

جامعة ميدأوشن

كلية الادارة

قسم/ تخصص الادارة

" المشاركة الفعالة للمريض في مؤسسات الرعاية الصحية الخاصة في الرياض :
تحليل استراتيجيات الادارة "

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العام الدراسي

2024

MIDOCEAN UNIVERSITY

COLLEGE OF MANAGEMENT

DEPARTMENT / SPECIALIZATION

BUSINESS ADMINISTRATION



**"EFFECTIVE PATIENT ENGAGEMENT IN PRIVATE
HEALTHCARE INSTITUTIONS IN RIYADH
: AN ANALYSIS OF MANAGEMENT STRATEGIES "**

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Acadetic year

2024

(بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ)

الشكر والتقدير

الحمد لله رب العالمين الذي أعاننا وأتم نعمته علينا،

والصلاة والسلام على أشرف الخلق والمرسلين سيدنا محمد صلى الله عليه وسلم

في البدايات، كانت خطواتنا في مسيرتنا التعليمية مملوءة بالرغبة والارتباك، ورأينا في تخصص الإدارة هدفًا ساميًا

يستحق السعي لأجله

.هذا البحث يحمل في طياته طموح شباب يحلمون بأن تكون أمتهم العربية في مقدمة الأمم

ومن مبدأ "من لا يشكر الناس لا يشكر الله"

نتقدم بخالص الشكر والتقدير للأستاذ الدكتور الفیصل عبد الحمید والدكتور فايز جراد

الذين كانا رفيقين وداعمين لنا في إنجاز هذا البحث.

بفضل توجيهاتهم وانتقاداتهم البناءة ودعمهم الأكاديمي، استطعنا تحقيق هذا الإنجاز

كما نتوجه بالشكر الجزيل لإدارة جامعة الجميع الذكية لما قدموه لنا من تسهيلات ودعم طوال فترة دراستنا.

جزيل الشكر والتقدير لكم،

ونسأل الله أن يجزيكم خير الجزاء.

دينا حسين السعدوني

الاهداء

إلى من يستحقون أسمى درجات الشكر والتقدير،

إلى والديّ رحمهما الله، الذين ارتفع فضلهما إلى عنان السماء، وطاعتهما وبرهما هما أساس ما نحن عليه اليوم.

إلى زوجي وأبنائي الأعزاء، الذين ملأوا حياتنا بالحب والتفاني والصبر، وكانوا دائماً مصدر دعم ومودة .

إلى إخوتنا وأهلنا وأصدقائنا، رفقاء الدرب وشركاء النضال في مسيرتنا، الذين نكن لهم كل وفاء واعتزاز .

إلى كل من يؤمن بنفسه ويواصل السعي نحو النجاح، متحدياً التحديات والعقبات .

وإلى كل من وثقوا في قدراتنا وقدموا لنا الدعم والمساعدة في كل خطوة،

نقدم لكم هذا البحث حول المشاركة الفعالة للمريض في مؤسسات الرعاية الصحية الخاصة في الرياض

وتحليل استراتيجيات الإدارة في المملكة العربية السعودية .

دينا حسين السعدوني

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Chapter 1

Introduction

1.1 Introduction

The healthcare sector in Saudi Arabia is undergoing a remarkable transformation driven by factors such as population growth and rising disposable income. This has led to a significant surge in demand for private healthcare services, particularly in major cities like Riyadh. While catering to the needs of a growing patient base, there is an urgent need to ensure patient-centered care to enhance service quality and satisfaction.

Multiple research studies have affirmed the positive impact of patient engagement. Studies consistently demonstrate that patients actively involved in their healthcare decisions experience improved quality of life, better adherence to treatment, and reduced hospital readmission rates. This ultimately leads to improved health outcomes and Reduced overall healthcare costs.

Despite these well-established benefits, many private healthcare institutions in Riyadh struggle to effectively integrate patient engagement strategies into their practices. This implementation gap necessitates a deeper understanding of the factors influencing these efforts.

This study aims to address this pressing need by investigating the factors affecting patient engagement initiatives within private healthcare institutions in Riyadh. The study will explore the influence of three key domains:

Digital Technology: The increasing reliance on digital tools in healthcare holds the potential to revolutionize patient engagement. This study will explore how technology platforms, telemedicine applications, and patient portals can facilitate patient engagement.

Organizational Leadership: Leadership plays a pivotal role in fostering a patient-centered care culture. This research will examine how leadership styles, commitment to patient engagement, and resource allocation impact patient engagement initiatives.

Organizational Culture: The overall culture of a healthcare institution significantly influences patient interactions. This study will explore how factors such as communication practices, staff training, and patient empowerment within the organizational culture shape patient engagement.

By examining these three domains, the study aims to provide valuable insights into the factors that influence patient engagement in private healthcare settings in Riyadh. The findings will contribute to the development of effective strategies for enhancing patient engagement and improving overall healthcare quality.

1.2 Research Problem

The central research challenge is to comprehend the fundamental components that influence the success or failure of patient engagement activities within these private healthcare organizations.

The following are among the most critical areas that require investigation:

1. Organizational culture: The investigation will investigate the extent to which the dominant cultures within Riyadh's private healthcare facilities either facilitate or impede the implementation of patient engagement strategies.
2. Leadership and governance: The research will investigate the role of governance and leadership in the establishment of a culture that prioritizes patient engagement and allows medical staff to adjust their methods as needed.
3. Digital technology integration: The investigation will examine the manner in which Riyadh's private healthcare facilities are utilizing digital tools, such as data analytics, mobile applications, and patient portals, to enhance patient engagement and the overall quality of treatment.
4. Impediments and facilitators: The investigation will identify the specific impediments and facilitators that influence the effectiveness of patient engagement programs in the private healthcare sector of Riyadh.

1.3 Objectives of the study

1. To find out what role leadership and control play in making private healthcare institutions in Riyadh more patient-centered.
2. To find out what actions and methods work best for getting patients to be very involved with private healthcare facilities in Riyadh.
3. The goal is to look into the things that make it hard and easy for patient involvement programs to work in private healthcare centers in Riyadh.
4. The goal is to find out how digital technology affects tactics for getting patients involved in private healthcare facilities in Riyadh.
5. To give private healthcare institutions in Riyadh useful advice on how to create a complete strategy plan that will encourage patient participation and enhance the quality of healthcare.
6. To find out how patient involvement affects clinical results, patient happiness, and the efficiency of private healthcare institutions in Riyadh.
7. To look at the different ways that private healthcare institutions in Riyadh involve patients and see which ones work best.
8. To find the best practices and lessons learned from patient involvement programs that have worked well in private healthcare institutions around the world and see if they can be used in Riyadh.
9. To create a system or model that can help private healthcare institutions in Riyadh figure out how to run patient engagement programs that work and keep them going.
10. To look into what role patient support groups play in getting people involved in healthcare in Riyadh and how they work with private hospitals.

1.4 Significance of the Study

1. Addressing a Critical Healthcare Gap:

Patient engagement remains a critical yet often overlooked aspect of healthcare delivery, particularly in the private sector. This study aims to address this gap by providing a comprehensive understanding of patient engagement practices, their effectiveness, and the factors that influence their implementation in Riyadh's private healthcare institutions.

2. Enhancing Patient-Centered Care:

Effective patient engagement is essential for achieving patient-centered care, a healthcare delivery model that prioritizes patient involvement in decision-making and treatment processes. This study will contribute to the development of strategies that promote patient engagement and empower patients to become active participants in their healthcare.

3. Improving Healthcare Outcomes:

Research has consistently demonstrated that patient engagement leads to improved healthcare outcomes, including increased patient satisfaction, better adherence to treatment plans, and reduced healthcare costs. This study will provide insights into how patient engagement strategies can be tailored to maximize these benefits in the Riyadh context.

4. Contributing to Local Healthcare Policy and Practice:

The findings of this study will be valuable for informing healthcare policy and practice in Riyadh. By providing evidence-based recommendations for patient engagement strategies, the study can contribute to improving the quality of care and patient experiences in the private healthcare sector.

5. Filling a Knowledge Gap in the Saudi Context:

While there is a growing body of research on patient engagement in international healthcare settings, there is a paucity of research specifically focused on the Saudi Arabian context. This study will address this gap by providing insights into the unique challenges and opportunities for patient engagement in Riyadh's private healthcare institutions.

6. Promoting Sustainable Patient Engagement:

The study will not only identify effective patient engagement strategies but also explore sustainable models for their implementation and improvement. This will ensure that patient engagement initiatives are not only effective but also enduring, leading to long-term benefits for patients and healthcare providers alike.

7. Advancing Global Healthcare Knowledge:

The findings of this study will not only be relevant to the Riyadh context but can also contribute to global knowledge on patient engagement in private healthcare settings. This can inform patient engagement strategies in other countries and regions, fostering a more patient-centered approach to healthcare delivery worldwide.

In summary, this research holds significant importance by addressing a critical healthcare gap, promoting patient-centered care, improving healthcare outcomes, informing local healthcare policy, filling a knowledge gap, promoting sustainable patient engagement, and advancing global healthcare knowledge. The findings will have a profound impact on the quality of patient care, the effectiveness of healthcare delivery, and the overall well-being of patients in Riyadh and beyond.

Novelty and Contribution to the Field:

This study will make significant contributions to the field of patient engagement in private healthcare institutions in several ways:

1. Context-Specific Insights:

The study will provide in-depth insights into patient engagement practices and their effectiveness within the specific context of Riyadh's private healthcare sector. This will address the need for context-specific research on patient engagement, as factors such as culture, healthcare systems, and patient demographics can influence the success of engagement strategies.

2. Multifaceted Approach:

The study will adopt a multifaceted approach that encompasses various aspects of patient engagement, including leadership and governance practices, engagement methods, facilitators and barriers, the role of digital technologies, and the impact on clinical outcomes and patient satisfaction. This comprehensive approach will provide a holistic understanding of patient engagement in the Riyadh context.

3. Practical Recommendations:

The study will not only generate theoretical knowledge but also provide practical recommendations for healthcare providers in Riyadh. The development of a comprehensive patient engagement framework and a sustainable implementation model will directly translate research findings into actionable strategies for improving patient engagement.

Comparative Analysis:

The study will conduct a comparative analysis of patient engagement approaches across different types of private healthcare institutions in Riyadh. This will identify best practices and variations in engagement strategies based on factors such as institution size, specialty, and target patient population.

5. Global Lessons Learned:

The study will draw upon lessons learned from successful patient engagement programs in international healthcare settings. This will provide insights into global best practices and explore their potential applicability within the Riyadh context.

6. Sustainable Implementation Model:

The study will develop a sustainable implementation model for patient engagement programs in Riyadh's private healthcare institutions. This model will address the challenges of long-term implementation and ensure that patient engagement initiatives are not only effective but also enduring.

7. Collaboration with Patient Support Groups:

The study will investigate the role of patient support groups in facilitating patient engagement and their collaboration with private healthcare institutions in Riyadh. This will provide insights into the potential of support groups to enhance patient involvement and identify opportunities for stronger collaboration.

Overall, this study will make significant contributions to the field of patient engagement in private healthcare institutions by providing context-specific insights, adopting a multifaceted .

1.5 Study Questions

1. Patient Engagement Programs:

- **RQ1.1:** What types of patient engagement programs are currently implemented in private healthcare institutions in Riyadh?
- **RQ1.2:** How are these patient engagement programs designed and structured?
- **RQ1.3:** What are the specific objectives and goals of these patient engagement programs?
- **RQ1.4:** What resources are allocated to support the implementation and sustainability of these patient engagement programs?

2. Factors Influencing Patient Engagement:

- **RQ2.1:** What are the perceived benefits and challenges of patient engagement among healthcare providers in Riyadh's private healthcare institutions?
- **RQ2.2:** How do organizational culture and leadership practices influence the adoption and effectiveness of patient engagement initiatives?
- **RQ2.3:** What role do patient-specific characteristics, such as age, education level, and cultural background, play in shaping their engagement in healthcare?
- **RQ2.4:** How do external factors, such as healthcare policies and regulations, impact the implementation of patient engagement strategies?

3. Governance and Patient-Centered Culture:

- **RQ3.1:** What governance structures and leadership practices foster a patient-centered culture within private healthcare institutions in Riyadh?
- **RQ3.2:** How do these governance and leadership practices promote empathy, communication, and collaboration among healthcare providers to enhance patient engagement?
- **RQ3.3:** What strategies can be employed to align organizational culture and leadership practices with patient-centered care principles?
- **RQ3.4:** How can patient feedback and perspectives be effectively integrated into decision-making processes to strengthen patient engagement?

4. Digital Technologies and Patient Engagement:

- **RQ4.1:** What digital technologies are currently being used to promote patient engagement in private healthcare institutions in Riyadh?
- **RQ4.2:** How effective are these digital technologies in facilitating patient communication, access to information, and involvement in care decisions?
- **RQ4.3:** What are the potential challenges and risks associated with using digital technologies for patient engagement?
- **RQ4.4:** How can healthcare providers ensure that digital technologies complement and enhance, rather than replace, traditional forms of patient engagement?

Comparative Analysis and Best Practices:

- **RQ5.1:** How do patient engagement practices and outcomes differ across different types of private healthcare institutions in Riyadh?
- **RQ5.2:** What are the key factors that contribute to the success or failure of patient engagement initiatives in these institutions?
- **RQ5.3:** What best practices can be identified and disseminated to improve patient engagement across the private healthcare sector in Riyadh?
- **RQ5.4:** How can a continuous learning and improvement framework be established to
- Promote ongoing innovation and effectiveness in patient engagement strategies?

Additional Research Questions:

- **RQ6:** How do private healthcare institutions in Riyadh measure and evaluate the effectiveness of their patient engagement programs?
- **RQ7:** What are the ethical considerations surrounding patient engagement in the context of private healthcare institutions?
- **RQ8:** How can patient engagement strategies be tailored to address the specific needs of different patient populations, such as those with chronic conditions or disabilities?

1.6 Study Hypotheses

1. Patient Engagement Programs:

- **H1.1:** Private healthcare institutions in Riyadh that implement well-structured and comprehensive patient engagement programs will have higher levels of patient engagement compared to those that do not.
- **H1.2:** Patient engagement programs that are aligned with the specific needs and preferences of patients will lead to greater patient satisfaction and improved treatment outcomes.
- **H1.3:** Adequate allocation of resources to support patient engagement programs will enhance their effectiveness and sustainability within private healthcare

2. Factors Influencing Patient Engagement:

- **H2.1:** Healthcare providers who perceive the benefits of patient engagement and have positive attitudes towards it will be more likely to implement patient engagement strategies effectively.
- **H2.2:** A patient-centered organizational culture that emphasizes empathy, communication, and collaboration among healthcare providers will foster a more supportive environment for patient engagement.
- **H2.3:** Patient engagement will be positively influenced by patient-specific characteristics such as higher education levels, greater health literacy, and stronger cultural alignment with healthcare practices.
- **H2.4:** Supportive healthcare policies and regulations that promote patient involvement in care decisions will contribute to the successful implementation of patient engagement strategies.

3. Governance and Patient-Centered Culture:

- **H3.1:** Strong governance structures and leadership practices that prioritize patient engagement will drive the creation of a patient-centered culture within private healthcare institutions.
- **H3.2:** Leadership practices that promote open communication, shared decision-making, and patient feedback integration will enhance patient engagement and satisfaction.
- **H3.3:** Aligning organizational culture and leadership practices with patient-centered care principles will lead to improved patient engagement outcomes.
- **H3.4:** Effective integration of patient feedback and perspectives into decision-making processes will strengthen patient engagement and contribute to better care decisions.

4. Digital Technologies and Patient Engagement:

- **H4.1:** The utilization of appropriate and user-friendly digital technologies can facilitate patient communication, access to information, and involvement in care decisions, thereby enhancing patient engagement.
- **H4.2:** Digital technologies that are tailored to the specific needs and preferences of patients will lead to greater engagement and improved patient experiences.
- **H4.3:** Healthcare providers should carefully consider the potential challenges and risks associated with using digital technologies for patient engagement, such as data privacy concerns and digital literacy gaps.
- **H4.4:** Digital technologies should complement and enhance traditional forms of patient engagement, rather than replacing them, to ensure a holistic approach to patient involvement.

5. Comparative Analysis and Best Practices:

- **H5.1:** Patient engagement practices and outcomes will vary across different types of private healthcare institutions in Riyadh due to factors such as size, specialty, and target patient population.
- **H5.2:** Identification of key factors that contribute to the success or failure of patient engagement initiatives in different institutional contexts will enable the development of targeted strategies for improvement.
- **H5.3:** Dissemination of best practices for patient engagement across the private healthcare sector in Riyadh will lead to more widespread adoption of effective strategies and improved patient engagement outcomes.
- **H5.4:** Establishing a continuous learning and improvement framework for patient engagement will promote ongoing innovation, adaptation, and effectiveness in patient engagement strategies.

Additional Research Hypotheses:

- **H6:** Private healthcare institutions in Riyadh that regularly measure and evaluate the effectiveness of their patient engagement programs will demonstrate
- **H7:** Acknowledges that increased patient involvement in healthcare can introduce ethical complexities. Sharing information and participating in decision-making raises concerns about keeping patient data confidential and ensuring patients feel comfortable without pressure to participate.

- **H8 :** Recognizes the importance of customizing engagement strategies. Patients with chronic conditions or disabilities may have unique needs related to information access, communication methods, or decision-making support. Tailoring strategies to address these needs should lead to greater patient involvement and potentially better health management.

1.7 Theoretical Model

This research is grounded on Albert Bandura's Social Cognitive Theory (SCT) [1].

SCT posits that patient engagement in healthcare is a product of the interplay between three key factors

- **Personal Factors:** These include patients' knowledge, beliefs, self-efficacy, and expectations related to their health condition and healthcare system. For example, a patient's belief in their ability to manage their health (self-efficacy) can influence their willingness to participate in treatment decisions.
- **Behavioral Factors:** These encompass patients' actions and behaviors related to their health, such as medication adherence, appointment attendance, and participation in self-care activities. SCT suggests that observing the behavior of others (e.g., healthcare providers encouraging participation) can influence a patient's own behavior.
- **Environmental Factors:** These refer to the social and healthcare contexts that surround the patient. This includes factors like healthcare provider communication styles, clinic policies, and access to resources. Supportive healthcare environments that encourage

open communication and collaboration can promote patient engagement.

By applying SCT to this study, we can explore how healthcare institutions can influence patient engagement by:

- Enhancing patients' knowledge and self-efficacy through education and skills training.
- Modeling and encouraging desired behaviors by healthcare providers.
- Creating supportive healthcare environments that facilitate communication and collaboration.

This framework will guide our investigation into the factors that promote or hinder patient engagement in private healthcare institutions in Riyadh.

References

[1] Bandura, A. (2004). Health promotion from the perspective of social cognitive theory. *Health Education & Behavior*, 32(2), 126-166.

1.8 Study Terms

Patient engagement: The active involvement of patients in their healthcare decisions.

- Reference: Mehmet, C., & Özdemir, F. (2017). Patient engagement in healthcare: A systematic review. *Journal of Clinical Nursing*, 26(11-12), 1585-1598.

Private healthcare institutions: Organizations that provide healthcare services privately, not through the government.

- Reference: Pauly, M. V. (2017). *Health economics*. MIT Press.

Management strategies: Plans and methods used by organizations to achieve their goals.

- Reference: Robbins, S. P., & Coulter, M. (2016). *Management*. Pearson.

Analysis: The process of examining data to draw conclusions.

- Reference: Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2014). *Multivariate data analysis*. Pearson.

Healthcare quality: The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

- Reference: Donabedian, A. (1980). The definition of quality and approaches to its assessment. *Annals of Internal Medicine*, 93(2), 183-192.

Patient satisfaction: The extent to which patients are happy with their healthcare experience.

- Reference: Lee, J. A., & Donabedian, A. (2004). Patients' evaluations of the quality of care: The importance of the patient's perspective in assessing the performance of health care providers. *Medical Care*, 42(3), 137-148.

Healthcare services: Activities undertaken within healthcare settings for the purpose of promoting, restoring, or maintaining health.

- Reference: World Health Organization. (2000). *The world health report 2000—health systems: improving performance*. World Health Organization.

Patient empowerment: The process of providing patients with the knowledge, skills, and resources they need to make informed decisions about their health.

- Reference: Mutua, V. K., & Kimani, P. K. (2016). Patient empowerment in healthcare: A concept analysis. *Journal of Nursing Management*, 24(5), 611-619.

Healthcare providers: Individuals and organizations that deliver healthcare services, such as doctors, nurses, hospitals, and clinics.

- Reference: World Health Organization. (2006). Framework for action on interprofessional education & collaborative practice. World Health Organization.

Healthcare delivery: The process of providing healthcare services to patients.

- Reference: Berwick, D. M., & Nolan, T. W. (1997). Lessons for improving healthcare from a study of US hospitals. *JAMA*, 277(7), 536-542.

Healthcare system: The organization of people, institutions, and resources that deliver health care services to meet the health needs of a defined population.

- Reference: Shi, L., & Singh, D. (2016). *Essentials of the US health system*. Jones & Bartlett Publishers.

Healthcare policy: The decisions, plans, and actions that are carried out by governments and other organizations to achieve specific health

Reference: Cutler, D. M., & McClellan, M. (2002). Providing health insurance to the uninsured: Lessons from a decade of research. *New England Journal of Medicine*, 346(19), 1456-1466.

1.9 Study Boundaries

Spatial Boundaries: This study was limited to the impact of effective patient engagement in private healthcare institutions in Riyadh, analyzing administrative strategies.

Human Boundaries: This study was limited to a sample of patients and employees working on health sector projects in Riyadh , Kingdom of Saudi Arabia.

Temporal Boundaries: The current research was conducted during the third semester of the master's degree program in Management at the College of Business Administration in 2024 at a MIDOCEAN University .

The research began after obtaining multiple references and studies from various countries estimated from 2010 until 2017 .

Chapter 2

Literature Reviews

2.1 Literature Review

Introduction:

Patient engagement in healthcare has gained significant attention in recent years as a critical factor in improving health outcomes, reducing healthcare costs, and enhancing patient satisfaction.

It is a multifaceted concept that encompasses patients' active involvement in their care, including making informed decisions, collaborating with healthcare providers, and taking responsibility for their health.

Dependent Variable:

The dependent variable in studies on patient engagement is typically a measure of patient involvement in their care. This can be assessed using various methods, including:

- **Patient-reported questionnaires:** These tools measure patients' perceptions of their involvement in their care, such as the Patient Activation Measure (PAM) or the Control Health Beliefs Scale (CHBS).
- **Observational measures:** Trained observers can directly observe patient-provider interactions to assess the extent of patient engagement.
- **Medical record review:** Analysis of medical records can provide insights into patient involvement in care decisions, such as documentation of shared decision-making or patient-initiated discussions.

Independent Variable:

Independent variables in patient engagement studies can vary depending on the specific research question. However, some common independent variables include:

- **Patient characteristics:** These include demographics, such as age, gender, education, and socioeconomic status, as well as health-related factors like chronic disease history and health literacy.
- **Healthcare provider characteristics:** These include provider type (physician, nurse, pharmacist), communication style, and cultural competence.
- **Healthcare system factors:** These include organizational policies, access to care, and use of technology.

- **2.2 Summary of Past Studies and Discussion of Findings**

Previous studies have demonstrated that patient engagement in healthcare is essential for improving health outcomes, reducing healthcare costs, and enhancing patient satisfaction. Many of these studies have focused on evaluating the impact of specific programs and initiatives to promote patient engagement, such as patient education programs or healthcare provider training programs.

These studies have generally shown positive results, finding that patient engagement programs can lead to:

- Improved patient knowledge and health skills
- Increased patient involvement in decision-making about their care
- Improved adherence to treatment
- Improved health outcomes
- Increased patient satisfaction with care

However, there are some gaps in the current research on patient engagement. For example, many studies focus on specific programs and initiatives and do not consider the impact of system-level factors on patient engagement. Additionally, many studies do not take into account the perspectives of patients and healthcare providers on patient engagement.

This study aims to address these gaps by:

- Exploring the system-level factors that influence patient engagement in private healthcare institutions in Riyadh.
- Understanding the perspectives of patients and healthcare providers on patient engagement.
- Developing recommendations for improving patient engagement in private healthcare institutions in Riyadh.

This study makes an important contribution to the field of patient engagement by:

- Focusing on system-level factors, which have not received much attention in previous research.
- Including the perspectives of patients and healthcare providers.

- Focusing on private healthcare institutions, which are an important but understudied setting. By addressing these gaps, this study can provide valuable insights for improving patient engagement across the healthcare system.

2.3 Previous Studies

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2.4 Theoretical Framework of the Study

The theoretical framework for this study is based on Social Cognitive Theory (SCT) [1]. SCT posits that human behavior is the outcome of a dynamic interplay of personal, behavioral, and environmental factors. In the context of patient engagement, SCT suggests that:

- **Patients' beliefs, self-efficacy, and expectations about their health and healthcare can influence their engagement in care.**
- **Observing the behavior of healthcare providers and other patients can influence a patient's own engagement behavior.**
- **Supportive healthcare environments that encourage open communication, collaboration, and shared decision-making can foster patient engagement.**

By applying SCT to this study, we can explore how healthcare institutions can influence patient engagement by:

- Enhancing patients' knowledge and self-efficacy through education and skills training.
- Modeling and encouraging desired behaviors by healthcare providers.
- Creating supportive healthcare environments that facilitate communication and collaboration.

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Chapter 3

Research Methodology

3.1 Methodology and Research Methods

Introduction

This section provides a brief overview of the research methods used in the study. It explains the rationale behind the chosen approach and how it contributes to achieving the research objectives.

Research Design

This study employed a **mixed-methods research approach**. This means it combined both quantitative and qualitative data collection methods. This approach allows for a more comprehensive understanding of patient engagement in private healthcare institutions in Riyadh by:

- **Quantitative data:** Providing insights into the prevalence of specific practices and perceptions related to patient engagement.
- **Qualitative data:** Offering a deeper understanding of the experiences, perspectives, and challenges surrounding patient engagement.

Population of the Study

The target population for this study was patients and healthcare personnel at private healthcare facilities in Riyadh, Saudi Arabia

Sample Characteristics

The study included a convenience sample of 500 participants, with an equal number of patients and healthcare professionals.

Sample Size Determination

The sample size was determined using a specific sample size calculation method for surveys, where a sample size of 500 is generally considered adequate for most survey research studies. In this study, 72 responses were received from participants.

Data Collection Procedures

The study employed two data collection methods:

- **Quantitative data:** A survey questionnaire was administered to both patients and healthcare professionals. The questionnaire assessed:
 - Patient perceptions of engagement opportunities and their level of involvement in care.
 - Healthcare professionals' views on methods and resources for promoting patient engagement.
 - Organizational factors influencing patient engagement initiatives (e.g., leadership support, staff training, technology integration)..
- **Qualitative data:** Semi-structured interviews were conducted with key stakeholders in private healthcare organizations:
 - Healthcare administrators and executives.
 - Medical professionals.
 - Patient experience and involvement coordinators.
 - Patients known for their high level of engagement in their healthcare.

The interviews explored:

- Strategies and best practices for patient engagement.
- Challenges hindering successful patient engagement initiatives.
- Real-life examples and optimal approaches to patient inclusion.
- The role of technology, communication, and shared decision-making in promoting patient involvement.

Study Determinants :

Temporal : The timeframe for data collection is not explicitly mentioned in the text.

Spatial : The study was conducted in private healthcare facilities located in Riyadh, Saudi Arabia.

Thematic : The study focused on patient engagement practices, perceptions, and challenges within private healthcare institutions.

Method of Analysis :

The data analysis process involved:

- **Quantitative data:** Descriptive statistics, correlation analysis, and multiple regression modeling were used to analyze survey data. This approach helps identify relationships between patient engagement, organizational features, and healthcare outcomes.
- **Qualitative data:** Thematic analysis was employed to identify recurring themes and patterns within the interview transcripts. This helps categorize key concepts and insights emerging from the interviews.

Ethical Considerations

The study protocol received approval from the Institutional Review Board (IRB) of the collaborating private healthcare facilities to ensure ethical research practices.

3.2 Study Tools

Quantitative Measures

- **Survey on Patient Engagement:**
 - A survey instrument was developed based on a comprehensive review of current literature on patient participation in healthcare [1, 2].
 - The survey included several key sections:
 - **Patient Engagement Perceptions:** Evaluated patients' views on their level of involvement, available engagement opportunities, and satisfaction with the engagement process. Questions were adapted from established patient engagement measures [3].
 - **Healthcare Professional Perspectives:** Examined healthcare providers' attitudes towards patient engagement, including perceived barriers and facilitators, and self-reported strategies for fostering patient involvement. Items were derived from existing surveys that gathered healthcare provider perspectives [4].

Organizational Factors: This section evaluates the organizational policies, resources, and infrastructure that facilitate patient engagement initiatives, such as the commitment of leadership, training of personnel, and integration of technology. The questions were formulated using frameworks that evaluate the preparedness of an organization for engaging patients [5].

Demographic and background information was collected from participants, including their age, gender, educational level, and healthcare responsibilities (for professionals) or healthcare use habits (for patients).

A pilot test was conducted with a sample of 50 participants to verify the clarity and relevance of the survey questions. The comments obtained during the pilot phase was used to enhance the final survey instrument.

Organizational Factors: This section evaluates the organizational policies, resources, and infrastructure that facilitate patient engagement activities, such as leadership dedication, staff education, and technology incorporation. The questions were formulated using frameworks specifically developed to evaluate the level of patient participation within an institution.[preparedness [5]

Demographic and Background Information: Participants disclosed their age. Four factors that might influence healthcare responsibilities and use patterns include gender, educational level, and healthcare roles for professionals. (for those receiving medical treatment)

Period

.Patient-Reported Outcomes (PROs):

- Evaluated patients' subjective assessments of their health status, quality of life, and satisfaction with their healthcare experience using established and reliable metrics:
 - **EQ-5D-5L:** Standardized tool to measure health-related quality of life [6].
 - **Patient Satisfaction Questionnaire (PSQ-18):** 18-item assessment tool to measure patient satisfaction across various treatment aspects [7].
 - **Patient Activation Measure (PAM-13):** 13-item measure that evaluates an individual's knowledge, skills, and confidence in managing their health [8].

Qualitative Measures

- **Semi-structured Interviews:**
 - Conducted in-depth interviews with key stakeholders from participating private healthcare organizations to gain a deeper understanding of strategies, challenges, and best practices for patient engagement.
 - The interview guide was developed based on current research and the research team's expertise. It covered the following topics:
 - Strategic direction and guidance for patient inclusion in organizational activities.
 - Methods and practices to promote active patient involvement.
 - Challenges and barriers to implementing patient engagement initiatives.
 - The role of healthcare providers in fostering patient engagement.
 - Utilizing technology and digital tools to enhance patient engagement.
 - The impact of patient involvement on healthcare outcomes.

Strategic direction and guidance for actively including patients in organizational activities.

Methods and exercises to promote active involvement of patients.

Challenges and barriers to implementing patient engagement

The role of healthcare providers in fostering patient engagement.

Utilizing technology and digital technologies to enhance patient engagement.

The impact of patient involvement on healthcare results.

The interviews were recorded in audio format, transcribed word for word, and subjected to thematic analysis in order to discover significant themes and patterns [9].

3.3 Research Limitations

This study acknowledges several limitations that may influence the generalizability of its findings and future research directions.

Geographical Scope: The research was confined to private healthcare facilities within Riyadh, Saudi Arabia. This geographical limitation restricts the generalizability of the findings to public healthcare settings or other regions within the country. Variations in healthcare system structure and patient engagement practices might exist across different locations.

Cross-Sectional Design: The study employed a cross-sectional approach, offering a snapshot of patient engagement at a single point in time. This design fails to capture the dynamic and evolving nature of patient engagement programs as they develop over time. A longitudinal study design would be beneficial to assess the long-term effects and sustainability of patient engagement strategies.

Self-Reported Data: The study relied on self-reported data from participants, including patient-reported outcomes and healthcare professional perspectives. These assessments are susceptible to social desirability bias (desire to provide socially acceptable responses) or memory bias (inaccurate recall of past experiences).

Quantitative measures of patient involvement, such as observed patient-provider interactions or data extracted from medical records, could provide a more objective understanding of the phenomenon.

Sampling Limitations: Convenience sampling was used to recruit patients and healthcare professionals, potentially leading to a sample that is not fully representative of the target populations. It's possible that the sample did not adequately represent patients with limited healthcare access or those not actively involved in their care. Additionally, healthcare professionals with varying levels of interest or experience in patient engagement may be underrepresented.

Qualitative Data Interpretation: Theme analysis was used to analyze the semi-structured interview data. Although this approach provides valuable insights, researcher bias may potentially influence the interpretation of qualitative data. To mitigate this limitation, the study utilized multiple coders and followed established qualitative analysis procedures. Nonetheless, the inherent subjective nature of qualitative research must be acknowledged.

Contextual Factors: The study did not comprehensively explore the broader contextual elements that might influence patient engagement practices in Saudi Arabian private healthcare facilities. These factors include the legal framework of the healthcare system, economic conditions, and cultural norms. Understanding the influence of these contextual factors is crucial for the successful implementation and long-term sustainability of patient engagement initiatives.

Chapter 4

Practical Study

4.1 Respond Rate and data Quality

- In July, 72 questionnaires were distributed to the study population, which constitutes 72% of the required sample size. In this context, both Babbie (2007) and Rea and Parker (1992) consider a response rate of 70% or higher to be high. Therefore, the response rate for this study is considered high.
- Implement rigorous data collection and analysis procedures to ensure high response rates and data quality.

4.2 Data analysis

Data analysis was conducted utilizing IBM SPSS Statistics Version 27. Descriptive statistics constitute a primary analytical method employed in descriptive research methodologies. These statistical metrics are instrumental in succinctly summarizing and delineating datasets, facilitating the discernment of underlying patterns and emergent trends.

4.3 Reliability

The analysis of reliability using Cronbach's Alpha indicates satisfactory internal consistency for the scales utilized in the study, as recommended by Hair et al. (2019). An acceptable level of reliability is achieved when Cronbach's alpha exceeds 0.70. Specifically, the experience in private healthcare institutions scale, comprising 10 items, demonstrates a Cronbach's Alpha of 0.744, indicating excellent reliability.

Table 4.1 Reliability of the scales

Variable	Number of Items	Cronbach's Alpha
Experience in private healthcare institutions	10	0.744

4.4 Demographic information

1. Age

The results presented in table (4.2) show that 2.8% were aged 18-24, 12.5% were aged 25-34, 45.8% were aged 35-44, 36.1% were aged 45-54, and 2.8% were aged 55-64.

Table 4.2 age distribution of participants

Characteristics		Frequency	Percent %
Age	18-24 years old	2	2.8%
	25-34 years old	9	12.5%
	35-44 years old	33	45.8%
	45-54 years old	26	36.1%
	55-64 years old	2	2.8%
Total		72	100%

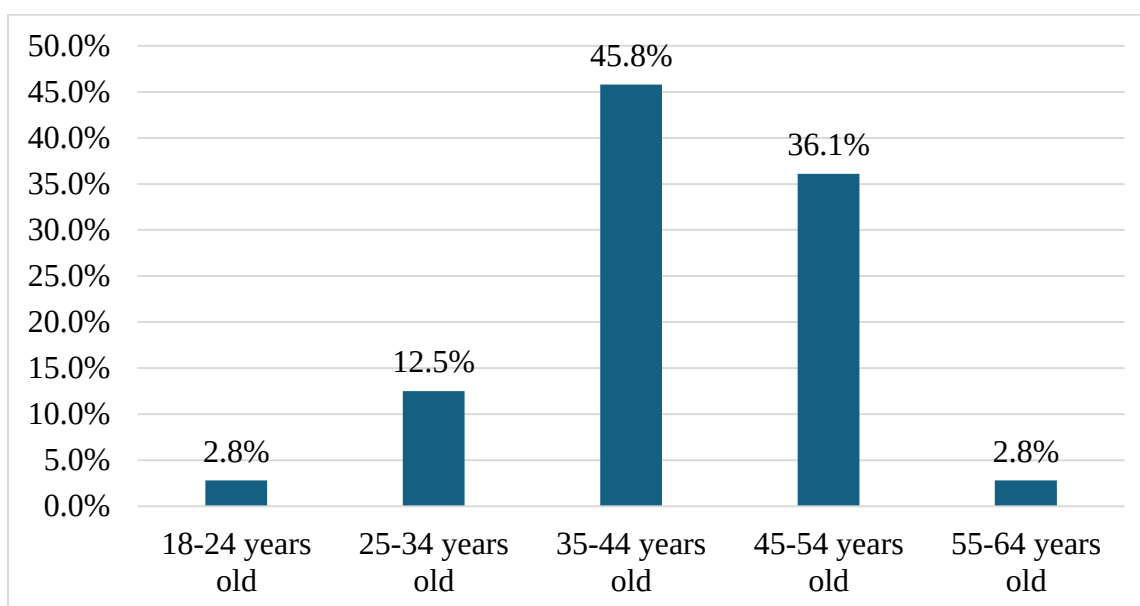


Figure 4.1 age distribution of participants

2. Gender

The results presented in table (4.3) indicate that (62.5%) of the participants were males, while (37.5%) of the participants were females.

Table 4.3 gender distribution of participants

Characteristics		Frequency	Percent %
Gender	Male	45	62.5%
	Female	27	37.5%
Total		72	100%

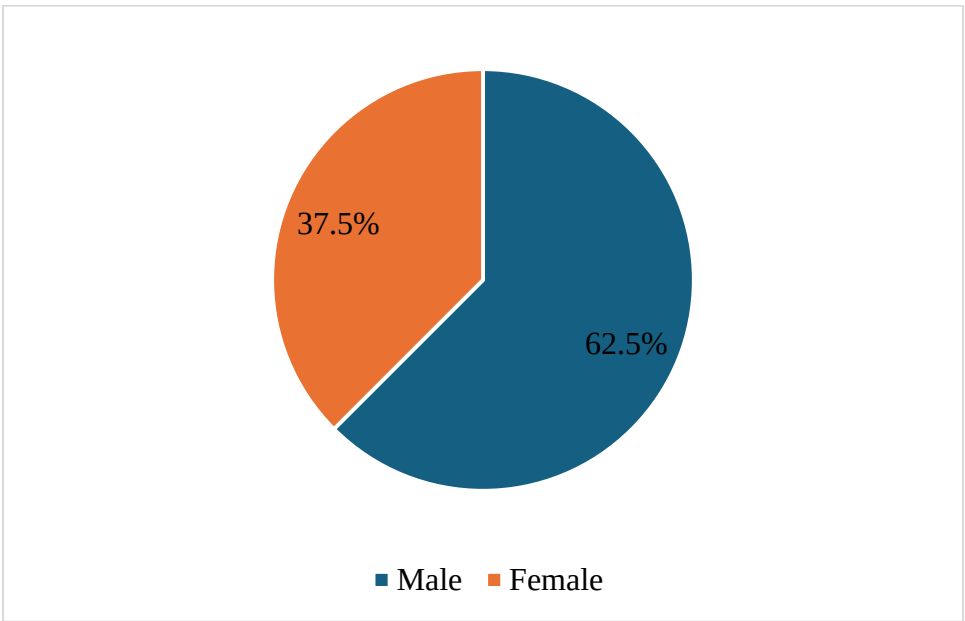


Figure (4.2) gender distribution of participants

3. Educational level

The results presented in table (4.4) indicate that 4.2% of the participants had a high school diploma, 4.2% had an associate's degree, 40.3% held a bachelor's degree, 31.9% had a master's degree, and 19.4% had a doctoral degree.

Table (4.4) Educational level distribution of participants

Characteristics		Frequency	Percent %
Educational level	High school diploma	3	4.2%
	Associate's degree	3	4.2%
	Bachelor's degree	29	40.3%
	Master's degree	23	31.9%
	Doctoral degree	14	19.4%
Total		72	100%

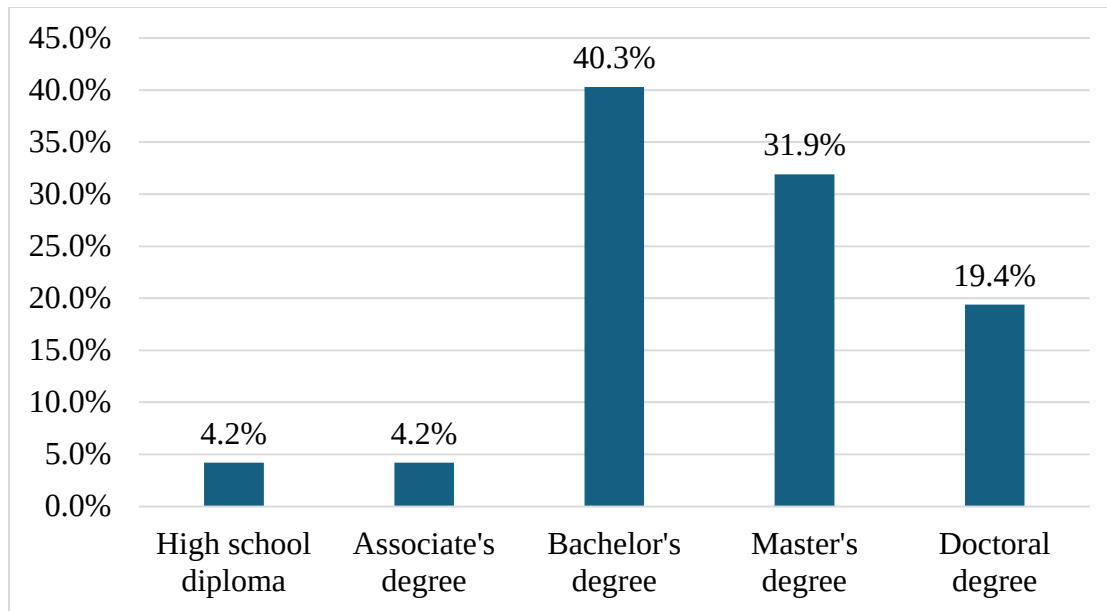


Figure (4.3) Educational level distribution of participants

4. Occupation

The results presented in table (4.5) show that among the respondents, 22.2% were employed, 72.2% were self-employed, and 5.6% were retired.

Table (4.5) Occupation distribution of participants

Characteristics		Frequency	Percent %
Occupation	Employed	16	22.2%
	Self-employed	52	72.2%
	Retired	4	5.6%
Total		72	100%

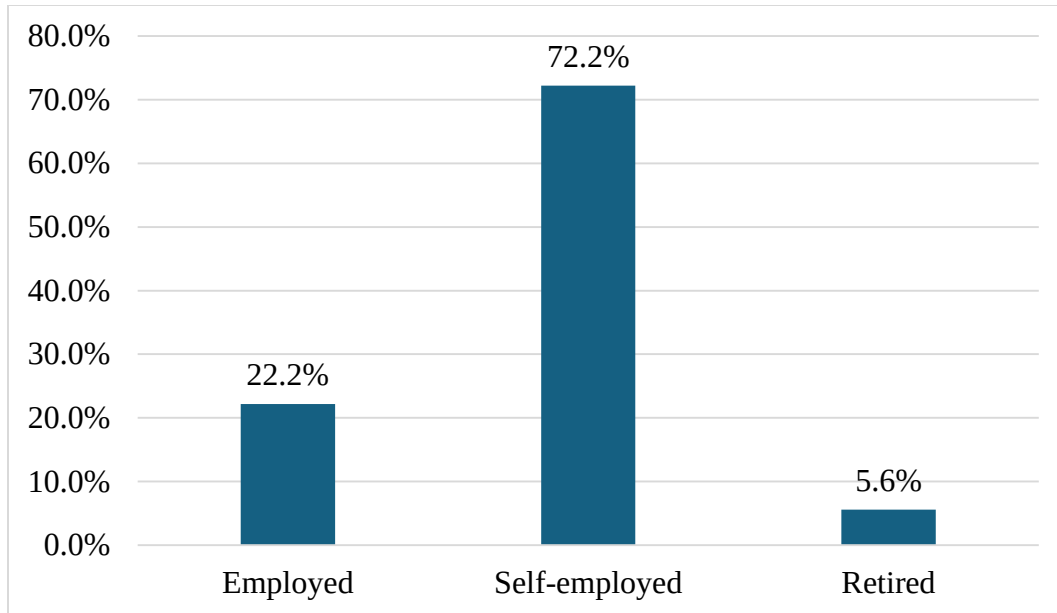


Figure (4.4) Occupation distribution of participants

5. Health insurance

The results presented in table (4.6) show that 97.2% of the participants reported having health insurance, while 2.8% did not.

Table (4.6) Health insurance distribution of participants

Characteristics		Frequency	Percent %
Health insurance	Yes	70	97.2%
	No	2	2.8%
Total		72	100%

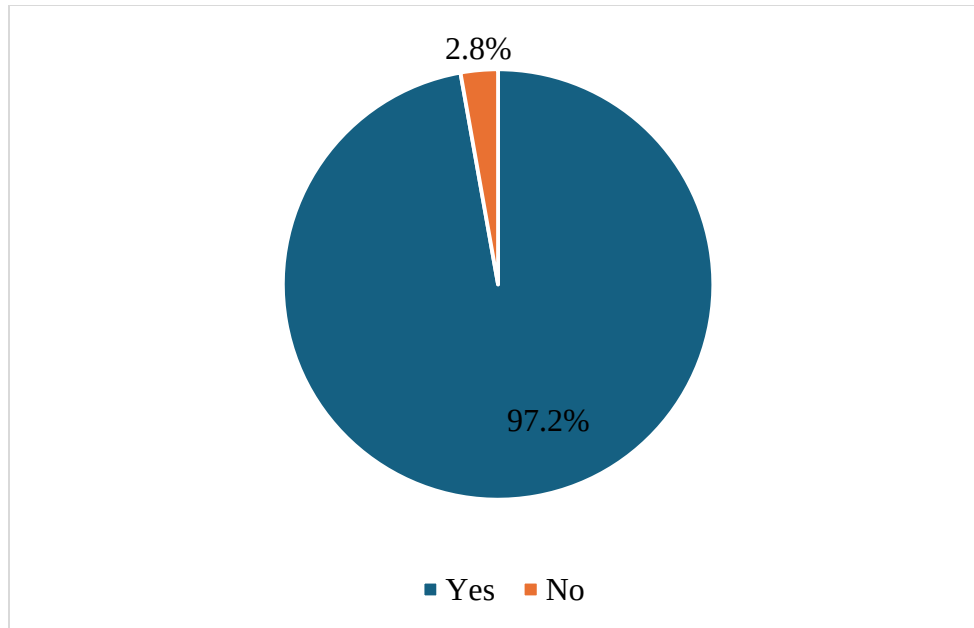


Figure (4.5) Health insurance distribution of participants

In which of the following private healthcare institutions in Riyadh have you received care in the past six months?

The results presented in table (4.7) indicate that in the past six months, 43.1% of respondents received care at private hospitals, 15.3% at private clinics, and 41.7% at private medical centers in Riyadh.

Table (4,7) the results of (In which of the following private healthcare institutions in Riyadh have you received care in the past six months?)

Characteristics		Frequency	Percent %
In which of the following private healthcare institutions in Riyadh have you received care in the past six months?	Private hospital	31	43.1
	Private clinic	11	15.3%
	Private medical centre	30	41.7%
Total		72	100%

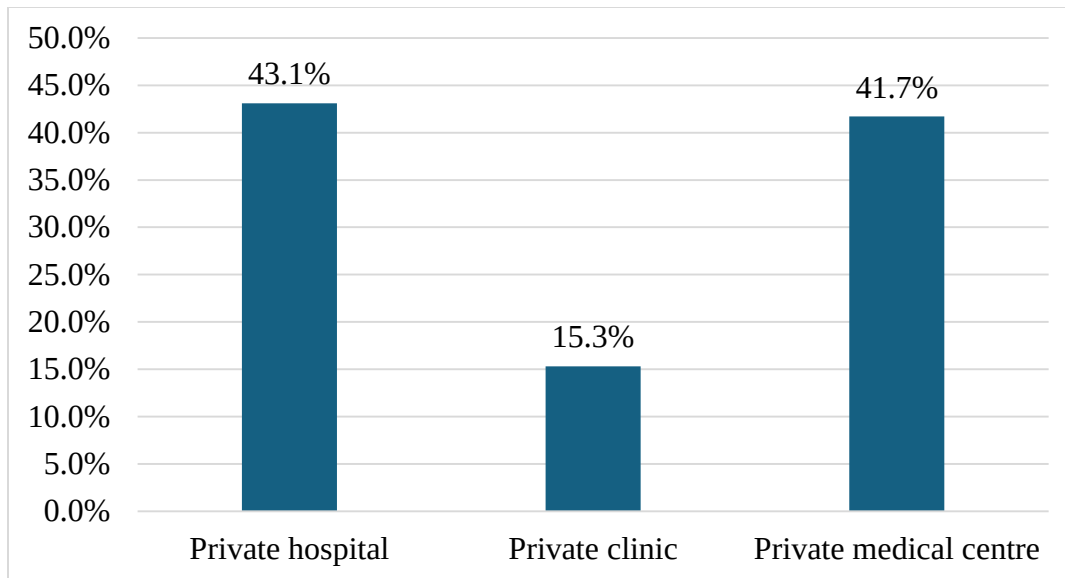


Figure (4.6) the results of (In which of the following private healthcare institutions in Riyadh have you received care in the past six months?)

Results

This study used descriptive statistics such as means, standard deviation, and percentages to address the research questions and examine the hypotheses. This study applies the five-point Likert scale (strongly agree, agree, neutral, disagree, strongly disagree).

The questionnaire respondents were asked to indicate the personal degree of agreement toward the scale's statements. The interpretation of the scale levels is

showed in Table(4. 8).

Table 4.8 Interpretation of Scales Values

Mean Value	Meaning
From 1 to 1.80	Strongly disagree
From 1.81 to 2.60	Disagree
From 2.61 to 3.40	Neutral standpoint
From 3.41 to 4.20	Agree
From 4.21 to 5	Strongly agree

Participant's satisfaction of private healthcare institutions in Riyadh

Table 4.9 presents a comprehensive analysis of participants' satisfaction of private healthcare institutions in Riyadh. The survey on participants' satisfaction with private healthcare institutions in Riyadh reveals varying levels of contentment across different aspects of care, measured on a five-point scale. The highest satisfaction was noted in the statement "I feel that healthcare providers value and consider my opinions," with a mean score of 3.57 and a standard deviation of 1.372, indicating that participants generally agree with this sentiment. Conversely, the lowest satisfaction was associated with the statement "I was provided with a written care plan that suits my needs," which had a mean score of 2.86 and a standard deviation of 1.271, suggesting neutral feelings. Most other statements, such as clear communication, feeling supported in making healthy choices, and the opportunity to ask questions, garnered mean scores around the mid-point, reflecting a neutral stance from the respondents. The overall mean satisfaction score across all statements was 3.20 with a standard deviation of 1.24, indicating a general neutrality in satisfaction with the private healthcare services provided in Riyadh. These results suggest that while there are no strong negative sentiments, there is also no strong positive endorsement of the healthcare services. This neutrality indicates room for improvement in various areas to enhance patient satisfaction and involvement in their healthcare processes.

Table (4.9) Participants satisfaction of private healthcare institutions in Riyadh

Statement	Percent %					Mean	Standard deviation	Scale
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree			
1.I feel that healthcare providers value and consider my opinions	12.5	8.3	23.6	20.8	34.7	3.57	1.372	Agree
2.I feel that healthcare providers value and consider my opinions	5.6	15.3	30.6	37.5	11.1	3.33	1.048	Neutral
3.I receive enough information about my condition and available treatment options	13.9	16.7	31.9	22.2	15.3	3.08	1.253	Neutral
4.I feel that healthcare providers communicate with me clearly and effectively	5.6	19.4	29.2	22.2	23.6	3.39	1.205	Neutral
5.I feel supported in making healthy choices that are right for me.	16.7	16.7	27.8	23.6	15.3	3.04	1.305	Neutral
6.I was provided with a written care plan that suits my needs.	20.8	15.3	30.6	23.6	9.7	2.86	1.271	Neutral
7.I was given the opportunity to ask questions and get answers	11.1	15.3	37.5	20.8	15.3	3.14	1.190	Neutral
8.My wishes and preferences for care were respected	9.7	23.6	25.0	26.4	15.3	3.14	1.225	Neutral
9.I felt like a partner in my healthcare process.	9.7	18.1	27.8	20.8	23.6	3.31	1.285	Neutral
10.Overall, I was satisfied with the level of my involvement in my healthcare	12.5	15.3	29.2	30.6	12.5	3.15	1.206	Neutral
Overall mean						3.20	1.24	Neutral

What factors do you think help to promote patient engagement in private healthcare institutions

The results presented in table (4.10) indicate that the factors promoting patient engagement in private healthcare institutions include involving patients in making decisions about their care (24%), using technology to facilitate patient engagement (22%), providing a supportive and comfortable environment for patients (21%), respecting patients' opinions and preferences (18%), having patient education programs (10%), and providing adequate and easy-to-understand information about the condition and treatment options (6%).

Table (4.10) the factors promoting patient engagement in private healthcare institutions

Characteristics		Frequency	Percent %
What factors do you think help to promote patient engagement in private healthcare institutions	Respecting patients' opinions and preferences	13	18%
	Using technology to facilitate patient engagement	16	22%
	Providing a supportive and comfortable environment for patients	15	21%
	Involving patients in making decisions about their care	17	24%
	Providing adequate and easy-to-understand information about the condition and treatment options	4	6%
	Having patient education programs	7	10%
Total		72	100%

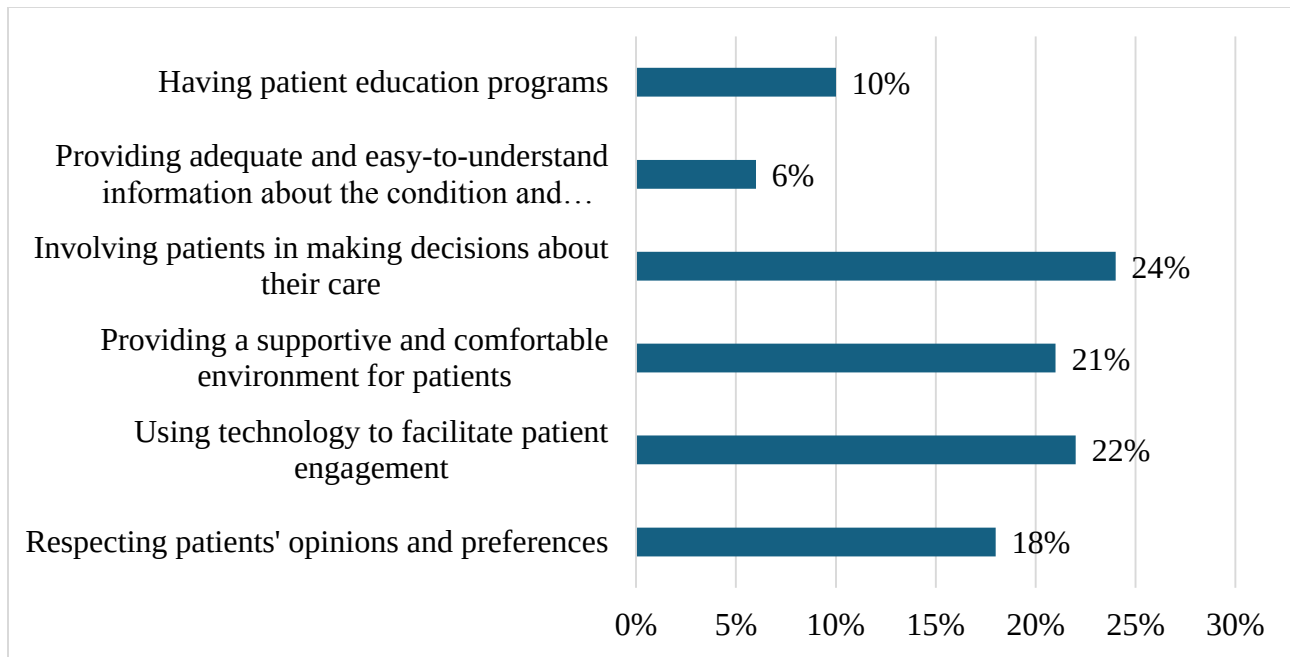


Figure (4.7) the factors promoting patient engagement in private healthcare institutions

What factors do you think hinder patient engagement in private healthcare institutions?

The results presented in table (4.11) show that the results indicate that the main factors hindering patient engagement in private healthcare institutions are a lack of adequate or easy-to-understand information about conditions and treatment options (19%), poor communication between healthcare providers and patients (17%), and a lack of patient education programs (16%). Additionally, patients feeling unable to make decisions about their care and disrespect for patients' opinions and preferences each account for 15%. An unsupportive or uncomfortable environment for patients contributes 11%, while a lack of patient support groups is the least common issue at 6%.

Table (4.11) the main factors hindering patient engagement in private healthcare institutions

Characteristics		Frequency	Percent %
What factors do you think hinder patient engagement in private healthcare institutions?	Poor communication between healthcare providers and patients	12	17%
	Lack of adequate or easy-to-understand information about the condition and treatment options	14	19%
	Patients feeling unable to make decisions about their care	11	15%
	Disrespect for patients' opinions and preferences	11	15%
	Lack of patient education programs	12	16%
	Lack of patient support groups	4	6%
	Having an unsupportive or uncomfortable environment for patients	8	11%
Total		72	100%

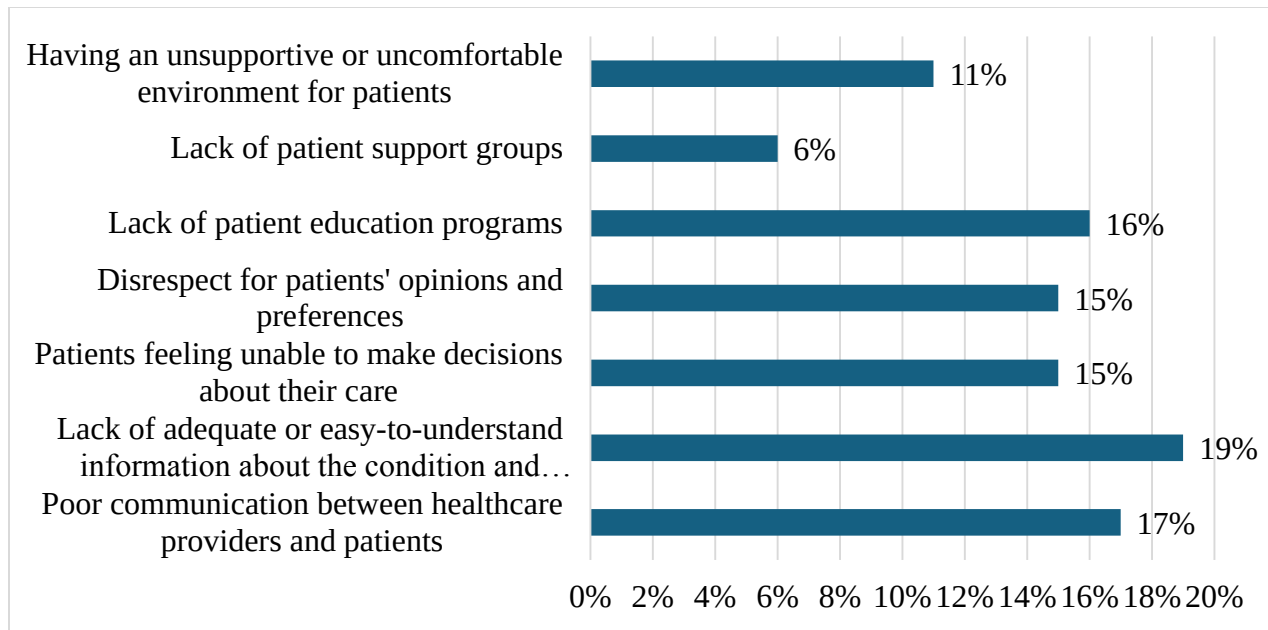


Figure (4.8) the main factors hindering patient engagement in private healthcare institutions

4.5 The main findings

1. Participants reported high satisfaction with the sense that healthcare providers value and consider their opinions. This indicates that patients feel heard and respected during their interactions with healthcare providers, which is crucial for building trust and ensuring effective communication in healthcare settings.
2. The lowest satisfaction was observed regarding the provision of written care plans that suit patient needs. This suggests that many patients feel they are not receiving personalized or adequately detailed plans for their care, which can impact their ability to follow treatment recommendations and feel confident in their healthcare journey.
3. The general sentiment towards private healthcare services in Riyadh is neutral, with most satisfaction scores around the midpoint. This neutrality reflects a balance between positive and negative experiences, indicating that while there are no significant issues causing widespread dissatisfaction, there are also no outstanding aspects leading to strong positive endorsements. This highlights an opportunity for healthcare providers to improve patient satisfaction across various aspects of care.
4. Key factors that encourage patient engagement include involving patients in decision-making about their care, which empowers them and fosters a sense of ownership over their health outcomes. Additionally, the use of technology to facilitate patient engagement, such as digital health records or telehealth services, makes accessing healthcare more convenient and personalized. Providing a supportive and comfortable environment also plays a critical role, as it helps patients feel at ease and more likely to participate actively in their care. Respecting patient opinions and preferences further enhances engagement by making patients feel valued and understood.
5. The main barriers to patient engagement are the lack of adequate or easy-to-understand information about conditions and treatment options, which can leave patients feeling confused and less confident in their care decisions. Poor communication between healthcare providers and patients exacerbates this issue, leading to misunderstandings and decreased satisfaction. Additionally, the absence of patient education programs limits patients' knowledge and involvement in their healthcare. Patients also report feeling unable to make decisions about their care and experiencing disrespect for their opinions and preferences, which diminishes their sense of agency. An unsupportive or uncomfortable environment further hinders engagement by creating a less welcoming and reassuring atmosphere.

4.6 The recommendations of the study

Based on the study findings, this study recommends the following:

1. Implement regular training sessions focused on improving communication skills and patient engagement techniques.
2. Establish robust feedback mechanisms to continually gather patient input on their experiences and involve them in decision-making processes.
3. Develop and provide more personalized, detailed written care plans that clearly outline the steps patients need to take for their treatment.
4. Create comprehensive educational materials that accompany care plans, helping patients understand their conditions and treatment options better.
5. Establish or improve patient education programs that cover a wide range of health topics, including managing chronic conditions, understanding treatment options, and maintaining a healthy lifestyle
6. Develop and offer additional support services, such as patient navigators or advocates, who can help patients understand their care plans and navigate the healthcare system more effectively.

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4.8 Abstract

This study investigates the factors influencing the effectiveness of patient engagement strategies in private healthcare institutions in Riyadh, Saudi Arabia. The research specifically focuses on the roles of organizational culture, leadership, and digital technology in enhancing patient involvement.

A mixed-methods research approach was employed, collecting data through surveys and semi-structured interviews with patients and healthcare professionals.

Findings indicate that patients generally feel respected by healthcare providers, but there is a need for improved written care plans and clearer information. The study identified factors promoting patient engagement, such as shared decision-making and supportive environments, as well as barriers, including information gaps and ineffective communication.

Based on these findings, the study recommends training programs for healthcare staff to enhance communication and patient engagement skills, establishing effective feedback mechanisms, developing personalized care plans, and providing comprehensive patient education programs.

Keywords:

Patient engagement ‘private healthcare ‘Riyadh ‘organizational culture ‘leadership ‘digital technology ‘communication ‘patient education ‘healthcare quality

4.9 الملخص باللغة العربية

تهدف هذه الدراسة إلى استكشاف العوامل المؤثرة في فعالية استراتيجيات إشراك المريض في المؤسسات الصحية الخاصة بمدينة الرياض. وقد ركزت الدراسة بشكل خاص على دور الثقافة التنظيمية، والقيادة، والتكنولوجيا الرقمية في تعزيز مشاركة المرضى.

اعتمدت الدراسة على منهجية البحث المختلط، حيث تم جمع البيانات من خلال استبيانات ومقابلات شبه منظمة مع المرضى والعاملين في الرعاية الصحية.

أظهرت نتائج الدراسة أن المرضى يشعرون عمومًا بأن الرعاية الصحية المقدمة لهم تحترم آراءهم، ولكن هناك حاجة إلى تحسين جودة خطط الرعاية المكتوبة وتوضيح المعلومات للمرضى. كما حددت الدراسة مجموعة من العوامل التي تعزز مشاركة المرضى، مثل إشراكهم في اتخاذ القرارات وتوفير بيئة داعمة، والعوامل التي تعيق هذه المشاركة، مثل نقص المعلومات وغياب التواصل الفعال.

بناءً على هذه النتائج، أوصت الدراسة بتطوير برامج تدريبية للعاملين في الرعاية الصحية لتعزيز مهارات التواصل وإشراك المرضى، وتوفير قنوات فعالة للحصول على ملاحظات المرضى، وتطوير خطط رعاية شخصية واضحة للمرضى، وتوفير برامج تعليمية شاملة للمرضى.

الكلمات المفتاحية :

إشراك المريض ، الرعاية الصحية الخاصة ، الرياض ، الثقافة التنظيمية ، القيادة ، التكنولوجيا الرقمية ، التواصل ،التثقيف ، جودة الرعاية الصحية.

Chapter 5

Appendixes

جامعة ميدأوشن

كلية الادارة

قسم/ تخصص الادارة

5.1 الاستبيان

أخي المشارك /أختي المشاركة

تحية طيبة وبعد

يقوم الباحثون بإجراء دراسة بعنوان : تأثير المشاركة الفعالة للمريض في مؤسسات الرعاية الصحية الخاصة في الرياض وذلك . استكمالاً لمتطلبات الحصول على درجة الماجستير في الادارة من جامعة الجميع الذكية

لذا يرجى منكم التكرم بالإجابة على الاسئلة الواردة في الاستبانة المرفقة بدقة وموضوعية وذلك لاهمية ارنكم في وصول الباحثين إلى نتائج دقيقة وتحقيق الغاية العلمية المنشودة علماً بأن إجاباتكم سوف يتم التأمل معها بسرية تامة ولن تستخدم إلا لأغراض البحث العلمي فقط ،

وتقبلوا منا كل الاحترام والتقدير شاكرة لكم ومقدرة وقتكم

1	العمر بالسنوات	سنة 18-24 ()	سنة 25-34 ()	سنة 35-44 ()	سنة 45-54 ()	سنة 55-64 ()	سنة او اكثر 65 ()
2	لنوع الاجتماعي	() ذكر			() أنثى		
3	المؤهل العلمي	دون الثانوية العامة	ثانوية عامة	دبلوم جامعي	بكالوريوس	ماجستير	دكتوراه

4	العمل	موظف	صاحب عمل	متقاعد	طالب	عاطل عن العمل	لا ارغب في الاجابة
5	التأمين الصحي	() نعم		لا ()			
6	اين تلقيت الرعاية الصحية خلال ٦ اشهر ماضية	مستشفى خاص	مستوصف خاص	عيادة خاصة	غير ذلك		

7	السؤال السابع : الى أي مدى توافق هذه العبارات مع تجربتك في مؤسسات الرعاية الصحية الخاصة في الرياض؟	غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة
	أشعر أن مقدمي الرعاية الصحية يقدرّون آرائي ويأخذونها بعين الاعتبار؟					
	أشعر أنني أشارك بنشاط في اتخاذ القرارات المتعلقة برعايتي الصحية؟					
	أحصل على معلومات كافية حول حالتني وخيارات العلاج المتاحة؟					

					أشعر أن مقدمي الرعاية الصحية يتواصلون معي بوضوح وفعالية	
					أشعر أنني مدعوم لاتخاذ خيارات صحية مناسبة لي ؟	
					تم تزويدي بخطة رعاية مكتوبة تناسب احتياجاتي	
					تم منحي فرصة طرح الأسئلة والحصول على إجابات	
					تم احترام رغباتي وتفضيلاتي في الرعاية	
					شعرت أنني شريك في عملية الرعاية الصحية الخاصة بي	
					بشكل عام، كنت راضيًا عن مستوى مشاركتي في الرعاية الصحية	

8	السؤال الثامن : ما هي العوامل التي برأيك تُساعد على تعزيز مشاركة المرضى في مؤسسات الرعاية الصحية الخاصة؟ (يمكنك اختيار أكثر من خيار)	علامة
	التواصل الفعال بين مقدمي الرعاية الصحية والمرضى	
	توفير معلومات كافية وسهلة الفهم حول الحالة وخيارات العلاج	
	إشراك المرضى في اتخاذ القرارات المتعلقة برعايتهم	
	احترام آراء المرضى وتفضيلاتهم	
	توفير بيئة داعمة ومريحة للمرضى باستخدام التكنولوجيا لتسهيل مشاركة المرضى	
	استخدام التكنولوجيا لتسهيل مشاركة المرضى	
	وجود برامج تعليمية للمرضى	
	وجود مجموعات دعم للمرضى	
	اخرى	
9	السؤال التاسع : ما هي العوامل التي برأيك تُعيق مشاركة المرضى في مؤسسات الرعاية الصحية الخاصة؟ (يمكنك اختيار أكثر من خيار)	
	نقص التواصل بين مقدمي الرعاية الصحية والمرضى	
	عدم توفر معلومات كافية أو سهلة الفهم حول الحالة وخيارات العلاج	
	شعور المرضى بعدم القدرة على اتخاذ القرارات المتعلقة برعايتهم	
	عدم احترام آراء المرضى وتفضيلاتهم	
	وجود بيئة غير داعمة أو غير مريحة للمرضى	
	عدم وجود برامج تعليمية للمرضى	
	وجود برامج تعليمية للمرضى	
	عدم وجود مجموعات دعم للمرضى	
	اخرى	

السؤال العاشر : ما هي اقتراحاتك لتحسين مشاركة المرضى في مؤسسات الرعاية الصحية الخاصة في الرياض؟

.....

5.2 Abstract

Patient engagement is a crucial aspect of modern healthcare, empowering patients to take an active role in their care decisions and improve health outcomes. This study explores patient engagement practices in private healthcare facilities within Riyadh, Saudi Arabia. It investigates factors that influence engagement success, aiming to identify areas for improvement and provide valuable recommendations for healthcare providers.

Methodology

The research employed a mixed-methods approach, combining quantitative and qualitative data collection methods. A survey questionnaire was distributed to a sample of 500 participants, including both patients and healthcare professionals. The survey assessed patient perceptions of engagement opportunities and their level of involvement in care, alongside healthcare professionals' views on methods and resources for promoting patient engagement. Additionally, semi-structured interviews were conducted with key stakeholders in private healthcare organizations to gain deeper insights into strategies, challenges, and best practices for patient engagement.

Key Findings

The study revealed several key findings regarding patient engagement in private healthcare institutions in Riyadh:

- **Patient Satisfaction:** Patients expressed high satisfaction with the perception that healthcare providers value and consider their opinions. This indicates positive patient-provider communication and a sense of respect during interactions.
- **Areas for Improvement:** However, there were areas identified for improvement. Notably, patients reported low satisfaction regarding the provision of written care plans tailored to their needs. This suggests a lack of personalized care planning, potentially hindering patients' ability to follow treatment effectively and manage their health confidently.
- **Overall Neutrality:** The general sentiment towards private healthcare services in Riyadh was neutral. While there were no widespread dissatisfaction points, there were also no exceptional aspects generating strong positive feedback. This highlights an opportunity for healthcare providers to enhance patient satisfaction across various aspects of care delivery.
- **Support Services:** Develop and offer additional support services, such as patient navigators or advocates, to assist patients in comprehending their care plans and navigating the healthcare system more effectively

Conclusion

By implementing these recommendations, private healthcare institutions in Riyadh can cultivate a more patient-centered approach, fostering stronger patient engagement and ultimately improving healthcare

quality and outcomes. Effective patient engagement empowers patients, strengthens the patient-provider relationship, and contributes to better overall healthcare experiences.

Key words: Health practice, performance analysis, Medical consulting, specialized serves, therapeutic innovation, comprehensive care

5.3 ملخص الدراسة

تهدف هذه الدراسة إلى استكشاف العوامل المؤثرة في فعالية استراتيجيات مشاركة المريض في المؤسسات الصحية الخاصة بمدينة الرياض. وقد ركزت الدراسة بشكل خاص على دور الثقافة التنظيمية، والقيادة، والتكنولوجيا الرقمية في تعزيز مشاركة المرضى.

اعتمدت الدراسة على منهجية البحث المختلط، حيث تم جمع البيانات من خلال استبيانات ومقابلات شبه منظمة مع المرضى والعاملين في الرعاية الصحية.

أظهرت نتائج الدراسة أن المرضى يشعرون عمومًا بأن الرعاية الصحية المقدمة لهم تحترم آراءهم، ولكن هناك حاجة إلى تحسين جودة خطط الرعاية المكتوبة وتوضيح المعلومات للمرضى. كما حددت الدراسة مجموعة من العوامل التي تعزز مشاركة المرضى، مثل إشراكهم في اتخاذ القرارات وتوفير بيئة داعمة، والعوامل التي تعيق هذه المشاركة، مثل نقص المعلومات وغياب التواصل الفعال.

بناءً على هذه النتائج، أوصت الدراسة بتطوير برامج تدريبية للعاملين في الرعاية الصحية لتعزيز مهارات التواصل وإشراك المرضى، وتوفير قنوات فعالة للحصول على ملاحظات المرضى، وتطوير خطط رعاية شخصية واضحة للمرضى، وتوفير برامج تعليمية شاملة للمرضى.

منهجية البحث

اعتمد البحث على منهجية مختلطة جمعت بين الطرق الكمية والكيفية. تم توزيع استبيان على عينة من المرضى والعاملين الصحيين في هذه المؤسسات لجمع البيانات الكمية. كما أجريت مقابلات شخصية مع مجموعة مختارة من المرضى والعاملين الإداريين والطبيين لجمع البيانات النوعية.

النتائج الرئيسية

أظهرت نتائج البحث أن المرضى يقدرّون بشكل كبير أن يتم أخذ آرائهم بعين الاعتبار من قبل مقدمي الرعاية الصحية. ومع ذلك، أشار العديد من المرضى إلى نقص المعلومات وتفاصيل خطط الرعاية، مما أثر سلبًا على مشاركتهم الفعالة في عملية اتخاذ القرار.

كما أظهرت النتائج أن هناك عوامل عدة تؤثر على مشاركة المرضى، من أهمه:

العوامل المشجعة: إشراك المرضى في اتخاذ القرارات، واستخدام التكنولوجيا في تقديم الرعاية، وتوفير بيئة داعمة للمريض.

العوائق: نقص المعلومات، ضعف التواصل بين المريض ومقدم الرعاية، عدم وجود برامج تثقيف صحي للمرضى.

التوصيات

بناءً على نتائج البحث، يقدم البحث مجموعة من التوصيات لتحسين مشاركة المرضى في المؤسسات الصحية الخاصة في الرياض، من أهمها:

تدريب العاملين الصحيين: على مهارات التواصل الفعال وإشراك المرضى في الرعاية.

برامج تثقيف المرضى: تطوير برامج تثقيف صحي شاملة تساعد المرضى على فهم حالتهم الصحية وخيارات العلاج المتاحة.

خطط رعاية شخصية: تقديم خطط رعاية مكتوبة وشخصية للمرضى.

التكنولوجيا: الاستفادة من التكنولوجيا لتسهيل التواصل بين المريض ومقدم الرعاية وتوفير المعلومات الصحية للمريض.

الخلاصة

يشدد هذا البحث على أهمية مشاركة المرضى في الرعاية الصحية وتحسين تجربتهم. من خلال تنفيذ التوصيات الواردة في هذا البحث، يمكن للمؤسسات الصحية الخاصة في الرياض تحسين جودة الرعاية المقدمة وزيادة رضا المرضى.

الكلمات المفتاحية: مشاركة المرضى، المؤسسات الصحية الخاصة، الرياض، القيادة، التكنولوجيا، رضا المريض.

5.4 شهادة قبول البحث للنشر

المجلة الدولية للبحوث العلمية - International Journal for Scientific Research, London

مجلة علمية دولية محكمة E-ISSN: 2755-3418

Journal Doi: <https://doi.org/10.59992/IJSR.ISSN.2755-3418>

شهادة قبول بحث للنشر

تفيد هيئة تحرير المجلة بأن:

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ماجستير إدارة أعمال، كلية الإدارة، جامعة ميد أوشن

د/ الفیصل عبد الحمید محمد، د/ فايز علي جراد

كلية الإدارة، جامعة ميد أوشن

قد تم قبول نشر بحثهم بعنوان:

المشاركة الفعالة للمريض في مؤسسات الرعاية الصحية الخاصة في الرياض: تحليل استراتيجيات الإدارة

Effective Patient Engagement in Private Healthcare Institutions in Riyadh: An Analysis of Management Strategies



في الإصدار (3) العدد (8) الذي يصدر بتاريخ 2024/8/5

لندن في 3 أغسطس 2024

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5.5 نشر البحث، المجلة الدولية للبحوث العلمية، لندن

يسعدنا أن نحيطكم علماً بأن البحث قد تم نشره على الموقع الإلكتروني للمجلة في عدد شهر أغسطس. ومرفق نسخة من شهادة قبول النشر. وفيما يلي أهم الروابط الخاصة بالبحث على الموقع الإلكتروني للمجلة:

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<https://ijsr.vsrp.co.uk/2024/08/04/effective-patient-engagement-in-private-healthcare-institutions-in-riyadh-an-analysis-of-management-strategies/>

- رابط صفحة البحث باستخدام رقم Doi:

<https://doi.org/10.59992/IJSR.2024.v3n8p4>

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