

---

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

**Dina Hussein Alsaadouni**

Department of Business Management, Midocean University, United Arab Emirates  
Dr\_dinaalsaadouni@yahoo.com

## Abstract

The healthcare sector in Saudi Arabia is undergoing a remarkable transformation driven by factors such as population growth and rising disposable income. This has led to a significant surge in demand for private healthcare services, particularly in major cities like Riyadh. While catering to the needs of a growing patient base, there is an urgent need to ensure patient-centered care to enhance service quality and satisfaction. Multiple research studies have affirmed the positive impact of patient engagement. Studies consistently demonstrate that patients actively involved in their healthcare decisions experience improved quality of life, better adherence to treatment, and reduced hospital readmission rates. This ultimately leads to improved health outcomes and reduced overall healthcare costs. Despite these well-established benefits, many private healthcare institutions in Riyadh struggle to effectively integrate patient engagement strategies into their practices. This implementation gap necessitates a deeper understanding of the factors influencing these efforts.

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

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

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

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

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

**Keywords:** Health Practice, Performance Analysis, Medical Consulting, Specialized Serves, Therapeutic Innovation, Comprehensive Care.

## 1.1 Introduction

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

Multiple research studies have affirmed the positive impact of patient engagement. Studies consistently demonstrate that patients actively involved in their healthcare decisions experience improved quality of life, better adherence to treatment, and reduced hospital readmission rates. This ultimately leads to improved health outcomes and reduced overall healthcare costs. Despite these well-established benefits, many private healthcare institutions in Riyadh struggle to effectively integrate patient engagement strategies into their practices. This implementation gap necessitates a deeper understanding of the factors influencing these efforts.

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

- **Digital Technology:** The increasing reliance on digital tools in healthcare holds the potential to revolutionize patient engagement. This study will explore how technology platforms, telemedicine applications, and patient portals can facilitate patient engagement.
- **Organizational Leadership:** Leadership plays a pivotal role in fostering a patient-centered care culture. This research will examine how leadership styles, commitment to patient engagement, and resource allocation impact patient engagement initiatives.
- **Organizational Culture:** The overall culture of a healthcare institution significantly influences patient interactions. This study will explore how factors such as communication practices, staff training, and patient empowerment within the organizational culture shape patient engagement.

## 1.2 Research Problem

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

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

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

## 1.3 Objectives of the Study

1. To find out what role leadership and control play in making private healthcare institutions in Riyadh more patient-centred.
2. To find out what actions and methods work best for getting patients to be very involved with private healthcare facilities in Riyadh.
3. The goal is to look into the things that make it hard and easy for patient involvement programs to work in private healthcare centers in Riyadh.

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

#### **1.4 Significance of the Study**

1. Addressing a Critical Healthcare Gap: Patient engagement remains a critical yet often overlooked aspect of healthcare delivery, particularly in the private sector. This study aims to address this gap by providing a comprehensive understanding of patient engagement practices, their effectiveness, and the factors that influence their implementation in Riyadh's private healthcare institutions.
2. Enhancing Patient-Centred Care: Effective patient engagement is essential for achieving patient-centered care, a healthcare delivery model that prioritizes patient involvement in decision-making and treatment processes. This study

will contribute to the development of strategies that promote patient engagement and empower patients to become active participants in their healthcare.

3. **Improving Healthcare Outcomes:** Research has consistently demonstrated that patient engagement leads to improved healthcare outcomes, including increased patient satisfaction, better adherence to treatment plans, and reduced healthcare costs. This study will provide insights into how patient engagement strategies can be tailored to maximize these benefits in the Riyadh context.
4. **Contributing to Local Healthcare Policy and Practice:** The findings of this study will be valuable for informing healthcare policy and practice in Riyadh. By providing evidence-based recommendations for patient engagement strategies, the study can contribute to improving the quality of care and patient experiences in the private healthcare sector.
5. **Filling a Knowledge Gap in the Saudi Context:** While there is a growing body of research on patient engagement in international healthcare settings, there is a paucity of research specifically focused on the Saudi Arabian context. This study will address this gap by providing insights into the unique challenges and opportunities for patient engagement in Riyadh's private healthcare institutions.

## 1.5 Study Questions

### 1. Patient Engagement Programs:

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

- **RQ1.4:** What resources are allocated to support the implementation and sustainability of these patient engagement programs?

## 2. Factors Influencing Patient Engagement:

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

## 3. Governance and Patient-Centered Culture:

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

#### 4. Digital Technologies and Patient Engagement:

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

#### 5. Comparative Analysis and Best Practices:

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

#### 6. Additional Research Questions:

- **RQ6:** How do private healthcare institutions in Riyadh measure and evaluate the effectiveness of their patient engagement programs?



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

## 1.6 Study Hypotheses

### 1. Patient Engagement Programs:

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

### 2. Factors Influencing Patient Engagement:

- **H2.1:** Healthcare providers who perceive the benefits of patient engagement and have positive attitudes towards it will be more likely to implement patient engagement strategies effectively.
- **H2.2:** A patient-centered organizational culture that emphasizes empathy, communication, and collaboration among healthcare providers will foster a more supportive environment for patient engagement.

- **H2.3:** Patient engagement will be positively influenced by patient-specific characteristics such as higher education levels, greater health literacy, and stronger cultural alignment with healthcare practices.
- **H2.4:** Supportive healthcare policies and regulations that promote patient involvement in care decisions will contribute to the successful implementation of patient engagement strategies.

### 3. Governance and Patient-Centered Culture:

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

### 4. Digital Technologies and Patient Engagement:

- **H4.1:** The utilization of appropriate and user-friendly digital technologies can facilitate patient communication, access to information, and involvement in care decisions, thereby enhancing patient engagement.
- **H4.2:** Digital technologies that are tailored to the specific needs and preferences of patients will lead to greater engagement and improved patient experiences.

- **H4.3:** Healthcare providers should carefully consider the potential challenges and risks associated with using digital technologies for patient engagement, such as data privacy concerns and digital literacy gaps.
- **H4.4:** Digital technologies should complement and enhance traditional forms of patient engagement, rather than replacing them, to ensure a holistic approach to patient involvement.

### 5. Comparative Analysis and Best Practices:

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

### 6. Additional Research Hypotheses:

- **H6:** Private healthcare institutions in Riyadh that regularly measure and evaluate the effectiveness of their patient engagement programs will demonstrate
- **H7:** Acknowledges that increased patient involvement in healthcare can introduce ethical complexities. Sharing information and participating in

decision-making raises concerns about keeping patient data confidential and ensuring patients feel comfortable without pressure to participate.

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

### 1.7 Theoretical Model

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

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

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

open communication and collaboration can promote patient engagement.

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

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

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

### 1.8 Study Boundaries

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

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

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

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

## 2.1 Literature Review

### Introduction:

Patient engagement in healthcare has gained significant attention in recent years as a critical factor in improving health outcomes, reducing healthcare costs, and enhancing patient satisfaction. It is a multifaceted concept that encompasses patients' active involvement in their care, including making informed decisions, collaborating with healthcare providers, and taking responsibility for their health.

### Dependent Variable:

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

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

### Independent Variable:

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

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

## 2.2 Summary of Past Studies and Discussion of Findings

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

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

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

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

do not take into account the perspectives of patients and healthcare providers on patient engagement.

This study aims to address these gaps by:

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

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

- Focusing on system-level factors, which have not received much attention in previous research.
- Including the perspectives of patients and healthcare providers.
- Focusing on private healthcare institutions, which are an important but understudied setting. By addressing these gaps, this study can provide valuable insights for improving patient engagement across the healthcare system.

## 2.3 Previous Studies

1. Hibbard, J. H., and Greene, J. (2013). Examining the relationship between patient activation and the quality of treatment received by persons with chronic diseases. The citation is from the Journal of Ambulatory Care Management, volume 36, issue 4, pages 308-314. A hyperlink, the provided link leads to an abstract of a study titled "Patient Activation and Outcomes of Care" published in the Ambulatory Care Management magazine in 2013.



2. Prey, J. E., Polubriaginof, F., Grossman, L. V., and Masterson Creber, R., Ryan, B. L., Restaino, S., and Vawdrey, D. K. (2017). Facilitating the involvement of hospital patients in the medication reconciliation process through the utilization of an interactive patient portal. The citation is from the Journal of the American Medical Informatics Association, volume 24, issue e1, pages e106-e112. The user's text is a link. The provided link leads to an article published in the Journal of the American Medical Informatics Association.
3. Gruman, J., Rovner, M. H., French, M. E., Jeffress, D., Sofaer, S., Shaller, D., and Prager, D. J. (2010). Transitioning from patient education to patient engagement: implications for the profession of patient education. The citation is from the journal "Patient Education and Counseling", volume 78, issue 3, pages 350-356.  
[Link](<https://www.sciencedirect.com/science/article/abs/pii/S0738399110000241>) The article titled "Engage me in taking care of my heart": a grounded theory study on patient–cardiologist relationship in the hospital management of heart failure by Barello, S., Graffigna, G., Vegni, E., Savarese, M., Lombardi, F., & Bosio, A. C. (2015) explores the relationship between patients and cardiologists in the hospital management of heart failure. The citation is from the journal BMJ Open, volume 5, issue 3, and the article number is e005582.  
[Link](<https://bmjopen.bmj.com/content/5/3/e005582.abstract>)
4. Ricciardi, L., Mostashari, F., Murphy, J., Daniel, J. G., and Siminerio, E. P. (2013). An overarching strategy to facilitate consumer participation via electronic health platforms at a national level. The citation is from the journal "Health Affairs", volume 32, issue 2, pages 376-384.  
[Link](<https://www.healthaffairs.org/doi/10.1377/hlthaff.2012.1216>)
5. The authors of this study are Gleason, K. T., Tanner, E. K., Boyd, C. M., Saczynski, J. S., and Szanton, S. L. The study was published in 2016. Factors linked to patient activation in a cohort of older adults experiencing functional

- challenges. The citation is from the journal "Patient Education and Counseling", volume 99, issue 8, pages 1389-1394. The provided link directs to a scientific article available on the ScienceDirect platform.
6. Dwamena, F., Holmes-Rovner, M., Gauden, C. M., Jorgenson, S., Sadigh, G., Sikorskii, A., ... & Olomu, A. (2012). Strategies for healthcare practitioners to encourage a patient-centered approach during clinical consultations. The Cochrane Database of Systematic Reviews, (12). [Link](<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003267.pub2>)
  7. Lau, Y. K., Caverly, T. J., Cao, P., Cherng, S. T., West, M., Arenberg, D. A., and Meza, R. (2019). An assessment of an individualized, internet-based tool for assisting in the decision-making process about lung cancer screening. The citation is from the American Journal of Preventive Medicine, volume 56, issue 1, pages 1-11. [Link](<https://www.sciencedirect.com/science/article/abs/pii/S0749379718321962>)
  8. Gallivan, J., Kovacs Burns, K., Bellows, M., and Eigenseher, C. (2012). The many aspects of patient participation. The citation is from the Journal of Participatory Medicine, volume 4, article e32. [Link](<https://participatorymedicine.org/journal/evidence/reviews/2012/10/22/the-many-faces-of-patient-engagement/>)
  9. Groene, O. (2011). Rationale, assessment, and execution of patient-centeredness and quality improvement initiatives in hospitals. The citation is from the International Journal for Quality in Health Care, volume 23, issue 5, pages 531-537. [Link](<https://academic.oup.com/intqhc/article/23/5/531/1789108>)
  10. Ferreira, P. H., Ferreira, M. L., Maher, C. G., Refshauge, K. M., Latimer, J., and Adams, R. D. (2013). The relationship between physicians and patients, known as the therapeutic alliance, is a strong indicator of the outcome in cases of

persistent low back pain. The citation is for an article titled "Physical therapy" published in volume 93, issue 4, with page numbers 470-478. [Link](<https://academic.oup.com/ptj/article/93/4/470/2735356>)

## 2.4 Theoretical Framework of the Study

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

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

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

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

### 3.1 Methodology and Research Methods

#### Introduction:

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

#### Research Design:

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

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

#### Population of the Study:

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

#### Sample Characteristics:

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

#### Sample Size Determination:

The sample size was determined using a specific sample size calculation method for surveys, where a sample size of 500 is generally considered adequate for most survey research studies.

### 3.2 Data Collection Procedures

The study employed two data collection methods:

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

The interviews explored:

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

Method of Analysis:

The data analysis process involved:

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

### 3.3 Research Limitations

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

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

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

**Self-Reported Data:** The study relied on self-reported data from participants, including patient-reported outcomes and healthcare professional perspectives. These

assessments are susceptible to social desirability bias (desire to provide socially acceptable responses) or memory bias (inaccurate recall of past experiences).

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

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

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

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

#### 4.1 Respond Rate and Data Quality

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

#### 4.2 Data analysis

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

#### 4.3 Reliability

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

Table 4.1 Reliability of the scales

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



## 4.4 Demographic information

### 1. Age

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

Table 4.2 age distribution of participants

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

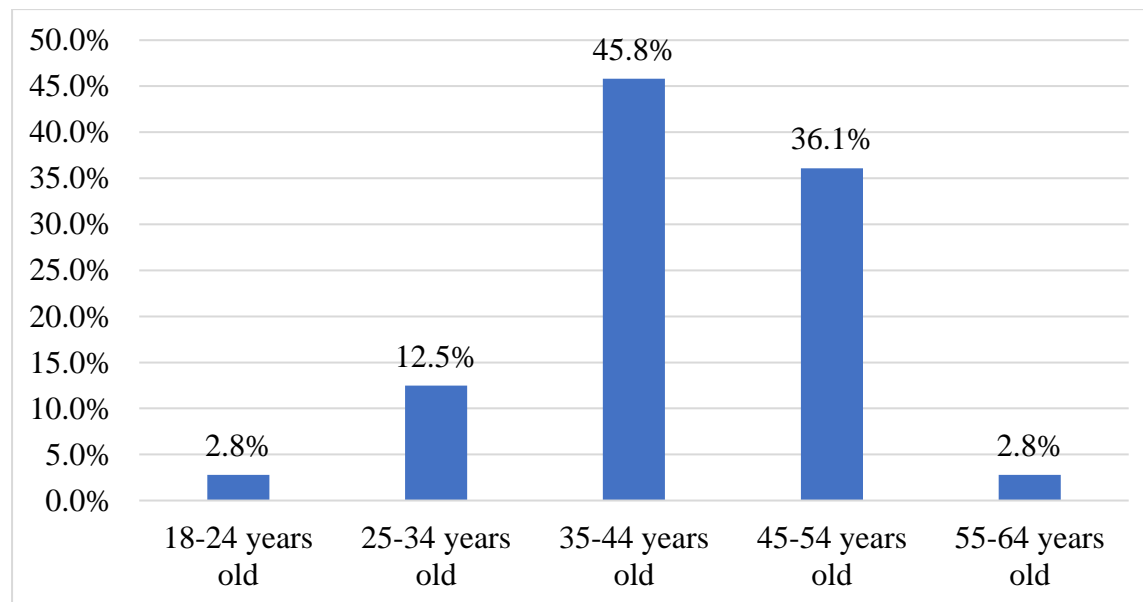


Figure 4.1 age distribution of participants

## 2. Gender

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

Table 4.3 gender distribution of participants

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

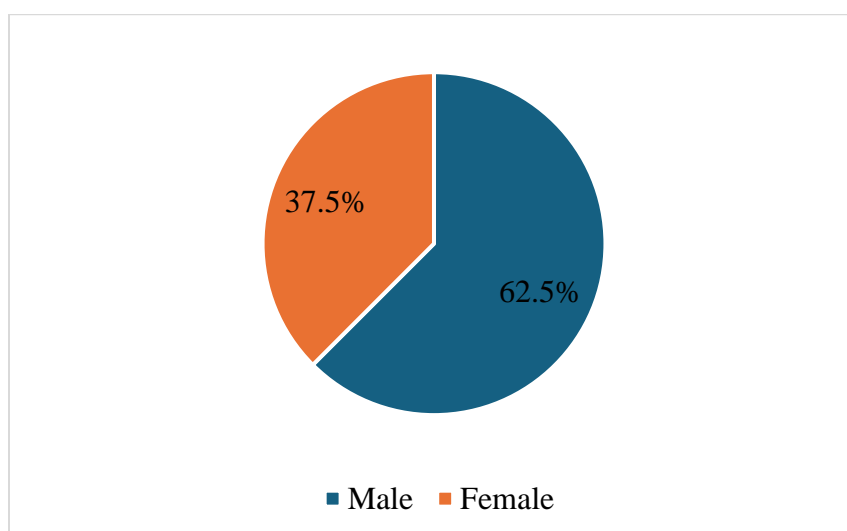


Figure 4.2 gender distribution of participants

## 3. Educational level

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

Table 4.4 Educational level distribution of participants

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

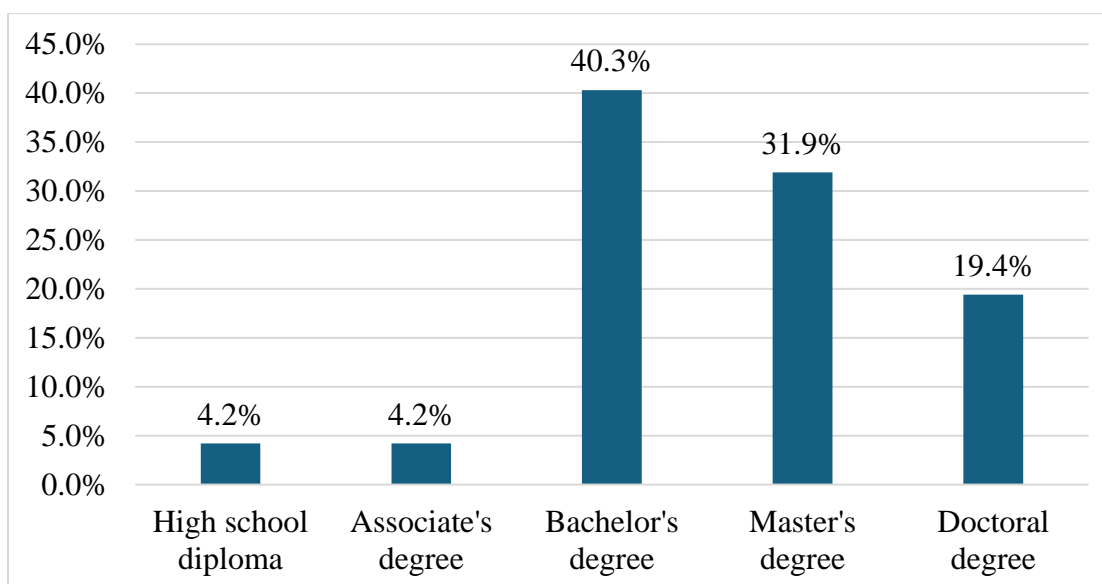


Figure 4.3 Educational level distribution of participants

#### 4. Occupation

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

Table 4.5 Occupation distribution of participants

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

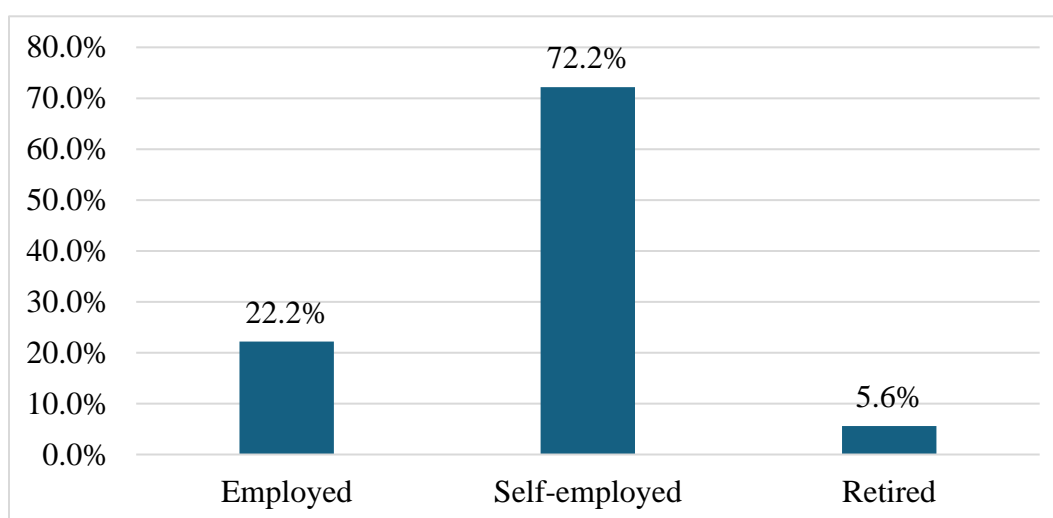


Figure 4.4 Occupation distribution of participants

## 5. Health Insurance

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

Table 4.6 Health insurance distribution of participants

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

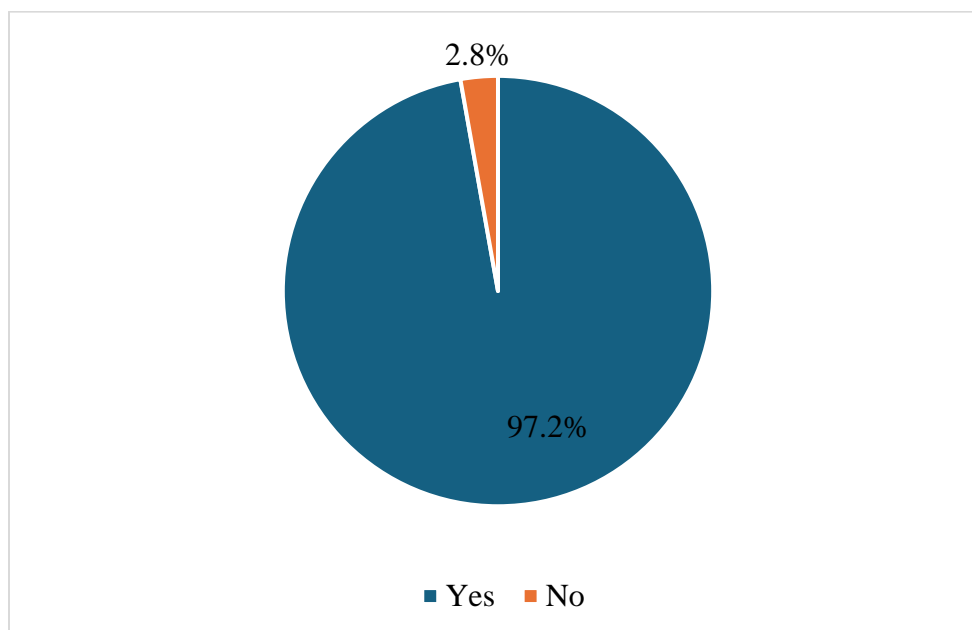


Figure 4.5 Health insurance distribution of participants

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

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

Table 4.7 the results of (In which of the following private healthcare institutions in Riyadh have you received care in the past six months?)

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

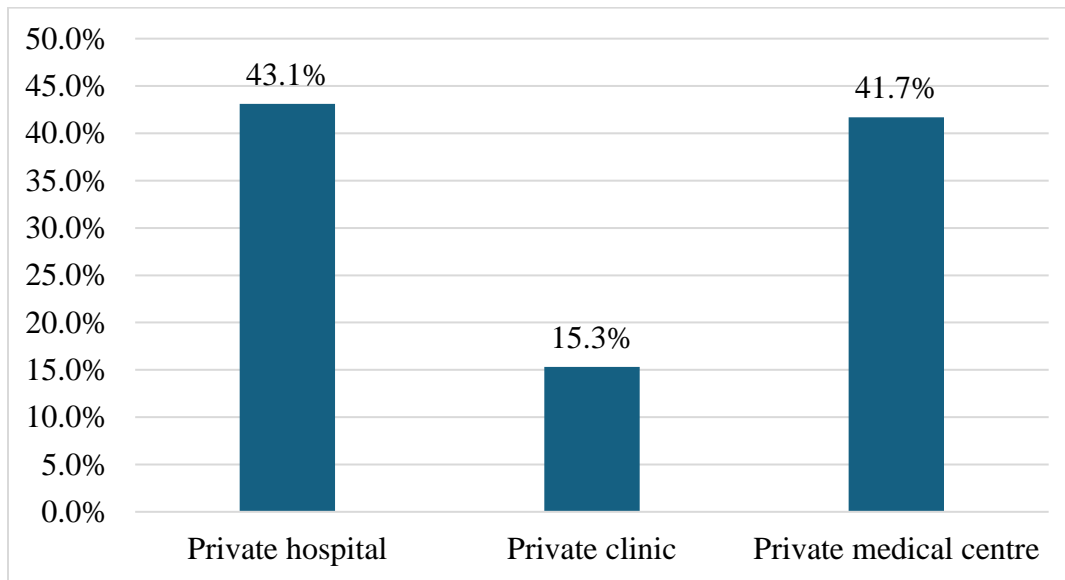


Figure 4.6 the results of (In which of the following private healthcare institutions in Riyadh have you received care in the past six months?)

## Results

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

The questionnaire respondents were asked to indicate the personal degree of agreement toward the scale's statements. The interpretation of the scale levels is showed in Table (4.8).

Table 4.8 Interpretation of Scales Values

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

### **Participant's satisfaction of private healthcare institutions in Riyadh**

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

Table 4.9 Participants satisfaction of private healthcare institutions in Riyadh

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



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

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

Table 4.10 the factors promoting patient engagement in private healthcare institutions

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

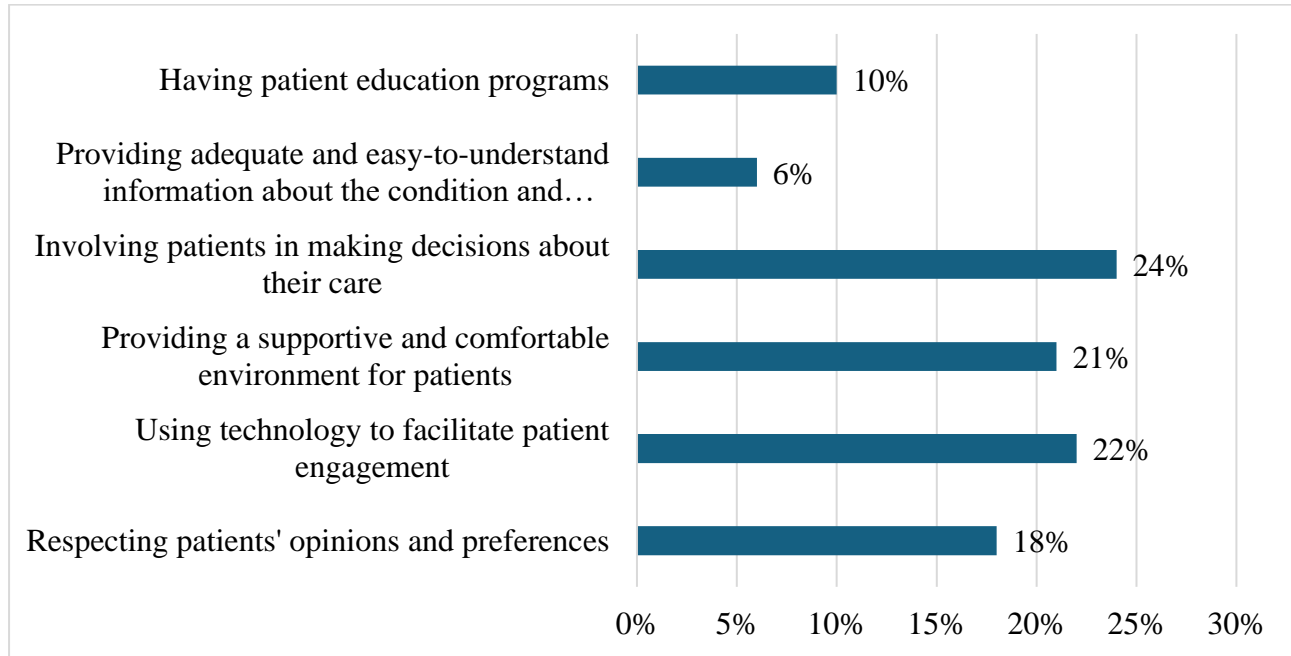


Figure 4.7 the factors promoting patient engagement in private healthcare institutions

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

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

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

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

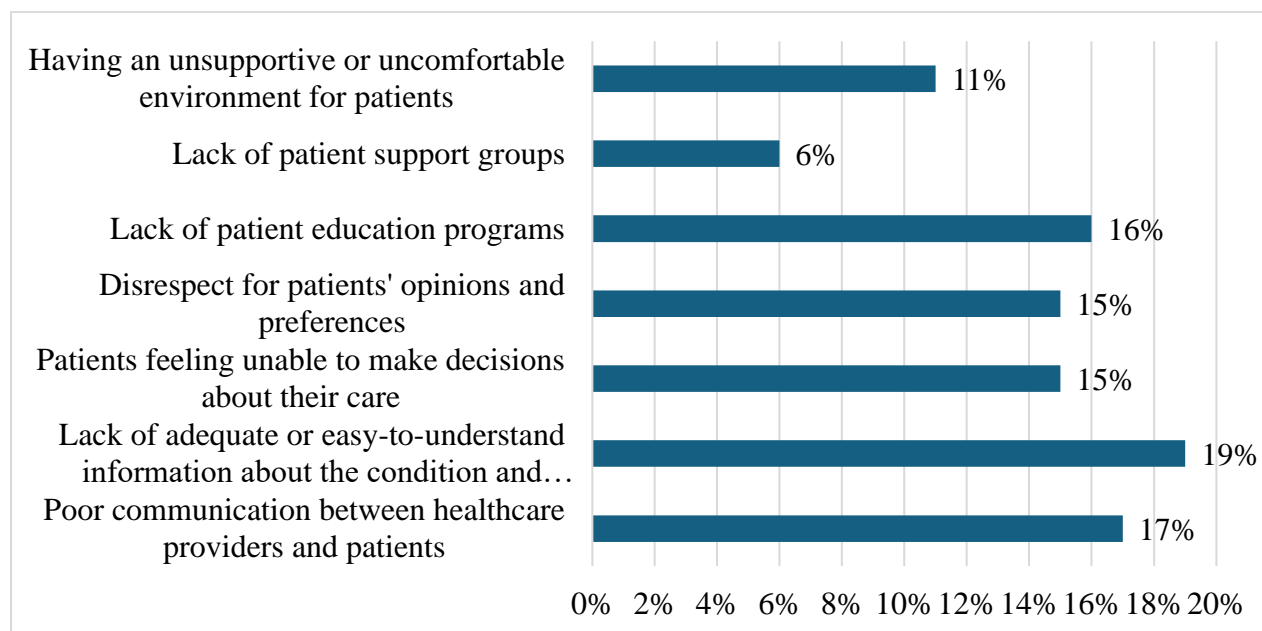


Figure 4.8 the main factors hindering patient engagement in private healthcare institutions

#### 4.5 The Main Findings

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

leave patients feeling confused and less confident in their care decisions. Poor communication between healthcare providers and patients exacerbates this issue, leading to misunderstandings and decreased satisfaction. Additionally, the absence of patient education programs limits patients' knowledge and involvement in their healthcare. Patients also report feeling unable to make decisions about their care and experiencing disrespect for their opinions and preferences, which diminishes their sense of agency. An unsupportive or uncomfortable environment further hinders engagement by creating a less welcoming and reassuring atmosphere.

#### 4.6 The Recommendations of the Study

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

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

## References

- Clayborne, C. A. (2023). *The Patient Experience: How to Create a Culture of Caring That Improves Quality and Results* (6th ed.). John Wiley & Sons.
- Schoenbaum, M. L., & Bauer, D. C. (2012). *Patient Engagement: Transforming Healthcare Through Shared Decision-Making*. Oxford University Press.
- Doyle, C., Lennox, L., & Bell, D. (2013). Effective patient engagement in healthcare: A review of the literature. *BMJ Open*, 3(1), e001570. DOI: 10.1136/bmjopen-2012-001570.
- Elg, M., Engström, J., Witell, L., & Poksinska, B. (2012). Co-creation and learning in health-care service development. *Journal of Service Management*. DOI: 10.1108/09564231211202234.
- Hrisos, S., & Thomson, R. (2013). Seeing it from both sides: do approaches to involving patients in improving their safety risk damaging the trust between patients and healthcare professionals? A qualitative study. *PloS One*, 8(11), e80759.
- Manafo, E., & Wong, S. (2012). Exploring older adults' health information seeking behaviors. *Journal of Nutrition Education and Behavior*, 44(1), 85-89.
- McColl-Kennedy, J. R., Vargo, S. L., Dagger, T. S., Sweeney, J. C., & Kasteren, Y. V. (2012). Health care customer value cocreation practice styles. *Journal of Service Research*, 15(4), 370-389.
- Mittler, J. N., Martsof, G. R., Telenko, S. J., & Scanlon, D. P. (2013). Making sense of "consumer engagement" initiatives to improve health and health care: a conceptual framework to guide policy and practice. *The Milbank Quarterly*, 91(1), 37-77.
- Sharma, A. E., Willard-Grace, R., Hessler, D., Bodenheimer, T., & Thom, D. H. (2016). What happens after health coaching? Observational study 1 year following a randomized controlled trial. *The Annals of Family Medicine*, 14(3), 200-207.
- Stange, K. C. (2009). The problem of fragmentation and the need for integrative solutions. *The Annals of Family Medicine*, 7(2), 100-103.
- Verdecchia, R., Ventura, M. L., & Petrucci, C. (2015). Patient engagement: an exploration of the concept. *Professioni Infermieristiche*, 68(2), 63-70.

- 
- Weingart, S. N., Zhu, J., Chiappetta, L., Stuver, S. O., Schneider, E. C., Epstein, A. M., ... & Weissman, J. S. (2011). Hospitalized patients' participation and its impact on quality of care and patient safety. *International Journal for Quality in Health Care*, 23(3), 269-277.
  - Vahdat, S., Hamzehgardeshi, L., Hessam, S., & Hamzehgardeshi, Z. (2014). Patient involvement in health care decision making: a review. Paper presented at the International Conference on Health & Social Sciences (ICHSS).
  - Maurer, M., Dardess, P., Carman, K. L., Frazier, K., & Smeeding, L. (2012). Guide to Patient and Family Engagement: Environmental Scan Report. Agency for Healthcare Research and Quality (AHRQ). Retrieved from <https://www.ahrq.gov/patient-safety/patients-families/index.html>.