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CONTRIBUTIONS OF HOME HEALTHCARE PROGRAMS IN IMPROVING PATIENTS' QUALITY OF LIFE (A FIELD STUDY OF PATIENTS BENEFICIARIES OF THE HOME HEALTHCARE PROGRAM AT THE ERADA AND MENTAL HEALTH COMPLEX IN JEDDAH)

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Abstract:
The study aimed to identify the contributions of home healthcare programs to improving patients' quality of life. This goal is achieved by identifying the contributions of social care services, mental health care services, and telemedicine services to improving patients' quality of life. It also identifies the obstacles facing home healthcare services at the Erada and Mental Health Complex, and develops a proposed vision for activating home healthcare services at the Erada and Mental Health Complex.
The current study is a descriptive study aimed at identifying home healthcare programs at the Erada and Mental Health Complex. In this study, the researchers used a social survey method using a sample method for patients benefiting from home healthcare programs at the Erada and Mental Health Complex in Jeddah. The study population consists of (630) beneficiaries of the home healthcare programs at the Erada and Mental Health Complex. The sample size, based on the law, reached (239) beneficiaries, at a significance level of 0.05, i.e., a confidence level of 95%. The sample type was determined by a simple random sample. The results of the study confirmed that the social care services in improving the quality of life of patients, as defined by patients, had an arithmetic mean of (2.49) and a standard deviation of (0.60), which is a high level. The psychological medical care services in improving the quality of life of patients, as defined by patients, had an arithmetic mean of (2.64) and a standard deviation of (0.50), which is a high level. The therapeutic health services (remotely) in improving the quality of life of patients, as defined by patients, had an arithmetic mean of (2.57) and a standard deviation of (0.57), which is a high level. The obstacles facing home health care services at the Erada and Mental Health Complex, as defined by patients, had an arithmetic mean of (2.13) and a standard deviation of (0.67), which is an average level. The proposals to activate health care services at the Erada and Mental Health Complex, as defined by patients, had an arithmetic mean of (2.70) and a standard deviation of (0.46), which is an average level.

Keywords: Contributions - Home health care programs - Improving the quality of life for patients.

INTRODUCTION

Healthcare is one of the most important human rights, recognized in numerous international documents. The Kingdom of Saudi Arabia places great importance on providing all aspects of social care to its citizens. This is achieved through numerous social programs and services aimed at achieving comprehensive development and social sustainability, enhancing community well-being, and improving the quality of life, in line with the goals of the Kingdom's Vision 2030. Social care efforts in the Kingdom of Saudi Arabia encompass many aspects and fields, targeting all segments of society. In the Kingdom of Saudi Arabia, Article 31 of the Basic Law of Governance stipulates that "the State shall be concerned with public health and shall provide health care to every citizen."
The healthcare system in the Kingdom of Saudi Arabia can be classified as a national healthcare system in which the government provides healthcare services through a number of government agencies. At the same time, there is an increasing role and participation of the private sector in providing healthcare services. Therefore, the healthcare system in the Kingdom of Saudi Arabia is considered the fruit of fruitful and constructive cooperation between all health sectors

at the Kingdom level, represented by the Ministry of Health and other government agencies such as university hospitals affiliated with the Ministry of Higher Education and military hospitals affiliated with the Ministry of Defense and Aviation, the Ministry of Interior and the National Guard, in addition to private sector hospitals, as well as other ministries and agencies related to health, which work together in a harmonious system to improve the health services provided to every citizen and resident in the Kingdom (Ministry of Health, 2006: 9).

First: The Problem of the Study

Health services are one of the foundations upon which social and economic development is built in any society. The extent of a society's progress and advancement is measured by the level of healthcare its citizens enjoy. The importance of healthcare, whether preventive or curative, is evident in its ability to improve and increase production and achieve security, stability, and development for society. This is because healthcare is one of the fundamental pillars of social care in any society. Health services are considered the true gateway to achieving comprehensive development in any society. Therefore, what is spent on health services, as much as it represents one of the important inputs, also represents one of the most important outputs, which appears in the form of a healthy human being capable of giving, implementing development programs and accelerating their success. Economists expressed this meaning with the term “health economics,” and they explain that the health level of the people of a nation directly affects the productivity of the workforce. The higher the health level, the more possible it is to reduce working time, while at the same time it is possible to increase production and investments in programs aimed at generalizing and expanding health services that are important for human capital, both quantitatively and qualitatively (Al-Khalifa et al., 1413: 40). Therefore, the relationship between development and health is a direct and complex relationship. While health is one of the most important sectors targeted by development, on the other hand, it is one of the most important pillars and supports of development, because health – first and foremost – is linked to the personal need of the human being, who is the starting point and goal of development. Therefore – necessarily – there is no development in the absence of the components of human health. There is a tangible reality, which is "Those who are more fortunate in health and education have the ability to make better choices to enrich their lives." Therefore, striving to provide healthcare and expand its scope to include all segments of society is one of the distinguishing measures of societal progress, reflecting sound planning, good management, and the utilization and directing of resources for the benefit of society.

Hence, it can be said that healthcare programs must provide a mechanism to ensure that the quality of healthcare services provided to patients meets the previously defined standards, and that these programs are designed to protect patients and improve the level of care provided by healthcare organizations. Health care is one of the most important human rights. The human right to health is recognized in many international documents. Paragraph (1) of Article (25) of the Universal Declaration of Human Rights states that “everyone has the right to a standard of living adequate for the health of himself and of his family, including food, clothing, housing and medical care and necessary social services” (Universal Declaration of Human Rights). There is no doubt that the citizen’s right to obtain health care in his country has become one of the main pillars of society, a manifestation of its civilization, and an important basis for its stability and satisfaction. The concept of health care has expanded to include, in addition to providing diagnostic, therapeutic and rehabilitative services, the concept of maintaining public health within the framework of human development for society, as health care depends on specific foundations, the most important of which are its availability to the citizen near his place of living and work, its availability of a certain quality, and the citizen’s ability to obtain it and his ability to bear its costs in relation to his income (National Democratic Party, 2007: 4).

The development plans have focused on expanding and improving public health services for citizens through the implementation of many health programs and projects throughout the Kingdom. Important achievements have been made in this vital field. Among the most prominent government institutions that contribute to providing these services is the Ministry of Health, which is the main body responsible for providing preventive, curative and rehabilitative health care services to all citizens. This is done through the implementation of many activities and programs related to primary, preventive and curative health care provided by health centers spread throughout all regions of the Kingdom, which number approximately (1925) centers. The Ministry also provides specialized treatment services through general and specialized hospitals, which number (220) hospitals with approximately (31.9) thousand beds. Military and security institutions provide medical services to their employees and to other sectors of citizens when their services are needed. School health units also provide primary health care services to boys’ and girls’ school students. The health facilities of the General Organization for Social Insurance and the General Presidency for Youth Welfare provide medical services to specific population groups. The health facilities of the Royal Commission for Jubail and Yanbu also provide medical services. For its members, universities contribute through the colleges of medical specialties in providing specialized treatment services through their hospitals, in addition to implementing education and training programs in all medical specialties and conducting research in cooperation with other research centers. King Faisal Specialist Hospital and Research Center, with its high-level medical technologies and rare international expertise, provides precise specialized treatment services to citizens whose conditions require its services. The research center at this hospital also conducts research in medical fields that serve the needs of society. The Saudi Red Crescent Society performs major tasks in the field of providing medical emergency services throughout the Kingdom at all times, in addition to its distinguished

services in the holy sites for pilgrims to the House of God and Umrah performers (Ministry of Economy and Planning, 2008: 13-14).

In light of the constant commitment of the government of the Kingdom of Saudi Arabia to advance the services provided to individuals, families, and society at all levels to the highest levels, the Ministry of Health established the Home Medicine Program by Ministerial Resolution No. (25831.1.29* dated 4/3/1430 AH), which provides home healthcare to patients in their places of residence through a qualified medical team operating from the hospital according to a specific visit schedule based on the patients' needs. The team provides easy and generous home healthcare services to patients in need of this service. (Al-Sharqi, 2017: 159)

The roots of home healthcare extend back centuries, but with the technological advancements that have taken place, healthcare has been transferred from homes to institutions. However, at the present time, as a result of the diversity and prevalence of diseases, the increase in pilgrims, as well as technological progress and the resulting economic benefits, healthcare has returned to where it began—in the homes where the patient resides. (Al-Dakhil Allah, 2015: 45) In the Kingdom of Saudi Arabia, the home healthcare program began after a medical team of Western nurses from King Faisal Specialist Hospital in the year 1989 with the idea of the need for a home health care program for patients with critical conditions.

The Ministry of Health introduced the Home Healthcare Program, also known as Home Medicine, in Rabi' al-Awwal 1430 AH (1979-1980), and it was rolled out to all hospitals in the Kingdom of Saudi Arabia. The number of hospitals implementing this program is estimated at more than 170, and the number of beneficiaries has reached more than 30,000 patients, and the number is constantly increasing. The medical team has made more than one million visits to patients' homes (Home Medicine Statistics, 1434 AH).

This program aims to introduce different segments of society to home healthcare services, the categories eligible for these services, and how to apply or register for them. According to specific standards and operating mechanisms, healthcare is provided that ensures the satisfaction of the patient and their family, providing safe care in the patient's home, with the family present. (Saudi Ministry of Health, 2024). Individual health is a fundamental component of society, a requirement for life, and a necessity for development. If the human being is both the goal and means of development, then maintaining their health is a fundamental duty for them and for society. (Shaaban, 2002: 67)

The World Health Organization (WHO) defines quality of life as an individual's perception of their status in life in light of the value system and culture in which they live. UNESCO considers it a comprehensive concept that encompasses all aspects of life as perceived by individuals. This definition expands to include the material satisfaction of basic needs and the spiritual satisfaction that achieves psychological harmony for the individual through self-realization (Abdul Qader, 2005: 25).

Hence, mental health represents a home health care program, expressing a state of psychological well-being that enables a person to cope with life's stresses, realize their potential, learn and work well, and contribute to their local community. It is an integral part of health and well-being, which support our individual and collective abilities to make decisions, build relationships, and shape the world in which we live. Mental health is a fundamental human right and is crucial to personal, community, and socioeconomic development. It provides a range of mental health-related services, most importantly, examining the patient and referring them for a mental health assessment as needed, providing home psychiatric care, psychological assessment, and providing support to the patient as needed. (Saudi Health Council, 2023: 12)

This is consistent with the Kingdom's Vision 2030, which indicates the Kingdom's efforts to maximize the use of hospitals and health centers, both preventive and therapeutic. The public sector will also focus on providing preventive medicine to citizens and encouraging them to benefit from primary healthcare as a first step in their treatment plans. It will also work to enhance coordination between healthcare and social care services to achieve integration in meeting the needs and requirements of beneficiaries. The public sector will also focus on its role as a planner, organizer, and monitor of the healthcare system. The Kingdom's Vision 2023 also indicates that the public sector will enable families to fulfill their role in providing home care for their members, thus improving the quality of healthcare services. Government-owned companies will also be established in preparation for privatization. (Kingdom's Vision 2030)

Based on the above and in line with the Kingdom's Vision 2030, the study problem was defined as describing the contributions of home healthcare programs to improving the quality of life for patients, leading to the development of a proposed vision for activating the healthcare programs of the Erada and Mental Health Complex.

Second: The Importance of the Study:

Scientific Importance

1. The study may indicate the importance of healthcare in enhancing social solidarity for families by providing comprehensive support to patients in their homes. This contributes to improving families' living conditions and enhancing their stability, thus helping to achieve sustainable development goals and community well-being.
2. The study may contribute to improving the design of future healthcare programs by providing accurate data on the actual needs of families in the Kingdom. This helps allocate resources more efficiently and ensures the necessary support to achieve sustainable results.

3. The study is likely to contribute to enriching academic knowledge in medical social work and social planning by developing tools to evaluate the effectiveness of social programs. These tools can be used in future studies to develop healthcare services.

Practical Importance:

1. Providing and improving patients' access to healthcare, social, and psychological care in their homes, without the need to visit hospitals and medical centers.
2. Raising citizens' awareness of the need to reduce visits to hospitals and medical emergency departments, especially during outbreaks of infection.
3. Healthcare programs are currently a focus of attention for healthcare sector officials in the Kingdom, academics, and all segments of society.

Third: Study Objectives:

1. The first main objective: To identify the contributions of home healthcare programs to improving patients' quality of life. This objective is achieved through the following sub-objectives:
 -To identify the contributions of social care services to improving patients' quality of life.
 -To identify the contributions of psychiatric medical care services to improving patients' quality of life.
 -To identify the contributions of therapeutic (tele) health services to improving patients' quality of life.
2. The second main objective: To identify the obstacles facing home healthcare services at the Erada and Mental Health Complex.
3. The third main objective: To develop a proposed vision for activating home healthcare services at the Erada and Mental Health Complex.

Fourth: Study Questions:

1.The first question: What are the contributions of home healthcare programs to improving patients' quality of life?
 -What are the contributions of social care services to improving patients' quality of life?
 -What are the contributions of psychiatric medical care services to improving patients' quality of life?
 -What are the contributions of telehealth services to improving patients' quality of life?
 2. Question 2: What are the obstacles facing home healthcare services at the Erada and Mental Health Complex?
3 .Question 3: What is the proposed vision for activating home healthcare services at the Erada and Mental Health Complex?

Fifth: Study Concepts:

The Concept of Contributions:

Contribution in Arabic is defined as "a share (of something) that contributes to something, meaning to participate in something" (Academy of the Arabic Language, 2000: 103). The Dictionary of Social Development Terminology defines it as "an individual's participation in a specific social activity to achieve specific goals" (Dictionary of Social Development Terminology and Related Sciences, 1983: 48). It is also defined as "performing an action to serve individuals or contributing to its provision, and the contribution that an individual makes to benefit from specific services" (Al-Saidi, 2012: 62).

An operational definition of the concept of contributions can be established in this study: it is what the Erada and Mental Health Complex's home health care programs can provide: (social care services, psychiatric medical care services, and therapeutic health services (remotely) in improving the quality of life for beneficiary patients.

The Concept of Home Health Care:

Health care services, in their general sense, refer to the measures undertaken by the state for the benefit of members of society, including health and education. Government subsidies and support policies for certain consumer goods, social insurance, cultural services, housing, and environmental services. (Lutfi, 1983: 395)

It is defined as the support provided in the home. Care may be provided by healthcare practitioners who provide healthcare or by caregivers who provide daily care and ensure the continuity of daily activities. It is sometimes called home health care or primary care. The term home health care is often used to distinguish between non-medical and private care provided by individuals other than nurses, doctors, or medically licensed individuals. (Al-Jahni, 2019: 293)

Al-Hazmi defines home health care as a component of a continuum of comprehensive healthcare through which health services are provided to individuals and families in their places of residence to maximize a level of independence while minimizing the effects of disability and illness, given the steady increase in the prevalence of chronic diseases. (Al-Sharqi, 2017: 159)

In this study, home healthcare is defined procedurally as healthcare received by patients or individuals at home by specialists, including doctors, nurses, and specialists at the Erada and Mental Health Complex. The type of healthcare varies depending on the individual's needs, and includes both medical and non-medical home care, which aims to improve patients' quality of life.

The Concept of Quality of Life:

Quality of life can be defined as "an individual's ability to perform daily duties with ease and comfort, while resisting stress and developing a positive attitude toward life" (Al-Qasiri, 2014: 121).

Al-Nasr (2018) also defined quality of life as the quantitative and qualitative indicators of living conditions (social, health, educational, economic, etc.), the interaction between these conditions, and their impact on the individual's life.

The World Health Organization (2000) defined quality of life as an individual's perception of their living situation within the context of the culture and society in which they live. It is a state of psychological, mental, social, and physical well-being, not merely the absence of disease or disability. Quality of life is operationally defined in this study as a set of specific and measurable indicators that reflect the extent to which home care meets a patient's physical, health, psychological, and social needs.

Sixth: Study Limits:

- Objective Limits: Evaluation of home healthcare programs provided to patients at the Erada and Mental Health Complex.

- Spatial Limits: The Erada and Mental Health Complex in Jeddah.

- Human Limits: The staff providing home healthcare services at the Erada and Mental Health Complex (service providers), numbering (32) service providers.

The beneficiaries of the Home Care Department at the Erada and Mental Health Complex, numbering (630) beneficiaries.

 Time frame: Academic year 1446 AH

Second axis: Previous studies:

First: Local studies:

Al-Azmi's study (2022) aimed to identify the role of medical social work with the patient, the patient's family, and the medical team in mental health hospitals. A social survey approach was used, and the study population consisted of all (23) social workers working at the Buraidah Mental Health Hospital. A questionnaire was used to collect data. The study results showed that the most important roles of social work with the patient are: studying the patient's mental health condition from a social perspective, and mitigating the negative effects of mental illness. Al-Qahtani's study (2019) aimed to identify the satisfaction of beneficiaries of primary health care centers with the quality of health services, a field study in the city of Riyadh, using the social survey method. The study tool was a questionnaire to collect information, and it was applied to a sample of beneficiaries of primary health care center services in the city of Riyadh, numbering (225) centers. The study concluded that the sample members of the beneficiaries of primary health care centers were satisfied with the quality of services provided to them in primary health care centers with a degree of (satisfied).

The study by Al-Sharqi and Al-Saadi (2017) aimed to identify the use of quantitative methods in evaluating the productive efficiency of the home health care program in hospitals affiliated with the Ministry of Health in Jeddah Governorate, Kingdom of Saudi Arabia, in light of inputs (number of doctors and nurses, number of medical assistants, number of types of medical care provided) and outputs (number of patients benefiting, number of periodic visits for each patient). Data was collected using a questionnaire. In light of the research results, the researcher made several recommendations, the most important of which are: benefiting from efficiency indicators and improvement levels in inputs and outputs obtained through input-output orientation models in the case of constant returns to scale (CRS) for hospitals that did not achieve a full efficiency index equal to one. Mahdi's study (2017) aimed to determine the impact of control systems on the quality of nursing services provided in government hospitals in the Hail region, with the aim of determining the impact of implementing control systems in government hospitals in the Hail region on the quality of nursing services, and determining the relationship between the control systems in place and the level of quality of nursing services provided in government hospitals in the Hail region. The study relied on the descriptive approach, and a questionnaire was used to collect data from nursing staff in government hospitals in the Hail region, numbering (384) nursing staff. It concluded that there is a statistically significant relationship between the control methods and systems in place and the technical proficiency of the nursing service provider, ease of access to nursing services, continuity of nursing services, and the safety and security of nursing services. Mansouri (2010) aimed to identify the reality of the quality of health care services in government and private hospitals in the Kingdom, to identify the impeding factors and to reach a set of proposals to improve the quality of health care services in government and private hospitals in the Kingdom. The type of study is a descriptive study and the researcher relied on the case study approach for the government-run Heraa General Hospital and the private Al-Rafi Hospital in Makkah Al-Mukarramah by applying the social survey with a comprehensive census of patients residing in hospitals and service providers at the time of data collection, amounting to (202) beneficiaries and (70) service providers. The study concluded that there is a difference between patients residing in government and private hospitals in the reality of the quality of health care service

Second: Arab Studies:

Jadallah's (2015) study aimed to explore healthcare services in Egypt. The research structure included four main axes: The first axis explored mechanisms for developing healthcare services, using total quality management in healthcare, quality application standards in healthcare, and quality dimensions in healthcare. The second axis presented healthcare strategies, including the actor-associative network theory, the basic elements of safe motherhood, the total quality strategy for the health unit, and the communication strategy between the patient and health unit staff. The third axis discussed social and strategic planning as an approach to developing healthcare services for slum children. The fourth axis presented models from some countries that could be used as a guide to developing healthcare services provided to slum children, and finally, the health system in Egypt. Brion's (2013) study aimed to identify the most significant obstacles facing healthcare services in government hospitals. The study was descriptive and analytical, and relied on a

social survey method using a sample of government hospital officials. The study results confirmed that the most significant obstacles were: the lack of financial, economic, and medical technological capabilities, and the lack of attention to the ongoing maintenance of existing medical equipment. This contributed to an increase in the number of patients in treatment departments, which led to many administrative and bureaucratic obstacles. The problem of increasing patient density within the hospital is also considered one of the most significant obstacles affecting the level of healthcare services, given the limited availability of financial support. Al-Rashidi (2006) aimed to determine the reality of social justice in the distribution of government healthcare services in the Alexandria region. The study was a descriptive study, and the study relied on the social survey method using a sample method for government hospitals in the Alexandria region. This goal was achieved through the following set of sub-goals: determining the reality of social justice in the distribution of human resources associated with government healthcare services in the Alexandria region, which are defined as: (doctors, pharmacists, nursing staff, technicians, social workers), determining the reality of social justice in the distribution of material resources associated with government healthcare services in the Alexandria region, which are defined as: (medical facilities, medical devices, medicines, financing of healthcare services). The study of Abu Zaid (2000) aimed to identify the obstacles to obtaining health care services in public hospitals, obstacles to providing them, and proposals for their development. The type of study was a descriptive study, and the study used the social survey method using the sample method for public hospitals in Cairo. The results of the study indicated that the most important obstacles to obtaining health care services in public hospitals are the poor relationship between the doctor and the patient, and poor nursing service. The results of the study also showed that the most important proposals to work on are increasing the necessary funding, providing good human cadres in various specializations in public hospitals, paying attention to the human aspects in providing services, and continuous maintenance of modern equipment.

Third: Foreign Studies:

Johnson Geffrey's study (2012) aimed to identify the reality of primary healthcare provided to patients. The study was a descriptive study using the descriptive approach. The study was applied to (14) primary healthcare centers in different areas of Manitoba. Its most important results showed that the obstacles to the availability of primary healthcare were represented by low funding, limited human resources, lack of appropriate care, and inefficient levels of local control over service delivery. Marietta Stanton's (2009) study aimed to identify the challenges of improving the quality of health care services in rural communities. The study concluded that improving the quality of health care comes through continuous education, by encouraging career development for workers through an academic program, adopting an integrated approach based on prioritization, using modern technologies to support health care, and increasing efficiency. It also aims to prepare residents to participate in improving their health, while supporting the health infrastructure in rural areas. This study identified six goals for improving the quality of health care: safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity.

Section Three: Methodological Procedures of the Study:

First: Study Type:

The current study is a descriptive study aimed at identifying the home healthcare programs at the Erada and Mental Health Complex.

Second: Study Methodology:

In this study, the researchers followed a social survey approach, a sample social survey of patients benefiting from the home healthcare programs at the Erada and Mental Health Complex in Jeddah.

Third: Study Population:

The study population consisted of the beneficiaries of the home healthcare programs at the Erada and Mental Health Complex, numbering (630) beneficiaries.

Fourth: Study Sample: The sample was selected using the optimal sample size law. Sample Size and Type: To determine the appropriate sample size, the following law was applied:

By applying this law, the researcher applied the optimal sample size law:

(P -1) N x 2 p

= —n

-1 (P) x 2 P + (1 - N) d 2

Where:

N = study population size = 630.

x 2 = chi-square value at a significance level of 0.05 and one degree of freedom = 3.841.

P = population percentage = 0.5

d = error level that cannot be exceeded to obtain the largest sample size = 0.05.

By applying this law, the sample size reached (239) beneficiaries, at a significance level of 0.05; that is, at a confidence level of 95%. The sample type was determined as a simple random sample.

Fifth: Study Tools:

The researcher used a primary data collection tool in the current study: a questionnaire.

- A questionnaire for (239) beneficiaries of home healthcare services at the Erada and Mental Health Complex.

The researcher constructed the questionnaire by reviewing theoretical literature and previous studies and literature related to the subject of the study, focusing on the objectives of the current study.

Face Validity (Jurors' Validity):

The instrument was presented to (2) faculty members in the Department of Sociology and Social Work at Imam Muhammad ibn Saud University. Accordingly, some phrases were modified, added, and deleted according to a degree of agreement of no less than (80%). At the end of this phase, the instrument was finalized.

Internal Consistency Validity:

To calculate the internal consistency validity of a questionnaire for beneficiaries of home healthcare services at the Erada and Mental Health Complex, the researcher relied on the correlation coefficient of each dimension in the instrument with the total score, for a sample of (20) patients (the study population). It was found to be significant at the accepted significance levels, and the reliability coefficient was acceptable, as shown in the following table:

Table (1) shows the internal consistency between the dimensions of the questionnaire form for patients benefiting from home healthcare services at the Erada and Mental Health Complex and the questionnaire score as a whole

N.	Dimensions	Correlation coefficient	significance
1	Home Health Care Programs, Irada Complex and Mental Health	0,890	**
2	Obstacles Facing Home Healthcare Services at the Erada and Mental Health Complex	0,960	**
3	Proposals to activate healthcare services at the Erada and Mental Health Complex	0,940	**

** Significant at (0.01) * Significant at (0.05)

The previous table shows that:

Most of the instrument's dimensions are significant at a significance level of (0.01) for each dimension individually, thus achieving a level of confidence in the instrument and relying on its results.

Tool Reliability:

The instrument's reliability was calculated using the Cronbach's alpha coefficient for the estimated reliability values of a questionnaire for patients benefiting from the services of the Irada and Mental Health Complex, by applying it to a sample of (20) patients (the study population). The results are as shown in the following table:

Table (2) shows the results of the reliability of the patient questionnaire using the Cronbach's alpha coefficient

N.	Dimensions	Cronbach's alpha coefficient
1	Home Health Care Programs, Irada Complex and Mental Health	0,93
2	Obstacles Facing Home Healthcare Services at the Erada and Mental Health Complex	0,94
3	Proposals to activate healthcare services at the Erada and Mental Health Complex	0,84
The reliability of the patient questionnaire as a whole		0,96

The previous table shows that:

Most of the stability coefficients for the dimensions have a high degree of stability, making their results reliable, and the tool has now reached its final form.

Sixth: Study Areas:

-Objective Limits: Evaluation of the home healthcare programs at the Erada and Mental Health Complex.

-Human Limits: The study will be applied to a sample of (239) patients, representing a sample of (630) beneficiaries of the home healthcare and mental health programs at the Erada and Mental Health Complex.

-Spatial Limits: The study will be conducted at the Erada and Mental Health Complex in the Jeddah region of the Kingdom of Saudi Arabia.

-Temporal Limits: This study will be conducted during the year 1446 AH.

Seventh: Statistical Analysis Methods

The study will rely on the use of the following statistical methods:

To achieve the study objectives, the data will be automatically transcribed using a computer using the Statistical Package for the Social Sciences (SPSS) program and analyzed. The collected data will then be analyzed, and the following statistical measures will be calculated:

1. Frequencies and percentages, to identify the responses of the study sample members to the various study axes.
2. Arithmetic mean, to identify the extent of the study sample's high or low responses to each of the statements on the main axes side, which is useful in ranking the statements according to the highest arithmetic mean.

To determine the length of the cells of the three-dimensional scale (lower and upper limits) used in the study axes, using the arithmetic mean, and to determine the length of the cells of the three-dimensional scale (lower and upper limits), the range was calculated = largest value - lowest value (3 - 1 = 2), it was divided by the number of cells of the scale to obtain

the corrected cell length (2/3 = 0.67) and then this value was added to the lowest value in the scale or the beginning of the scale, which is the correct one, to determine the upper limit of this cell, and thus the length of the cells became as follows:

If the mean value of the statement or dimension ranges between 1 - 1.67	low level
If the mean value of the statement or dimension ranges between more than 1.67 - 2.35	Intermediate level
If the mean value of the expression or dimension ranges between more than 2.35:3	high level

1. Standard deviation.

2 .Cronbach's alpha coefficient - Pearson's correlation coefficient to calculate the validity and reliability of the questionnaire.

Section Four: Presentation and Discussion of the Study Results

Presentation of the Study Results:

First: Characteristics of the sample individuals (demographic information) of patients benefiting from home healthcare services at the Erada and Mental Health Complex (sample of study individuals)

Table (3) shows the characteristics of the study population

The variable		$\bar{x}$	σ
the age		34.9	6.4
income level		4464.91	2419.22
The variable		repetition	percentage
Sex	male	171	71.5
	feminine	68	28.5
	total	239	100%
age	under 20 years old	17	7.1
	Years 21-30	76	31.8
	31-40 Years	63	26.4
	41-50 Years	57	23.8
	51 years and older	26	10.9
	total	239	100%
marital status	bachelor	87	36.4
	married	122	51.0
	absolute	24	10.0
	widow	6	2.5
	total	239	100%
Academic qualification	primary	28	11.7
	middle	14	5.9
	secondary	80	33.5
	university	89	37.2
	Postgraduate studies	28	11.7
	total	239	100%
income level	Less than 3000 riyals	119	49.8
	From 3000 and less than 5000 riyals	50	20.9
	From 5000 and less than 9000 riyals	28	11.7
	More than 9,000 riyals	42	17.6
	total	239	100%

The previous table shows that:

-The mean age of the study sample patients was 34.9, with a standard deviation of 6.4.

-The mean monthly income was 4464.91, with a standard deviation of 2419.22.

-The vast majority of study subjects, according to gender, were males, representing 71.5%, while females represented 28.5%.

-31.8% of the total study sample were between 21 and 30 years old, while 26.4% were between 31 and 40 years old. 23.8% were between 41 and 50 years old. 10.9% were over 51 years old, and 7.1% were under 20 years old. - More than half of the patients were married, at 51%, followed by singles at 36.4%, divorced at 10%, and widows at 2.5%.

-It was found that 37.2% of the patients had a university degree, 33.5% had a secondary education, 11.7% had a primary education, 11.7% had a postgraduate degree, and 5.9% had a secondary education. - It appears that 49.8% of the total sample had an income of less than 3,000 riyals. 20.9% had an income ranging from 3,000 to less than 5,000 riyals. 17.6% had an income of more than 9,000 riyals. Finally, 11.7% had an income ranging from 5,000 to less than 9,000 riyals.

Second: Home Healthcare Services Benefited by Patients

Table (4) Distribution of the study sample according to the healthcare services the patient benefits from

N.	Home health care services	Repetitions	percentage%
1	Stable care services provided in the patient's home	85	35.5
2	psychiatric medical care	68	28.4
3	Nursing care	77	32.2
4	social care services	55	23.0
5	Telemedicine Health Services	28	11.7
6	Psychiatric home rehabilitation care	32	13.3
7	Rehabilitation treatment programs for the elderly	26	10.8

The previous table shows that:

Home-based stable care services ranked first, accounting for 35.5% of the total, followed by nursing care services, accounting for 32.2%, psychiatric medical care services, accounting for 28.4%, social care services, accounting for 23%, home rehabilitation services, accounting for 13.3%, telehealth services, accounting for 11.7%, and rehabilitation programs for the elderly, accounting for 10.8%.

 Results related to the study questions:

First axis: Contributions of home health care programs to improving patients' quality of life.

1. Social care services:

Table (5) Contributions of social care services to improving patients' quality of life as defined by patients

N.	phrases	Frequencies and percentages	Degree of approval			arithmetic mean	standard deviation	Arrangement
			Yes	to some extent	no			
1	The complex contributes to improving the quality of life of patients by providing home renovation services to low-income families.	R.	146	42	51	2.39	0.81	6
		%	61.1	17.6	21.3			
2	The complex provides patient awareness programs to benefit from healthcare services.	R.	182	36	21	2.67	0.63	2
		%	76.2	15.1	8.8			
3	The program contributes to providing food baskets to patients with limited income, in cooperation with charitable organizations, which contributes to improving the lives of patients.	R.	126	60	53	2.30	0.81	8
		%	52.7	25.1	22.2			
4	The complex offers various social activities that contribute to improving the patient's quality of life.	R.	152	39	48	2.43	0,80	5
		%	63.6	16.3	20.1			
5	The complex contributes to providing health education services to the patient's family.	R.	150	53	26	2.56	0.68	3
		%	66.9	22.2	10.9			
6	The complex contributes to transferring some cases to appropriate shelters if needed.	R.	152	39	48	2.43	0.80	5
		%	63.6	16.3	20.1			
7	The complex provides social support to the patient to improve the patient's quality of life.	R.	161	42	36	2.52	0.74	4
		%	67.4	17.5	15.1			
8	The complex contributes to providing some of the devices that the patient needs on a permanent basis.	R.	137	57	45	2.38	0.78	7
		%	57.3	23.8	18.8			
	The program contributes to	R.	190	36	13	2.74	0.54	1

9	improving the lives of patients by providing the complex with home visits to families in need of healthcare.	%	79.5	15.1	5.4			
					General arithmetic mean	2.49	0.60	high level

The previous table shows that social care services improve patients' quality of life, as defined by patients. They were ranked according to the arithmetic mean as follows:

-In first place came the program contributing to improving patients' lives by providing home visits to families in need of healthcare, with an arithmetic mean of 2.74 and a standard deviation of 0.54. In second place came the program providing patient awareness programs to help them benefit from healthcare services, with an arithmetic mean of 2.67 and a standard deviation of 0.63. In last place came the program contributing to the provision of food baskets to low-income patients in cooperation with charitable organizations, contributing to improving patients' lives, with an arithmetic mean of 2.30 and a standard deviation of 0.81.

-Looking at the table, we find that social care services, as defined by patients, contribute to improving patients' quality of life, with an arithmetic mean of 2.49 and a standard deviation of 0.60, which is a high level.

2. Psychiatric Medical Care Services:

Table (6) Contributions of Psychiatric Medical Care Services to Improving Patients' Quality of Life. As defined by patients

N.	phrases	Frequencies and percentages	Degree of approval			arithmetic mean	standard deviation	Arrangement
			Yes	to some extent	no			
1	There is a department in the complex for treating cases of psychological disorders.	R.	212	21	6	2.86	0.41	1
		%	88.7	8.9	2.5			
2	The complex contributes to providing psychological support services to patients on an ongoing basis.	R.	184	43	12	2.72	0.55	3
		%	77	18	5			
3	The complex helps train individuals on how to control symptoms and improve quality of life.	R.	171	47	21	2.62	0.64	4
		%	71.5	19.7	8.8			
4	The complex provides modern relaxation techniques to relieve patients' negative emotions.	R.	146	48	45	2.42	0.78	8
		%	61.1	20.1	18.8			
5	The complex provides behavior modification services to patients in need.	R.	161	51	27	2.56	0.68	6
		%	67.4	21.3	11.3			
6	The complex provides programs for developing behavioral skills.	R.	146	58	35	2.46	0.73	7
		%	61.1	24.3	14.6			
7	The complex provides urgent psychological services to all patients.	R.	193	39	7	2.46	0.48	7
		%	80.8	16.3	2.9			
8	The complex provides psychological support to those suffering from psychological problems resulting from various disturbances and traumas.	R.	191	35	13	2.77	0.54	2
		%	79.9	14.6	5.4			
9	The complex provides psychological rehabilitation services for people with mental illnesses.	R.	161	57	21	2.58	0.64	5
		%	67.4	23.8	8.8			
					General arithmetic mean	2.64	0.50	high level

The previous table shows that mental health care services improve patients' quality of life, as defined by patients. They were ranked according to the arithmetic mean as follows:

-In first place came the complex's department for treating mental disorders, with an arithmetic mean of 2.86 and a standard deviation of 0.41. In second place came the complex's provision of psychological support to those suffering

from psychological problems resulting from various disorders and traumas, with an arithmetic mean of 2.77 and a standard deviation of 0.54. In last place came the complex's provision of modern relaxation techniques to relieve patients' negative emotions, with an arithmetic mean of 2.42 and a standard deviation of 0.78.

-Looking at the table, we find that mental health care services improve patients' quality of life, as defined by patients, with an arithmetic mean of 2.64 and a standard deviation of 0.50, which is a high level.

3. Remote) Therapeutic Health Services:

Table (7) Contributions of (Remote) Therapeutic Health Services in Improving Patients' Quality of Life, as Determined by Patients

N.	phrases	Frequencies and percentages	Degree of approval			arithmetic mean	standard deviation	Arrangement
			Yes	to some extent	no			
1	A hotline is available 24/7.	R.	173	50	16	2.65	0.60	2
		%	72.4	20.9	6.7			
2	The complex provides a website to receive medical inquiries from patients.	R.	161	48	30	2.54	0.70	5
		%	67.4	20.1	12.6			
3	The complex contributes to the treatment of acute cases remotely.	R.	165	50	24	2.59	0.66	4
		%	69	20.9	10.1			
4	The complex provides nutritional consultations as a form of prevention rather than falling into diseases.	R.	152	55	32	2.50	0.72	8
		%	63.6	23	13.4			
5	The complex provides access to x-rays and analyses through websites.	R.	152	44	43	2.45	0.78	9
		%	63.6	18.4	18			
6	The complex contributes to sending regular email reminders of medication times.	R.	184	38	17	2.69	0.59	1
		%	77	15.9	7.1			
7	The complex provides remote patient and family education services.	R.	164	40	35	2.54	0.73	6
		%	58.6	16.7	14.6			
8	The complex contributes to monitoring disease cases via electronic communication.	R.	173	42	24	2.62	0.66	3
		%	72.4	17.6	10			
9	The complex contributes to the production of periodic bulletins to provide patients with the necessary medical advice.	R.	158	47	34	2.51	0.73	7
		%	66.1	19.7	14.2			
General arithmetic mean						2.57	0.57	high level

The previous table demonstrates the importance of telemedicine services in improving patients' quality of life, as defined by patients. Their ranking, based on arithmetic mean, is as follows:

-In first place is the complex's contribution to sending regular email reminders about medication times, with an arithmetic mean of 2.69 and a standard deviation of 0.59. In second place is the provision of a 24-hour hotline, with an arithmetic mean of 2.65 and a standard deviation of 0.60. In last place is the complex's provision of access to x-rays and tests via websites, with an arithmetic mean of 2.45 and a standard deviation of 0.78.

-Looking at the table, we find that telemedicine services, as defined by patients, improved patients' quality of life with an arithmetic mean of 2.57 and a standard deviation of 0.57, which is a high level.

Second axis: Obstacles facing home healthcare services at the Erada and Mental Health Complex. **Table (8) Obstacles facing home health care services at the Erada and Mental Health Complex as identified by patients**

N.	phrases	Frequencies and percentages	Degree of approval			arithmetic mean	standard deviation	Arrangement
			Yes	to some extent	no			
1	Routine procedures for obtaining complex services.	R.	124	75	40	2.35	0.75	2
		%	51.9	4.31	16.7			
2	Lack of an electronic database of patients visiting the center.	R.	101	61	77	2.12	0.85	3
		%	42.3	25.5	32.2			

3	Poor coordination between the complex and various medical authorities and centers.	R.	92	69	78	2.05	0.84	7
		%	38.5	28.9	32.5			
4	Failure to continuously advertise the complex's services so that citizens can learn about them.	R.	94	80	65	2.12	0.80	4
		%	39.3	33.5	27.2			
5	Lack of justice in the equal distribution of services provided by the complex to citizens.	R.	90	57	92	1.99	0.87	8
		%	37.7	23.8	38.5			
6	Weak financial resources allocated to treatment and medical services.	R.	83	72	84	1.98	0.83	9
		%	34.8	30.1	35.1			
7	Poor electronic communication methods for dealing with patients remotely.	R.	100	64	75	2.10	0.85	6
		%	41.8	26.8	31.4			
8	The large number of patients in need of the complex's services.	R.	134	63	42	2.38	0.76	1
		%	56.1	26.4	17.5			
9	Not taking patients' opinions into account regarding the services they need.	R.	93	91	65	2.11	0.80	5
		%	38.9	33.9	27.2			
General arithmetic mean						2.13	0.67	high level

The previous table shows the obstacles facing home healthcare services at the Erada and Mental Health Complex, as identified by patients. They were ranked according to the arithmetic mean as follows:

-The large number of patients in need of the complex's services came in first place, with an arithmetic mean of 2.38 and a standard deviation of 0.76. The second place was the red tape in the procedures for obtaining the complex's services, with an arithmetic mean of 2.35 and a standard deviation of 0.75, with an arithmetic mean of 2.12 and a standard deviation of 0.85. The last place was the weak financial resources allocated to therapeutic and medical services, with an arithmetic mean of 1.98 and a standard deviation of 0.83.

-Looking at the table, we find that the obstacles facing home healthcare services at the Erada and Mental Health Complex, as identified by patients, came in at an arithmetic mean of 2.13 and a standard deviation of 0.67, which is an average level.

Third axis: Proposals to enhance healthcare services at the Erada and Mental Health Complex.

Table (9) Proposals for activating health care services at the Erada and Mental Health Complex as identified by patients

N.	phrases	Frequencies and percentages	Degree of approval			arithmetic mean	standard deviation	Arrangement
			Yes	to some extent	no			
1	Flexibility in receiving treatment services to suit each patient individually.	R.	202	34	3	2.83	0.40	1
		%	84.5	14.2	1.3			
2	Establishing an electronic administration to follow up and record medical cases and their medical history for easy identification	R.	176	53	10	2.69	0.54	5
		%	73.6	22.2	4.2			
3	Facilitating the conditions necessary to obtain medical and therapeutic services.	R.	195	40	3	2.80	0.42	2
		%	82	16.7	1.3			
4	Conducting comprehensive announcements to citizens about the programs offered by the complex.	R.	165	54	20	2.60	0.63	9
		%	69	22.6	8.4			
5	Diversifying the services provided by the complex so that they are not limited to medical and therapeutic services only.	R.	176	43	20	2.65	0.62	7
		%	73.6	18	8.4			
6	Increase support and financial allocations to the complex from	R.	171	54	14	2.65	0.58	8
		%	71.5	22.6	5.9			

	government agencies to improve the complex's services.							
7	Providing a treatment center affiliated with the complex that includes all therapeutic medications to facilitate patients' access to them.	R.	175	48	16	2.66	0.59	6
		%	73.2	20.1	5.7			
8	Supporting electronic communication methods to improve the provision of quality remote medical services.	R.	182	48	9	2.72	0.52	3
		%	76.2	20.1	3.8			
9	Strengthening research partnerships with specialized medical centers and devices.	R.	186	35	18	2.70	0.60	4
		%	77.8	14.6	7.5			
General arithmetic mean						2.70	0.46	high level

The previous table shows the proposals for activating healthcare services at the Erada and Mental Health Complex, as identified by patients. These proposals were ranked according to the arithmetic mean as follows:

-The first-ranked proposal was for flexibility in receiving treatment services to suit each patient individually, with an arithmetic mean of 2.83 and a standard deviation of 0.40. The second-ranked proposal was for facilitating the conditions necessary for obtaining medical and treatment services, with an arithmetic mean of 2.80 and a standard deviation of 0.42. The last-ranked proposal was for conducting comprehensive announcements to citizens about the programs offered by the complex, with an arithmetic mean of 2.60 and a standard deviation of 0.63.

-Looking at the table, we find that the proposals for activating healthcare services at the Erada and Mental Health Complex, as identified by patients, had an arithmetic mean of 2.70 and a standard deviation of 0.46, which is considered average.

Study Recommendations:

Improving the Quality of Home Healthcare Services:

1. Develop strategic plans to address health crises and epidemics to achieve health security.
2. Address and continuously study patient complaints.
3. Provide training courses for all service providers.

Implementation Mechanism:

1. Establish an effective information system to support the quality of healthcare services.
2. Increase communication channels between all healthcare sector workers.
3. Facilitate procedures and prevent red tape in healthcare service provision.
4. Increase coverage of basic healthcare services.

Encourage scientific research in the field of home healthcare.

1. Encourage scientific research on the effectiveness and efficiency of home healthcare services.

Implementation Mechanism:

1. Support academic research and allocate grants for field studies to analyze the impact of home healthcare on patient health.

Support the visiting physician program to cover subspecialties.

1. Strengthen the visiting physician program by periodically providing rare specialties in the Kingdom's regions.
2. Provide the necessary medical equipment and supplies to ensure full utilization of physician visits to the regions and achieve the program's primary objective.

Implementation Mechanism:

1. Establish a regular schedule for specialist physician visits to the regions, based on each region's needs.
2. Provide dedicated support for the visiting physician program and provide financial support based on geographic needs.

Reducing geographic disparity in home healthcare services:

1. Establish specialized medical centers in peripheral regions.
2. Activate mobile medical convoys to provide diagnostic and therapeutic services to peripheral regions.
3. Support peripheral hospitals with modern equipment to reduce the need for referrals.

Implementation Mechanism:

1. Identify the health needs of each region through statistics on previous referrals.
2. Allocate a budget to establish specialized medical centers in different regions according to need.
3. Launch a medical convoy program to cover all regions of the Kingdom.
4. Allocate budgets from governments or health institutions to purchase specialized medical equipment, such as remote patient monitoring devices.

Raising Citizen Awareness of Home Healthcare Services:

1. Awareness must be raised among citizens and their families about the multiple benefits of home healthcare services.

Implementation Mechanism:

1. Hold specialized workshops and training courses in home care, with a focus on managing chronic conditions and the elderly.
2. Develop individualized care plans for each patient, including treatment schedules, medications, and personal care needs.
3. Organize awareness campaigns through local media, websites, and field visits.

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