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Evaluation of Various Factors Affecting Patient-Centred Approach Adaptation among Health Care Professionals in Riyadh.

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Abstract

Background: Saudi Arabia has made several efforts to promote Patient-Centered Care (PCC); however, its implementation remains inconsistent across healthcare facilities. Previous surveys have repeatedly highlighted patient dissatisfaction, often linked to substandard care and inadequate professional development among healthcare providers. Understanding the factors influencing the adoption of PCC in primary healthcare settings is crucial for improving patient outcomes.

Objective: This study analyzed the key factors affecting the adoption of PCC among healthcare professionals in Riyadh, focusing on identifying barriers and facilitators.

Methodology: Ethical approval was obtained from the Institutional Review Board (IRB). A qualitative descriptive study was conducted with 200 patients and 200 healthcare providers from four primary healthcare centres. All healthcare professionals, regardless of nationality, were included. Two separate questionnaires were developed for patients and providers. Data analysis, including both qualitative and quantitative methods, was performed using SPSS.

Results: The study highlights the importance of an organization-wide approach to successfully implementing PCC. Findings reveal a correlation between previous studies and key facilitators of PCC adoption in primary healthcare settings. Major barriers identified include inadequate nurse-associated healthcare support, an unsupportive institutional culture, and a challenging referral process associated with lower PCC adoption scores.

Conclusion: Implementing PCC in Riyadh's primary care centres is essential for improving healthcare quality. Addressing key barriers will enhance patient satisfaction and professional development among healthcare providers.

Keywords: Patient-Centered Care; Primary Health Care; Health Personnel; Professional Development; Health Services Accessibility

1. Introduction

The Institute of Medicine initially coined the term Patient-Centered Care (PCC). It stated that "PCC is defined as the partnerships established by the health care centres among the practitioners, patients, and their families". PCC aimed to ensure patients' decisions, willingness, and preferences. PCC's core responsibility is to educate and support each patient so they can make decisions and participate in their care (1). This is an approach to care in which healthcare providers offer care that matches patients' values, preferences, and needs. In addition, it also includes educating and training patients about their health. Quality healthcare is defined primarily as the ability to provide the right care at the right time and in the right way.

In essence, basic care is a fundamental element of patient-centred care. Primary care is focused on the person and not on the disease. Primary care focuses on early detection, treatment, and disease prevention (2). Effective primary care is "the provision of integrated and accessible health services by physicians responsible for meeting personal health care needs, building lasting partnerships with patients, and practising in the context of the family and the community" (1). Several studies have shown that patient-centred care has a variety of benefits. The studies performed by Stewart (3) emphasize that patient-centered care leads to patient satisfaction and better health outcomes. Similarly, the study (4) showed that CCP leads to physician satisfaction, patient satisfaction, compliance with assigned tasks, and less anxiety. PCC also increases efficiency, leading to fewer diagnoses at doctor's appointments. The study revealed that patients reported better compliance with therapy, greater satisfaction, and continued care. Mounting

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evidence also suggests that clinicians focusing on their patients are more likely to receive specific, accurate data and initiate doctor-patient relationships (5).

In recent years, the Kingdom of Saudi Arabia (KSA) has paid greater attention to the need for quality care in its health systems. Primary care is the cornerstone of healthcare in all healthcare facilities. Therefore, more attention is being paid to primary health care providers to shift the focus from the disease system to personal and Family Care. Additionally, the KSA is classified as a developed nation. Like other developed countries, Saudi Arabia has a heavy burden of disease, which is cited as the leading cause of high mortality and morbidity rates. In addition, changes in demographics and lifestyle have led to chronic and lifestyle-related diseases.(6) This paradigm shift places primary care at the centre of health policy.

While the prevailing view is that most patients in Saudi Arabia are health literate, a study of patient-centred care in diabetes by Niazi and Kalra showed that an Islamic perspective from South Asia showed that literacy among Muslim patients has increased over the years. As such, they are willing to be actively involved in treating their illnesses. Unlike in the past, patients are dissatisfied with dictation and demand that the focus of treatment shift from treating the disease only to other aspects of their lives. However, it is important to note that several factors hinder the administration of CCP treatment in Muslim patients (7).

Study Hypothesis

- Family physicians struggle to provide patient-centred care due to language barriers and cultural differences between patients and caregivers.
- Low patient education levels hinder effective communication between doctors and patients.
- There is often a mismatch between patient needs and physician care priorities.
- Lack of effective leadership in primary care settings negatively impacts PCC implementation.
- Health managers have unclear roles, insufficient training, and vague expectations, which hinder quality care.
- Primary care staff face time constraints, competing priorities, and perceptions of PCC.
- Patient needs are neglected by healthcare providers, educators, administrators, legislators, and the public neglect patient needs.

2. Methodology

2.1. Ethical Considerations

All participants were treated respectfully according to ethical guidelines established by the National Committee on Bioethics of Saudi Arabia and the American Psychological Association (APA). Research carries an identifiable risk because it excludes confidential information. The first page of the questionnaire briefly outlines the research objectives and the researcher's learning objectives, stating that the participant has the right to refuse to participate in the study other than to participate anonymously. Anonymity ensures the confidentiality of the participants, and the organization is also anonymous.

2.2. Study Design

A qualitative descriptive study was designed to investigate the experiences of healthcare providers in a clinical area and their patients. According to Creswell & Creswell, "Qualitative research " includes several interpretive techniques aimed at describing, translating, deciphering, and developing concepts that help to understand phenomena that emphasize experiences, ideas, and ideas. Meanings and perspectives of natural phenomena. Events in the social environment" (8).

2.3. Selection of Study Participants

The study examined healthcare providers (doctors, nurses) and patients from Riyadh's designated primary care providers. The unique advantage of including nurses in the sample was that they could differentiate between the experiences of healthcare providers and patients. The study's consent was obtained from the Ministry of Health, and selected study participants came from selected clinics.

2.4. Sample collection

Simple random sampling was used to identify Riyadh's community primary health centre. Random sampling will likely represent the population because all subjects have an equal opportunity to participate in the survey and data collection. The names of primary care centres should be kept anonymous to improve confidentiality in the context of research ethics. The study targeted 200 patients and 200 healthcare providers from four medical centres. The healthcare providers who worked in a care setting were included in this study regardless of their nationality.

2.5. Data Collection

Data was collected over three weeks. Two types of questionnaires have been developed, the first for patient data collection and the second for healthcare providers. These questionnaires are written in Arabic and English so all participants can read them clearly and easily and avoid misunderstanding their content. The questionnaires were distributed among 200 healthcare providers and 200 patients at four primary care centres in Riyadh. Each questionnaire was structured into sections, including background information and research questions for the study's specific objectives. Participants were asked to return completed questionnaires. The questionnaire collects cognitive and thematic information related to the patient-centred model. The questionnaire follows Likert's questions, organized according to the three components of the CCP, namely communication, partnerships, and health promotion.

2.6. Data Analyses

The data analyses were done using the Statistical Package for the Social Sciences (SPSS), which was able to break down the data into discrete categories based on the attributes and dimensions that appeared in the data itself. Inductive analysis produces rich descriptions of the studied factors, such as participants' perceptions. The description that is the basis of the interpretation is presented using graphs, networks, and matrices (9).

3. Results

The qualitative study was conducted over three weeks. Two questionnaires were developed and structured in two sections: background information and research questions.

Table 1 shows that the majority of patients in the study were aged 16-30 years (37%), with similar proportions in the 31-40 age group (32%), while fewer patients were aged 41-50 (19%) or above 51 years (12%). Educational status followed a similar pattern, with 37% having a university education, 32% completing secondary education, 19% attending elementary school, and 12% being illiterate. Female patients (62%) outnumbered males (38%), and a similar distribution was observed in social status, where 62% were single and 38% were married (χ^2 = 11.520, ***p < 0.001). Regarding healthcare access, 37% lived within 3 km of the primary healthcare centre (PHC), 32% within 3-5 km, 19% within 5-7 km, and 12% over 7 km away. Nurse care (36%) was the most appealing hospital aspect, followed by physician care (32%), aftercare and follow-up (19%), patient and family engagement (12%), and preventive care (1%) (χ^2 = 82.6, ****p < 0.0001). Patients identified good communication (34.5%) as the most critical aspect of care delivery, followed by sufficient time with physicians (31%), medical decision engagement (23.5%), and psychological care (11%) (χ^2 = 25.960, ****p < 0.0001). These findings emphasize the importance of communication, adequate consultation time, and nursing care in patient-centred healthcare.

Table 1: Patients' Characteristics and opinions regarding their health care.

Patients Characteristics		Percent (%) n=200	Mean±SEM	SD	Chi-square χ2
Age Distribution	16-30y[a]	37	2.06±0.072	1.021	**31.84****
	31-40y[a]	32			
	41-50y[a]	19			
	51->51y[a]	12			
Educational Status	University	37	2.06±0.075	1.021	**31.84****
	Secondary	32			
	Elementary	19			
	Illiterate	12			
Gender	Female	62	1.38±0.034	0.487	**11.520*****
	Male	38			

Social status	Single	62	1.38±0.034	0.487	**11.520*** **
	Married	38			
What is the distance of this healthcare PHC from your home	<3 km[b]	37	2.06±0.072	1.021	**31.84**** **
	3-5 km[b]	32			
	5-7km[b]	19			
	>7km[b]	12			
What Aspects of this hospital do you find appealing	Nurse Care	36	2.10±0.075	1.056	**82.6**** **
	Physician Care	32			
	Aftercare and follow-up	19			
	Patient and Family Engagement	12			
	Preventive Care	1			
In your opinion, what do you consider to be the most important aspect of the delivery of care?	good communication	34.5	2.11±0.071	1.006	**25.960**** **
	enough time with the physician	31			
	medical decision engagement	23.5			
	care of psychological needs	11			

Bold values indicate significance while (***) indicates p<0.001and (****) indicates p<0.0001
a year, bKilometers

Table 2 shows that many patients expressed dissatisfaction with various aspects of primary healthcare centre (PHC) services and workforce. Most (37%) disagreed with the care delivery, and nearly half (49%) felt that the PHC's culture did not support patients and families. Additionally, 30.5% believed the PHC did not focus on individual patient needs, while 36% strongly disagreed that nurses were supportive. More than half (51%) perceived nurses as lacking professionalism and care, and 33.5% felt that PHC support services were inadequate. Communication issues were also prevalent, with 37% disagreeing that the PHC had platforms for feedback and 36% reporting insufficient medical resources. Concerns extended to non-Saudi nurses, as 51% felt they failed to overcome cultural barriers. Referral processes were also problematic, with 49% finding interdepartmental referrals difficult and 31% reporting challenges in transferring to hospitals. Furthermore, 36% of patients indicated they did not receive appointment reminders via text or email. The chi-square analysis confirmed statistically significant associations across these concerns, emphasizing systemic patient care and communication issues at PHCs.

Table 2: Patients' opinions regarding patient's health care and their workers

Patients Characteristics		Percent (%) n=200	Mean±SEM	SD	Chi-square $\chi 2$
You are satisfied with the delivery of care in this PHC	Strongly Disagree	22	2.43±0.082	1.154	**60.60****
	Disagree	37			
	Uncertain	25			
	Agree	8			
	Strongly Agree	8			
In my opinion, this PHC's culture is supportive of patients and families	Strongly Disagree	49	1.89±0.078	1.106	**138.400****
	Disagree	26.5			
	Uncertain	15.5			
	Agree	4.5			
	Strongly Agree	4.5			
This PHC is focused on meeting your individual needs.	Strongly Disagree	28.5	2.36±0.084	1.186	**47.100****
	Disagree	30.5			
	Uncertain	24			
	Agree	10.5			
	Strongly Agree	6.5			
The nurses here are supportive of patients' needs	Strongly Disagree	36	2.1±0.075	1.056	**82.600****
	Disagree	32			
	Uncertain	19			
	Agree	12			
	Strongly Agree	1			
Nurses are highly professional and caring	Strongly Disagree	51	1.8±0.069	0.979	**158.050****
	Disagree	26.5			
	Uncertain	15.5			
	Agree	6			
	Strongly Agree	1			
The PHC offers supportive services that adequately meet the needs of its patients	Strongly Disagree	22.5	2.53±0.087	1.232	**35.400****
	Disagree	33.5			
	Uncertain	21.5			
	Agree	13.5			
	Strongly Agree	9			
The PHC has communication platforms for feedback and complain	Strongly Disagree	22	2.43±0.082	1.154	**60.600****
	Disagree	37			
	Uncertain	25			
	Agree	8			
	Strongly Agree	8			
The PHC has adequate medical	Strongly Disagree	36	2.1±0.075	1.056	**82.600****
	Disagree	32			
	Uncertain	19			

resources to support patients	Agree	12			
	Strongly Agree	1			
The PHC has adequate auxiliary resources to support patient	Strongly Disagree	27	2.36±0.082	1.165	**50.600****
	Disagree	34			
	Uncertain	20			
	Agree	14			
	Strongly Agree	5			
Non-Saudi nurses attempt to break apparent language and communication barriers	Strongly Disagree	26.5	2.43±0.086	1.218	**40.050****
	Disagree	31			
	Uncertain	23.5			
	Agree	11			
	Strongly Agree	8			
Most of those non-Saudi nurses overcome cultural differences while serving their patients	Strongly Disagree	51	1.8±0.069	0.979	**158.050****
	Disagree	26.5			
	Uncertain	15.5			
	Agree	6			
	Strongly Agree	1			
PHC's Non-medical staff are supportive of patients' needs	Strongly Disagree	22	2.43±0.082	1.154	**60.600****
	Disagree	37			
	Uncertain	25			
	Agree	8			
	Strongly Agree	8			
Healthcare provider provides patients with adequate education regarding their health situation	Strongly Disagree	22.5	2.53±0.087	1.232	**35.400****
	Disagree	33.5			
	Uncertain	21.5			
	Agree	13.5			
	Strongly Agree	9			
Easily referral process from PHC to hospital if needed.	Strongly Disagree	26.5	2.43±0.086	1.218	**40.050****
	Disagree	31			
	Uncertain	23.5			
	Agree	11			
	Strongly Agree	8			
Adequate communication skills of healthcare providers	Strongly Disagree	28.5	2.36±0.084	1.186	**47.100****
	Disagree	30.5			
	Uncertain	24			
	Agree	10.5			
	Strongly Agree	6.5			
I receive text messages or	Strongly Disagree	36	2.1±0.075	1.056	**82.60****
	Disagree	32			

emails to remind me of appointments, test results and more.	Uncertain	19			
	Agree	12			
	Strongly Agree	1			

Bold values indicate significance, while (****) indicates p<0.0001

Table 3 shows that physicians (36%) and nurses (32%) were the most represented among the healthcare professionals surveyed, with 44% having more than five years of experience. The majority were female (62%). Key barriers to effective patient-centered Care (PCC) included ineffective leadership (51%) and poor communication channels (26.5%). Dissatisfaction was notable, with 36.5% of professionals unhappy with their work environment and 34% critical of PCC management. Regular PCC training was lacking (31%), and incentives to encourage PCC participation were minimal (51%). Additionally, 33.5% felt patients were excluded from policy-making, and 49% indicated that families were not involved in PHC committees. A lack of web portals (30.5%) further hindered patient access to resources, and 36% believed patients were not treated as partners in care.

Table 3: Health care professional's characteristics and their opinions regarding patient's attitude

Patients Characteristics		**Percent (%) n=200**	**Mean±SEM**	**SD**	**Chi-square χ2**
Your medical specialty	Physician	36	2.06±0.072	1.021	**31.80******
	Nurse	32			
	Pharmacist	19			
	Others Physician	12			
Gender	Female	62	1.38±0.034	0.487	**11.520*****
	Male	38			
For how long you have been employed in this facility	5->5 yc	44	1.74±0.053	0.745	**22.240******
	2-4 yc	38			
	<2 yc	18			
Do you have a patient and family affairs office in Place?	Yes	62	1.38±0.034	0.487	**11.520*****
	No	38			
What is the major barrier to having an effective PCC in this PHC?	Ineffective Leadership	51	1.8±0.069	0.979	**158.050******
	Poor Communication Channels	26.5			
	Lack of incentives to support PCC	15.5			
	Pay Scale	6			
	Language and communication Barriers	1			

I am satisfied with working in this facility	Strongly Disagree	20	2.52±0.084	1.182	**48.9****
	Disagree	36.5			
	Uncertain	23.5			
	Agree	11.5			
	Strongly Agree	8.5			
PHC's management has value of Patient Centered Care?	Strongly Disagree	27	2.36 ±0.082	1.165	**50.600****
	Disagree	34			
	Uncertain	20			
	Agree	14			
	Strongly Agree	5			
I have regular training in patient-centred.	Strongly Disagree	26.5	2.43±0.086	1.218	**40.050****
	Disagree	31			
	Uncertain	23.5			
	Agree	11			
	Strongly Agree	8			
PHC encourage employees to participate in patient-centred care through accountability and incentive measures.	Strongly Disagree	51	1.8±0.069	0.979	**158.050****
	Disagree	26.5			
	Uncertain	15.5			
	Agree	6			
	Strongly Agree	1			
PHC is concerned with patient-centered care.	Strongly Disagree	22	2.43±0.082	1.154	**60.600****
	Disagree	37			
	Uncertain	25			
	Agree	8			
	Strongly Agree	8			
Patients and their family inclusion in making policy, procedure, program and guidelines development in PHC.	Strongly Disagree	22.5	2.53±0.087	1.232	**35.400****
	Disagree	33.5			
	Uncertain	21.5			
	Agree	13.5			
	Strongly Agree	9			
Patients and families serve in PHC committees	Strongly Disagree	49	1.89±0.078	1.106	**138.400****
	Disagree	26.5			
	Uncertain	15.5			
	Agree	4.5			
	Strongly Agree	4.5			
PHC has web portals provide required	Strongly Disagree	26.5	2.43±0.086	1.218	**40.050****
	Disagree	31			
	Uncertain	23.5			

resources for Patients.	Agree	11			
	Strongly Agree	8			
Patients find support, disclosure, apology with error and harm.	Strongly Disagree	28.5	2.36±0.084	1.186	**47.100****
	Disagree	30.5			
	Uncertain	24			
	Agree	10.5			
	Strongly Agree	6.5			
In this PHC, patients are listened to, respected, and treated as partners in the care	Strongly Disagree	36	2.1±0.075	1.056	**82.600****
	Disagree	32			
	Uncertain	19			
	Agree	12			
	Strongly Agree	1			
Actively involve families in treatment planning	Strongly Disagree	49	1.89±0.078	1.106	**138.400****
	Disagree	26.5			
	Uncertain	15.5			
	Agree	4.5			
	Strongly Agree	4.5			

Bold values indicate significance while (***) indicates p<0.001and (****) indicates p<0.0001 cYear

4. Discussion

Current qualitative research aims to develop concepts that help us understand social phenomena in natural contexts, focusing on the participants' meanings, opinions, and experiences (8).. The advantage of the qualitative method is that it can deepen the knowledge of the phenomena studied while increasing their richness. It also offers much flexibility as the investigator can easily change the research questions during the investigation. Furthermore, this approach has a less formal statistical approach, which can attract more readers (9).

The findings support the significance of an organization-wide approach for a successfully advanced PCC. The results further show some relationship between the previous studies regarding the key facilitators towards adopting PCC within primary health care facilities. Our study showed that poor nurse-associated healthcare support, the unsupportive overall culture of the centre, and a troublesome referral process are some of the significant barriers to PCC. These parameters were associated with the lowest score. A study by Smith Stoner et al. showed that nurses' roles in assuring PCC are critical during the silver hours. McCabe focused on patient-centred studies to identify their overall experience (10). The study emphasized nursing care as an important determinant of PCC. Communication of nurses with the PCC approach is associated with improved wellbeing and a feeling of security. A study (7) highlighted that the best approach towards providing maximum care for diabetic patients within the Muslim society is to acknowledge cultural and religious values. The report confirms that PCC can effectively care for diabetic patients, especially when it is a factor in their sociocultural background. Svetlana et al. studied cancer patients in a Mexican healthcare setting to identify PCC barriers. The findings of the study showed that patients with low socioeconomic status face significantly greater challenges in receiving supportive care, indicating inequalities in these systems (11, 12). Age, education, health status, and religious and cultural beliefs are also important factor (13, 14). Our study's outcomes also indicate the significance of these factors in PCC.

A study in the East Mediterranean Region (Iraq, Saudi Arabia, Jordan, Egypt, Bahrain, and Pakistan) to determine whether patients were ready for a patient-centered approach to care. Their findings highlight that most patients prefer a combination of PCC and physician care, while physicians prefer the former. Similarly, Qidwai affirms that PCC is increasingly important and gaining popularity in healthcare systems (15). Despite its benefits and popularity, the authors highlight significant challenges that exist when it comes to implementing PCC in healthcare systems. Similarly,

one of the studies also reported that among patients who received PCC, compared to those who received usual health, no significant difference was seen in terms of patient satisfaction, duration of hospitalization, infection, postoperative complications, and perception of nursing care. On the contrary, Sidani Souraya stated that acute care nurse practitioners motivate patients to be involved in their care and provide moderate individualized care. This was also associated with greater patient satisfaction (5, 16).

5. Conclusions

The current study revealed that the efficacy of medical appointments or implementation of patient-centred care affects service delivery and thus improves patient wellbeing. Patient characteristics such as patient literacy rate, ineffective leadership, lack of education and training, lack of higher wages, and language and communication barriers directly impact the PCC framework. Similarly, healthcare characteristics such as strong and committed management or leadership, communication of strategic vision, family and patient involvement, long-term focus on employee satisfaction, and the incentive and accountability aspect play satisfactory roles in healthcare towards the PCC. Furthermore, implementing patient-centred care in primary care centres in Riyadh has proven to be important; in essence, fundamental principles play an essential role in ensuring that patients receive better quality.

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Authors Contribution

Ibrahim Alqasmi: Article drafted, Study design, Conceptualization.
Ali H Barnawi: Reviewed article, Data analyses, Proofreading,

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Conflict of interest statement

The authors have no conflicts of interest to declare.

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