

# Health Insurance and Its Role in Enhancing the Overall Quality of Health Care in Saudi Arabia

Mengzhong Zhang<sup>1\*</sup>, Abdulaziz Alkharaan<sup>1</sup>

<sup>1</sup>College of Humanities, Education and Social Sciences, Gannon University, Erie 16541, USA

DOI: <https://doi.org/10.36348/sjhss.2025.v10i06.004>

| Received: 18.05.2025 | Accepted: 23.06.2025 | Published: 27.06.2025

\*Corresponding author: Mengzhong Zhang

College of Humanities, Education and Social Sciences, Gannon University, Erie 16541, USA

## Abstract

This paper examines the overall quality of healthcare in Saudi Arabia and then explores the relationship between the health insurance (public and private) and the overall quality of health care. By reviewing publications such as journals, books, internet articles, presentations, dissertation, online sources and the fourth, this research is conducted by literature review methodology. We are interested in the following research questions: 1) What is the influence of health insurance on gaining access to quality health care services? 2) How can health insurance help in enhancing patient satisfaction and reducing financial distress and medical debts? And 3) What is the role of health care insurance in providing opportunities for timely medical interventions and reducing the cost of medical care? This study discovers that there has been an improvement in the quality of health care services in the Kingdom of Saudi Arabia because of the private and public health insurance policies. It can be concluded from the study that Saudi Arabia has come far enough in providing the health care insurance to its pilgrims and also the employees from the foreign countries but there is always a place to make changes and introduce policies that can help everyone irrespective of the regional differences, socio-economic differences or religious differences, and everyone can get the best quality of health care. We propose an integrated theory of factors impacting on the quality of healthcare in the context of Saudi Arabia.

**Keywords:** Saudi Arabia, Quality of Healthcare, Health Insurance, Patient Satisfaction, Financial Distress, Affordability of Healthcare Insurance.

**Copyright © 2025 The Author(s):** This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

## SECTION I

### INTRODUCTION

Health insurance is a must in today's world because of the increase in health issues, and after COVID-19 and the lessons learned from it health insurance has become a major prerequisite towards getting proper healthcare. In Saudi Arabia, health insurance is a necessity as it will ensure patient a better quality of healthcare and treatment. This paper would cover the basic information regarding the healthcare procedures and health insurance programs available in Saudi Arabia, and then explore and review the role of health insurance in Saudi Arabia and whether it will help to enhance overall quality of health care in Saudi Arabia by improving treatment times and methods of treatment, increasing access to care and modern technological features, and improving satisfaction of patients towards the health care program and health care facilities.

### 1.1 Problem Statement

Health is important for everyone and quality of healthcare can be assured with the help of health insurance. Saudi Arabia is facing a big challenge because inefficiency of healthcare insurance can cause poor health quality and disparities and inequalities in providing health care to people from different classes. There are multiple problems being faced by the government because it has not been able to apply and implement health insurance policy for everyone in the country which includes the foreigners and the citizens. There is a need to have Total Quality Management (TQM) in the hospitals and cultural diversity may help in enhancing and strengthening TQM in healthcare (Alrabeah *et al.*, 2015). There are a lot of differences between public healthcare providers and private health care providers and this has become a cause of major distress in the hearts of people in Saudi Arabia.

### 1.2 Purpose of the Study

The primary purpose of the study is to find the overall quality of healthcare in Saudi Arabia and then

find the relationship between the health insurance and the overall quality of health care. This paper will serve the purpose of finding the role of health insurance in Saudi Arabia in order to enhance the overall quality of health care and reduce the inequity in providing health care across the people from different levels of the society and for the expatriates and the citizens. This paper will also explore and review the different possibilities that can occur if health insurance is available for all in Saudi Arabia in order to enhance the overall quality of health care.

### 1.3 Significance of Study

The main significance of the study is that it will help to understand the relationship between health insurance and healthcare in Saudi Arabia. It will help to give answers to the questions related to the necessity of health insurance for all in Saudi Arabia. It will also provide an insight into the work being done by the government in order to improve the health care system and the different policies provided by the private health care system in the public health system in order to improve healthcare system in Saudi Arabia (Salam, 2022). The study can also provide answers to the comparison between health insurance in Saudi Arabia and other developed and developing countries.

## SECTION II LITERATURE REVIEW

The necessity of health insurance has been stated and restated by many acclaimed journals and even healthcare professionals all over the world. Saudi Arabia has also been trying its best to improve its health insurance policies. The paper will review the role of health insurance in enhancing the overall quality of healthcare in Saudi Arabia and the literature review will cover the studies available on the healthcare policies available in Saudi Arabia, the role of these policies, the possible benefits, the challenges in the healthcare field, the necessity of advanced healthcare policies and possible recommendations.

### 2.1 Healthcare Insurance in Saudi Arabia

Initially, Saudi Arabia had given free health insurance for locals and expats (Health Insurance in Saudi Arabia, 2025). With the increase in the cost of health care, the government took a decision to change its policies about health insurance. The Saudi citizens enjoy a free health insurance and the public health care programs do not cover the foreigners (Health Insurance in Saudi Arabia, 2025). The health care system for the locals in the kingdom of Saudi Arabia is available in the public, private and military hospitals, but the expats can use mostly the private clinics and hospitals.

Everyone in the Kingdom of Saudi Arabia needs health insurance because of the history of disasters and hazards associated with the country. The country is classified at a medium risk level by the World Risk

Report and in the top fifty by the Global Terrorism Index, and therefore the country needs a smart and effective healthcare insurance system (Al-Wathinani *et al.*, 2023). Moreover, the pandemic was also a period that showed that the healthcare system suffered greatly because of deficit in practices, attitudes and knowledge of COVID-19 (Sheerah *et al.*, 2023). This could also be correlated with biased insurance policies that did not work in an equitable manner for all during the COVID-19 period.

The people working in the public sectors and the private sectors also need health insurance. The employers, employees' spouses and their family members and every foreigner residing in Saudi Arabia need health insurance. A proof of insurance is necessary for the expats in order to receive their residence or work permit. There is free public health insurance for all Saudi citizens and because of this free public health insurance they can get access to health care in clinics, hospitals and outpatient services. They can also avail services from the rehabilitation centers, pharmacies and dentists (Health Insurance in Saudi Arabia, 2025). Private health insurance is required by the foreigners who are working or living in Saudi Arabia. The employers include health insurance as an inclusive part of the pay package. The expats should know clearly what and how much will be covered by their health insurance policies (Health Insurance in Saudi Arabia, 2025).

### 2.2 Healthcare System and Healthcare Insurance for Expats in Saudi Arabia

The Kingdom of Saudi Arabia has a well-developed health care system. The country has high quality of health care system in private and public hospitals. Private health insurance is required by the expats and the public health care is available for all the Saudi citizens. The expats can use local or International health care insurance plans but the local insurance health care policies and plans are more convenient and less expensive. However, the local insurance plans may have limited access to certain hospitals or even to certain treatments. The international insurance policies and plans offer broader coverage and treatment outside the country. Expats usually prefer the private hospitals as these private hospitals have multilingual staff and international standards.

Assuring concept is that private health care and public health care are excellent in Saudi Arabia and the country serves over 31 million citizens and residents and also millions of pilgrims from all over the world through the different healthcare systems and institutions. The government spends 14.4% of his budget on healthcare and social development. The overall quality of services, healthcare infrastructure and healthcare resources fall under the 61.4 level on the health care index. There are 26 healthcare insurance firms operating in Saudi Arabia (Overview of Healthcare and Healthcare Insurance in Saudi, n.d.). There is a direct relation between Human

Development Index and increase in oil production, and Saudi Arabia has been in the forefront in the three basic dimensions of human development, which include healthy long life, adult literacy and improved standard of living (Haque & Khan, 2019).

The public sector workers and Saudi citizens enjoy a free health care program, but health insurance is necessary for the expats and it is necessary that all the private sector companies provide health insurance coverage to their employees under the Council for Cooperative Health Insurance or CCHI (Overview of Healthcare and Healthcare Insurance in Saudi, n.d; Al-Nozha, 2024).

While registering for the Health insurance card, the expats have to provide their passport, the professor address their residence permit, and their valid photo ID. The private health care programs are varied in nature and they may offer certain treatments and some treatments may be offered in other hospitals and even outside the country depending on the nature of the insurance. The health insurance in Saudi Arabia is usually based on a co-payment system where the employees are also expected to pay some money towards the care or treatment depending on the policy (Overview of Healthcare and Healthcare Insurance in Saudi, n.d.). The price of health plans differ and while choosing the insurance plans it is necessary to choose it wisely. They should know the precise nature of the total coverage they will get with their healthcare insurance policies, and they should learn to read between the lines because healthcare insurance policies may have a lot of conditions apply. In Saudi Arabia, it is necessary that the healthcare insurance policies are clearly written in the language of choice of the expatriates and explained in simple and clear words so that there is no ambiguity about the features being offered by the healthcare policies. Saudi Arabia will have to overcome multiple complexities that may come forward because of expatriates from different countries and even the annual pilgrims for Hajj from different countries (Almasabi, 2013).

### 2.3 Government Sector Health Insurance Programs

The Cooperative Health Insurance System or CHIS was introduced by the government in 1999 looking at the rising costs and pressures in the healthcare system. The Council of Cooperative Healthcare Insurance or CCHI was created by the government to supervise and regulate cooperative health insurance system, and these insurance systems were introduced by the Saudi government in order to meet the objectives of Universal Health Coverage or UHC and provide equitable access to health care services (Awadalkarim *et al.*, 2024).

The CHIS plan was provided to improve the health insurance market because initially the health insurance market was available only for a few expatriates and wealthier Saudis who wanted access to healthcare

services in the private sector. Initially, the CHIS started enrolling in phases starting with the expatriates and their dependents and later planning to include the Saudis working in the private sector and their dependents, and finally including the entire population (Awadalkarim *et al.*, 2024). The main goal of these phased strategies was to ensure comprehensive coverage across the population. In 2016, the plan was able to cover 38% of the population, but by 2020 the enrolment in CHIS was decreased because of the changes in employment patterns and changes in the regulations for expatriates (Awadalkarim *et al.*, 2024). The quality of healthcare has improved because of the efforts of the government and KSA has been investing more efforts and money to improve healthcare services and the patient factors, such as access to healthcare and culture and health literacy and the providers' factors such as culture, workload, medical care and job satisfaction have also improved in KSA (Almutairi & Moussa, 2014).

### 2.3 Necessary Features of Healthcare Insurance Policies

Health care insurance is a must in every country and basically in Saudi Arabia it is compulsory and mandatory under the Saudi Labor Law (Alonazi, 2017). An employer cannot deny the health insurance coverage, and the work permit cannot be renewed without a health insurance coverage (Rahman & Al-Borie, 2020). One of the major factors or features that is really important while opting for a health insurance is the affordability of the health insurance policy. Healthcare is costly in Saudi Arabia and therefore affordability of the health care insurance is quite important because in spite of the insurance status, healthcare is costly and therefore cost of health care is an important decisive factor for all the patients in Saudi Arabia (Bin Saeed, 1998).

Patients with insurance will select hospitals because of the quality of services, cost of treatment, health insurance coverage, convenient administrative procedures, and quality of services. Patients may prefer private hospitals and government hospitals because of employment, cost of treatment, health insurance, quality of services, convenient administrative procedures, sex, age and perceived state of health (Bin Saeed, 1998).

However, there are debates about the knowledge of people regarding their healthcare coverage because in some studies the researchers have found that less than 60 percent of people knew about their health care coverage and many are aware only of their copayment amounts. People assumed that they have more knowledge of their insurance coverage, but there were very few who could in reality calculate their actual coverage and their out-of-pocket costs (Alkhamis, 2017).

The expatriates who are not earning a higher income cannot afford to pay for a costlier health care insurance plan. Therefore the CHIS has policies that

include affordability measures that are specially designed for the low income expatriates who have affordability concerns by providing them with predetermined maximum payments and furthermore they are also provided with no deductibles for inpatient services and prescription drugs. They are also provided with the annual cap for dental treatment of USD 533.30 (Alkhamis, 2017).

The low income expatriates cannot pay out-of-pocket charges for co-pays or services that are not covered in their plans. Some of the households that were enrolled in CHIS also had to pay higher out-of-pocket health expenditure and because of certain limited coverage plans some individuals also had to bear out of pocket expenses (Almalki *et al.*, 2022). The overcrowded public health care facilities are also reason behind the out-of-pocket expenses (Alkhamis *et al.*, 2013). Moreover, healthcare financing is getting affected in GCC countries because of substantial government revenue, underdeveloped healthcare systems and large expatriate populations (Alkhamis *et al.*, 2013).

The National Health Insurance would be an added advantage, but it is a contributory insurance scheme in which the government's health budget is supplemented by regular contributions by the citizens (Alharbi, 2022). People do not agree easily to participate in the future or National Health Insurance schemes because of their income levels and therefore this shows that is an unbalanced financial burden of the premiums of insurance on lower income individuals. Moreover, with an increase of insurance premiums 15% on an annual level, the households with lower income levels find it difficult to afford health insurance (Aldosari *et al.*, 2016). Another aspect to understand is that the increase in premiums is unavoidable because of the financial shortages (Rahman & Alsharqi, 2019). Social health insurance is another option, and the Saudi Arabian government is working on this scheme to pool costs for providing healthcare services (Al-Hanawi *et al.*, 2020). Apart from the employees, the employers also may have to bear the burden of increasing premium because they have to provide the health care coverage for the employees and they may have an increase in their operational expenses.

Quality is also one of the factors that affect the selection of health insurance policies. When individuals were enrolled privately into CHIS, it created selection bias because people who wanted quality treatment opted for private enrolment to be treated in private hospitals. Even Saudi citizens opted for this kind of policy in order to get better quality care. Moreover, there is a disparity because of the different insurance classes and service quality differs because of higher class plans such as VIP plan, Class A plan, or gold plan and if one opts for the higher class plan, they are insured of higher service quality (Alzahrani *et al.*, 2025).

The people who opt for premium tiers get better option and each tier may offer better quality services. There has been an improvement in the efficiency because of CCHI because there are standardized benefit packages available and there is someone to oversee health care providers, insurance companies, and financial regulations and monitor compliance by reducing the variations. CHIS has also brought forth the challenges of weak infrastructures, claim rejections, escalation of insurance premiums and problems due to insurance fraud, and the government will have to work hard on all these challenges to improve the healthcare system in the Kingdom of Saudi Arabia (Al-Sharqi & Abdullah, 2013).

People who get more for their money also are dangerous because generous insurance plans offer more and then they opt for unnecessary medical treatments or costlier services as they do not have more personal cost burden. This leads to an over utilization of healthcare resources. Therefore, there is a necessity to organize the services according to the profiles of the patients and improve efficiency by implementing an effective referral system across all levels of care (Al-Sharqi & Abdullah, 2013).

There has been an improvement in access to the inpatient and outpatient services because after the introduction of CEBHI (Alzahrani *et al.*, 2025). Expatriates do not have access to public health care facilities and they are being directed more towards the private health care facilities. The people with higher income groups also prefer to have privately purchased subscription to CHIS. There is a contradiction to the same because some people avoid the privately purchased subscriptions as they believe that insurance is against Islamic law (Alzahrani *et al.*, 2025).

When people had insurance they were more prone to go for regular health checkups and utilize the health care services properly so that was a positive relationship between enrolment status and healthcare service supplies utilization. Primary health centers are utilized more by the insured individuals and therefore primary health centers should be strengthened (Booker *et al.*, 2016). In case the primary health centers are not efficient, patients with insurance will shift attention to specialized care facilities even if they need basic health care needs. Expatriate workers who are married got better coverage based on their partners' income (Alzahrani *et al.*, 2025).

## 2.4 Patient Satisfaction Issues and Scope of Improvement in the Healthcare Insurance

In spite of the efforts of the government to improve health care insurance policies and the health care system, patients may not be completely satisfied with the insurance policies and the government plans. There are still regional disparities because of the



difference between urban and rural areas. The insurance covered health care services may be delayed to the rural population. The people living in the urban areas may have quick access to health care services while the people living in the rural areas may not have that quick access because there is a higher concentration of healthcare facilities in the urban areas (Rahman & Alsharqi, 2019; Al-Hanawi *et al.*, 2021).

The insurance companies may have complex system of approval systems and processes and sometimes even the patients may be treated by the physicians only on the cash-pay system leaving the patients with few choices. Insurance companies may refuse subscriptions or refuse to pay for treatments and CCHI may have to intervene to negotiate. This is one of the benefits of the patients who have enrolled through CHIS because they get a faster approval of their administrative procedures (Alzahrani *et al.*, 2025).

Access to advanced care is dependent on the income of a patient and this becomes a huge problem for the low-income patients (Al-Hanawi *et al.*, 2021; Alzahrani *et al.*, 2025). There is inequality in providing the healthcare to individuals across all the levels because higher income patients get more advanced care because of the better insurance plans or because of their ability to pay out of their pocket and the lower income groups suffer because they do not have superior insurance plans and the ability to pay out of their pocket. All the services are not covered under CHIS policies and there might be some limits on covering certain services. There is a maximum coverage given to medications, optical services, renal dialysis and dental care by CHIS (Bawazir *et al.*, 2013).

The health insurance cannot provide coverage for services beyond the defined package network and there is discrepancy regarding the expenditure caps and the provider networks (Alzahrani *et al.*, 2025). Overall there can be inconsistencies in the availability of a few health services because of variations in insurance plan and therefore the goal of achieving uniform service coverage will become difficult for all the insured individuals. Sometimes out-of-pocket health care expenditures for patients suffering from chronic conditions will be too heavy and the patients will not be able to bear the heavy burden in spite of having insurance plans (Almalki *et al.*, 2022). Moreover, there are always the two concerns of moral hazard and adverse selection that may confuse the seekers of health insurance. Moral hazard is the misuse of medical schemes by overusing them and adverse selection involves self-selection into insurance by health risky individuals (Boone, 2015; Haddad & Anbaji, 2010). There has been an increase in the Health care providers in the private sectors and with the partnership between the public and private health care system, the healthcare might shift to private sector in the future. Medical insurance companies will have to

design solutions in order to address the needs of the public sector workers who are right now receiving services from the public sector. One more challenge for the health care system and the insurance companies is the increase in chronic diseases, which may also affect the Saudi vision 2030. The chronic diseases may cost Saudi Arabia more than US\$18.6 billion a year and this may definitely affect the health care system and the Health care insurance in Saudi Arabia (Almalki *et al.*, 2022).

The expatriates are satisfied with the community-based health insurance in Saudi Arabia and this is mainly because of service quality and the availability of the necessary services, and this is mainly because of the positive intervention of CHIS and the role of the government has to be appreciated in providing the best quality services to the expatriates (Aldosari *et al.*, 2016). Still, there should be record of the healthcare insurance and the Blockchain-Based Framework for Interoperable Electronic Health Records can be helpful to maintain the insurance billing records, smart contracts and health information, and also aid in reducing human errors, enhancing care coordination, improving effectiveness and efficiency of practice and improving clinical outcomes (Reegu *et al.*, 2023; Alotaibi & Federico, 2017).

The study conducted by Ali *et al.*, (2024) also shows that there is a positive correlation between subscriber satisfaction with health services and health insurance coverage. With the increase in health insurance coverage, there is an increase in the subscriber satisfaction. The customers are also satisfied with the interactions with nursing staff and doctors. They are not happy with the time spent with doctors but they are happy with the interactions with staff and administrative aspects. They are not happy about the waiting times and they do not like delay in responsiveness to their enquiries. The study shows that there is satisfaction among the respondents for the service provided, affordability of the services, coverage of the plans, availability of the services, and insurance premiums but they were not at all satisfied with the timeliness procedures (Ali *et al.*, 2024).

Majority of the participants in the study gave their satisfaction levels as satisfied or highly satisfied. The study shows that there is a positive impact of health insurance on the quality of health care services. Overall, the patients were also satisfied with the management of the institution, treatment received, the director of the institution, and the organisation of the institution (Ali *et al.*, 2024). There is definitely a need to increase health insurance coverage in order to provide the best quality services in the healthcare field in Saudi Arabia. The study highlights that Saudi Arabia has to invest more in the improvement of the quality of health care services and expand health insurance coverage to the residents in

the country, citizens in the country and also the expatriates (Ali *et al.*, 2024).

There is more pressure on the healthcare system because of the increase in the noncommunicable diseases. Although communicable diseases are under control but COVID-19 was a wake-up call for all the countries to improve their health care system. Road traffic accidents have become more common and with the yearly holy pilgrimage season with 3 million pilgrims from more than 183 countries coming for the pilgrimage the health risks increase and therefore the Kingdom of Saudi Arabia must concentrate on its health care policies (Wan Puteh *et al.*, 2020).

Saudi Arabia has a high number of hospitals and clinics, but to cater to the increasing needs of the patients it has to provide the largest number of hospitals and clinics that are equal to the developed countries as it still is behind the other developed countries regarding the hospital bed capacity, number of nurses, and number of physicians (Wan Puteh *et al.*, 2020). With the increase in the healthcare challenges due to treatment demands, increasing health care costs and demand of quality healthcare services, the Kingdom of Saudi Arabia must develop health care system and its health care insurance policies (Wan Puteh *et al.*, 2020).

One positive aspect to understand is with the vision 2030, Saudi Arabia has been working hard to improve its health care service quality. In order to improve its healthcare service quality, it has implemented the unified medical insurance system or NPHIES (The National Platform for Health and Insurance Exchange Services). The main objective of NPHIES is to improve access to health care and provide the best quality of services. The national health insurance program was also successful because the results are very good and this was also an attempt to improve sustainable health care system based on collecting monthly financial payments from members. In a study conducted at Aurora General Hospital in Dammam, it was found that there was a positive response to the implementation of NPHIES (Alnajjar, 2024). In another study conducted by Al-Qahtani and Al-Khmasan (2023) in the Ministry of Health hospitals in Dammam showed that health insurance had a positive impact on healthcare services in terms of reliability, integration, responsiveness and treatment provided by the healthcare services and in the awareness of healthcare services, procedures and systems (Al-Qahtani & Al-Khmasan, 2023).

The results of the study showed that adoption of a unified medical insurance system enhances the resilience of health insurance to risk and improve the healthcare access to rural population. This particular system can end the disparity which is existing in healthcare provision in the rural and urban areas and enhance regional equity. The respondents also felt that

the NPHIES was a positive program that provided an improvement in the health care system. The study also emphasizes that the healthcare and social sectors have to keep on getting more and more investments and employ professionals, recruit competent doctors, enhance the supply of necessary medical devices and provide an appropriate number of medical staff because health care delivery is a continuously developing field and it requires continuous development and continuous efforts from the government (Alnajjar, 2024; AlJohani & Bugis, 2024).

Another challenge being faced by the Kingdom of Saudi Arabia is the shortage of medical professionals and limited medical education options (Almalki *et al.*, 2011; Walston *et al.*, 2018). Majority of the healthcare professionals are from other countries and this could also be the major reason behind the timeliness problem faced by the patients. The government also has to concentrate on improving the quality care in the government run hospitals. The Saudi government will also have to concentrate a little more on building and operating complex health insurance businesses.

Going ahead the government will also have to find quality professionals in order to build and manage complex health insurance businesses in the Kingdom of Saudi Arabia (Wan Puteh *et al.*, 2020). The healthcare services are provided on level of care, such as primary, secondary and tertiary level of care. The protocols are not uniform or standardized, and therefore the treatment plan lacks standardized protocol and finally patients do not get their treatment properly (Alasiri & Mohammed, 2022).

## SECTION III RESEARCH DESIGN

### 3.1 Research Questions

1. What is the influence of health insurance on gaining access to quality health care services?
2. How can health insurance help in enhancing patient satisfaction and reducing financial distress and medical debts?
3. What is the role of health care insurance in providing opportunities of timely medical interventions and reducing cost of medical care?

### 3.2 Research Method

The present study could have used mixed-method of research study including qualitative and quantitative research methods, but due to the limited time and the practical problems of conducting surveys and interviews the qualitative research method was found to be appropriate to conduct the study. The research method used in the present study is qualitative research technique because the data was collected by conducting review of articles from journals, books, internet articles,

presentations, dissertation, online sources and other publications.

## SECTION IV

### DATA COLLECTION, ANALYSIS AND FINDINGS

#### 4.1 Data Collection

Health insurance in the Kingdom of Saudi Arabia is quite a new concept because the government has an excellent healthcare policy of providing free healthcare services to all the citizens of the country. However, the expatriates and the people coming for the pilgrimage of Mecca and Medina needed healthcare services and the government was facing a heavy burden and so the insurance services were initiated in the country. The studies done on healthcare insurance and its impact and role in the overall quality of healthcare are quite limited, so there are a few journal articles available. The data for the present study was collected by referring journal articles, online sites, PhD dissertations, books and book chapters and other publications. The collected data was organized based on topics and subtopics relevant to the topic of the present study and the research questions.

#### 4.2 Data Analysis

The data collected from different sources was organized based on the research questions and then themes were considered. The thematic analysis was conducted in order to find common themes based on the research questions of the present study. The common themes that could be used in the present study are effectiveness of insurance policies, satisfaction of patients related to healthcare services, quality of insurance services, and challenges faced by the insurance agencies in the kingdom of Saudi Arabia.

#### 4.3 Findings

##### 1. What is the influence of health insurance on gaining access to quality health care services?

Based on the literature review, the influence of health insurance on gaining access to quality health care services has definitely improved in the kingdom of Saudi Arabia. However, there is a slight problem with the access to health care that it does not provide equal health care services to everyone. The people with public insurance face difficulties while accessing health care services because they have to wait for longer times and they may not have advance treatment options as compare to the private insurance holders. The private insurance holders do not have to wait for long time and they also have the advanced treatment options available and they can also avail treatment in other countries. Patients who do not have insurance face severe financial hardship and they do not have easy access to health care services (Awadalkarim *et al.*, 2024).

Health insurance can utilize the combination of the requirements by all patients, and it should be more

commendable, comprehensive and does not cause a commotion by the confusion of healthcare services (Khalil *et al.*, 2018).

##### 2. How can health insurance help in enhancing patient satisfaction and reducing financial distress and medical debts?

Health insurance can help the patients to avail medical help as and when they need according to the emergency situation. The waiting time of patients will reduce and they will be able to avail the best services within the country and also outside the country. However, the people living in the urban areas may have quick access to health care services while the people living in the rural areas may not have quick access because there is a higher concentration of healthcare facilities in the urban areas (Rahman & Alsharqi, 2019; Al-Hanawi *et al.*, 2021). However, another study shows that people in Saudi Arabia are willing to pay for the improvement of public healthcare services (Al-Hanawi, Alsharqi & Vaidya, 2018).

Health insurance has helped the public sector and private sector because it has reduced financial distress and medical debts because the insurance covers the medical bills, and moreover privatization has brought the two sectors closer to work in cooperation by introducing more autonomy and lesser centralization (AlMubarak *et al.*, 2021). Unfortunately, there is still a difference in the healthcare insurance in the public sector and private and sector and therefore the level of financial distress may be affected. In case, the insurance plans do not cover the complete expenses and have some hidden policies and clauses or “conditions apply,” then the patients may not be happy and they may not get complete satisfaction (Overview of Healthcare and Healthcare Insurance in Saudi, n.d.). Moreover, privatization may not always be a boon because it may lead to increase in healthcare price and have a strong impact on equity and equity (Rahman, 2020). Even if people are willing to pay for insurance or for improvement of healthcare, the younger people will be eager to pay but the older people may not be so eager because age is an important factor influencing the willingness to pay, and higher education is another factor that may influence the willingness to pay (Edoh & Brenya, 2004; Dror *et al.*, 2007; Asgary *et al.*, 2004).

Percentage coverage is mandatory by all insurance companies and therefore depending on the disease, the insurance plan, and the availability of the drugs or medical procedures, the patients may have to put a percentage of their income and this may result in medical debts.

##### 3. What is the role of health care insurance in providing opportunities of timely medical interventions and reducing cost of medical care?

Healthcare insurance has an important role in the Kingdom of Saudi Arabia because it provides support

and opportunities of timely medical interventions as the waiting time reduces for many patients and they are able to avail the required healthcare services on time in an emergency situation, but with the increasing number of patients there are often challenges of efficiency (Al-Harajin *et al.*, 2019). Most of the patients are fully aware of the medical plan they have chosen and what kind of insurance they will get, so they also know how much money would be reduced while taking medical care or how much help will be provided by the insurance companies.

Sometimes, the patients are not even aware that their insurance plan can cover a lot of treatments totally free of charge and this lack of knowledge can force them to hesitate from taking the health insurance plans. Therefore, the insurance company agents should explain to the patient in clear terms that what they would be getting after availing the insurance plan and also suggest to the patients what kind of plan would be the perfect one for them and their family members. It is over all responsibility of the health care insurance agencies to see to it that the medical debts of patients are reduced and the main objective of the health care insurance will feel that patients are satisfied with the health care services being provided to them.

## SECTION V DISCUSSION

Based on the literature review and the analysis of the literature review, the present study shows that health insurance has impacted the health care services in Saudi Arabia. There has been an improvement in the health care services but there are also challenges that have to be overcome by the health insurance agencies in order to provide equitable services to all from the different sectors and also from the different regions of Saudi Arabia. There is a necessity to understand the major risk factors and chronic diseases prevalent in Saudi Arabia and based on that the short-term and long-term healthcare insurance problem policies can be planned because healthcare insurance can help patients to get excellent medical facilities and would improve the efficiency of medical management approaches (Otaibi *et al.*, 2023).

The research is presently looking only at the role of health insurance to enhance the overall quality of health care, but in the future there can be an expansion of the study to include the impact of the insurance policies on the rural population and whether they are being benefited because of the healthcare insurance policies. Most of the studies included in the research paper are based on urban settings and urban communities, who enjoy the best of health care services, compared to the rural areas, therefore the future studies can include more articles or surveys or interviews of people and patients belonging to the rural areas.

The themes analyzed and answers to the research questions can help the future policymakers in the Kingdom of Saudi Arabia to decide the rules and regulations that have to be implemented strictly and it would also act as a guide for the insurance agencies to plan their insurance plans in such a way that every citizen is benefited equally and can enjoy the benefits of the trust they have given to the insurance agencies. The health care providers can also use the present study in order to understand the needs of the health care system and also simplify insurance policy plans so that they can be implemented in an equitable manner for all the patients and the best services can be provided effectively to everyone in the Kingdom of Saudi Arabia.

## SECTION VI POLICY IMPLICATIONS

### Policy Recommendation 1: Making Health Insurance Affordable:

Saudi government should implement policies that enhance equitable provision of health insurance and healthcare services to everyone irrespective of their citizenship or non-citizenship. Health care is important for everyone and the non-citizens or expatriates are also working for the Saudi government directly or indirectly, and therefore it is imperative for them to provide health insurance at a low premium level because healthcare costs are increasing every day. The Saudi government should also ensure that the employers share the maximum share of the health care insurance premiums so that the burden on the employees will reduce and everyone will have equal access to healthcare and health insurance plans.

### Policy Recommendation 2: Standardized Healthcare Insurance Plans:

There is a strong variability in the healthcare insurance plans, and the expatriates earning lower income may not be able to afford health care facilities because of the variability of the healthcare insurance plan. Therefore, the Saudi government should implement standardized healthcare insurance plan for all the expatriates irrelevant to their income and their position in the organization. The Cooperative Health Insurance System should plan a standardized health insurance plan so that all the citizens and the non-citizens will be able to afford healthcare insurance within the country and if required outside the country.

### Policy Recommendation 3: Enhancing Rural Access:

The health insurance services available in the city are of prime quality. However, the health insurance plans in the rural areas are not up to the mark and healthcare facilities in the rural areas have not developed to the level of the healthcare facilities in the urban areas in Saudi Arabia. This causes the problem of inequality in providing services to the rural area people. As mentioned earlier in the literature review, "There are still regional disparities because of the difference between urban and



rural areas. The insurance covered health care services may be delayed to the rural population. The people living in the urban areas may have quick access to health care services while the people living in the rural areas may not have that quick access because there is a higher concentration of healthcare facilities in the urban areas” (Rahman & Alsharqi, 2019; Al-Hanawi *et al.*, 2021). There is a frequent delay in providing healthcare services to the people residing in the rural areas and the Saudi government should implement rules that clearly define that health insurance should be provided to the rural areas equal to the urban areas. Government can also implement a proper referral system in the rural areas so that the patients who need immediate health care can be transferred to the cities according to the need of health care and treatment. Similarly, if patients require treatment outside the country they should be referred immediately depending on the severity of the disease.

## SECTION VII THEORETICAL IMPLICATIONS

### 7.1 Defining a Theory

Whenever scientists and researchers want to explain some phenomena or concept, they propose a theory. According to American Museum of Natural History, a theory is an explanation of any aspect with full evidence and proof and facts, hypotheses and laws (American Museum of Natural History, 2019). Theories have their own patterns and occurrences that are based on the laws and rules depending on the subject of study, for example, there is theory of relativity, there is gene theory, and there are other theories (Defining Theory Learning Objectives, 2025).

There are certain traits or properties of a theory, but it is not necessary that all the traits can be applied on all the theories because just like beauty lies in the eyes of the beholder, the meaning and implementation of a theory lies in the eyes of the creator of the theory and the user of the theory. The traits or properties of a theory are that it is generalized and/or transferable in social contexts; it gives an insight and provides guidance to improve social life; it manages and/or predicts action by using logic; it provides relation between two or more concepts; it provides an account for variation in different parameters; and it explains how or why things happen by providing causes (Saldaña, 2022).

### 7.2 Major Theories Reviewed So Far

There are many theories reviewed in the paper, and one of them is The National Platform for Health and Insurance Exchange Services (NPHIES) Theory. This theory is based on providing a centralized healthcare and insurance program in KSA. This theory provides the relationship between insurance and medical sectors, and the way this relationship can help to improve access to healthcare.

With this theory, the theory of inequity and the theory of equity also emerge in the paper. The theory of inequity can be used to highlight the injustice in the healthcare system where the rich can afford to buy their healthcare facilities and treatment while the poor will suffer eventually because they cannot afford to pay the high premiums (Adams, 1965). The inequity is also visible because the citizens can still enjoy healthcare while the expatriates cannot enjoy the same rights as the citizens of the country. Another theory that was reviewed in the paper was the equity theory because people who are getting benefitted because of their citizenship or money, and people who are not being benefitted because of not being citizens or lack of money may feel distress because of lack of proper healthcare services or health insurance programs or the excess or easy availability of the same (Walster *et al.*, 1973).

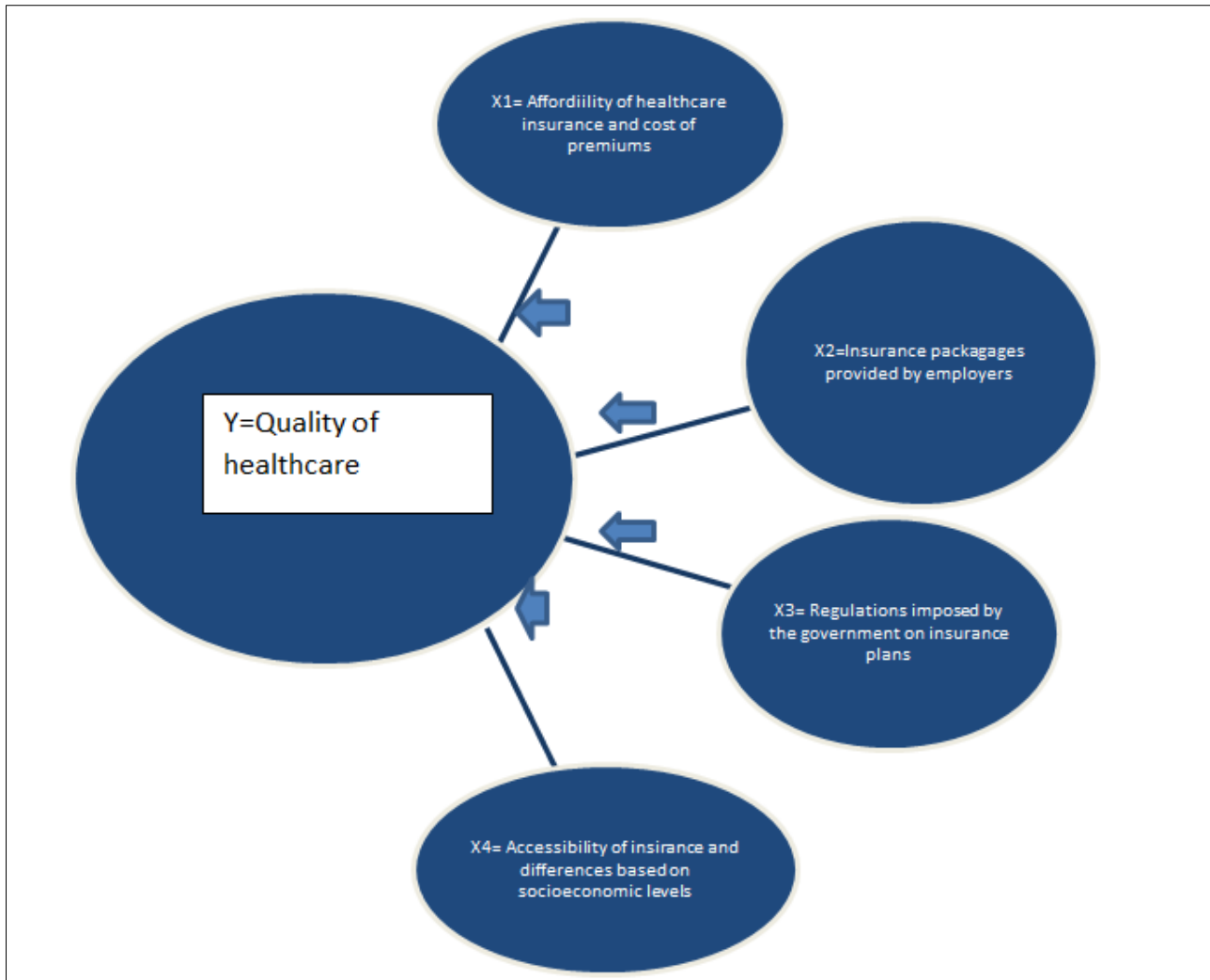
### 7.3 Integrated Theory

We propose the new integrated theory based on the major theories reviewed as Affordability and Accessibility of Health Insurance Theory. This theory is based on the relationship between the X and Y variables, where Y is the dependent variable and X1, X2, X3, and X4 are the independent variables. The relationship between the dependent and independent variables can be shown with the help of the formula:

$$Y = F(X_1, X_2, X_3, X_4)$$

In this integrated theory, the Y or the dependent variable stands for quality of healthcare (and its affordability and accessibility for everyone equally). The independent variables, X1, X2, X3 and X4 stand for:

- X1: Affordability of healthcare insurance and cost of premiums
- X2: Insurance packages provided by employers
- X3: Regulations imposed by the government on insurance plans
- X4: Accessibility of insurance and differences based on socioeconomic levels



**Fig. 1: Relationship between Y (Dependent Variable) and X1, X2, X3, X4 (Independent Variables)**

The quality of healthcare and its affordability and accessibility for everyone can improve with affordable insurance policies and reduction in the cost of policies; it can become more affordable with well-planned premiums and packages of insurance plans; government regulations can help to control the cost of insurance and make them more affordable and accessible; and socioeconomic levels may have an impact on affordability of insurance plans.

This theory can help researchers to understand and devise ways to improve the overall healthcare system in the Kingdom of Saudi Arabia. The government has been doing its best and providing free healthcare to its citizens and cheaper healthcare insurance to the expatriates. However, there are still many discrepancies related to affordability and accessibility of healthcare because of the variability of the health insurance plans, and therefore the theory “Affordability and Accessibility of Health Insurance Theory” can be helpful for future amendments in the insurance programs.

## SECTION VIII CONCLUSIONS

### 8.1 Brief Summary of the Conclusion

The present research on health insurance and the role it plays in enhancing the overall quality of health care in Saudi Arabia shows that there has been an improvement in the quality of health care services in the Kingdom of Saudi Arabia because of the private and public health insurance policies. There has been a reduction in financial burden on the expatriates and also the local citizens because the health insurance plans cover a wide number of diseases and healthcare problems. The health insurance policies are meant to improve the health care facilities for the expatriates. The study shows that there is still a challenge of providing timely intervention because of the differences in the rural facilities and urban facilities and there are also disparities because of the differences in socioeconomic groups. The common factor that the study came across was that the public insurance holders had to face extra time of waiting and even they could not avail the high cost quality services while the private insurance holders who paid a higher amount of Insurance premiums were able to get

advanced treatment within the country and outside the country and they did not have to wait for a long time. The expatriates who do not have a higher range of health care policy suffer more. There is still lack of awareness about the benefits that the insurance services can provide to get quality health care and there has to be an improvement in the resources so that healthcare facilities can be provided to the insured and even the uninsured. However, the present policies are more favorable for the local citizens and it is only the foreigners who seek more benefits from their health insurance policies. It can be concluded from the study that Saudi Arabia has come far enough in providing the health care insurance to its pilgrims and also the employees from the foreign countries but there is always a place to make changes and introduce policies that can help everyone irrespective of the regional differences, socio-economic differences or religious differences, and everyone can get the best quality of health care.

### 8.2 Future Research

Based on the study and the research conducted, it can be concluded that Saudi Arabia has worked hard on improving its health care policies that have had a positive impact on providing quality healthcare to the local citizens and the foreigners working in the country. The pilgrims who come to visit the holy places also get the benefits of health insurance. It has been observed that there are some regional differences and even socio-economic differences in providing the healthcare and the people from the rural areas suffer more because of delays in providing healthcare and lack of awareness of the benefits of healthcare policies. The future research can concentrate more on mixed studies and interviews of the expatriates and the local citizens to know exactly what are the changes and the challenges in the health care industry and how the insurance services can be improved in order to remove the barriers of region and socioeconomic differences. The present health funding models are not stable financially (Hazazi *et al.*, 2022). Therefore, there are different models of insurance policies available in Saudi Arabia and future studies can be conducted on the different insurance policies and insurance companies that provide insurance in Saudi Arabia, and how they and even the employers and the government can help to improve their services in order to remove the disparities and challenges found in this study.

### 8.3 Limitations of Research

The limitations of the research were that it was mostly literature-based and there were no direct surveys and interviews conducted to get a substantially reliable idea about how people are affected because of the health insurance policies. Most of the literature was from the urban areas and therefore the precise experiences of the rural population were not captured in this particular research. Most of the research studies covered in the present study concentrated on the regional drawbacks

and the problems faced by expatriates, but precisely how healthcare insurance policies are helping to remove financial distress and also to manage chronic diseases were not covered in the literature review. The study intended to cover the different types of insurance plans available in Saudi Arabia but because of limited resources available on this particular topic the study was not able to provide a thorough picture of variability in the insurance plans. The study was not able to cover the recent changes in the health care insurance policies in Saudi Arabia as the recent studies would have shown the changes in the policies and the challenges that must be covered up with the near future.

### DECLARATIONS

- No funding was received for conducting this study.
- The authors have no relevant financial or non-financial interests to disclose.

**Conflict of Interest:** None

**Funding Information:** No funding was received for conducting this study.

### REFERENCES

- Adams, J. S. (1965). Inequity in Social Exchange. *Advances in Experimental Social Psychology*, 2(1), 267–299. [https://doi.org/10.1016/S0065-2601\(08\)60108-2](https://doi.org/10.1016/S0065-2601(08)60108-2)
- Alasiri, A. A., & Mohammed, V. (2022). Healthcare Transformation in Saudi Arabia: An Overview Since the Launch of Vision 2030. *Health Services Insights*, 15(1), 117863292211212. <https://doi.org/10.1177/1178632922112124>
- Aldosari M., Ibrahim Y., Manab N.B.A., Al-Matari E.M., Alotaibi E.A. Linking cooperative health insurance service characteristics to expatriates' satisfaction: Mediating role of customer knowledge. *Int. Rev. Manag. Mark.* 2016; 6:1013–1019. [https://www.researchgate.net/publication/309810783\\_Linking\\_Cooperative\\_Health\\_Insurance\\_Service\\_Characteristics\\_to\\_Expatriates'\\_Satisfaction\\_Mediating\\_Role\\_of\\_Customer\\_Knowledge](https://www.researchgate.net/publication/309810783_Linking_Cooperative_Health_Insurance_Service_Characteristics_to_Expatriates'_Satisfaction_Mediating_Role_of_Customer_Knowledge)
- Al-Hanawi, M. K., Alsharqi, O., & Vaidya, K. (2018). Willingness to pay for improved public health care services in Saudi Arabia: a contingent valuation study among heads of Saudi households. *Health Economics, Policy and Law*, 1(1), 1–28. <https://doi.org/10.1017/s1744133118000191>
- Al-Hanawi, M. K., Mwale, M. L., & Kamninga, T. M. (2020). The Effects of Health Insurance on Health-Seeking Behaviour: Evidence from the Kingdom of Saudi Arabia. *Risk Management and Healthcare Policy*, 13(1), 595–607. <https://doi.org/10.2147/RMHP.S257381>
- Al-Hanawi, M. K., Mwale, M. L., & Qattan, A. M. (2021). Health insurance and out-of-pocket

- expenditure on health and medicine: Heterogeneities along income. *Frontiers in Pharmacology*, 12, 638035. <https://doi.org/10.3389/fphar.2021.638035>
- Al-Harajin, R., Al-Subaie, S., & Elzubair, A. (2019). The association between waiting time and patient satisfaction in outpatient clinics: Findings from a tertiary care hospital in Saudi Arabia. *Journal of Family and Community Medicine*, 26(1), 17. [https://doi.org/10.4103/jfcm.jfcm\\_14\\_18](https://doi.org/10.4103/jfcm.jfcm_14_18)
  - Alharbi, A. (2022). Willingness to pay for a National Health Insurance (NHI) in Saudi Arabia: a cross-sectional study. *BMC Public Health*, 22(1). <https://doi.org/10.1186/s12889-022-13353-z>
  - Ali, M. A. A., et al., (2024). The impact of health insurance on the quality of health services in Saudi Arabia. *Educational Administration: Theory and Practice*, 30(10), 33-44. <https://doi.org/10.53555/kuey.v30i10.7928>
  - AlJohani, B. A., & Bugis, B. A. (2024). Advantages and Challenges of Implementation and Strategies for Health Insurance in Saudi Arabia: A Systemic Review. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 61(1). <https://doi.org/10.1177/00469580241233447>
  - Alkhamis, A. (2017). Knowledge of health insurance benefits among male expatriates in Saudi Arabia. *Saudi Medical Journal*, 38(6), 642–653. <https://doi.org/10.15537/smj.2017.6.18177>
  - Alkhamis, A., Hassan, A., & Cosgrove, P. (2013). Financing healthcare in Gulf Cooperation Council countries: a focus on Saudi Arabia. *The International Journal of Health Planning and Management*, 29(1), e64–e82. <https://doi.org/10.1002/hpm.2213>
  - Almalki, M., Fitzgerald, G., & Clark, M. (2011). Health care system in Saudi Arabia: an overview. *Eastern Mediterranean Health Journal*, 17(10), 784–793. <https://doi.org/10.26719/2011.17.10.784>
  - Almalki, Z. S., A. Alahmari, Alshehri, A. M., Abdulaziz Altowajri, Alluhidan, M., Ahmed, N. J., AlAbdulsalam, A. S., Alsaiani, K. H., Alrashidi, M. A., Alghusn, A. G., Alqahtani, A. S., Alzarea, A. I., Alanazi, M. A., & Alqahtani, A. M. (2022). Investigating households' out-of-pocket healthcare expenditures based on number of chronic conditions in Riyadh, Saudi Arabia: a cross-sectional study using quantile regression approach. *BMJ Open*, 12(9), e066145–e066145. <https://doi.org/10.1136/bmjopen-2022-066145>
  - Almasabi, M. (2013). Factors influence and impact of the implementation of quality of care in Saudi Arabia. *Journal of Medicine and Medical Sciences*, 4(3), 92–95. <https://www.interestjournals.org/articles/factors-influence-and-impact-of-the-implementation-of-quality-of-care-in-saudi-arabia.pdf>
  - AlMubarak, S. H., Alfayez, A. S., Alanazi, A. T., Alwuhaimed, L. A., & Bo Hamed, S. S. (2021). Autonomy, accountability, and competition: The privatisation of the Saudi health care system. *Journal of Taibah University Medical Sciences*, 16(2), 144–151. <https://doi.org/10.1016/j.jtumed.2020.11.005>
  - Almutairi, K. M., & Moussa, M. (2014). Systematic review of quality of care in Saudi Arabia. A forecast of a high quality health care. *Saudi Medical Journal*, 35(8), 802–809. <https://pubmed.ncbi.nlm.nih.gov/25129177/>
  - Alnajjar, M. I. (2024) The Impact of Unified Medical Insurance System Implementation (Nphies) on Healthcare Service Quality: Applied Research Case Study in Arrawdha General Hospital Dammam, Saudi Arabia. [https://www.researchgate.net/publication/381177479\\_The\\_Impact\\_of\\_Unified\\_Medical\\_Insurance\\_System\\_Implementation\\_Nphies\\_on\\_Healthcare\\_Service\\_Quality\\_Applied\\_Research\\_Case\\_Study\\_in\\_Arrawdha\\_General\\_Hospital\\_Dammam\\_Saudi\\_Arabia](https://www.researchgate.net/publication/381177479_The_Impact_of_Unified_Medical_Insurance_System_Implementation_Nphies_on_Healthcare_Service_Quality_Applied_Research_Case_Study_in_Arrawdha_General_Hospital_Dammam_Saudi_Arabia) a DOI:10.54536/ajmsi.v3i1.2630
  - Al-Nozha, O. M. (2024). Key aspects of the Saudi healthcare system reform and the potential impact on the main stakeholders: A qualitative study. *Journal of Taibah University Medical Sciences*, 1(1). <https://doi.org/10.1016/j.jtumed.2024.04.007>
  - Alonazi, W. B. (2017). Exploring shared risks through public-private partnerships in public health programs: a mixed method. *BMC Public Health*, 17(1). <https://doi.org/10.1186/s12889-017-4489-z>
  - Alotaibi, Y., & Federico, F. (2017). The impact of health information technology on patient safety. *Saudi Medical Journal*, 38(12), 1173–1180. [ncbi. https://doi.org/10.15537/smj.2017.12.20631](https://doi.org/10.15537/smj.2017.12.20631)
  - Al-Qahtani, S. A., & Al-Khmasan, M. A. (2023). The impact of health insurance on the quality of healthcare services in government hospitals in Dammam city. <https://doi.org/10.29121/granthaalayah.v11.i12.2023.5427>
  - Alrabeah, A. H., Ogden, S. M., Edgar, D. A., & Fryer, K. J. (2015). TQM in the Saudi health care system: a national cultural perspective. *World Review of Business Research*, 5(2), 120-136. <http://www.wrbpapers.com/static/documents/April/2015/10.%20Abdulrahman.pdf>
  - Al-Sharqi, O. Z., & Abdullah, M. T. (2013). “Diagnosing” Saudi health reforms: Is NHIS the right “prescription”? *International Journal of Health Planning and Management*, 28, 308–319. <https://doi.org/10.1002/hpm.2148>
  - Al-Wathinani, A., Barten, D. G., Borowska-Stefańska, M., Paweł Gołda, AlDulijan, N. A., Alhallaf, M. A., Samarkandi, L. O., Almuhaiddly, A. S., Mariusz Goniewicz, Samarkandi, W. O., &



- Krzysztof Goniewicz. (2023). Driving Sustainable Disaster Risk Reduction: A Rapid Review of the Policies and Strategies in Saudi Arabia. *Sustainability*, 15(14), 10976–10976. <https://doi.org/10.3390/su151410976>
- Alzahrani, A. A., Pavlova, M., Nizar Alsubahi, Ahmad, A., & Groot, W. (2025). Impact of the Cooperative Health Insurance System in Saudi Arabia on Universal Health Coverage—A Systematic Literature Review. *Healthcare*, 13(1), 60–60. <https://doi.org/10.3390/healthcare13010060>
  - American Museum of Natural History. (2019). *What is a Theory?* American Museum of Natural History. <https://www.amnh.org/exhibitions/darwin/evolution-today/what-is-a-theory>
  - Asgary, A., Willis, K., Taghvaei, A. A., & Rafeian, M. (2004). Estimating rural households' willingness to pay for health insurance. *The European Journal of Health Economics, Formerly: HEPAC*, 5(3), 209–215. <https://doi.org/10.1007/s10198-004-0233-6>
  - Awadalkarim, M., Yasir A. E., Alsharif, B. O., & Saud, A. (2024). The impact of Health Insurance on the quality of Health Services in Saudi Arabia. *Educational Administration: Theory and Practice*, 30(10), 58–64. <https://doi.org/10.53555/kuey.v30i10.7928>
  - Bawazir, S. A., Alkudsi, M. A., Al Humaidan, A. S., Al Jaser, M. A., & Sasich, L. D. (2013). Pharmaceutical policies used by private health insurance companies in Saudi Arabia. *Saudi Pharmaceutical Journal*, 21, 267–276. <https://doi.org/10.1016/j.jsps.2012.10.005>
  - Bin Saeed, K. S. (1998). Factors Affecting Patients' Choice of Hospitals. *Annals of Saudi Medicine*, 18(5), 420–424. <https://doi.org/10.5144/0256-4947.1998.420>
  - Booker, C., Turbutt, A., & Fox, R. (2016). Model of care for a changing healthcare system: are there foundational pillars for design? *Australian Health Review*, 40(2), 136. <https://doi.org/10.1071/ah14173>
  - Boone, J. (2015). Basic versus supplementary health insurance: Moral hazard and adverse selection. *Journal of Public Economics*, 128, 50–58. <https://doi.org/10.1016/j.jpubeco.2015.05.009>
  - Defining Theory Learning Objectives*. (2025). [https://uk.sagepub.com/sites/default/files/upm-assets/140558\\_book\\_item\\_140558.pdf](https://uk.sagepub.com/sites/default/files/upm-assets/140558_book_item_140558.pdf)
  - Dror, D. M., Radermacher, R., & Koren, R. (2007). Willingness to pay for health insurance among rural and poor persons: Field evidence from seven micro health insurance units in India. *Health Policy*, 82(1), 12–27. <https://doi.org/10.1016/j.healthpol.2006.07.011>
  - Edoh, D., & Brenya, A. (2004). A Community-based feasibility study of National Health Insurance scheme in Ghana. *African Journal of Health Sciences*, 9(1). <https://doi.org/10.4314/ajhs.v9i1.30754>
  - Haddad, G. K., & Anbaji, M. Z. (2010). Analysis of Adverse Selection and Moral Hazard in the Health Insurance Market of Iran. *The Geneva Papers on Risk and Insurance - Issues and Practice*, 35(4), 581–599. <https://doi.org/10.1057/gpp.2010.20>
  - Haque, M., & Khan, R. (2019). *International Journal of Energy Economics and Policy Role of Oil Production and Government Expenditure in Improving Human Development Index: Evidence from Saudi Arabia*. <https://doi.org/10.32479/ijeep.7404>
  - Hazazi, A., Wilson, A., & Larkin, S. (2022). Reform of the Health Insurance Funding Model to Improve the Care of Noncommunicable Diseases Patients in Saudi Arabia. *Healthcare*, 10(11), 2294. <https://doi.org/10.3390/healthcare10112294>
  - Health Insurance in Saudi Arabia | APRIL International. (2025). *APRIL International*. <https://www.april-international.com/en/destinations/asia-pacific/health-insurance-in-saudi-arabia>
  - Khalil, M. K. M., Al-Eidi, S., Al-Qaed, M., & AlSanad, S. (2018). The future of integrative health and medicine in Saudi Arabia. *Integrative Medicine Research*, 7(4), 316–321. <https://doi.org/10.1016/j.imr.2018.06.004>
  - Otaibi, A., Tham, J., & Ahmad, A. (2023). The Mediated Impact of Health Care Insurance Inclusion between Hospital Management and Operation Efficiency in Saudi Arabia. *International Journal of Membrane Science and Technology*, 10(2), 1981–1998. <https://doi.org/10.15379/ijmst.v10i2.2727>
  - Overview of Healthcare and Healthcare Insurance in Saudi. (n.d). *Healthcare and Insurance | Setup in Saudi*. <https://www.setupinsaudi.com/en/healthcare-and-insurance>
  - Rahman, R. (2020). The Privatization of Health Care System in Saudi Arabia. *Health Services Insights*, 13(1), 117863292093449. <https://doi.org/10.1177/1178632920934497>
  - Rahman, R., & Al-Borie, H. M. (2020). Strengthening the Saudi Arabian healthcare system: Role of Vision 2030. *International Journal of Healthcare Management*, 14(4), 1–9. <https://doi.org/10.1080/20479700.2020.1788334>
  - Rahman, R., & Alsharqi, O. Z. (2019). What drove the health system reforms in the Kingdom of Saudi Arabia? An analysis. *International Journal of Health Planning and Management*, 34, 100–110. <https://doi.org/10.1002/hpm.2584>
  - Reegu, F. A., Abas, H., Gulzar, Y., Xin, Q., Alwan, A. A., Jabbari, A., Sonkamble, R. G., & Dziyauddin, R. A. (2023). Blockchain-Based Framework for Interoperable Electronic Health Records for an Improved Healthcare System. *Sustainability*, 15(8). <https://doi.org/10.3390/su15086337>

- Salam, A. (2022). Self-health assessments in Saudi Arabia: Directions for an integrated primary healthcare. *Journal of Family Medicine and Primary Care*, 11(9), 4919. [https://doi.org/10.4103/jfmpe.jfmpe\\_2242\\_21](https://doi.org/10.4103/jfmpe.jfmpe_2242_21)
- Saldaña, J. (2022). *A Primer On Social Science Theory*. <https://bpb-us-e1.wpmucdn.com/sites.nova.edu/dist/a/4/files/2023/02/Theory-Primer-Saldana-TQR.pdf>
- Sheerah, H. A., Yasir Almuzaini, & Khan, A. (2023). Public Health Challenges in Saudi Arabia during the COVID-19 Pandemic: A Literature Review. *MDPI*, 11(12), 1757–1757. <https://doi.org/10.3390/healthcare11121757>
- Walster, E., Berscheid, E., & Walster, G. W. (1973). New directions in equity research. *Journal of Personality and Social Psychology*, 25(2), 151–176. <https://doi.org/10.1037/h0033967>
- Walston, S., Al-Harbi, Y., & Al-Omar, B. (2018). The changing face of healthcare in Saudi Arabia. *Annals of Saudi Medicine*, 28(4), 243–250. <https://doi.org/10.5144/0256-4947.2008.243>
- Wan Puteh, Dr. S. E., Aizuddin, Dr. A. N., & Al Salem, A. A. (2020). Renewal of Healthcare Funding Systems by National Health Insurance in the Kingdom of Saudi Arabia (NHI). *Haya: The Saudi Journal of Life Sciences*, 5(11), 236–245. <https://doi.org/10.36348/sjls.2020.v05i11.001>