

Health Care Workers Knowledge About Privatization Of Medical Services And Revenue Development At Saudi Arabia 2024

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Abstract

Background

Vision 2030 represents Saudi Arabia's strategic Privatization of Medical Services and Revenue Development at Saudi Arabia. Launched in April 2016, this vision describes an innovative healthcare plan to improve services and outcomes. Privatization of Medical Services and Revenue Development at Saudi Arabia. This assessment summarises Vision 2030s healthcare revolution. This study explores the Privatization of Medical Services and Revenue Development at Saudi Arabia Saudi healthcare. Prior to Vision 2030, Saudi Arabia's healthcare system grappled with escalating costs and a heavy reliance on foreign labour, signalling a need for transformative change. Vision 2030s patient-centric framework emphasises individualised treatment, and the National Guidelines Centre's .In addition, we also explored the new initiative of Electronic Health Records and telemedicine services. Additionally, we addressed the challenges associated with it, such as the imperative to address the digital divide and ensure data security. Vision 2030 in Saudi Arabia brought about a significant transformation in the provision of healthcare. Despite the presence of challenges, such as inadequate infrastructure, insufficient personnel, and resistance to change, this vision offers a robust foundation for effectively tackling these concerns. **Aim of the study:** To assessment health care workers knowledge about Privatization of Medical Services and Revenue Development at Saudi Arabia 2024. **Method:** This is a cross-sectional study targeting health care workers in Saudi Arabia. Two validated questionnaires were used, the first validated questionnaire focuses on assessment the knowledge about Privatization of Medical Services and Revenue development.**Results:** shows that the majority of participants age 40-49 years were (35.0%) and 30-39 years of age were (19.0%), while < 30 years and above 50 were respectively (20.0,26.0%), regarding gender the majority of participant male were (61.0%) but female were (39.0%),**Conclusion:** Saudi Arabia's healthcare is advancing thanks to Vision 2030, proving recent efforts were fruitful . Vision 2030s healthcare model provides a comprehensive foundation for meaningful progress in a variety of healthcare settings. Even though some don't want change, the Model of Care is growing in popularity since everyone wants to meet Vision 2030s healthcare goals.

Saudi healthcare experts are adapting to the country's fast-growing population. Their efforts centre on this.

Keywords: Health care workers, knowledge, Privatization, Medical, Services, Revenue Development, Saudi Arabia.

Introduction

Research indicates that hospitals that transition from public to private ownership in high-income countries tend to achieve greater profitability compared to their public counterparts, largely due to selective patient intake and workforce reductions. Consequently, the overall rise in privatization often correlates with deteriorating health outcomes for patients. However, there is a scarcity of studies assessing this critical reform, leaving significant gaps in the existing literature on this vital issue.[1] The interrelation of healthcare business practices and ethical principles has been central to legal reforms, particularly the privatization of healthcare institutions. [2]. A study conducted in Canada examining attitudes and nationalism on healthcare privatization options revealed that the nine predominantly English-speaking provinces exhibit a greater tendency to oppose private hospitals compared to residents of Quebec.[3] Furthermore, there is no single province or region within "English Canada" that predominantly influences these findings; rather, the resistance to private hospitals is uniformly observed across all nine provinces. [4] The analysis by [5] posits that universal healthcare has become intricately linked to the national identity of English Canada, leading to a widespread reluctance towards private healthcare initiatives outside Quebec. [6].

In the KSA, a qualitative investigation focused on the ethical implications (such as autonomy, accountability, and competition) associated with the privatization of healthcare services, involving [7] This investment led to a significant improvement in the quality and availability of healthcare services. By the 1970s, Saudi Arabia had a well-developed public health system comparable to developed countries [8] Saudi Arabia is a dynamic nation that appreciates monetary development and political steadiness. This nation is an Islamic kingdom. With current advances in the human services economy, Saudi Arabians have turned out to be more beneficial and solid.[9] The force of human services accomplishments in Saudi Arabia is a sign of the achievement of the nation. Great health empowers Saudi Arabians to profit by enterprising and significant lives. The brilliant health of its residents adds to the riches and general public strength of a nation [10]

The privatization initiative in the medical healthcare setting in Saudi Arabia presents both challenges and opportunities. According to [11] cost containment is a significant influencer of health restructuring worldwide, and governments, including that of Saudi Arabia, are under pressure to build sustainable health models [12]. Public-Private Partnerships (PPPs) were proposed to deliver health services, aiming to transition from the traditional regulator-pay-or-deliver model to a more sustainable model. However, this transition has its challenges [13]. Some challenges faced by the healthcare system in Saudi Arabia include inefficiencies built into the system, such as duplication of services, lack of coordination between different stakeholders, and overstaffing. In addition, unhealthy lifestyles lead to morbidities in a large section of the population, rising healthcare costs, and premature deaths [14]. Despite these challenges, the MOH plans to develop more inclusive and sustainable PPP models. This presents opportunities for private players to participate in the healthcare sector and contribute to its growth [15].

Literature review

Study by Kumar et al 2019 reported that respondents reported that one of the most important issues that impede the implementation of such projects is the lack of medical professionals in medical centers [16]

Study by Mushi et al 2016 found that The Kingdom's examination of hospital privatization with medical insurance is moderately new and loaded with difficulties. Thus, it must to study and examine this issue carefully in order to make health insurance for all Saudis Citizens successful and effectively. Such as Takaful medical insurance in Saudi society, which contributed generally direct

positive effect on specific divisions of Saudi economy, in particular insurance industry, private human services business and employment market [17]

Technology provides numerous opportunities for the private sector to invest in medical devices, digital health, e-health, and m-health to transform healthcare [18] as in the case of the National Home Healthcare Platform Serving (NHHCP) under the Saudi MOH new model of care initiative [19]

They also believed that virtual clinics, using primary medical services (clinical examinations, laboratory, radiology), organizing scientific conferences and training courses, and offering consulting services to companies would be a potential benefit for the medical centers and an area of privatization of services [20]. Of note, respondents believed that the Revenue Development Project would contribute to increasing the employees' income and motivating them. It was reported that privatizing health services would increase their effectiveness, quality, and public satisfaction while enabling the government to perform its constitutional obligations [21]. In the USA, the UK, and other countries, the measurement of patient satisfaction with nursing care services has been widely researched [22].

Most of such works were focused on patient satisfaction with hospitalization services, while there is a lacking of research that measured both patients' perceptions and nurses' attitudes simultaneously [23]. Ghadi et al (2021) addressed seven ways to improve quality and safety in any health care as the following: (1) 'Align organizational processes with external pressure. (2) Put quality high on the agenda. (3) Implement supportive organization-wide systems for quality improvement. (4) Assure responsibilities and team expertise at departmental level. (5) Organize care pathways based on evidence of quality and safety interventions. (6) Implement pathway-oriented information systems. (7) Conduct regular assessment and provide feedback'. [24]. The health system in Saudi Arabia (SA) has three sectors: the Ministry of Health sector (MOH), the private sector and other government sectors. The MOH is the major government provider of health services in Saudi Arabian [25]

A study was conducted by Al-Mubarak et al. (2021), to investigate different healthcare professionals' insights about privatization of the Saudi healthcare sectors as they found that conflicting governance structures and inadequate and unclear communication hindered the plan's execution. However, it would give it a chance to compete with private sectors [26]

Universal health coverage has its own strengths and weaknesses in different countries. While equity is one of the principal strengths, there are some segments of the population who tend to overburden integrated structure of the healthcare systems. A classic example case is using health insurance even when not required [27]

Some providers ask patients to undergo unnecessary tests by misusing the system under the pretext of safeguarding patient health. The healthcare system should employ strategies to identify fraud in real time and ensure prompt investigation at the point of care. Similarly, real time alerts of potential suspect claims should be submitted to state anti-fraud units for prompt review and action that includes Universal health [28]

Rationale:

According to general goal governments are to guarantee the availability, accessibility, acceptability, and quality of health facilities, goods, and services. Availability means that sufficient health services must be provided. Accessibility implies non-discrimination, physical accessibility, economic accessibility (affordability), and access to information. Acceptability means that health facilities must respect medical ethics and be culturally appropriate, while quality requires that health services are scientifically and medically appropriate and sound. The goal is to know citizens' satisfaction with medical services and their complaints of also satisfied with the medical services provided by the Medical Center and the potential application of the Revenue Development Project. However, the majority also believed that Medical Center is still being prepared for the Revenue Development Project at the current time.

Aim of the study:

To assessment of health care workers knowledge about Privatization of Medical Services and Revenue Development at Saudi Arabia 2024 .

Specific objectives:

To assessment of health care workers knowledge about Privatization of Medical Services and Revenue Development at Saudi Arabia 2024 .

Methodology.

Study Design

Cross-sectional analytical study design has been adopted.

Study Area

The study has been conducted from health care workers knowledge about Privatization of Medical Services and Revenue Development.

Study population:

Health care workers knowledge about Privatization of Medical Services and Revenue Development.

Eligibility Criteria

Inclusion criteria:

- Saudi Health care workers.
- Agreed to participant and asked to complete survey.

Exclusion criteria:

- There were no exclusion criteria

Sample Size

The sample size calculation was done using $n = P (1 - P) z^2 / d^2$ assuming the prevalence of Intimate Partner Violence as 30% , $Z = 1.96$ and $d = 0.05$, and applying a confidence level of 95%. The calculated sample size . The sample size was raised to 300 after adding 10% as a non-response rate.

Sampling Technique

The target health care workers were selected from primary health centers of the Saudi Arabia during the study period. There were primary health centers in the Saudi Arabia. By simple random sampling technique, centers were selected out. The number of health care workers chosen in each primary health center was proportional to the number of health care workers served by this center until reaching the estimated sample size the target health care workers of the present study was chosen from the primary health centers after being informed about the objectives of the study .

Data Collection Tool

The questionnaire was designed and built through the application of brainstorming sessions and panel discussion among the research team . Its design involved multiple steps drafting, content-focused and data-focused pilots, literature reviews, and careful consideration of outcomes to measure. The questionnaire contained questions comprising items of demographics, education and health specialty, staff perceptions around the current status of the medical services provided by the Medical Center and the privatization of medical, services, and their opinions whether the Revenue Development Project (RDP) has been implemented to provide medical services for a fee. The aim was to assess staff satisfaction about the services provided by the medical center and staff perspectives on the ways of generating revenue for the primary and specialized medical care services provided. Item types included open-ended, closed, and point Likert scale questions. Some questionnaire items were formulated so as to allow respondents to express their opinions or experiences in their own words, while other questions offered predefined choices or scales to select from. Before use, the research team reviewed the questionnaire for face and content validity .

Data Collection Technique

The researcher has been visit the Primary Health Centers in Saudi Arabia after getting official permissions to conduct the study .

They have been explaining the purpose of the study to the Primary Health Centers in Saudi Arabia head in each setting. Then, the questionnaire has been distributed on participant different after explaining the purpose of the study and how to fill the questionnaire to them.

Data Entry and Analysis

Data has been collected, reviewed, coded and entered into the personal computer. Data has been presented in the form of frequencies and percentages. Chi-squared test (χ^2) has been used for comparing qualitative data. Other statistical test has been applied whenever appropriate. Statistical significance has been considered at p-value ≤ 0.05 . Analysis has been done using SPSS program version 24 .

Pilot Study

A pilot study was conducted on 30 eligible women to assess the clarity and face validity of the used questionnaire. No modifications were performed on the used questionnaire, results of the pilot study were not included in the present study.

Ethical Considerations

The proposal was submitted review Committee Saudi Arabia, and data collection was commenced after ethical clearance .

A written consent form with a statement of confidentiality was taken from participant who welcomed participation in the present study, confidentiality of the data was confirmed

Budget

The research will be self-funded

Result

Table 1: Distribution of demographic profile of the Health care workers over the study period (n = 300).

	N	%
Age		
< 30 years old	60	20
30-39 years	57	19
40-49 years	105	35
Above 50 years	78	26
Gender		
Female	117	39
Male	183	61
Job classification		
Physician	57	19
Health Specialist	87	29
Pharmacist	63	21
Technician	54	18
Administrative Personnel	39	13
Level of education		
Diploma	132	44

Bachelor's degree	69	23
Master's degree or equivalent	72	24
MD, PhD degree or equivalent	27	9
Working experience		
0–3 years	84	28
5–9 years	135	45
<10 years	81	27
Language barrier		
Always/Sometimes	156	52
Rarely	90	30
Never	54	18

Regarding socio demographic characteristics, table 1 shows that the majority of participants age 40-49 years were (35.0%) and 30-39 years of age were (19.0%), while < 30 years and above 50 were respectively (20.0,26.0%), regarding gender the majority of participant male were (61.0%) but female were (39.0%), regarding the job classification the majority of participant health specialist were (29.0%), but physician were (19.0%) while technician were (18.0%) followed by pharmacist were (21.0%), regarding the level of education is the majority of participant diploma were (44.0%) but master's degree or equivalent were (24.0%), while bachelor's degree were (23.0%) but MD, PhD degree or equivalent were (9.0%), regarding the working experience majority of participant 5-9 years were (45.0%) but <10 years were (27.0%), while 0-3 years were (28.0%), regarding language barrier the majority of participant always/Sometimes were (52.0%) but rarely were (30.0%), while never were (18.0%)

Table 2: Distribution of health care workers knowledge on improvement of medical services

Variable	N	%
Are you familiar with the following terms: revenue development/privatization/self-resources/paid treatment/business center?		
Yes	87	29
No	105	35
I'm not sure	108	36
How do you assess your satisfaction in general about the medical services at Saudi Arabia?		
Very Satisfied	144	48
Satisfied	84	28
Unsatisfied	57	19
Very Dissatisfied	15	5
Which areas have opportunities for improvement and possible action to improve medical services?		
Logistics and supply services	87	29
Infrastructure	66	22
Technical Infrastructure	147	49

Which areas have core competencies for employees for improvement		
Empowerment of employees	117	39
Training programs	90	30
Communication	57	19
Self-management	36	12
Which areas have core competencies medical services for improvement		
Primary medical care (clinics)	93	31
Supporting medical services (pharmacy, laboratory, radiology vaccination unit, nursing care, optics)	90	30
Health education	87	29
The organization aspects of the medical center	24	8
Others	6	2

Regarding distribution of health care workers knowledge on improvement of medical services, table 2 shows regarding you familiar with the following terms: revenue development/privatization/self-resources/paid treatment/business center the majority of participants answer No were (35.0%) while I'm not sure were (36.0%), while answer Yes were (29.0%), regarding do you assess your satisfaction in general about the medical services at Saudi Arabia the majority of participant very Satisfied were (48.0%) but Satisfied were (28.0%) while unsatisfied were (19.0%) while very dissatisfied were (5.0%), regarding which areas have opportunities for improvement and possible action to improve medical services the majority of participant technical Infrastructure were (49.0%), followed by logistics and supply services were (29.0%) while infrastructure were (22.0%), regarding the Which areas have core competencies for employees for improvement the majority of participant empowerment of employees were (39.0%) but training programs were (30.0%), while communication were (19.0%) but Self-management were (12.0%), regarding the which areas have core competencies medical services for improvement majority of participant primary medical care (clinics) were (31.0%) but supporting medical services were (30.0%), while health education were (29.0%) while the organization aspects of the medical center were (8.0%) while others were (2.0%) .

Table 3. Distribution of Staff perceptions about ways of generating revenue for the administration

Variable						% Of satisfaction	Chi-square	
		Very Satisfied	Satisfied	Unsatisfied	Very Dissatisfied		X ²	P-value
The application of the revenue development project will work effectively in the Medical Centres?	N	111	87	36	66	70.25	40.56	0.0003*
	%	37	29	12	22			

There will be an expected improvement in medical performance in the services subject to a paid treatment program?	N	150	78	45	27	79.25	117.84	<0.001*
	%	50	26	15	9			
The revenue development project will increase efficiency and improve the services provided	N	126	102	33	39	76.25	85.2	<0.001*
	%	42	34	11	13			
Implementing the Revenue Development Project/a paid treatment program will contribute to achieving cash savings to manage medical services and bridge the budget deficit	N	207	36	15	42	84	315.12	<0.001*
	%	69	12	5	14			
The paid treatment program will contribute to developing and modernizing medical devices and equipment in the Medical Centres.	N	246	36	6	12	93	526.56	<0.001*
	%	82	12	2	4			
The implementation of the Revenue Development Project/a paid treatment program will contribute to the achievement	N	189	54	39	18	84.5	239.76	<0.001*
	%	63	18	13	6			

of job satisfaction for the workers.								
The revenue development project will contribute to increasing the income of the employees of the Medical Centres and motivating them	N	225	45	9	21			
	%	75	15	3	7	89.5	408.96	<0.001*

Table 3 distribution of Staff perceptions about ways of generating revenue for the administration show regarding application of the revenue development project will work effectively in the Medical Centres while a significant relation were (P-value =0.003) and X2 (40.56) while % of agreement were (70.25) the majority of participant very Satisfied were (37.0%) followed by the very dissatisfied were (22.0%) while Satisfied were (29.0%) but unsatisfied were (12.0%), regarding will be an expected improvement in medical performance in the services subject to a paid treatment program while a significant relation were (P-value =0.001) and X2 (117.84) while % of agreement were (79.25) the majority of participant very Satisfied were (50.0%) followed by the satisfied were (26.0%) while very dissatisfied were (9.0%) but unsatisfied were (15.0%), The revenue development project will increase efficiency and improve the services provided while a significant relation were (P-value =0.001) and X2 (85.2) while % of agreement were (76.25) the majority of participant very Satisfied were (42.0%) followed by the satisfied were (34.0%) while unsatisfied were (11.0%) but very dissatisfied were (13.0%), regarding implementing the Revenue Development Project/a paid treatment program will contribute to achieving cash savings to manage medical services and bridge the budget deficit while a significant relation were (P-value =0.001) and X2 (315.12) while % of agreement were (84.0) the majority of participant very Satisfied were (69.0%) followed by the satisfied were (12.0%) while very dissatisfied were (14.0%) but unsatisfied were (5.0%), regarding the paid treatment program will contribute to developing and modernizing medical devices and equipment in the Medical Centres while a significant relation were (P-value =0.001) and X2 (576.56) while % of agreement were (93.0) the majority of participant very Satisfied were (82.0%) followed by satisfied were (12.0%) while very dissatisfied were (4.0%) but unsatisfied were (2.0%), regarding the implementation of the Revenue Development Project/a paid treatment program will contribute to the achievement of job satisfaction for the workers while a significant relation were (P-value =0.001) and X2 (239.76) while % of agreement were (84.5) the majority of participant very Satisfied were (63.0%) followed by the satisfied were (18.0%) while very dissatisfied were (6.0%) but unsatisfied were (13.0) regarding the revenue development project will contribute to increasing the income of the employees of the Medical Centres and motivating them while a significant relation were (P-value =0.001) and X2 (408.96) while % of agreement were (89.5) the majority of participant very Satisfied were (75.0%) followed by the satisfied were (15.0%) while very dissatisfied were (7.0%) but unsatisfied were (3.0%).

Table 4. Distribution of Staff suggestions for about Privatization of Medical Services and Revenue development

Variable	N	%
Staff suggestions and comments around developing work in the medical centers.		
Infrastructure development	225	75
Improving the IT network in medical administration,	204	68

assigning a qualified employee for an information technology unit		
Increase the number of qualified workforce and provide training programs for all levels.	150	50
Improvement of logistics and supply services	99	33
To improve the organization within the center and improvement of the authority matrix and distribution of roles and responsibilities.	216	72
Developing applicable systems and programs	258	86
Managing budget and optimizing it to meet needs	195	65
What investment opportunities can the Medical Services Administration take advantage of to increase its revenues?		
Laboratory services such as premarital examination, driving licenses, and examination of employees for getting new jobs	261	87
Training courses and scientific conferences	195	65
Vaccination programs	270	90
Investing in unused spaces for a fee	279	93
Deal with insurance companies to provide service to insured patients	285	95
Invest in virtual clinics	240	80
What challenges may the Medical Centres administration witness if implementing the revenue development project?		
Lack of demand, as the medical services provided need improvement	105	35
Medical services are not ready and will not meet the customer's desires (patient) regarding	87	29
Infrastructure and current medical devices, and the health information program currently used.	57	19
lack of human workforce.	36	12
Resistance to change.	195	65
Lack of budget to meet the necessary needs.	120	40

Regarding distribution of Staff suggestions for about Privatization of Medical Services and Revenue development table 4 shows regarding Staff suggestions and comments around developing work in the medical centers the majority of participants answer developing applicable systems and programs were (86.0%) while improving the IT network in medical administration, assigning a qualified employee for an information technology unit and improve the organization within the center and improvement of the authority matrix and distribution of roles and responsibilities were (68%), while Infrastructure development and managing budget and optimizing it to meet needs respectively were (75.0, 65.0%) followed by increase the number of qualified workforce and provide training programs for all levels and improvement of logistics and supply services were respectively (50.0%, 33.0%), regarding what investment opportunities can the Medical Services Administration take advantage of to increase its revenues the majority of participant deal with insurance companies to provide service to insured patients were (95.0%) but investing in unused spaces for a fee were (93.0%) while vaccination programs were (90.0%) while Laboratory services were (87.0%), followed invest in virtual clinics were (80.0%) while training courses and scientific conferences were (65.0%), regarding the challenges may the Medical Centres administration witness if implementing the revenue development project the majority of participant resistance to change were (63.0%) but lack of budget to meet the necessary needs were (40.0%), while lack of demand, as the medical services provided need improvement were (35.0%) but medical services are not ready and will not meet the customer's

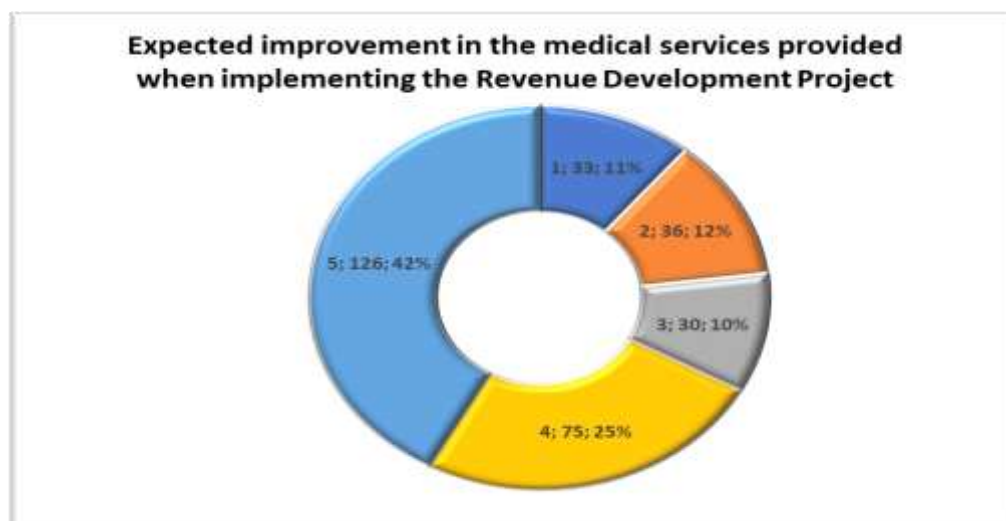
desires (patient) regarding were (29.0%), but infrastructure and current medical devices, and the health information program currently used were (19.0%), while lack of human workforce were (12.0%)

Table 5. Distribution of the extent of the expected improvement in the medical services provided when implementing the Revenue Development Project (paid treatment) 1 is very low, 5 is very high

What is the extent of the expected improvement in the medical services provided when implementing the Revenue Development Project (paid treatment)? 1 is very low, 5 is very high		
	N	%
1	33	11
2	36	12
3	30	10
4	75	25
5	126	42
%	75.00%	
Chi-square	X ²	113.1
	P-value	<0.001*

followed invest in virtual clinics were (80.0%) while training courses and scientific conferences were (65.0%), regarding the challenges may the Medical Centers administration witness if implementing the revenue development project the majority of participant resistance to change were (63.0%) but lack of budget to meet the necessary needs were (40.0%), while lack of demand, as the medical services provided need improvement were (35.0%) but medical services are not ready and will not meet the customer's desires (patient) regarding were (29.0%), but infrastructure and current medical devices, and the health information program currently used were (19.0%), while lack of human workforce were (12.0%)

Figure (1) Distribution of the extent of the expected improvement in the medical services provided when implementing the Revenue Development Project (paid treatment)



Discussion

Vision 2030 has set the stage for a transformative era in Saudi Arabia's healthcare sector, aiming to overhaul infrastructure, integrate digital health solutions, develop the healthcare workforce, enhance

public health services, reform healthcare financing and insurance, update regulatory frameworks, and improve quality of care and patient safety [29]. These ambitious objectives reflect a commitment to elevate the kingdom's healthcare system to global standards of excellence and accessibility.

The strategic expansion of healthcare infrastructure under Vision 2030 has not only increased the physical capacity of the healthcare system but also ensured that advancements in healthcare facilities are evenly distributed, addressing historical disparities in access to care [30]. This aligns with global trends, where the expansion of healthcare infrastructure is closely tied to improved health outcomes and economic growth [31]. The steady increment in the interest for medicinal services and the decline in the contribution of the private part have made the Saudi government devise an assortment of measures that fund of the public privatization of Medical Services and Revenue Development division in the nation. The government has established Privatization of Medical Services and Revenue Development arrangement changes and measures that can urge the private division to work intimately with the administration. Privatization of Medical Services and Revenue Development changes require businesses (organizations) to get private medical Services and Revenue Development for their representatives. The usage of the approach has confronted a heap of difficulties in light of the fact that there are no compelling controls. What's more, the Privatization business is comprised of a predetermined number of organizations (International Business Publication [29]

In our study regarding socio demographic characteristics shows that the majority of participants age 40-49 years were (35.0%) and 30-39 years of age were (19.0%), while < 30 years and above 50 were respectively (20.0,26.0%), regarding gender the majority of participant male were (61.0%) but female were (39.0%), regarding the job classification the majority of participant health specialist were (29.0%), but physician were (19.0%) while technician were (18.0%) followed by pharmacist were (21.0%), regarding the level of education is the majority of participant diploma were (44.0%) but master's degree or equivalent were (24.0%) (See table 1)

The current study has assessment the perspectives of the Medical Center's staff on the privatization of primary and specialized medical care services. While the majority were satisfied or very satisfied with the medical services provided by the Medical Center and the potential application of the Revenue Development Project, the majority also believed that the Medical Center is not ready for the Revenue Development Project at the current time.

In our study show about ways of generating revenue for the administration show regarding application of the revenue development project will work effectively in the Medical Centres while a significant relation were (P-value =0.003) and X² (40.56) while % of agreement were (70.25) the majority of participant very Satisfied were (37.0%) followed by the very dissatisfied were (22.0%) while Satisfied were (29.0%) but unsatisfied were (12.0%), regarding will be an expected improvement in medical performance in the services subject to a paid treatment program while a significant relation were (P-value =0.001) and X² (117.84) while % of agreement were (79.25) the majority of participant very Satisfied were (50.0%) followed by the satisfied were (26.0%) while very dissatisfied were (9.0%) but unsatisfied were (15.0%), (See table 3)

similar study by [22] found that majority of staff at the Medical Center believe that the ancillary medical services, such as pharmacy, laboratory, radiology, and health education, are areas that can be improved. [30] Assessed the recently implemented e-prescribing and dispensing service at the medical Center, wasfaty. They highlighted issues related to medicine availability and access to essential medicines [18]. Argued, there is a growing demand for further improvement in healthcare quality at medical centers to meet patients' needs, including their satisfaction [30]

Additionally, a study by [26] evaluated the difficulties that the Saudi healthcare system is experiencing, such as the underutilization and inequity in resource distribution [30]. The Ministry of Health (MOH) is the leading government provider and financier of healthcare services, accounting for 60% of all healthcare services in Saudi Arabia. The private sector, on the other hand, accounts for 27% of Saudi healthcare [26]. Therefore, the government promotes more private sector participation by providing long-term, interest-free financing to construct hospitals, clinics, and pharmacies. Thus,

the privatization of services would help to mitigate the constraints identified by the participants in this study .

In our study regarding distribution of Staff suggestions for about Privatization of Medical Services and Revenue development shows regarding Staff suggestions and comments around developing work in the medical centers the majority of participants answer developing applicable systems and programs were (86.0%) while improving the IT network in medical administration, assigning a qualified employee for an information technology unit and improve the organization within the center and improvement of the authority matrix and distribution of roles and responsibilities were (68%), while Infrastructure development and managing budget and optimizing it to meet needs respectively were (75.0, 65.0%). (See table 4) Regarding the distribution of the extent of the expected improvement in the medical services provided when implementing the Revenue Development Project show the invest in virtual clinics were (80.0%) while training courses and scientific conferences were (65.0%), regarding the challenges may the Medical Centers administration witness if implementing the revenue development project the majority of participant resistance to change were (63.0%) but lack of budget to meet the necessary needs were (40.0%), while lack of demand, as the medical services provided need improvement were (35.0%) (See table 5)

Conclusions

The descriptive analysis revealed that the levels health care workers knowledge satisfaction, and PHC service quality are all generally at a high level, the public sector offers social responsibility, social justice, accountability, and local knowledge. An amalgamation of the strengths of the private and public sectors can offer high quality health infrastructure and services. In summary, the future of healthcare in the KSA will depend on pragmatic thinking, thriving for excellence, iterative learning from experiences, effective data. In addition, training, performance evaluation, and organizational development efforts can be used to raise staff clinical practice performance , that an organization should foster a culture of learning that leads the staff members to exchange expertise, build teamwork, learn new clinical information, and develop skills that will develop creativity in the medical practice, which eventually can impact positively on employees' competencies . This may lead to questions on whether such logistics are applicable to the University of Jeddah Medical Services Administration, which ultimately follows the National Transformation Program, which attempts to build the required infrastructure and establish a climate that enables the public, private, and non-profit sectors to meet Vision 2030 needs.

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