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CONTENT ANALYSIS OF MEDICAL SOCIOLOGY PROGRAMS FOR DIABETES PATIENTS IN GOVERNMENT HOSPITALS IN THE KINGDOM OF SAUDI ARABIA

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ABSTRACT

Diabetes mellitus is one of the most widespread chronic diseases worldwide and represents a growing medical, social, and economic challenge due to its long-term physical, psychological, and social consequences. In the Kingdom of Saudi Arabia, the rapid increase in diabetes prevalence has placed substantial pressure on healthcare systems and highlighted the need to move beyond a purely biomedical approach toward more integrated models of care that incorporate social and psychosocial dimensions. This study aims to analyze the content of medical sociology programs provided to patients with diabetes in government hospitals in Saudi Arabia, with a focus on assessing the extent to which social, psychological, and community-based aspects are embedded within institutional health programs. The study adopts a qualitative content analysis methodology to examine official documents, national strategies, awareness campaigns, clinical guidelines, and digital health initiatives issued by the Saudi Ministry of Health and related institutions. NVivo software was used to support systematic coding, categorization, and thematic analysis. The findings reveal a strong institutional emphasis on medical awareness, prevention, and clinical management of diabetes, while structured psychosocial support and family-based interventions remain limited. The role of the medical social worker is weakly defined within multidisciplinary care teams, and patient participation is largely framed within a compliance-oriented model rather than a social empowerment perspective. Although digital health initiatives have improved access to services, they insufficiently address social and educational inequalities among patients. The study concludes that diabetes programs in Saudi government hospitals reflect a partial transition toward comprehensive care; however, the integration of medical sociology remains incomplete. Strengthening psychosocial interventions, activating the professional role of medical social workers, and embedding sociological perspectives in program design are essential for improving treatment adherence and enhancing the quality of life of patients with diabetes.

KEYWORDS: Medical Sociology; Diabetes Mellitus; Qualitative Content Analysis; Psychosocial Support; Saudi Arabia.

1. INTRODUCTION

Diabetes mellitus is one of the most prevalent chronic diseases worldwide and represents a growing medical, social, and economic challenge. Beyond its physiological manifestations, diabetes significantly affects patients' psychological well-being, family relationships, social participation, and quality of life. As a result, contemporary health research increasingly emphasizes the importance of integrating biomedical treatment with social and psychosocial interventions to ensure effective disease management.

In recent decades, the Kingdom of Saudi Arabia has witnessed a rapid increase in diabetes prevalence, placing considerable pressure on healthcare systems and national health resources. In response, Saudi health authorities have implemented national strategies, awareness campaigns, preventive programs, and specialized diabetes centers aimed at reducing disease-related complications and improving patients' health outcomes. Despite these efforts, diabetes care continues to be largely dominated by a biomedical orientation, with limited institutional emphasis on the social and psychosocial dimensions of the disease.

Medical sociology provides a critical framework for understanding diabetes as a socially embedded chronic condition influenced by lifestyle patterns, family dynamics, cultural norms, and socioeconomic factors. From this perspective, effective diabetes care requires not only medical treatment but also structured social programs that enhance psychosocial support, patient empowerment, and community participation.

Accordingly, this study seeks to analyze the content of medical sociology programs directed at patients with diabetes in government hospitals in the Kingdom of Saudi Arabia. Through qualitative content analysis of official documents, programs, and institutional initiatives, the study aims to assess the extent to which social and psychosocial dimensions are integrated into diabetes care and to identify gaps that may limit program effectiveness.

First: Research Problem

Diabetes mellitus is considered one of the chronic diseases that constitute an increasing health and social challenge across societies due to its direct and indirect effects on individuals, families, and healthcare systems. Diabetes is defined as "a metabolic disorder of carbohydrates resulting from defects in insulin production or effectiveness, leading to elevated blood glucose levels" (World Health Organization, 2022).

The importance of studying the social dimensions of diabetes has increased, particularly as factors such as family support, lifestyle patterns, health culture, and educational level directly influence the effectiveness of disease management. This necessitates activating awareness and community-based programs grounded in scientific sociological perspectives (Al-Awda, 2020).

World Diabetes Day was established in 1991 by the International Diabetes Federation and the World Health Organization in response to growing concerns about the escalating global health threat posed by diabetes. It became an official United Nations Day in 2006 and is observed annually on November 14, commemorating Sir Frederick Banting, who co-discovered insulin with Charles Best in 1922.

World Health Organization estimates indicate that approximately 371 million people worldwide were living with diabetes in 2012, with projections suggesting that this number could double by 2030 if effective preventive measures are not implemented. The organization also reports that more than one million limb amputations are performed annually worldwide due to diabetes-related complications.

According to the World Health Organization, approximately 1.5 million deaths worldwide were directly attributed to diabetes in 2019. Current estimates indicate that 537 million people are living with diabetes globally, with projections reaching 783 million by 2045. Diabetes was responsible for approximately 6.7 million deaths in 2021, highlighting the urgent need for continuous care and support for patients to prevent complications (World Health Organization, 2023).

In the Kingdom of Saudi Arabia, diabetes represents one of the most prominent health and social challenges. Recent statistics indicate that the number of individuals living with diabetes exceeds 4.2 million, placing the Kingdom seventh globally in terms of the number of affected individuals (International Diabetes Federation, 2021). Saudi Arabia also ranks second globally and first in the Gulf region in the incidence of type 1 diabetes among children, with a rate of 35 cases per 100,000 children (Saudi Diabetes Association, 2022).

The direct and indirect costs of treating diabetes and its complications in Saudi Arabia are estimated to exceed four billion Saudi riyals annually, with projections indicating an increase to approximately forty billion riyals by 2045 (Al-Falih, 2023). Ministry of Health statistics indicate that more than 18% of the Saudi population is affected by diabetes, placing the Kingdom among the countries with the highest

prevalence rates worldwide (Ministry of Health, 2022).

Previous studies demonstrate that psychosocial support contributes to up to a 30% improvement in patients' treatment adherence and glycemic control (Saudi Journal of Health Sciences, 2021). Despite extensive efforts in medical care and prevention, social interventions remain limited in comparison to the psychological and social impact of diabetes, particularly in government hospitals.

Accordingly, this study raises the following central research question:

To what extent do institutional diabetes programs in Saudi government hospitals integrate medical sociology dimensions within their content and design?

Second: Significance Of the Study

A. Scientific Significance

1. Contributing to the expansion of the theoretical understanding of Medical Sociology by linking it to a widely prevalent chronic disease such as diabetes mellitus, and highlighting the social and psychological factors influencing patients' behaviours and responses to treatment, thereby strengthening the theoretical framework for interpreting interactions between patients and the therapeutic environment.
2. Supporting the application of social theories—such as Ecological Theory and Social Capital Theory—to understand the impact of family, community, and healthcare institutions on the psychosocial adjustment of patients with diabetes, which may contribute to the development of a theoretical model specific to social intervention in chronic diseases.
3. Opening avenues for medical sociology studies within the Saudi context by providing a theoretical and analytical foundation that contributes to building specialized Arabic literature grounded in local realities and reflecting the specificity of Saudi society in addressing chronic diseases from an integrated social and health perspective.

B. Practical Significance

The study provides a foundation for developing social health policies by offering recommendations to improve the quality of social services in government hospitals, such as integrating medical social workers within multidisciplinary care teams, particularly in regions with high diabetes prevalence rates.

Ministry of Health statistics (2022) indicate that more than 18% of the population in the Kingdom of Saudi Arabia suffers from diabetes, placing the Kingdom among the countries with the highest prevalence rates worldwide. Previous studies also show that psychosocial support contributes to up to a 30% improvement in patients' treatment adherence and glycemic control (Saudi Journal of Health Sciences, 2021).

Third: Objectives Of the Study

1. To analyze the content of reports and documents related to social programs provided to patients with diabetes in government hospitals.
2. To present recommendations aimed at improving the effectiveness of social programs provided to patients with diabetes in government hospitals.

Fourth: Research Questions

1. What is the current reality of the effectiveness of medical sociology programs and documents provided to patients with diabetes in achieving positive outcomes for them?
2. What proposals are necessary to improve the effectiveness of social programs provided to patients with diabetes in government hospitals.

Fifth: Concepts Of the Study

1. Concept Of Patients with Diabetes Linguistically:

The term Diabetes in Latin means "flood" or "flowing water," while Mellitus means "sweet." This indicates that the water entering the human body quickly exits mixed with sugar.

According to the World Health Organization (2010):

Diabetes is defined as a chronic elevation of blood glucose levels, which may be hereditary, environmental, or the result of multiple other factors.

It is also defined as a syndrome characterized by metabolic disorders and elevated blood glucose levels due to either a severe deficiency in insulin secretion or a reduction in its biological effect or function (Gharabia, 2008).

Diabetes Is Classified into the Following Types:

Type 1 Diabetes: This type is insulin-dependent and is often referred to as juvenile or youth diabetes. Patients with this type require an external source of insulin due to severe damage to pancreatic beta cells, leading to a total or near-total absence of insulin

secretion. It results from autoimmune destruction of beta cells and accounts for approximately 20–25% of diabetes cases (Al-Marzouqi, 2001, p. 42).

Type 2 Diabetes: This type occurs due to reduced effectiveness of insulin in glucose metabolism, resulting from insulin resistance, delayed pancreatic insulin secretion, or both. It is the most common type worldwide and is often referred to as adult-onset diabetes. It accounts for approximately 75–80% of all diabetes cases. Its causes include obesity and severe psychological disorders that may disrupt glucose metabolism (Nada, 2007, p. 27).

2. Concept Of Medical Sociology

Medical sociology, or the sociology of health and illness, is a branch of sociology concerned with studying the reciprocal relationship between social and health factors. It focuses on understanding how lifestyle patterns and social factors—such as social class, education, occupation, and family relationships—affect health and illness, as well as individuals' behaviours toward healthcare.

This discipline aims to analyze interactions between patients and healthcare providers, the role of health institutions, treatment compliance, and disease prevalence in light of social conditions. Medical sociology differs from general sociology in that it examines health and illness within a specific social context and focuses on health institutions such as hospitals, physicians, nurses, and professional relationships within the healthcare system (Freund, McGuire, & Podhurst, 2003).

3. Concept Of Social Programs

Abdel-Basit Mohamed Hassan (2006) defines social programs as "an organized action plan that includes a set of activities and interventions directed toward a specific group of individuals, aiming to bring about positive social change, meet their needs, or reduce their problems."

Mohammed Al-Zaydi (2011) defines them as "an executive mechanism of social policies that reflects the commitment of the state or institutions to achieving welfare for targeted groups, including awareness, rehabilitation, support, and care programs.

Sixth: Theoretical Framework Global Prevalence of Diabetes

The number of people living with diabetes worldwide increased from approximately 200 million in 1990 to about 830 million in 2022. The prevalence of diabetes is rising more rapidly in low- and middle-income countries than in high-income countries. In 2022, more than half of individuals living with diabetes did not receive appropriate treatment. Coverage of diabetes treatment reached its lowest levels in low- and middle-income countries. Diabetes causes blindness, kidney failure, heart attacks, strokes, and lower-limb amputations. Estimates indicate that diabetes and diabetes-related kidney disease caused more than two million deaths in 2021. In addition, elevated blood glucose levels contributed to approximately 11% of deaths from cardiovascular diseases.

Adopting a healthy diet, engaging in regular physical activity, maintaining a healthy body weight, and avoiding tobacco use are effective measures for preventing or delaying the onset of type 2 diabetes. Diabetes can be treated and its complications prevented or delayed through healthy nutrition, physical activity, prescribed medication, regular examinations, and appropriate management of complications (World Health Organization, 2024).

The generous support and significant attention provided by the Government of the Custodian of the Two Holy Mosques, King Salman bin Abdulaziz, and His Royal Highness the Crown Prince—may God protect them—toward healthcare services have positively reflected on the achievements of the Ministry of Health's plans and programs aimed at improving performance, enhancing patient services, upgrading staff competencies, controlling diseases, and promoting early detection. Within the Ministry's ongoing efforts to build a healthier society, and through its national strategy and the integrated comprehensive care project, a qualitative shift has been achieved in the level of therapeutic services, preventive measures, and awareness activities to reduce chronic disease prevalence across the Kingdom.

The Ministry of Health has adopted modern scientific and methodological approaches to public health awareness and disease prevention, implementing a comprehensive healthcare system that includes preventive, therapeutic, and rehabilitative services. The Ministry has established 20 specialized centers for diabetes treatment and is currently working to establish eight additional centers across various regions and governorates of the Kingdom. Through the General Administration of Hospitals, diabetes centers and units provide optimal healthcare and educational services to patients, enhance health awareness, and offer continuous support (Ministry of Health, 2025).

The Ministry of Health adopted a ten-year national executive plan (2010–2020) to control diabetes, emphasizing the participation of

governmental and private institutions. The plan focuses on increasing health awareness, developing early detection programs, reducing disease incidence and complications, and improving service quality. The plan includes seven objectives: primary prevention, secondary prevention through early detection, improving healthcare quality, developing monitoring and evaluation systems, enhancing research, empowering patients and families, and promoting community participation.

In alignment with this plan, the Saudi National Diabetes Awareness Program was launched to operate at multiple levels, including healthcare professionals, patients, and the general public. The program aims to empower patients through self-care education, online training programs, and community engagement. National campaigns, including the World Diabetes Day activities, have been implemented annually to promote prevention, early diagnosis, and evidence-based education.

Seventh: Theoretical Orientation of the Study

A. Symbolic Interactionism Theory

The study is grounded in Symbolic Interactionism Theory, which focuses on understanding the meanings individuals assign to social interactions. This theory is essential for analyzing how patients interact with social programs and how social interactions influence their health behaviours within the Saudi cultural context.

1. Symbolic Interactionism and Diabetes-Related Social Stigma:

Studies indicate that patients with diabetes in Saudi Arabia experience social stigma that negatively affects disease management and overall well-being. Negative societal perceptions contribute to feelings of shame and self-blame, thereby influencing health behaviors (Al-Awda, 2020).

2. Symbolic Interactionism and Cultural Adaptation in Diabetes Management:

Qualitative studies have shown that patients face cultural challenges in managing diabetes, such as social constraints on physical activity—particularly among women and dietary traditions associated with social occasions. These factors affect patients' ability to adopt healthy behaviors, highlighting the need for culturally sensitive self-management programs (Jaballah, 2024).

3. Symbolic Interactionism and the Lived Experience of Diabetes in Rural Areas:

Qualitative research conducted in northern Saudi villages revealed stages of shock, denial, acceptance, and adaptation following diabetes diagnosis, influenced by religious beliefs and local culture (Al-Hazmi & Al-Shahrani, 2024).

4. Symbolic Interactionism and Social Support for Women with Diabetes:

Studies indicate that Saudi women with diabetes face challenges related to dietary changes, physical activity, and glucose monitoring. Family and community interactions play a significant role in either supporting or hindering self-management behaviors.

These findings demonstrate that symbolic interactionism provides a rich framework for understanding how social and cultural interactions shape the experiences of patients with diabetes in Saudi Arabia.

Eighth: Previous Studies and Commentary

1. Al-Maslat (2009): This study examined the adequacy of health, psychological, and social services provided to patients with diabetes. The findings revealed deficiencies in psychological services in hospitals and schools, as well as limited involvement of social workers in patient support.
2. Al-Maizar (2009): This experimental study applied cognitive-behavioural therapy interventions to socially rehabilitate patients with diabetes. Results indicated that treatment adherence is influenced by health, psychological, and social factors, and that professional social work interventions were effective.
3. Al-Shahrani and Abdul-Latif (2011): This study explored social support for patients with diabetes and found moderate satisfaction with available services, alongside limited patient knowledge about the disease.
4. Al-Khidhr (2019): This study highlighted the importance of family and community social support in improving self-management behaviours among Saudi women with type 2 diabetes.
5. Al-Awda (2020): This field study examined health awareness among patients with diabetes in Al-Ahsa and demonstrated a strong relationship between participation in awareness programs and improved health behaviours.
6. Jaballah (2024): This study emphasized the role of social factors-particularly family and

medical support-in patients' adherence to medical instructions.

7. Al-Hazmi and Al-Shahrani (2024):

This sociological study focused on cultural and social dimensions of diabetes and emphasized the importance of integrating sociological perspectives into preventive and therapeutic plans.

Commentary On Previous Studies

Previous studies addressed diabetes from multiple perspectives, including health awareness, treatment adherence, and social support. However, none of these studies analyzed the content of institutional programs themselves, highlighting the originality and significance of the current study.

Ninth: Methodological Procedures

Research Method

The study adopted the qualitative content analysis method, as it is an appropriate approach for analyzing institutional discourse and official health programs. This method enables the identification of underlying social meanings and values embedded in texts and policies and allows for the analysis of the social dimensions reflected in health programs (Krippendorff, 2018).

In addition, the study employed NVivo software for qualitative data analysis to support systematic coding, classification, and interpretation of textual data.

Main Content Analysis Categories

1. Health awareness discourse
2. Individual responsibility for health
3. Social and psychosocial support
4. Family role
5. Professional role of the medical social worker
6. Empowerment and participation
7. Digital transformation and health inequality

Study Sample:

The study sample consisted of medical sociology practice programs implemented in a number of government hospitals in the Kingdom of Saudi Arabia.

Inclusion And Exclusion Criteria

To enhance methodological transparency, explicit criteria were adopted for selecting documents included in the content analysis.

Inclusion Criteria:

1. Official documents issued by the Saudi Ministry of Health between 2010 and 2025.
2. Programs explicitly addressing diabetes management in government hospitals.
3. National awareness campaigns and institutional initiatives containing social, educational, or psychosocial components.
4. Clinical or policy documents publicly accessible through official Ministry platforms.

Exclusion Criteria:

1. Purely biomedical clinical protocols lacking social or educational dimensions.
2. Documents issued by private or non-governmental health institutions.
3. Media news reports not formally adopted as institutional programs.
4. Duplicate or outdated versions of the same initiative.

Study Limitations: Despite the importance of the findings, the study is subject to several methodological and scientific limitations, including:

- Restricting the analysis to official documents and programs without conducting field interviews with patients or healthcare providers.
- Focusing on Ministry of Health programs in government hospitals without comparing them to private or non-profit sector programs.
- Reliance on a qualitative approach aimed at interpretation and understanding rather than statistical generalization.

These limitations do not diminish the scientific value of the study; rather, they open avenues for future research with broader and more integrated designs.

Sources Of Analysis (Documents Under Study)

The content analysis sample included the following:

1. he National Diabetes Awareness Program (e.g., campaigns such as "Diabetes… Wake Up to It").

2.Health education and self-care programs provided through the Health Awareness Portal.

3.Integrated care programs for patients with diabetes implemented in government hospitals.

4.Digital transformation initiatives (e.g., Sehhaty application and electronic follow-up systems).

5.World Diabetes Day activities and awareness events conducted in hospitals.

6.National clinical guidelines related to diabetes management and care.

Content Analysis Tool

A. Qualitative Content Analysis

Qualitative content analysis was used to examine the content of programs and initiatives implemented by the Saudi Ministry of Health in the field of diabetes care within government hospitals. This included analyzing official documents, awareness platforms, and executive initiatives with social and health dimensions.

B. Use of Nvivo Software

NVivo is one of the most prominent tools specialized in qualitative data analysis and is widely used in social, health, and educational research. It enables the organization and analysis of unstructured data such as textual documents and digital content and supports advanced coding and thematic analysis (Bazeley & Jackson, 2013; Woolf & Silver, 2018).

Procedures For Applying Content Analysis

1. Document Selection:

Collecting official reports issued by the Saudi Ministry of Health, such as annual health reports, chronic disease control programs, and diabetes-related initiatives within Vision 2030.

2. Units Of Analysis:

- Thematic units (e.g., prevention, health education, social support, therapeutic follow-up).
- Contextual units reflecting social responsibility and integrated care.

3. Coding Process:

- Identifying recurring concepts such as health empowerment, institutional integration, and community awareness.
- Classifying them into main analytical categories.

Credibility And Trustworthiness of Analysis

To ensure analytical rigor, the study followed established qualitative validity standards. The coding process was conducted iteratively using NVivo, with repeated category refinement to ensure internal consistency. Peer debriefing procedures were applied to review coding structures, and thematic classifications were cross-checked against the theoretical framework of symbolic interactionism and medical sociology until conceptual saturation was achieved

4. Interpretation And Data Linking:

- Linking findings to theoretical frameworks, such as symbolic interactionism.
- Comparing results with previous studies and international reports.

Tenth: Results And Interpretation

1. Focus On Awareness Programs

The analyzed documents revealed a strong emphasis on national diabetes awareness programs, indicating a primary focus on prevention and health education.

2. Preventive Services

The documents highlighted the importance of early screening and preventive services, reflecting an institutional orientation toward reducing disease prevalence and complications.

3. Psychosocial Support

Some references were made to psychosocial counselling and social support; however, these were often presented in general terms without clearly defined implementation mechanisms.

4. Community Participation

The documents emphasized patient participation in decision-making related to treatment, which contributes to patient empowerment and improved health outcomes.

Eleventh: Content Analysis of Social and Health Programs Provided to Patients with Diabetes

Category (1): National Awareness Programs

Program Content: The awareness programs focused on:

- Disseminating medical knowledge about diabetes.
- Raising awareness of risk factors.
- Promoting healthy behaviours.

Sociological Interpretation: This orientation reflects the Ministry's reliance on a traditional awareness model based on top-down knowledge transmission, in which the patient is viewed as a passive recipient of information rather than an active participant in reconstructing the social meaning of the disease.

From a medical sociology perspective, reliance on cognitive awareness alone does not lead to sustainable behavioural change unless accompanied by psychosocial social interventions.

Category (2): Health Education and Self-Care Programs

Program Content:

- Dietary management and physical activity.
- Treatment adherence.
- Psychological adaptation to the disease.

Interpretation: These programs indicate a partial shift from a purely medical model toward a patient empowerment model. However, content analysis reveals that:

- The psychological dimension is presented in a general advisory manner.
- There are no organized group support programs or structured family interventions within hospitals.

Category (3): Integrated Care Programs Within Hospitals

Program Content:

- Specialized diabetes clinics.
- Multidisciplinary medical teams.

Sociological Analysis: Despite the presence of multidisciplinary teams:

- The social role of the medical social worker is not clearly documented.
- Social assessment of patients' conditions is largely absent.

This reflects the dominance of the biomedical perspective within hospitals, with a marginal presence of medical sociology.

Category (4): Digital Transformation Programs

Program Content:

- Monitoring applications.
- Digital health education.
- Electronic communication.

Social Interpretation: These programs contribute to improving access to services; however:

- They assume equal digital competence among patients.
- They do not adequately consider social and educational disparities.

Category (5): Community Events (World Diabetes Day)

Program Content:

- Public awareness dissemination.
- Community engagement.

Analysis: These events have high symbolic and media impact; however, they are:

- Temporary in nature.
- Not linked to sustainable social intervention plans within hospitals.

Twelfth: Results Derived from Content Analysis

1. A clear focus on awareness and medical dimensions, with weak institutional integration of social components.
2. Absence of organized psychosocial support programs within government hospitals.
3. Limited involvement of family and community in treatment plans.
4. Lack of a clearly defined professional role for the medical social worker.
5. Reliance on general awareness rather than specialized social intervention.
6. Digital transformation initiatives not accompanied by social assessment of vulnerable groups.

Table (1): Summary of Main Content Analysis Categories and Key Findings.

Sociological Gap Identified	Institutional Emphasis	Main Category
Predominantly top-down cognitive model	Strong preventive messaging	Health Awareness Discourse
Sociological Gap Identified	Focus on compliance	Individual Responsibility
Limited empowerment framing	Health Awareness Discourse	Health Awareness Discourse
Absence of structured group programs	General references	Psychosocial Support
No formal family-based intervention	Symbolic mention	Family Role
Marginal integration within care teams	Weak documentation	Medical Social Worker Role
Insufficient consideration of digital inequality	Advanced monitoring applications	Digital Transformation
Lack of sustainable social planning	Event-based engagemen	Community Participation

General Interpretation of Results in Light of Medical Sociology

The findings indicate that Ministry of Health diabetes programs reflect a partial transition toward comprehensive care. However, this transition remains incomplete due to the absence of:

- Systematic social intervention.
- Family-based psychological programs.
- Institutional integration of medical sociology in program design.

From the perspective of Symbolic Interactionism, the dominance of awareness-based messaging reflects an institutional construction of the patient as

a compliant actor rather than an empowered social agent. The limited presence of structured psychosocial interventions restricts the interactive processes through which patients reinterpret illness meaning within family and community contexts.

Thirteenth: Recommendations

Based on the study findings and sociological analysis of diabetes programs, the following recommendations are proposed:

1. Strengthening the integration of medical sociology into policies and programs for managing chronic diseases.
2. Activating the professional role of the medical social worker within diabetes clinics in government hospitals.
3. Redesigning awareness programs to shift from directive individual messaging to socially empowering approaches.
4. Integrating the family as a core intervention unit in diabetes care programs.
5. Developing structured group-based psychosocial support programs for patients with diabetes.
6. Addressing the digital divide by providing in-person alternatives and technical support for vulnerable groups.
7. Enhancing integration between hospitals and community institutions to expand social intervention beyond clinical settings.
8. Developing social programs to better meet patients' needs.
9. Training medical and social staff to deliver appropriate psychosocial support.
10. Expanding preventive and early screening services.
11. Encouraging community participation and patient empowerment in treatment processes.

2. CONCLUSION

This study analyzed the content of medical sociology programs directed at patients with diabetes in government hospitals in the Kingdom of Saudi Arabia. The findings reveal a strong institutional commitment to medical prevention and awareness, alongside a noticeable gap in the systematic integration of social and psychosocial interventions.

While national strategies demonstrate progress toward comprehensive healthcare, the dominance of the biomedical model continues to limit the effectiveness of social programs. Integrating medical sociology into program design, strengthening the role of medical social workers, and empowering patients and families as active partners in care are essential steps toward improving treatment adherence and quality of life for patients with diabetes.

Unlike prior field-based studies focusing primarily on patient outcomes, this study uniquely examines the institutional content and structural orientation of diabetes programs themselves, offering a document-based sociological evaluation of chronic disease governance in Saudi Arabia.

Conflict of Interest: The authors declare that they have no conflict of interest.

Consent to Publish declaration: not applicable

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