Kingdom of Saudi Arabia
Ministry of Defense
General Staff Command
Medical Services Directorate
King Fahad Armed Forces Hospital, Jeddah

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Health Care System in Saudi Arabia: An Overview on Rural Sector
Rural Areas
**Aim:**

To share with the participants the development of the health care services, the opportunities and the challenges confronting the health care system in Saudi Arabia.
Objectives:

1. To discuss the demographic overview.
2. To highlight the history of the development of the health care system.
3. To discuss the current structure of the health care system.
4. To share the statistical data of the health care system.
5. To discuss the human resources of the health care system.
6. To discuss the nursing profession and jobs opportunities.
7. To discuss the challenges for the health care reform.
Kingdom of Saudi Arabia:

• The Largest country in the Middle East.

• Total area is 2,149,690 square kilometers (850,000 square miles)

• Estimated total population is 31.6 million in 2016.

• Urban-Rural Population: Urban = 82.5% Rural = 17.5%
## Demographic Indicators:

The following table represents the demographic data of Saudi Arabia for year 2014:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Size</td>
<td>30, 770, 375</td>
</tr>
<tr>
<td>Crude Birth Rate/1000 Population</td>
<td>22</td>
</tr>
<tr>
<td>Annual Population Growth Rate</td>
<td>2.55</td>
</tr>
<tr>
<td>Population under 5 years</td>
<td>10.3%</td>
</tr>
<tr>
<td>Population under 15 years</td>
<td>29.5%</td>
</tr>
<tr>
<td>Population 15-64 years</td>
<td>67.6%</td>
</tr>
<tr>
<td>Population from 64 &amp; above</td>
<td>2.9%</td>
</tr>
<tr>
<td>Crude Death Rate/1000 Population</td>
<td>3.9</td>
</tr>
<tr>
<td>Infant Mortality Rate/1000 Live Births</td>
<td>7.4</td>
</tr>
</tbody>
</table>
According to the World Bank, the population in the rural areas of Saudi Arabia in 2014 was 5,273,569 with an average of 17.1%.

According to the Central Department of Statistics and Information estimates the total population of Saudi Arabia will reach 31.6 million by 2016 and according to the United Nation projection, it is estimated to reach 39.8 million by 2025 and to 54.7 million by 2525 as a natural outcome of the birth rate of 23.7 per 1000 population.
Budget Allocation:

Figure 1:
Represents the Budget Allocated for the Health Care Sectors:
Saudi Arabia Health Care Among the Gulf Cooperation Council Health Care

Looking at the GCC health care market discloses Saudi Arabia in a leader position with regards to financing and health care expenditure.

**Figure 2:** Represents the Percentage of the Expenditure for the Health Care Among the GCC:
An Overview of the Health Services Development

- The first public health department was established in Mecca in 1925.

- The next advancement was the establishment of the Ministry of Health in 1950, to be responsible for the overall supervision of the health care both in the public and private sectors.

- Twenty years later in 1970 the 5-year development plans were introduced by the government to improve all sectors of the nation, including the health care system.
In 1990 the World Health Organization certified that Saudi Arabia was free from the quarantine diseases of Cholera, Plague and Yellow fever.

In 1992 the Saudi Commission for Health Specialties was established.

The World Health Organization ranked the Saudi health care system 26th among 190 of the world’s health system.

Saudi Arabia adopted and implemented the 1978 “Alma-Ata Declaration” with the primary objective of achieving health care for all by year 2000.
In 2002 the Council of Health Services and the Nursing Scientific Council were established.

In 2006 the Central Board of Accreditation for Health Care Institute was established.

By 2014 there were 67,726 hospital beds for a total population of 30,770,375 with the rate of 22.1 beds per 10,000 population.

By 2014 there were 2281 Primary Health Care Centers with the rate of 0.74 primary health care centers per 10,000 populations.
The Structure of the Health Care System in Saudi Arabia

According to Article 13 of the Saudi Constitution, is obliged to provide free health care services to all Saudis.

The Ministry of Health is the major government provider and financer of health care services in Saudi Arabia with three levels:

1. Primary Care in 2281 PHCs
2. Secondary Care in 244 Hospitals
3. Tertiary Care in 56 Hospitals

**Figure 3:**
Represents the Level of Health Care in MOH Services:
• The Ministry of Health offers 59.5% of the health care services.

• The other Government Hospitals like King Faisal Specialty and Research Center, Ministry of Higher Education Hospitals, Ministry of Defense Hospitals, Security Forces Hospitals, National Guard Health Affairs Hospitals, ARAMCO Health Services, Health Services in the Royal Commission for Jubail & Yanbu and the Red Crescent offer 19.3% of the health care services.

• The Private Sector contributes to the delivery of the health care services with 21.2%.
Figure 4:
Represents the Current Structure of the Health Care Sectors in Saudi Arabia:

Saudi Health Care System

Gov’t Sector (free)
- MOH (Public)
- Other Agencies
  - Referral Hospitals
  - Teaching Hospitals
  - School Health Units
  - ARAMCO Health Services
  - Armed Forces Medical Services
  - Security Forces Medical Services
  - National Guard Health Affairs
  - Health Services in the Royal Commission for Jubail & Yanbu
  - Red Crescent

Private Sector (fee)
- All Levels of Health Care

% of hospitals services provide by various health care sectors in Saudi Arabia.

- MOH: 59.5%
- Government: 19.3%
- Private: 21.2%

- Employees & their families + Emergencies
- Emergencies
Responsibilities of Ministry of Health:

- Managing, planning and formulating health policies.
- Supervising health programs.
- Monitoring health services in the private sector.
- Advising other government agencies and private sector on ways to achieve the government health objectives.
Health Care Services in Saudi Arabia Public Sector

The health services in Saudi Arabia were largely curative emphasizing the provision of treatment for existing health problems, which is very costly, when many diseases can be prevented or minimized through developing preventive strategy.
As the secondary and tertiary hospitals are in urbanized areas, the rural areas are serviced by the Primary Health Care Centers.

In 1980, a ministerial decree was issued to establish Public Health Care Centers (PHCs) after Saudi Arabia adopted the 1978 “Alma-Ata Declaration” to achieve health care for all citizens by 2000.
There are three levels of healthcare providers under the Ministry of Health:

1. Primary Health Services which oversee the Primary Health Centers

2. Secondary Health Services which oversee the General Hospitals

3. Tertiary Health Services which oversee the Referral Hospitals.
Transition to Primary Health Care Services:

As the focus on building a better quality of Health care services in the rural areas by establishing Primary Healthcare Centers, The Ministry of Health started by creating suitable premises for PHCs throughout the country with the eight elements of:

- Educating the population concerning prevailing health problems and the methods of preventing and controlling them.

- Provision of adequate supply of safe water and basic sanitation.

- Promotion of food supply and proper nutrition.
Continued.

- Provision of comprehensive maternal and child healthcare.

- Immunization of children against major communicable diseases.

- Prevention and control of locally endemic diseases.

- Appropriate treatment of common diseases and injuries.

- Provision of essential drugs.
Figure 5:
Represents the Number of PHCs in MOH:
Statistical Data of the Health Care System in Saudi Arabia for Year 2014

- The number of beds in Ministry of Health hospitals: 40,300 Beds
- The number of beds in other government hospitals: 12,032 Beds
- The number of beds in private hospitals: 15,664 Beds
- The total number of hospital beds: 67,996 Beds
Number of Admissions into Hospital Beds for Year 2014

- The total number of admission to MOH hospital beds: 1,699,377
- The total number of admission to Government hospital beds: 509,551
- The total number of admission to Private hospital beds: 1,332,480
- Total number of admissions: 3,541,408
- Average number of admission per 100 person: 11.5
Figure 6:
Represents the Hospital Beds and the Number of Admissions in Different Health Care in Saudi Arabia:
Saudi Arabia Population is: 30,770,375
Rate of hospital bed per 10,000 populations is: 22.1

Figure 7:
Represents the % of the Admission Rate Among Health Care Sectors:
Number of Primary Health Care Centers / Patient’s Visits for Year 2014

Figure 8:
Represents the Number of Primary Health Care Centers in MOH and the Number of Patient’s Visits:

- 2010: 54,952,168 visits, 2,094 PHCs
- 2011: 54,515,162 visits, 2,109 PHCs
- 2012: 53,574,376 visits, 2,259 PHCs
- 2013: 53,189,372 visits, 2,259 PHCs
- 2014: 51,260,205 visits, 2,281 PHCs
From the graph, despite the increase in the number of the Primary Health Care Centers throughout the country in MOH, there was a decrease in the number of patient’s visits and this may be due to the on-going immigration from the Rural to the Urban areas and the success rate between 67% and 95% in prenatal care and between 83% and 94% success in vaccination programs.
Human Resources of the Health Care Services

**Figure 9:**
Represents the Number of Saudi and Non-Saudi Physicians in the Health Care Sectors:

<table>
<thead>
<tr>
<th>Nationality</th>
<th>MOH</th>
<th>Government</th>
<th>Private</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saudi</td>
<td>7,886</td>
<td>4,830</td>
<td>716</td>
<td>13,432</td>
</tr>
<tr>
<td>Non-Saudi</td>
<td>19,975</td>
<td>7,488</td>
<td>28,030</td>
<td>55,493</td>
</tr>
<tr>
<td>Total</td>
<td>27,861</td>
<td>12,318</td>
<td>28,746</td>
<td>68,925</td>
</tr>
<tr>
<td>Rate/10,000</td>
<td>9.1</td>
<td>4.6</td>
<td>9.3</td>
<td>23</td>
</tr>
</tbody>
</table>
Human Resources of the Health Care Services

**Figure 10:**
Represents the Number of Saudi and Non-Saudi Nurses in the Health Care Sectors:

<table>
<thead>
<tr>
<th>Nationality</th>
<th>MOH</th>
<th>Government</th>
<th>Private</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saudi</td>
<td>37,162</td>
<td>4,477</td>
<td>2,170</td>
<td>43,809</td>
</tr>
<tr>
<td>Non-Saudi</td>
<td>33,843</td>
<td>27,235</td>
<td>39,598</td>
<td>100,676</td>
</tr>
<tr>
<td>Total</td>
<td>71,005</td>
<td>31,712</td>
<td>41,768</td>
<td>144,485</td>
</tr>
<tr>
<td>Rate/10,000</td>
<td>23.1</td>
<td>10.3</td>
<td>13.6</td>
<td>47</td>
</tr>
</tbody>
</table>
Human Resources of the Health Care Services

**Figure 11:**
Represents the Number of Saudi and Non-Saudi Pharmacists in the Health Care Sectors:

<table>
<thead>
<tr>
<th>Nationality</th>
<th>MOH</th>
<th>Government</th>
<th>Private</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saudi</td>
<td>1,940</td>
<td>1,373</td>
<td>578</td>
<td>3,891</td>
</tr>
<tr>
<td>Non-Saudi</td>
<td>1,266</td>
<td>688</td>
<td>16,688</td>
<td>18,642</td>
</tr>
<tr>
<td>Total</td>
<td>3,206</td>
<td>2,061</td>
<td>17,266</td>
<td>22,533</td>
</tr>
<tr>
<td>Rate/10,000</td>
<td>.72</td>
<td>.67</td>
<td>5.6</td>
<td>6.99</td>
</tr>
</tbody>
</table>
Human Resources of the Health Care Services

Figure 12:
Represents the Number of Saudi and Non-Saudi Allied Health Personnel in the Health Care Sectors:

<table>
<thead>
<tr>
<th>Nationality</th>
<th>MOH</th>
<th>Government</th>
<th>Private</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saudi</td>
<td>35,659</td>
<td>14,900</td>
<td>4,742</td>
<td>55,301</td>
</tr>
<tr>
<td>Non-Saudi</td>
<td>3,574</td>
<td>8,507</td>
<td>13,734</td>
<td>25,815</td>
</tr>
<tr>
<td>Total</td>
<td>39,233</td>
<td>23,407</td>
<td>18,476</td>
<td>81,116</td>
</tr>
<tr>
<td>Rate/10,000</td>
<td>12.8</td>
<td>7.6</td>
<td>6</td>
<td>26.4</td>
</tr>
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</table>
Nursing Profession and Job Opportunities
Nursing Profession Development in Saudi Arabia

- In 1958 the first nursing training program for one year was established in Riyadh for male only as a result of a collaborative effort between Ministry of Health and World Health Organization.

- In 1964 two nursing school for one year training program were established in Riyadh and Jeddah for female who were graduated as Nurse Aides.

- In 1976 the Ministry of Higher Education introduced the Bachelor of Science in Nursing in King Saud University.
- In 1977 the Bachelor Science in Nursing was established in King Abdul Aziz University in Jeddah.

- In 1987 the Master Degree in Nursing was established in King Saud University in Riyadh and King Faisal University in Dammam.

- The Bachelor and Master Degrees in Nursing were only for female while the Nursing Diploma was for male and female;
In 1994 Nursing Colleges for three years training program were established by the Ministry of Health for female who were graduated as Nurse Technicians.

In 1996 a PhD scholarship program was set up for Saudi Nurses to study abroad.
Issues Related to Nursing Profession:

- Nursing profession in Saudi Arabia is not looked at in a good light by the society as they consider it akin to a maid’s job.

- Culturally it is not acceptable for female to look after male patients and vice-versa.

- Male stay away as it is associated with a women’s job.

- Families refuse for their daughters to work in a mixed work environment.
Female Nurses do not have high probability to get married because Saudi men are unwilling to marry nurses.

Working long shifts with night and weekend duties.

The working hours are 48 hours per week.

Most important it is not financially rewarding in comparison to the work nature, demands and stress associated with it.
Saudi Arabia has been continuously suffering from the lack of local nurses and rely heavily on the expatriate work force.

The expatriate work force are recruited according to their qualification, years of experience, country of origin and are well looked after with good and tax free salary scale, free housing, free transportation, annual ticket, free medical care, 10 educational days, 6 weeks annual leave and paid 7 days emergency leave.

In 2014 there were a total of 144,485 Nurses of whom 43,809 were Saudi with an average of 30.3% only.
According to the World Health Organization, Saudi Arabia needs about 170,000 nurses to meet the health care needs for a fast growing population.

In 2014 there were 13 Nursing Colleges throughout Saudi Arabia with only 6797 enrolled students.

If for any social, economical or political reasons the expatriate nurses choose to leave the health care system in Saudi Arabia will collapse.
Challenges Facing the Health Care Reform:

Saudi Arabia give high priority to the development of the health care services at all level, as a subsequence the health of the population has greatly improved. However a number of issues pose challenges to the health care system such as:

- Shortage of Saudi health professionals.
- Changing patterns of diseases.
- High demand on services.
- Poor accessibility to some health care facilities.
- Lack of national health information system.
- Under utilization of the potential of electronic health strategies.
Health Workforce Challenges:

- The Saudi Health Care System is challenged by the shortage of local health care professionals despite the efforts in increasing the educational facilities as there are 23 Medical, 16 Dental, 20 Pharmacology, 20 Allied Health Sciences and 13 Nursing Colleges, the health care workforce is expected to decrease as the expansion in the health care facilities around the country will increase with the high growing population.
Saudi Arabia is placed in a perilous position due to the global overall need for nurses, the worsening nurses shortage and lack of quality services provided by nurses owing to job dissatisfaction and burnout.

High turnover and saudization gap caused by the high number of expatriate workforce in health care system and the cost of their recruitment and training which is wasted if the foreigner choose to leave with the absence of experienced and committed nationals.
Quality of Health Care in Rural Area:

- Little is known about the quality of health care in rural areas in Saudi Arabia.

- Quality of care is described in terms of access to care and effectiveness of care, including clinical and interpersonal aspects of care.

- Clinical program in maternal health care, vaccination and control of endemic diseases were more effective than programs targeting chronic disease.
There are an over prescribing, poor professional skills reflected in misdiagnosis or miss management of major conditions.

Interpersonal effectiveness is assessed indirectly in relation to the patient satisfaction expressed by poor communication and exchange of information between patients and health care workers due to language barrier, differences in the culture, habits and traditions.
Challenges Affecting the Quality of Care in Rural Areas

Management Factors:

- Lack of independent decision making.
- Unclear lines of accountability.
- Lack of qualified supervision.
- Lack of career development.
- Difficulty in developing community participation.
- Professional isolation.
Organizational Factors:

- Poor information system.
- Staff turnover.
- Stressful work conditions.
- Poor technology.
- Shortage of resources.
- Limited access to internet.
- Poor dissemination of guidelines.
- Poor coordination with secondary care facilities.
Quality of Work Life for Nurses in Rural Areas

A high quality of work life is essential to attract new employees and retain a workforce.

The following is the finding of a cross sectional survey was conducted in a convenience sample from 134 nurses working in the rural areas of Jazan, South Saudi Arabia:

Findings suggested that the nurses were not satisfied with their work life due to:

- Lack of professional development and educational opportunities.
• Poor staffing.
• Lack of the availability of adequate equipment and supplies.
• Lack of supervision and no participation in decision making.
• Inappropriate working environment.
• Inadequate vacation time.
• Absence of recreation areas and activities.
• Poor community’s view of nursing.
• Inadequate salary.
Conclusion:

Nursing shortage is one of the major problems facing the healthcare system in Saudi Arabia.

The following strategies should be put into practice in order to motivate, attract and retain nurses:

- **Financial Incentives**: increase salary, bonus and allowances.

- **Quality of work life Incentives**:  
  1. Offer continuous education to enhance knowledge and improve the quality of care.
2. Support professional development through career ladders.

3. Develop mentoring programs to support the new nurses in their roles.

4. Put the nursing staff in the first through caring, effective communication, and treating them with respect.

5. Encourage staff involvement in decision making process.
6. Enhance patient to nurse ratio.

7. Create positive work environment to enhance job satisfaction, commitment and to reduce the rate of turnover.
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Thank You!