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Analysis of Issues and Challenges in the Saudi Healthcare System

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Abstract
The demand for quality healthcare delivery is crucial for any rapid growing population, such as that of Saudi Arabia. The government has set healthcare strategies over the decades that have promoted equality and benefits to all citizens. However, several issues and challenges have faced the healthcare system, and properly understanding them can pave the way to finding sustainable solutions. Under the Ministry of Health (MOH) and in adherence to the national healthcare model, health service provision has primarily remained a government responsibility, while citizens or patients have enjoyed health services and treatment free of charge (MOH, 2019). The role of the private healthcare sector is nominal in comparison to the public one, but private companies have provided essential contributions in the provision of health. The issues and challenges in the healthcare system include the rapid population growth and the differences in demographics, a lack of sufficient healthcare personnel as a result of the poor education system and high costs and budgeting for healthcare resulting in major expenses for the government. Dealing with these issues and others is the purpose for undertaking this research. The knowledge of these issues and challenges through research can be a stepping stone towards finding sustainable solutions for the Saudi Arabia healthcare system.

Introduction

Research Background

The demand for quality healthcare in Saudi has increased over the decade as the population has rapidly risen (Al-Hanawi & Qattan, 2019). The elderly population has grown, and so has that of youths under the age of 15 (40%). At the same time, the education system of Saudi has been poorly structured, leaving the country without qualified personnel to attend to various professional fields in healthcare (Albejaidi, 2010). This has forced the healthcare system to over-rely on foreign workers, requiring the government to examine this problem and come up with urgent solutions. The lack of sufficient human resources is a major setback for a country that requires quality service delivery in healthcare (Walston, Al-Harbi Y, & Al-Omar, 2008). Health services have improved and significantly increased in Saudi Arabia. In 1925, the first public health department was created in Mecca, and it monitored and sponsored free healthcare. It was

the first step in health service provision and resulted in the creation of more hospitals (Al-Hanawi, Khan, & Al-Borie, 2019). In 1950, MOH was established, allowing for substantial achievements in healthcare delivery. Currently, the country is involved in several reforms to help find a solution to the existing challenges and issues in healthcare services (MOH, 2019). However, the problems are interlinked, and without a clear picture of the issues and challenges, reaching the right solution might be difficult. According to Barrage, Perillieux and Shediac (2007), the reforms have related to how healthcare is provided (free healthcare) in Saudi Arabia and the attached high-cost concern. The high cost of providing free healthcare has also led to a reduction in the quality of care provided to citizens in public facilities. The government has advocated the introduction of insurance coverage and the privatization of public health facilities. The deteriorating healthcare is due to spiralling cost (Yusuf, 2014). The health system also faces the problem of having few institutes that are specialized in medical research. The only existing medical research centre that has operated effectively has been the King Faisal Specialist Hospital Research Centre (Salloum, Cooper, & Glew, 2015).

Human resource development has been a major challenge for the healthcare system of Saudi Arabia. Over 50% of healthcare experts are from foreign countries (Hyde & McBride, 2011). This has forced the government to pay a lot of money for their services rendered to the government facilities that adhere to the free healthcare model (MOH, 2019). The current human resources of Saudi Arabia are not able to meet the local healthcare needs, making healthcare delivery for a fast-growing population a major problem in the kingdom. The lack of a sufficient number of healthcare professionals is linked to a rise in healthcare system issues, such as dealing with long waiting periods for patients, overworking the staff and patients giving up treatment for lack of attendance (MOH, 2019). When patients under the urgent need of care are not admitted to the hospital because of a lack of specialists, it raises questions about patient outcomes. The surge in mortality rates demands that policymakers should have a keen interest in the quality of care provided at the hospitals (Hyde & McBride, 2011). The lack of human resource professionals means that those available are booked to the last hour and that those working overtime are strained and stressed. Work-stress related problems, especially burnout for clinicians, have been linked to poor health service delivery (Salloum, Cooper, & Glew, 2015). When patients cannot get the services they require, they are forced to use the private health sector at a cost because the insurance coverage for all citizens is still under the Vision 2030 plan.

Problem Statement

The issues and challenges facing the Saudi Arabia healthcare system are numerous. These affect service delivery and the quality of healthcare (El Bcheraoui et. al., 2015). The problem roots from both the government health model's use of free health since the establishment of MOH and a poor education system that did not prepare the country professionally for various future jobs. The free health model places strains on the government as it is forced to allocate about 7% of its budget to healthcare (MOH, 2019). This is expensive for a country with a growing population demanding more, with a large percentage being children and elderly over 60 years. A strain in budget allocation means that the hospital coverage of basic healthcare and in-process quality delivery has deteriorated. Since the country's education system has been poor for decades, healthcare professionals have not been trained. This has forced the country to depend on foreign workers, whom the government has to pay high wages (Al-Hanawi, Khan, & Al-Borie, 2019). The lack of professionals has impacted the human resource sector in the healthcare system, causing several challenges in providing health services (Salloum,

Cooper, & Glew, 2015). This has been reflected in declining patient care and patient outcomes (where long hours of wait for care are a normal routine in hospitals), increasing competition with the private sector for trained personnel, and patients leaving hospitals without treatment (Hyde & McBride, 2011). Even though the government has invested in primary healthcare centres, the vision for a free and equal healthcare system is getting difficult to sustain (Yusuf, 2014). This has been reflected in the reforms being considered by the government to have a private-public partnership program or further privatization of public hospitals, as the government cannot cover the hospital budgets to effectively guarantee quality healthcare (Salloum, Cooper, & Glew, 2015). At the hospital level, more problems are seen, such as the diversion of ambulances due to a lack of hospital resources, such as beds and specialists. The hospitals are crowded, and a shortage in inpatient bed capacity is disastrous for cases of urgent care (Walston, Al-Harbi Y, & Al-Omar, 2008). Hence, some of these issues and challenges in the Saudi Arabia healthcare system are examined here.

Rationale of the Research

The study is significant, as it provides a detailed examination of the issues and challenges that face the healthcare system in Saudi Arabia. The current situation, the causes of these issues and challenges, and the solutions are investigated. A deeper understanding of the challenges can lead to an informed decision-making process. Providing a solution for a challenge without knowing the root cause of the problem will not resolve the issue. Saudi Arabia population is still facing rapid growth; hence, the demand for quality healthcare will continue to increase (Hyde & McBride, 2011). Resolving the issues within the healthcare system in advance will ensure that healthcare visions can be achieved.

Aims and Objectives

The aim of the study is to provide an analysis of the issues and challenges that the Saudi Arabia healthcare system is currently facing. This, therefore, provides the following objectives:

Primary Objective

To determine the issues and challenges facing the healthcare system in Saudi Arabia.

Secondary Objective

To evaluate the solutions available that can address the issues and challenges facing the healthcare system.

Research Question

What are the issues and challenges that face the Saudi healthcare system?

Ethical Issues

Ethical considerations apply to all types of health research. All participants will be informed on the nature and purpose of the study. Participation in the research process will be voluntary and not coerced (Patton, 2015). The questionnaires prepared and sent to the participants will be in a language that they will understand. The research design is adequate to provide answers that are needed for the research questions; hence, the participants will not be exposed to research that has no value. Vulnerable subjects will not be used for the study, while the research will state the benefits of the potential outcomes (Anyansi-Archibong, 2015). The research is not supposed to benefit a few groups of the population. The risks that can come from research, such as physical harm, psychological problems or lost work opportunities, are not applicable to the participants (foreign) involved in the study (Barrage, Perillieux, & Shediac, 2007). Anonymity will be observed in the study without mention of the participant's names or any personally identifiable information.

Literature Review

An Unsustainable Free Healthcare Model

Almutairi and Moussa (2014) explain that Saudi health services are provided by three main sectors, which include MOH (62%), the private sector (17%) and inpatient care government institutions (20%). Barrage, Perillieux and Shediac (2007) add that MOH has taken several steps to reform the Saudi healthcare system since its establishment (Al-Hanawi & Qattan, 2019). However, the implementation of the free health model has brought with it several problems in the delivery of health services. According to Alharbi (2018), researchers have identified a rapid increase in expenditures as a significant element in the Saudi healthcare system. The Saudi government was able to inject investments into the support of the healthcare program because of the revenue from the oil trade (Yusuf, 2014). Statistics from 2010 indicate that 6.5% of the Saudi government expenditure (US$ 345 per capita) represented the budget for MOH. According to research by Amir (2012), the rise in expenditure is attributed to a significant rise in population. For the government to be able to fully cover the healthcare cost of the citizens, a lot of capital has been needed at the hospital level. Al-Yousuf, Akerele and Al-Mazrou (2002) explain that the costs of purchasing ever-increasing and changing medical equipment, constructing and equipping medical research centres, building medical institutions, ensuring enough beds to cater to inpatients and paying for the clinicians have demanded more and more funds from the government. Al-Hanawi (2017) explains that all these aspects of the healthcare system are interlinked, including the advancements in technology that require the government to equip the hospitals with health information systems. The escalating costs of healthcare are a consequence of the free health model, which has been deemed unsustainable. AlYami and Watson (2014) also explain that all Saudis receive free health services, creating a challenge of access to services with a consequence of long waiting times for health facilities. Hyde and McBride (2011) add that to address the issue, the government has considered privatizing public hospitals and increasing insurance coverage for healthcare (Baranowski, 2009). The government provides the private health sector with interest-free loans to stimulate the construction of private health facilities (Walston, Al-Harbi Y, & Al-Omar, 2008).

This is largely used by foreign workers, as they have not been subject to MOH facilities except in emergency cases (El Bcheraoui, et. al. 2015). The primary care physician provides a referral for all patients that require high-level care at MOH facilities. This role has been strongly enforced with the positive results of improving the proper utilization of healthcare services and a reduction in its cost (Salloum, Cooper, & Glew, 2015). Good access provided by a primary care program is reflected in high immunization rates, the control of epidemic diseases and maternal health (Hyde & McBride, 2011). This, however, has also meant having long waiting hours, emergency departments being over-utilized and an increase in the use of private healthcare services. According to MOH (2019), the problem of waiting times is worse for non-emergency surgeries, which can take months to a year. This has reinforced the belief that the private sector could offer higher quality services (Yusuf, 2014).

In 2002, MOH introduced insurance cover and subsequently formed the Health Insurance Council. This was to oversee mandatory health insurance, which is to be gradually implemented. The government, however, still provides insurance coverage for all citizens (MOH, 2019). This has to be done until the state-owned hospital privatization strategy can be implemented. Currently, patients can select their healthcare providers, and the new strategy should reduce the waiting list, but the transition process represents a major challenge. AlYami and Watson (2014) note that the intention is to free Saudis from the burden that comes with medical care. MOH also intends

to cover some foreign workers. However, some managers that have not been fully trained on the complicated and competitive healthcare system (Al-Hanawi & Qattan, 2019) have struggled during the implementation process. Budgeting and the billing systems do not exist in the current hospitals; hence, new managerial structures are needed, which will result in more cost increases for MOH hospitals.

Another issue arising from the free health model is free healthcare for pilgrims. Saudi Arabia is home of the Muslim religion, and as such, it represents a great place of worship (Al-Hanawi, Khan, & Al-Borie, 2019). Mecca city attracts worshipers every year and more so on Muslim celebrations because of the two cities of Islam. Barrage, Perillieux and Shediac (2007) estimate that over 5 million (a number which keeps increasing) pilgrims visit Saudi Arabia in a single year. One of the MOH goals in providing free healthcare services is to include pilgrims. Hence, MOH is tasked with the provision of all health services starting with preventive to curative health services free of charge to all pilgrims in need (Rahman & Alsharqi, 2019). This is reflected in the number of available hospitals and health centres that are seasonally equipped with personnel.

Lack of Healthcare Professionals

The rapid industrialization of Saudi Arabia has resulted in a non-existent education infrastructure for over 40 years (Sajjad & Qureshi, 2018). The consequence has been the inability to produce a good number of clinicians. The educational capacity has dramatically increased, but a large number of healthcare professionals in Saudi Arabia are foreigners. The lack of health professionals is a major issue within the Saudi healthcare system. Obviously, health facilities require clinicians to manage them and to treat patients. Without caregivers, the delivery of health services has become a crisis. The government has been forced to advertise vacancies for healthcare professionals (Al Asmri, Almalki, Fitzgerald, & Clark, 2019). This has resulted in filling the professional gap in the healthcare service with foreign workers. The 2010 statistics indicate that the number of the workforce of Saudi nurses accounted for 48.7% of the total, while the rest were foreigners. This was the same case with Saudi physicians, totalling 21.6% of the workforce (Salloum, Cooper, & Glew, 2015). This illustrates the extent to which the Saudi health facilities are run and operated by foreign nationals. Since these are not private hospitals that pay their wages from outside income, the government is forced to pay high salaries for them (Al-Ahmadi & Roland, 2005). The high wages are charged because the nation lacks professionals and continually needs them to run the facilities. High premiums are also paid to foreigners in terms of holidays and vacations. MOH has been given them 58 days of leave every year due to its attempts to attract practitioners. Over-dependency on foreign nationals is a major challenge and is rooted in the poor investments made in the education sector, which have been focused on the nurturing of graduates (Barrage, Perillieux, & Shediac, 2007). Another issue in human resources for Saudi healthcare has been tenure for the foreign workers (Salloum, Cooper, & Glew, 2015). They only work 2.3 years on average, signifying a high turnover rate. This creates many problems, including expensive, unused and obsolete equipment that is left by the professionals when they leave the country. When new professionals are hired, they also demand new equipment, which is then underused.

A few systematic efforts have been used to help curb the rapid expanding costs of healthcare in Saudi Arabia. Just a handful of specialists and public hospitals can charge nominal fees for different types of health services (Walston, Al-Harbi Y, & Al-Omar, 2008). However, in comparison to the costs of services offered, these fees are low. Some hospitals have started charging the full amount or a portion of the total for the

services that they offer for patients under self-referral, but the efforts of the government have not been directly intended to restrain costs. The waiting lines are not the only problem that has been created by the restricted capacity. The survivability of large hospitals that are badly run is another issue (Almutairi & Moussa, 2014), due in part to the fact that they have opted to take care of poorer populations. For such hospitals, if privatization is to attract investors, huge amounts of capital will be required to restructure them to "normal level" facilities with beds, toilets, sinks and even gas (Albejaidi, 2010). These hospitals will hence end up being spun off and owned by the state as corporations. These run-down facilities continue to deteriorate from the lack of use, as even the poorest populations have insurance coverage and can opt for a choice in the hospitals they use (Barrage, Perillieux, & Shediac, 2007). This leaves MOH with the only option of heavily subsidizing the worst hospitals or completely closing them (Yusuf, 2014). However, all of these options are difficult to implement given the existing political situation.

Methodology

Research Design

The research strategy selection is a key part of any study, and this study follows a descriptive research strategy. This is a research strategy in which the characteristics of a phenomenon or population that is under study are described. The focus is primarily on describing the subject or the demographic of the research, hence allowing discovery in an in-depth detail. The variables of the research study are hence not influenced in any capacity. The study will involve a qualitative study with the use of questionnaires to gather the views and ideas of the participants.

Research Participants

The research will involve the use of 100 participants selected from various hospitals and primary care centres. These will range from managers and doctors to nurses that have been in service for over 10 years. A selection of foreign workers within the healthcare system will also be selected having worked for over 3 years at the hospital level. The sampling procedure will ensure a reliable and representative sample to ensure that sampling errors are minimized. The validity of the research will be ensured by having a sizeable population for research and confining the study to participants within the hospitals and primary care centres (Sensing, 2011). It will cover both Saudis and foreign workers.

Data Collection

The study will use both primary and secondary data for the research. The primary data will be collected by the use of a questionnaire designed to get feedback on various themes of the research topic. Primary data is considered the original data collected for the first time by the researcher (Patton, 2015). For this case, the answers, views and suggestions of the participants regarding the topic as presented in the questionnaire will form the primary research. This will remain qualitative to facilitate analysis. The research will also use secondary data for the same comparison with what has been primarily collected in the field (O'Dwyer & Bernauer, 2014). Secondary data are data that have been collected and hence produced by other researchers. This includes data from databases, articles, books, government documentaries, specialist organizations, reports and any earlier research that was done in Saudi Arabia on healthcare. These documents will be grouped into themes that will be discussed in the literature section for proper reference and comparison with the primary data collected.

Data Analysis

The secondary data will be easily obtained as this information can be found through various sources (Stake, 2010). The data will be analysed after being categorized into the different themes that will be discussed. The analysis will involve

reading the content and ascertaining what is relevant in the different subtopics. Some of the sources will be grouped based on publication even though this is not essential. The primary data will be analysed in relation to the questions asked and the literature review results (Stake, 2010). This will help determine the facts of the research in terms of what other authors have been able to find.

The results obtained will support the challenges and issues identified in the literature or will be against them. The supporting theory will be examined in regard to the feedback provided by the 100 participants. If the participants identify the same issues and challenges, then it would confirm the facts that other authors have found regarding the topic.

Limitations of the Study

The research will face several limitations. Information from the online sources must be purchased, as most of the sources do not have open access, and several books cannot be included because they could not be found in the school library. Also, access to certain government records is restricted or difficult to reach. These issues may limit the depth of the research. Designing the questionnaires, sending them to the participants and undertaking the analysis take time and resources (Anyansi-Archibong, 2015). The research will be limited because of the lack of enough resources and time to carry it out. Some respondents may also take a lot of time to respond as they are busy in their work. At the same time, some of the participants may not fill out the questionnaire or wish to participate in the study. This is more so for the case of foreign workers who fear that they might be risking their job due to a lack of trust of who might access the information and how it could affect them (Stake, 2010).

Conclusion

The research analyses the various issues and the challenges that the Saudi healthcare system faces. The population of Saudi is increasing and demanding high-quality healthcare delivery. The research objectives hence provide a direction for the research and ensure that the results of the study are significant and of value (Almutairi & Moussa, 2014). Several literature sources have been reviewed to analyse the issues and challenges. With a designed questionnaire, the primary data will be collected and analysed and compared with the previous findings of researchers under the themes of the literature review section. The secondary data will be obtained from government reports, databases, journals and books and arranged in relation to the analysed themes. A comparison of the literature and the primary data will provide a deeper understanding of the issues and challenges in the Saudi healthcare system and pave the way to making informed decisions when making strategies that can be implemented for sustainable healthcare delivery (Amir, 2012).

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