

Regarding Economic Level show that is significant relation between Satisfaction about Visit with the provider and Economic Level were F= (12. 4.960) and p-value < 0.001 and Mean ± SD (28.438±2.976) in high economic level but average of economic level the Mean ± SD (25.160±3.086) while the low economic level the Mean ± SD (19.843±3.851) .

**Figure (2) Distribute of the Relation of Satisfaction about Visit with the provider and demographic data . (**age , gender , Level of education , occupation , economic level ).

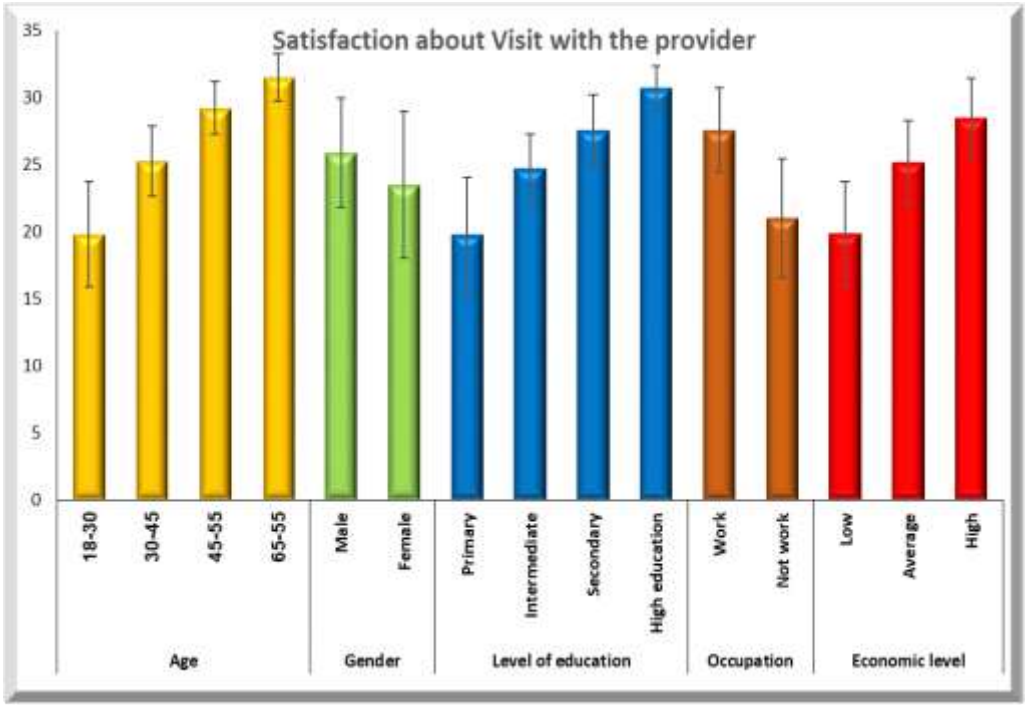


Figure (2) Distribute of the Relation of Satisfaction about Visit with the provider and demographic data . (age , gender , Level of education , occupation , economic level ).

**Discussion**

The reform method of the Saudi health sector is difficult to measure the outcomes of the reforms and their impact and in health sector specially the present study deciding the amount of patients' satisfaction with reform Primary Health Care Center in Saudi Arabia. in another study within the Majmaah at Kingdom of Saudi of Saudi country the amount of satisfaction with the services provided by PHC centers was high (81.7%). These findings are over satisfaction of care of patients in London, India, state and Asian country wherever satisfaction with health care were sixty one.3%, 66%, 73.5% and 50.9%

severally.(Kingdom of Asian country, Ministry of the inside, Emirate .2014) this is often higher than the finding from Riyadh (64.2%) in Saudi health .(26) The patients' satisfaction was lower than findings from Kuwait. the government has endeavored to provide good, affordable health care to its citizens, within the economic means of the country. it's offered comprehensive, universal access to health take care of several decades inside the welfare arrangements of the dominion. These endeavors have resulted in improved population health as compared therewith of alternative nations of the globe, together with the Gulf Cooperation Council (GCC) countries. (26) . The total (200) participant the first section of the interview collected general information about each participant's. The questions were related to demographic and socio-economic characteristics of the respondent.

The second section This section included questions on the advantages and disadvantages of the system, participants' level of satisfaction a comparison between healthcare services in the public and private sectors, and the characteristics and quality of public sector healthcare services. Satisfaction to your visit with the provider .The testing tool included 7 questions. The reasons behind high level of satisfaction may be partly due to the fact with of large population which is represented in relatively of large number of patients attending the PHC centers, which in turn enable of large health care providers to provide satisfactory health services for patients. This of large number of patients also facilitates good ties and relations between the care providers and the patients. The health care provision policy adopted by the kingdom which is based on the catchment areas also helps in strengthening this relationship. These results are in agreement with findings from Qatar the foremost necessary issue that drives patients' satisfaction is that the cleanliness, technical competencies of the employees of PHC centers and sensible handling. (27).

Satisfactions were competence of the staff along with respect and good handling. These finding are in line with other studies conducted in Saudi Arabia. ( 28) The study showed that The Satisfaction about Visit with the providerthe respondents were more satisfied , followed by the Satisfaction about staff , Appointment , Communication .These findings are in line with results from Riyadh, Saudi Arabia.(29)

Responses to a question about 'overall satisfaction with the appointment system' this provided data on patient satisfaction with the practice appointment system. Today, due to the increased competition in providing favorable outpatient health-care services by providers ,the patient satisfaction has become one of the priorities of health centers. (30). It has been previously found that appointment scheduling systems are potentially useful tools for enhancing patient satisfaction. Appointment scheduling system as the first step in health-care provision process in outpatient setting plays an important role in patient's view. (31)

When an appointment .revealed that using a phone appointment scheduling system could basically increase patient satisfaction and decrease waiting time . (32) The testing tool included 9 objective questions about your Satisfaction of your appointment the questions had answers limited to Poor, Fair or Good, Very Good , Excellent , these questions were analyzed using the percentage of approval (% of wt) . Regarding the relation between Satisfaction about Visit with the provider and demographic data . (age , gender , Level of education , occupation , economic level ).is significant relation .see Table (9)

The most important factor that drives patients' satisfaction is the cleanliness, technical competencies of the staff of PHC centers and good handling. (33).

**Conclusion**

Reform is an on-going process; in some cases, reforms transform the health system into one with a higher quality of organization; and improvement in the provision of health services through an evolutionary process. The level of satisfaction with the services provided by primary healthcare centers is high. The gender, marital status and income have no effect on the level of satisfaction with the services provided by PHC; however. Cleanliness, competence of the staff along with respect and good handling are the drivers behind the high level of satisfaction. Areas in which quality improvement is required, mainly provision of increasing number of nurses and providing .Several countries in the world, have been trying to bring provisions of better quality, and efficient, effective,

affordable, and sustainable health care to their citizens. In many countries, stakeholders have advocated for structural as well as management reforms. However, the focus of these reforms has always been on upgrading the quality and addressing the economic and financial issues.

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