

PERSPECTIVES

Holistic care among patients with chronic illness in Saudi Arabia

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Abstract

Chronic illnesses, such as diabetes, cardiovascular disorders, and respiratory ailments, are prevalent in Saudi Arabia. These conditions significantly impact patients' well-being. Besides applying modern therapy, there is a need to implement holistic care to address this clinical concern. This perspective article highlights the importance of holistic care in managing chronic illnesses. Holistic care adopts a comprehensive approach, addressing patients' physical symptoms while also attending to their emotional, social, and spiritual needs. In Saudi Arabia, the standard treatment for chronic illnesses involves a comprehensive approach that includes regular monitoring, medication management, lifestyle modifications, patient education, multidisciplinary team and integration of technology. The Chronic Care Model (CCM) is widely used in Saudi Arabia because it is tailored to the local context, emphasizing proactive and patient-centered care. Additionally, cultural beliefs and practices, family and community support, and the use of Complementary and Alternative Medicine (CAM) play a crucial role in managing chronic illnesses in the country. The clinical nurses are instrumental in enhancing the well-being and quality of life for patients. The Saudi Arabian government is crucial in the advancement of holistic healthcare by developing comprehensive healthcare policies, investing in modern medical infrastructure, and promoting integrated care models. Additionally, the government collaborates with local communities, healthcare providers, and religious institutions to ensure that care delivery respects cultural values and incorporates traditional practices.

Keywords: Chronic Illnesses, Complementary and Alternative Medicine (CAM), holistic care, multidisciplinary approach, patient education, quality of life, Saudi Arabia

Holistic care, chronic illness, and its challenges in Saudi Arabia

Chronic illnesses are long-term conditions that frequently impair everyday activities and necessitate continuous medical care (Hacker, 2024). For example, diabetes, heart disease, and chronic respiratory conditions which has long duration and impact in patient's life (Gurajala, 2023). Most of these diseases impact the physical, emotional, and social aspects (Almalki et al., 2011). World Health Organization reported that chronic diseases are the leading cause of death and disability which accounting for 73% of all deaths (World Health Organization, 2024). In Saudi Arabia, chronic diseases such as cardiovascular diseases, diabetes, and respiratory conditions are prevalent and contribute significantly to the overall disease and financial burden (Tash & Al-Bawardy, 2023; Mohamed et al., 2024; Alyami et al., 2023). According to a national survey, the estimated prevalence rates of diabetes mellitus were 14.8% for males and 11.7% for females, and the prevalence rates of hypertension were 17.7% for males and 12.5% for females. Noncommunicable Diseases (NCD) are also major contributors to the burden of disease in Saudi Arabia, as measured by age-standardized rates of disability-adjusted life years (DALYs) (Public Health Authority, 2022). Risk factors for these diseases can be non-modifiable, such as age, genetics, and family history (Centers for Disease Control and Prevention, 2024). However, risk factors can also be modifiable, including lifestyle factors like diet, physical activity, smoking, and alcohol consumption (Piovani et al., 2022).

In Saudi Arabia, individuals with chronic illnesses often experience significant challenges, including physical limitations, emotional distress, and social difficulties. Patients with multiple chronic conditions experience higher levels of disability that impacting their daily functioning (Alenazi et al., 2024). The evidence said that the burden of managing a chronic illness can lead to increased levels of stress, anxiety, and depression among patients (Baghdadi et al., 2021). In addition, chronic illnesses can lead to social isolation as patients may withdraw from social activities (Almaimani et al.,

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2024). Therefore, nurses hold a significant position in addressing these issues by providing emotional support, maintaining social connections, and facilitating access to community resources (Griffin et al., 2017; Subrata, & Phuphaibul, 2019; Subrata & Phuphaibul, 2022). Through regular interactions in Saudi Arabia context, nurses can identify early signs of isolation and develop personalized interventions to promote social engagement and improve mental wellbeing. However, the financial burden of managing chronic illnesses can strain relationships and reduce the ability to participate in social and recreational activities. As a consequence, patients with chronic illnesses are advised to have routine medical visits, hospitalizations, and long-term care. The government of Saudi Arabia is instrumental in supporting patients with chronic illnesses by providing accessible and affordable healthcare services. They promote preventive care and early intervention, invests in healthcare infrastructure and technology, and offers financial support for treatment. Given these far-reaching effects, holistic treatment is very important to address the patient's needs and symptoms (Albaqawi et al., 2023).

Standard therapy for chronic illnesses in Saudi Arabia involves a comprehensive approach that includes patient education, medication management, lifestyle changes, and routine monitoring. Ongoing surveillance through regular exams, lab tests, and imaging studies enables early detection of changes or consequences and facilitates swift medical action (Centers for Disease Control and Prevention, 2024). Proper medication management is also essential to control symptoms and stop the chronic illness progression in Saudi Arabia (Fallatah et al., 2023). In the mean times, patients are often advised to make lifestyle changes to manage their chronic illnesses, including stopping alcohol use, avoiding smoking, eating a balanced diet, and increasing the exercise (Surrati et al., 2024). Educating patients about their condition and treatment helps them manage their health effectively in Saudi Arabia (Bahari & Kerari, 2024). Similar to other countries, a multidisciplinary team is important for chronic illness management including doctors, nurses, dietitians, and physical therapists (Aboalshamat et al., 2024). In areas distant from Saudi cities, the use of telenursing helps in providing continuous care and monitoring of chronic illness (Almalki et al., 2023).

Adherence to treatment, or lack thereof, is also a concern in chronic illness management in Saudi Arabia. Several factors led to that issues are education and awareness to treatment, lack of information about the medication and its function. Complex medication schedules and polypharmacy (the use of multiple medications) can cause confusion and result in patients not following their prescribed regimens (Christopher et al., 2022). Fear of or experience with side effects can deter patients from taking their medications as prescribed (Smith et al., 2020). Emotional and psychological factors, such as depression and anxiety, can also negatively impact adherence (Poletti et al., 2022). Educational interventions, a trust-based relationship with patients, regular follow-ups and effective communication are crucial in maintaining adherence (Khawagi et al., 2025). Cultural and religious beliefs can positively influence adherence, especially when healthcare practices align with these beliefs. The deep integration of Islamic beliefs and cultural traditions shapes individuals' perceptions of health, illness, and healthcare practices in Saudi Arabia. When healthcare services respect and align with cultural values, patients are more likely to trust and engage with the healthcare system. This can be achieved by providing same-sex healthcare professionals, accommodating prayer times and dietary restrictions, and involving family in decision-making processes. Incorporating religious perspectives on healing, well-being, and acknowledging the role of faith in coping with illness, can improve adherence to treatment plans. Involving patients in decision-making and personalized care are key strategies on a successful chronic illness management (Alanzi et al., 2024).

In Saudi Arabia, the Chronic Care Model (CCM) has been adapted to address the unique challenges and needs of the population. The model focuses on improving the management of chronic diseases through six essential components in care as follows: self-management support, delivery system design, decision support, clinical information systems, organizational support, and community resources (Wagner et al., 1996). These parameters work together to improve care delivery and patient outcomes. This model advocates for an integrated methodology that includes interventions at different stages, focusing on patients, healthcare providers, and the entire healthcare system. It is particularly advantageous for nurse practitioners and advanced practice nurses, who are vital in the management of chronic conditions owing to their specialized knowledge in addressing the diverse factors that impact patient health. For example, the Chronic Disease Self-Management Program (CDSMP) was implemented to improve self-efficacy and health-related behaviors among patients with chronic conditions (Kerari et al., 2024). The CDSMP includes educational sessions that teach patients how to manage their conditions effectively. Additionally, national policies and strategies have been developed to prevent and control noncommunicable diseases (NCDs) through a multisectoral and integrated approach (Alattas et al., 2024). These efforts include health promotion, disease prevention, and the establishment of comprehensive surveillance systems to monitor and evaluate the effectiveness of chronic disease management programs. Kingdom's vision 2030 which launched in April 2016 is Saudi Arabia's strategic socioeconomic plan aiming at



supporting economic diversification and raising living standards. It offers an innovative healthcare plan to improve services and outcomes (Suleiman & Ming, 2025).

Many patients in Saudi Arabia use Complementary and Alternative Medicine (CAM) practices alongside conventional treatments (Alzahrani et al., 2016). CAM practices in Saudi Arabia involve spiritual therapies, herbal products, and other non-conventional treatments. These practices are widely used and often integrated with conventional medical treatments. For example, Nigella sativa (black seed) which Known for its anti-inflammatory and antibacterial properties (Alberts et al., 2024). Another herbal produce is Aloe vera commonly used for its soothing and healing properties, particularly for skin conditions (Sánchez et al., 2020). Frankincense is used for its anti-anxiety effects and is often burned as incense to create a calming atmosphere (Sattayakhom et al., 2023). Fenugreek is used to aid digestion and reduce inflammation, often consumed as a tea or added to food to manage chronic illness symptoms (Faisal et al., 2024). Compared to other varieties of water, Zamzam water possesses elevated levels of fluoride, calcium, and magnesium compounds, and research indicates it has antimicrobial, anti-inflammatory, and anticancer properties (Algathama & Ahmad, 2024). Traditional Arabic and Islamic plants have proven to be a valuable resource for complementary and alternative medicine in cancer treatment (Ahmad et al., 2016). Herbal remedies derived from traditional Arab-Islamic medicine may hold promise as novel cancer treatments with low toxicity and few adverse effects. Furthermore, spiritual rituals like prayer, Hajj, and Umrah, Dhikr, and meditation are deeply rooted in Arab culture and influence healthcare in Saudi Arabia. These practices are often used alongside modern medical treatments to provide a balanced approach to psychological care.

Conclusion

The provision of holistic care for patients with chronic illnesses in Saudi Arabia is a moral imperative and crucial strategy for care optimization. As the primary caregivers, nurses are central to the delivery of such care both in hospital and community setting. This entails addressing the multilayered needs of patients that encompassing their physical, psychological, social, and spiritual dimensions of Saudi population. Nurses can empower patients to effectively manage their conditions by promote self-care of chronic illness with dignity and resilience. A commitment to holistic care within the Saudi healthcare system will lead to a more patient-centered approach. This approach aligns with the core values of the nursing profession and the aspirations of the Kingdom's Vision 2030 for a healthier society. Future studies should prioritize qualitative research to deeply understand patients' perceptions of care quality, especially during hospital stays, as this area remains less underexplored. Additionally, there is a need to investigate the practical implementation of the CCM model within primary healthcare settings to identify systemic improvements of NCD management. Research should also focus on developing family-centered care models that respect local traditions, religious beliefs, and the use of complementary therapies.

Author's declaration

The author writes the manuscript in accordance with the current state of chronic illness and holistic care approaches in Saudi Arabia. Examining the current practices and challenges in managing chronic illnesses can provides valuable insights into how holistic care models can be adapted and applied in the Saudi Arabian context.

Al statement

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References

- Aboalshamat, K., Alzahrani, E., Maqlan, A., Almatrafi, A., & Alsulami, A. (2024). Collaborative attitudes and trust among medical and dental professionals in Saudi Arabia. PloS one, 19(8), e0309744. https://doi.org/10.1371/journal.pone.0309744
- Ahmad, R., Ahmad, N., Naqvi, A. A., Shehzad, A., & Al-Ghamdi, M. S. (2016). Role of traditional Islamic and Arabic plants in cancer therapy. Journal of traditional and complementary medicine, 7(2), 195–204. https://doi.org/10.1016/j.jtcme.2016.05.002
- Alanzi, T. M., Alanzi, N., Majrabi, A., Alhajri, A. S., Alzahrani, L., Alqahtani, N., Alqadhibi, A., Alenazi, S., Alsaedi, H., Alghamdi, E., Bin Hamad, N., Habib, W., Alharthi, N. H., Alharbi, M., & Alyahya, N. N. (2024). Exploring Patient Preferences Related to Shared Decision-Making in Chronic Disease Management. Cureus, 16(9), e70214. https://doi.org/10.7759/cureus.70214
- Alattas, M., Gordon, S., Sabin, L. L., El-Jardali, F., & Wirtz, V. J. (2024). Equity and unmet need of non-communicable diseases services in Saudi Arabia using a National Household Survey (2019). BMC health services research, 24(1), 346. https://doi.org/10.1186/s12913-024-10787-6
- Albaqawi, H., Butcon, V. E., Albagawi, B. S., Alshammari, M. H., Pangket, P., & Dayrit, R. D. (2023). Exploring the factors that impact Saudi Arabian nurses on holistic nursing care in patient outcomes: A qualitative study. International Journal of Advanced and Applied Sciences, 10(12), 1-12. https://doi.org/10.21833/ijaas.2023.12.001
- Alberts, A., Moldoveanu, E. T., Niculescu, A. G., & Grumezescu, A. M. (2024). Nigella sativa: A Comprehensive Review of Its Therapeutic Potential, Pharmacological Properties, and Clinical Applications. International journal of molecular sciences, 25(24), 13410. https://doi.org/10.3390/ijms252413410
- Alenazi, A. M., Alhwoaimel, N. A., Alqahtani, B. A., Alshehri, M. M., Alhowimel, A. S., & Khunti, K. (2024). Prevalence of multiple long-term chronic conditions and associated disabilities among community-dwelling adults in Riyadh. Frontiers in public health, 12, 1275124. https://doi.org/10.3389/fpubh.2024.1275124
- Almaimani, H. A., Moafa, W. A., Aqili, T. A., & Homadi, S. Y. (2024). A Cross-Sectional Study on Social Isolation and Loneliness Related to COVID-19 Among Middle and Late-Stage Elderly in Jazan, Saudi Arabia. Cureus, 16(11), e74594. https://doi.org/10.7759/cureus.74594
- Almalki, M., Fitzgerald, G., & Clark, M. (2011). Health care system in Saudi Arabia: an overview. Eastern Mediterranean health journal, 17(10), 784–793. https://doi.org/10.26719/2011.17.10.784
- Almalki, Z. S., Imam, M. T., Abou Chahin, N. F., ALSammak, N. S., Entabli, S. M., Alhammad, S. K., Alanazi, G. F., Kharsa, R. A., Alonazi, L. A., Mandil, R. A., Albassam, A. A., Alshehri, A. M., Alahmari, A. K., Alem, G. M., Alalwan, A. A., & Alamer, A. (2023). Access and Disparities in the Use of Telemedicine Among Patients with Chronic Conditions in Saudi Arabia:
 A Cross-Sectional Study. Journal of multidisciplinary healthcare, 16, 3789–3798. https://doi.org/10.2147/JMDH.S433653
- Alqathama, A. A., & Ahmad, R. (2024). Muslim pilgrims' knowledge, attitudes, and practices regarding complementary and alternative medicine (CAM); a study conducted during Hajj season. Saudi pharmaceutical journal : SPJ : the official publication of the Saudi Pharmaceutical Society, 32(3), 101988. https://doi.org/10.1016/j.jsps.2024.101988
- Alyami, M. H., Naser, A. Y., Alyami, H. S., Algahtani, T. S., Alyami, A. H., Alsalem, S. A., Almansour, A. H., Alswar, H. S., & Alhareth, A. M. A. (2023). Prevalence and Knowledge of Respiratory Symptoms Among the General Public in the Southern Area of Najran, Saudi Arabia: A Cross-Sectional Health Survey Study. International journal of general medicine, 16, 4077–4090. https://doi.org/10.2147/IJGM.S418152
- Alzahrani, S. H., Bashawri, J., Salawati, E. M., & Bakarman, M. A. (2016). Knowledge and Attitudes towards Complementary and Alternative Medicine among Senior Medical Students in King Abdulaziz University, Saudi Arabia. Evidence-based complementary and alternative medicine : eCAM, 2016, 9370721. https://doi.org/10.1155/2016/9370721
- Baghdadi, L. R., Alhassan, M. K., Alotaibi, F. H., AlSelaim, K. B., Alzahrani, A. A., & AlMusaeed, F. F. (2021). Anxiety, Depression, and Common Chronic Diseases, and Their Association With Social Determinants in Saudi Primary Care. Journal of primary care & community health, 12, 21501327211054987. https://doi.org/10.1177/21501327211054987
- Bahari, G., & Kerari, A. (2024). Evaluating the Effectiveness of a Self-Management Program on Patients Living with Chronic Diseases. Risk management and healthcare policy, 17, 487–496. https://doi.org/10.2147/RMHP.S451692
- Centers for Disease Control and Prevention. (2024, October 4). About chronic diseases. Centers for Disease Control and Prevention. https://www.cdc.gov/chronic-disease/about/index.html

JHNS Journal of Holistic Nursing Science

E-ISSN: 2579-7751 P-ISSN: 2579-8472

- Christopher, C., Kc, B., Shrestha, S., Blebil, A. Q., Alex, D., Mohamed Ibrahim, M. I., & Ismail, N. (2022). Medication use problems among older adults at a primary care: A narrative of literature review. Aging medicine (Milton (N.S.W)), 5(2), 126–137. https://doi.org/10.1002/agm2.12203
- Faisal, Z., Irfan, R., Akram, N., Manzoor, H. M. I., Aabdi, M. A., Anwar, M. J., Khawar, S., Saif, A., Shah, Y. A., Afzaal, M., & Desta, D. T. (2024). The multifaceted potential of fenugreek seeds: From health benefits to food and nanotechnology applications. Food science & nutrition, 12(4), 2294–2310. https://doi.org/10.1002/fsn3.3959
- Fallatah, M. S., Alghamdi, G. S., Alzahrani, A. A., Sadagah, M. M., & Alkharji, T. M. (2023). Insights Into Medication Adherence Among Patients With Chronic Diseases in Jeddah, Saudi Arabia: A Cross-Sectional Study. Cureus, 15(4), e37592. https://doi.org/10.7759/cureus.37592
- Griffin, C. D., CPHQ, & CCM (2017). A Primary Care Nursing Perspective on Chronic Disease Prevention and Management. Delaware journal of public health, 3(1), 78–83. https://doi.org/10.32481/djph.2017.03.011
- Gurajala S. (2023). Healthcare System in the Kingdom of Saudi Arabia: An Expat Doctor's Perspective. Cureus, 15(5), e38806. https://doi.org/10.7759/cureus.38806
- Hacker K. (2024). The Burden of Chronic Disease. Mayo Clinic proceedings. Innovations, quality & outcomes, 8(1), 112–119. https://doi.org/10.1016/j.mayocpiqo.2023.08.005
- Kerari, A., Bahari, G., Alharbi, K., & Alenazi, L. (2024). The Effectiveness of the Chronic Disease Self-Management Program in Improving Patients' Self-Efficacy and Health-Related Behaviors: A Quasi-Experimental Study. Healthcare (Basel, Switzerland), 12(7), 778. https://doi.org/10.3390/healthcare12070778
- Khawagi, W. Y., Baali, F. H., Alnefaie, N. M., Albishi, S. A., Al-swat, A. H., Alshahrani, D. A., Alshemaimri, R. A., & Alshehri, A. A. (2025). A cross-sectional survey on the management of medication adherence among healthcare professionals in Saudi Arabia. Healthcare, 13(3), 347. https://doi.org/10.3390/healthcare13030347
- Mohamed, A. H., Darraj, M., Yassin, A., Somaili, M., Sayed, A., Oraibi, O., Mohrag, M., Madkhali, M. A., Alqassimi, S., & Madkhali, M. A. (2024). Prevalence and short-term clinical impacts of new-onset diabetes mellitus among patients with COVID-19 in jazan region, Saudi Arabia. BMC endocrine disorders, 24(1), 197. https://doi.org/10.1186/s12902-024-01724-z
- Piovani, D., Nikolopoulos, G. K., & Bonovas, S. (2022). Non-Communicable Diseases: The Invisible Epidemic. Journal of clinical medicine, 11(19), 5939. https://doi.org/10.3390/jcm11195939
- Poletti, V., Pagnini, F., Banfi, P., & Volpato, E. (2022). The Role of Depression on Treatment Adherence in Patients with Heart Failure-a Systematic Review of the Literature. Current cardiology reports, 24(12), 1995–2008. https://doi.org/10.1007/s11886-022-01815-0
- Public Health Authority. (2022). The burden of disease in Saudi Arabia. Retrieved from https://www.pha.gov.sa/enus/OpenData/OpenData/The%20Burden%20of%20Disease%20in%20Saudi%20Arabia %202022.pdf
- Sánchez, M., González-Burgos, E., Iglesias, I., & Gómez-Serranillos, M. P. (2020). Pharmacological Update Properties of Aloe Vera and its Major Active Constituents. Molecules (Basel, Switzerland), 25(6), 1324. https://doi.org/10.3390/molecules25061324
- Sattayakhom, A., Wichit, S., & Koomhin, P. (2023). The Effects of Essential Oils on the Nervous System: A Scoping Review. Molecules (Basel, Switzerland), 28(9), 3771. https://doi.org/10.3390/molecules28093771
- Smith, L. E., Webster, R. K., & Rubin, G. J. (2020). A systematic review of factors associated with side-effect expectations from medical interventions. Health expectations: an international journal of public participation in health care and health policy, 23(4), 731–758. https://doi.org/10.1111/hex.13059
- Subrata, S. A., & Phuphaibul, R. (2019). A nursing metaparadigm perspective of diabetic foot ulcer care. British journal of nursing (Mark Allen Publishing), 28(6), S38–S50. https://doi.org/10.12968/bjon.2019.28.6.S38
- Subrata, S. A., & Phuphaibul, R. (2022). The need for integration nursing theories into pressure ulcer care in the community. British journal of community nursing, 27(Sup12), S6–S10. https://doi.org/10.12968/bjcn.2022.27.Sup12.S6
- Suleiman, A. K., & Ming, L. C. (2025). Transforming healthcare: Saudi Arabia's vision 2030 healthcare model. Journal of pharmaceutical policy and practice, 18(1), 2449051. https://doi.org/10.1080/20523211.2024.2449051
- Surrati, A. M. Q., Altayeb, E. H., Almohammadi, W. A., Aljohani, R. M., Altouri, H. S. A., & Alhawsawi, R. A. (2024). The measured healthy lifestyle habits among Saudi university females in Medina, Saudi Arabia: A cross-sectional study. Medicine, 103(27), e38712. https://doi.org/10.1097/MD.000000000038712
- Tash, A. A., & Al-Bawardy, R. F. (2023). Cardiovascular Disease in Saudi Arabia: Facts and the Way Forward. Journal of the Saudi Heart Association, 35(2), 148–162. https://doi.org/10.37616/2212-5043.1336



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Wagner, E. H., Austin, B. T., & Korff, V. M. (1996). Organizing care for patients with chronic illness. The Milbank quarterly, 74(4), 511–544.

World Health Organization. (2024, December 23). Noncommunicable Diseases. World Health Organization. https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases

Authors' insight

Key points

- Holistic care for patients with chronic illnesses in Saudi Arabia involves addressing physical, emotional, social, and spiritual needs.
- Holistic care in Saudi Arabia may need to incorporate cultural and religious values, such as Islamic principles, to provide patient-centered care.
- Effective holistic care requires collaboration among healthcare professionals, including doctors, nurses, therapists, and spiritual care providers.

Emerging nursing avenues

- What are the most significant challenges in implementing holistic care for patients with chronic illnesses in Saudi Arabia?
- How can healthcare providers in Saudi Arabia integrate cultural and spiritual care into holistic care practices for patients with chronic illnesses?
- What role can family members and caregivers play in supporting holistic care for patients with chronic illnesses in Saudi Arabia?

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