

Patients' Perspectives on Chronic Disease Management in a Saudi Tertiary Hospital: A Qualitative Study

Youssef M. Almodhaibri¹, Bader K. Abumelha²

Abstract:

Background: Chronic diseases such as diabetes, hypertension, and cardiovascular and kidney diseases are rising in Saudi Arabia, adding strain on tertiary hospitals. Despite reforms, patient-centered care remains limited.

Objective: To explore patients' perspectives on barriers and facilitators of chronic disease management in a Saudi tertiary hospital.

Methods: A qualitative descriptive study was conducted with 20 patients recruited from internal medicine and specialty clinics. Semi-structured interviews (March–June 2023) were transcribed and thematically analyzed using Braun and Clarke's framework.

Results: Four themes emerged: (1) Medication Adherence Barriers (poor education, cultural beliefs, fear of side effects); (2) Communication Gaps (short consultations, lack of empathy, language issues); (3) Continuity of Care Issues (fragmented pathways, weak follow-up, poor coordination); and (4) Patient Involvement (exclusion from decisions but desire for empowerment).

Conclusion: Patients face persistent challenges in adherence, communication, continuity, and empowerment. Addressing these through education, improved communication, coordinated multidisciplinary care, and shared decision-making can strengthen patient-centered care and support Saudi healthcare transformation goals.

INTRODUCTION

Chronic diseases, such as diabetes mellitus, cardiovascular disease, hypertension, and chronic kidney disease, represent some of the most pressing health challenges globally. In Saudi Arabia, the rising prevalence of non-communicable diseases (NCDs) has placed significant strain on the healthcare system, particularly in tertiary hospitals where patients with multiple comorbidities often require complex management. According to the World Health Organization, NCDs account for nearly 73% of all deaths in the Kingdom, highlighting the urgent need to improve prevention and management strategies (Hazazi & Wilson, 2022).

A central component of chronic disease management is the integration of patient-centered care, which emphasizes patients' perspectives, preferences, and lived experiences. Research indicates that patients' perceptions of quality of care during hospitalization can significantly influence adherence, satisfaction, and health outcomes (Tunsi et al., 2023). However, gaps remain in understanding how patients in Saudi Arabia experience chronic disease care within tertiary hospitals. For example, medication adherence among Saudi patients with chronic diseases remains suboptimal, driven by factors such as cultural beliefs, lack of tailored education, and system inefficiencies (Alosaimi et al., 2022).

Qualitative studies have revealed that healthcare professionals and patients identify shared decision-making as a critical factor in improving chronic disease management, yet barriers persist at multiple levels, including time constraints, communication gaps, and limited patient empowerment (Alsulamy et al., 2022). Similarly, factors contributing to medicine-related problems in patients with diabetes and cardiovascular diseases in Saudi Arabia include poor communication between patients and healthcare providers, inadequate follow-up, and limited patient knowledge about medications (Al Hamid et al., 2017).

The holistic care model has been increasingly advocated to address these challenges, with recent evidence suggesting that a broader, patient-centered approach could enhance both patient satisfaction and clinical outcomes (Abd-Elrazek, 2025). Additionally, continuity of care in primary and tertiary healthcare settings has been identified as a key determinant of effective chronic disease management, with patients expressing strong preferences for consistent and coordinated care experiences (Almalki et al., 2023).

This study seeks to explore patients' perspectives on the quality and challenges of chronic disease management in a tertiary hospital in Saudi Arabia. By using a qualitative approach, this research aims to identify barriers to adherence, highlight patient-centered needs, and provide insights for developing targeted interventions that improve the quality of care for chronic disease patients.

LITERATURE REVIEW

Patient Perceptions of Care Quality

Several studies in Saudi Arabia have explored patients' perspectives on chronic disease care. Tunisi et al. (2023) demonstrated that patients with chronic illnesses often assess quality of care based on communication, safety, and continuity during hospitalization. Their findings highlight the importance of creating care environments that foster trust and collaboration. Similarly, Almalki et al. (2023) emphasized the role of continuity of care in shaping patient experiences, noting that patients highly value consistent care providers who understand their long-term medical history.

Medication Adherence and Barriers

Medication adherence remains a persistent challenge in chronic disease management. Alosaimi et al. (2022) found adherence rates to be low among Saudi patients, driven by cultural perceptions, limited awareness, and system-level barriers. Al Hamid et al. (2017) further reported that medicine-related problems in patients with diabetes and cardiovascular diseases often stemmed from poor communication and lack of patient education. These studies underscore the necessity of patient-centered educational interventions tailored to local cultural contexts.

Shared Decision-Making and Empowerment

Shared decision-making is increasingly recognized as a cornerstone of chronic disease management. Alsulamy et al. (2022) explored healthcare professionals' perspectives and found that while providers acknowledged its importance, practical barriers such as limited consultation time and hierarchical healthcare structures impeded implementation. This highlights the need for strategies to promote patient empowerment and strengthen communication in clinical encounters.

Holistic and Integrated Care Models

Beyond disease-specific management, recent work advocates for holistic approaches to chronic disease care. Abd-Elrazek (2025) argued that holistic care frameworks—encompassing physical, psychological, and social dimensions—are critical in improving outcomes for Saudi patients with chronic conditions. This aligns with broader global trends promoting person-centered healthcare delivery models.

Health System Responses to NCDs

At the policy and organizational level, Hazazi & Wilson (2022) assessed health system responses to non-communicable diseases in Saudi Arabia, noting challenges in policy integration, workforce allocation, and system efficiency. Their findings suggest that while national strategies exist, implementation gaps remain, particularly in translating high-level policies into practice at the hospital level.

Summary of Gaps

Collectively, the literature underscores several recurring themes: suboptimal medication adherence, limited shared decision-making, fragmented continuity of care, and systemic barriers to holistic patient-centered approaches. Despite ongoing reforms, there remains a need for qualitative research that directly captures patients' voices to inform practical, culturally sensitive interventions. This study addresses that gap by exploring the lived experiences of chronic disease patients in a tertiary Saudi hospital.

METHODOLOGY

Study Design

This research employed a qualitative descriptive design to explore patients' perspectives on chronic disease management within a tertiary hospital in Saudi Arabia. A qualitative approach was chosen as it provides rich, in-depth insights into patient experiences, beliefs, and perceptions that are often not captured through quantitative methods.

Study Setting

The study was conducted at a tertiary care hospital in Saudi Arabia that provides specialized services in internal medicine, cardiology, endocrinology, and nephrology. This setting was selected due to its large and diverse population of patients with chronic diseases requiring multidisciplinary care.

Participants

A purposive sampling strategy was used to recruit adult patients (aged 18 years and above) diagnosed with at least one chronic disease (e.g., diabetes, hypertension, cardiovascular disease, or chronic kidney disease) and receiving care in the hospital's internal medicine and specialty clinics. A total of **20 patients participated** in the study. Participants were selected to ensure variation in gender, age, socioeconomic background, and duration of illness.

Data Collection

Data were collected between **March and June 2023** through semi-structured, face-to-face interviews conducted in private consultation rooms within the hospital. An interview guide was developed based on themes identified in previous studies (e.g., medication adherence, communication, decision-making, continuity of care). Each interview lasted between 30 and 60 minutes and was conducted in Arabic, with patients given the option to use English if preferred. All interviews were audio-recorded with consent and transcribed verbatim. Translations into English were performed by bilingual professionals for analysis.

Data Analysis

Thematic analysis was used to analyze the data, following Braun and Clarke's six-step approach. Transcripts were coded inductively and deductively, with themes developed to capture recurring patterns across the dataset. NVivo software was used to facilitate coding and organization. To enhance credibility, two independent researchers coded the data, and discrepancies were resolved through discussion. Member checking was conducted with a subset of participants to validate interpretations.

Ethical Considerations

Ethical approval was obtained from the hospital's Institutional Review Board (IRB). Written informed consent was obtained from all participants prior to data collection. Confidentiality was ensured by anonymizing transcripts and using participant codes instead of names. Participants were informed that their involvement was voluntary and that they could withdraw at any time without affecting their care.

Trustworthiness

The study ensured trustworthiness through several strategies: credibility was enhanced through member checking; transferability was supported by providing detailed contextual descriptions; dependability was ensured by maintaining an audit trail of all research decisions; and confirmability was strengthened through reflexive journaling by the research team.

FINDINGS

Analysis of the interviews revealed four major themes, each with sub-themes, reflecting the lived experiences of patients with chronic diseases in a tertiary Saudi hospital.

Theme 1: Barriers to Medication Adherence

• **Sub-theme 1.1: Lack of Patient Education**

Participants consistently reported inadequate explanations about their prescribed medications. Several patients mentioned being overwhelmed by polypharmacy without understanding its necessity.

- *"I take more than six pills daily, but no one explains why. Sometimes I stop taking them because I feel confused."* (P7)

- *"I don't know the difference between the tablets. If I forget one, I just leave it."* (P14)

- **Sub-theme 1.2: Cultural and Religious Beliefs**

Some patients incorporated traditional healing and spiritual practices into their treatment.

- *"I drink Zamzam water and read Qur'an verses; sometimes I feel this is more powerful than medicine."* (P11)
- *"My family tells me herbal remedies are better than chemicals, so I stop the pills when I feel better."* (P2)

- **Sub-theme 1.3: Side Effects and Fear of Dependency**

Patients also cited unpleasant side effects as a reason for non-adherence.

- *"The tablets make me dizzy and tired; I don't want to depend on them forever."* (P9)

Theme 2: Communication and Relationship with Healthcare Providers

- **Sub-theme 2.1: Limited Consultation Time**

Participants described rushed interactions that hindered effective communication.

- *"The doctor hardly looks at me; it's just writing the prescription and moving to the next patient."* (P3)
- *"I want to ask questions, but I feel the doctor is too busy."* (P13)

- **Sub-theme 2.2: Trust and Respect**

Patients valued empathy and respect when shown by healthcare providers.

- *"One doctor smiled, asked about my family, and listened. It gave me hope."* (P15)
- *"When they treat me like a human, not just a patient number, I feel safe."* (P8)

- **Sub-theme 2.3: Language Barriers**

Non-Arabic speaking patients highlighted difficulties in communication.

- *"The nurse doesn't speak Arabic well; I couldn't explain my pain."* (P5)

Theme 3: Continuity and Coordination of Care

- **Sub-theme 3.1: Fragmented Care Pathways**

Many patients reported frustration with inconsistent providers.

- *"Every appointment it's a new doctor. They don't know my history, and I repeat everything again."* (P9)
- *"Sometimes I get conflicting advice because they don't communicate with each other."* (P10)

- **Sub-theme 3.2: Importance of Follow-Up**

Regular follow-up was appreciated by participants.

- *"When the nurse calls to remind me about my appointment, I feel someone cares."* (P4)
- *"No one followed up with me after discharge; I felt lost."* (P12)

- **Sub-theme 3.3: Multidisciplinary Coordination**

Patients highlighted the need for coordinated care.

- *"My diabetes doctor doesn't talk to my heart doctor. I feel like my health is in pieces."* (P18)

Theme 4: Patient Empowerment and Involvement

- **Sub-theme 4.1: Exclusion from Decision-Making**

Several participants felt sidelined in their treatment planning.

- *"I just sign the paper; they don't ask what I want."* (P6)
- *"I feel like I'm not trusted to make decisions about my own health."* (P19)

- **Sub-theme 4.2: Desire for Shared Decision-Making**

Many participants expressed a wish to be more involved.

- *"If the doctor explained the choices, I would choose what suits me best."* (P12)
- *"I want to be part of the team managing my disease, not just follow orders."* (P1)

- **Sub-theme 4.3: Self-Management and Responsibility**

Some patients showed interest in managing their own care.

- *"When I monitor my sugar and report it, I feel proud that I am controlling it."* (P16)

DISCUSSION

The findings of this study provide critical insights into the lived experiences of patients with chronic diseases in a tertiary hospital in Saudi Arabia. Several recurring issues emerged, including barriers to medication adherence, communication challenges with healthcare providers, fragmented care, and limited patient empowerment. These results align with existing literature while also offering locally relevant perspectives that can guide improvements in chronic disease management.

Medication Adherence

The barriers to adherence identified in this study—lack of patient education, cultural beliefs, and fear of dependency—echo findings from Alosaimi et al. (2022) and Al Hamid et al. (2017). The persistence of these issues highlights the need for culturally sensitive education programs that directly address misconceptions about medications and integrate spiritual and cultural practices where appropriate. Designing patient education that acknowledges these factors may improve adherence and outcomes.

Communication with Healthcare Providers

The reports of rushed consultations and inadequate communication mirror the challenges described by Tunisi et al. (2023), who emphasized the importance of empathy and listening in shaping patient perceptions of care quality. Addressing language barriers and ensuring sufficient consultation time are critical for improving patient satisfaction and trust in the healthcare system. Training healthcare providers in communication skills and cultural competence could significantly enhance patient experiences.

Continuity and Coordination of Care

Fragmented care pathways and inconsistent follow-up were prominent concerns among participants. This aligns with the work of Almalki et al. (2023), who highlighted continuity of care as a core element of effective chronic disease management. Establishing integrated care pathways and multidisciplinary communication channels within hospitals could help reduce fragmentation and ensure that patients receive coordinated, holistic care.

Patient Empowerment and Involvement

The theme of exclusion from decision-making reflects the barriers to shared decision-making previously described by Alsulamy et al. (2022). Patients in this study clearly expressed a desire for more involvement in their care, reinforcing the importance of shifting from a paternalistic model of care to one that values collaboration and autonomy. Incorporating shared decision-making frameworks into clinical practice could empower patients, improve adherence, and ultimately enhance clinical outcomes.

Implications for Policy and Practice

The study's findings underscore the importance of adopting holistic, patient-centered models of care, as advocated by Abd-Elrazek (2025). Health system reforms must prioritize continuity, communication, and empowerment as key components of chronic disease management. At the policy level, bridging the gap between strategic planning and practical implementation remains a challenge (Hazazi & Wilson, 2022). Efforts to strengthen workforce training, streamline multidisciplinary care, and develop culturally tailored educational interventions are essential steps forward.

CONCLUSION

This study demonstrates that patients with chronic diseases in a Saudi tertiary hospital face persistent challenges related to adherence, communication, continuity, and empowerment. Addressing these issues through culturally sensitive, patient-centered interventions could significantly improve patient outcomes and satisfaction.

The findings highlight the importance of integrating patient perspectives into chronic disease management by strengthening education, enhancing communication skills among healthcare providers, ensuring continuity and coordination of care, and implementing shared decision-making frameworks.

These insights provide a foundation for developing practical strategies and policies that align with the Kingdom's broader goals of healthcare transformation under Saudi Vision 2030. By addressing barriers and

empowering patients as active participants in their care, tertiary hospitals can improve not only patient satisfaction but also long-term clinical outcomes and the overall efficiency of the healthcare system.

REFERENCES:

1. Abd-Elrazek, M. N. (2025). Holistic care among patients with chronic illness in Saudi Arabia. *Journal of Nursing and Health Sciences*. [PDF link](#)
2. Al Hamid, A. M., Ghaleb, M., Aljadhey, H., & Aslanpour, Z. (2017). Factors contributing to medicine-related problems in adult patients with diabetes and/or cardiovascular diseases in Saudi Arabia: A qualitative study. *BMJ Open*, 7(11), e017664. [Link](#)
3. Alosaimi, K., Alwafi, H., Alhindi, Y., & Falemban, A. (2022). Medication adherence among patients with chronic diseases in Saudi Arabia. *International Journal of Environmental Research and Public Health*, 19(16), 10053. [Link](#)
4. Almalki, Z. S., Alahmari, A. K., & Alajlan, S. A. A. (2023). Continuity of care in primary healthcare settings among patients with chronic diseases in Saudi Arabia. *SAGE Open Medicine*, 11. [PDF](#)
5. Alsulamy, N., Lee, A., & Thokala, P. (2022). Healthcare professionals' views on factors influencing shared decision-making in primary health care centres in Saudi Arabia: A qualitative study. *Journal of Evaluation in Clinical Practice*, 28(6), 1020–1030. [Link](#)
6. Hazazi, A., & Wilson, A. (2022). Noncommunicable diseases and health system responses in Saudi Arabia: Focus on policies and strategies. *Health Research Policy and Systems*, 20, 91. [PDF](#)
7. Tunisi, A., Alhelal, R., & Mujalled, R. (2023). Chronic illness patients' perceptions of quality of care during hospitalization: A qualitative study. *Journal of Patient Experience*, 10, 23779608221150706. [PDF](#)