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A Statistical Mixed-Methods Evaluation of Saudi Arabia's Efforts to Enhance the Health-Related Quality of Life for People with Disabilities

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Abstract: The Kingdom of Saudi Arabia provides special care to people with disabilities. It makes efforts at different levels, based on its belief in their rights to support a high quality of life. This paper discusses the kingdom's efforts to enhance the quality of life of people with disabilities according to Vision 2030. It uses a mixed methodology, namely a scale of quality of health life and concentrated discussion groups of experts. The field study was applied to a purposive sample of 167 individuals distributed throughout the kingdom was collected. The study's' most significant results are as follows: a key finding is that the respondents expressed a high level of satisfaction with the kingdom's efforts to improve the health quality of life for individuals with disabilities, as evidenced by a mean score of 3.46, on the scale. Respondents expressed a high level of satisfaction with health policies and systems with a mean score equals 3.62, followed by access to services with a mean score equals 3.55, reflecting a strong positive perception of these aspects of healthcare for individuals with disabilities. The social and psychological support axis ranked third with a mean score equals 3.44, indicating a high level of satisfaction, whereas the quality of healthcare axis ranked fourth with a moderate level of satisfaction. The findings also demonstrate a lack of awareness among people with disabilities regarding their social and health rights. The results indicate the compatibility with of the kingdom's efforts. The authors recommend holding educational seminars for people with disabilities to understand their rights in Saudi society.

Keywords: Vision 2030, Saudi Arabia, People with Disabilities, Health-Related Quality of Life, Disability Rights.

1 Introduction

Quality of life for people with disabilities is a critical issue on both global and local agendas, as it reflects their overall well-being and their right to comprehensive care tailored to their needs. International and local initiatives have expanded to promote the rights of this group, most notably the United Nations Convention on the Rights of Persons with Disabilities (the Convention), recognized by 182 countries. The Convention affirms their right to the highest attainable standard of health without discrimination. Providing integrated health services is essential to enhance physical, psychological, and social well-being and to enable effective participation in society (United Nations General Assembly, 2007).

Saudi Arabia has emerged as a leading nation in caring for people with disabilities through its Vision 2030 initiative, which seeks to improve multiple aspects of life for all citizens and residents, including individuals with disabilities. Within this vision, the Kingdom has launched several initiatives and programs to enhance quality of life for people with disabilities, focusing on equality, integration, and the creation of a supportive environment. These efforts aim to expand access to healthcare, strengthen health infrastructure, and enhance both psychological and social support (Vision 2030, Rights of People with Disabilities).

In cooperation with the Ministry of Health, the Authority for the Care of People with Disabilities is developing policies and programs to strengthen the health rights of this group and eliminate barriers that restrict access to health services. The Ministry of Health is also prioritizing the expansion of medical facilities and the training of healthcare personnel to meet the needs of people with disabilities in line with international standards.

These efforts align with global trends, as the Kingdom is committed to implementing the provisions of the Convention through policies that promote full integration into society and provide the necessary tools for contributing to sustainable development (Seventy-fourth World Health Assembly, 2021).

2. Theoretical Framework

2.1 Social Empowerment Theory

Social empowerment theory provides an important framework for understanding and improving the quality of life of individuals

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with disabilities; it emphasizes equipping them with tools and opportunities to strengthen their independence and encourage participation in society (Cattaneo & Chapman, 2010; Christens, Collura, & Tahir, 2013; Zimmerman, 1995). The Kingdom of Saudi Arabia's efforts rely on implementing empowerment through comprehensive health services and supportive initiatives that facilitate the integration of people with disabilities into society.

This theory is regarded as a foundational framework across multiple disciplines, including community health and social work; empowerment is a central element of the mission and ethical values of social work (National Association of Social Workers, 2018). Social work focuses on enhancing the well-being of individuals, especially vulnerable groups, while enhancing their ability to bring about change and meet their needs independently.

Social empowerment is based on supporting the independence of individuals and developing their ability to make decisions for themselves, as it is essential for people with disabilities, and aims to provide them with the skills necessary to enhance their social participation and overcome challenges (Zimmerman, 1995). This means transforming the culture of society towards them from marginalization to empowerment, which guarantees their rights and enhances their ability to fully interact in society (Muslim, 2004).

2.2 Literature Review

Kreijkes & Greatorex (2024) reviewed the impact of specialised and integrated educational curricula on student experiences and outcomes, highlighting the limitations of previous studies and the variability of the effects of integrated curricula. Morán et al. (2023) demonstrated the importance of the The QOLSM for people with intellectual disabilities as a tool for achieving their basic rights, pointing to the ongoing need to improve the implementation of these rights. Dean et al. (2018) focused on the challenges of integrating people with disabilities into health systems in low- and middle-income countries, demonstrating the weakness of these systems and the need for comprehensive reforms to ensure sustainable care.

The World Health Organization (2016) aimed to assess the quality of mental health services, stressing the need to improve them through international standards to protect human rights, while Johnston & Miklos (2002) studied methods for assessing quality of life in rehabilitation, especially for traumatic brain injuries, noting the effectiveness of activity-related quality of life measures in assessing rehabilitation treatments.

Snæfríðar- og Gunnarsdóttir & Löve (2024) also focused on the ability of disability organizations in Iceland to engage in policymaking during the COVID-19 pandemic, finding that the value of lived experience helped to provide effective solutions, but that collaboration remained limited. Alanazi et al. (2023) reviewed the status of rehabilitation services in Saudi Arabia, suggesting that improvements are needed to better meet the needs of people with disabilities.

3. Problem statement

In the context of achieving the Kingdom's Vision 2030, the importance of enhancing the quality of healthy life for people with disabilities has emerged as a strategic goal to build an inclusive society that enjoys well-being for all. The Kingdom has launched several initiatives and policies aimed at providing integrated healthcare based on social empowerment and increasing the participation of this group in public life, while adhering to international standards. (Kingdom's Vision 2030, Rights of People with Disabilities).

Therefore, the problem of the study crystallizes in the need to evaluate and analyze the current efforts made by the Kingdom to enhance the quality of healthy life for people with disabilities, by studying the initiatives and policies followed, determining their effectiveness in achieving social empowerment for this group, and measuring their impact on improving the quality of health care provided**.**

4. Aim and Research Questions

Building on previous work in disabilities, this study seeks to measure the level of satisfaction of beneficiaries with disabilities in the Kingdom with the comprehensiveness and quality of the health services provided. Determine the extent to which government policies and regulations are compatible with the needs of people with disabilities and facilitate access to health services. Evaluating the role of social and psychological support in enhancing confidence, community participation, and improving the quality of life of people with disabilities.

The study also seeks to answer the following questions.

1. How satisfied are people with disabilities with the quality and comprehensiveness of the health services they receive?

2. To what extent do government policies and regulations facilitate access to health services for people with disabilities?

3. To what extent are facilities available that allow people with disabilities to access health care easily and safely?

4. What is the role of social and psychological support provided to people with disabilities in improving their quality of life?

5. How does psychological and social support contribute to enhancing the confidence and community participation of people with disabilities?

6. What is the impact of national initiatives related to health care for people with disabilities on their satisfaction with the quality and comprehensiveness of health services provided to them?

5. Methodology

5.1 Study type:

This study is considered a descriptive study, as it seeks to describe and analyze the efforts made to improve the quality of healthy life for people with disabilities in the Kingdom of Saudi Arabia.

5.2 Methodology used:

The study relied on the mixed method, which combines quantitative and qualitative methods to achieve a deeper understanding of the subject under study, as the scale was used to obtain quantitative data, in addition to the focus group discussion to collect qualitative data.

5.3 Participants:

The study was applied to a purposive sample of people with disabilities in different regions of the Kingdom of Saudi Arabia. A total of 167 respondents were selected to represent the geographical diversity of the Kingdom, while an additional 10 participants joined the focus group discussion. The sample was non-random and deliberately chosed for this study.

5.4 Procedure and Data Collection Tools:

The study employed a scale to measure health and quality of life. Focus groups were employed to obtain in-depth insights from participants regarding their experiences and satisfaction with the health services provided.

To achieve the study's objectives, a workshop was held to discuss the Kingdom's efforts to enhance quality of life for people with disabilities, with participation from ten specialists who work with individuals with disabilities.

5.5 The Scale:

5.5.1. Health-Related Quality of Life Scale:

The Health-Related Quality of Life (HRQOL) Scale is based on the Medicare Outcomes Study (MOS) model developed by the RAND Corporation (Stewart & Ware, 1992). HRQOL is defined as the impact of health on an individual's ability to function and to experience physical, psychological, and social well-being. HRQOL encompasses daily activities such as self-care and social interaction, assessed through objective performance measures that compare self-reported information with other data sources (Reuben et al., 1995; World Health Organization, 1996). A second dimension addresses psychological well-being and includes feelings of happiness, depression, and pain (Hays, Hahn, & Marshall, 2002).

5.5.2 Short Form 36 (SF-36):

The Short Form 36 (SF-36) is an MOS tool used to measure HRQOL. It contains 36 items distributed across eight dimensions: physical functioning, limitations due to health and emotional problems, social functioning, emotional well-being, energy, pain, and perceptions of general health (Hays et al., 1998; Sherbourne & Ware, 1992).

According to Naeesa (2016), quality of life (QOL) indicators include overall satisfaction, psychological factors (anxiety and depression), social factors (personal relationships), occupational factors (job satisfaction), and physical indicators (health status, sleep, and appetite).

5.6 Coding:

1- Statistical processing of scale statements: The researchers relied on the five-point Likert pattern in setting the responses. This pattern begins with "I agree" = 5 and ends with "I disagree" = 1.

2- Relative weight and weighted mean of the statements: The weighted mean and relative weight of the responses were calculated as follows:

Weighted mean and relative weight of sample responses

Relative Wight	Level	Attitude	Mean
extremely low	Strongly disagree	Never	1-1.79
Low	Disagree	doesn't	1.80-2.59
Mid	Neutral	Sometimes	2.60- 3.39
High	Agree	Often	3.40- 4.19
extremely High	Strongly agree	Frequently	4.20-5

6. Results:

6.1 Demographic Features of the study sample:

Table 1: Distribution of the sample according to their demographic characteristics

%	frequency	Variable	Item
66.5	111	Male	Sex
33.5	65	Female	
27.6	46	The disabled person	Participant status
38.9	65	Family	
33.5	56	Assistant	
17.4	29	Less than 30	Age
17.4	29	30 to less than 40	
37.7	63	40 to less than 50	
23.4	39	50 to less than 60	
4.2	7	60 and above	
3	5	North	geographical distribution
6	10	South	
70.1	117	East	
10,2	17	West	
10,8	18	Central	
13.2	22	Illiterate	Education
5.4	9	Primary education	
11.4	19	Intermediate education	
12.6	21	Secondary education	
49.1	82	University education	
8.4	14	Diploma	
31.7	53	Unemployed	Employment
47.3	79	Employee	
12.6	21	Student	
8.4	14	Retired	
40.1	67	Villa	Type of accommodation
11.4	19	Floor	
36.5	61	Apartment	
12	20	Simple House	
39.5	66	Less than 5 thousand	Monthly income
19.2	32	From 5 to less than 10	
20.4	34	From 10 to less than 15	
21	35	More than 15 thousand	

The total of the study sample was (167) people with disabilities, males constituted most of the study sample at (66.5%), while females constituted (33.5%). In terms of the participant's status in answering the questionnaire, the percentage of participating families was the highest at (38.9%), followed by the percentage of assistants at (33.5%), while people with disabilities themselves represented (27.6%) of the sample. The sample is purposeful and intended.

The age of the participants were varied; the largest percentage was for the age group between (40) and less than (50) years at (37.7%), followed by the group from (50) to less than (60) years at (23.4%), and the percentages of participants from the categories "less than (30) years" and "from (30) to less than (40) years" were (17.4%) for each, while the lowest percentage was

for the age group from (60) years and over at (4.2%).

In terms of geographical distribution, most of the sample was concentrated in the Eastern Region (70.1%), followed by the Central and Western Regions (10.8%) and (10.2%) respectively, while the percentage of participants from the Northern and Southern Regions was lower by (3%) and (6%) respectively.

Regarding the educational level, the results showed that the category with a university education was the majority at (49.1%), followed by the illiterate category at (13.2%). The rest of the sample was distributed between secondary education (12.6%), and intermediate education (11.4%), while (8.4%) of the participants obtained a diploma.

In terms of employment status, employees constituted the largest percentage (47.3%), followed by the unemployed (31.7%). While the percentage of students was (12.6%), and the percentage of retirees was (8.4%). As for the type of housing, (40.1%) of the participants reported that they live in villas, while (36.5%) of them live in apartments, (12%) live in Simple houses and (11.4%) in floor.

Regarding monthly income, the category with an income of less than (5000) riyals was the largest at (39.5%), followed by the income ranging from (10) to less than (15) thousand at (20.4%), and from (15) thousand and more at (21%), while the percentage of those with an income ranging from (5) to less than (10) thousand was (19.2%).

6.2 Features related to type of disability

Table 2: Distribution of the study sample according to disability features

%	f	Variable	Item
32.3	54	Motor	Type of disability
6.6	11	Visual	
7.8	13	Hearing	
34.1	57	Mental	
19.2	32	Multiple	
85.7	98	From birth	Duration of disability
5.4	9	Less than 2 years	
6	10	From 2 to 5	
29.9	50	From 6 and over	
17.3	29	Yes	Participate in programs for people with disabilities
15	25	Sometimes	
67.7	113	No	

The results in table (2) show that the largest percentage of the sample was for people with mental disabilities (34.1%), followed by motor disabilities (32.3%). The percentage of people with multiple disabilities was (19.2%), while the percentage of hearing disabilities was (7.8%), and finally visual disabilities (6.6%).

Regarding the duration of disability, most of the sample were people who had been disabled since birth (58.7%), while (29.9%) of them had been disabled for more than six years. As for the group whose disability duration was less than two years, its percentage was (5.4%), and (6%) for the group whose disability duration ranged between two and five years.

As for the sample members' participation in the programs provided for people with disabilities, most participants (67.7%) reported that they were not participating in these programs, while the percentage of participants was (17.3%), and there were also (15%) of the participants who indicated that they sometimes participate in the programs.

6.3 Arrangement of the scale parameters

Table 3: Arrangement of the scale parameters according to mean and SD

Level	Ranking	SD	Mean	Parameters
High	First	95703.	3.6248	One: Health Policies and Systems
High	Second	99616.	3.5589	Two: Service accessibility
High	Third	1.00319	3.4471	Three: Social and Psychological Support
Mid	Fourth	98454.	3.2323	Four: Quality of Health Care:

The data in Table (3) show the mean and SD of the parameters of the Saudi Arabia Quality Scale in promoting the quality of healthy life for people with disabilities. The data show that the first parameter (health policies and systems), the second parameter

(Service accessibility), and the third parameter (social and psychological support) obtained a high score with means exceeding (3.34), while the fourth parameter (quality of health care) came at an (average) level.

6.4 Statistical analysis

Table 4: mean and SD of the study sample's estimates for the scale's Parameter and phrases

Level	SD	mean	parameters/Phrases
Parameter One: Health Policies and Systems			
High	1.225	3.56	-These are health systems in place and I am aware of policies focusing on the needs of people with disabilities.
High	882.	3.56	- I believe that the response of health systems to the problems of people with disabilities is an indicator of the success of health policies in meeting their needs.
High	1.164	3.75	- The person with disabilities is given priority in receiving health services.
High	**9.5703**	**3.6248**	**Total score**
Parameter Two: Service accessibility			
High	1.165	3.54	- I can easily access the health facilities available to me as a person with a disability
Mid	1.337	3.32	- Hospitals and health centers adhere to the standards and requirements of comprehensive access
High	1.029	3.81	- I find that health platforms such as the Sehaty platform have contributed to reducing the time and effort I spend to access health and treatment services
High	**99616.**	**3.5589**	**Total score**
Parameter Three: Social and Psychological Support			
High	1.182	3.51	- The social and psychological support I receive from health centers helps me overcome the challenges I face
High	1.227	3.35	- There is coordination between governmental and non-governmental agencies to support people with disabilities
High	1.113	3.49	- I find a large space of freedom to express my feelings and concerns in health and treatment centers
High	**1.00319**	**3.4471**	**Total score**
Parameter Four: Quality of Health Care:			
High	1.121	3.41	- I receive regular medical follow-up that takes care of my health condition from health centers
Mid	1.179	3.11	- There are high trained staff to help people with disabilities in health facilities
High	1.162	3.41	- I benefit from medical tools provided by health centers that enhance my quality of life
Mid	1.177	3.04	- There are awareness programs provided to me on a permanent basis to overcome the challenges of disability
Mid	1.135	3.19	- I find that there is a systematic evaluation of the quality of services provided to people with disabilities
Mid	**.86280**	**3.2323**	**Total score**
High	**.86280**	**3.4324**	**Total**

The Table (4) indicates that the first Parameter related to health policies and systems received a high evaluation level with an average of (3.62), which reflects the participants' satisfaction with the response of health systems to the needs of people with disabilities. This is consistent with the findings of the study (Ehliasson & Markström, 2020), which confirmed that health systems contribute to achieving justice for people with disabilities, although the same study indicated challenges related to applying laws equally at the national and local levels, which may be part of the challenges facing Saudi Arabia in achieving comprehensive access.

In the second Parameter related to ease of access to services, this axis achieved a high level with an average of (3.55), indicating the effectiveness of some tools such as digital platforms such as "Sehhaty" in facilitating access to services. This result is consistent with (Halvorsen et al., 2017) which explained the role of technology in facilitating access to services for people with disabilities. However, the average mean for the phrase "Hospitals and health centers adhere to the standards and requirements of comprehensive access" (3.32) indicates certain challenges, which is in line with the results of (Alanazi et al., 2023) which confirmed that health rehabilitation services may need additional improvements to meet the needs of beneficiaries in a comprehensive manner.

As for the third Parameter on social and psychological support, which received an average of (3.45), the results showed that psychological and social support contributes significantly to helping people with disabilities overcome challenges, which is

consistent with the findings of the study (Shen et al., 2022), which confirmed that psychological and social support has a positive impact on the quality of life of people with disabilities. These results are also consistent with the study (Giermanowska et al., 2021), which indicated that personal support can enhance the participation of people with disabilities in social and professional activities. In contrast, the lower evaluation of the phrase "coordination between governmental and non-governmental agencies" (3.35) indicates the need to improve coordination between the relevant agencies.

In general, the total scale indicates high satisfaction with the efforts made to improve the quality of health life for people with disabilities in the Kingdom with an average of (3.43), with some challenges that need to be addressed to enhance coordination between agencies and provide comprehensive access, and this is partly in line with the challenges indicated by international studies.

7. Discussion

- The study showed great interest in providing social and psychological support to people with disabilities, as the mean for the evaluation of social and psychological support was (3.44), which reflects the Kingdom's efforts to enhance self-confidence among people with disabilities and help them overcome the challenges they face, which is the essence of the theory of social empowerment.
- Although the healthcare quality parameter was rated at an average level (3.23), areas such as medical follow-ups and health awareness or guidance programs show potential for improvement. These efforts reflect the Kingdom's commitment to enhancing health services for people with disabilities, which in turn contributes to improving their overall quality of life.
- The study showed a statistically significant positive relationship between the scale parameters, which means that the higher the quality of health policies, access to service and social support, the higher the quality of health care, and this interaction contributes to enhancing empowerment by removing barriers facing people with disabilities.
- The study showed a variation in estimates according to the type of disability, especially in the Parameter of social support and quality of health care, which highlights the importance of allocating efforts according to the needs of different groups to ensure comprehensive empowerment and achieve a healthy quality of life suitable for all.
- Participants pointed out that the lack of community awareness about the rights of people with disabilities and the lack of understanding of people with disabilities about their rights, in addition to social stigma, are among the most significant challenges facing the state's efforts to improve the quality of healthy life for persons with disabilities.

8. Findings

1-People with disabilities are not aware of their rights, and Saudi society is not aware of the rights of this group.

2-Health practitioners do not have sufficient experience in dealing with people with disabilities.

3-Parents feel social stigma because one of their children has a disability.

9. Conclusion:

The study showed the excellence of the Kingdom of Saudi Arabia in enhancing the quality of healthy life for disabilities through integrated health policies and systems, as the results reflected a high level of satisfaction in the axes of health policies and systems, ease of access to services, and social and psychological support. This attitude reflects the Kingdom's commitment to providing a supportive and comprehensive environment that enhances empowerment and supports the quality of healthy life for this group, considering the standards of comprehensive access and enhancing the participation of people with disabilities in social and professional life.

Recommendations:

The authors recommend holding educational seminars for people with disabilities to understand their rights in Saudi society.

The necessity of cooperation between The Mistry of Health and the Authority for the care of Disabilities to enhance health policies and System.

Cooperation between the Ministry of Health and Sedaya to innovate in technical services supported by artificial intelligence that will enhance the quality of life for people with disabilities.

Increasing awareness about social stigma and its impact on families of people with disabilities.

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