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Key aspects of the Saudi healthcare system reform and the potential impact on the main stakeholders: A qualitative study

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المخلص

أهداف البحث: استكشاف وفهم التحول في نظام الرعاية الصحية في المملكة العربية السعودية، والتغيرات والتحديات المحتملة، وتأثيراتها على أصحاب المصلحة الرئيسيين.

طرق البحث: للحصول على رؤى متعمقة حول وجهات نظر قادة الرعاية الصحية فيما يتعلق بالتحول في نظام الرعاية الصحية في المملكة العربية السعودية، تم استخدام نهج البحث النوعي. تم اختيار عشرة مشاركين من خلفيات متنوعة، يمثلون مختلف القطاعات في المملكة العربية السعودية: القطاع الخاص، العام، التنفيذي، الاستشاري، والتنظيمي. أجريت هذه الدراسة في الفترة ما بين أغسطس 2022 ويونيو 2023.

النتائج: كشفت النتائج عن أربعة محاور رئيسية تلقي الضوء على تحول نظام الرعاية الصحية في المملكة العربية السعودية وأثره: إصلاح نظام الرعاية الصحية، وتأثير الخصخصة/المأسسة على مقدمي الرعاية الصحية، وتأثير الخصخصة/المأسسة على القوى العاملة. علاوة على ذلك، أشارت النتائج إلى أن التحول المستمر للقطاع العام نحو الخصخصة في المملكة العربية السعودية يواجه تحديات مختلفة تؤثر على معظم، إن لم يكن جميع، أصحاب المصلحة في هذا القطاع. ومع ذلك، يمتلك القطاع الخاص العديد من نقاط القوة التي يمكن أن تساعد في مواجهة التحديات المرتبطة بالتحول السريع للنظام. تشمل نقاط القوة هذه الإلمام بالسوق، والإدارة المالية القوية، والخبرة الواسعة في الترمجة وإعداد الفواتير لدافعي التأمين وشركات التأمين، وعمليات اتخاذ القرار الفعالة، والمرونة، والنضج.

الاستنتاجات: سهلت الدراسة الحصول على رؤى شاملة حول تحول نظام الرعاية الصحية في المملكة العربية السعودية وتحول القطاع العام نحو التحول إلى شركات/الخصخصة. ويجب على القطاع تعزيز قدراته من خلال إنشاء وحدات متخصصة وتوظيف المواهب. هناك حاجة أيضا إلى مزيد من الدراسات للحصول على فهم أعمق للعقبات التي تعوق التحول.

الكلمات المفتاحية: تحول الرعاية الصحية؛ الشراكة بين القطاعين العام والخاص؛ الخصخصة؛ المملكة العربية السعودية؛ رؤية 2030

Abstract

Objectives: To explore and understand KSA's fundamental healthcare system reform, the potential changes and challenges, and their impacts on major stakeholders.

Methodology: To gain in-depth insights into healthcare leaders' perspectives regarding healthcare system reform in KSA, a qualitative research approach was used. Ten participants from diverse backgrounds were selected, representing various sectors in KSA: private, public, executive, consulting, and regulatory. This study was conducted between August 2022 and June 2023.

Findings: The findings revealed four key themes that shed light on healthcare system transformation in KSA and its effects: healthcare system reform, the impact of corporatization/privatization on healthcare providers, the impact of corporatization/privatization on health insurance, and the impact of corporatization/privatization on the workforce. Furthermore, the findings indicated that the ongoing transformation of the public sector toward privatization in KSA faces various challenges that affect most, if not all, stakeholders in the sector. However, the private sector possesses several strengths that can aid in addressing the challenges associated with the rapid transformation of the system. These strengths include familiarity with the market, robust financial management, extensive experience in coding and billing payers and insurance companies, efficient decision-making processes, flexibility, and maturity.

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Conclusion: The study facilitated comprehensive insights into the transformation of KSA's healthcare system and the public sector's shift toward corporatization/privatization. The sector must enhance its capabilities by establishing specialized units and recruiting talent. Further studies are also needed to gain a deeper understanding of the obstacles hindering the transformation.

Keywords: Healthcare transformation; KSA; Public-private partnerships; Privatization; Vision 2030

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Introduction

In the Kingdom of Saudi Arabia (KSA), healthcare is considered a fundamental right for all citizens, and the Ministry of Health (MOH) is responsible for providing preventive, curative, and rehabilitative healthcare services through a network of healthcare centers across the country. These services are primarily funded by public revenues and are aimed at ensuring the well-being of the Saudi population.^{1,2} Expatriate workers in the private sector in KSA receive healthcare services through health insurance provided by their employers.^{3,4} In 2005, the cooperative health insurance Act was implemented, making health insurance compulsory for all non-Saudi nationals working in the Kingdom. Subsequently, in 2008, the act was extended to include Saudi nationals employed in the private sector.² The mandatory Health insurance coverage is reinforced by the Saudi Labour Law that includes fines for non-compliant employers (companies) and regulatory oversight in place to monitor and refuse renewing work permits without health insurance coverage.^{2,5,6}

The transformation of the healthcare system in KSA intention is to “restructure the health sector in KSA to be a comprehensive, effective and integrated health system that is based on the health of the individual and society including the citizen, the resident and the visitor” as described in the official website of the Health Sector Transformation Program.⁷ However, various socioeconomic realities have hampered the process of major transformation of the health care system in the past, specially privatizing the public healthcare system.^{8–12}

In 2005, the Cooperative Health Insurance Act was implemented, making health insurance compulsory for all non-Saudi nationals working in KSA. Subsequently, in 2008, the act was expanded to include Saudi nationals employed in the private sector.² Mandatory health insurance coverage is reinforced by Saudi labor law, which includes fines for non-compliant employers (companies) and regulatory oversight to monitor and refuse the renewal of work permits without health insurance coverage.^{2,5,6} The intention of the transformation of the healthcare system in KSA is to “restructure the health sector in KSA to be a comprehensive, effective and integrated health system that is based on the health of the individual and society including the citizen, the resident and the visitor” as described in the official website of the Health Sector Transformation Program.⁷ However, various socioeconomic

realities have hampered the process of transforming the healthcare system in the past, especially privatizing the public healthcare system.^{8–12} The young leadership of KSA, led by the Crown Prince, has a strong ambition to implement a suitable public healthcare policy that fulfills the expectations of both the country's leadership and its citizens. This endeavor is an important component of a comprehensive economic reform of KSA's systems and policies. In the approved 2020 budget of the Saudi cabinet, there was a 2.7% reduction in overall expenditure. Within this budget, the healthcare sector constituted the third largest portion, accounting for 16.4% of the total allocation, along with the social development sector. However, the healthcare sector witnessed a 4.0% decrease in its share compared to the previous fiscal year. Specifically, the allocated budget for the healthcare sector in 2020 amounted to \$45.5 billion USD, whereas it was \$46.4 billion USD in the preceding fiscal year.¹³

As part of the Saudi Vision 2030 plan, the government aims to further reduce this share through public–private partnerships (PPPs). The goal is to privatize 295 hospitals by 2030 to enhance healthcare quality and efficiency by adopting a value-based model of care.¹³ Consequently, the Health Sector Transformation Program under Vision 2030 was launched in 2021 to restructure the health sector into a comprehensive, effective, and integrated health system.¹⁴

The KSA government has identified several issues that necessitate transformation, particularly in relation to corporatization/privatization and its implications, as well as adapting to corporatization/privatization in KSA.^{14,15} In response, the government has introduced a range of initiatives aimed at achieving universal health coverage, strengthening primary healthcare services, implementing digital health transformation, and enhancing quality and patient safety.¹⁴ Given that a reform of this magnitude will affect all parties involved, this study focuses on the major institutional stakeholders. These stakeholders encompass the private sector (specifically, healthcare providers), state-owned enterprises, the insurance sector, and regulatory bodies.^{16,17} Thorough research in this field is crucial for all parties involved. It aims to alleviate investor and private sector concerns, while also addressing the questions and concerns of other stakeholders. From these points of view, the current research aimed to explore and understand the fundamental healthcare system reform in KSA, the potential changes and challenges, and their impact on major stakeholders.

Materials and Methods

Qualitative research was conducted to explore and understand the fundamental healthcare system reform in KSA, the potential changes and challenges, and their impacts on major stakeholders. This study was conducted between August 2022 and June 2023. The long duration of this study was attributed to logistical challenges and to constraints in participant availability.

The study included participants from diverse backgrounds to ensure the representation of several stakeholders, such as regional health directorates (RHDs), health cluster board members, large private healthcare group leaders and owners,

and leaders from the healthcare transformation program. The participants were selected based on background, experience, and geographical location within KSA. The inclusion criteria required the participants to be working within the Saudi Arabian healthcare system, to hold a high leadership position (i.e., first or second leader in their respective organization or entity), and to be able to understand verbal and written English. Those who were unable to provide written consent were excluded from the study. Qualitative research studies typically employ a small sample size, with an emphasis on the depth and richness of the collected information.¹⁸ Consequently, the sample size is determined based on the study's goals, purpose, relevance, credibility, and feasibility within the available time and budget constraints. In qualitative research, the objective is not to achieve generalizability or statistical representativeness but rather data saturation.^{19,20} Data saturation is reached when no new themes emerge from the data.²¹ Therefore, the sample size for this study was determined to be 10 participants, based on data saturation. To reach potential participants, the researcher utilized communication platforms, such as WhatsApp, SMS, and email. The messages sent included a standardized invitation letter, a participant information sheet, and the researcher's contact details. The participants who accepted the invitation were recruited by the researcher after applying the inclusion and exclusion criteria. Once signed consent was obtained from the participants (Appendices 1 and 2), semi-structured interviews were employed as the data collection method to explore their perceptions of the opportunities and challenges in KSA's healthcare system transformation.²¹ The interview schedule and topic guide were developed by the researcher based on a literature review and validated by the researcher's supervisor in alignment with the study's purpose and objectives (Appendix 3). The participants had the option to be interviewed face to face or via Zoom video conference, depending on their preferences. Each lasting approximately 60 min, the interviews were recorded using a digital recorder after obtaining the participants' consent for transcription. Throughout the interviews, which were conducted in English, the researcher periodically summarized his understanding of the conversations to the participants and sought confirmation to ensure accurate interpretation. In qualitative data analysis, the researcher aims to uncover the underlying significance of the information conveyed by the data. In this study, the researcher employed a professional transcriber to transcribe the audio recordings of the interviews verbatim. The researcher then reviewed and revised the transcripts to ensure that no important information was lost. This process allowed the researcher to recall and contextualize the interview conversations. Thematic analysis, a widely used technique for analyzing qualitative data, was employed in this study. This method offers flexibility and allows for the generation of insights that not only address the research questions but also shed light on unexplored areas. The thematic analysis here involved identifying frequent or significant themes within the raw data using an inductive approach. These themes held importance in relation to the research question and contributed to the overall understanding of the dataset. The study followed the six steps of thematic analysis (Table 1)

outlined by Braun and Clarke,²² which is considered a robust and effective method for qualitative data analysis.

Study findings and discussion

The study included a group of 10 leaders from diverse backgrounds to represent as many stakeholders as possible, such as RHDs, health cluster board members, leaders of large private healthcare groups, and leaders involved in the healthcare transformation program. Table 2 provides the descriptions of their roles.

Four themes were identified from the interviews. These themes, along with their subthemes and codes, are presented in Table 3 and discussed in detail in the following section. Quotes from the interview transcripts are included to provide insights into the perceptions, experiences, and opinions of different stakeholders regarding the healthcare transformation's expected impacts on the sector. Each theme and subtheme is illustrated with quotes and numbered according to the payer, provider, or regulator.

First theme: healthcare system reform

The first theme that emerged from the interview data was healthcare system reform. This theme consisted of three subthemes. The first subtheme focused on the structural shift of the MOH into three components: payer, caregiver or provider, and regulator. The second subtheme described the reform initiatives raised by the participants, and the third subtheme depicted the model of care elaborated upon by the respondents.

Table 1: Six steps of thematic analysis.²²

Step	Name	Description
Step 1	Familiarisation with the data	Listen to audio recorded data, use memos, file notes and transcribe the recorded audio.
Step 2	Coding	Code the data to put them into categories for the purpose of interpretation in which data are categorised under common themes.
Step 3	Searching for themes	Identify how concepts and categories relate to each other to guide formation of themes or subthemes.
Step 4	Reviewing themes	Determine whether the themes apply both to the extracted data and to the entire dataset.
Step 5	Defining and naming themes	Description of themes, interpreting themes that align with entire story.
Step 6	Writing up	To tell a coherent story, support themes with data extracts from analytic narratives (quotes from transcript).

Table 2: Demographic data of the participants.

Participants	Participant Description
I-1-M	Cluster leader
I-2-M	Private healthcare group leader/owner
I-3-M	Public healthcare leader/regulator
I-4-M	Cluster/National Healthcare Transformation programme leader
I-5-M	Private healthcare group leader
I-6-M	Private healthcare group leader
I-7-M	Private healthcare leader
I-8-M	National Healthcare Transformation programme leader
I-9-M	Private healthcare group leader/owner
I-10-M	Private healthcare group leader/owner

Structural shift

According to the respondents, the MOH's new role is primarily that of a regulator. Through the MOH, the government is shifting its responsibility from overseeing the health of all citizens and expatriates in the public sector to regulating. As asserted by the respondents, the providers will be the institutions responsible for the provision of care. They will also be responsible for managing their resources, including human assets, to sustain themselves: "... along with this change or separation of the provider and the payer and the regulators, we are creating a new system of authority that allows these providers to deal with assets, including human beings or human assets, or human resources in a way that makes them effective and efficient. So that they can sustain themselves." In addition, all of the respondents mentioned that the National Health Insurance Center (NHIC) is believed to be the payer and indeed will be the major payer of the citizens' bills. Numerous countries have undergone significant structural changes in response to perceived deficiencies in their healthcare systems. One example is the United Kingdom's National Health Service, which has implemented changes to address such issues as lack of strategic focus, weak financial control, limited accountability, excessive bureaucracy, and inefficiency.²³ The current study revealed the new role of the MOH and the structure of the healthcare system. In this arrangement, the MOH serves as the regulator for both the private and public sectors through RHDs. The kingdom's Health Holding Company (HHC) has stated that the health clusters will oversee the management of the five business units in KSA at present. However, as the system evolves, it is expected to transition to 20–30 accountable care organizations (ACOs).²⁴ The literature on the health sector transformation strategy provides insights into the adoption of ACOs and their advantages in such countries as the United States, Canada, New Zealand, Japan, and Singapore. By implementing the ACO model, these countries witnessed efficiency improvements in their healthcare systems within 3–4 years.²⁵ Consequently, the Saudi government is considering the adoption of corporatization/privatization or a cluster system, which may enhance access to healthcare services and achieve the desired health outcomes for the population.

Reform initiatives

The second subtheme describes the reform initiatives discussed by the participants. The respondents mentioned corporatization and privatization as important changes in the healthcare system. Corporatization refers to the process of transforming healthcare institutions, such as hospitals and clinics, into corporate entities. This can involve restructuring the management and governance of these institutions to operate more like businesses.²⁶ Often, corporatization aims to improve efficiency, financial sustainability, and accountability within the healthcare system. Privatization, on the other hand, involves the transfer of ownership or control of healthcare services from the government to private entities. This can include private hospitals, clinics, or insurance companies. Privatization is often driven by the belief that the private sector can bring innovation, investment, and competition, which in turn can lead to improved quality and accessibility of healthcare services. The privatization of healthcare in KSA is believed to introduce decentralization, providing a degree of autonomy to the health clusters and hospitals and encouraging a cooperative relationship between the public and private sectors.^{27,28} As part of the transformation, the government is planning to adopt a cluster strategy by forming clusters of healthcare institutions across the country based on geographical location. The involvement of the private sector is also expected to increase due to these reform initiatives. Furthermore, PPPs are foreseen after the transformation, as mentioned by one of the participants: "Both the public and private sectors will be responsible for a defined population. So, they look after the population from a population health perspective on one end, to all the needs of an individual, healthy and or diseased" (I-4-M). The government likely intends to leverage private sector resources, expertise, and innovation to enhance the healthcare system. By expanding the private sector's market share, the aim is to increase competition and diversify service provision.²⁰ As one respondent expressed, "In the transformation, it is clear that we want to see more participation from the private sector, we want to increase their market share, and we want to give up some services that in the past, we were used to dealing with alone. Now, we want the private sector to contribute to primary healthcare, like in certain supporting services I have mentioned before and so on" (I-2-M). Moreover, one of the participants acknowledged that some services may be transferred to the private sector, such as cancer patient treatment and care: "We could have an agreement with one of the private sector companies that all cluster patients and oncology patients would go into that private sector organization" (I-3-M). Overall, these reform initiatives suggest a shift toward a more market-oriented approach in the healthcare system, with the introduction of corporatization, privatization, and increased private sector involvement. These changes aim to address challenges in healthcare delivery and improve the overall quality, accessibility, and efficiency of healthcare services. However, the specific implications and potential consequences of these initiatives will depend on the context, implementation strategies, and regulatory frameworks in place. The participants also mentioned other aspects related to the healthcare transformation. For instance, the utilization of information technology, including virtual consultations and digital health,

Table 3: Overview and description of themes and subthemes.

Themes	Subthemes	Codes	Description	
Healthcare System Reform	Structural Breakdown/ Role Separation/ Governance	Regulator	The Ministry of Health serves as regulator and will not be responsible for the health for all	
		Provider	private and public entities responsible for the provision of care	
		Payer	Is an institution responsible for paying the health institutions for the services provided	
	Reform Initiative	Privatisation and Corporatisation	Reformation of public sector to private sectors through cluster strategy	
		Digitalisation	Digitalisation of patient data in all sectors	
	Model of Care	Healthcare Financing	Urgent Care	Introduction of value-based or outcome-based payment system (DRGs)
			Chronic Care	Formulation of urgent care units
		Rehabilitative care, cancer centres, opportunities for private sector (outsourcing)	NA	
		Safe Birth	Preventive and promotion aspects of care through establishment of PHCs	
	Potential Impact of Privatisation/ Corporatisation on Healthcare Provider	Impact on Public Sector	Keep Well	Home care services
Rehabilitation and Palliative (Last Phase) Strength			- Talented staff and good infrastructures - Financial support from main government	
Impact on Private Sector		Weakness	- Lack of specialties and chronic care - No profit share system - Promotions are based on years and not on performance - Bureaucracy	
		Release of bureaucracy	Shortened pathway in decision making	
		Challenges of private sector	- Speed of transformation - Lack of resources - Limited engagement/communication breakdown (lower level managers and staff have limited knowledge about the transformation) - Need to improve clinical outcome/quality - Private-private participation - Need to increase effort to compete with giant organisations - Incentives - Improvement in patient experience and digitalisation - Reimbursement delay	
		Opportunities for private sector	- Agreement with private sectors/alliances - Business expansion - Opportunity to improve workforce	
		Strengths of private sector	- Familiarity with the market and good financial experience - Decision-making process and flexibility - Maturity of private sector	
		Weaknesses of private institution	- Management of cash flow - Leadership - Lower standard healthcare provider, no strong supportive services, no strong educational and training capabilities	

Table 3 (continued)

Themes	Subthemes	Codes	Description
		Threats to private sector	<ul style="list-style-type: none"> - Payment and reimbursement - Underdeveloped PHCs - Poor strategic planning - Government institutions have high calibre manpower
		Overcoming challenges	<ul style="list-style-type: none"> - Transform private sector - Increase the scope of specialties - Improve infrastructure - Upgrade into teaching or training hospitals - Provision of incentives
		Competition and diverse perceptions	<ul style="list-style-type: none"> - Positive and negative impact on organisations - Institutions compete to attract patients - Varying impacts on healthcare providers - Growth of private sector
		Insurance system	<ul style="list-style-type: none"> - Market cost - Market share - Negotiation power - Payment system
Potential Impact of Corporatisation/ Privatisation Health Insurance			<ul style="list-style-type: none"> - Purchase of supplies and improving infrastructure - Improved private sector profit/profit gain - Bidding system for insurance providers
Potential Impact of Corporatization/ Privatisation on Workforce	Workforce acquisition and retention	Salary	<ul style="list-style-type: none"> - Value-based and outcome-based system - Competitive salaries and share of profits - Attracting talented staff to in the institutions
		Flow of workforce	<ul style="list-style-type: none"> - Free movement of staff between sectors - Attracting talented staff to institutions/movement of staff from private sector to government and vice versa
		Talent Acquisition and Retention	<ul style="list-style-type: none"> - Establishment of training centres - Improve staff satisfaction and environment (fringe benefit), perks of working in institution
		Job security	<ul style="list-style-type: none"> - Staff are promoted or paid based on performance and not based on job position

is expected to play a role. Health information technology presents numerous opportunities for improving and transforming healthcare, including reducing human errors, improving clinical outcomes, facilitating care coordination, improving practice efficiencies, and tracking data over time.²⁹ Additionally, the participants highlighted the establishment of an insurance company responsible for handling and paying for healthcare services, which prompted discussions about adopting a payment system, such as a value-based system with some modifications. Related to this, a qualitative study conducted in KSA identified economic and social factors that impact the implementation of national healthcare insurance. These factors include poverty, Islamic opinions about insurance, lack of awareness, absence of local integrated health insurance companies, weak infrastructure, and poor management of records and claim systems.³⁰ Despite these challenges, the health insurance market in KSA is growing, and the number of insured individuals is increasing.³⁰ Adopting personal health insurance coverage is seen to improve healthcare accessibility, reduce health

inequities, enhance population health, and reduce government healthcare expenditures.³¹

This study also included a prediction that making commercial insurance obligatory for employees will increase the market share of private sector organizations, in line with the government's intention to privatize and corporatize. This finding agrees with Saudi Vision document that the private sectors' participation in healthcare expenditures is projected to increase from 25% to 35%.³² The implementation of the health insurance act in 2008 warrants private healthcare insurance for all Saudi citizens and expatriates and may have been perceived as an enabler for healthcare transformation for an insurance-based market. However, in reality, all Saudi citizens are covered by national health insurance, and a major change will be their ability to opt for private healthcare institutions for better quality and access to care. A recent study in KSA revealed that younger Saudis with higher educational attainment prefer to pay more for health insurance, likely due to the availability of wider options and access to private health providers.³³ Another

important transformation related to financial reforms identified in this study was the adoption of a new payment system, either value-based or outcome-based. Many of the participants agreed about the benefits of a value-based system, which can help improve healthcare outcomes, reduce costs, and promote healthy competition among healthcare providers. This is consistent with the government's healthcare strategy that emphasizes the private healthcare sector to reduce the challenges and expenses of healthcare services in the public sector, such as the use of a value-based system to enhance the quality of care delivered to patients and control health costs.^{12,34} The study also noted support for the use of system coding. This finding aligns with the report by Puteh et al., stated that KSA, through the CCHI, is offering training to utilize ICD-10-AM and DRG (disease-related groups) for the purpose of standardizing and streamlining the electronic exchange of health insurance transactions.³

Model of care

The respondents discussed the introduction of a new model of care that emphasizes health-related prevention and promotion by strengthening primary healthcare (PHC) centers. This shift in healthcare delivery was seen as a vital aspect of the transformation. One of the respondents stated, "The new model of care is to have a better role and improved role for the primary healthcare centers. They found that most of the budget and the healthcare really are going to treat preventable diseases—cardiovascular diseases, ischemic heart diseases, dialysis, diabetes, road accident, smoking" (I-1-M). To achieve the healthcare transformation, strengthening PHC requires effective planning and a future roadmap, as PHC is the pillar around which the entire healthcare delivery system is organized.³⁵ Moreover, the development or review model of care may provide a possible solution to support efficiencies in service provisions.³⁶ Overall, establishing a sustainable PHC system based on rational principles is crucial to achieving the objectives of delivering high-quality healthcare services affordably and equitably while maintaining fiscal responsibility. The key elements in this endeavor include effective healthcare leadership, advancements in primary care, the presence of family medicine specialists, and the establishment of accountable and efficient health governance.³⁵ These steps are essential in working toward the ultimate goal of healthcare transformation.

Second theme: potential impact of privatisation/corporatization on healthcare providers

The impact on healthcare providers had three subthemes, namely impact on the public sector, impact on the private sector, and competition. The following section discusses the different perceptions of the participants regarding the impact of the transformation on healthcare providers.

Impact on the public sector

The participants noted the public sector's strengths, which are seen as a threat by private organizations. As one of them asserted, "Clusters of hospitals are government hospitals and are well-established, well-equipped, well-staffed, and have

highly qualified staff running these clusters" (I-5-M). On the other hand, the public sector's weaknesses identified by the participants included limited personnel engagement, technical preparedness issues, finance management problems, the absence of a profit-sharing system, and bureaucratic challenges. They also expressed concerns about the lack of details of the transformation or privatization throughout the management levels in the government. While top-ranking government officials are aware of the transformation, this knowledge is not adequately disseminated to the lower levels. Furthermore, insufficient resources in terms of management and agreement skills were seen as a lack of technical readiness on the government's part. A respondent pointed out that public hospitals rely heavily on government funding, which in turn suggests that hospital staff and leaders may lack proficiency in budgeting skills, "The government hospitals, they have no idea about budgeting. They have no idea; they have no sense of money. They do not care. Money comes to them. They spend it. They have an allocated budget every year. And they spend it. They do not have the culture of budgeting and being careful. They don't have this" (I-10-M). Indeed, private companies consider the government's lack of tools, experience, and management skills in dealing with agreements as a hurdle, which aligns with previous research that links the public sector's insufficient experience, including management, to technological barriers.⁸ Nevertheless, to improve the quality of its services, the private sector must make an effort, as one of the reasons for privatizing the government sector is compromised patient safety in the public sector.³⁷ In addition, all of the participants highlighted the slow decision-making process and bureaucratic nature of the public system as a weakness, comparing them with the private sector's flexibility to respond to changes and ability to make fast decisions. One stated, "In the bureaucracies of the public system, decisions take forever. The private sector can make decisions today to move quickly" (I-4-M). Consistent with these findings, bureaucracy has been found to impede quality service delivery in government hospitals.³⁸

Impact on the private sector

This subtheme represented the perceptions of the respondents on the impact of the transformation on the private sector, including the private sector's strengths, weaknesses, opportunities, and threats, as well as how to overcome the challenges. Also discussed were the fast pace of the transformation, the government's technical unpreparedness, the need to improve clinical outcomes, and private-to-private participation. The rapid pace of the transformation, coupled with changes in regulations, is a major challenge, as mentioned by one respondent: "The speed of the transformation. And that transformation includes some transformation or some change in the regulation itself. The new regulation and change is the major issue" (I-3-M). Aside from the changes in policies and regulations, which pose challenges for private sector companies, the speed of the transformation is leading to a lack of well-defined processes and clarity in private participation, causing confusion within the private sector and the overall market. These results align with Alhanawi et al.'s⁸ study, which identified changes in laws and regulations as legal barriers in public and private participation and the lack of clarity in private participation

as a technical obstacle. Nonetheless, the participants also recognized opportunities for the private sector, such as forming alliances and expanding the business. To keep up with the changes, private sector organizations need to improve the quality of their services and focus on clinical outcomes to meet regulatory requirements and attract more clients. The participants suggested that the private sector should identify services that are not covered by government hospitals and concentrate on providing those services (I-1-M). They also emphasized the need for private institutions to adapt and compete with other organizations, both within the private sector and with well-established institutions: "The private sector needs to change the way they handle private-to-private sector participation." (I-4-M) The provision of benefits or incentives to healthcare providers was seen as a way to attract and retain them within the clusters, although it was considered a challenge for the private sector. These findings align with previous similar studies that highlighted some opportunities for improvement, such as enhancing efficiency, managing risk allocation, reducing service delivery costs while maintaining quality, improving accessibility, ensuring timely service delivery, embracing new technology and management practices, addressing capital shortages in the public sector, and alleviating fiscal and public pressures.^{39–43} In addition, the KSA government should work to improve the capacity of the stakeholders involved in the implementation so that the government officials involved in the project can acquire the necessary skills and ability to negotiate proper contracts and become more accountable and transparent. The government can facilitate the process by streamlining such programs so that they can be prioritized, thus preventing the private sector from being overwhelmed by a multiplicity of projects. With regard to the private sector's weaknesses, the participants expressed concerns about cash flow management and leadership. Some noted that although cash flow in private entities may be relatively smooth, delayed reimbursements from the government can cause instability. One respondent stressed that the private sector should be prepared for delayed payments and rejections and thoroughly review contracts. Another mentioned that private institutions often continue to engage with other entities despite delayed payments, exacerbating their struggles. Moreover, they claimed that the private sector's healthcare providers may have lower standards compared with the public sector. They emphasized the need for robust support services, education, and training within the private sector. With the implementation of the new insurance policy, there will be a greater demand for PHCs, which are currently limited in the private health sector. Additionally, one respondent highlighted that the private sector's tendency to replicate decisions made by other businesses is a weakness: "They always target the same thing that the first one targets. They rely on the studies that the first entity used to come up with a decision, and they all follow in the same way. It shouldn't be that way." I-5-M. Regarding the threats to developing strategies to cope with the transformation, the respondents proclaimed that transforming the private sector can be a means to address such challenges. This includes attracting talented individuals with expertise in medical service transformation, expanding the range of specialties offered, improving the infrastructure, upgrading the services,

and transforming private institutions into teaching hospitals. One respondent cited the importance of proactive planning, leveraging the strengths of the private sector, and ensuring that private institutions remain attractive to clients as ways to overcome the challenges brought by the reform (I–7M). The opportunities for the private sector include forming alliances, expanding operations, and establishing agreements. Private institutions can benefit by changing their perspective and viewing other private institutions as potential partners rather than competitors, especially in providing services that are lacking in the sector and studying the government's requirements.^{43–45} These findings support the Vision 2030 goal of increasing private sector engagement^{32,46} and are consistent with Rahman and Al-Borie⁶ claim that private sector growth can cover over one-third of KSA's total healthcare needs.

Competition, and perceptions of participants on the impact of the transformation on healthcare providers

The respondents revealed varied perceptions of the impact of the healthcare transformation on the public and private sectors. They stated that there is an increase in competition between healthcare providers because of the growth and support of the public sector. Some respondents viewed it as having no effect, others saw it as positive, and a few claimed that it would negatively impact the private sector. "There'll be no effect. Actually, there is no effect. We should not be competitors to the private sector." (I-1-M). Porter and Teisberg⁴⁷ advocated positive-sum competition in health care characterized by the following features: prevention, diagnosis, and treatment of specific diseases; improved value; proper level of competition; suitable market; and correct information about providers, treatment, and alternatives for specific conditions. Although positive-sum-based competition has many potential benefits, its success is not assured because substantial reforms are required. Nevertheless, competition remains vital in the healthcare industry and consists of three main components that encompass all the major stakeholders. The first component consists of health care providing individuals (Physicians and other healthcare practitioners) who compete for patients, referrals and so on. The second is the health care providing organizations (compete for physicians, third-party payers, and patients simultaneously). The third being the health care financing/paying organizations/bodies.⁴⁸ The financing/paying component is a bit different where commercial insurance companies compete among themselves for policy prices and benefits in addition to creating price competition among care providers and organizations. In the absence of strict national regulator rule this type of competition (Payer competition) could be very harmful to the system.

Third theme: potential impact of corporatisation/privatisation on health insurance

The third theme focused on the impact of corporatization and privatization on health insurance. This theme comprised six subthemes to provide a comprehensive understanding of how corporatization and privatization can affect health insurance.

Insurance system

The KSA government has made private healthcare insurance mandatory for expatriates, Saudi nationals, and their dependents working in the private sector. Additionally, there is a trend toward providing healthcare services to public sector employees through private insurance. Recently, four government ministries have either finalized or are in the process of finalizing agreements with specialized companies to offer medical insurance to their employees.^{49,50} This move aligns with the objectives of Vision 2030 to enhance healthcare quality and promote competition among healthcare providers. By allowing foreigners to own or manage healthcare institutions, the Saudi government is attracting foreign investment and expertise, thereby supporting the goals of Vision 2030 for increased competition and a more efficient healthcare system.^{8,49} In this study, the participants expressed that government reforms favor commercial insurance companies, as the privatization of different sectors and the requirement for semi-governmental sectors to insure their employees will expand the expected coverage. One participant stated, “We’re moving more citizens into the private health insurance system by forcing employers to insure their employees. Every employee has to be insured” I-5-M. The expansion of insurance to all individuals increases opportunities for the private sector by adding new customers, such as investment opportunities. Another participant noted that insurance leads to an increase in patients visiting private institutions and improves the accessibility of care (1–7M). However, some participants voiced concerns that if a single company handles national insurance, it may create a monopolistic market, which may not be beneficial for the insurance sector.

Market cost, market share, and competition

Market prices were perceived as unstable due to such factors as supply and demand and may either increase or decrease: “I don’t think it’s one line. It might increase, it might decrease, and it depends on multiple factors. I don’t think the market would be stable anymore. It would build mainly on the need and supply” (1–3M). However, one participant believed that market share and prices would increase (1–6M). Another equated price with the quality of services (1–7M).

The respondents highlighted that one of the goals of the reform is to increase the market share of the private sector. However, this will require an increase in services provided. One participant explained, “Each of these clusters is responsible for this population. And whenever they need to increase their market share from the non-population, they have to increase their services. So, if they have the capacity to increase, they already have the capacity to improve it quickly” (1–3M). Another participant emphasized the growth of the private sector’s market share and said that while the private sector’s market share might not decrease, it could pose a threat if not properly regulated (I-10- M).

The introduction of an insurance system is expected to create competition among insurance companies and healthcare providers. Competition was identified as a factor that may influence prices, with higher competition potentially

leading to higher prices.⁴⁹ One participant stated that “as competition goes higher, the prices go higher, too” (1–7M) but that competition provides better deals. Some participants noted that competition can lead to better prices and quality of services. Conversely, others noted that hospitals offering lower prices for services could pose a challenge. Additionally, prices may increase in specialized centers due to their higher operational costs. Since the privatization of government sectors can potentially help control the current high cost of supplying private hospitals,¹⁰ the participants in this study emphasized the need for a strong regulator to establish minimum service prices, as pressure from payers may impact service prices.

Negotiation power and the payment system

Conflicting views regarding negotiation power in the context of contracts between institutions and insurance companies were seen. Insurance companies engage in bidding, ranging from small to large in scale, as they compete to reach agreements with service providers. One participant claimed that “the power of negotiation lies with the payers” (1–4M). Another respondent argued that “the negotiation power will remain with the government until things are settled” (1–3M). However, the public sector’s lack of negotiation experience when it comes to contracts and pricing may be a challenge and their powerful influence on prices (the national center for health insurance will be the strongest single payer in the market) might eventually lead to low-cost pricing possibly at the expense of quality.

Negotiation is recognized as a crucial aspect of healthcare culture, alongside leadership, accountability, psychological safety, teamwork, and communication. Previous studies have highlighted the advantages of employing relational narrative methods for negotiation in healthcare.⁵¹ Nonetheless, much of the existing healthcare literature on negotiation primarily focuses on resolving conflicts, particularly interpersonal conflicts among clinicians.^{52,53} In response to this, standards have been developed to assist hospital leaders in effectively managing conflicts within healthcare facilities, thereby preventing any negative impact on patient care. While conflict resolution is undoubtedly important, it is vital to acknowledge that negotiation skills can successfully address a wide range of issues beyond conflict resolution. In their day-to-day work, healthcare professionals must negotiate with one another and with managers to establish clear roles and responsibilities and to allocate resources among patient care teams. By effectively engaging in such negotiations, the need for conflict resolution can be minimized.⁵⁴ The new payment system will be based on codes and controlled with a focus on value based and outcome-based approaches. Many participants agreed that a value-based system can improve healthcare outcomes, lower costs, and foster healthy competition among healthcare providers. This is consistent with the government’s strategy to invest in the private healthcare sector to reduce the challenges of healthcare services in the public sector, thus enhancing the quality of care delivered to patients and controlling health costs.^{13,55} One respondent agreed, claiming that “adopting diagnosis-related groups was seen as a way to cut costs and incentivize better outcomes” (1-1M)

Fourth theme: potential impact of corporatisation/privatisation on workforce

The impact of corporatization/privatization on the workforce was identified as a fourth theme. This theme encompassed the flow of the workforce, salaries, job security, and talent acquisition and retention.

Flow of workforce and salaries

The anticipated impact of corporatization/privatization on the healthcare workforce was generally viewed as positive, with potential benefits for the sector as a whole but more advantages for the private sector. One reason for this is the increased ease of movement for healthcare professionals from one provider to another, which was seen as favorable for the private sector. Furthermore, recent regulatory changes stemming from the transformation program have made talented staff more flexible and available by allowing them to work part-time in the private sector. Albejaidi and Nair⁵⁶ argued that this transformation, including private sector participation, will lead to an increased demand for skilled healthcare professionals. They suggested the possibility of a shift in the workforce from public to private institutions, although further research is required, as there is currently no conclusive evidence to support this claim. The participants in this study also mentioned that the workforce will be shared between institutions, with some employees transitioning from the government to the private sector. They stated, “A physician will start to rethink their jobs and their work in the government sector because most of them used to work in the governmental sector. Because they feel like this is a nice relaxed area, the system is changed. Some of them might rethink working in the private sector” 1-3-M. Therefore, the health system must adopt a rigorous approach by investing heavily in medical, nursing, and other specialized fields of education. Planning for the health workforce entails adopting appropriate strategies that reflect all aspects, including the number of workers, skills, and gender distribution, to meet the future health needs of the population and to facilitate the achievement of Vision 2030.⁵⁶

Job security and talent acquisition and retention

Job security was identified as an area of concern, with the participants stating that employees must exert effort to retain their jobs. The importance of job performance as a basis for employment was emphasized, as job security alone no longer suffices. “The lack of—sometimes, lots of lack of—interest in the work by most employees. Job security is no longer an important measure. Productivity will be more important. After some time, the system will allow fire and hire” I-5-M.

However, job security remains important for both employees and companies. For employers, job security can help attract and retain talent, maintain a productive workforce, encourage loyalty among employees, and foster positive employee morale.^{57,58} The study participants stated that to retain employees and enhance services, “talent acquisition

is not like, you know, why give him all the money, but like, you know, you need to provide the right environment, you need to create a training environment” 1-7-M. This will benefit both the private and public sectors by addressing staff shortages and improving accessibility to talented staff, as stated by a respondent: “It will help the private sector because you can have one talent who works in different places” (I-7-M).

All these findings are in line with the observations made by Albejaidi and Nair,⁵⁶ who emphasized the need for private institutions to develop effective strategies and intensify their efforts to attract and retain highly skilled medical staff. This is due to the limited number of medical specialists available and the general reluctance of healthcare professionals to work in private institutions. Furthermore, the healthcare workforce is projected to face constraints, and there is an anticipated shortage of healthcare professionals by 2030. Therefore, it is recommended that policy adjustments and interventions be implemented.^{59,60}

Strength of the study

The current research has appeared to have significant strengths, particularly in terms of the involvement of highly knowledgeable experts. These experts included the primary owner of one of the largest health groups in the country, as well as first-level leaders from various stakeholders such as regulating bodies, health clusters, and the private sector. This diverse range of experts provided different perspectives that facilitated an exploration of the factors driving the government’s transformation efforts and offered a broader view of privatization. The utilization of qualitative methodology in the study bolstered the results by providing detailed insights. This approach contributed to a comprehensive understanding of the barriers to and facilitators of the healthcare system transformation from multiple perspectives.

Study limitations

It is important to note that the study incorporated six participants from the private sector and four participants from the public sector, and it did not include the perspectives of healthcare insurance company leaders, as they were out of the scope of this study. Additionally, the views from the centre of national health insurance were not incorporated due to the vacancy of appointed leadership at the time of the study. Another limitation of the study was the relatively small sample size, with ten participants taking part. Consequently, the generalizability of the findings is restricted. Moreover, since complete privatisation and other related transformations were still in their early stages, the participants’ perspectives may have been influenced by their expectations rather than actual observed outcomes. Finally, this study did not assess the impact of the transformation on desired health system outcomes, such as the improvement of healthcare levels, equity, and responsiveness to population needs. These crucial points were beyond the scope of this study and should be addressed in future research.

Conclusion

The study provided valuable insights into the transformation of the healthcare system in KSA and the transition of the public sector towards corporatization/privatization. The findings of this research reveal that the ongoing transformation of the public sector healthcare towards privatization in KSA faces various challenges that affect most, if not all, stakeholders in the sector. Furthermore, participants suggest that the General Authority for Competition should play a significant role in monitoring the healthcare sector as a whole, not just the insurance market. This is crucial to promote fair competition between existing private institutions and the future giants emerging from privatization.

It is worth noting that some of these recommendations may have already been considered in the transformation program, and their inclusion here emphasizes their significance for the successful implementation of this ambitious project. Finally, the concept of this study has vast scope to conduct further research, and future studies should focus on identifying and understanding the specific obstacles that impede the transformation process, allowing for a more comprehensive understanding of the challenges involved.

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Conflict of interest

The author has no conflict of interest to declare

Ethical approval

Ethical approval granted from Taibah university scientific research ethics committee (approval number: TU-035-22) on 05/05/2023.

Author contribution

This is a one author study. The author conceived and designed the study, conducted the research interviews, organized, analyzed and interpreted the data and wrote the article. The Author is responsible for the content and similarity index of the manuscript.

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Appendix A. Supplementary data

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