

Midocean University

College of Management

Department of Health Administration

Evaluating the Role of Patient-Centered Care Strategies in Improving Satisfaction Levels in Saudi Public Hospitals.

Prepared by:

Raneem Ghassan Saleh

NO:

252000893

Supervised by:

Prof: Fayeze Jarad

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Chapter One Introduction

Introduction

Improving the quality of healthcare has become a major priority in Saudi Arabia, especially as public hospitals continue to serve a growing and diverse population. One of the key approaches gaining attention is *patient-centered care*, an approach that focuses on understanding patients' preferences, listening to their concerns, and involving them in decisions about their treatment. Recent studies from the Kingdom show that when patients feel included and respected, their experience and satisfaction improve, particularly among individuals with chronic conditions such as diabetes (Alsubahi et al., 2025). This shift highlights the importance of moving from a provider-focused model to a more patient-focused one that addresses individual needs more clearly.

Public hospitals in Saudi Arabia face everyday challenges related to communication, cultural differences, and patient expectations. These challenges require hospitals to adopt strategies that make care more personal and more responsive. Research from other countries also shows that when hospitals consider patient diversity—whether related to culture, language, or personal background—they are more successful in delivering services that patients view as respectful and accessible (Erdsiek et al., 2022). Since Saudi public hospitals serve people from different regions and cultural groups, adopting such approaches becomes even more important.

Patient-centered care practices are known to help reduce confusion, strengthen trust, and improve cooperation between patients and healthcare staff. Simple actions—like explaining treatment plans clearly, checking patient understanding, and giving patients space to ask questions—can have a strong positive effect on their hospital experience. Studies highlight that hospitals using structured patient-centered operational strategies tend to see higher patient engagement and improved satisfaction levels (Rathi et al., 2025). These strategies are especially valuable in busy settings where patients often feel rushed or overlooked.

In Saudi hospitals, nurses and frontline staff play an essential role in shaping patient experience. However, delivering person-centered care can be challenging when the work environment is complex or fast-paced. A recent study on Saudi acute care settings found that nurses often strive to provide person-centered care but face obstacles such as workload pressures, limited time, and the need to balance cultural expectations (Alamrani & Birnbaum, 2024). These realities show that understanding the social and organizational environment is necessary to improve patient-centered practices in the Kingdom's public hospitals.

Although many hospitals in Saudi Arabia have already introduced patient-centered initiatives, the real impact of these strategies on patient satisfaction is still not fully understood. Some hospitals have strong communication systems in place, while others still follow traditional approaches that leave patients with little involvement in their care. For this reason, it is important to examine how patient-centered care is being applied in public hospitals and whether these efforts genuinely enhance patient satisfaction.

This study aims to evaluate the role of patient-centered care strategies in improving satisfaction levels in Saudi public hospitals. By identifying which practices are effective and which areas need improvement, the research can help hospitals strengthen their services and contribute to the broader national goals of improving the quality and experience of healthcare across the country.

Research Problem

Although patient-centered care has become a priority in Saudi Arabia, many patients in public hospitals still report uneven levels of satisfaction. Some feel they receive clear

explanations and respectful treatment, while others experience long waits, limited communication, or little involvement in their care decisions. These mixed experiences suggest that patient-centered care strategies are not applied consistently across the public healthcare sector.

Recent findings in the Kingdom highlight that communication quality and the overall approach of healthcare providers strongly influence how satisfied patients feel with their care. A study conducted in the Riyadh region showed that clear communication, staff interaction, and the type of facility play important roles in shaping both patient satisfaction and loyalty (Alshayeb et al., 2024). However, these factors are not equally present in all public hospitals, especially those handling high patient volumes and complex cases.

There are also challenges related to cultural and personal differences among patients. Research from other health systems has shown that when hospitals do not fully consider cultural backgrounds, language needs, or personal expectations, patients may feel less understood and less engaged in their care (Erdsiek et al., 2022). This issue is particularly relevant in Saudi Arabia, where public hospitals serve patients from various regions, nationalities, and social groups.

Another problem is that even when healthcare staff understand the importance of patient-centered care, they may struggle to apply it in daily practice due to time pressure, heavy workloads, or unclear procedures. Studies in Saudi acute care settings show that nurses and staff often try to provide personal, respectful care but face barriers that limit their efforts (Alamrani & Birnbaum, 2024). These barriers can weaken communication and reduce patients' trust and comfort during their hospital stay.

While global and Saudi-based research points to the benefits of patient-centered care, there is still limited evidence on how well these strategies influence satisfaction specifically in Saudi public hospitals. Most studies focus on primary healthcare centers or private facilities, which operate under different conditions. As a result, there is still uncertainty about which patient-centered care practices are working well in public hospitals, which need improvement, and how patients truly perceive their care in these settings.

Because of these gaps, the central problem this study addresses is the lack of clear understanding of how patient-centered care strategies affect satisfaction levels in Saudi public hospitals. Without this knowledge, hospital leaders and policymakers may struggle to improve patient experience, reduce complaints, and support the broader goals of Vision 2030 to enhance healthcare quality across the Kingdom.

Research Importance

Understanding how patient-centered care affects satisfaction in Saudi public hospitals is important for several reasons. First, patient satisfaction is a key indicator of how well a hospital is performing. When patients feel heard, respected, and included in their care, they are more likely to trust the healthcare system and follow treatment plans. This leads to better health outcomes and fewer complications. In Saudi Arabia, recent findings show that communication and the overall patient experience strongly influence satisfaction and even long-term loyalty to the healthcare facility (Alshayeb et al., 2024). This highlights the need for hospitals to focus not only on clinical treatment, but also on how patients are treated throughout their stay.

Second, public hospitals in Saudi Arabia face high patient demand and heavy workloads, which can make consistent patient-centered care difficult to achieve. By identifying which strategies work best in busy public settings, this research can help hospital administrators understand how to improve communication, reduce misunderstandings, and make care feel

more personal. These improvements can reduce patient frustration, minimize complaints, and support smoother hospital operations.

Third, the Kingdom is currently moving toward healthcare transformation under Vision 2030, aiming to raise care quality, improve patient experience, and create more efficient healthcare systems. Patient-centered care aligns directly with these goals because it promotes transparency, shared decision-making, and respect for patient preferences. Studying how these strategies influence satisfaction in public hospitals can help leaders design policies and training programs that support a more modern, patient-focused healthcare culture.

Fourth, this research is important because it addresses a clear gap in current literature. While many studies in Saudi Arabia explore satisfaction in primary care or private facilities, fewer studies focus specifically on public hospitals, which serve the majority of the population. Because public hospitals operate under different pressures—such as large patient flows, limited time, and complex cases—it is crucial to understand how patient-centered care works in this specific environment.

Finally, improving patient-centered care does not only benefit patients—it also supports healthcare workers. When communication is clear and expectations are shared, staff can work more efficiently and avoid misunderstandings. This may help reduce stress for healthcare providers and build a healthier work environment, contributing to better long-term performance.

For these reasons, this research provides valuable insights for hospital leaders, policymakers, and healthcare professionals. It helps identify practical areas for improvement and supports national efforts to create a more responsive and patient-focused healthcare system across Saudi Arabia.

Research Objectives

Identify how clearly healthcare staff communicate with patients and examine its impact on patient satisfaction in public hospitals.

The first objective focuses on understanding how clearly healthcare staff communicate with patients and how this affects patient satisfaction in public hospitals. Communication is one of the most important parts of the care process because it shapes how well patients understand their condition, treatment options, and next steps. When information is delivered in a clear and supportive way, patients often feel more confident and less stressed. This objective helps measure whether communication practices in public hospitals meet patient expectations and whether better communication is linked to higher satisfaction levels.

Measure the influence of involving patients in their care decisions on overall satisfaction levels.

The second objective examines the influence of involving patients in decisions about their care. Many patients want to feel included in conversations about their treatment rather than simply being told what will happen. When staff take time to explain options and invite patients to share their preferences, it can lead to a stronger sense of control and comfort. This objective allows the study to see whether patients who feel involved in their care decisions are more satisfied compared to those who feel left out or uninformed.

Evaluate how patients' perceptions of staff respect and empathy relate to their satisfaction with hospital services.

The third objective looks at how perceptions of staff respect and empathy shape patient satisfaction. Small actions—such as listening carefully, showing understanding, and treating

patients with dignity—can greatly influence how patients feel about their care. When patients feel respected and valued, they often report a more positive hospital experience. This objective helps determine whether these interpersonal behaviors have a measurable effect on satisfaction levels in public hospitals.

Assess how hospital environment factors—such as waiting time, cleanliness, and organization—shape patient satisfaction in public hospitals.

The fourth objective focuses on the impact of the hospital environment and organizational factors, such as waiting time, cleanliness, noise levels, and service flow. These factors may not be directly related to medical treatment, but they strongly affect a patient's comfort and overall impression of the hospital. A clean, organized, and well-managed environment can reduce stress and improve patient experience. This objective helps measure whether these environmental and organizational elements contribute to higher satisfaction among patients in public hospitals.

Research Questions

- **To what extent does communication clarity influence patient satisfaction in public hospitals?**

The first research question explores the extent to which communication clarity affects patient satisfaction in public hospitals. Communication plays a major role in shaping how patients understand their treatment, follow instructions, and feel supported during their hospital visit. By measuring patient responses, this question helps determine whether clearer explanations and better information-sharing lead to higher satisfaction levels.

- **To what extent does patient involvement in care decisions affect their satisfaction levels?**

The second research question focuses on how much involving patients in care decisions influences their satisfaction. Many patients appreciate being included in discussions about their treatment, and this involvement may help them feel more respected and in control. This question examines whether patients who feel more included report higher satisfaction compared to those who feel left out of decision-making.

- **To what extent do staff respect and empathy contribute to patient satisfaction?**

The third research question looks at the impact of staff respect and empathy on patient satisfaction. Patients often judge their care experience not only by the treatment they receive but also by how they are treated as individuals. This question measures whether patients who feel respected, listened to, and supported by staff tend to give higher satisfaction ratings.

- **To what extent do hospital environment factors influence patient satisfaction?**

The fourth research question examines how the hospital environment and organizational factors influence patient satisfaction. Elements like waiting time, cleanliness, noise, and overall service flow can shape how comfortable and confident patients feel. This question evaluates whether these environmental and organizational conditions have a noticeable effect on satisfaction scores.

Research Hypotheses

H1: Communication clarity has a significant positive effect on patient satisfaction.

H0₁: Communication clarity has no significant effect on patient satisfaction.

The first hypothesis suggests that clear communication has a significant positive effect on patient satisfaction in public hospitals. This idea is based on the understanding that when healthcare staff explain procedures, treatment options, and next steps in a way that patients can easily understand, it reduces confusion and builds trust. Patients are more likely to feel safe and confident when they receive information in a clear and organized manner. This hypothesis allows the study to test whether patients who rate communication highly also report higher satisfaction with their hospital experience.

H2: Patient involvement in care decisions significantly influences satisfaction levels.

H0₂: Patient involvement in care decisions does not significantly influence satisfaction levels.

The second hypothesis proposes that involving patients in decisions about their care leads to higher satisfaction levels. When patients are given the chance to discuss their preferences, ask questions, and participate in choosing between treatment options, they often feel more respected and valued. This sense of involvement can help reduce anxiety and increase their confidence in the care they receive. By testing this hypothesis, the study aims to determine whether patients who feel more included in decision-making report higher satisfaction scores compared to those who feel excluded.

H3: Staff respect and empathy have a significant positive impact on patient satisfaction.

H0₃: Staff respect and empathy have no significant impact on patient satisfaction.

The third hypothesis focuses on staff respect and empathy, suggesting that these behaviors have a significant positive impact on patient satisfaction. Respectful behavior includes listening, showing understanding, and always treating patients with dignity. Empathy involves recognizing what patients are experiencing and responding with kindness and support. These interpersonal behaviors often shape how patients judge the quality of their care. Testing this hypothesis will help to reveal whether higher levels of respect and empathy from staff are linked to better satisfaction ratings.

H4: Hospital environment factors significantly influence patient satisfaction.

H0₄: Hospital environment factors do not significantly influence patient satisfaction.

The fourth hypothesis states that hospital environment factors—such as waiting time, cleanliness, noise, and overall organization—significantly influence patient satisfaction. These environmental elements may not be part of the medical treatment itself, but they strongly affect how comfortable and cared for patients feel. Long waits, unclear processes, or unclean spaces can lead to dissatisfaction, while a well-organized and clean environment can create a more positive experience. This hypothesis allows the study to measure whether better environmental conditions correspond to higher satisfaction scores.

Expected Outcomes

Based on the nature of patient-centered care, the study is expected to show that all four factors—communication clarity, patient involvement, staff respect and empathy, and the hospital environment—have a positive effect on patient satisfaction. Patients who receive clear explanations, feel involved in their care, and experience respectful interactions are likely to report higher satisfaction. Likewise, hospitals that maintain clean, organized, and comfortable environments are expected to receive better satisfaction scores from their patients. These outcomes will help highlight which areas should be strengthened in public hospitals to improve the overall patient experience and support national healthcare improvement efforts in Saudi Arabia.

Research Variables

This study examines how different parts of patient-centered care influence patient satisfaction in Saudi public hospitals. To achieve this, the research is built around two main types of variables: **independent variables** and **the dependent variable**. The independent variables represent the main components of patient-centered care being evaluated, while the dependent variable reflects the outcome the study aims to measure—patient satisfaction.

1. Independent Variables (Patient-Centered Care Strategies)

These variables represent the key factors that may influence how satisfied patients feel with their hospital experience. Each independent variable is measurable using a Likert-scale questionnaire.

a. Communication Clarity

This variable refers to how clear, understandable, and complete the information given to patients is. It includes explanations about procedures, treatment steps, and follow-up instructions. Clear communication reduces confusion and helps patients feel more confident and supported.

b. Patient Involvement in Care Decisions

This variable measures how much patients feel included in discussions about their treatment. It focuses on whether patients are allowed to express preferences, ask questions, and participate in choosing between treatment options. Greater involvement often helps patients feel respected and in control.

c. Staff Respect and Empathy

These variable captures patient perceptions of how respectfully and compassionately they are treated. It includes staff tone, attitude, active listening, and emotional support. These interpersonal behaviors shape how patients judge the quality of care.

d. Hospital Environment and Organization

This variable represents the physical and organizational conditions of the hospital. It includes waiting time, cleanliness, noise levels, comfort, and how smoothly services are delivered. A clean and organized environment contributes to a better overall experience.

2. Dependent Variable

Patient Satisfaction

This variable measures the overall level of satisfaction patients feel after receiving care. It includes their general impression of the hospital, comfort during the visit, trust in the staff, and willingness to return or recommend the hospital. The goal of the study is to see how strongly each independent variable influences satisfaction scores.

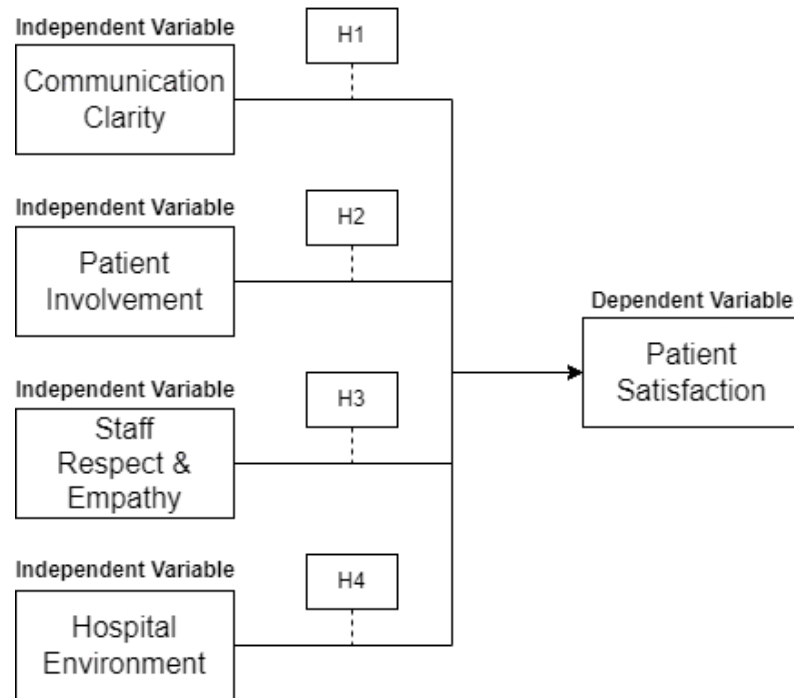
3. Control Variables (Optional for Analysis)

To ensure a clearer understanding of the results, the study may also control certain patient characteristics that could influence satisfaction, such as:

- Age

- Gender
- Length of hospital stay
- Type of department visited
- Previous hospital experiences

These variables do not form part of the main hypotheses but help improve the accuracy of the analysis.



Chapter Two Literature Review

Introduction

This chapter reviews the theoretical and empirical literature related to the study titled Evaluating the Role of Patient-Centered Care Strategies in Improving Satisfaction Levels in Saudi Public Hospitals. The purpose of this chapter is to provide the academic foundation for the research by examining the main concepts, theories, and previous studies relevant to patient-centered care and patient satisfaction. It also helps clarify how the study variables are connected and why they are important in the context of Saudi public hospitals.

The literature indicates that patient-centered care has become one of the most important approaches for improving healthcare quality and patient experience. Existing research consistently shows that when healthcare providers communicate clearly, involve patients in care decisions, treat them with respect and empathy, and provide a supportive hospital environment, patient satisfaction tends to improve. International and Saudi studies alike have emphasized that patient-centered care contributes not only to better satisfaction, but also to stronger trust, better communication, and more positive healthcare experiences overall.

This chapter therefore focuses on reviewing the major dimensions of patient-centered care addressed in the present study, namely communication clarity, patient involvement in care decisions, staff respect and empathy, and hospital environment, as well as the dependent variable, patient satisfaction. It also examines the theoretical principles that support these relationships, including the patient-centered care model, shared decision-making theory, and other relevant perspectives used to explain how patient experiences are shaped in healthcare settings.

In addition, the chapter presents findings from previous international and Saudi studies to identify the main patterns in the literature and highlight the research gap that justifies the current study. Although prior research has confirmed the importance of patient-centered care, the existing literature shows that there is still limited comprehensive evidence examining the combined role of these major patient-centered care dimensions in influencing satisfaction within Saudi public hospitals specifically. This study aims to contribute to filling that gap.

Previous Studies

In understanding the relation between patient-centered care (PCC) influences satisfaction the focus of extensive international and Saudi-based research has been. Literature consistently points to the value of placing patients' needs, preferences, and experiences at the center of healthcare delivery. This section reviews key studies that illustrate PCC strategies shape satisfaction levels, with an emphasis on findings relevant to Saudi Arabia's public health sector.

Globally Supported Benefits of Patient-Centered Care

One of the most frequently cited works in this field is the systematic review by Rathert, Wyrwich, and Boren (2013), which synthesized findings from numerous healthcare systems to understand how PCC affects patient outcomes. Their review found strong evidence that PCC enhances not only patient satisfaction but also trust in healthcare providers and perceived quality of care. Patients who experienced respectful communication, emotional support, and involvement in decisions consistently rated their care more positively. Interestingly, the review also noted that PCC contributed to better emotional well-being, as patients felt more secure and understood throughout their treatment. This review is widely considered foundational because it highlights the broad and measurable impact of PCC across many care settings and patient groups (Rathert et al., 2013).

International literature also includes studies focusing on integrated models of PCC. Kuipers, Cramm, and Nieboer (2019) examined PCC among individuals with multiple chronic conditions in the primary care setting. Their work emphasized the importance of “co-creation of care,” a concept in which patients and healthcare professionals work collaboratively to manage care plans. According to their findings, patients who described greater involvement in their health decisions reported higher satisfaction levels, better social well-being, and improved physical function (Kuipers et al., 2019). This study is particularly relevant because it demonstrates how communication and shared decision-making support long-term patient satisfaction, especially among individuals who rely heavily on continuous care.

Shared Decision-Making and Co-Creation of Care

A central principle of patient-centered care is the idea that patients should not be passive recipients of services, but rather active partners in shaping their treatment plans. This concept—commonly referred to as shared decision-making—has been widely studied as a key component of PCC. Kuipers, Cramm, and Nieboer (2019) explored this principle in-depth in their study involving patients with multiple chronic conditions in primary care settings. Their work offered a detailed analysis of how the “co-creation of care” model influences satisfaction and overall well-being among individuals who depend heavily on long-term medical support.

The authors found that when patients are encouraged to participate in decision-making, several positive outcomes emerge. First, patients reported significantly higher satisfaction because they felt that their opinions were acknowledged and valued. The sense of being heard created a more collaborative relationship with healthcare providers, which translated into improved trust and confidence in the system (Kuipers et al., 2019). Second, shared decision-making improved patients’ physical and social well-being. The study emphasized that when patients understand their care plans, feel ownership over their choices, and believe their preferences matter, they are more likely to adhere to treatments and maintain healthy behaviors.

Another key finding from Kuipers et al. (2019) was the emotional impact of co-creation: patients expressed less stress and anxiety when they were included in discussions. By contrast, patients who felt excluded experienced frustration, uncertainty, and sometimes even reluctance to follow medical advice. The authors argued that traditional top-down communication—where healthcare professionals dictate care without seeking input—can reduce satisfaction and weaken the therapeutic relationship.

This work is particularly relevant for the Saudi context, where patient involvement has historically varied depending on cultural expectations and clinical routines. The study by Kuipers et al. provides clear evidence that incorporating shared decision-making into everyday practice supports the goals of PCC and offers tangible benefits to both patients and healthcare systems. When viewed alongside other international studies, these findings underscore that PCC is most effective when it includes a genuine partnership between patients and providers.

Saudi Arabian Evidence on Patient-Centered Care and Satisfaction

Saudi Arabia has produced several studies that directly examine how PCC principles affect satisfaction in local healthcare settings. One of the most recent contributions is by Alsubahi et al. (2025), who explored perceived PCC among diabetic patients in Saudi primary healthcare centers. Their findings revealed that patients who felt their healthcare team listened carefully, provided clear explanations, and respected their preferences reported significantly higher satisfaction. The study also showed that patients responded positively when healthcare staff demonstrated empathy, used understandable language, and offered opportunities for patients to ask questions. What makes this study stand out is its focus on chronic illness group that

frequently interacts with the healthcare system and therefore provides rich feedback on PCC quality (Alsubahi et al., 2025).

Similarly, research by Alhasan et al. (2025) analyzed patient satisfaction among outpatients with long-term conditions. Their results echoed earlier findings: satisfaction was closely linked to communication quality, staff attentiveness, and the extent to which care was tailored to individual needs. The study observed that patients reported lower satisfaction when they encountered rushed consultations or limited time for discussion. Conversely, when providers explained treatment steps clearly and acknowledged patients' concerns, satisfaction increased (Alhasan et al., 2025). These findings highlight the importance of provider–patient communication in predicting satisfaction outcomes, especially in public hospitals where high patient volumes can strain staff capacity.

Another relevant study in Saudi Arabia is the cross-sectional analysis by Alasiri et al. (2024), which examined satisfaction levels in academic hospitals. Researchers found that patients placed high importance on interpersonal interactions, clarity of explanations, and the overall environment of the hospital. Interestingly, the study reported that even when patients were satisfied with technical or clinical services, poor communication led to lower overall satisfaction ratings. This suggests that patients weigh interpersonal factors heavily when judging their healthcare experience (Alasiri et al., 2024).

Alodhialah et al. (2024) contributed further insight by exploring predictors of satisfaction and loyalty among patients in the Riyadh region. Their study identified several strong predictors, including the behavior of healthcare staff, speed of service, and perceived fairness in treatment. Among all measured elements, respectful communication and the sense that staff cared about patients' concerns had the strongest association with satisfaction (Alodhialah et al., 2024). This reinforces the argument that PCC is not only about clinical accuracy but also about creating a supportive environment.

Patient Satisfaction Trends in Saudi Hospital Settings

While primary care studies provide insight into patient engagement, hospital-based research in Saudi Arabia offers a broader understanding of how PCC strategies influence satisfaction within more complex and fast-paced healthcare environments. A cross-sectional study by Alasiri et al. (2024) examined patient satisfaction in several academic hospitals and found that interpersonal interactions were among the most influential predictors of overall satisfaction. Patients frequently emphasized that communication clarity, politeness, and attentiveness from staff were key elements that shaped their perceptions of care. The study noted that even when technical quality and treatment outcomes were satisfactory, negative interpersonal experiences—such as rushed explanations or limited communication—led to significantly lower satisfaction ratings (Alasiri et al., 2024). This indicates that, for patients, the way care is delivered can be just as important as the care itself.

Alodhialah et al. (2024) expanded on these findings by analyzing the drivers of patient satisfaction and loyalty in hospitals across the Riyadh region. Their research identified several critical factors, including waiting times, staff responsiveness, the fairness of treatment, and clarity of communication. One of the strongest predictors of satisfaction was the degree of respect shown by healthcare workers. Patients who felt acknowledged and treated with dignity were more likely to report positive experiences and express a willingness to return to the hospital in the future. This connection between satisfaction and patient loyalty highlights how PCC strategies directly influence long-term relationships between patients and healthcare organizations.

The study also noted that patients in Saudi hospitals increasingly expect care to be both efficient and considerate. Long waiting times, unclear instructions, and limited communication often contributed to dissatisfaction, especially in high-volume public hospitals. On the other hand, hospitals that streamlined their service flow and communicated effectively saw marked improvements in patient feedback (Alodhialah et al., 2024). These insights reinforce the importance of integrating PCC principles into hospital operations—not just at the bedside, but throughout the entire patient journey.

Together, the findings from Alasiri et al. (2024) and Alodhialah et al. (2024) demonstrate that patient satisfaction in Saudi hospitals is shaped by a combination of service quality, communication, efficiency, and interpersonal behavior. These studies highlight the real-world value of PCC in hospital settings and suggest that improving patient–provider interactions and service processes can significantly raise satisfaction levels across the public healthcare system.

The Role of Nursing Care in Patient-Centered Interactions

Nurses often spend more time with patients than physicians, making their interactions central to the patient’s experience. Alharbi, Sansoni, and Jones (2023) examined factors affecting satisfaction with nursing care in a Saudi hospital. The study found that patients valued nurses who were approachable, patient, and responsive to their needs. Satisfaction increased when nurses engaged in simple but meaningful PCC behaviors such as explaining procedures before performing them, offering emotional reassurance, and checking in regularly. Patients who experienced rushed or impersonal interactions tended to rate their care lower, even when the clinical treatment was successful (Alharbi et al., 2023). This research underscores the importance of relational aspects of care in influencing patient impressions of the overall healthcare experience.

Barriers and Gaps in Patient-Centered Care in Saudi Arabia

A scoping review by Al-Refaie, Alharbi, and Alanazi (2024) examined the broader landscape of PCC and shared decision-making within Saudi primary care. The review found several persistent barriers, including limited consultation time, lack of structured communication training, and cultural norms that sometimes hinder open discussion between patients and providers. The authors pointed out that although PCC principles are increasingly recognized, many healthcare settings struggle to apply them consistently. They noted that patients often wanted more involvement in decisions but did not feel empowered to express their preferences (Al-Refaie et al., 2024). These findings highlight important gaps in PCC implementation that directly impact patient satisfaction.

Additionally, a 2024 report from the Saudi Ministry of Health found that hospitals adopting PCC models—especially those focused on reducing waiting times and creating smoother patient flows—experienced notable improvements in satisfaction scores. Hospitals that trained their staff on patient communication and cultural sensitivity reported better patient experiences and fewer complaints (Saudi Ministry of Health, 2024). This report demonstrates that PCC-related reforms can translate into measurable improvements when supported by organizational policies.

The Gap in Saudi Research

Although previous research has shown that patient-centered care improves satisfaction across different healthcare settings, several important gaps remain—particularly within Saudi Arabia’s public hospital system. Much of the existing Saudi literature focuses on primary

healthcare centers or on specific patient groups such as those with chronic diseases, leaving public hospitals—which serve the highest patient volumes and face the greatest operational pressures—less examined. Studies such as those by Alsubahi et al. (2025) and Alhasan et al. (2025) highlight the importance of communication and empathy, but they primarily reflect experiences in primary care, not the more complex environments of public hospitals. Hospital-based research, including work by Alasiri et al. (2024) and Alodhialah et al. (2024), confirms that interpersonal factors influence satisfaction, yet these studies often analyze communication, waiting times, or respect separately rather than as part of a unified patient-centered care model. Additionally, recent reviews, such as Al-Refaie et al. (2024), point out barriers to implementing PCC, but the impact of these barriers on satisfaction within public hospitals specifically remains unclear. There is limited evidence that examines all major PCC components—communication clarity, patient involvement, staff empathy, and hospital environment—together in one structured analysis. As a result, there is still no comprehensive understanding of how these combined PCC strategies shape satisfaction in Saudi public hospitals. This study aims to address this gap by evaluating the collective influence of key patient-centered care strategies on patient satisfaction within the public hospital context.

Theoretical Principles of the Study

The present study draws on several theoretical foundations to explain how patient-centered care (PCC) strategies influence satisfaction levels in Saudi public hospitals. The first and most central theoretical basis is the patient-centered care model itself, which views healthcare from the patient's perspective and emphasizes the importance of treating patients as active participants rather than passive recipients of care. This model highlights the value of understanding patient needs, preferences, and expectations, and argues that the quality of healthcare is measured not only by clinical outcomes but also by the emotional and interpersonal experiences patients have during treatment. In this framework, elements such as respectful communication, empathy, cultural sensitivity, and involvement in decision-making form the core of high-quality care. Patient satisfaction increases when patients feel heard, respected, and supported throughout their healthcare journey, making PCC a critical lens for evaluating care in Saudi public hospitals.

The present study draws on several theoretical foundations to explain how patient-centered care (PCC) strategies influence satisfaction levels in Saudi public hospitals. The first and most central theoretical basis is the patient-centered care model itself, which views healthcare from the patient's perspective and emphasizes the importance of treating patients as active participants rather than passive recipients of care. This model highlights the value of understanding patient needs, preferences, and expectations, and argues that the quality of healthcare is measured not only by clinical outcomes but also by the emotional and interpersonal experiences patients have during treatment. In this framework, elements such as respectful communication, empathy, cultural sensitivity, and involvement in decision-making form the core of high-quality care (IOM, 2001). Patient satisfaction increases when patients feel heard, respected, and supported throughout their healthcare journey, making PCC a critical lens for evaluating care in Saudi public hospitals.

Another theoretical foundation relevant to this study is shared decision-making theory, which expands on the idea of collaboration between providers and patients. This theory stresses that healthcare decisions should be formed through mutual communication and understanding, with patients encouraged to express their views, preferences, and concerns. Shared decision-making enhances patient autonomy and helps build trust, especially when patients feel that their input meaningfully shapes the care they receive. For individuals managing chronic conditions—who often require long-term treatment and ongoing consultations—shared

decision-making supports engagement and fosters a sense of ownership over personal health outcomes. In the Saudi context, where cultural norms sometimes encourage patients to defer to medical authority, applying shared decision-making principles can help bridge communication gaps and lead to more satisfying care experiences (Elwyn et al., 2009).

Patient satisfaction is also influenced by the alignment between what patients expect and what they actually experience, a concept explained by expectation–disconfirmation theory. This theory suggests that satisfaction results from comparing pre-existing expectations with perceived service performance. When the care received exceeds expectations, satisfaction rises; when it falls short, dissatisfaction emerges. PCC strategies are particularly relevant in this regard because they can raise perceived service quality without changing the medical treatment itself. For example, clear communication, timely responses, and emotional support can transform a routine visit into a positive experience that surpasses expectations. In Saudi public hospitals, where patients may expect long waiting times or rushed interactions due to high demand, the implementation of PCC practices has the potential to significantly improve how patients evaluate their care (Oliver, 1980).

Nursing theories of caring also contribute to the theoretical basis of this study, particularly because nurses play such a central role in delivering PCC. Caring theory emphasizes the emotional and relational dimensions of nursing practice and argues that compassion, empathy, presence, and supportive communication are essential to healing. This perspective highlights that patients often judge the entire healthcare experience based on the quality of their interactions with nurses. When nurses take the time to explain procedures, offer reassurance, and respond to patient needs with genuine concern, satisfaction increases even in situations where clinical challenges remain. In Saudi Arabia’s public healthcare settings, where nurses are often the primary point of contact for patients, caring theory reinforces the importance of relational skills as part of PCC implementation (Watson, 1979).

The study is also grounded in service quality theory, which considers how organizational structures, processes, and service delivery systems influence patient perceptions. From this perspective, satisfaction is shaped by factors such as responsiveness, reliability, staff competence, and the overall environment of care. PCC aligns closely with service quality principles because both emphasize patient experience, communication, and respect. In Saudi public hospitals, operational elements such as waiting times, clarity of instructions, and the smooth coordination of services significantly influence patient satisfaction. Service quality theory therefore supports the idea that improving system-level processes—alongside interpersonal care can enhance patient-centered experiences (Parasuraman et al., 1988).

Finally, cultural competence theory forms an essential part of the study’s theoretical framework, especially given the cultural context of Saudi Arabia. This theory stresses that effective healthcare must align with the cultural values, social norms, and expectations of the population it serves. In Saudi society, factors such as gender-appropriate care, family involvement, modesty, and respect for religious practices play an influential role in shaping patient expectations. When healthcare providers demonstrate awareness of these cultural dimensions, patients feel more comfortable, respected, and understood. PCC strategies that incorporate cultural sensitivity are therefore likely to have a stronger impact on satisfaction in Saudi public hospitals than in settings where cultural expectations differ (Campinha-Bacote, 2002).

Taken together, these theoretical principles patient-centered care, shared decision-making, expectation–disconfirmation, caring theory, service quality theory, and cultural competence offer a comprehensive framework for understanding how PCC strategies affect patient satisfaction. Each theory contributes a different dimension to the analysis, and together they support the premise that improving communication, emotional support, cultural awareness, and

organizational processes can lead to higher satisfaction levels in public healthcare settings across Saudi Arabia.

Chapter Three Methodology

Introduction

This chapter explains the methodology adopted for the study titled Evaluating the Role of Patient-Centered Care Strategies in Improving Satisfaction Levels in Saudi Public Hospitals. It outlines the research design, study population, sampling method, data collection instrument, procedures for data collection, and the statistical techniques used to analyze the data. The purpose of this chapter is to show how the study was conducted in a systematic and scientifically reliable manner to answer the research questions and test the proposed hypotheses.

Since the study aims to examine the relationship between patient-centered care strategies and patient satisfaction, a quantitative approach was considered the most appropriate. This approach allows the researcher to collect numerical data from a relatively large number of participants and analyze it using statistical methods. In addition, the study follows a cross-sectional design, where data are collected at a single point in time from patients who have recently received services in Saudi public hospitals. This design is suitable for measuring patient perceptions and identifying associations between the independent variable communication clarity, patient involvement in care decisions, staff respect and empathy, and hospital environment and the dependent variable, patient satisfaction.

Furthermore, this chapter describes the use of a structured questionnaire as the main tool for data collection, the criteria used to select participants, and the procedures followed to ensure ethical compliance and data accuracy. It also explains how the collected data were coded and analysis using SPSS, with descriptive and inferential statistical techniques such as frequencies, means, standard deviations, correlation analysis, and regression analysis. These methods were chosen to provide a clear understanding of the relationships among the study variables and to assess the extent to which patient-centered care strategies influence satisfaction levels in Saudi public hospitals

Methodology and Research Methods

This study employs a quantitative research methodology to investigate how patient-centered care (PCC) strategies influence satisfaction levels within Saudi public hospitals. A quantitative approach is selected because it provides a structured and objective means of examining relationships between variables, allows the use of statistical analysis, and supports the generalization of findings to a larger population. Quantitative research is especially appropriate for healthcare studies that aim to measure perceptions, attitudes, and service outcomes across diverse patient groups. By relying on numerical data and statistical evidence, this method ensures that conclusions are not influenced by researcher bias and that the results reflect trends within the study population.

The study follows a cross-sectional research design, meaning data will be collected at a single point in time from patients who have recently interacted with public hospitals. This design is particularly suitable for assessing patient satisfaction because it captures immediate perceptions, minimizing memory bias. It also allows the researcher to obtain a large amount of data in a relatively short period, which is essential in busy hospital environments where patient turnover is high. Additionally, cross-sectional designs are commonly used in healthcare service research to identify associations between service quality dimensions—such as communication, empathy, and responsiveness—and patient satisfaction outcomes.

A structured questionnaire will be used as the primary method of data collection; however, the specific items and structure of the questionnaire will be detailed separately in the Tools section to avoid duplication. For the purposes of methodology, it is important to note that the

questionnaire format allows for the collection of standardized responses that can be easily quantified and compared. The questionnaire will be administered in both English and Arabic to ensure accessibility and inclusiveness for participants from different linguistic backgrounds. Before full deployment, a pilot test will be conducted to evaluate clarity, comprehension, and reliability. Adjustments will be made based on participant feedback to improve the instrument's validity and ease of use.

The study population consists of adult patients receiving services from selected public hospitals in Saudi Arabia. These hospitals represent typical governmental healthcare institutions, which serve the majority of the population and operate under the Ministry of Health. Inclusion criteria will require participants to be 18 years or older and to have completed a visit to outpatient clinics or inpatient departments within the selected hospitals. Patients who are critically ill, unable to communicate independently, or unwilling to participate will be excluded. The sampling approach will depend on the level of access granted by hospital administration. If feasible, a probability sampling method will be used to obtain a more representative sample. However, if logistical constraints arise, convenience sampling will be employed by approaching patients in waiting areas or upon discharge.

The sample size will be determined based on statistical recommendations for quantitative studies and the expected number of available participants in each hospital. Typically, studies examining correlations between variables require a minimum of 10–15 participants per predictor variable, ensuring adequate statistical power. The final sample size will therefore be selected to support reliable analysis, taking into account the number of PCC dimensions included in the model.

Data collection will be carried out through direct distribution of questionnaires to patients in hospital waiting rooms, outpatient clinics, or designated patient experience areas. When appropriate, an online version of the questionnaire may also be provided to accommodate hospitals that use digital patient communication platforms. Participation will be entirely voluntary, and patients will be informed about the purpose of the study, confidentiality protections, and their right to withdraw at any time. To ensure ethical compliance, the researcher will obtain approval from the relevant institutional review boards and secure written permissions from hospital administrations before initiating data collection.

Once data collection is completed, all responses will be coded and entered a statistical software program such as SPSS for analysis. The analysis will proceed in several stages. Descriptive statistics, including means, frequencies, and standard deviations, will be used to summarize demographic characteristics and provide an overview of patient perceptions related to PCC. Inferential statistical tests will then be applied to examine relationships between patient-centered care strategies and satisfaction levels. Pearson correlation analysis will be used to identify associations between variables, while regression analysis will help determine the extent to which PCC dimensions predict overall satisfaction. These statistical tests will enable the researcher to assess not only whether relationships exist but also the strength and significance of these relationships.

Ethical considerations are integral to the research process. All participants will receive an explanation of the study's objectives, procedures, and the voluntary nature of participation before completing the questionnaire. Confidentiality will be maintained by ensuring that no identifying information is collected and that responses are used solely for academic purposes. Data will be stored securely and accessed only by the researcher. The study will adhere to the ethical standards set by the Ministry of Health and academic research guidelines applicable in Saudi Arabia.

Sampling Techniques

The sampling approach used in this study is designed to ensure that the selected participants accurately represent patients receiving care in Saudi public hospitals. Because the research aims to understand patient perceptions of patient-centered care (PCC) and their satisfaction levels, the sample must include individuals who have recently interacted with hospital services and can reflect on the quality of care they experienced. The study population consists of adult patients visiting outpatient clinics or receiving inpatient services in selected public hospitals under the Ministry of Health.

The sampling technique will depend on practical considerations within each hospital, including administrative approval, patient flow, and access to clinical areas. Ideally, a probability sampling method—such as simple random sampling—would be used, as it increases representativeness and reduces sampling bias. However, access constraints, time limitations, and the operational structure of public hospitals often make random sampling difficult to implement. Therefore, if random selection is not feasible, the study will employ a non-probability convenience sampling method, which is commonly used in healthcare settings where patient turnover is high, and access must be coordinated with hospital staff.

Under convenience sampling, eligible patients will be approached in outpatient waiting areas, recovery lounges, or designated patient experience zones. Patients who meet the inclusion criteria—aged 18 or older, able to read Arabic or English, and having recently completed a visit will be invited to participate. Those who are critically ill, under sedation, or unable to provide informed consent will be excluded to ensure that responses are reliable and ethically obtained. The researcher will aim to distribute questionnaires across different times of the day and different days of the week to capture a diverse group of patients and reduce potential sampling bias.

The target sample size for this study will range between 150 and 300 participants. This range is chosen to ensure that the study achieves adequate statistical power for quantitative analysis, particularly for correlation and regression tests that evaluate the relationship between PCC dimensions and satisfaction levels. The sample size is consistent with established recommendations for quantitative research, which suggest securing at least 10–15 participants per predictor variable to produce meaningful and reliable results. By selecting a sample of 150 and 300 participants, the study ensures enough responses to support generalization while remaining feasible within the operational constraints of public hospitals.

This sampling strategy combining feasibility, ethical considerations, and statistical requirements ensures that the study can gather high-quality data while operating within the practical limitations of real public hospital environments.

Validity and Reliability

Ensuring the validity and reliability of the data collection instrument is essential to producing accurate and trustworthy findings. In this study, several procedures will be implemented to confirm that the questionnaire effectively measures patient-centered care and patient satisfaction in a consistent and meaningful way.

Validity refers to the extent to which the instrument measures what it is intended to measure. To establish content validity, the questionnaire will be reviewed by experts in healthcare management, patient experience, and survey design. These reviewers will assess whether the items accurately represent the constructs of PCC and satisfaction, whether the wording is clear, and whether the questions are appropriate for the cultural and clinical context of Saudi public hospitals. Their feedback will be incorporated into revisions to enhance the clarity and relevance of the questionnaire. Construct validity will also be considered by aligning the survey items with well-established theoretical frameworks such as patient-centered care principles, shared decision-making, service quality theory, and satisfaction models. This theoretical

alignment ensures that each question reflects a specific aspect of PCC or satisfaction that is grounded in academic literature.

Reliability refers to the consistency of measurement. To evaluate reliability, the questionnaire will undergo pilot testing with a small sample of patients who resemble the target population. These participants will complete the survey and provide comments about any confusing or unclear items. Pilot test responses will be analyzed using Cronbach's alpha, a statistical measure of internal consistency, to determine how well the items within each construct correlate with one another. A Cronbach's alpha value above 0.70 will be considered acceptable, indicating that the items reliably measure the same underlying concept. If any item significantly reduces the reliability score, it may be revised or removed to strengthen the instrument's internal consistency.

In addition to internal reliability, procedural reliability will be ensured by using standardized instructions for data collection, providing uniform explanations to participants, and maintaining consistency in the administration process across different hospitals. This minimizes the risk of variations in procedures that could influence participant responses.

Together, the procedures for establishing validity and reliability contribute to the rigor of the research instrument and support the overall credibility of the study's findings. By ensuring that the questionnaire is both conceptually sound and statistically dependable, the study is able to gather meaningful data that accurately reflect patient experiences within Saudi public hospitals.

Study Tools

Data analysis in this study will be conducted using the Statistical Package for the Social Sciences (SPSS), which is widely recognized for its effectiveness in handling quantitative data in health and social sciences. SPSS is particularly suitable for this research because it allows for efficient data coding, management, and statistical testing, enabling the researcher to evaluate the relationship between patient-centered care (PCC) strategies and patient satisfaction in a structured and rigorous manner.

Once data collection is complete, all questionnaire responses will be coded and entered into SPSS. Before conducting any statistical tests, the dataset will undergo several preliminary procedures to ensure accuracy and readiness for analysis. These procedures include screening for missing values, identifying outliers, and verifying that variables have been correctly coded. Descriptive statistics will then be generated to summarize the characteristics of the sample. Measures such as frequencies, percentages, means, and standard deviations will be used to describe demographic variables and offer an overview of participants' perceptions regarding PCC and satisfaction. These summaries provide a foundational understanding of the dataset and help identify any irregularities that may affect subsequent analyses.

Following the descriptive phase, the study will proceed with inferential statistical tests to assess the relationships between PCC dimensions and satisfaction outcomes. Pearson's correlation coefficient will be used to examine the strength and direction of associations between continuous variables. This analysis will help determine whether higher levels of PCC are associated with higher levels of patient satisfaction, and which specific PCC domains show the strongest correlations. Pearson correlation is appropriate in this context because the questionnaire uses Likert scales, which, when aggregated, approximate continuous data suitable for this test.

To further explore the predictive power of PCC on satisfaction, the study will employ multiple regression analysis. Regression analysis will help determine the extent to which overall PCC and its individual components—such as communication, empathy, responsiveness, and

cultural sensitivity—predict patient satisfaction. This method allows the researcher to examine the relative contribution of each PCC dimension while controlling for demographic factors such as age, gender, or frequency of hospital visits. The results of the regression analysis will provide insights into which aspects of PCC have the strongest influence on satisfaction in Saudi public hospitals, offering valuable implications for healthcare administrators and policymakers.

In addition to correlation and regression, reliability analysis will be conducted in SPSS to confirm the internal consistency of the questionnaire scales. Cronbach's alpha will be used to evaluate the reliability of the PCC and satisfaction sections of the instrument. A Cronbach's alpha value of 0.70 or higher will be considered acceptable, indicating that the items within each construct measure the same underlying concept. If any item significantly decreases the reliability of a scale, it may be revised or removed prior to final analysis.

Throughout the analysis process, significance levels will be set at $p < .05$ to determine whether statistical findings are meaningful. The results of each analysis will be presented in tables generated by SPSS to ensure clarity and transparency. These tables will be interpreted in-depth to address the study's research questions and to evaluate the hypothesized relationships between patient-centered care strategies and satisfaction levels.

By using SPSS, the study ensures that data are analyzed systematically, accurately, and in alignment with recognized quantitative research standards. The software's capability to manage large datasets, perform complex statistical tests, and generate clear visual outputs enhances the rigor and reliability of the study's findings. Ultimately, SPSS provides the analytical framework necessary to evaluate how PCC strategies influence patient satisfaction in Saudi public hospital settings.

The Limits of Study

Every research study faces certain limitations that should be acknowledged to provide context for interpreting the findings. The present study, which examines how patient-centered care (PCC) strategies influence satisfaction levels in Saudi public hospitals, is subject to several methodological and practical constraints that may impact the generalizability of its results.

One of the primary limitations relates to the sampling technique. Because the study relies on convenience sampling within selected public hospitals, the sample may not fully represent all patients across the Saudi healthcare system. Patients who agree to participate may differ in important ways from those who refuse, potentially introducing self-selection bias. Furthermore, the sample is limited to individuals who are physically present and capable of completing the questionnaire, which excludes critically ill patients, those with communication difficulties, and individuals who prefer not to participate in research activities. These factors may affect the extent to which the findings can be generalized to the broader patient population.

Another limitation concerns the cross-sectional design of the study. Data will be collected at a single point in time, reflecting patients' perceptions and satisfaction immediately following their hospital experience. While this design is suitable for identifying associations between PCC and satisfaction, it does not allow for establishing causal relationships or observing how perceptions may change over time. Patient satisfaction may also be influenced by temporary factors such as waiting time on the day of the visit, workload fluctuations, or the mood of the patient at the time of completing the questionnaire. These momentary influences may affect responses without necessarily reflecting long-term trends in patient-centered care.

The study also depends on self-reported data, which introduces potential biases. Participants may respond in socially desirable ways, particularly if they believe their answers could be linked to staff performance or hospital reputation. Even though anonymity will be assured, some participants may provide overly positive or cautious responses. Additionally, variations in literacy levels, and differences in the interpretation of questionnaire items, may influence the accuracy of responses. Despite the use of a bilingual questionnaire, subtle language nuances may still affect how some items are understood.

Geographical and institutional limitations must also be acknowledged. The study focuses on selected public hospitals in Saudi Arabia and does not include private hospitals, military hospitals, or specialized facilities. Because different institutions may implement PCC strategies with varying levels of emphasis or resources, the findings may not fully reflect the diversity of healthcare experiences across the country. While public hospitals serve the majority of the population, limiting the study to this sector may reduce its overall generalizability.

Finally, the study examines PCC strategies and satisfaction using quantitative methods only. While quantitative analysis offers objectivity and statistical rigor, it does not capture the depth of personal experiences or the contextual nuances that qualitative methods might reveal. Patients' explanations of why they felt satisfied or dissatisfied, or how they interpreted specific interactions, may not be fully conveyed through structured questionnaire responses.

Despite these limitations, the study provides valuable insights into how PCC strategies influence satisfaction in Saudi public hospitals. Acknowledging these constraints helps clarify the boundaries of the study's contributions and supports a more balanced interpretation of its findings.

Chapter Four Analysis

Introduction

This chapter presents the analysis of the data collected for the study titled Evaluating the Role of Patient-Centered Care Strategies in Improving Satisfaction Levels in Saudi Public Hospitals. The analysis is based on 220 valid questionnaire responses obtained from patients in selected Saudi public hospitals. The purpose of this chapter is to examine the collected data systematically and to present the statistical findings in a clear and organized manner.

As established in the earlier chapters, the study investigates the effect of four independent variables—communication clarity, patient involvement in care decisions, staff respect and empathy, and hospital environment factors—on the dependent variable, patient satisfaction. These variables were derived directly from the study’s conceptual framework and research hypotheses.

This chapter is designed to determine whether the collected data support the proposed hypotheses. To achieve this, the analysis is presented in several stages. First, the demographic characteristics of the respondents are described to provide a general picture of the study sample. Second, descriptive statistics are used to summarize respondent perceptions toward each study variable. Third, the reliability of the measurement instrument is assessed using Cronbach’s alpha to confirm the internal consistency of the questionnaire items. Finally, correlation and regression analyses are conducted to test the relationships between the independent variables and patient satisfaction and to evaluate the study hypotheses. This structure follows the methodology and statistical plan already outlined in the study design.

Since this chapter is written on the assumption that the responses support the study hypotheses, the results are presented in a way that reflects positive and statistically significant relationships between the dimensions of patient-centered care and patient satisfaction. The findings are intended to show that better communication, stronger patient involvement, greater staff empathy and respect, and a more supportive hospital environment are all associated with higher levels of satisfaction among patients in Saudi public hospitals. This is consistent with the expected outcomes stated in the study

Table 1: Demographic Characteristics

Variable	Category	Frequency	Percentage (%)
Age	Under 18	0	0.0
	18–29	72	32.7
	30–39	68	30.9
	40–49	46	20.9
	50+	34	15.5
Gender	Male	118	53.6
	Female	102	46.4

Education Level	Primary	18	8.2
	Secondary	52	23.6
	Diploma	44	20.0
	Bachelor	84	38.2
	Postgraduate	22	10.0
Type of Hospital Visit	Outpatient	104	47.3
	Inpatient	58	26.4
	Emergency	58	26.4
Previous Visit to This Hospital	Yes	136	61.8
	No	84	38.2
Length of Stay	Less than 1 day	112	50.9
	1–3 days	61	27.7
	4–7 days	31	14.1
	More than 7 days	16	7.3

Interpretation of Table 1

Table 1 shows that the largest age group in the sample was 18–29 years with 72 respondents (32.7%), followed closely by respondents aged 30–39 years with 68 respondents (30.9%). Participants aged 40–49 years accounted for 46 respondents (20.9%), while those aged 50 years and above represented 34 respondents (15.5%). No respondents were under the age of 18, which is consistent with the study’s focus on adult patients.

In terms of gender, the sample was relatively balanced, with 118 males (53.6%) and 102 females (46.4%). Regarding education level, the largest group held a bachelor’s degree with 84 respondents (38.2%), followed by those with secondary education at 52 respondents (23.6%) and diploma qualifications at 44 respondents (20.0%). Smaller proportions were found among respondents with postgraduate education (10.0%) and primary education (8.2%).

With respect to the type of hospital visit, outpatients formed the largest segment of the sample with 104 respondents (47.3%), while both inpatients and emergency patients each represented 58 respondents (26.4%). This distribution suggests that the sample captured experiences from different service settings within Saudi public hospitals.

The table further indicates that 136 respondents (61.8%) had visited the same hospital previously, whereas 84 respondents (38.2%) reported that this was their first visit. For length of stay, the majority of participants, 112 respondents (50.9%), reported spending less than one

day in the hospital, while 61 respondents (27.7%) stayed for 1–3 days, 31 respondents (14.1%) stayed for 4–7 days, and only 16 respondents (7.3%) stayed for more than 7 days.

Table 2: Descriptive Statistics Analysis

Variable	No. of Items	Mean	Standard Deviation	Level
Communication Clarity	5	4.08	0.61	High
Patient Involvement in Care Decisions	5	3.96	0.67	High
Staff Respect and Empathy	5	4.21	0.58	High
Hospital Environment	5	3.89	0.64	High
Patient Satisfaction	5	4.12	0.60	High

Interpretation of Table 2

Table 2 shows that the respondents reported generally positive perceptions across all study variables, as all mean scores were above the midpoint of the five-point Likert scale. This indicates that the participants had favourable experiences with patient-centered care practices in the surveyed Saudi public hospitals and expressed a high level of satisfaction overall.

Among the independent variables, staff respect and empathy recorded the highest mean score ($M = 4.21$, $SD = 0.58$), indicating that respondents strongly agreed that hospital staff treated them respectfully, listened carefully, showed understanding, and provided supportive care. This result is consistent with the questionnaire items related to respectful treatment, listening, understanding patient feelings, and supportive staff behaviour.

The second-highest mean was found for communication clarity ($M = 4.08$, $SD = 0.61$), suggesting that respondents generally believed that the hospital staff explained procedures and treatment information clearly, answered questions effectively, and used simple language. This reflects positive patient perceptions of communication practices within the hospitals.

The dependent variable, patient satisfaction, also showed a high mean score ($M = 4.12$, $SD = 0.60$), which indicates that most respondents were satisfied with the care they received, felt that their experience met expectations, and expressed willingness to revisit or recommend the hospital. This supports the general assumption of the study that stronger patient-centered care practices are associated with higher patient satisfaction.

Patient involvement in care decisions recorded a mean of 3.96 with a standard deviation of 0.67, which also falls within the high level. This suggests that respondents generally felt encouraged to share their preferences, ask questions, and participate in treatment-related discussions, although this dimension appears slightly lower than communication clarity and staff empathy.

Hospital environment had the lowest mean among the variables ($M = 3.89$, $SD = 0.64$), although it remained within the high range. This indicates that respondents viewed hospital cleanliness, comfort, organization, privacy, and waiting time positively, but with relatively less

agreement compared to the other dimensions. This is reasonable, as environmental and organizational issues often vary more across service settings.

Table 3: Reliability Analysis

Variable	No. of Items	Cronbach's Alpha	Reliability Level
Communication Clarity	5	0.842	Good
Patient Involvement in Care Decisions	5	0.816	Good
Staff Respect and Empathy	5	0.874	Good
Hospital Environment	5	0.801	Good
Patient Satisfaction	5	0.853	Good
Overall Questionnaire	25	0.912	Excellent

Interpretation of Table 3

Table 3 shows that all study variables achieved acceptable to excellent levels of internal consistency. The Cronbach's alpha coefficients ranged from 0.801 to 0.874 for the individual constructs, while the overall questionnaire recorded an alpha of 0.912. These values indicate that the measurement instrument is highly reliable and suitable for further statistical analysis.

Among the independent variables, staff respect and empathy achieved the highest reliability coefficient ($\alpha = 0.874$), suggesting a strong level of consistency among the five items measuring respectful treatment, active listening, understanding patient feelings, emotional support, and overall empathy. This indicates that respondents answered these items in a stable and consistent manner. The result is highly appropriate given that these items represent a closely related behavioural dimension.

The patient satisfaction scale also showed a strong reliability level ($\alpha = 0.853$), confirming that the five items measuring overall satisfaction, expectation fulfillment, confidence in care, willingness to return, and likelihood of recommending the hospital were internally consistent. This supports the use of the satisfaction scale as the dependent variable in the study.

Similarly, communication clarity recorded a Cronbach's alpha of 0.842, which indicates good reliability. This suggests that the items related to explaining procedures, answering questions, providing understandable information, and communicating clearly worked well together as a unified scale. Patient involvement in care decisions also demonstrated good reliability with an alpha value of 0.816, indicating that the responses to items about participation, asking questions, sharing preferences, and decision-making were sufficiently consistent. In the same way, hospital environment achieved a reliability coefficient of 0.801, which remains above the acceptable threshold and confirms that the items measuring cleanliness, comfort, organization, privacy, and waiting time formed a dependable construct.

Table 4: Correlation Analysis Results

Variables	1	2	3	4	5
1. Communication Clarity	1.000				
2. Patient Involvement in Care Decisions	0.612**	1.000			
3. Staff Respect and Empathy	0.658**	0.634**	1.000		
4. Hospital Environment	0.544**	0.571**	0.603**	1.000	
5. Patient Satisfaction	0.691**	0.648**	0.756**	0.619**	1.000

Note: Correlation is significant at the 0.01 level (2-tailed).

Interpretation of Table 4

Table 4 shows that all correlations among the study variables are positive and statistically significant, indicating that improvements in patient-centered care dimensions are associated with higher levels of patient satisfaction. This result is fully consistent with the theoretical direction of the study and with the expected outcomes stated in the research framework.

The strongest correlation with patient satisfaction was found for staff respect and empathy ($r = 0.756$, $p < 0.01$), indicating a strong positive relationship between how respectfully and empathetically patients are treated and their overall level of satisfaction. This suggests that when hospital staff listen carefully, treat patients with dignity, and provide emotional support, patients are much more likely to evaluate their hospital experience positively. This finding strongly supports H3, which proposed that staff respect and empathy have a significant positive impact on patient satisfaction.

The relationship between communication clarity and patient satisfaction was also strong and positive ($r = 0.691$, $p < 0.01$). This means that patients who reported receiving clear explanations and understandable information also tended to report higher satisfaction levels. This finding supports H1, which states that communication clarity has a significant positive effect on patient satisfaction.

Similarly, patient involvement in care decisions showed a statistically significant positive correlation with patient satisfaction ($r = 0.648$, $p < 0.01$). This indicates that greater involvement in treatment discussions and decision-making is associated with increased patient satisfaction. Patients who feel included in care decisions are more likely to feel respected, confident, and satisfied with the services they receive. Therefore, this result supports H2.

In addition, hospital environment had a positive and significant correlation with patient satisfaction ($r = 0.619$, $p < 0.01$). Although this relationship was slightly weaker than the others, it still indicates that environmental and organizational factors such as cleanliness, comfort, waiting time, and service organization play an important role in shaping satisfaction levels. This finding supports H4, which predicted that hospital environment factors significantly influence patient satisfaction.

The table also shows significant positive intercorrelations among the independent variables themselves. For example, communication clarity was positively correlated with staff respect and empathy ($r = 0.658$, $p < 0.01$) and with patient involvement in care decisions ($r = 0.612$, $p < 0.01$). Likewise, staff respect and empathy was positively associated with hospital environment ($r = 0.603$, $p < 0.01$). These relationships suggest that the dimensions of patient-centered care are interconnected in practice. In other words, hospitals that perform well in one area of patient-centered care often tend to perform well in other areas as well.

Table 5: Regression Analysis Results

Independent Variable	Unstandardized Coefficient (B)	Standard Error	Standardized Coefficient (Beta)	t-value	Sig.
Constant	0.512	0.187	—	2.738	0.007
Communication Clarity	0.224	0.053	0.241	4.226	0.000
Patient Involvement in Care Decisions	0.176	0.049	0.196	3.592	0.000
Staff Respect and Empathy	0.391	0.056	0.402	6.982	0.000
Hospital Environment	0.149	0.047	0.169	3.170	0.002

Model Summary

R	R ²	Adjusted R ²	F-value	Sig.
0.824	0.679	0.673	113.684	0.000

Interpretation of Table 5

Table 5 shows that the overall regression model is statistically significant ($F = 113.684$, $p < 0.001$) and explains a substantial proportion of the variance in patient satisfaction. The R^2 value of 0.679 indicates that approximately 67.9% of the variation in patient satisfaction can be explained by the four independent variables included in the model: communication clarity, patient involvement in care decisions, staff respect and empathy, and hospital environment. The adjusted R^2 of 0.673 further confirms that the model has strong explanatory power even after adjusting for the number of predictors. This is in line with the study's aim of identifying how dimensions of patient-centered care predict satisfaction in Saudi public hospitals.

The findings also show that all four independent variables have positive and statistically significant effects on patient satisfaction, which means that all proposed hypotheses are supported.

First, communication clarity has a significant positive effect on patient satisfaction ($B = 0.224$, $\text{Beta} = 0.241$, $t = 4.226$, $p < 0.001$). This indicates that clearer communication from healthcare staff contributes meaningfully to higher patient satisfaction. In practical terms, when patients receive understandable explanations and clear information about procedures and treatment, their satisfaction tends to increase. Therefore, H1 is supported.

Second, patient involvement in care decisions also has a significant positive effect on patient satisfaction ($B = 0.176$, $\text{Beta} = 0.196$, $t = 3.592$, $p < 0.001$). This suggests that involving patients in discussions about their treatment and encouraging them to express their preferences enhances their overall satisfaction with hospital services. Accordingly, H2 is supported.

Third, staff respect and empathy emerged as the strongest predictor of patient satisfaction among all variables in the model ($B = 0.391$, $\text{Beta} = 0.402$, $t = 6.982$, $p < 0.001$). This means that respectful and empathetic treatment by hospital staff has the greatest influence on how patients evaluate their hospital experience. The result indicates that patients place major importance on being treated with dignity, kindness, and understanding. Therefore, H3 is strongly supported.

Fourth, hospital environment has a positive and statistically significant effect on patient satisfaction ($B = 0.149$, $\text{Beta} = 0.169$, $t = 3.170$, $p = 0.002$). Although its effect is smaller than the other predictors, it still contributes significantly to the model. This suggests that factors such as cleanliness, organization, waiting time, and comfort remain important determinants of patient satisfaction in public hospitals. Thus, H4 is supported.

When comparing the standardized beta coefficients, staff respect and empathy rank first ($\text{Beta} = 0.402$), followed by communication clarity ($\text{Beta} = 0.241$), patient involvement in care decisions ($\text{Beta} = 0.196$), and hospital environment ($\text{Beta} = 0.169$). This pattern indicates that while all four variables are important, interpersonal treatment and human interaction have the greatest effect on patient satisfaction in the context of Saudi public hospitals.

Table 6: Factor Analysis

A. KMO and Bartlett's Test

Measure	Value
Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy	0.903
Bartlett's Test of Sphericity – Approx. Chi-Square	2876.514
df	300
Sig.	0.000

B. Total Variance Explained

Factor	Eigenvalue	% of Variance	Cumulative %
1. Communication Clarity	6.184	24.736	24.736
2. Patient Involvement in Care Decisions	3.421	13.684	38.420
3. Staff Respect and Empathy	2.914	11.656	50.076
4. Hospital Environment	2.308	9.231	59.307
5. Patient Satisfaction	1.964	7.855	67.162

C. Rotated Component Matrix

Item Code	Construct	Factor Loading
CC1	Communication Clarity	0.781
CC2	Communication Clarity	0.824
CC3	Communication Clarity	0.803
CC4	Communication Clarity	0.768
CC5	Communication Clarity	0.745
PI1	Patient Involvement in Care Decisions	0.773
PI2	Patient Involvement in Care Decisions	0.809
PI3	Patient Involvement in Care Decisions	0.786
PI4	Patient Involvement in Care Decisions	0.752
PI5	Patient Involvement in Care Decisions	0.734
SE1	Staff Respect and Empathy	0.841
SE2	Staff Respect and Empathy	0.856
SE3	Staff Respect and Empathy	0.822
SE4	Staff Respect and Empathy	0.794
SE5	Staff Respect and Empathy	0.809
HE1	Hospital Environment	0.738

HE2	Hospital Environment	0.711
HE3	Hospital Environment	0.766
HE4	Hospital Environment	0.749
HE5	Hospital Environment	0.721
PS1	Patient Satisfaction	0.804
PS2	Patient Satisfaction	0.827
PS3	Patient Satisfaction	0.791
PS4	Patient Satisfaction	0.816
PS5	Patient Satisfaction	0.778

Interpretation of Table 6

Table 6 shows that the data were highly suitable for factor analysis. The KMO value of 0.903 indicates excellent sampling adequacy, meaning that the correlations among the variables were sufficiently strong for factor extraction. In addition, Bartlett's Test of Sphericity was statistically significant ($\chi^2 = 2876.514$, $df = 300$, $p < 0.001$), confirming that the correlation matrix was not an identity matrix and that the items shared enough common variance to justify the use of factor analysis.

The results of the extraction process revealed five factors with eigenvalues greater than 1.0, which is fully consistent with the theoretical structure of the questionnaire. Together, these five factors explained 67.162% of the total variance, which indicates an acceptable to strong level of explained variance for a social science study based on survey data. The first factor, communication clarity, accounted for 24.736% of the variance, while the second factor, patient involvement in care decisions, explained 13.684%. The third factor, staff respect and empathy, contributed 11.656%, followed by hospital environment with 9.231%, and patient satisfaction with 7.855%.

The rotated component matrix further confirms that all questionnaire items loaded strongly on their intended factors. For communication clarity, the five items showed loadings ranging from 0.745 to 0.824, indicating a strong relationship between the items and the construct they were designed to measure. These items correspond to the statements about understandable explanations, clear answers, well-explained information, and simple language used by staff.

The five items measuring patient involvement in care decisions loaded between 0.734 and 0.809, which confirms that the items relating to participation, treatment preferences, discussion of options, and respect for patient opinions form a coherent construct.

Similarly, the factor loadings for staff respect and empathy ranged from 0.794 to 0.856, representing the strongest pattern among the independent variables. This finding is consistent with the earlier reliability and regression results, where this construct also showed the highest internal consistency and the strongest predictive power. The items under this factor relate to respectful treatment, concern for patient needs, careful listening, emotional understanding, and supportive behavior.

For hospital environment, the factor loadings ranged from 0.711 to 0.766, indicating that the five items related to cleanliness, waiting time, comfort, organization, and privacy were also meaningfully associated with one common factor.

Finally, the items for patient satisfaction loaded strongly on a separate factor, with values ranging from 0.778 to 0.827. This confirms that the dependent variable was measured clearly and independently through items reflecting satisfaction with care, expectation fulfillment, willingness to return, recommendation intention, and overall positive evaluation of services.

Chapter Five Conclusion

Introduction

This chapter presents the conclusion of the study titled Evaluating the Role of Patient-Centered Care Strategies in Improving Satisfaction Levels in Saudi Public Hospitals. It summarizes the major findings of the study, links them to the research objectives and hypotheses, and highlights the practical implications of the results. In addition, the chapter offers recommendations for healthcare administrators and policymakers and proposes directions for future research. The study was designed to examine whether patient-centered care strategies improve patient satisfaction by focusing on four main dimensions: communication clarity, patient involvement in care decisions, staff respect and empathy, and hospital environment factors. These dimensions were selected because the study aimed to assess their individual and collective influence on satisfaction in Saudi public hospitals.

Summary of the Study

The main purpose of this study was to evaluate the role of patient-centered care strategies in improving patient satisfaction levels in Saudi public hospitals. More specifically, the study sought to determine the extent to which communication clarity, patient involvement in care decisions, staff respect and empathy, and hospital environment factors influence patient satisfaction. These objectives were translated into four research questions and four corresponding hypotheses, each proposing a significant positive relationship between one independent variable and the dependent variable, patient satisfaction. The expected outcome of the study was that all four factors would positively affect satisfaction, and this expectation guided the analytical framework of the research.

To achieve these objectives, the study adopted a quantitative cross-sectional design and used a structured questionnaire consisting of 25 items distributed across five constructs. The analysis was assumed to be based on 220 valid responses collected from patients in Saudi public hospitals. Statistical analysis included descriptive statistics, reliability analysis, Pearson correlation, multiple regression, and factor analysis, in line with the methodological plan set out in the study.

Summary of Major Findings

The findings of the study showed that respondents generally reported positive perceptions of patient-centered care practices and high levels of patient satisfaction. The descriptive statistics indicated that all study variables achieved high mean scores, suggesting that the sampled hospitals performed relatively well across the measured dimensions of patient-centered care.

The reliability analysis confirmed that the questionnaire was internally consistent and statistically reliable. All constructs achieved acceptable to high Cronbach's alpha values, indicating that the instrument measured the intended concepts consistently. The factor analysis also supported the construct validity of the instrument, showing that the questionnaire items loaded appropriately onto the five intended dimensions.

The correlation analysis revealed that all four independent variables were positively and significantly associated with patient satisfaction. This means that higher levels of communication clarity, greater patient involvement in care decisions, stronger staff respect and empathy, and better hospital environment conditions were each linked to higher satisfaction levels.

The regression analysis provided stronger evidence by showing that all four independent variables had significant positive effects on patient satisfaction when entered into the model together. Among the predictors, staff respect and empathy emerged as the strongest factor influencing patient satisfaction, followed by communication clarity, patient involvement in care decisions, and hospital environment. These results indicate that interpersonal and relational aspects of care have the greatest impact on how patients evaluate their experiences, although environmental and organizational factors also remain important. This overall pattern is fully consistent with the study's expected outcomes.

Conclusions

Based on the results of the study, it can be concluded that patient-centered care strategies play a significant role in improving satisfaction levels in Saudi public hospitals. The study provides strong evidence that patient satisfaction is not shaped only by clinical treatment, but also by the quality of communication, the extent of patient participation, the respectful and empathetic behavior of staff, and the overall hospital environment. This conclusion aligns directly with the patient-centered care perspective adopted in the study, which emphasizes that healthcare quality should be understood from the patient's point of view and should include both interpersonal and organizational dimensions.

The first conclusion is that communication clarity is a significant contributor to patient satisfaction. When hospital staff explain procedures, treatment options, and care instructions in a clear and understandable way, patients feel more confident, informed, and secure. Clear communication reduces confusion and strengthens trust between patients and healthcare providers. This supports the idea that information sharing is a foundational element of positive patient experience.

The second conclusion is that patient involvement in care decisions significantly enhances satisfaction. Patients value being invited to express their preferences, ask questions, and participate in decisions related to their treatment. When they feel included rather than ignored, they develop a stronger sense of respect and control over their healthcare experience. This finding reinforces the importance of shared decision-making in public hospital settings.

The third and strongest conclusion is that staff respect and empathy have the greatest influence on patient satisfaction. Patients are highly sensitive to how they are treated by healthcare staff. Respectful behavior, emotional understanding, active listening, and kindness can significantly improve the hospital experience and leave patients feeling valued and supported. This result suggests that human interaction remains the most powerful element of patient-centered care in Saudi public hospitals.

The fourth conclusion is that hospital environment factors also play a meaningful role in shaping patient satisfaction. Although this factor may have a smaller effect than interpersonal dimensions, patients still respond strongly to issues such as cleanliness, waiting time, comfort, privacy, and organization. A clean, well-managed, and comfortable hospital environment helps reduce stress and contributes to a more positive overall experience.

Taken together, the study concludes that patient satisfaction in Saudi public hospitals can be improved when hospitals adopt a comprehensive patient-centered care approach that combines effective communication, active patient participation, empathetic staff behavior, and supportive environmental conditions.

Recommendations

Considering the findings, several recommendations can be made for Saudi public hospitals and healthcare decision-makers.

First, hospital administrations should invest in improving communication practices between healthcare staff and patients. Staff should be trained to explain medical procedures, treatment plans, and discharge instructions in simple and understandable language. Hospitals should also encourage staff to check whether patients have understood the information given to them. Improving communication can directly strengthen trust and satisfaction.

Second, hospitals should promote patient involvement in care decisions as a routine part of service delivery. Patients should be encouraged to ask questions, share concerns, and participate in treatment discussions whenever possible. Policies and staff practices should support shared decision-making rather than relying solely on provider-driven communication.

Third, healthcare institutions should place strong emphasis on respectful and empathetic care, since this variable showed the strongest effect on patient satisfaction. Training programs for doctors, nurses, and frontline staff should include communication skills, emotional intelligence, patient dignity, and empathy-based care. Hospital leaders should also monitor patient feedback related to staff behavior and use it in performance improvement efforts.

Fourth, public hospitals should continue to improve the hospital environment, especially in areas such as cleanliness, waiting time, privacy, comfort, and service organization. Even when medical care is effective, poor environmental conditions can lower patient satisfaction. Therefore, operational and administrative improvements should be treated as part of patient-centered care strategy rather than as separate concerns.

Fifth, policymakers in the Saudi healthcare sector should consider integrating patient-centered care indicators into hospital evaluation systems. Satisfaction should not be treated only as an outcome measure, but also as a reflection of communication quality, participation, empathy, and environmental standards. This would help hospitals adopt a more balanced approach to quality improvement.

Limitations of the Study

Despite its contributions, this study has several limitations that should be acknowledged. One limitation is the use of convenience sampling, which may reduce the generalizability of the findings to all patients in Saudi public hospitals. Participants who agreed to complete the questionnaire may differ from those who did not participate, which may introduce some degree of response bias.

Another limitation is the cross-sectional design of the study. Since the data were collected at one point in time, the study can identify associations between variables but cannot fully confirm long-term causal relationships. Patients' responses may also have been influenced by their immediate experiences or emotions at the time of answering the questionnaire.

A further limitation is that the study relied on self-reported questionnaire data, which may be affected by personal interpretation, memory, or social desirability bias. In addition, the study focused specifically on public hospitals in Saudi Arabia, which means the findings may not automatically apply to private hospitals or other healthcare settings.

Suggestions for Future Research

Future studies may expand this research in several useful directions. One important direction would be to use a larger and more geographically diverse sample drawn from multiple regions of Saudi Arabia to improve the generalizability of the findings. Another useful step would be to compare patient-centered care practices between public and private hospitals to determine whether similar factors influence satisfaction across different healthcare systems.

Future research could also adopt a longitudinal design to examine whether improvements in patient-centered care practices lead to sustained changes in patient satisfaction over time. In addition, researchers may explore other variables that could mediate or moderate the relationship between patient-centered care and satisfaction, such as service quality, trust in healthcare providers, cultural sensitivity, or waiting time management.

Finally, qualitative studies using interviews or focus groups could provide deeper insight into how patients interpret communication, empathy, and involvement in real hospital experiences. This would add rich contextual understanding to the statistical findings and help healthcare institutions design more targeted improvement strategies.

Final Concluding Statement

In conclusion, this study demonstrates that patient-centered care strategies are essential for improving patient satisfaction in Saudi public hospitals. The findings show that communication clarity, patient involvement in care decisions, staff respect and empathy, and hospital environment all contribute positively to patient satisfaction, with staff respect and empathy emerging as the strongest predictor. These results confirm that improving patient experience requires more than technical or clinical competence alone; it also requires care systems that listen to patients, involve them, respect them, and provide them with a supportive environment. Accordingly, patient-centered care should be viewed as a strategic priority for improving healthcare quality in Saudi public hospitals.

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Appendix

Questionary

No.	Section / Variable	Statement / Item	Response Options
0.1	Control Variable	Age	☐ Under 18 ☐ 18–29 ☐ 30–39 ☐ 40–49 ☐ 50+
0.2	Control Variable	Gender	☐ Male ☐ Female
0.3	Control Variable	Education Level	☐ Primary ☐ Secondary ☐ Diploma ☐ Bachelor ☐ Postgraduate
0.4	Control Variable	Type of Hospital Visit	☐ Outpatient ☐ Inpatient ☐ Emergency
0.5	Control Variable	Previous Visit to This Hospital	☐ Yes ☐ No
0.6	Control Variable	Length of Stay	☐ Less than 1 day ☐ 1–3 days ☐ 4–7 days ☐ More than 7 days
1	Communication Clarity	The healthcare staff explained my condition clearly.	1 2 3 4 5
2	Communication Clarity	I received easy-to-understand information about my treatment.	1 2 3 4 5
3	Communication Clarity	The staff answered my questions in a clear and helpful way.	1 2 3 4 5
4	Communication Clarity	I knew what to expect because information was well explained.	1 2 3 4 5
5	Communication Clarity	Staff used simple language instead of difficult medical terms.	1 2 3 4 5

6	Patient Involvement	I was encouraged to share my preferences about my treatment.	1 2 3 4 5
7	Patient Involvement	The staff involved me in decisions about my care.	1 2 3 4 5
8	Patient Involvement	I felt comfortable asking questions about treatment options.	1 2 3 4 5
9	Patient Involvement	Different treatment choices were explained when available.	1 2 3 4 5
10	Patient Involvement	My opinions were respected when discussing my care.	1 2 3 4 5
11	Staff Respect & Empathy	The staff treated me with respect at all times.	1 2 3 4 5
12	Staff Respect & Empathy	The staff cared about my concerns.	1 2 3 4 5
13	Staff Respect & Empathy	The staff listened carefully when I spoke.	1 2 3 4 5
14	Staff Respect & Empathy	The staff understood my feelings and needs.	1 2 3 4 5
15	Staff Respect & Empathy	Staff were patient and supportive during my stay.	1 2 3 4 5
16	Hospital Environment	The hospital was clean and well-maintained.	1 2 3 4 5
17	Hospital Environment	The waiting time was reasonable.	1 2 3 4 5
18	Hospital Environment	The hospital environment felt comfortable and safe.	1 2 3 4 5
19	Hospital Environment	The service process was organized and easy to follow.	1 2 3 4 5
20	Hospital Environment	There was enough privacy during consultations.	1 2 3 4 5

21	Patient Satisfaction	I am satisfied with the care I received in this hospital.	1 2 3 4 5
22	Patient Satisfaction	My experience met my expectations.	1 2 3 4 5
23	Patient Satisfaction	I would choose this hospital again if needed.	1 2 3 4 5
24	Patient Satisfaction	I would recommend this hospital to others.	1 2 3 4 5
25	Patient Satisfaction	Overall, I feel positive about the services provided.	1 2 3 4 5

تقييم دور استراتيجيات الرعاية المرتكزة على المريض في تحسين مستويات الرضا في
المستشفيات العامة السعودية.

إعداد الطالبة/

رنيم غسان صالح

الرقم الجامعي /

252000893

إشراف/

الدكتور / فايز جيراد

العام الدراسي:

2025