

# The Satisfaction Under Health Insurance Coverage in Saudi Arabia: a Systematic review

Sultan Sulaiman Alshehri , Fayez Rajeh Alotaibi ,

*Healthcare administration senior specialist - East Jeddah Hospital - suncut12@gmail.com*

*Healthcare administration senior specialist - Althager Hospital*

## Abstract

**Background and Objective:** The Saudi government formed the Council of Health Insurance (CHI) in 1999 to increase population access to healthcare and reduce healthcare expenses. Although the MOH continues to be Saudi Arabia's major tool for obtaining universal health care, concerns persist about its effectiveness and quality. Research on patient satisfaction has been an effective tool for learning more about the patient satisfaction and the effectiveness of healthcare systems. to compile current research on Saudi Arabia's health insurance system's impact on patient satisfaction and experience.

**Methodology:** The author conducted a systematic review of primary literature on CHI patient satisfaction in sex databases from 2010 to 2022. (including PubMed, Google Scholar and Saudi Digital Library (SDL).

**Results:** This search found 32 distinct results, Eight of which matched the criteria for full data extraction. The eight qualifying studies, which represented the majority of research in the Kingdom of Saudi Arabia, were published between 2010 and 2022, and reported moderate overall satisfaction with the CHI cover (65.5%). Furthermore, CHI enrollees were most satisfied with provider healthcare environments (64.5%), billings (53.8%), pharmaceutical services (49.9%), and wait times (45.8%). Importantly, historical trends show that satisfaction with the CHI is rising, however to varying degrees depending on the domain.

**Conclusion:** Beneficiaries of the CHI are fairly satisfied with the program. They consider it an improvement over not having insurance, but believe that the plan may be significantly improved. The authors make two main recommendations: (1) shorter wait times may increase patient satisfaction and serve as a focal point for improving the overall scheme; and (2) more research across all 13 states is required to fully understand patient satisfaction and experience with CHI covered in expectation of potential framework expansion.

## 1. Introduction

### 1.1. Background and Significance

Customer satisfaction is a crucial concern for any businesses seeking to gain and keep a strategic advantage in the world we live in today. This suggests that a significant element in boosting an organization's success is customer satisfaction (Patterson et al., 1996). According to experts and practitioners, client happiness is a significant component that contributes to improved organizational performance in the context of insurance firms. Insurance coverage is associated with improved health outcomes for persons (Saaty & Ansari, 2011). It enables customers to make the best use of the treatment they receive while also making health care affordable and cost-effective.

Alternative funding for healthcare comes from health insurance. It is often regarded as a crucial component in healthcare systems, particularly in underdeveloped nations. This is because unofficial medical facilities in these nations charge high prices for their services, making them out of reach for the general populace (Hadley, 2003). Patients in these nations, however, benefit from reduced or free access to healthcare because to health insurance programs. Hadley (2003) argues that health insurance is universally available because it is a key component of reforms and initiatives designed to improve access to high-quality, cost-effective health care for all citizens. Buchmueller et al. (2005) backed up this claim by noting that various health insurance schemes aim to enable the poor and vulnerable obtain medical care and treatment from health centers of any kind. There is optimism that in the not-too-distant future, everyone will be covered by health insurances, even in poor and middle-income countries where health insurance systems are still expanding to serve individuals in disadvantaged regions.

Saudi Arabia's healthcare services are primarily administered by the Ministry of Health and other medical service organizations. Since 1970, there has been a gradual increase in the number of hospitals in Saudi Arabia. The quality and accessibility of health services in Saudi Arabia have improved significantly in recent years. In the same year, there were 74 hospitals in Saudi Arabia; by 2009, there were 415. There was a further increase in the number of beds, from 9,039 to 58,126. Patients' expectations for improved service delivery have increased in light of this fact. Providing healthcare services to both expatriates and Saudis is a priority of the Saudi government, and over \$14 billion has been dedicated to the healthcare business. Currently, the Ministry of Health in the Kingdom of Saudi Arabia covers sixty percent of healthcare costs. It oversees around 244 hospitals and 2,037 PHC (primary healthcare) facilities (Mohammed et al., 2015). In addition to enhancing healthcare accessibility, the private sector operates huge hospitals, dispensaries, and surgical clinics. The majority of these medical facilities are located in large towns and cities. In most circumstances, insurance companies and the government work to guarantee that patients receive the best available treatment. Despite significant advancements in the Saudi Arabian healthcare system, there are still numerous obstacles affecting the quality of healthcare services.

The perspective of the nursing staff's working environment can affect patient care. Nursing is the largest healthcare occupation (Alshmemri et al., 2016). They impact patient outcomes and care quality. Cultural and language obstacles hinder physicians' capacity to educate patients. Language problems among health insurance workers may prevent customers from receiving proper treatment information. Patients grow frustrated when they aren't given accurate information about their

insurance policies. It's important to understand the attitudes and roles that cause dissatisfaction, tension, and frustration in different communities. Satisfying insurance personnel should include provider and patient satisfaction. Since insurance firms deal with healthcare stakeholders, third-party customer service failures can hurt their images. All of healthcare must be improved. Inconsistent quality can lead to dissatisfaction and poor results. In Saudi Arabia, health insurance was introduced a few decades ago to enable the poor and vulnerable receive low-cost medical care. Buchmueller et al. (2005) noted that since the country's health insurance schemes were established, client satisfaction has been a concern. It's tough to determine customer satisfaction because firms deal with multiple challenges at once and enrollment is growing every day. Alharbi & Qassim (2017) distinguished that customers and service providers lack awareness of health insurance, which creates the sector's challenges. Client concerns that providers are denying them full entitlement might spark such disagreements. Some enrollees have complained that some providers are charging extra costs. In some cases, clients have complained about the providers' attitude and behavior, indicating poor service quality.

## **1.2. Statement of the Problem**

Health insurance is regarded as a type of financial program that includes a number of plans intended to provide its customers with financial assistance in the form of reimbursement for their medical expenses. Several issues make it difficult for providers to supply health insurance services effectively (Levy & Meltzer, 2004). These elements include the accessibility of the clients and the providers from a geographical standpoint, the standard of treatment, and the availability of pertinent and accurate information on the enrollees. It has been established that health insurance efficacy measurements are closely related to enhancements in the standard of care and patient and other key consumers satisfaction. There are many units and entities that need to be included in the performance of these health insurance providers, according to certain researchers like Barakah & Alsaleh (2011), to ensure that the quality of services they provide to the consumers is high (Barakah & Alsaleh, 2011). Governmental organizations are among these organizations, and they are in charge of conducting investigations to see whether the services are provided appropriately and whether the goals of these health insurance providers are achieved. Due to the fact that they have all information, they also provide a superior foundation for information systems.

Increased demand for healthcare and limited private sector participation led the Saudi government to implement insurance policy measures and reforms to finance the country's healthcare industry. Such laws can facilitate private-public partnerships. Companies must provide private health insurance for employees under insurance reforms. Saudi Arabia introduced CCHI in 1999. (Council of Cooperative Health Insurance, 2016). This insurance arrangement was meant to shift the health ministry's financial responsibility to private enterprises. No adequate insurance restrictions hindered the policy's implementation. The insurance industry is small. Many Saudi physicians believe the CHS will improve healthcare delivery (Alnaif, 2006). Lack of study on patient satisfaction with insurance firms must be acknowledged if Saudi Arabia's healthcare system is to be fixed. Cultural and professional considerations should be recognized when providing healthcare. Several factors affect patient satisfaction and quality of service replies. Image, responsiveness, and service quality are examples.

## **1.3. Aims and Objectives**

### **1.3.1. Aims:**

- Determine the problems hinder Saudi Arabian health insurance carriers from effectively achieving client satisfaction.
- Find out what steps or approaches may be used to solve the issues that Saudi Arabian health insurance providers have when trying to increase customer satisfaction. Doing so will assist to enhance the delivery of health insurance services.

### **1.3.2. Objectives:**

- Analyze relevant literature relevant to the provision of health insurance services and comprehend some of the barriers to efficient provision of these services to satisfied clients.
- Make some suggestions regarding the suitable actions or methods that may be used to enhance the quality of health insurance services offered by the providers in order to satisfy customers.
- Research the elements that contribute to a health insurance plan being successful and satisfying for clients or consumers,
- To identify the factors affecting customer Satisfaction at a health insurance firms.

## **1.4. Research Questions**

It is crucial to take into account a few unrecognized aspects in order to successfully complete the study and achieve its aims and objectives. These topics are provided as issues or questions that must be resolved at the conclusion of the paper to confirm various findings that will be made at the conclusion of the study regarding the satisfaction of Saudi Arabian health insurance consumers with their providers (Saaty & Ansari, 2011). In order to better understand how satisfied Saudi Arabian consumers of health insurance are with their providers, the following questions will be used as a guide:

1. What aspects of health insurance customers' satisfaction are there?
2. What factors affect a client's or customer's satisfaction with the services and products provided by health insurance providers?
3. What aspects of health insurance programs influence their efficacy and efficiency?
4. What metrics may be used to determine, from a Saudi Arabian perspective, if customers are happy with the health insurance services?
5. Is supportive supervision a crucial component in enhancing the delivery of health insurance services?
6. What issues do beneficiaries now encounter while utilizing CHI-funded medical services?
7. What are the most significant variables affecting beneficiaries' overall satisfaction with CHIS-provided services?

## **1.5. Rationale/Justification**

Research justification is the purpose for conducting a study. Justification of research should include study design and methodologies (Mohamed et al., 2015). Increased spending and an uncertain oil market put a lot of pressure on Saudi's public healthcare sector. The move to NHI will reduce the government's part of health care expenses through premiums. In 2005, the NHI's third phase began. In this system, foreigners, who make approximately 25% of the Saudi's population, needed health insurance. Encouraging to move annual healthcare costs from the government to insurance corporations (Al-Hanawi et al., 2018).

Every health insurance provider wants satisfied customers. Health insurance providers must understand the obstacles to consumer satisfaction so they may design solutions (Holahan & Spillman, 2002). These insurance companies must understand that their workers need continual training and education in their specialties to handle customer issues (Miller et al., 2004). With this understanding, it's crucial to explore the issues that affect or limit health insurance customer experience in Saudi Arabia and create strategies to assure client satisfaction. Low-quality health insurance is an issue in Saudi Arabia. Miller et al (2004) say this undermines the clients' trust in the providing organizations, especially the providers. National hospitals and private hospitals in the country recognize few formal sector programs, which increases demand for their services.

The research should help supervisory authorities and policymakers improve healthcare systems. The study's results can help CCHI improve quality, to change policies, improve healthcare delivery, and revise contract language. The information can help insurers and healthcare providers improve procedures and processes. CCHI is difficult because insurance is unregulated and companies are few which need to examination of healthcare services management and must include patient perspectives. Patients' thoughts on insurance show system flaws that could be corrected by administrators and experts. The study's conclusions will help enhance health insurance through policy adjustments and also aims to help insurance policymakers improve their policies by filling a knowledge gap caused by limited patient satisfaction data.

### **1.6. Limitation**

There are no enough studies that have been conducted in Saudi Arabia that concentrate on patient satisfaction and their experiences with their health insurance, therefore this is one of the constraints of the study that pertains to resources. The management of a service-providing organization, the attitude of the employees toward the nature of the services that the organization provides, and, most importantly, the commitment and dedication of the entire organizational body to the accomplishment of the goals and objectives that have been established are all factors that can affect an organization's performance in various ways. The findings of this study will be helpful in enhancing consumer happiness inside health insurance organizations. On the other hand, the findings will be of little benefit to other segments involved in the operations of health insurance organizations, such as employee satisfaction, amongst others. This suggests that it will restrict the ability of some of the most important participants in the health insurance industry to provide satisfactory service to their customers. Nevertheless, it will be of great assistance in the process of enhancing the quality of health insurance services provided by a variety of insurance companies across the country.

## **CHAPTER II: BACKGROUND OF SAUDI HEALTH SYSTEM AND INSURANCE**

### **2.1. Introduction**

It is important to provide the reader with enough knowledge on Saudi Arabia. This chapter contains context information such as the location, historical evolution of the government's general economy, geography, population, finance, cultural values, and a description of the organization of the health care delivery system and the history of health insurance in Saudi Arabia.

### **2.2. Background to Saudi Arabia**

The kingdom of Saudi Arabia as we know it today was founded only at the turn of the twentieth century, due to the vision and leadership of King Abdelaziz Al-Saud (1880-1953), The country was impoverished and backward, with no clear development strategy in place. The formation of the Saudi Kingdom and the discovery of oil had a significant impact on the country's economic, social, cultural, and political life (Alotaibi & Hana, 2015) . Oil has been the nation's primary source of global influence as well as a vital source of income for domestic growth. The oil sector is the economy's backbone, and market swings affect all other sectors, including health.

Saudi Arabia has had an annual population rise of roughly 3.1 percent during the last 40 years (Alharbi & Qassim, 2017). This rate of growth is among the greatest in the world. As a result, the country employs over seven million people, with many expatriates working for numerous foreign enterprises in the region. Taking population growth and labor expansion into account, there has been an increase in demand for health services. This demand has highlighted the importance of healthcare services in the region and has overburdened public hospitals to the point that they are unable to provide adequate care.

### **2.3 Health Care System in Saudi Arabia**

Saudi health care has grown rapidly in recent decades. The Saudi government has invested billions of dollars on health care infrastructure. Foreign expertise has been attracted to build modern hospitals. The Saudi health system has changed over time to meet civilian demand . Private and governmental health industry investments are estimated at SR 500 billion (US\$ 133,321,434,222), with yearly expenditures of SR 50 billion (US\$13332,036,115) (Almobarak, 2010). Quality of medical services in hospitals is a major concern and commitment to high-quality health care for people and large government and private sector investments have produced health care infrastructures and other resources comparable to highly developed countries. This and overall economic and social improvement have resulted to remarkable gains in population health . Al-Mubarak (2010) referred to the provision of highly modern medical services in the country is a notable achievement

considered as a step toward international health standards. The MOH set healthcare standards.

## 2.4. Ministry of Health

In the year 1950, the Ministry of Health (MOH) came into existence. The Ministry of Health (MOH), which is overseen by the Minister of Health, is often regarded as the primary healthcare provider in the country and is accountable for its overall administration. It includes a clearly defined organizational and administrative structure that is not centralized (Alnaif, 2006). The Ministry of Health (MOH) is generally regarded as the primary government institution responsible for the administration, planning, financing, and regulation of the health care industry. In addition to this, the Ministry of Health is in charge of the general oversight and monitoring of all health-related activities carried out by the private sector. As a result, the Ministry of Health (MOH) can be interpreted as the equivalent of the National Health Service (NHS).

## 2.5. Insurance in Saudi Arabia

The Ministry of Health, in collaboration with the Ministry of Labor and Social Affairs, the Ministry of Finance and National Economy, and the Ministry of Trade, conducted a comprehensive legal analysis of a cooperative health insurance act and submitted a draft of proposed legislation to the Council of Ministers, which approved it by decision No.71 dated 27/4/1420 H. (1999). The objective of the cooperative health insurance law is to govern the supply of health care services to all Saudis, non-Saudi legal residents, and their dependents in the Kingdom ([www.cchi.gov.sa](http://www.cchi.gov.sa)). A cabinet order may apply it to Saudi citizens and others (article 1 of the Act). The Saudi government has adopted the CHI Act as a strategic option for achieving numerous commendable objectives, including the idea of social collaboration, the rationalization of expenditures, and the enhancement of health services. According to Article 3 of this Act, anybody who sponsors a resident is required to contribute to the CHIS for the resident's benefit. The issuance or renewal of a residence permit is not permitted without a valid health insurance policy. The duration of the residency permit (Iqama) must correspond to the duration of the policy. If an employer fails to subscribe or pay the health insurance premiums for his employee and his dependents covered under a health insurance policy, the employer will be required to pay all premiums due plus a fine not to exceed the yearly contribution of each individual.

Based on Article 144 of the 2005 Labor Law, all private enterprises should be able to adequately insure their employees, even if their employment contract does not include the provision of health care. In the public sector, however, the supply of health care will depend on whether or not it is included in the individual's work contract ([www.cchi.gov.sa](http://www.cchi.gov.sa)). According to Al-Mubarak (2010), one of the results of implementing the CHIS is an increase in beneficiary satisfaction. The CHIS policy addresses the patients' fundamental need. However, patients who desire a higher level of protection may purchase an optional coverage. Barakah & Alsaleh (2011) indicate the CCHI-approved unified policy leaves the minimum acceptable benefits and maximum restrictions to market mechanisms.

According to the bylaws, the maximum financial coverage for an individual under the program is S.R 250,000 (about \$67,000). Table 1 summarizes the characteristics of CHIS.

**Table 1: Characteristics of CHIS**

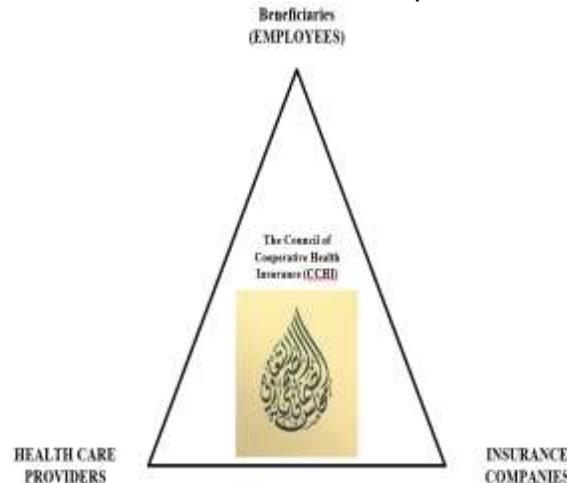
Eligibility	<ul style="list-style-type: none"> <li>● All employees</li> <li>● &lt; 65 years</li> <li>● Spouse / (s)</li> <li>● Infants</li> <li>● Children : Up to 18 years</li> <li>● Unmarried daughters</li> </ul>
Benefits	<ul style="list-style-type: none"> <li>● Max. Coverage S.R 250,000 (\$66,667)</li> <li>● Outpatient: Co-payment 20% Max 100 (\$ 26.7)</li> <li>● Physicians' Fees :               <ul style="list-style-type: none"> <li>■ GP 50</li> <li>■ Consultant/ Specialist:                   <ul style="list-style-type: none"> <li>■ By Referral 150</li> <li>■ Without referral 50</li> </ul> </li> </ul> </li> <li>● Inpatient deductibles Nil</li> <li>● Accommodation Max 350 S.R/day</li> <li>● Pregnancy 10,000 (\$ 2,667)</li> <li>● Premature up to 250,000</li> <li>● Repatriation 10,000</li> <li>● Range of Coverage Within Saudi Arabia</li> </ul>

Care Coverage	<ul style="list-style-type: none"> <li>● Investigations</li> <li>● Physical clinical Examination</li> <li>● Treatment</li> <li>● Hospital Stay</li> <li>● Dental &amp; Gingival Treatment</li> <li>● Preventive Measures</li> </ul>
---------------	---

**Source:** Power Point Presentation entitled "Health insurance in Saudi Arabia" by Dr. Abdullah AL Sharif, The Secretary General, CCHI, 2007.

### 2.5.1. The parties of health insurance

Each health plan can be viewed as a social system composed of three components: the insured company and its employees who require insurance services; the insurance companies that pledge to provide these services; and the hospitals and medical centers that are chosen to provide health care services (<http://www.cchi.gov.sa>). These components interact with one another based on formal rules unique to each plan as well as role expectations established from involvement in the larger system. Enrollment, medical service provision, billing, insurance provision, premium payment, and complaint resolution are all examples of interactions. The relationship between hospitals, insurance companies, and customers is contentious and sticky, as there is a conflict and overlap of interests. The insurance companies are concerned that the customer will use the insurance card for reasons other than medical necessity, while hospitals suffer from service delays, and customers demand good services while focusing on the price provided by the insurance companies, which necessitates great harmony. The Council makes every effort to provide (Almobarak, 2010). Figure (1) depicts the interaction of the parties in the Saudi Health Insurance relationship.



**Figure 1:** Interaction of consumers, providers and health insurance companies

### 2.5.2. Islamic Cooperative Insurance

Takaful is another name for Islamic Cooperative Insurance. It is founded on the ideas of cooperation and mutuality, according to Muslim legal specialists (Alharbi & Qassim, 2017). Furthermore, it attempts to liberate people from things that Islam forbids, such as interest and gambling. Takaful is regarded as a cooperative insurance in which members contribute a set amount of money to a pooled fund with a non-profit goal. Takaful ideals include the following:

- Each policyholder pays his or her premiums to a Takaful fund that is shared by all policyholders.
- Losses and liabilities are shared among participants.
- According to the insurance contract, any policyholder who becomes ill receives a set amount of money from Takaful.
- All economic activity and transactions involving Takaful must adhere to Sharia-compliant Islamic standards.
- By utilizing the Tabarru (donation) idea, uncertainty in compensation and subscription is reduced (Barakah & Alsaleh, 2011). As a result, all participants must provide a percentage of their Takaful installments.
- Takaful operations are managed by an insurance firm that is authorized to collect fees for Takaful transactions.
- Each donation to the Takaful fund is rewarded with a premium. It is then invested without interest in accordance with Sharia law.

### 2.6. Motives for implementing health insurance system in the KSA

The health insurance system in Saudi Arabia emerged for numerous reasons, including:

- Supporting private health care: The move from free health care in government hospitals to private hospitals with high fees is challenging for most beneficiaries who are not financially sound, especially residents. Al-Otaibi and

Hana (2015) refer to the health insurance lets people get needed medical care for a reasonable annual cost. This system eases the transition to private health care.

- Reducing the burden on government hospitals: The budgets of government hospitals were eroding due to the intense pressure from expatriate workers on their services, and the cost of health care provided by hospitals over their huge government capabilities for residents became a burden, depriving the citizen of his right to a good level of care health on the one hand, and the inability of government hospitals to develop their. Transferring the obligation of providing health care to foreign employees to the private sector within the health insurance system eases the load on government hospitals and allows them to use their financial allocations for other activities.
- The application of the health insurance system means operating hospitals on economic grounds, not governmental and private, according to the fact that insurance companies, in return for the premiums they obtain from the beneficiaries, will pay the cost of health care regardless of its value or value. about the beneficiary's financial capacity. As the number of insured (Saudis and residents) reaches 33 million, hospitals are likely to operate at full capacity. This significant revenue source helps hospitals implement long-term development goals and provide high-quality health services.
- The contributions from health insurance will allow health insurance companies to establish vast resources that can be utilized to invest in numerous activities, notably in the health fields, after they have enough expertise with medical initiatives. This contributes to the growth of the health sector and the national economy, which benefits from such investments. (Alyahya, 2017)
- Consolidating the spirit of cooperation and interdependence among the groups of society: Health insurance is based on the idea of cooperation and interdependence between members of society, so the expansion of health insurance activity transfers the burden of health care costs from the government to society (Saudis and non-Saudis) within the framework of an organized and accurate cooperation (Al-shahrani, 2021).

Qualifying Saudi insurance companies To practice health insurance and participate in the health insurance system may turn into a real nucleus to reconsider the market's situation, open initiatives to regulate it, and set regulations and systems that guarantee its stability. This step may accelerate the country's quest to join the World Trade Organization and its involvement in the new world order. Al-shahrani (2021) noted the expansion of health insurance activity in the Kingdom by establishing several Saudi insurance businesses and expanding investment in the health sector would create tens of thousands of jobs for Saudi youth.

## **CHAPTER III: METHOD AND METHODOLOGY**

### **3.1 Introduction**

The primary goal of this chapter is to discuss the approach used to conduct this research. A thorough comprehension of the study topic discussed in previous chapters. Thus, the development of the research question, rationale for the chosen technique, data collection methods from sources, data analysis methods, and final the problems and ethical issues recorded during this research will be evaluated.

Because the researcher is reviewing the current body of knowledge (by interpreting and summarizing it), using a systematic way to present the new ideas in a methodical and well-established manner, this chapter will identify and critique the chosen criteria for selecting and analyzing data extracted from the selected articles (Aveyard, 2018). Importantly, a clear research strategy that benefits the aim and objectives and clearly answers the intended research question boosts productivity unquestionably, and it is critical to manage the available time for the benefit of the study .

This chapter seeks to provide thorough information about the data collection methods utilized for this study in order to answer the research question: what are the primary drivers of Saudi patient satisfaction and experience under Health Insurance Coverage?

### **3.2. Development and Importance of the Research Question**

Various studies emphasize the significance of Saudi satisfaction in the context of Health Insurance Coverage. Patient satisfaction is regarded as an essential issue in today's healthcare services and an indicator of health-care quality (Almobarak, 2010).

Research question generation is a crucial step in producing clinically meaningful results for evidence-based practice, and it must be driven by hypotheses and objectives. Adopting a well-defined and particular research topic guides decision-making about study design, population, and what data will be gathered and analyzed. Fisher and Wood (2007) research shows that a key stage in any research project is establishing a single primary research topic to focus the study plan. In each study, the research question should be stated at the end of the introductory section, along with the population, intervention, and other factors.

The criteria proposed by Hulley and his colleagues (2013) were taken into account when developing the research question for this review. The FINER criterion to shape any research question (Hulley, 2007). Table 2 below depicts the components of FINER and how they could be applied in the process of formulating the research question.

**Table 2:** Illustration of FINER requirements for a quality research question

F: Feasible	Adequate number of subjects and technical expertise. Manageable in scope. Affordable in time and money.
I: Interesting	Answering the queries of intrigues investigator, peers and community.
N: Novel	Confirm, disproves, or encompasses previous findings of other research.
E: Ethical	Study that are expected to be approved by the institutional review board without restrictions.
R: Relevant	Related to the current body of knowledge. Related to clinical and health policy. Related to future research.

### 3.3. Methods of Data Collection

According to McKibbon and Marks (1998), multiple data sources are thought to help researchers and clinicians identify data relevant to their fields of practice in the continually developing and changing information base. Textbooks, journals, and bibliographic databases are examples of possible sources. To save money, time, and energy, it is advised that beginning researchers have an internet connection, a good computer, and the resources listed above (McKibbon & Marks, 1998).

#### 3.3.1. Searching Strategies

The search technique was restricted to English literature and articles published between the years 2010 and June 2022. There were a few important terms that helped shape the search for linked publications in electronic databases.

#### 3.3.2. Search Terms: Key Words

According to Garrard (2007), the initial step in searching for journal articles in most healthcare databases is to use 'keywords' or 'restricted vocabulary.' Furthermore, scanning and skimming the reference list of the papers included in any review provides what is known as the "snowball approach." It has been stated that the snowball technique is more useful for locating sources than using keywords. Garrard (2007) illustrates a keyword is a collection of terms or phrases that researchers frequently use to reflect on their research questions, and these words should lead to the research title when searched.

Various search terms were employed in this research to refer to subject-specific keywords characterizing satisfaction in healthcare coverage, including synonyms and Medical Subheadings (MeSH) to encompass all relevant literature. Table 3 gives a snapshot of the search terms.

**Table 3:** Overview of search terms

Satisfaction	Determinants	Saudi patients	healthcare settings
Gratification	Causes	foreigners	clinics
Fulfilment	Elements	Wealthy patients	Hospitals
Pleasure	Factors		Insurance companies
Agreement	Bases		Third Party Companies
Happiness			The insured
Approval			

Searches were conducted in a systematic and manual manner, beginning with a search of the leading journals in the field of patient satisfaction in the pre-identified geographic area (Saudi Arabia).

#### 3.3.3. Electronic Databases

In order to conduct a thorough evaluation of the literature on Saudi Arabian health insurance consumers' satisfaction with their providers, it was necessary to locate relevant papers. The author mostly used PubMed, Google Scholar and Saudi Digital Library (SDL) to identify relevant literature for this dissertation. The key words

satisfaction, medical insurance, customer happiness, customer satisfaction in health insurance, patient satisfaction, and Saudi Arabia helped to limit down the scope of the study to the Kingdom of Saudi Arabia itself. The search also included a combination of these words. Factors that affect customer satisfaction with health insurance, challenges that influence customer satisfaction with health insurance, and factors were some of the key topics that helped researchers find relevant papers in the databases. Additionally, the identification of customer satisfaction with the health insurance from a Saudi perspective was discussed, as well as the need of supporting supervision as a crucial pillar in improving health insurance service supply.

Both Google Scholar and the Saudi Digital Library created databases that resulted in similar queries. An paper required to be published within 12 years of the study date in order to be considered for review. This means that the study required to take into account all studies published after 2010, with articles older than 12 years being excluded from consideration. Because there were few studies on this topic, the researcher included systematic reviews, blog posts, and other articles that focused on improving the insurance field in Saudi Arabia in addition to the peer-reviewed journals on the topic. Furthermore, the researcher discovered that the dynamics in all areas affecting various kinds of health insurance in the country are comparable. In this scenario, a problem that impacts the satisfaction of motor vehicle insurance customers also affects health insurance customers. As a result, the researcher included all publications that cut across the country's insurance sector. The search terms and topic considerably aided in the extraction of vital articles, which tremendously aided in the attainment of the information required for the research topic (Fisher & Wood, 2007).

#### **3.3.4. Inclusion and Exclusion Criteria**

Identifying how many studies to include in a review is a difficult process. Hulley (2007) research demonstrations that is essential to have pre-identified and specific inclusion and exclusion criteria when identifying sources (articles) to include in any review. As a result, the researcher established the following criteria for including or excluding studies from this review:

Publications were included if they described: (1) patient satisfaction as the primary focus of the study; (2) how satisfaction was measured and ensured among study participants; and (3) no age restriction among study participants. However, publications were excluded if the following conditions were met: (1) no abstract was available; (2) the research studied patient satisfaction in any specific region other than the Kingdom of Saudi Arabia; (3) patient satisfaction was tested or measured in any setting other than hospitals or healthcare private clinics; (4) articles were published in any language other than English; and (5) articles were published before 2010.

To make the inclusion and exclusion criteria clearer, it has been recommended that the researcher follow a clear guideline or stages that shape the selection process (e.g., PRISMA diagram), reporting the reason for including or excluding any of the studies as needed. Importantly, the process of choosing primary studies for inclusion in any review can fail due to the possibility of selection bias (Almutairi & Moussa, 2014).

#### **3.3.5. Data Analysis**

Following the selection of the literature, the researcher thoroughly went through the articles chosen in order to filter and categorize the information based on the dissertation's common themes (Alharbi, 2014). The researcher was able to develop common themes and any contradicting concerns in order to establish important inputs by doing a thorough reading of the topics related to patient satisfaction of health insurance users.

### **3.4. Quality Appraisal**

The articles collected could be divided into several groups. These topics include the theoretical framework for establishing satisfaction, the primary determinants of satisfaction, the issues confronting the Saudi health insurance sector, and other common themes. Furthermore, it was critical to determine the significance of social, economic, and political elements in affecting the quality of health insurance services in Saudi Arabia.

### **3.5. Chapter Summary**

This chapter has provided a thorough explanation of the research methodology that would be utilized to answer the proposed research question, as well as the procedures used to access, gather, organize, analyze, and interpret data from its original sources. The comprehensive literature evaluation will guide the endeavor to address the primary study question: what are the key factors of Saudi patient satisfaction and experience in the healthcare system?

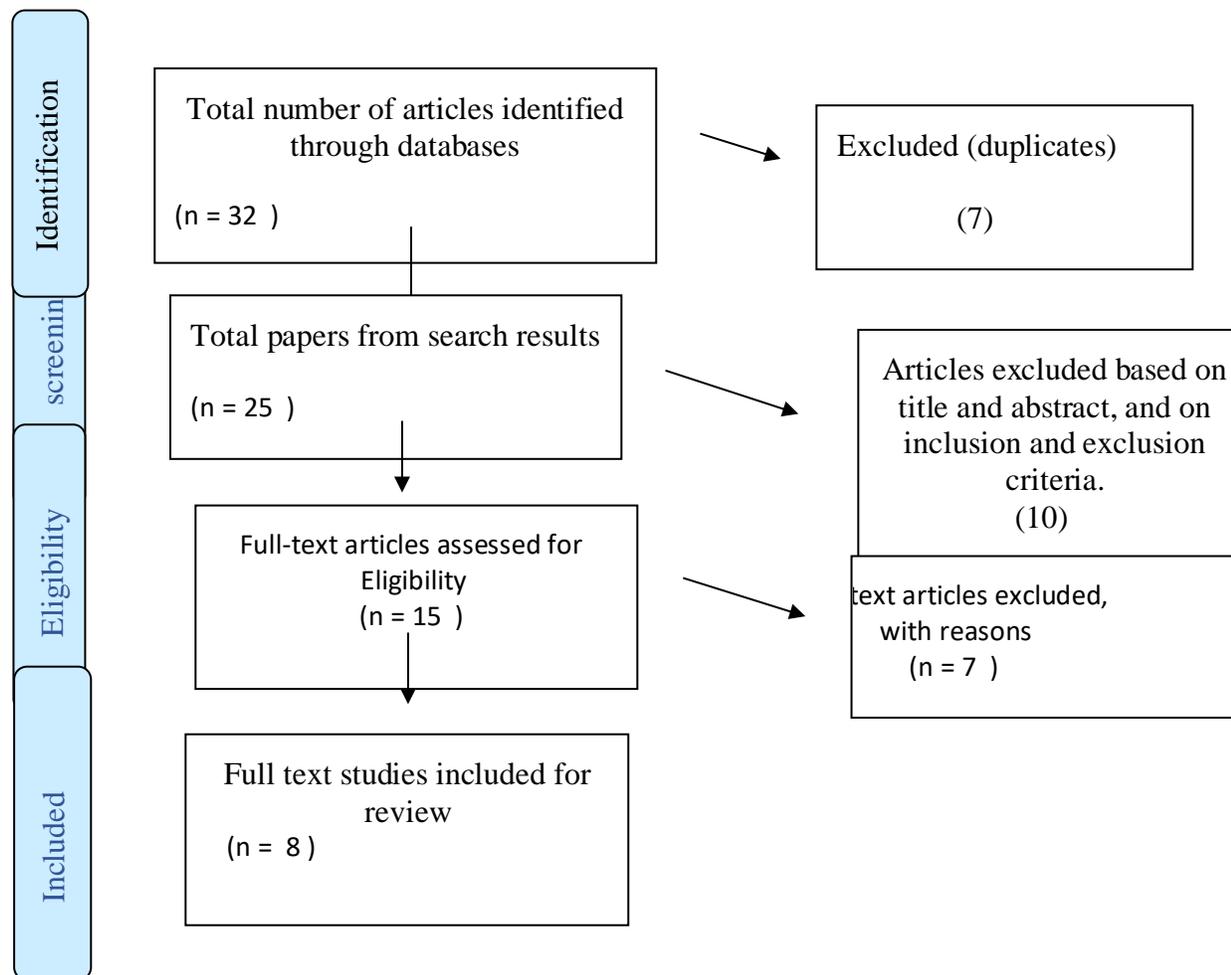
## **Chapter IV: Results**

### **4.1. Chapter overview**

This chapter depicts the key findings and provides a summary of the search results, including reasons for exclusion. Furthermore, the purpose of this chapter is to provide a detailed description and data extraction of the included study. Furthermore, the chapter intends to present an overview of the quality assessment of articles using the CASP tool, as well as to explain the themes discovered through thematic analysis.

### **4.2. PRISMA Flow Diagram**

During the search for relevant literature in three databases: PubMed, Google Scholar and Saudi Digital Library (SDL), a total of 32 articles were discovered (See PRISMA diagram, Figure 2). The search was limited to articles published in English in the last 12 years, from 2010 to 2022. Seven articles were removed after they were screened for duplicate content. After screening by title and abstract, ten research papers were excluded from the remaining 25 articles based on inclusion and exclusion criteria. As a result, a total of 15 research papers were marked for full-text reading, Following full-text review, a total of seven studies were eliminated. As a result, only eight papers fulfilled the research's inclusion criteria. A PRISMA flowchart depicts all stages of the systematic review methods (figure 2). Table 4 summarizes the reasons for exclusion. Furthermore, data from the eight papers included in the study are presented in (table 5).



**Figure 2.** literature Search Strategy. The PRISMA flow chart, adapted from (Moher et al., 2009)

The reasons for exclusion of studies are presented in table 4.

**Table 4:** Reasons for exclusion

Stage of exclusion	Reason for exclusion	Number of excluded articles
Screening for duplication	duplicates	7
Articles excluded based on title and abstract	Population	1
	Intervention	5
	Outcome	3

	A summary paper for another study	1
<b>Articles excluded after full-text reading</b>	Population	3
	Intervention	2
	Outcome	1
	Unavailability of the full text	1
<b>Total of excluded articles</b>		24

### 4.3. Included Studies

The studies (n = 8) that were included in the Phase 1 synthesis of this Systematic Literature Review. The operational definition of access to healthcare in this review, which considers the construct as a function not only of supply factors (e.g., service availability and relevance of customer satisfaction), but also of demand factors, means that each of the included studies conceptualizes measure the customer satisfaction to healthcare slightly differently. It should be noted that the majority of the studies included in this review used a cross-sectional design based on surveys or questionnaires. Cross-sectional studies are those that are conducted at a single point in time or over a short period of time (Levin, 2006). It gives the researcher a "snapshot" of the expected outcomes of the study participants' characteristics. Table 5 summarizes the findings of each study characteristics.

**Table 5: Study characteristics**

Study	Reference	Design	Setting Sample	Main results
<b>An empirical analysis of customer satisfaction with cooperative health insurance in Saudi Arabia: The role of customer knowledge, service characteristics, and national culture.</b>	(Alharbi & Qassim, 2017)	quantitative approach and a cross-sectional survey design	395 local and expatriate workers of the Al-Qassim region in the Kingdom of Saudi Arabia	A positive and significant relationship was found between the four cooperative health insurance service characteristics (availability, acceptability, accessibility, and quality) and customer satisfaction. Furthermore, no significant relationship was found between customer satisfaction and customer knowledge. However, investigation of the impact of national culture as a mediator was insignificant.
Beneficiaries' satisfaction with the Cooperative Health Insurance System (CHIS) in the Kingdom of Saudi Arabia : a case study of Riyadh City	(Almobarak, 2010)	mixed methods approach, consisting of both quantitative and qualitative data analysis	462 participants completed the questionnaires. Following analysis, 21 interviews by participant in Riyadh City	59 % were moderately satisfied with the CHIS and its impact on health care system access. However, CHIS recipients were dissatisfied with the time it has taken to receive services. The extent to which health services were covered was also a major concern.
<b>BENEFITS, BARRIERS, PATIENT'S SATISFACTION, AND FACTORS ASSOCIATED WITH IMPLEMENTATION OF NATIONAL HEALTH INSURANCE (NHI) IN SAUDI ARABIA</b>	(ALSALEM, 2020)	Quantitative and a cross-sectional survey design	300 insured and 300 uninsured participants was collected using the Patient Satisfaction Questionnaire in the Kingdom of Saudi Arabia	Insured and uninsured participants have significantly different mean satisfaction. Uninsured participants were 0.17 more satisfied than insured. Mean satisfaction differs between Riyadh and Qassim participants. Qassim participants were 0.28 more satisfied than Riyadh's. Satisfaction average (56.5 percent ). Insured participants are more aware of the NHI.
<b>The Shared Experience of Insured and Uninsured Patients: A Comparative Study</b>	(Binsaeed et al., 2022)	A descriptive cross-sectional study	a public 500-bed tertiary hospital. About 350 patients participated in this study by completing an online, self-administered questionnaire	Between insured and uninsured participants, there were reported to be significant differences in the level of care they received. Uninsured patients experience less fairness with low quality care while the insured group reported high quality care first, followed by fairness of care.
<b>Patient Satisfaction Under Health Insurance Coverage in Qassim, Saudi Arabia</b>	(Alyahya, 2017)	Quantitative and a cross-sectional survey design	318 questionnaires were distributed to participants. The target population was residents of Qassim, Saudi Arabia who paid for health insurance and had made claims	a significant difference from the mean was observed. Participants exhibited neither a positive nor a negative attitude toward changing insurance providers or insurance services in general. Such results indicate that, despite participants' perceptions that the service was neither close to ideal nor up to par with their expectations, they are likely to recommend it to friends and family and repurchase it if necessary.
<b>A comparison of access to medical care for insured and uninsured expatriates in Saudi Arabia</b>	(Alkhamis, 2013)	framework for country-level analysis of healthcare financing arrangements, a logistic regression analysis of data from a cross-sectional survey	The total sample size was 3,278 in the Kingdom of Saudi Arabia	Health insurance reduced the inability to access medical services by 42 percent, while PMPHC reduced it by more than 65 percent. Therefore, the impact of health insurance on access to medical care is significantly greater for expatriates whose employers previously covered their healthcare costs than for those whose employers did not.
<b>The relationship between communication, customer knowledge and customer loyalty in Saudi Arabia insurance industry companies.</b>	(Alawani et al., 2015)	cross-sectional survey to test the association between communication, customer knowledge and customer loyalty.	The sample comprised of 399 from insurance companies in Saudi Arabia and data was obtained from questionnaires distributed to the sample	This article discovered a significant and positive correlation between communication and customer loyalty, also customer knowledge has a positive and statistically significant effect on customer loyalty. In addition, this study has substantial contributions to the theoretical, practical, and policy markets that can be combined to improve customer loyalty.
<b>Service quality, customers' satisfaction, and profitability: an empirical study of Saudi Arabian insurance sector</b>	(Ali & Tausif, 2018)	cross-sectional survey	sample of the 350 students and staff of the College of Business Administration, Al Kharij is taken	63.37% of customers were satisfied with the insurance companies whose services they have subscribed to, while 36.6% were dissatisfied.

These articles check several issues, health insurance's definition and applicability in the ministry of health were investigated. The materials with pertinent data analyzed health insurance as an alternative source of income in Saudi Arabian hospitals. Some non-government-supported medical institutes in Saudi Arabia and other countries studied offer low-quality health insurance to clients. Implementation of health insurance in Saudi Arabia

and other nations was studied as part of health services reforms and plans to provide effective and efficient health care and medication to the population .

Materials that defined and explained consumer satisfaction in the health sector were important because they helped make evidence-based conclusions. Also investigated were difficulties hindering health insurance carriers' service delivery (Alharbi, 2014). Various concepts, ideas, and theories related to customer satisfaction in health insurance were investigated, evaluated, and analyzed to help answer research questions and improve the quality of services offered by health insurance organizations in Saudi Arabia and other countries.

#### 4.4. The degree of overall satisfaction

All eight studies reported satisfaction scores with universal health insurance coverage, and the weighted average overall satisfaction scores were 65.5%. A context has been added to these results through reports that the health insured have a higher satisfaction rate than the uninsured. Of the respondents, they wanted the continuation and improvement of the health insurance system and the development of the technical infrastructure and specialized cadres to help them facilitate access to health services with higher efficiency.

#### 4.5. Domains of satisfaction

To measure customer satisfaction with health insurance coverage, as well as to identify factors that influence their satisfaction, reports of studies on specific areas of satisfaction differed too much. Table 6, which shows four domains, starting with the subject of healthcare environment, billing, pharmacy and wait time.

TABLE 6: Studies for data extraction

Study/year	Location	Characteristics		Satisfaction domains (%)				
		Sample size	Average age	Overall Satisfaction	Billing	Environment	Pharmacy	Wait time
(Alharbi , 2017)	Al-Qassim	395	-	84.2	-	74	-	-
(Almobarak, 2010)	Riyadh	462	35	56.1	43.6	56.5	46.9	44.7
(ALSALEM, 2020)	all Kingdom	600	30-39	56.5	43.7	62.5	-	47
(Binsaead et al., 2022)	all Kingdom	350	-	67.4	64	64.5	-	-
(Alyahya, 2017)	Al-Qassim	318	35–39†	73.6	64	-	-	-
(Alkhamis, 2013)	all Kingdom	3278	36	49	-	-	-	-
(Alawni et al., 2015)	all Kingdom	399	-	71.9	-	71.1	-	-
(Ali & Tausif, 2018)	Al-Karj	350		63.4				

##### 4.5.1. Environment satisfaction

The average, range, or (SD) score for environment satisfaction was 74, 56.5, 62.5, 64.5 and 71.1 percent. The mean for weighted environment satisfaction was 64.5%. In the study of Alsalem (2020), those who were insured and received care from private providers were more likely to think the facilities were of higher quality than those who received care from public providers.

##### 4.5.2. Wait time

Prior to being attended to by a healthcare provider, CHI enrollees are expected to spend some time waiting at a healthcare facility. Almobarak (2010) and Alsalem (2020) studies revealed that wait time-related satisfaction scores with a mean, range (SD) of 44.7% and 47 %, respectively, indicating substantial variation and rather high levels of discontent. The weighted mean satisfaction with wait time was 45.8%. Similar to environment satisfaction, there were significant differences in wait times based on whether a patient was receiving care at a public or private hospital. In a research evaluating the promptness of care, insured patients receiving care from public providers were considerably less likely to report receiving prompt attention than those receiving care from private providers. In Alkhamis (2013) study, two comparisons of study of participants with uninsured individuals provide further context for these wait time satisfaction levels. In the first study, insured patients observed a decrease in hospital wait times after receiving insurance and were more satisfied with their total hospital stay than uninsured patients.

##### 4.5.3. Satisfaction with pharmacy

After the provider examines it, patient are likely to meet with a pharmacy or lab if needed. One study revealed pharmacy-related satisfaction levels with an average mean (SD) of 46.9 percent . The data collected from the study Al-Mubarak ( 2010) placed these results in context through reports that women attend primary care twice as often as men, consume more medication and then men, utilize slightly more acute inpatient beds than males.

##### 4.5.4. Billing satisfaction

Participants are required to make payments for the services they received prior to the conclusion of their care contact. There were four research that offered satisfaction scores linked to billing, charges, and payments mean, range (s.d.) score of 43.6%, 43.7% and twice 64% respectively. The overall satisfaction with the billing process was rated at 53.8% on a weighted mean scale. In addition, the accessibility of health care facilities was evaluated by inquiring about the likelihood of the participant gaining access to health care facilities and receiving services at the right time and location, in sufficient quantities, and at reasonable costs. Alharbi (2017) stated that having health insurance is associated to better overall health outcomes for individuals. It helps customers make proper use of the care that is supplied to them, which in turn makes health care more cost-effective and reasonable in price.

## **CHAPTER V: DISCUSSION**

### **5.1. Introduction**

The primary goal of the following chapter is to discuss the findings and analysis produced from the previous chapter of data analysis. The discussion of the analyzed data aids in understanding all of the data findings connected to the research issue (Zamil et al., 2012). The overall conversation concerning the data that was analyzed in the previous chapter is expected to take place in this chapter. To have a complete discussion, all parts of the findings that support the research question of this research study should be considered. The study of the data in this chapter focuses on four themes: patient Perception of service, hospital environment and patient satisfaction, insurance type and quality billing services, and demographic features of respondents. The discussion will be conducted in depth. This discussion will aid in comprehending all of the data findings related to the four domains examined in the previous chapter.

### **5.2. Patient Perception of Service**

In relation to this issue, the reactions of service users or patients to the services offered by the team of healthcare providers are examined in the following discussion, which is based on the data results and analysis from the previous chapter. It has been emphasized that patient perception is a critical element in enhancing and developing excellent care services based on the important results presented about patient perception of healthcare services. As a result, patient satisfaction may be influenced by their assessment of the effectiveness of care offered. It has also been argued based on the data findings that understanding patients' perceptions of their demands can help health care workers such as nurses meet the patients' wants and expectations. Furthermore, it has been proposed that patients' responses to care may indicate three distinct categories, namely: environmental needs, information and technical care, and nursing competency. With an understanding of these concepts, physicians and other persons who offer health care can be aware that patients are aware of their requirements. As a result of the investigation, it is discussed that taking into account patients' responses is critical to care giving because it is a significant step toward increasing patient satisfaction. It has also been mentioned based on data analysis that patient satisfaction in various hospitals across many departments is related to some specific aspects such as quick access, room cleanliness, room comfort, and inexpensive cost. In this regard, it is important to note that the areas with the highest levels of satisfaction, such as room comforts, must be improved.

According to research studies, the main reason for this dissatisfaction among patients is the longer period of waiting in hospitals. It is critical to consider an effective short waiting plan that can address all patient inquiries about quick access, as this appears to be a significant element that can affect patient satisfaction rates in hospitals. Furthermore, it has been noted that ongoing examination of patient satisfaction is required at every stage of hospitalization and after release in order to meet the rise in their level of satisfaction with hospital services. In Saudi Arabia's public healthcare sectors, "waiting time" is a crucial element influencing patient satisfaction. Al-Borie and Damanhour (2013) noted that prolonged waiting times lead to dissatisfaction with hospital services among patients.

### **5.3. Hospital environment and patient satisfaction**

It has been considered based on the observations that all hospital units include patients with varying features. As a result, there are disparities in the needs and the rate of patient satisfaction that can be obtained. Furthermore, it has been stated in the same line that the satisfaction rate in emergency rooms was potentially poor. Furthermore, it has been stated from data analysis that many studies have been undertaken in the field in response to service users or patients and their satisfaction with pharmacy-related services (Almobarak, 2010). Furthermore, these research evaluated patient satisfaction rates among those who receive dental care services in dental departments.

It has also been discussed that there is an opportunity for linking insurance-related services together so that patients can be pleased with the provision of services at either public or private hospitals. Furthermore, the findings show that a prevalent impression among patients is that private hospitals give greater quality treatments than public hospitals. As a result, it has been stated that more qualitative and clear investigations are needed to have a better understanding of the reasons behind high levels of dissatisfaction with public health services in

Saudi Arabia. Alkhamis (2013) referred to the burden on public health care sectors is greater than on private hospitals. According to the data, the public healthcare sector has a greater capacity for beds and lower expenses for obtaining services than the private healthcare sectors. Ali & Tausif (2018) argued that patient satisfaction ratings in private healthcare sectors appear to be greater than in public healthcare sectors based on a variety of factors such as: information about health-related issues and recognition of patients' needs to be released from these sectors. Furthermore, it has been stated that some factors must be considered, such as the fact that private healthcare departments are business-oriented, with owners focusing on raising profits by increasing the number of patient admissions. It has been suggested that, in the case of Saudi Arabia, the public healthcare sector performs enough to give care to patients, but they need to pay more attention to elements that influence patient satisfaction levels. The main issue for Saudi Arabia's public healthcare sectors is to improve employee performance and patient satisfaction levels in order to reduce delays, expenses, and inefficiencies.

#### **5.4. Insurance Type and quality billing services**

It has been observed that the educational qualifications of health insurance providers, the implementation of corporate social responsibilities by health insurance organizations, and, most importantly, the adaptability of quality service and product provision within the insurance industry all have an effect on the level of satisfaction that health insurance customers in Saudi Arabia have with their providers (Gilbert et al., 2012). In spite of this knowledge, there is still competition in the business sector, and the high rate of new health insurance companies starting up in Saudi Arabia is evidence of this. Because of this, health insurance companies are being forced to improve the quality of their services in an effort to regulate the flow of the market and to ensure that their customers are satisfied with the products and services they provide. It is essential to note that achieving customer satisfaction is the dream of every organization, regardless of the industry; and as Alharbi (2014) confirms, the managers need to devise appropriate strategies that can help in defending the good reputation that is evident between health insurance organizations and the community. In order for this to be accomplished, health insurance companies need to enhance the operational and decision-making processes they are now using. In addition, investments made in innovative technologies within the information technology and digitalization industries contribute to the enhancement of service quality and, as a result, the achievement of customer satisfaction (Alharbi, 2014). It has also been demonstrated that when health insurance businesses focus on internal difficulties affecting their operations while failing to detect external ones, they run the risk of failing to meet the demands of their customers. Despite the fact that health insurance organizations in Saudi Arabia have only been in existence for a short time, the rate at which they are positively increasing and expanding is high, indicating that they are capable of meeting the needs of the consumers. This is in response to the finding that the majority of health insurance firms are already satisfying consumer needs, resulting in their satisfaction. Leadership in these insurance organizations is another component that contributes considerably to the firms' performance and proficiency, resulting in growth and expansion. Other factors that can be considered important influences of growth in the Saudi insurance sector include the integration of information communication technology (ICT). With excellent communication in the industry, stakeholders may communicate successfully with consumers, resulting in client happiness. In general, health organizations in the country's insurance sector are making good progress toward quality service delivery, which contributes in achieving customer satisfaction.

#### **5.5. Demographic Characteristics of Respondents**

In the context of this topic, the data is analyzed in the preceding chapter in terms of respondent characteristics and distinct ratios of level of satisfaction among females and males. Based on the Almobarak (2010), it was determined that women perceived nursing care to be more positive and effective than men in the healthcare sectors. In this regard, it has been suggested that the education level of males plays an important influence in their knowledge of what is actually required in terms of treatment because males are more conscious of their requirements or needs than females. Furthermore, it was discussed that the overall rate of satisfaction with the quality of the offered service was roughly 63.4 percent (2012). Founded on Alturki and Khan (2013), it has also been argued in the same field that specific demographic factors or elements such as gender, age, and level of education are connected with a decline in the degree of patient satisfaction with healthcare services. Furthermore, it has been discussed that there is a significant relationship between the male gender, elderly people, and patient dissatisfaction rates, as such factors can provide relevant information about the group of individual patients that healthcare sectors are required to care for the duration of their management (Aldaqa et al., 2012). Rendering to data, the level of satisfaction varies significantly by gender. Furthermore, it has been claimed that the level of education may have a substantial impact on patient satisfaction. According to statistics, there are considerable discrepancies in the occupations of the patients. Based on the Al-Borie & Damanhour (2013) study, it has been clearly discussed that patients who work in the private sector and businesses have a better degree of satisfaction than patients who work for the government or are students. This is because private-sector employees and business owners prefer private hospitals, which provide a more comfortable environment and higher quality service than public-sector hospitals. Moreover, the outcomes of a research of level of satisfaction in an emergency room in Saudi Arabia revealed that female patients have potentially and significantly greater levels of satisfaction than male patients (Almobarak, 2010).

#### **5.6. Study limitations**

Although this survey provides useful information about patient satisfaction with services given by Saudi health insurance companies, it has several drawbacks. First, despite the fact that all of the studies reviewed reported an overall satisfaction score, the researchers' analysis provides an incomplete picture of recipient satisfaction because not all geographic regions in the kingdom were represented, and reporting of different areas of satisfaction was not definitive. However, the authors give all available data with a focus on national geography to assist highlight regions that require additional research in the future. Second, because the beneficiary of medical insurance services is currently employed, the authors' findings may not be generalizable to all Saudis, particularly those who work largely in the informal sector and make up a major fraction of the working population. This generalization problem may be enhanced by differences/heterogeneity in study methodologies, such as the exclusion of uninsured people. The authors believe that expanding Saudi health insurance systems to the informal sector and other demographics will result in comparable levels of satisfaction; however, further research is required to test these ideas. Third, severely ill participants were frequently excluded from the research evaluated, and their levels of satisfaction may differ. This is particularly significant because serious or complex treatments and components of care (such as some surgeries) may be excluded from insurance coverage. As a result, the findings are limited to primary care and other aspects of the Saudi healthcare system that are currently covered by the CHI. Finally, restricting the search to articles written in English may result in biased results. However, given that Arabic is the national language of Saudi Arabia, the authors argue that this is a big concern.

## **CHAPTER VI: CONCLUSION AND RECOMMENDATIONS**

### **6.1. Recommendations**

Several issues have been identified by the study as influencing consumer satisfaction in the health insurance sector, some of which include the educational qualifications and competency of the staff. Though not explored in detail, customer behavior has a considerable impact on the performance of health insurance organizations in terms of addressing consumers' requirements. Adherence to corporate social responsibility by Saudi insurance businesses has also been identified as an important attribute or factor that contributes to consumer satisfaction in the health insurance market. Customer satisfaction with their providers in Saudi Arabia has been proven to have a variety of consequences on both health insurance organizations and consumers, including the growth and expansion of the health insurance business. Customer happiness has been identified as a component that has positively contributed to the industry's growth and expansion. Customer satisfaction with health insurance carriers in Saudi Arabia is heavily influenced by innovation and technical improvement in the majority of firms providing similar services. Innovation enables the rapid provision and spread of information and technological services. The fact that the Saudi health insurance sector is a nationally and internationally recognized industry is sufficient to claim that the production rate of technology products is high, and thus its supply and distribution channels must be high. The distribution and supply channels are improved through innovation, which boosts the industry's success in the worldwide market. Customer satisfaction in the Saudi health insurance sector is determined by the performance of the industry's leaders and executives. Given that innovations encourage the incorporation of new ideas in corporate operations, particularly in the manufacturing sector, it is apparent that new managerial knowledge and concepts are introduced. The managers, executive, and general managerial body are kept up to date on new managerial skills and techniques, which stimulates their ability and potential to produce the best managerial body in the health insurance sector. Alharbi (2014) stated In order to increase performance and satisfy corporate goals and objectives, many issues, decisions, and activities must be integrated into the insurance systems of Saudi Arabian health insurance firms . The following are some recommendations that can help you achieve your goals:

- a) Inclusion of current technology in all practices, activities, and operations of the organization, as this is the only technique that will allow the organization to compete in worldwide economic sectors.
- b) Encouraging the company's partnership and merger with stronger organizations and organizations that have achieved success in the industry.
- c) Improving health insurance firms' marketing and marketing efforts to meeting and reaching their targeted potential clients and investors. Furthermore, technology is the only tool available to accomplish this, and it will necessitate the integration of successful marketing and advertising tools and media, such as televisions and the internet. This includes social networking sites such as Facebook and Twitter, among others.
- d) Hiring qualified, knowledgeable, and competent executive and management staff is another effective and efficient method of improving company performance. The management of Health Insurance Companies in Saudi Arabia should apply the idea that skilled people help in the easy and cheap accomplishment of organizational goals and objectives to improve the insurance company's performance.

### **6.2. Conclusion**

People know that the 21st century has had a lot of ups and downs. Because of this, most countries have had to put a lot of pressure on their infrastructure to provide high-quality public service. Many developing and developed countries' health care systems have been hurt by these unpredictable global trends. The countries with a government-run health care system have been hit the hardest, because of the higher costs and negative effects of poor services. The data used came from 8 primary data surveys done by qualified people in the health care field between 2010 and 2022. The main goal of the surveys was to find areas of high satisfaction that could be taken to other facilities and areas of low satisfaction that could be worked on. According to this systematic review, CHI participants are generally satisfied with the covered insurance program (65.4%), and their satisfaction is rising over time. Patients' satisfaction with waiting times (45.8%), pharmaceutical services (49.9%), and billings (53.8%) was at its lowest, while their satisfaction with healthcare environments (64.5%) was at its highest. According to the authors' findings, there are just as many people who think the plan can be significantly improved. The authors' results suggest that significant progress can be made by those wishing to enhance insurance coverage and Saudi Arabia's overall healthcare system by concentrating on particular CHI categories including wait times, laboratory, and pharmacy services. Nevertheless, there are still critical elements that people and organizations must take into account when working on solutions, such as awareness, economic conflicts, and resource capacity constraints. It will be extremely helpful to translate what is currently a wonderful potential into better lives for all Saudi residents if further research on the CHI is conducted and reports on solutions that focus on improvement. People know that the 21st century has had a lot of ups and downs. Because of this, most countries have had to put a lot of pressure on their infrastructure to provide high-quality public service. Many developing and developed countries' health care systems have been hurt by these unpredictable global trends. The countries with a government-run health care system have been hit the hardest, because of the higher costs and negative effects of poor services. The data used came from 8 primary data surveys done by qualified people in the health care field between 2010 and 2022. The main goal of the surveys was to find areas of high satisfaction that could be taken to other facilities and areas of low satisfaction that could be worked on. These complaints made people even less satisfied and suggested ways to improve the chances of giving high-quality medical care. Four suggestions were put forward: The first was to use more modern technology in all of the group's activities, tasks, and operations. Second, health insurance companies need to improve their marketing and advertising so that they can meet and reach their potential clients and investors. Third, encouraging the company to work with stronger organizations and organizations that have already been successful in the industry. Another effective and efficient way to improve company performance is to hire qualified, knowledgeable, and skilled executive and management staff.

## REFERENCES

- Al-Hanawi, M. K., Alsharqi, O., Almazrou, S., & Vaidya, K. (2018). Healthcare finance in the Kingdom of Saudi Arabia: a qualitative study of householders' attitudes. *Applied health economics and health policy*, 16(1), 55-64.
- Al-shahrani, A. S. (2021). Factors affecting the value of the insurance policy An exploratory study on Saudi health insurance companies.
- Alawni, M. S., Yusoff, R. Z., Al-Swidi, A. K., & Al-Matari, E. M. (2015). The relationship between communication, customer knowledge and customer loyalty in Saudi Arabia insurance industry companies. *Mediterranean Journal of Social Sciences*, 6(1), 318-324.
- Aldaqa, S. M., Alghamdi, H., AlTurki, H., El-deek, B. S., & Kensarah, A. (2012). Determinants of patient satisfaction in the surgical ward at a University Hospital in Saudi Arabia. *Life Science Journal*, 9(1), 277-280.
- Alharbi, A. A. (2014). The Satisfaction of Health Insurance Customers with Insurance Providers in Saudi Arabia: a literature review. *Journal of the Saudi Society of Agricultural Sciences*.
- Alharbi, M. F., & Qassim, K. (2017). An empirical analysis of customer satisfaction with cooperative health insurance in Saudi Arabia: The role of customer knowledge, service characteristics, and national culture. *International Journal of Health Science and Research*, 7(11), 234-246.
- Ali, A., & Tausif, M. R. (2018). Service quality, customers' satisfaction, and profitability: an empirical study of Saudi Arabian insurance sector. *Investment Management and Financial Innovations*(15, Iss. 2), 232-247.
- Alkhamis, A. (2013). *A comparison of access to medical care for insured and uninsured expatriates in Saudi Arabia* University of Liverpool].
- Almobarak, F. A. (2010). *Beneficiaries' satisfaction with the Cooperative Health Insurance System (CHIS) in the Kingdom of Saudi Arabia: a case study of Riyadh City* University of Hull].
- Almutairi, K. M., & Moussa, M. (2014). Systematic review of quality of care in Saudi Arabia. A forecast of a high quality health care. *Saudi medical journal*, 35(8), 802-809.
- Alnaif, M. S. (2006). Physicians perception of health insurance in Saudi Arabia. *Saudi medical journal*, 27(5), 693-699.
- Alotaibi, M., & Hana, J. (2015). Strategic planning in Saudi SMEs: Case studies in the private health insurance sector. *International Journal of Management Science and Business Research*, 4(9), 19-25.
- ALSALEM, A. A. A. (2020). BENEFITS, BARRIERS, PATIENT'S SATISFACTION, AND FACTORS ASSOCIATED WITH IMPLEMENTATION OF NATIONAL HEALTH INSURANCE (NHI) IN SAUDI ARABIA. *Journal of the Saudi Society of Agricultural Sciences*.
- Alshmemri, M., Shahwan-Akl, L., & Maude, P. (2016). Job satisfaction of Saudi nurses working in Makkah region public hospitals, Saudi Arabia. *Life Science Journal*, 13(12), 22-33.
- Alyahya, M. (2017). Patient Satisfaction Under Health Insurance Coverage in Qassim, Saudi Arabia. *Journal of the Saudi Society of Agricultural Sciences*.
- Aveyard, H. (2018). Doing a literature review in health and social care: A practical guide.
- Barakah, D. M., & Alsaleh, S. A. (2011). The cooperative insurance in Saudi Arabia: a nucleus to health reform policy. International Conference on Information and Finance,
- Binsaeed, R., Aljuaid, M., Alswaiti, S., Alkharas, F., & Alonazi, W. (2022). The Shared Experience of Insured and Uninsured Patients: A Comparative Study. *Journal of Environmental and Public Health*, 2022.
- Fisher, C. G., & Wood, K. B. (2007). Introduction to and techniques of evidence-based medicine. *Spine*, 32(19), S66-S72.
- Hadley, J. (2003). Sicker and poorer—The consequences of being uninsured: A review of the research on the relationship between health insurance, medical care use, health, work, and income. *Medical Care Research and Review*, 60(2\_suppl), 3S-75S.
- Holahan, J., & Spillman, B. (2002). *Health care access for uninsured adults: a strong safety net is not the same as insurance*. Urban Institute Washington, DC.
- Hulley, S. B. (2007). *Designing clinical research*. Lippincott Williams & Wilkins.
- Levy, H., & Meltzer, D. (2004). What do we really know about whether health insurance affects health. *Health policy and the uninsured*, 179-204.
- McKibbin, K. A., & Marks, S. (1998). Searching for the best evidence. Part 1: where to look. *Evidence-Based Nursing*, 1(3), 68-70.
- Miller, W., Vigdor, E. R., & Manning, W. G. (2004). Covering The Uninsured: What Is It Worth?(3/31/2004). *Health Affairs*, 23(3), 290.
- Mohamed, E. Y., Sami, W., Alotaibi, A., Alfarag, A., Almutairi, A., & Alanzi, F. (2015). Patients' satisfaction with primary health care centers' services, Majmaah, Kingdom of Saudi of Saudi Arabia. *International journal of health sciences*, 9(2), 163.
- Patterson, P. G., Johnson, L. W., & Spreng, R. A. (1996). Modeling the determinants of customer satisfaction for business-to-business professional services. *Journal of the academy of marketing science*, 25(1), 4-17.
- Saaty, A. S., & Ansari, Z. A. (2011). Factors critical in marketing strategies of insurance companies in Saudi Arabia. *International Journal of Marketing Studies*, 3(3), 104.
- Zamil, A. M., Areqat, A. Y., & Tailakh, W. (2012). The impact of health service quality on patients' satisfaction over private and public hospitals in Jordan: a comparative study. *International Journal of Marketing Studies*, 4(1), 123.