

Challenges of Privatizing Healthcare Transformation in Saudi Arabia and Appropriate Strategies for Implementation: An Overview since the Launch of Vision 2030 at Saudi Arabia 2022

Khaled Eid Abdul Rahman Al-Otaibi¹, Saad Hameed Alanazi², Abdulrahman Ahmed Mohammed Alzahrani³, Faisal Abdulghani Abdulkhaliq Alghamdi⁴, Ahmed Mohammed Ahmed Al-Ghamdi⁵, Zahraa Nahars Hassan Al-Ghubaishi⁶, Saleh Suliman Saleh Alghamdi⁷, Layla Suliman Alsamti⁸, Majed Ibrahim Alfaifi⁹, Saeed Matar Mousa Alzahrani¹⁰, Salem Abdullah Ali Alghamdi¹¹, Waleed Rabei Algrigry¹²

Abstract

Background: The health system of a country evolves within the socio-economic, political, administrative, and cultural factors of that country. In addition, the health care system of a country works as an AL locative agency within a welfare state. In this sense, health sector reforms influence the provision of services as well as the organizational distribution of services. The health system of a country comprises both organizational and financing systems. It fulfills the health needs of the society as well as complies with the economic principles of effectiveness, rationality, and efficiency. care system following the announcement of the Saudi Vision 2030 in 2016. The Saudi public health system has undergone many changes since its inception in 1925. The discovery of oil resources gave a new foundation to health system development. 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. Aim of the study: To assessment challenges of privatizing healthcare Transformation in Saudi Arabia and appropriate strategies for implementation: An Overview since the Launch of Vision 2030 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.

¹ Senior specialist hospital manager, Dawadmi Hospital, Saudi Arabia.

² Health Administration - Specialist, Hafr ALBatin Health Cluster, Saudi Arabia.

³ Health Services and Hospitals Management, King Faisal Medical Complex, Saudi Arabia.

⁴ Health management specialist, King Fahad Hospital, Saudi Arabia.

⁵ Medical secretarial technician, King Fahad Hospital in Al Bahah, Saudi Arabia.

⁶ Health administration Technical, King Fahad Hospital in Al Baha, Saudi Arabia.

⁷ Bachelor of Health Administration, King Fahad Hospital, Saudi Arabia.

⁸ Health Services Management Specialist, ALMARWA HEALTH CENTER In Jeddah, Saudi Arabia.

⁹ Technician Health management, Al Quwayiyah General Hospital, Saudi Arabia.

¹⁰ Specialist Health Administration, Al-Quwayiyah General Hospital, Saudi Arabia.

¹¹ Health Administration Specialist, almakhwah specialized dental center, Saudi Arabia.

¹² Health services specialist, Primary health care center in Wadi Qadid, Saudi Arabia.

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: The Kingdom took a protective approach in reforming its health sector. The social values that undergird the government actions, especially, how much priority it gives to maintain status quo in the social and economic fabric vis-à-vis economic growth and development, have exerted a significant influence on whether the KSA chooses a pro-government or a pro-market approach; however, this could lead to a hybrid model of health care system.

Keywords: *Challenges, privatizing, healthcare, Transformation, Saudi Arabia, appropriate strategies, Vision 2030, Saudi Arabia.*

Introduction

The constitution of the KSA signifies health as one of the fundamental rights of every citizen. [1] The National Development Plans emphasized population health development as one of the priority areas of the government. Since the establishment of the KSA, the government has endeavored to provide good, affordable health care to its citizens, [2] Within the economic means of the country. It has offered comprehensive, universal access to health care for many decades within the welfare arrangements of the Kingdom. [3,4] These endeavors have resulted in improved population health as compared with that of other nations of the world, including the Gulf Cooperation Council (GCC) countries.[5,6]

The KSA has mostly been dependent on oil revenues which have contributed immensely to provide free public-sector services to the population, irrespective of national identity, and without the need for tax collection or financial support. [7] It has helped undertake different development projects during the last few decades. The income from oil revenues has also enabled the country's welfare state model of governance. However, in the recent years, it has become increasingly challenging for the state to continue to provide free health services to its citizens.[8] These challenges are spiraling costs of health care, reduced oil revenues, demographic changes, rising life expectancies, an increase in sedentary lifestyles, changing diseases pattern, high expectation of consumers, and deficient management practice in the delivery of services. [9] The state has also found it challenging to provide free services to the expatriate community which comprises one-third of the total population. As a result, for the last two decades, the KSA government has been pushing for reforms in this sector.[10] The state has been determined to provide the best health services to meet the changing needs of the society, improve quality, and minimize costs. [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 challenges of privatizing healthcare Transformation in Saudi Arabia and appropriate strategies for implementation: An Overview since the Launch of Vision 2030 at Saudi Arabia 2022 .

Specific objectives:

To assessment challenges of privatizing healthcare Transformation in Saudi Arabia and appropriate strategies for implementation: An Overview since the Launch of Vision 2030 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 (χ^2) has been used for comparing qualitative data. Other statistical test has been applied whenever appropriate. Statistical significance has been considered at $p\text{-value} \leq 0.05$. 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 | % |
|-------------------------------|-----|----|
| Age | | |
| < 30 years old | 60 | 15 |
| 30-39 years | 92 | 23 |
| 40-49 years | 196 | 49 |
| Above 50 years | 52 | 13 |
| Gender | | |
| Female | 184 | 46 |
| Male | 216 | 54 |
| Job classification | | |
| Physician | 84 | 21 |
| Health Specialist | 128 | 32 |
| Pharmacist | 72 | 18 |
| Technician | 76 | 19 |
| Administrative Personnel | 40 | 10 |
| Level of education | | |
| Diploma | 180 | 45 |
| Bachelor's degree | 84 | 21 |
| Master's degree or equivalent | 104 | 26 |
| MD, PhD degree or equivalent | 32 | 8 |
| Working experience | | |
| 0-3 years | 96 | 24 |
| 5-9 years | 176 | 44 |
| <10 years | 128 | 32 |

| Language barrier | | |
|------------------|-----|----|
| Always/Sometimes | 196 | 49 |
| Rarely | 100 | 25 |
| Never | 104 | 26 |

Regarding socio demographic characteristics, table 1 shows that the majority of participants age 40-49 years were (49.0%) and 30-39 years of age were (23.0%), while < 30 years and above 50 were respectively (15.0,13.0%), regarding gender the majority of participant male were (54.0%) but female were (46.0%), regarding the job classification the majority of participant health specialist were (32.0%), but physician were (21.0%) while technician were (19.0%) followed by pharmacist were (18.0%), regarding the level of education is the majority of participant diploma were (45.0%) but master’s degree or equivalent were (26.0%), while bachelor’s degree were (21.0%) but MD, PhD degree or equivalent were (8.0%), regarding the working experience majority of participant 5-9 years were (44.0%) but <10 years were (32.0%), while 0-3 years were (24.0%), regarding language barrier the majority of participant always/Sometimes were (49.0%) but rarely were (25.0%), while never were (26.0%) .

Table 2: Distribution of health care workers knowledge on improvement of medical services

| Variable | N | % |
|---|-----|----|
| Are you familiar with the following terms: revenue development/privatization/self-resources/paid treatment/business center? | | |
| Yes | 84 | 21 |
| No | 168 | 42 |
| I’m not sure | 148 | 37 |
| How do you assess your satisfaction in general about the medical services at Saudi Arabia? | | |
| Very Satisfied | 168 | 42 |
| Satisfied | 152 | 38 |
| Unsatisfied | 48 | 12 |
| Very Dissatisfied | 32 | 8 |
| Which areas have opportunities for improvement and possible action to improve medical services? | | |
| Logistics and supply services | 84 | 21 |
| Infrastructure | 72 | 18 |
| Technical Infrastructure | 244 | 61 |
| Which areas have core competencies for employees for improvement | | |
| Empowerment of employees | 148 | 37 |
| Training programs | 100 | 25 |
| Communication | 88 | 22 |
| Self-management | 64 | 16 |

| Which areas have core competencies medical services for improvement | | |
|--|-----|----|
| Primary medical care (clinics) | 148 | 37 |
| Supporting medical services (pharmacy, laboratory, radiology vaccination unit, nursing care, optics) | 116 | 29 |
| Health education | 88 | 22 |
| The organization aspects of the medical center | 36 | 9 |
| Others | 12 | 3 |

Regarding distribution of health care workers knowledge on improvement of medical services, table 2 shows regarding you familiar with the following terms: revenue development/privatization/self-resources/paid treatment/business center the majority of participants answer No were (42.0%) while I'm not sure were (37.0%), while answer Yes were (21.0%), regarding do you assess your satisfaction in general about the medical services at Saudi Arabia the majority of participant very Satisfied were (42.0%) but Satisfied were (38.0%) while unsatisfied were (12.0%) while very dissatisfied were (8.0%), regarding which areas have opportunities for improvement and possible action to improve medical services the majority of participant technical Infrastructure were (61.0%), followed by logistics and supply services were (21.0%) while infrastructure were (18.0%), regarding the Which areas have core competencies for employees for improvement the majority of participant empowerment of employees were (37.0%) but training programs were (25.0%), while communication were (22.0%) but Self-management were (16.0%), regarding the which areas have core competencies medical services for improvement majority of participant primary medical care (clinics) were (37.0%) but supporting medical services were (29.0%), while health education were (22.0%) while the organization aspects of the medical center were (9.0%) while others were (3.0%) .

Table 3. Distribution of Staff perceptions about ways of generating revenue for the administration

| Variable | | | | | | % Of satisfaction | Chi-square | |
|--|---|----------------|-----------|-------------|-------------------|-------------------|----------------|---------|
| | | Very Satisfied | Satisfied | Unsatisfied | Very Dissatisfied | | X ² | P-value |
| The application of the revenue development project will work effectively in the Medical Centres? | N | 128 | 88 | 72 | 112 | 64.5 | 18.56 | 0.0003* |
| | % | 32 | 22 | 18 | 28 | | | |
| There will be an expected improvement in medical performance in the services subject to a | N | 232 | 108 | 48 | 12 | 85 | 279.36 | <0.001* |
| | % | 58 | 27 | 12 | 3 | | | |

436 *Challenges of Privatizing Healthcare Transformation in Saudi Arabia and Appropriate Strategies for Implementation: An Overview since the Launch of Vision 2030 at Saudi Arabia 2022*

| | | | | | | | | |
|--|---|-----|-----|----|----|-------|---------|---------|
| paid treatment program? | | | | | | | | |
| The revenue development project will increase efficiency and improve the services provided | N | 184 | 156 | 32 | 28 | 81 | 200.158 | <0.001* |
| | % | 46 | 39 | 8 | 7 | | | |
| Implementing the Revenue Development Project/a paid treatment program will contribute to achieving cash savings to manage medical services and bridge the budget deficit | N | 264 | 76 | 20 | 40 | 85.25 | 374.72 | <0.001* |
| | % | 66 | 19 | 5 | 10 | | | |
| The paid treatment program will contribute to developing and modernizing medical devices and equipment in the Medical Centres. | N | 304 | 64 | 8 | 24 | 90.5 | 571.52 | <0.001* |
| | % | 76 | 16 | 2 | 6 | | | |
| The implementation of the Revenue Development Project/a paid treatment program will contribute to the achievement of job satisfaction for the workers. | N | 240 | 80 | 44 | 36 | 82.75 | 272.32 | <0.001* |
| | % | 60 | 20 | 11 | 9 | | | |
| | N | 292 | 80 | 8 | 20 | 90.25 | 521.28 | <0.001* |

| | | | | | | | | |
|--|---|----|----|---|---|--|--|--|
| The revenue development project will contribute to increasing the income of the employees of the Medical Centres and motivating them | % | 73 | 20 | 2 | 5 | | | |
|--|---|----|----|---|---|--|--|--|

Table 3 distribution of Staff perceptions about ways of generating revenue for the administration show regarding application of the revenue development project will work effectively in the Medical Centres while a significant relation were (P-value =0.001) and X² (18.56) while % of agreement were (64.5) the majority of participant very Satisfied were (32.0%) followed by the very dissatisfied were (28.0%) while Satisfied were (22.0%) but unsatisfied were (18.0%), regarding will be an expected improvement in medical performance in the services subject to a paid treatment program while a significant relation were (P-value =0.001) and X² (279.36) while % of agreement were (85.0) the majority of participant very Satisfied were (58.0%) followed by the satisfied were (27.0%) while very dissatisfied were (3.0%) but unsatisfied were (12.0%), The revenue development project will increase efficiency and improve the services provided while a significant relation were (P-value =0.001) and X² (200.158) while % of agreement were (81.0) the majority of participant very Satisfied were (46.0%) followed by the very satisfied were (39.0%) while unsatisfied were (8.0%) but very dissatisfied were (7.0%), regarding implementing the Revenue Development Project/a paid treatment program will contribute to achieving cash savings to manage medical services and bridge the budget deficit while a significant relation were (P-value =0.001) and X² (374.72) while % of agreement were (85.25) the majority of participant very Satisfied were (66.0%) followed by the satisfied were (19.0%) while very dissatisfied were (10.0%) but unsatisfied were (5.0%), regarding the paid treatment program will contribute to developing and modernizing medical devices and equipment in the Medical Centres while a significant relation were (P-value =0.001) and X² (571.52) while % of agreement were (90.5) the majority of participant very Satisfied were (76.0%) followed by satisfied were (16.0%) while very dissatisfied were (6.0%) but unsatisfied were (2.0%), regarding the implementation of the Revenue Development Project/a paid treatment program will contribute to the achievement of job satisfaction for the workers while a significant relation were (P-value =0.001) and X² (272.32) while % of agreement were (82.75) the majority of participant very Satisfied were (60.0%) followed by the very satisfied were (20.0%) while very dissatisfied were (9.0%) but unsatisfied were (11.0%), regarding the revenue development project will contribute to increasing the income of the employees of the Medical Centres and motivating them while a significant relation were (P-value =0.001) and X² (521.28) while % of agreement were (90.25) the majority of participant very Satisfied were (73.0%) followed by the very satisfied were (20.0%) while very dissatisfied were (5.0%) but unsatisfied were (2.0%).

Table 4. Distribution of Staff suggestions for about Privatization of Medical Services and Revenue development

| Variable | N | % |
|---|-----|----|
| Staff suggestions and comments around developing work in the medical centers. | | |
| Infrastructure development | 272 | 68 |
| Improving the IT network in medical administration, assigning a qualified employee for an information technology unit | 300 | 75 |
| Increase the number of qualified workforce and provide training programs for all levels. | 184 | 46 |
| Improvement of logistics and supply services | 108 | 27 |
| To improve the organization within the center and improvement of the authority matrix and distribution of roles and responsibilities. | 300 | 75 |
| Developing applicable systems and programs | 328 | 82 |
| Managing budget and optimizing it to meet needs | 264 | 66 |
| What investment opportunities can the Medical Services Administration take advantage of to increase its revenues? | | |
| Laboratory services such as premarital examination, driving licenses, and examination of employees for getting new jobs | 352 | 88 |
| Training courses and scientific conferences | 252 | 63 |
| Vaccination programs | 356 | 89 |
| Investing in unused spaces for a fee | 372 | 93 |
| Deal with insurance companies to provide service to insured patients | 388 | 97 |
| Invest in virtual clinics | 300 | 75 |
| What challenges may the Medical Centres administration witness if implementing the revenue development project? | | |
| Lack of demand, as the medical services provided need improvement | 148 | 37 |
| Medical services are not ready and will not meet the customer's desires (patient) regarding | 88 | 22 |
| Infrastructure and current medical devices, and the health information program currently used. | 60 | 15 |
| lack of human workforce. | 40 | 10 |
| Resistance to change. | 264 | 66 |
| Lack of budget to meet the necessary needs. | 156 | 39 |

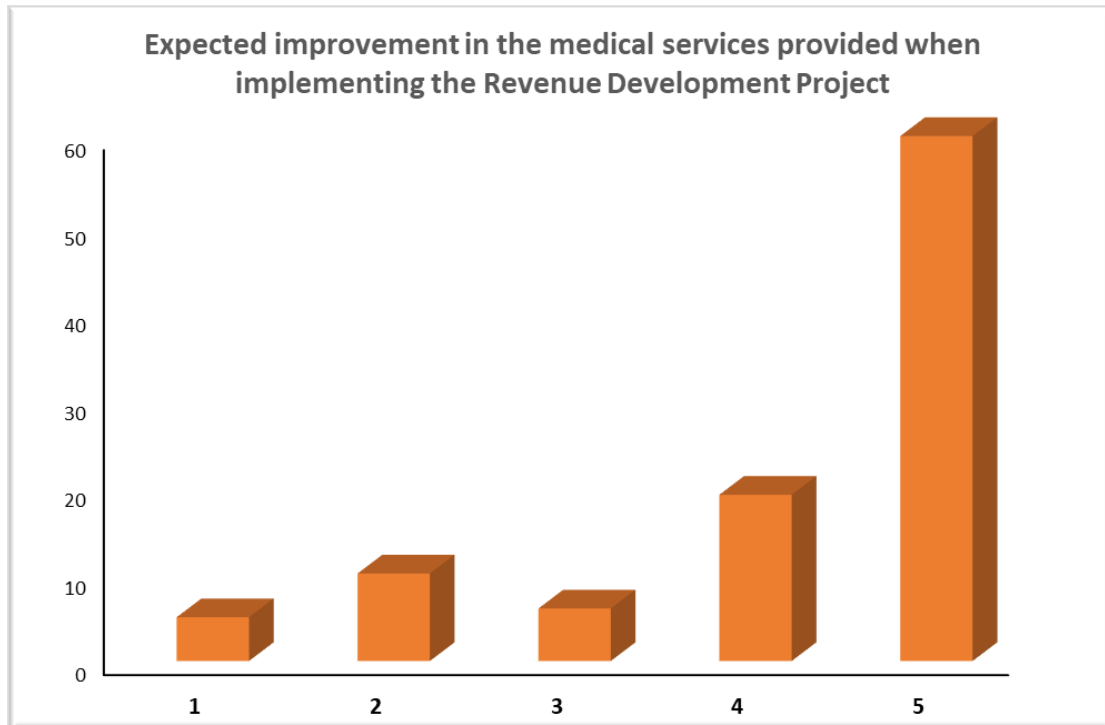
Regarding distribution of Staff suggestions for about Privatization of Medical Services and Revenue development table 4 shows regarding Staff suggestions and comments around developing work in the medical centers the majority of participants answer developing applicable systems and programs were (82.0%) while improving the IT network in medical administration, assigning a qualified employee for an information technology unit and improve the organization within the center and improvement of the authority matrix and distribution of roles and responsibilities were (75.0%), while Infrastructure development and managing budget and optimizing it to meet needs respectively were (68.0, 66.0%) followed by increase the number of qualified workforce and provide training programs for all levels and improvement of logistics and supply services were respectively (46.0%, 27.0%), regarding what investment opportunities can the Medical Services Administration take advantage of to increase its revenues the majority of participant deal with insurance companies to provide service to insured patients were (97.0%) but investing in unused spaces for a fee were (93.0%) while vaccination programs were (89.0%) while Laboratory services were (88.0%), followed invest in virtual clinics were (75.0%) while training courses and scientific conferences were (63.0%), regarding the challenges may the Medical Centres administration witness if implementing the revenue development project the majority of participant resistance to change were (66.0%) but lack of budget to meet the necessary needs were (39.0%), while lack of demand, as the medical services provided need improvement were (37.0%) but medical services are not ready and will not meet the customer’s desires (patient) regarding were (22.0%), but infrastructure and current medical devices, and the health information program currently used were (15.0%), while lack of human workforce were (10.0%)

Table 5. Distribution of the extent of the expected improvement in the medical services provided when implementing the Revenue Development Project (paid treatment) 1 is very low, 5 is very high

| What is the extent of the expected improvement in the medical services provided when implementing the Revenue Development Project (paid treatment)? 1 is very low, 5 is very high | | |
|---|----------------|---------|
| | N | % |
| 1 | 20 | 5 |
| 2 | 40 | 10 |
| 3 | 24 | 6 |
| 4 | 76 | 19 |
| 5 | 240 | 60 |
| Chi-square | % | 83.3% |
| | X ² | 424.400 |
| | P-value | <0.001* |

Table 5 Distribution of show regarding distribution of the extent of the expected improvement in the medical services provided when implementing the Revenue Development Project (paid treatment)the most of participant in very high were (60.0%) followed by high were 19.0%) but average were (10.0%) while low were (6.0%) but very low were (5.0%) while a significant relation were (P-value =0.001) and X² (424.400) while % of agreement were (83.3)

Figure (1) Distribution of the extent of the expected improvement in the medical services provided when implementing the Revenue Development Project (paid treatment)



Discussion

The steady increment in the interest for medicinal services and the decline in the contribution of the private part have made the Saudi government devise an assortment of measures that fund of the public privatization of Medical Services and Revenue Development division in the nation. The government has established Privatization of Medical Services and Revenue Development arrangement changes and measures that can urge the private division to work intimately with the administration. Privatization of Medical Services and Revenue Development changes require businesses (organizations) to get private medical Services and Revenue Development for their representatives. The usage of the approach has confronted a heap of difficulties in light of the fact that there are no compelling controls. What's more, the Privatization business is comprised of a predetermined number of organizations (International Business Publication [29])

In our study regarding socio demographic characteristics shows the majority of participants age 40-49 years were (49.0%) gender the majority of participant male were (54.0%) the job classification the majority of participant health specialist were (32.0%), level of education is the majority of participant diploma were (45.0%) but master's degree, working experience majority of participant 5-9 years were (44.0%), language barrier the majority of participant always/Sometimes were (49.0%) (See table 1)

The current study has assessment the perspectives of the Medical Center's staff on the privatization of primary and specialized medical care services. While the majority were satisfied or very satisfied with the medical services provided by the Medical Center and the

potential application of the Revenue Development Project, the majority also believed that the Medical Center is not ready for the Revenue Development Project at the current time.

In our study show regarding application of the revenue development project will work effectively in the Medical Centres while a significant relation majority of participant very Satisfied were (32.0%), regarding will be an expected improvement in medical performance in the services subject to a paid treatment program while a significant relation majority of participant very Satisfied were (58.0%), regarding implementing the Revenue Development Project/a paid treatment program will contribute to achieving cash savings to manage medical services and bridge the budget deficit while a significant relation the majority of participant very Satisfied were (66.0%) (See table 3)

similar study by DiPiro et al 2022 found that majority of staff at the Medical Center believe that the ancillary medical services, such as pharmacy, laboratory, radiology, and health education, are areas that can be improved. [30] Sama'a et al. (2021) assessed the recently implemented e-prescribing and dispensing service at the medical Center, wasfaty. They highlighted issues related to medicine availability and access to essential medicines [18]. As Aljuaid et al. (2017) argued, there is a growing demand for further improvement in healthcare quality at medical centers to meet patients' needs, including their satisfaction [31]

Additionally, a study by Khalil et al (2018) evaluated the difficulties that the Saudi healthcare system is experiencing, such as the underutilization and inequity in resource distribution [32]. The Ministry of Health (MOH) is the leading government provider and financier of healthcare services, accounting for 60% of all healthcare services in Saudi Arabia. The private sector, on the other hand, accounts for 27% of Saudi healthcare [26]. Therefore, the government promotes more private sector participation by providing long-term, interest-free financing to construct hospitals, clinics, and pharmacies. Thus, the privatization of services would help to mitigate the constraints identified by the participants in this study .

In our study regarding distribution of Staff suggestions for about Privatization of Medical Services and Revenue development shows regarding Staff suggestions and comments around developing work in the medical centers the majority of participants answer developing applicable systems and programs were (82.0%), regarding what investment opportunities can the Medical Services Administration take advantage of to increase its revenues the majority of participant deal with insurance companies to provide service to insured patients were (97.0%), regarding the challenges may the Medical Centres administration witness if implementing the revenue development project the majority of participant resistance to change were (66.0%), but infrastructure and current medical devices, and the health information program currently used were (15.0%) . (See table 4)

Regarding the distribution of the extent of the expected improvement in the medical services provided when implementing the Revenue Development Project show the most of participant in very high were (60.0%) followed by high were 19.0%) but average were (10.0%) while low were (6.0%) but very low were (5.0%) while a significant relation were (P-value =0.001) and X² (424.400) while % of agreement were (83.3)(See table 5).

Conclusions

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.

References

1. Nasrulddin, V. Economic Impact of Privatization of Healthcare in The Kingdom of Saudi Arabia (2012-2021): A Systematic Review.
2. Alowairdhi, M. A. (2017). The Cost-Effectiveness of Treatments in Non-Cirrhotic Saudi Arabian Patients with Genotype 1 and Genotype 4 Chronic Hepatitis C (Master's thesis, University of Toledo).
3. Nurunnabi, M. (2017). Transformation from an oil-based economy to a knowledge-based economy in Saudi Arabia: the direction of Saudi vision 2030. *Journal of the Knowledge Economy*, 8, 536-564.
4. Alowairdhi, M. (2018). The cost-effectiveness of treatments in non-cirrhotic Saudi Arabian patients with genotype 1 and genotype 4 chronic hepatitis c. *Value in Health*, 21, S84.
5. Caldera, U., Bogdanov, D., Afanasyeva, S., & Breyer, C. (2017). Role of seawater desalination in the management of an integrated water and 100% renewable energy based power sector in Saudi Arabia. *Water*, 10(1), 3.
6. Amran, Y. A., Amran, Y. M., Alyousef, R., & Alabduljabbar, H. (2020). Renewable and sustainable energy production in Saudi Arabia according to Saudi Vision 2030; Current status and future prospects. *Journal of Cleaner Production*, 247, 119602.
7. Edelman, C., & Kudzma, E. C. (2021). *Health promotion throughout the life span-e-book*. Elsevier Health Sciences.
8. Alsulami, M. H., Atkins, A. S., Sorour, A. S., & Campion, R. J. (2022). Ageing population supported by ambient-assisted living in the Kingdom of Saudi Arabia. In *Smart Home Technologies and Services for Geriatric Rehabilitation* (pp. 43-78). Academic Press.
9. Davis, K. (2015). The urbanization of the human population. In *The city reader* (pp. 43-53). Routledge.
10. Watkins, J. S., & Watkins, J. S. (2020). Islamic Economics and Political Economy. *Islamic Finance and Global Capitalism: An Alternative to the Market Economy*, 361-471.
11. Alsubaie, T. (2021). The influence of participative leadership on employee performance: a case of the public sector in Saudi Arabia. Pepperdine University.
12. Alkhamis, A., Ali Miraj, S. S., Al Qumaizi, K. I., & Alaiban, K. (2021). Privatization of Healthcare in Saudi Arabia: Opportunities and Challenges. *Handbook of Healthcare in the Arab World, 1865-1907*.
13. Bauer, U. E., Briss, P. A., Goodman, R. A., & Bowman, B. A. (2014). Prevention of chronic disease in the 21st century: elimination of the leading preventable causes of premature death and disability in the USA. *The Lancet*, 384(9937), 45-52.

14. Alkhamis, A. A. (2017). Critical analysis and review of the literature on healthcare privatization and its association with access to medical care in Saudi Arabia. *Journal of infection and public health*, 10(3), 258-268.
15. Ghasemi, M., Amini-Rarani, M., Zadeh, N. S., & Karimi, S. (2022). Role of public-private partnerships in primary healthcare services worldwide: A scoping review. *Health scope*, 11(3).
16. Kumar, N., Mustafa, S., James, C., & Barman, M. (2019). The economics of healthcare personnel shortage on the healthcare delivery services in the United Kingdom versus the Gulf Cooperation Council. *Saudi Journal for Health Sciences*, 8(3), 127-132.
17. Mushi, M. H., & Alsheikhi, H. M. (2016). The Success of Health Insurance for Saudis Citizens: Hospital Privatization in Saudi Arabia. *European Journal of Business and Management*, 8(18), 2222-1905.
18. Alharbi, N. S. (2021). Determinants of Willingness to pay for employment-based health insurance among governmental school workers in Saudi Arabia. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 58, 00469580211060790.
19. Almulhim, A. I., & Abubakar, I. R. (2021). Understanding public environmental awareness and attitudes toward circular economy transition in Saudi Arabia. *Sustainability*, 13(18), 10157.
20. Jeurissen, P. P., Kruse, F. M., Busse, R., Himmelstein, D. U., Mossialos, E., & Woolhandler, S. (2021). For-profit hospitals have thrived because of generous public reimbursement schemes, not greater efficiency: a multi-country case study. *International Journal of Health Services*, 51(1), 67-89.
21. Rahman, R. (2020). The privatization of health care system in Saudi Arabia. *Health services insights*, 13, 1178632920934497.
22. Khomami, H. M. (2018). The dataset for relationship between the nurses to patients ratio and patients satisfaction with nursing care. *Data in brief*, 21, 2149-2154.
23. Dhanasekaran, R., Muthusamy, H., & Li, X. (2020). Special issue on “Brain computing for healthcare and wellness applications”. *Journal of Ambient Intelligence and Humanized Computing*, 11, 1045-1045.
24. Ghadi, M., Sali, Á., Szalay, Z., & Török, Á. (2021). A new methodology for analyzing vehicle network topologies for critical hacking. *Journal of Ambient Intelligence and Humanized Computing*, 12, 7923-7934.
25. Al Saffer, Q., Al-Ghaith, T., Alshehri, A., Al-Mohammed, R., Al Homidi, S., Hamza, M. M., ... & Alazemi, N. (2021). The capacity of primary health care facilities in Saudi Arabia: infrastructure, services, drug availability, and human resources. *BMC health services research*, 21(1), 1-15.
26. Sama'a, H. A., Alfayez, A. S., Alanazi, A. T., Alwuhaimed, L. A., & Hamed, S. S. B. (2021). Autonomy, accountability, and competition: the privatisation of the Saudi health care system. *Journal of Taibah University Medical Sciences*, 16(2), 144-151.
27. Al-Jazaeri, A., Ghomraoui, F., Al-Muhanna, W., Saleem, A., Jokhadar, H., & Aljurf, T. (2017). The impact of healthcare privatization on access to surgical care: cholecystectomy as a model. *World journal of surgery*, 41, 394-401.
28. Krause, J. H. (2020). Fraud and Abuse Law in the United States. In *The Oxford Handbook of Comparative Health Law*.
29. Radić, M., Ravasi, D., & Munir, K. (2021). Privatization: Implications of a shift from state to private ownership. *Journal of Management*, 47(6), 1596-1629.
30. DiPiro, J. T., Carmichael, J. M., Johnson, V. B., Daftary, M. N., Martinez, L., Wiest, M. D., ... & Cunningham, F. (2022). ASHP Foundation Pharmacy Forecast 2022: strategic planning guidance for pharmacy departments in hospitals and health systems. *American Journal of Health-System Pharmacy*, 79(2), 23-51.

31. ALJUAID, M., & ABDULRAHMAN, A. (2017). Determinants of executive compensation: evidence from a family-firm dominated economy (Doctoral dissertation, Durham University).
32. Khalil, M. K., Al-Eidi, S., Al-Qaed, M., & AlSanad, S. (2018). The future of integrative health and medicine in Saudi Arabia. *Integrative medicine research*, 7(4), 316-321.