

Improving Healthcare Systems: A Holistic Approach to Patient Management

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Abstract

Till the 20th century health was considered by medicine to be a balance of body, mind, and spirit, a concept that has its roots in traditional medicine, Ayurveda, and American practices. This connection is based on the concept of wholeness, which shows the connection between each patient's body, mind, behavior, and the outside world. But in the present scenario various ailments have emerged because of various environmental effects, pollution, abrupt climatic conditions, etc. and to deal with the same new approaches of medical care have emerged. In the same ration the number of patients is also increasing. Here the need raised for holistic care of the patients and in this system doctors, nurses, healthcare workers, etc. are engaged. This present study evaluates the scenario of holistic patient care in the selected hospitals and medical colleges of Saudi Arabia. This study is based on primary data and uses correlation analysis to test the collected data.

Keywords: Patient Care, Holistic Approach, Saudi Arabia.

Introduction

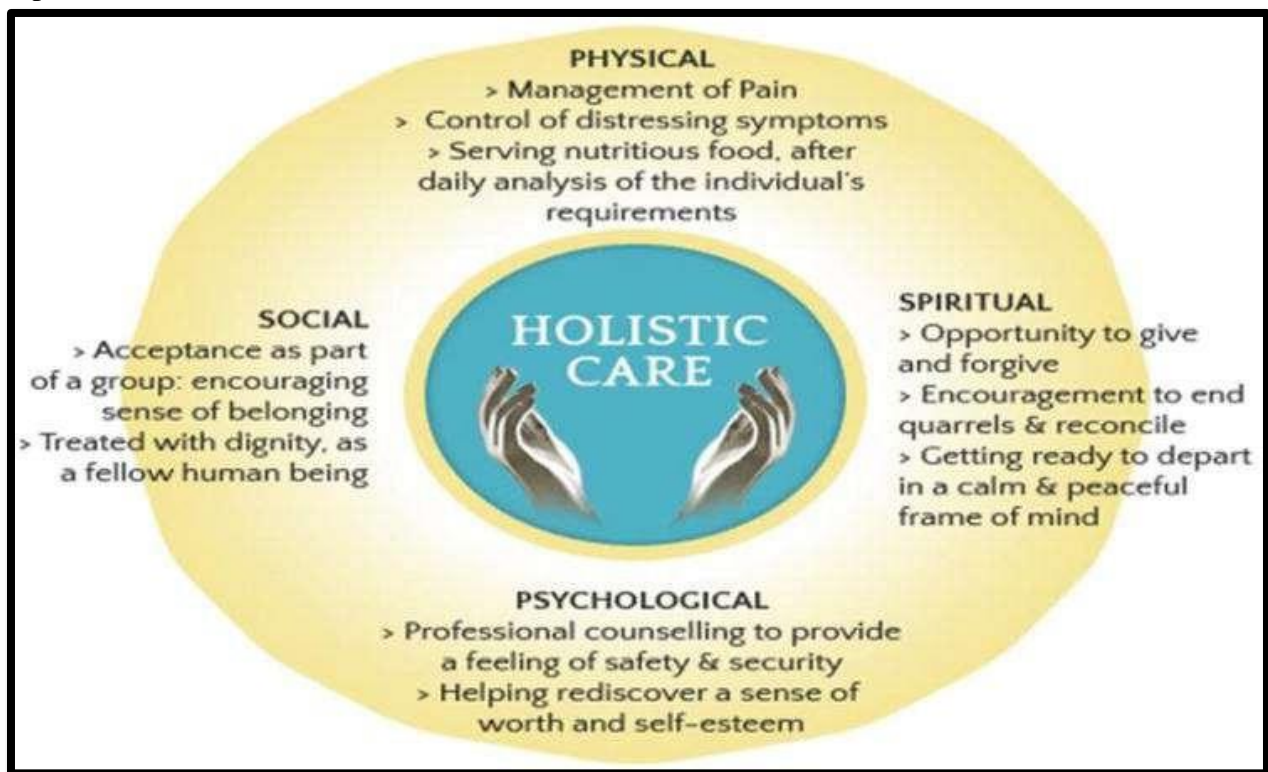
In the recent past, the overall system of health care has undergone a series of transformations and reached a legitimate level of authentication and process formulation. There is a trail of developments in the field of medical science that are playing a vital role in curing the patients, even for the most chronic diseases, then on the other hand many options have been introduced for pre and post hospitalization tenure of a given patient. The growth of technology has positive effect on the medical treatment as well, from laser operations to 3D printing of bones and ligaments have enlightened the path of many doctors, patients, healthcare workers, etc. Despite of all such development there is even a question mark on the patient care and holistic cure of the said ailments. Any lack of patient care can decrease the patient outcome and affect the inline entry of patients in the system.

Shakir (2022) stated that

“Certain outdated practices may need to be abandoned in favor of new approaches, noting that the focus on metrics has, at times, detracted from the direct support of patients and staff, and underscoring the need for a reassessment of priorities. The view of patient experience has evolved from one of risk management and advocacy to one where cultures of experience must now be built with intention to ensure and sustain positive outcomes for patients and families.”

He also concentrated on the formalization and recording of experiences gained in the process of curing patients, performing operations, handling patient care, etc. in the short and long run. These records may come handy while taking care of the patient in the present times and increase the outcome of patient. All such developments, growth objectives, components of technology, etc. call for developing a holistic approach towards the patient care and increasing the patient outcome thereof.

In pre-modern times, health was considered by medicine to be a balance of body, mind, and spirit, a concept that has its roots in traditional Chinese medicine, Ayurveda, and Native American practices. This connection in Hippocratic-Galenian medicine is based on the concept of wholeness, which shows the connection between each patient’s body, mind, behavior, and the outside world. This focus on holistic care continued into the Middle Ages, with doctors relying on emotional observations and patients’ stories to inform treatment. The concept of treating patients as more than objects of care has roots in thousands of years of medical and nursing history. In recent history, healthcare leaders have promoted the concept of personal and human care and advocated for its importance in healthcare.



Source: Emmanuel Ndiok A, Oyira E and Ncama B (2021) *Holistic/Palliative Management of Patient's Health Care and Home Situation in a Depressed Economy. Suggestions for Addressing Clinical and Non-Clinical Issues in Palliative Care.* IntechOpen.

Figure 1: Holistic Care of Patients

In the 1700s and 1800s, historic healthcare leaders such as Samuel Bard and Florence Nightingale advocated for holistic treatment of patients by considering their emotions and mental health rather than focusing on symptoms or pain. They also emphasized the importance of the therapeutic environment in promoting healing and recovery. While these programs form the basis of humanistic approaches to medicine and nursing, it is important to be aware of the complex historical context surrounding these images, including their connections to slavery and concepts of race and class. These aspects represent a contradiction with the modern understanding of inclusivity and equity in health care, as expressed in modern statements such as the Public Proposal.

This present study will evaluate the system of holistic care in the selected hospitals of Saudi Arabia and try to understand the process, tools, lags and even future options to improve the scenario. The main objective will be to reach out the healthcare workers engaged in the process the get their opinion, so as to establish corrective measures in the process.

Role of Dentist in Primary Health Care and Early detection of Dental Ailments

Patient evaluation and diagnosis are essential to the practice of dentistry. For too long, the mouth has been considered separate from the rest of the body. The more we study this, the more we realize all the important connections there are. Evaluation of a patient's health status determines how systemic illnesses can modify oral, dental, and craniofacial diseases and the patient's ability to tolerate dental treatment. The health care environment, including dentistry, is evolving. The population is aging, patients are retaining their teeth, edentulism is declining, and more people with multiple chronic diseases are seeking dental care. With a growing body of knowledge suggesting that the oral infection and the associated tissue inflammation may affect diseases and conditions, there is an increased emphasis on the importance of oral diseases in the context of systemic health. Dentists are already de facto oral physicians trained in many of the required medical and surgical skills, often see patients who do not have any other primary care provider, and typically schedule frequent return visits. Dental training already includes the ability to recognize more than 100 manifestations of genetic disorders, systemic disease, and lifestyle problems. Dentists also have sufficient training to provide some aspects of preventive primary care such as taking, or supervising the delegation of taking vital signs to others, and administering vaccines or supervising others in doing so.

Several elements, such as social, behavioral, and scientific, have major role to play within the development of oral diseases, which include dental caries. evidence confirmed that using fluoride (particularly in toothpaste) has a big impact at the decrease prevalence of dental caries. other measures might be powerful, along with public health rules, healthful dietary behavior, use of dental health offerings, better living situations, advanced oral hygiene behaviors, and expanded know-how and stage of education through promoting oral health in faculties and public health clinics. In a developing country like Saudi Arabia, there are more than 42% youngsters which have not crossed their teen age i.e., under the age of 18 years.

Review of Literature

Pateman et al (2023) stated that the holistic approach towards the patient care can bring down the lapses and increase patient safety. The researchers also stated that information about the health information on patient cure and overall care can improve the scenario of holistic are of the patients. Use of medical information can improve medication process and reduce adverse events. Informatics that promotes patient engagement and support. Researchers emphasize the potential

of online patient portals, mobile health applications, and wearable devices to facilitate patient communication, disease self-management, and adherence to medical conditions.

Visentini et al (2020) this study was focused on the impact of medical information, its processing and resultant of the same on the holistic care of the patients. The researchers emphasize the importance of using technology to expand healthcare services, especially in underserved communities or during public health emergencies. This study shows that various platforms used by healthcare providers can facilitate patient access to care and improve clinical outcomes in terms of patients and holistic care.

Dossey et al (2021) worked on the interprofessional approach of different wards in the selected hospitals of Saudi Arabia, the study was focused on many of the medical colleges of the country. The researcher included medical and healthcare related activities and summarized a list of activities that can be shared with others. They also stated that merely sharing of knowledge is not enough but there is a need to share the procedures, equipment handling and level of respective automation required for the same. The researchers also stated that for such kind of knowledge sharing requires a conducive environment and for this a clear policy initiative is required to be framed. They found that such a process can be very crucial for the holistic care of the patients and improve the scenario in near future.

Schuler et al (2021) The researcher evaluated the social and psychological dimension of holistic care of patient and stated that on the social and psychological ground the medical staff is needed to be trained so that limitation of thinking beyond the process and person should be jumped and holistic care of the patient can be achieved. Professionals do not just use knowledge; they must also participate in the production and sharing of new knowledge. Knowledge acquisition and knowledge strategies are complex, and practice and work are changing due to changes in the preparation and responsibilities of professionals. The researchers also stated that a collaborative process of the agencies involved in the process can change the scenario in present and in near future.

Objective

The main objective will be to reach out the healthcare workers engaged in the process the get their opinion, so as to establish corrective measures in the process.

Hypothesis

H₀: There is a significant relationship in holistic care of patients (dental care specific) and increase in total patient outcome in hospitals of Saudi Arabia.

H₁: There is a significant relationship in holistic care of patients (dental care specific) and increase in total patient outcome in hospitals of Saudi Arabia.

Research Methodology

Data Collection

This study is related to primary data and based on the finding the impact of holistic care on the patient (dental care specific) outcome in the selected hospitals of Saudi Arabia. The researcher has tried to include all the components related to holistic patient care in framing of objectives and hypothesis of the study.

Then secondary data was also very crucial for the study, as it was used to evaluate the previous studies in the respective research areas, some of which are stated in the above given matter in the form of literature review. Then some of the previous studies were also used to find the development in the area of study. Some of the researchers have stated the importance of holistic care in the hospitals and relationship of the same to patient care and patient outcome.

The researcher has considered Saudi Arabia as a place of study. Here the researcher has considered some of the hospitals and medical colleges and contacted the healthcare workers (Mainly Doctors and Nurses engaged in curing dental ailments) to their fair opinion about the point in question.

Sources of Secondary data

- Previous research papers (2015 to 2024) related to said field
- Newspaper
- Various web resources
- Some medical Magazines
- Previous report on patient care (WHO, IMAI)

Sample Selection

Total sample of the study is 150 respondents, although the nurses are taken from different department but then again all of them are considered similar sample units. The researcher has considered the duty hours of nurses and doctors for a given period of time and tried to cover all the shifts, as far as possible. The total number of head nurses and specialist doctors (dental care specific) was around 1750 out of which 150 were selected, considering the limitation of time and resources.

Tools of Data Collection

Researcher has prepared a detailed questionnaire to contact the patients and the mode of contact was face to face. In order to save the time and get precise responses, most of the questions were based on 5-point likert scale.

Statistical Measure

- Correlation analysis

Tools of Data Processing

- SPSS Ver. 22.0

Correlations (Number of Patients and Beds)

Descriptive Statistics			
	Mean	Std. Deviation	N
Patients	6834.00	2777.538	150
Beds	1498.00	1270.051	150

Correlations			
		Patients	Beds
Patients	Pearson Correlation	1	.582
	Sig. (2-tailed)		.780
	Sum of Squares and Cross-products	293.000	541.072
	Covariance	543.091	201.115
	N	150	150
Beds	Pearson Correlation	.582	1
	Sig. (2-tailed)	.780	
	Sum of Squares and Cross-products	543.091	541.072
	Covariance	204.180	198.577
	N	150	150

- As can be seen from the above output of the correlation between the number of patients and beds in the selected hospitals of Saudi Arabia there is a high degree of positive correlation which shows that considering the number of beds the incoming patients are moderately matched and the scenario has improved a lot in the recent past.
- The researcher also observed that the physical care in all the wards is excellent but if the number of health workers is increased then the physical care of the patient can be extended to a next level.

Correlation Between Number of Patients and period of Physical care Descriptive Statistics

	Mean	Std. Deviation	N
Number of Patients	1397.00	7717.65	150
Care Period	1929.25	5675.743	150

Correlations			
		Number of Patients	Care Period
Number of Patients	Pearson Correlation	1	.782
	Sig. (2-tailed)		.433
	Sum of Squares and Cross-products	1652.060	1793.601
	Covariance	4612.010	3197.122
	N	150	150
Care Period	Pearson Correlation	.782	1
	Sig. (2-tailed)	.433	
	Sum of Squares and Cross-products	1344.208	7653.110
	Covariance	43162.432	2319.091
	N	150	150

*. Correlation is significant at the 0.05 level (2-tailed).

- As can be seen from the above output of the correlation between the number of patient and period of physical care there is a moderate degree of positive correlation between the two components; this states that in the hospitals of Saudi Arabia the period of physical care of the patients is comparable to the input of patient in the system, this states that considering any of the departments patients are getting proper physical care from the doctors, nurses and other related health workers. Alos the patient coming in dental department of the selected hospital are also getting proper care in physical terms.

**Correlation Perceived Number of Patients and Diagnostics
Descriptive Statistics**

	Mean	Std. Deviation	N
Number of Patients	1623.00	1795.16	150
Diagnostics	2628808.50	1742.36	150

Correlations			
		Number of Patients	Diagnostics
Number of Patients	Pearson Correlation	1	.190
	Sig. (2-tailed)		.810
	Sum of Squares and Cross-products	967.000	178.000
	Covariance	322.667	595.000
	N	150	150
Diagnostics	Pearson Correlation	.190	1
	Sig. (2-tailed)	.810	
	Sum of Squares and Cross-products	178.000	910.000
	Covariance	595.000	303.333
	N	150	150

- As can be seen from the above output of the correlation between the number of patients and diagnostics, there is a low degree of positive correlation between the two, which shows that considering the number of patients in different wards the traffic for diagnostics is almost comparable, at any given point of time, there is a waiting line for getting diagnoses or for receiving the reports. But the results are only true for the cases where patients visit the diagnostic center within the hospitals, as because in many of the Government hospitals the diagnostic services are free for the patients.

Correlation in Number of Patients and ICUs

Descriptive Statistics			
	Mean	Std. Deviation	N
Number of Patients	855.00	237.849	150
ICUs	137.00	306.728	150

Correlations			
		Price	Marginal Price
Number of Patients	Pearson Correlation	1	.534
	Sig. (2-tailed)		.466
	Sum of Squares and Cross-products	1697.000	1167.000
	Covariance	5658.000	3891.333
	N	150	150
ICUs	Pearson Correlation	.534	1
	Sig. (2-tailed)	.466	
	Sum of Squares and Cross-products	1167.000	2818.000
	Covariance	3891.333	9394.333
	N	150	150

- As can be seen from the above output of the correlation between the number of patients and occupancy of ICUs, there is a more than moderate degree of positive correlation between the two components, which shows that considering the number of patients, the critical care units are comparable but then again it was also observed in the process that in case of 100% occupancy of ICUs patients are referred to other hospitals.
- This aspect is not in the control of hospital administration, but then again, a close monitoring of the same and increase in the initial care of the patients can improve the scenario in long run. This can also reduce the burden from senior nurses and doctors.

Results from Dental care department

	Self-care evaluation	Primary Care Evaluation	Treatment process	Time element
Pearson correlation	0.521	0.715	0.622	0.7218
<i>P</i>	0.55	0.41	0.24	0.69
Covariance	3.62	0.882	1.76	0.58

Interpretation

As can be seen from the above given table i.e. from dental care department; it can be seen that there is high degree of correlation between incoming of patient and primary care evaluation is positive and is of higher degree, then for treatment process the correlation is again positive and moderate degree, then for time process the correlation is positive and higher degree. Hence it can be stated that in all the above cases taken from dental department of the selected hospitals the patients are satisfied from the dental care.

Some of the observations were noted by the researcher are as follow:

- In the selected hospitals, the dentists are doing a great job and for the primary care the, most effective results are from dental care department only.
- In case of detection of dental issues, digital records of the patients is enabling the doctors to track the progress of patient and easily detect any issue with the dental issues at the

earliest.

- DMFT (decayed, missing, and filled teeth) evaluation, cure, post process components are the main tasks of the dental care doctors and the feedback of the patient was excellent in this regard.

Result

On the basis of above analysis and interpretation it can be stated that the hospitals of Saudi Arabia are moving fast towards the holistic care of the patients and developing ways and means to deal with the same. hence the null hypothesis '*There is a significant relationship in holistic care of patients and increase in total patient outcome in hospitals of Saudi Arabia*' can be accepted and the alternate hypothesis can be rejected.

Conclusion

In looking back on the evolution of patient experience, we journey from its basic roots to a sophisticated understanding of each patient's unique needs, feelings, and perspectives. This transformation was fueled by a concerted efforts combining the expertise of medical and nursing leaders, with advancements from general practitioners and psychologists, and significantly enriched by critical insights from patients and their families. Such collaboration has guided us toward the global focus on patient experience, as evidenced by the development of nationally mandated measurement tools, the creation of pivotal leadership roles. Additionally, the incorporation of business strategies, notably prevalent in healthcare systems of Middle East, has significantly reshaped the industry. This evolution has positioned patient experience as both a strategic focus and the essential indicator encompassing quality, safety, and person-centered care. Yet, despite progress in quantifying patient experiences, a significant void remains in the commitment to substantive enhancements. This gap underscores a concerning truth: in some sectors, patient experience s treated more as an optional consideration than the core of healthcare delivery.

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