INPLASY

Quality, Patient Experience, and Service Gaps in Home Healthcare in Saudi Arabia: A Systematic Review Aligned with Vision 2030

Corresponding author:
Eman Alawad

emanalawad90@gmail.com

Author Affiliation:
Tertiary cRE CENTER PROVIDING HOME HEALTHCARE IN SAUDI ARABIA , Prince sultan medical military city.

Alawad, E; Elshaib, L; Mahrous, R.

ADMINISTRATIVE INFORMATION

Support - Not funded.

Review Stage at time of this submission - Completed but not published.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY202620057

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 17 February 2026 and was last updated on 17 February 2026.

INTRODUCTION

Review question / Objective To assess the quality of home healthcare (HHC) services, patient experience, and existing service gaps in Saudi Arabia.

Rationale Although several studies have evaluated different aspects of home healthcare services in Saudi Arabia, findings remain fragmented. Research has addressed patient satisfaction (3,4), workforce challenges (7,8), telehealth programs (16), and specialized home-based interventions such as respiratory therapy and intravenous antibiotic services (10–12,14). However, a comprehensive synthesis evaluating overall quality, patient experience, and service delivery gaps at the national level has been limited.
Therefore, this systematic review aims to consolidate available evidence on home healthcare services in Saudi Arabia and evaluate three main domains: quality of care, patient experience, and structural and operational service gaps.

Condition being studied The diffrent spectrum of Home healthcare servcies provided to patients including elderly, pallative care, feeding, respiratoy and physcial therapy , animicrobials, and worn care servcies to assess quality , patient satisfactions and identifed the gaps in services coverage.

METHODS

Search strategy Electronic databases (PubMed, MEDLINE, Scopus, Web of Science, CINAHL, and Google Scholar) were searched using combinations of:
home healthcare" OR "home health services"
AND "quality" OR "patient satisfaction" OR "patient experience"
AND "Saudi Arabia"
Manual reference screening was also performed.

Participant or population All popualtion included and benefitd from Home healthcare servcies in saudi arabia.

Intervention Providing home healthcare services.

Comparator Non.

Study designs to be included Al types except Reviews, editorials, and conference abstracts were excluded.

Eligibility criteria
Studies were eligible if they:
• Were conducted in Saudi Arabia
• Published between 2011 and 2025
• Examined home healthcare services
• Addressed quality of care, patient satisfaction/ experience, or service gaps
Observational, qualitative, mixed-methods, and interventional studies were included. Reviews, editorials, and conference abstracts were excluded.

Information sources Electronic databases (PubMed, MEDLINE, Scopus, Web of Science, CINAHL, and Google Scholar) were searched using combinations of:
home healthcare" OR "home health services"
AND "quality" OR "patient satisfaction" OR "patient experience"
AND "Saudi Arabia"
Manual reference screening was also performed.

Main outcome(s) To assess :
1- Quality of services
2- Patient experince and satisfaction
3- Gaps in coverage and litrature.

Additional outcome(s) Assessing scope of servcies provided , factors affecting satisfaction and assess Opportunities for improvment.

Data management This systematic review was conducted and reported in accordance with PRISMA 2020 guidelines (1).
2.2 Eligibility Criteria
Studies were eligible if they:
• Were conducted in Saudi Arabia
• Published between 2011 and 2025
• Examined home healthcare services
• Addressed quality of care, patient satisfaction/ experience, or service gaps
Observational, qualitative, mixed-methods, and interventional studies were included. Reviews, editorials, and conference abstracts were excluded.
2.3 Information Sources and Search Strategy
Electronic databases (PubMed, MEDLINE, Scopus, Web of Science, CINAHL, and Google Scholar) were searched using combinations of:
home healthcare" OR "home health services"

AND "quality" OR "patient satisfaction" OR "patient experience"
AND "Saudi Arabia"
Manual reference screening was also performed.
2.4 Study Selection
Records were imported into reference management software and duplicates removed. Titles and abstracts were screened, followed by full-text review.

Quality assessment / Risk of bias analysis
Methodological quality was assessed using the QuADS tool (2), suitable for heterogeneous designs. Thirteen criteria were evaluated per study.
2.6. Statistical Considerations
Due to heterogeneity in design, populations, and outcomes, quantitative meta-analysis was not feasible. Where reported, correlation coefficients, p-values, and descriptive statistics were presented as described in original studies. A narrative thematic synthesis approach was employed.

Strategy of data synthesis Data synthesis will be conducted using a structured narrative thematic approach due to substantial heterogeneity in study designs, populations, interventions, and outcome measures. The included studies comprise cross-sectional surveys, retrospective analyses, qualitative studies, mixed-methods research, and one randomized controlled trial, which precludes quantitative meta-analysis.
First, extracted data will be organized into evidence tables summarizing study characteristics (author, year, design, sample size), key domains addressed, and principal findings. Studies will then be grouped according to the predefined review domains: (1) quality of care, (2) patient experience and satisfaction, and (3) structural and operational service gaps.
Within each domain, findings will be synthesized thematically by identifying recurrent patterns, similarities, and discrepancies across studies. Quantitative outcomes such as satisfaction scores, correlation coefficients, and reported p-values will be summarized descriptively without statistical pooling. Qualitative findings will be integrated to contextualize quantitative results and provide deeper insight into patient perceptions and system-level challenges.
Methodological quality will be considered during synthesis using the Quality Assessment with Diverse Studies (QuADS) tool. Studies with higher methodological rigor will be given greater interpretive weight when drawing conclusions, while findings from lower-quality studies will be interpreted cautiously.
Where specialized home healthcare programs (e.g., respiratory therapy, intravenous antibiotic

services, cardiac rehabilitation, telehealth services) are evaluated, results will be synthesized separately to assess clinical effectiveness and service impact.

If sufficient homogeneity is unexpectedly identified during final data extraction, a limited quantitative synthesis may be reconsidered; however, the primary approach remains narrative synthesis.

Subgroup analysis Formal subgroup meta-analysis is not planned due to the anticipated heterogeneity of study designs and outcomes. However, structured subgroup comparisons will be performed narratively when sufficient data are available.

Planned subgroup categories include:
• Type of home healthcare service (general home care vs. specialized programs such as respiratory therapy, intravenous antibiotic services, cardiac rehabilitation, and telehealth)
• Study design (quantitative vs. qualitative vs. mixed-methods)
• Target population (elderly patients, chronic disease patients, caregivers, healthcare providers)
• Geographic region within Saudi Arabia, where reported
• COVID-19–related studies versus pre-pandemic studies

Comparisons across these subgroups will explore differences in reported satisfaction levels, quality indicators, structural gaps, and workforce challenges.

These subgroup explorations will be descriptive and interpretive rather than statistical. Findings will be used to identify potential contextual influences on service quality and patient experience, particularly in relation to national healthcare transformation goals under Vision 2030.

Sensitivity analysis A formal statistical sensitivity analysis is not applicable due to the absence of quantitative pooling. However, methodological sensitivity assessment will be conducted.

Sensitivity analysis will involve:

Re-examining conclusions after excluding studies with lower methodological quality based on QuADS scores.

Assessing whether removal of small-sample studies significantly alters thematic conclusions.

Evaluating the influence of qualitative-only studies on overall interpretation.

Examining whether COVID-19–related studies disproportionately influence findings.

If exclusion of lower-quality studies results in substantial changes in conclusions, this will be transparently reported.

Language restriction English laungage.

Country(ies) involved Saudi Arabia.

Keywords Home healthcare; patient satisfaction; quality of care; service gaps; Saudi Arabia.

Dissemination plans The findings of this systematic review will be disseminated through submission to a peer-reviewed international journal specializing in healthcare services research, public health, or health systems policy. The manuscript will be prepared in accordance with PRISMA 2020 reporting standards to ensure transparency and methodological rigor.

In addition to journal publication, results will be presented at national and regional scientific conferences relevant to healthcare quality, health services research, and health system transformation in Saudi Arabia. Where appropriate, findings may also be shared with healthcare policymakers, hospital administrators, and home healthcare program leaders to inform service development and quality improvement initiatives aligned with Saudi Vision 2030.

Contributions of each author

Author 1 - Eman Alawad - drafted manuscript and is corresponding author.
Email: emanalawad90@gmail.com
Author 2 - Lubna Elshaib - REVIEW PRISMA GUDLINES AND STUDIES FINDINGS.
Email: lekshaib@pscc.med.sa
Author 3 - Rasha Mahrous - review final manscrpit for edititng.
Email: r.mahrous@seu.edu.sa