Title: Causal explanation of patient engagement with primary healthcare services in Saudi Arabia: a realist review

Problem: Patient engagement with primary healthcare is key in providing appropriate health care delivery. The UN Millennium Development Goals have been highly influential in shaping the Saudi Transformation health project with significant impact/changes for primary care organisation and delivery.

Saudi Arabia (SA) has a rapidly developing universal healthcare system and is maturing from its very hospital focused origins. However, health services usage suggests estimates of up to 65% of the cases seen in secondary emergency hospitals classified as non-urgent that could appropriately be managed in primary health care (PHC). Primary healthcare development in Saudi Arabia has lagged behind secondary care, and evidence suggests that Saudi citizens are currently ambivalent or dissatisfied with their PHC services.

Aim: To understand the determinants of the Saudi patients engagement with the primary healthcare system, considering the patients perception, experience, and satisfaction of primary care services in Saudi Arabia.

Approach: A realist review methodology was used for evidence synthesis, including peer-reviewed and grey literature relevant to the Saudi primary healthcare delivery and patient engagement. Stakeholder involvement and related media items were also included in our study. We explored the literature over the period from 2005 until 2019 using patient engagement as a search term and relevant synonyms (e.g., patient perception) combined with the term primary care and Saudi Arabia. Major databases were searched, e.g., Medline, EMBASE. Hand searching of the Saudi Medical Journal, Annals of Saudi Medicine, the Journal of Family and Community Medicine was also conducted. In addition, grey literature was searched in Ethos (a UK thesis database) and the website of the Saudi Ministry of Health.

Findings: We identified 763 articles, of which 27 articles were included, mostly were cross-sectional surveys, as they contributed relevant and rigorous trustworthy data. A patient engagement pathway was generated from our literature review, which included 6 steps (awareness, help, care, treatment, behavioural/lifestyle change, ongoing care/ proactive)

Important contexts were patient’s perception, patient’s needs, healthcare type, and patient’s social factors. Prominent causal mechanisms were friends/families influences, misconception of primary care practice, GP knowledge, GP/Patient communication, accessibility, opening hours, specialized care, and strict policies. Four preliminary CMOs (Context-Mechanism-Outcome Configuration) were identified towards the Initial programme theory. Each CMO configuration includes broad concepts that need further clarification and refinement to produce the programme theory.

Implications: The findings of this review will inform an empirical study to further explore current patients engagement with PHC in Saudi Arabia, dis-entangling healthcare wants and needs. This will support a better understanding of the factors which lead to patient engagement and inform recommendations to support PHC development within the Saudi context.

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