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**PRIMARY HEALTH CARE SERVICES IN SAUDI ARABIA
OLD DOMINION UNIVERSITY SAUDI STUDENTS
PROSPECTIVES**

**A Research Paper Presented to the Graduate Faculty of
The Department of Occupational and Technical Studies at
Old Dominion University**

**In Partial Fulfillment of the
Requirements for the Degree of Master
of Science in Occupational and Technical Studies**

By

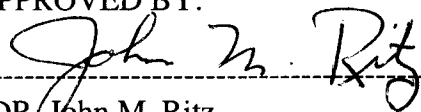
Khalid Abdullah Alzamel

Aug 1st 2000

Approval Page

The search paper was prepared by Khalid Abdullah Alzamel under the direction of Dr. John M. Ritz in OTED 636, Problems in Occupational and Technical Studies. It was submitted to the Graduate Program Director as partial fulfillment of the requirements for the Master of Science in Occupational and Technical Studies degree.

APPROVED BY:



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CHAPTER I

INTRODUCTION

The discovery of oil in the 1930s transformed the country of Saudi Arabia into a rapidly developing society that utilized a significant portion of the oil revenues toward provisions of health care service (Saltman, 1988). In Saudi Arabia, the government provides a major part of health care services free of charge, because it controls all of the country's resources. These health care services are delivered by the Ministry of Health (MOH), which has the power of setting the overall policies for the entire health care system. The MOH is divided into four levels: the national level located in Riyadh; the regional level with eleven regions; the district level with management functions; and the local level that consists of health care centers and secondary institutions (Saltman, 1988). In the city of Riyadh, the local health department is directing more than two hospitals and a number of health care centers. As one of the main tasks of this department, primary health care is provided through these primary health care centers and the outpatient clinics of the two hospitals.

The Saudi government is committed to the improvement of the health sector as demonstrated by the rapid growth of medical facilities, workers, and other features. Most of the people in Saudi Arabia utilize the primary health care system and use it as the main gate to the health care system. Therefore, primary health care is very important to them, particularly those who are low and middle-income people. In fact, the importance of primary health care has been increasing in many countries. As a result, the World Health Organization (WHO) has declared the year 2000 as the year where everybody in the

world can receive an acceptable level of health. Primary health care was identified to be the key to this target (WHO, 1978).

STATEMENT OF THE PROBLEM

Studies evaluating the effectiveness and performance of primary health care are very few and receive little attention in government health care settings, especially, in developing countries such as Saudi Arabia (Kareem, Aday & Walker, 1996). There are few studies that represent the point of view of administrators and health professionals who are employed by the government. However, these studies do not reflect the true picture of the situation, since their employment status could be affected by their responses. Thus, the problem of this study was to identify the patient's perspective as an essential factor to get a better assessment of the health care services in Saudi Arabia.

In general, health care services in Saudi Arabia are delivered to people without giving much concern to evaluating the successes or failures of their services. This has led to problems with many aspects of health care services. These include waiting time to see a doctor, length of visit to a doctor, health professionals behavior and communication, shortage in health professionals, shortage in medical equipment, lack of a holistic approach to health care, and inaccessibility of services (Sebia, 1988; Altuwaijri, 1989; Noor, 1989; Al-yamamah, 1988). These problems may generate a state of discontent and dissatisfaction among patients, particularly patients with limited resources.

Thus, studying patient satisfaction, even if it might be subjective, gives important information about the structure of the health care setting and the process of delivering

health care services, and it assists agencies in improving their performance (McNeese, 1988; Ware, 1983; Wagner, 1988). Finally, patients' evaluations help health policy makers to plan for new programs and services by predicting future patients' demands.

RESEARCH GOALS

The main goal of this study was to answer the following objectives: 1. To examine the level of satisfaction including accessibility, quality of care, doctor's treatment, and health information provided with the Primary Health Care Services in Saudi Arabia. 2. To find how the Old Dominion University Saudi students compared these services with U.S. health care services. 3. To determine Old Dominion University Saudi student's views and recommendations for changes that would be helpful to generate other ways for improving current practices of Primary Health Care in Saudi Arabia.

BACKGROUND AND SIGNIFICANCE

Patient satisfaction studies historically started to appear in the late 1950's. In the 1960's and 1970's several important studies were done that evaluated the quality of health care as revealed through patient satisfaction. In the 1980's, patient satisfaction studies became more sophisticated. The quality assurance committee of a large government hospital in Houston, Texas, identified the measurement of patient satisfaction with home health care as one of their goals. This study showed that patients have been affected significantly by home health care services, and that the respondents expressed

appreciation for the services provided and the staff's concern for their well being (McNeese, 1988).

Health care centers, in general, are the most important centers for patients to care for their health. In 1980, the Kingdom of Saudi Arabia adopted Primary Health Care which is essential health care that relies on delivering combined health care services.

There seems to be a number of problems when attempting to measure patient satisfaction. What is satisfaction? What is the relationship between satisfaction and dissatisfaction? Do patients who are not satisfied with health care services become automatically dissatisfied? Several ways have been offered to define satisfaction. Gary (1983) defines satisfaction as a positive attitude and dissatisfaction as a negative attitude toward health services. Sommer (1988) looks at satisfaction and dissatisfaction as the discrepancy between the service provided and the consumer's opinion of the service. The definition that will be used in this study is the one reported by Linder-Pelz (1982, p. 583) who defines patient satisfaction as the patient's positive evaluation of health care services after the patient has actually experienced the services.

The Saudi students' views and recommendations for changes and reforms would help to generate other ways for improving current settings of Primary Health Care services in Saudi Arabia. This is the significance of this study since the main goal is to deal with the primary health care service problems.

LIMITATIONS

The following limitations were outlined as constraining factors to the study:

1. Due to time constraints, a limited number of students will be evaluated for this study.
2. The results of the study can not be generalized to all the population of Saudi Arabia. Samples only represent the educated student segment of the population of the country.

ASSUMPTIONS

Three assumptions are considered in this study. First, patients' behaviors are affected by their level of satisfaction (Ware & Davies, 1983). Second, there are very few studies about patient satisfaction in Saudi Arabia (Kareem, et al., 1996; Elshabrawy, et al., 1993). Third, consumer satisfaction is a reliable measure for the quality of health care services (Calnan, 1988).

PROCEDURES

This study was performed based on patients' experience. The researcher will develop a Likert scale questionnaire that also includes an open-ended format to provide opportunity for respondents to present their attitudes. The survey was distributed to Old Dominion University Saudi students who were 18 years or older. These students will present their experience about the primary care services in Saudi Arabia comparing this with what they have seen in primary health care services in the United States.

DEFINITION OF TERMS

The following five terms are defined to provide the reader with consistent meanings throughout this study:

Patient satisfaction: the patient's positive evaluation of health care services after the patient has actually experienced the service (Calnan, 1988).

Primary health care services: the primary health care facilities provide the following services: immunization; dental preventive care; prevention of local endemic diseases; comprehensive maternal and child health care; and health education.

MOH: the Ministry of Health.

WHO: World Health Organization.

Riyadh: the capital city of Saudi Arabia

OVERVIEW OF CHAPTERS

Chapter I has introduced the problem of this study. The research study was designed to determine the factors responsible for patient satisfaction to improve the services of primary care centers in Saudi Arabia. Chapter II reviews the literature related to the study, and Chapter III outlines the methodology and procedures. Chapter IV presents the questionnaire findings, and Chapter V presents the summary, conclusions and recommendations for future studies.

CHAPTER II

REVIEW OF LITERATURE

The main problem of primary health care services in Saudi Arabia has been written and discussed. But, in fact, the practical solution of the problem has little written about it. Therefore, in this chapter, the researcher will briefly review research studies concerned with patient satisfaction and patient needs. The researcher will review literature that has relationship to primary health care and patient satisfaction. The studies on primary health care services have usually applied different methods in collecting data. Telephone interviews, mail surveys, and personal interviews have all been used. The topics included in this chapter have been divided into the following areas: health care in other countries, the importance of patient satisfaction, levels of patient satisfaction, patients' rights, barriers to patient satisfaction, evaluating primary health care, and a summary.

HEALTH CARE IN OTHER COUNTRIES

Health care in other countries in the Middle East is dependent on the system applied by the government. The health care system in Qatar is comprised of two major governmentally-sponsored components, and a much smaller sector of health care composed of private oil company or military and police clinics (Kareem, Andy, & Walker, 1996). For the ordinary person in Egypt, health care remains both inaccessible and chaotic. There are plenty of doctors, but not enough money or nurses. This makes health care for most of Egypt's 58 million residents unobtainable (Kandela, 1998). Iran is facing a severe health care crisis. Problems include poor quality of health care, gaps

between nursing theory and actual practice, and a disparity between the number of medical personnel and the general population. Solutions include increased access to educational resources and government support of public health projects (Salsali, 1999).

THE IMPORTANCE OF PATIENT SATISFACTION

As one of the most important factors, patient satisfaction is the fundamental element that health care services rely on. The state of the art of satisfaction assessment in the health care field has advanced considerably in the past 10 years. The advancement of satisfaction depends on the patients' attitudes and feedback. Client satisfaction is an important outcome of health care delivery for a number of reasons. In terms of the interests of the medical profession, the patient may be characterized as a consumer of a product-health care. (Ross, Wheaton & Duff, 1981). Most primary health care services are seeking to satisfy patients' desires when they provide the main services to them. In respect with the interests of the medical skills, the patient may be described as a consumer of a product. Once the patient is provided health care services, they should be evaluated and improved. Client satisfaction leads to continued use of services. Patient satisfaction is important not because it is an outcome in its own right, but because it has an influence on health status and medical improvement for the patient (Calnan, 1988). Recently, the importance of patient choice has been highlighted in many countries. There is insight that primary health care economically is growing up since the consumer satisfaction was being viewed and used for guiding improvements. If satisfaction is

considered an inherently important outcomes of care, studies of satisfaction should take on added policy interest.

LEVELS OF PATIENT SATISFACTION

Studies of patient satisfaction have been carried out under different titles. Some of these titles are level of patient satisfaction, patient's attitudes toward medical care, consumer evaluation of health care services, and patient's views of health care services. Mostly, patient satisfaction studies have been cross-sectional, which is usually the best method for studying sociological variables and for selecting a population too large to be observed directly (Babbie, 1989). Patient satisfaction levels vary widely and are different from patient to patient. However, patients always seek common levels of primary health care services. It is worth mentioning that different levels of satisfaction have been reported depending on the data collection methods (Noyes, 1974). Availability of services, convenience of services, facilities such as medical tools and equipment, physical environment, doctors treatment, quality of care, humaness of care, and accessibility are the main levels that are needed to be assigned for the successful delivering of care to the patients. On the other hand, these levels of satisfactions can be adjusted according to the differences of considerations. Levels of satisfaction vary for different sub-groups (by age, gender, race) and in different types of settings (Kareem, Aday & Walker, 1996). Levels of patient satisfaction have been shown to influence the rate of use of medical services and rate of compliance with medical advice.

Social psychological explanations suggested that levels of patient satisfaction were shaped by the difference between what patients expect and what they receive (Calnan, 1988). Variety of level of patient satisfaction can play the main role of achieving what clients want to be done. Patients seek health care, and they have specific needs and specific demands. When the family doctor, for instance, plays the role of being a diagnostician, information giver for problematic signs and as an advice giver, the patient will feel as he/she achieved one of the most satisfactory levels. Transition of care is the relationship between past and present care in conformity with the therapeutic needs of the patient (Mansour and Al-Osimy, 1993).

PATIENT'S RIGHTS

The Nader group (Gry, 1980) tried to establish the legal rights of individual patients in primary health care organizations. This group called for the governments to reinforce their regulations especially in respect to environmental and pharmacological health and safety. The new emphasis on legal rights- a major theme throughout American society during this period, spawned a host of additional demands and law suits. As John Fry mentioned in his book Primary Care, the malpractice "crisis" and the growth of what has come to be called "quota democracy" are the two developments that must be coped with in patients' rights. Malpractice resulted from poor practices and poor doctor-patient relations. Whatever the cause or causes, however, it contributed significantly to the growing paranoia among many physicians and to the future deterioration of provider-consumer relations (Gry, 1980).

Studies of patient satisfaction have tended to show that the vast majority of patients are happy with the services provided for them (Calnan, 1988). Most of the studies showed that private primary health care services have worked to achieve patients' rights more than the government health care services. The survey, which considered the public's attitudes towards National Health Service compared with private medical care have revealed marked dissatisfaction with the former, when compared with the latter. For example, this survey found that private health care was seen to be superior to public health care mainly in terms of issues of consumer sovereignty, control and equality of provision.

BARRIERS TO PATIENT SATISFACTION

Many of the limitations can disable primary health care services of providing what patients need. The focus of these barriers depends on the behaviors to the patient. Ware and Davies (1983) in their book Behavioral Consequences of Consumer Dissatisfaction with Medical Care distinguished three such categories as factors of preventing patients to seek satisfaction of the services:

1. Care seeking: includes indicators of whether care is sought during an illness episode, seeking an appointment for a good care exam, and other more general indicators of patient-initiated care such as the number of doctor visits or total health care expenditures during a specified time interval.
2. Adherence behavior: in this category, patients are observed if they do the things they are supposed to do while under care.

3. Reactive behavior: this includes indicators of actions performed by patients specifically to express their satisfaction or dissatisfaction with the health care system.

Barriers to patient satisfaction in respect with the above categories vary. Deficiency of acceptability of specific health care service providers and services may limit patients' desires to be better consumers of the primary health care services. The most frequent dissatisfactions were related to insufficient information that patients were given about their conditions and overcrowding in the waiting rooms (Mansour & Al-Osimy, 1993).

Acceptability of health care may include the level of satisfaction with the care received (El Shabrawy & Mahmoud, 1993). Another barrier is the low quality of health care services. Quality of care is a critical component of service. What we defined as "good quality" is determined by value judgments that can change widely with time and among different groups (El Shabrawy & Mahmoud, 1993). The waiting time is one of the main factors that lead to dissatisfaction. The waiting time was reported as an item of dissatisfaction by several researchers. Health care organizations must manage patients' wait time if they want to improve services. Lovelock reported that Americans spent about 37 billion hours a year waiting in lines. When patients are unhappy with their wait experience, they are much less likely to do business with that health care provider again, even when the organization has apologized for the long wait (Rondeau, 1998).

Sometimes language and higher education are considered as barriers that cause dissatisfaction. That is what has been observed from some international surveys. Respondents with lower levels of education tended to be more satisfied with the availability of services and facilities, while those with higher educational levels were

more satisfied with the quality of care. Those who primarily spoke English were more satisfied with the continuity of care than those who primarily spoke Arabic (Kareem, Aday & Walker, 1996).

EVALUATING PRIMARY HEALTH CARE

Clients should have an opportunity to measure the primary health care services that are provided by the government. Today the medical profession faces a crisis in confidence of both government and the health pressure groups to changing health needs. The National Health Service (NHS) indicated clear dissatisfaction with existing health care. The structural design of the problem provides feedback from patients to agencies relative to the quality and appropriateness of care provided and allowed recommendations for change (McNeese, 1988).

Primary healthcare service must keep in mind the results of patients' evaluations. This may provide clearer pictures of the effectiveness and efficiency of the services. Such an assessment rests on the assumption that it is possible to measure the benefits of primary health care services. The very definition of health problems and effective inventories involve political and normative elements (Illich, 1975; Carpenter, 1979). It is important to emphasize that effective and efficient delivery of care may mean very different things to hospital consultants, family physicians, administrators and patients (Gry, 1980).

SUMMARY

In this chapter, the researcher examined studies that were concerned with primary health care services and the factors that may deal with patient dissatisfaction. It is the responsibility of the government in some countries to provide high quality services in their primary health care organizations. Many factors were examined to measure patient satisfaction such as accessibility, availability, doctor treatment, quality of care, and information provided to the patient. These variables are considered to be levels of patient satisfaction. The researcher discussed patients' rights, which must be addressed when seeking the satisfaction of the patients. The majority of studies have examined the relationship between the patients and the services provided. If the primary health care physician is performing his job in its optimal way, he could convince the patients that the care given is not inferior to or less than care given at specialty clinics in many cases (El Shabrawy & Mahmoud, 1993).

The next chapter, Chapter III, will cover the methods and procedures that were used to collect data for this study. Chapter III also covers the instrument design and administration.

CHAPTER III

METHODS AND PROCEDURES

The purpose of this chapter is to describe the methods and procedures used to collect the data needed for this study. In this chapter, the population, instrument design, methods of data was collection, statistical analysis, and the summary are included.

POPULATION

The population selected for inclusion in this study was all adult Saudi students at Old Dominion University who have utilized primary health care services provided by the Saudi government. Surveys have been passed out to Old Dominion University students in the regular Saudi Students Club meeting. The number of students surveyed was 30. The subjects included those who were 18 years or older and who have also received health care services in the United States prior to the study.

INSTRUMENT DESIGN

This study will use a survey design in order to carry out this study in an organized manner. The study was designed to answer the following goals: 1. To examine the level of satisfaction including accessibility, quality of care, doctors treatment, and health information provided with the Primary Health Care Services in Saudi Arabia. 2. To find how the Old Dominion University Saudi students compare these services with the U.S. health care services. 3. To determine Old Dominion University Saudi student's views and

recommendations for changes that would be helpful to generate other ways for improving to current setting of Primary Health Care Services in Saudi Arabia.

A five-point Likert scale questionnaire will be used with an open-ended format question to collect the data for this study. This survey would contain two sections of questions. The first section will provide answers for the first and second objectives of this study. It was in a closed format and consisted of 21 items to answer the following categories of level of satisfaction: 1. Accessibility of service, 2. Quality of care, 3. Doctors treatment and 4. Health information provided to the patient. The second section of the survey will include an open-ended question in order to gather Old Dominion University Saudi students' recommendations on how they think future changes to the current settings of Saudi health care services should cover. The Likert scale questionnaire with closed format question will be designed with five possible selections: 5= Strongly agree, 4= Agree, 3= Uncertain, 2= Disagree, and 1= Strongly disagree. A copy of the survey is found in Appendix A.

METHODS OF DATA COLLECTION

Data will be collected by distributing the questionnaire to Saudi students at Old Dominion University. They will receive a copy of the questionnaire in June 1, 2000. This data will represent the populations' perspective about the Primary Health Care Services in Saudi Arabia. The cover letter that accompanied the survey is located in Appendix B.

STATISTICAL ANALYSIS

The statistical analyses used with the data will be the calculation of the median response per question. This will provide analysis of Old Dominion University Saudi student's feelings about their health care in Saudi Arabia as compared to that provided in the United States.

SUMMARY

In this chapter, the methods and procedures that will be used to collect data from the survey were outlined. The population, instrument design, methods of data collection, and statistical analysis were included in this chapter. Chapter IV discusses the findings of the study and data analysis.

CHAPTER IV

FINDINGS

The tabulated data, along with an overview of the responses from the surveys returned to the researcher are presented in this chapter. The problem of this study was to identify the patient's prospective as an essential factor to acquire a better assessment of the health care services in Saudi Arabia. The findings presented in this chapter were compiled from a questionnaire entitled "A Study of Primary Health Care Services in Saudi Arabia." The survey instrument was designed to answer the following research goals: 1. To examine the level of satisfaction including accessibility, quality of care, doctors treatment, and health information provided with the Primary Health Care Services in Saudi Arabia. 2. To find how the Old Dominion University Saudi students compare these services with U.S. health care services. 3. To determine Old Dominion University Saudi student's views and recommendations for changes that would be helpful to generate other ways for improving to current practices of Primary Health Care in Saudi Arabia. The survey contained two sections of questions: closed questions and opened questions. A total of 30 questionnaires were sent to Old Dominion University Saudi students. All 30 questionnaires were returned. The response rate represented 100% of the population surveyed. The following pages will provide tables showing the responses provided by the Old Dominion University Saudi students to the questionnaire.

SURVEY RESULTS

Question 1: I am usually kept waiting for a long time when I am at the health care clinic?

Table 1 showed that eight (26.67%) of those that responded strongly agreed. Eleven (36.67%) agreed. Five (16.67%) were uncertain. Six (20.00%) disagreed. No one (0.00%) strongly disagreed. The median calculated was 4.00 which indicated that the target population agreed to the statement.

SA	%	A	%	UNC	%	DA	%	SDA	%	M
8	26.67	11	36.67	5	16.67	6	20.00	0	0.00	4.00

Question 2. The health care hours when I can get medical care are convenient for me?

Table 1 showed that two (6.67%) of those that responded strongly agreed. Thirteen (43.33%) agreed. Seven (23.33%) were uncertain. Eight (26.67%) responded disagree and no one strongly disagree. The median calculated was 3.50 which indicated that the target population was between agree and uncertain.

SA	%	A	%	UNC	%	DA	%	SDA	%	M
2	6.67	13	43.33	7	23.33	8	26.67	0	0.00	3.50

Question 3. Places where I can get medical care are very conveniently located?

Table 1 showed that three (10.00%) of those that responded strongly agreed. Eleven (36.67%) agreed. Four (13.33%) were uncertain. Ten (33.33%) responded disagree, and

two (6.67%) strongly disagreed. The median calculated was 3.00 which indicated that the target population was uncertain.

SA	%	A	%	UNC	%	DA	%	SDA	%	M
3	10.00	11	36.67	4	13.33	10	33.33	2	6.67	3.00

Question 4. I find it hard to get an appointment for medical care services?

Table 1 showed that two (6.67%) of those that responded were strongly agreed. Nine (30.00%) agreed. Three (10.00%) were uncertain. Thirteen (43.33%) responded disagree, and two (6.67%) responded strongly disagree. The median calculated was 2.00 which indicated that the target population disagreed with the statement.

SA	%	A	%	UNC	%	DA	%	SDA	%	M
2	6.67	9	30.00	3	10.00	13	43.33	2	6.67	2.00

Question 5. If I have medical questions, I can reach a doctor for help without any problem?

Table 1 showed that three (10.00%) of those that responded strongly agreed. Nine (30.00%) agreed. Three (10.00%) were uncertain. Ten (33.33%) responded disagree, and five (16.67 %) strongly disagreed. The median calculated was 2.50 which indicated that the target population was between disagree and uncertain.

SA	%	A	%	UNC	%	DA	%	SDA	%	M
3	10.00	9	30.00	3	10.00	10	33.33	5	16.67	2.50

TABLE 1
 PRIMARY HEALTH CARE SERVICES IN SAUDI ARABIA
 OLD DOMINION UNIVERSITY SAUDI STUDENTS PERSPECTIVES
 QUESTION 1 THRU 5

Item No.	Item	Re- sponse	% of Total	Emphasis of Response										Median	IQR
				SA	%	A	%	U	%	D	%	SD	%		
1	I am usually kept waiting for a long time when I am at the health care clinic.	30	100	8	26.67	11	36.67	5	16.67	6	20.00	0	0.00	4.00	0.75
2	The health care hours when I can get medical care are convenient for me.	30	100	2	6.67	13	43.33	7	23.33	8	26.67	0	0.00	3.50	1.00
3	Places where I can get medical care are very conveniently located.	30	100	3	10.00	11	36.67	4	13.33	10	33.33	2	6.67	3.00	1.00
4	I find it hard to get an appointment for medical care service.	29	96.67	2	6.67	9	30.00	3	10.00	13	43.33	2	6.67	2:00	0.50
5	If I have medical questions, I can reach a doctor for help without any problem.	30	100	3	10.00	9	30.00	3	10.00	10	33.33	5	16.67	2.50	1.00

Question 6. I have easy access to the medical specialist I need?

Table 2 showed that one (3.33%) of those that responded strongly agree. Eleven (36.67%) agreed. Two (6.66%) were uncertain. Eleven (36.67%) responded disagree, and five (16.67%) strongly disagreed. The median calculated was 2.00 which indicated that the target population disagreed with the statement.

SA	%	A	%	UNC	%	DA	%	SDA	%	M
1	3.33	11	36.67	2	6.66	11	36.67	5	16.67	2.00

Question 7. Health care services provided in Saudi Arabia are of high Quality?

Table 2 showed that no one (0.00%) of those that responded strongly agreed. Seven (23.33%) agreed. Sixteen (53.33%) were uncertain. Six (20.00%) responded disagree, and one (3.33%) strongly disagreed. The median was 3.00 which indicated that the target population was uncertain.

SA	%	A	%	UNC	%	DA	%	SDA	%	M
0	0.00	7	23.33	16	53.33	6	20.00	1	3.33	3.00

Question 8. The doctors provide high quality services when they treat me?

Table 2 showed that one (3.33%) strongly agreed. Twelve (40.00%) agreed. Eight (26.67%) were uncertain. Eight (26.67%) responded disagree, and no one (0.00%)

strongly agreed. The median was 3.00 which indicates that the target population was uncertain.

SA	%	A	%	UNC	%	DA	%	SDA	%	M
1	3.33	12	40.00	8	26.67	8	26.67	0	0.00	3.00

Question 9. The physician assistants are helpful when they review my health?

Table 2 showed that three (10.00%) of those that responded strongly agreed. Twelve (40.00%) agreed. Six (20.00%) were uncertain. Seven (23.33%) disagreed, and two (6.67%) strongly disagreed. The median calculated was 2.50 which indicated that the target population was between disagree and uncertain.

SA	%	A	%	UNC	%	DA	%	SDA	%	M
3	10.00	12	40.00	6	20.00	7	23.33	2	6.67	2.50

Question10: The nurses in the clinic provide quality care for me?

Table 2 showed that one (3.33%) of those that responded strongly agreed. Six (20.00%) agreed. Seven (23.33%) were uncertain. Ten (33.33%) responded disagree, and five (16.67%) were strongly disagree. The median calculated was 2.00 which indicates that the target population disagreed with the statement.

SA	%	A	%	UNC	%	DA	%	SDA	%	M
1	3.33	6	20.00	7	23.33	10	33.33	5	16.67	2.00

TABLE 2
 PRIMARY HEALTH CARE SERVICES IN SAUDI ARABIA
 OLD DOMINION UNIVERSITY SAUDI STUDENTS PERSPECTIVES
 QUESTION 6 THRU 10

Item No.	Item	Re- sponse	% of Total	Emphasis of Response										Median	IQR
				SA	%	A	%	U	%	D	%	SD	%		
6	I have easy access to the medical specialist I need.	30	100	1	3.33	11	36.67	2	6.66	11	36.67	5	16.67	2.00	1.00
7	Health care services provided in Saudi Arabia are of high quality.	30	100	0	0.00	7	23.33	16	53.33	6	20.00	1	3.33	3.00	0.25
8	The doctors provide high quality services when they treat me.	29	96.67	1	3.33	12	40.00	8	26.67	8	26.67	0	0.00	3.00	1.00
9	The physician assistants are helpful when they review my health.	30	100	3	10.00	12	40.00	6	20.00	7	23.33	2	6.67	2.50	1.00
10	The nurses in the clinic provide quality care for me.	29	96.67	1	3.33	6	20.00	7	23.33	10	33.33	5	16.67	2.00	1.00

Question 11: When I use the services of a laboratory technician, the services are of high quality?

Table 3 showed that three (10.00%) of those that responded strongly agreed. Fifteen (50.00%) agreed. Eight (26.67%) were uncertain. Four (13.33%) responded disagree, and no one (0.00%) was in strong disagreement. The median calculated was 4.00 which indicated that target population agreed.

SA	%	A	%	UNC	%	DA	%	SDA	%	M
3	10.00	15	50.00	8	26.67	4	13.33	0	0.00	4.00

Question 12: Usually the doctor tells me everything about my treatment?

Table 3 showed that one (3.33%) of those that responded strongly agreed. Fifteen (50.00%) agreed. Five (16.67%) were uncertain. Six (20.00%) responded disagree, and three (10.00%) strongly disagreed. The median calculated was 4.00 which indicated that target population agreed.

SA	%	A	%	UNC	%	DA	%	SDA	%	M
1	3.33	15	50.00	5	16.67	6	20.00	3	10.00	4.00

Question 13: The doctor examines me very thoroughly?

Table 3 showed that none (0.00%) of those that responded strongly agreed. Eleven (36.67%) agreed. Four (13.33%) were uncertain. Thirteen (43.33%) responded disagree,

and two (6.67%) strongly disagreed. The median calculated was 2.50 which indicated that target population either disagreed and was uncertain.

SA	%	A	%	UNC	%	DA	%	SDA	%	M
0	0.00	11	36.67	4	13.33	13	43.33	2	6.67	2.50

Question 14: Doctors sometimes ignore what I tell them about my situation?

Table 3 showed that one (3.33%) of those that responded strongly agreed. Nine (30.00%) agreed. Nine (30.00%) were uncertain. Nine (30.00%) responded disagree, and two (6.67%) strongly disagreed. The median calculated was 3.00 which indicated that target population uncertain.

SA	%	A	%	UNC	%	DA	%	SDA	%	M
1	3.33	9	30.00	9	30.00	9	30.00	2	6.67	3.00

Question 15: Enough educational materials regarding patients' health care are provided through primary health care centers in Saudi Arabia?

Table 3 showed that none (0.00%) of those that responded strongly agreed. Ten (33.33%) agreed. Four (13.33%) were uncertain. Eleven (36.66%) responded disagree, and five (16.67%) strongly disagreed. The median calculated was 2.00 which indicated that target population disagreed.

SA	%	A	%	UNC	%	DA	%	SDA	%	M
0	0.00	10	33.33	4	13.33	11	36.66	5	16.67	2.00

TABLE 3
 PRIMARY HEALTH CARE SERVICES IN SAUDI ARABIA
 OLD DOMINION UNIVERSITY SAUDI STUDENTS PERSPECTIVES
 QUESTION 11 THRU 15

Item No.	Item	Re- sponse	% of Total	Emphasis of Response										Median	IRQ
				SA	%	A	%	U	%	D	%	SD	%		
11	When I use the services of a laboratory technician, the services are of high quality.	30	100	3	10.00	15	50.00	8	26.67	4	13.33	0	0.00	4.00	0.50
12	Usually the doctor tells me everything about my treatment.	30	100	1	3.33	15	50.00	5	16.67	6	20.00	3	10.00	4.00	1.00
13	The doctor examines me very thoroughly.	30	100	0	00.00	11	36.67	4	13.33	13	43.33	2	6.67	2.50	1.00
14	Doctors sometimes ignore what I tell them.	30	100	1	3.33	9	30.00	9	30.00	9	30.00	2	6.67	3.00	1.00
15	Enough educational materials regarding patients' health care are provided through health care centers in Saudi Arabia.	30	100	0	0.00	10	33.33	4	13.33	11	36.66	5	16.67	2.00	1.00

Question 16: Is information available to you on special health problems so you can get answers through a telephone network?

Table 4 showed that one (3.33%) of those that responded strongly agreed. Two (6.67%) agreed. Five (16.67%) were uncertain. Eleven (36.67%) responded disagree, and eleven (36.67%) strongly disagreed. The median calculated was 2.00 which indicated that target population disagreed.

SA	%	A	%	UNC	%	DA	%	SDA	%	M
1	3.33	2	6.67	5	16.67	11	36.67	11	36.67	2.00

Question 17: Have you learned to use the Internet to assist you in answering health care issues?

Table 4 showed that two (6.67%) of those that responded strongly agreed. Three (10.00%) agreed. Six (20.00%) were uncertain. Seven (23.33%) responded disagree, and ten (33.33%) strongly disagreed. The median calculated was 2.00 which indicated that target population disagreed.

SA	%	A	%	UNC	%	DA	%	SDA	%	M
2	6.67	3	10.00	6	20.00	7	23.33	10	33.33	2.00

Question 18: The health care hours when I get health care in the United States are more convenient than health care hours in Saudi Arabia?

Table 4 showed that four (13.33%) of those that responded strongly agreed. Seven (23.33%) agreed. Three (10.00%) were uncertain. Twelve (40.00%) responded disagree, and four (13.33%) strongly disagreed. The median calculated was 2.00 which indicated that target population disagreed.

SA	%	A	%	UNC	%	DA	%	SDA	%	M
4	13.33	7	23.33	3	10.00	12	40.00	4	13.33	2.00

Question 19: Health care quality and facilities in the United States are better than those in Saudi Arabia?

Table 4 showed that six (20.00%) of those that responded strongly agreed. Fifteen (50.00%) agreed. Four (13.33%) were uncertain. Three (10.00%) responded disagree, and one (3.33%) strongly disagreed. The median calculated was 4.00 which indicated that target population agreed to the statement.

SA	%	A	%	UNC	%	DA	%	SDA	%	M
6	20.00	15	50.00	4	13.33	3	10.00	1	3.33	4.00

TABLE 4
 PRIMARY HEALTH CARE SERVICES IN SAUDI ARABIA
 OLD DOMINION UNIVERSITY SAUDI STUDENTS PERSPECTIVES
 QUESTION 16 THRU 19

Item No.	Item	Re- sponse	% of Total	Emphasis of Response										Median	IRQ
				SA	%	A	%	U	%	D	%	SD	%		
16	Is information available to you on special health problems so you can get answers through a telephone network.	30	100	1	3.33	2	6.67	5	16.67	11	36.67	11	36.67	2.00	0.75
17	Have you learned to use the internet to assist you in answering health care issues.	28	93.33	2	6.67	3	10.00	6	20.00	7	23.33	10	33.33	2.00	1.00
18	The health care hours when I get health care in the United States are more convenient than health care hours in Saudi Arabia.	30	100	4	13.33	7	23.33	3	10.00	12	40.00	4	13.33	2.00	1.00
19	Health care quality and facilities in the United States are better than those in Saudi Arabia.	29	96.67	6	20.00	15	50.00	4	13.33	3	10.00	1	3.33	4.00	0.50

Question 20: The doctors in the United States health care services usually explains everything to me about my situation, while in Saudi Arabia I hardly know my situation?

Table 5 showed that eight (26.67%) of those that responded strongly agreed. Ten (33.33%) agreed. Seven (23.33%) were uncertain. Three (10.00%) responded disagree, and two (6.67%) strongly disagreed. The median calculated was 4.00 which indicated that target population agreed to the statement.

SA	%	A	%	UNC	%	DA	%	SDA	%	M
8	26.67	10	33.33	7	23.33	3	10.00	2	6.67	4.00

Question 21: I am satisfied with the information provided in the United States health care services more than this information provided in Saudi Arabia health care services?

Table 5 showed that seven (23.33%) of those that responded strongly agreed. Twelve (40.00%) agreed. Seven (23.33%) were uncertain. Three (10.00%) responded disagree, and one person (3.33%) strongly disagreed. The median calculated was 4.00 which indicated that target population agreed with the statement.

SA	%	A	%	UNC	%	DA	%	SDA	%	M
7	23.33	12	40.00	7	23.33	3	10.00	1	3.33	4.00

TABLE 5
 PRIMARY HEALTH CARE SERVICES IN SAUDI ARABIA
 OLD DOMINION UNIVERSITY STUDENTS PERSPECTIVES
 QUESTION20 THRU 21

Item No.	Item	Re- sponse	% of Total	Emphasis of Response								Median	IRQ		
				SA	%	A	%	U	%	D	%			SD	%
20	The doctors in the United States health care services usually explains everything to me about my situation, while in Saudi Arabia I hardly know my situation.	30	100	8	26.67	10	33.33	7	23.33	3	10.00	2	6.67	4.00	0.75
21	I am satisfied with the information provided in the United States health care services more than this information provided in Saudi Arabia health care services.	30	100	7	23.33	12	40.00	7	23.33	3	10.00	1	3.33	4.00	0.50

Open Ended Question: Do you think the current system of the health care services in Saudi Arabia needs to be changed? If yes, please list your recommendations for changes that are needed to improve the health care services?

Out of the 30 respondents, 20 of them gave recommendations pertaining to the health care services in Saudi Arabia. Responses indicated that most of the respondents (66.66%) felt that the medical care system they received in Saudi Arabia should be improved. They recommended the health care services must be observed. Respondents were not satisfied with the quality of care services and the current health care equipment and facilities. Most of them were not satisfied with the quality provided by nurses. They suggested that health care nurses should take special medical courses on how to treat patients correctly. They recommended employing more professional staff. Respondents recommended that training programs should be implemented for primary health care physicians to increase their medical care skill and relationship with patients.

SUMMARY

In the Chapter IV, the researcher presented and explained the data obtained from the survey regarding the study of the primary health care services in Saudi Arabia. Tables were used in this chapter which displayed responses in percentages and the statistical median. The findings also provided detailed analysis of the data collected from the responses provided by Old Dominion University Saudi students. Chapter V presents the summary, conclusions, and recommendations for the use of the research study.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter summarizes the information provided in the previous four chapters. The conclusions along with the recommendations will be given based upon the information collected and displayed in Chapter IV.

SUMMARY

The problem of this study was to identify the patient's prospective as an essential factor to acquire a better assessment of the health care services in Saudi Arabia. Most of the people in Saudi Arabia utilize primary health care services as a major access to the health care system. Therefore, evaluating primary health care services is a very critical factor to realize the effectiveness of these services. Chiefly, health care services in Saudi Arabia are provided to people without much concern to evaluating and examining the successes or failures of these services, which led to such problems as long waiting times and lack of quality care.

This study was conducted to response to the following goals: 1. To examine the level of satisfaction including accessibility, quality of care, doctors treatment, and health information provided with the Primary Health Care Services in Saudi Arabia. 2. To find how the Old Dominion University Saudi students compared these services with U.S. health care services. 3. To determine Old Dominion University Saudi student's views and recommendations for changes that would be helpful to generate other ways for improving

to current practices of Primary Health Care in Saudi Arabia. This study focused its surveys from the Saudi students who study at Old Dominion University, Norfolk, Virginia, and have utilized primary health care services provided by the Saudi government.

A survey consisting of two sections of questions- closed format and opened format- was compiled and distributed to the Old Dominion University Saudi students. Closed format question consisted of 21 questions designed using a five-point Likert scale questionnaire to meet the first and second goals of the study. An open-ended format question was used to give an opportunity to the Old Dominion University Saudi students to present and review their recommendations regarding primary health care services in Saudi Arabia. To organize the results for analysis, the researcher used tables and analyzed the percentage for each question by calculating the median.

CONCLUSIONS

The findings from the questionnaire were analyzed and compared to the goals established in Chapter 1 of this study. The goals and conclusions are the following:

Objective 1: To examine the level of satisfaction including accessibility, quality of care, doctor's treatment, and health information provided with the Primary Health Care Services in Saudi Arabia.

Accessibility of services: the accessibility of services can be determined by reviewing the responses of Questions 1 through Question 6. The tabulated data indicated that the

majority of those respondents surveyed (36.67%) agree with the statement that they usually were kept waiting for a long time at the health care clinic. Most of the respondents (43.33%) were satisfied and agree that the health care hours were convenient for them. By reviewing the responses, it was determined that (36.67%) of the respondents were uncertain about the convenience of health care locations. The data indicated that most of the respondents (43.33%) disagreed with the medical care appointments in Saudi Arabia. The tabulated data showed that (33.33%) of the respondents had difficulties in reaching a doctor for medical questions. It can be found that (36.67%) of respondents have difficulties accessing to the medical specialists.

Quality of care: Questions 7 through 11 were designed to determine how Old Dominion University Saudi students felt about the quality of care in primary health care facilities in Saudi Arabia. By reviewing the responses, it can be determined that most of the respondents (53.33%) were uncertain about the high quality of health care services provided in Saudi Arabia. The majority of the respondents (40.00%) agreed about the high quality of doctors when he/she treated them. Respondents (40.00%) agreed with the quality of the physician's assistants. The tabulated data showed that the respondents (33.33%) disagreed with the quality care of nurses provided in the clinics. Most of respondents (50.00%) agreed with the quality of the laboratory technician services.

Doctor's quality: by reviewing the responses to Questions 13 and 14, further insight can be gathered and determination can be rendered with regard to doctor's quality in the primary health care services in Saudi Arabia. The majority of the respondents (43.33%) disagreed with doctor examination during the treatment. The tabulated data showed that

(30.00%) of the respondents agreed that doctors ignored what they tell them about the situation, (30.00%) were uncertain, and (30.00%) disagreed with the statement.

Information provided: Questions 15 through 17 were designed to determine if the Old Dominion University Saudi students were satisfy with the health information provided in the primary health care services. The majority of respondents (36.66%) disagreed with the health care educational materials provided. The respondents (36.67%) disagreed with the health care information available via telephone network. The findings showed that respondents (33.33%) strongly disagreed about using internet as a way to assist them in answering health care issues.

Objective 2: To find how Old Dominion University Saudi students compared these services with U.S. health care services.

By reviewing the responses for Questions 18 through 21, comparisons can be made between primary health care services in Saudi Arabia with these services in the U.S. The findings indicated that respondents (40.00%) disagreed with the statement that health care hours in the United States were more convenient than health care hours in Saudi Arabia. This survey found that most of the respondents (50.00%) were satisfied with the health care quality and facilities in the United States more than those in Saudi Arabia. The data showed that (33.33%) the respondents agreed that the doctors in the United States health care system explained everything to them about their situations, while in Saudi Arabia they hardly know their situations. The finding showed that the majority of respondents

(40.00%) were satisfied with information provided in the United States more than those in Saudi Arabia.

Objective 3: To determine Old Dominion University Saudi student's views and recommendations for changes that would be helpful to generate other ways for improving to current practices of Primary Health Care in Saudi Arabia.

The open-ended question was designed to provide a chance for the Old Dominion University Saudi students to present and review their recommendations regarding primary health care services in Saudi Arabia. Responses indicated that the respondents felt that the medical care they received in Saudi Arabia should be improved. They recommended that the government must observe the health care services. Respondents were not satisfied with the quality of care services including health care equipment and facilities. Most of them were not satisfied with the quality provided by nurses. They suggested that health care nurses should take special medical courses on how to treat patients correctly. Respondents recommended that training programs should be implemented for primary health care physicians to increase their medical care experiences. They recommended employing more professional staff and increasing the medical clinics in different regions.

RECOMMENDATIONS

Based on the findings and conclusions of this study, the researcher recommends the followings:

1. It is recommended that the Ministry of Health should plan and implement national health manpower development programs to orient employees to the various aspects of Primary Health Care.
2. Health care services in all Saudi Arabia cities must maintain special fund to be used in improving the quality of care. These should include health care staff such as doctors and nurses who must pay more attention to how to treat consumers and how to provide high quality care to the consumers.
3. The study recommended that the number of clinics be increased, and medical facilities and equipment be changed to include more advanced and new technology.
4. It is suggested that using a numbered card system could reduce the percentage of patients' dissatisfaction in regard to waiting time situations.
5. It is recommended that medical training programs should be intensified for primary health care physicians and medical ethic should become a part of such training.

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APPENDIX A - RESEARCH STUDY SURVEY

A Study of Primary Health Care Services in Saudi Arabia

Purpose:

This survey asks you about your perceptions regarding the primary health care services in Saudi Arabia. Your answers are confidential and no individual will be identified.

Information from all surveys will be compiled and used to help plan and improve the current situation of primary health care services in Saudi Arabia. We appreciate your help.

Demographic Questions

This section of the survey contains demographic questions about you. Please respond by circling the number of choice which fits you the most.

Gender: 1. Male 2. Female

Age: 1. 18 - 25 2. 26 - 30 3. 31 - 35 4. 36 - more

Marital Status:

Never married	Married	Divorced	Widowed
1	2	3	4

How do you describe your health?

Excellent	Very good	Good	Fair	Poor
1	2	3	4	5

What is your household monthly income in U.S dollar?

1. Less than 1,500
2. 1,500 - 2,500
3. More than 2,500

How many times have you used health care services during the past year in the United States?

1. None
2. 1 - 3 times
3. More than three times

Section I: (Closed Format Questions)

Health Care in Saudi Arabia

Directions: For each of the items listed in this part, please circle the response rating that corresponds to your answer. Remember your answers should only be based on your experiences with health care in Saudi Arabia.

Response rating:

- | Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |
|--|------------|----------------|---------------|------------------------|
| 5 | 4 | 3 | 2 | 1 |
| 1. I am usually kept waiting for a long time when I am at the health care clinic. | | | | |
| Strongly Agree
5 | Agree
4 | Uncertain
3 | Disagree
2 | Strongly Disagree
1 |
| 2. The health care hours when I can get medical care are convenient for me. | | | | |
| Strongly Agree
5 | Agree
4 | Uncertain
3 | Disagree
2 | Strongly Disagree
1 |
| 3. Places where I can get medical care are very conveniently located. | | | | |
| Strongly Agree
5 | Agree
4 | Uncertain
3 | Disagree
2 | Strongly Disagree
1 |
| 4. I find it hard to get an appointment for medical care services. | | | | |
| Strongly Agree
5 | Agree
4 | Uncertain
3 | Disagree
2 | Strongly Disagree
1 |
| 5. If I have medical questions, I can reach a doctor for help without any problem. | | | | |
| Strongly Agree
5 | Agree
4 | Uncertain
3 | Disagree
2 | Strongly Disagree
1 |
| 6. I have easy access to the medical specialist I need. | | | | |
| Strongly Agree
5 | Agree
4 | Uncertain
3 | Disagree
2 | Strongly Disagree
1 |
| 7. Health care services provided in Saudi Arabia are of high quality. | | | | |
| Strongly Agree
5 | Agree
4 | Uncertain
3 | Disagree
2 | Strongly Disagree |
| 8. The doctors provide high quality when they treat me. | | | | |
| Strongly Agree
5 | Agree
4 | Uncertain
3 | Disagree
2 | Strongly Disagree
1 |

9. The physician assistants are helpful when they review my health.

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
5	4	3	2	1

10. The nurses in the clinic provides quality care for me.

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
5	4	3	2	1

11. When I use the services of a laboratory technician, the services are of high quality.

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
5	4	3	2	1

12. Usually the doctor tells me everything about my treatment.

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
5	4	3	2	1

13. The doctor examines me very thoroughly.

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
5	4	3	2	1

14. Doctors sometimes ignore what I tell them about my situation.

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
5	4	3	2	1

15. Enough educational materials regarding patients' health care are provided through primary health care centers in Saudi Arabia.

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
5	4	3	2	1

16. Is information available to you on special health problems so you can get answers through a telephone network.

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
5	4	3	2	1

17. Have you learned to use the internet to assist you in answering health care issues.

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
5	4	3	2	1

18. The health care hours when I get health care in the United States are more convenient than health care hours in Saudi Arabia.

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
5	4	3	2	1

19. Health care quality and facilities in the United States are better than those in Saudi Arabia.

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
5	4	3	2	1

20. The doctors in the United States health care services usually explains everything to me about my situation, while in Saudi Arabia I hardly know my situation.

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
5	4	3	2	1

21. I am satisfied with the information provided in the United States health care services more than this information provided in Saudi Arabia health care services.

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
5	4	3	2	1

Section II: (Open Ended Format Questions)
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1. Do you think the current system of the health care services in Saudi Arabia needs to be changed? If yes, please list your recommendations for changes that are needed to improve the health care services. You may write on the back of this page if you need additional space for your response.

THANK YOU! WE APPRECIATE YOUR PARTICIPATION

APPENDIX B- COVER LETTER**Primary Health Care Services in Saudi Arabia****Old Dominion University Saudi Students' Prospectives**

June 1, 2000

Dear Old Dominion University Saudi Students:

This letter and accompanying questionnaire are being given to Old Dominion University Saudi students at the regular meeting of Saudi students. One of the important services in Saudi Arabia is health care. Therefore, I would like to ask you to answer all the questions included in this survey using your health care experience that you have gained in Saudi Arabia. Also, I am seeking your assistance to provide your views and recommendations for changes that would be helpful to generate other ways for improving the current practices of Primary Health Care Service in Saudi Arabia. This study is also required in partial fulfillment of the requirements for my Master of Science in Occupational and Technical Studies degree.

As a student in the United States, you are presented with the opportunities to make any suggestions and recommendations needed in the primary health care services in Saudi Arabia, when comparing them to the health care services provided in the United States. Please take a few moments to complete the questionnaire, which is divided into three sections. My research paper can not be completed until your responses are provided, so your participation is very important to me. Please return the completed questionnaire as soon as you finish. If you have any questions regarding this survey, I will be glad to help you.

THANK YOU FOR YOUR PARTICIPATION

Sincerely,

Khalid Al-zamel
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Norfolk, VA 23505