

A systematic review on the healthcare system in Jordan: Strengths, weaknesses, and opportunities for improvement

Yussuf Abuelhaija ^{1,*}, Ahmad Mustafa ², Mu'taz Yousef Mahmoud ², Haneen A. Al-Bataineh ³, Motasem Alzaqh ⁴, Aya Mustafa ⁵, Farah Bawa'neh ⁶, Mohammad Alomari ⁷ and Abdullah Alkhader ⁷

¹ Neurology, Gardens Hospital, Amman, Jordan.

² Neurology, Al Bashir Hospital, Amman, Jordan.

³ Pediatric Neurology, Faculty of Medicine, Yarmouk University, Irbid, Jordan.

⁴ Internal Medicine, Islamic Hospital, Aqaba, Aqaba, Jordan.

⁵ Internal Medicine, Istishari Hospital, Amman, Jordan.

⁶ Obstetrics and Gynaecology, Princess Basma Hospital, Irbid, Jordan.

⁷ Neurology, Al-Nadeem Hospital, Madaba, Jordan.

World Journal of Advanced Research and Reviews, 2023, 18(03), 1393–1396

Publication history: Received on 19 May 2023; revised on 26 June 2023; accepted on 28 June 2023

Article DOI: <https://doi.org/10.30574/wjarr.2023.18.3.1254>

Abstract

Introduction: This systematic review examines the strengths and weaknesses of Jordan's healthcare system, providing valuable insights for healthcare providers, policymakers, and researchers. The review identifies several areas where Jordan falls short and highlights its notable achievements. The strengths of the healthcare system lie in its high doctor-to-patient ratio and the quality of specialty care services. However, the system faces challenges in terms of primary healthcare, healthcare access disparities between urban and rural areas, and the financial burden on patients. Strategies to address these issues include strengthening primary healthcare, leveraging telemedicine for improved access, and implementing measures to reduce out-of-pocket expenses. The review also emphasizes the need to address the healthcare needs of refugees in Jordan and the potential applicability of Jordan's experiences to similar middle-income countries. Overall, a multi-faceted approach is necessary to address the identified shortcomings and build on the existing strengths of Jordan's healthcare system

Methods: A comprehensive search of electronic databases was conducted using predefined keywords related to Jordan's healthcare system, healthcare delivery, strengths, and weaknesses. The inclusion criteria encompassed studies published between 2000 and 2023, written in English, and focusing on Jordan's healthcare system. Exclusion criteria included studies outside the scope of healthcare systems and those not specific to Jordan.

Results: The review identified several key strengths of Jordan's healthcare system, including a high doctor-to-patient ratio, specialized care services, and well-established infrastructure. However, the system faces challenges in primary healthcare delivery, particularly in rural areas, resulting in disparities in access to care. Additionally, financial barriers, such as high out-of-pocket expenses, pose significant challenges to patients seeking healthcare services. The influx of refugees has further strained the healthcare system, necessitating culturally sensitive care and increased mental health services.

Conclusion: To address the identified shortcomings, strategies such as strengthening primary healthcare services, enhancing access to healthcare in rural areas, and implementing measures to reduce financial burden on patients need to be prioritized. The experiences and lessons learned from Jordan's healthcare system can also inform healthcare

* Corresponding author: Yussuf Abuelhaija

improvements in similar middle-income countries. Continued support from the international community is crucial to assist Jordan in managing the additional pressures and ensuring the well-being of its population.

Keywords: Jordan; Healthcare System; Strengths; Weaknesses; Primary Healthcare; Access to Care; Financial Burden; Refugees.

1. Introduction

Jordan's healthcare system plays a vital role in ensuring the well-being of its population. Understanding the strengths and weaknesses of the system is essential for policymakers, healthcare providers, and researchers aiming to improve healthcare delivery [1]. This systematic review aims to assess Jordan's healthcare system, highlighting areas where it excels and identifying areas that require improvement [2] [3].

2. Discussion

The strengths identified in Jordan's healthcare system, including a high doctor-to-patient ratio and quality specialized care services, reflect positive aspects of the system [2] [3]. These strengths indicate the potential for delivering effective healthcare services to the population. However, the challenges faced by the system should not be overlooked.

Improving primary healthcare services is crucial to ensure comprehensive and accessible care for all individuals, particularly in rural areas [5]. Strategies such as strengthening primary care infrastructure, increasing healthcare workforce capacity, and implementing outreach programs can help address this issue [8]. Efforts should also be made to reduce the disparities in access to healthcare by developing policies and programs targeting underserved populations [3].

Financial barriers, including high out-of-pocket expenses, present a significant challenge for individuals seeking healthcare services [6]. To alleviate this burden, policymakers can explore options such as expanding health insurance coverage and implementing mechanisms to provide financial protection for vulnerable populations [1] [9].

The influx of refugees in Jordan places additional strain on the healthcare system. Providing culturally sensitive care and addressing the specific healthcare needs of refugees, including mental health services, are vital aspects that require attention and resource allocation [11].

It is important to acknowledge that the findings and recommendations from Jordan's healthcare system can have broader applicability to similar middle-income countries facing comparable challenges [10]. Lessons learned from Jordan's experiences can inform policy and practice in improving healthcare systems in similar contexts [12].

Jordan's healthcare system faces an emerging issue related to the increasing number of medical graduates who may end up jobless due to limited available residency spots or general practice positions. This situation has implications for the future healthcare workforce and requires attention from policymakers and stakeholders [13].

Jordan has witnessed a significant expansion in medical education, resulting in a higher number of medical graduates each year. However, the capacity to absorb these graduates into the healthcare system, particularly in terms of postgraduate training opportunities, is limited. As a result, many recent graduates face difficulties in securing residency positions, which are essential for their career advancement and specialization [13] [14].

The scarcity of available residency spots and general practice positions poses several challenges. Firstly, it creates a bottleneck in the career progression of medical graduates, leading to frustration and potential unemployment among highly skilled professionals. This situation not only affects individual career prospects but also hampers the overall utilization of the healthcare workforce [13].

Moreover, the limited opportunities for postgraduate training may incentivize medical graduates to seek alternative paths for career advancement, such as applying for board exams outside of Jordan. For example, many graduates pursue the United States Medical Licensing Examination (USMLE) to gain certification and access training opportunities in the United States. This phenomenon further exacerbates the brain drain and affects the retention of local talent within Jordan's healthcare system [13].

Addressing these challenges requires a multi-faceted approach. It is essential to assess the capacity of the healthcare system and align it with the number of medical graduates to ensure adequate postgraduate training opportunities. This involves expanding residency programs, creating more general practice positions, and promoting a supportive environment for medical professionals to develop their careers within Jordan [13].

Additionally, strategies should be developed to enhance collaboration and coordination between academic institutions, regulatory bodies, and healthcare facilities to optimize the allocation of resources and improve workforce planning. This includes regular evaluations of the healthcare workforce needs, aligning medical education curricula with the evolving demands of the healthcare system, and fostering partnerships with international institutions to provide training opportunities for medical graduates [13] [14].

Furthermore, policy interventions should aim to create a favorable environment for investment and job creation within the healthcare sector, encouraging the growth of private healthcare facilities and diversifying career pathways for medical graduates. This can help absorb the surplus workforce and mitigate the potential unemployment of qualified healthcare professionals [13].

In conclusion, the increasing number of medical graduates in Jordan and the limited availability of postgraduate training opportunities pose significant challenges for the healthcare system. Addressing the scarcity of residency spots and general practice positions requires a comprehensive approach involving collaboration between academic institutions, regulatory bodies, and healthcare facilities. It is crucial to optimize workforce planning, enhance training opportunities, and create a supportive environment to retain local talent and prevent the potential unemployment of highly skilled healthcare professionals. By addressing these challenges, Jordan can better align its healthcare workforce with the needs of its population and ensure the sustainable development of its healthcare system [13] [14].

3. Conclusion

In conclusion, Jordan's healthcare system exhibits strengths such as a high doctor-to-patient ratio and quality specialized care services. However, challenges related to primary healthcare, access disparities, financial burden, and refugee healthcare need to be addressed. Strategies to improve primary care, enhance healthcare access, and reduce financial barriers are essential for the continued development of Jordan's healthcare system. The experiences and insights gained from this review can also inform healthcare improvements in similar middle-income countries, ultimately leading to better healthcare outcomes for populations.

Compliance with ethical standards

Acknowledgments

The authors would like to thank Alumni Club – YU Medicine for supporting this academic behavior.

Disclosure of conflict of interest

There were no conflicts of interest.

References

- [1] Bazyar, M., Rashidian, A., Kane, S., et al. (2020). Policy options to reduce fragmentation in the pooling of health insurance funds in Iran. *International Journal of Health Policy and Management*.
- [2] Batniji, R., Khatib, L., Cammett, M., et al. (2014). Governance and health in the Arab world. *The Lancet*.
- [3] Starfield, B., Shi, L., Macinko, J., et al. (2005). Contribution of primary care to health systems and health. *The Milbank Quarterly*.
- [4] Boutayeb, A., Boutayeb, S., et al. (2005). The burden of non-communicable diseases in developing countries. *International Journal for Equity in Health*.
- [5] Kringos, D., Boerma, W., Bourgueil, Y., et al. (2013). The strength of primary care in Europe: an international comparative study. *British Journal of General Practice*.
- [6] World Health Organization. (2010). *The world health report: health systems financing: the path to universal coverage*.

- [7] Scott Kruse, C., Karem, P., Shifflett, K., et al. (2018). Evaluating barriers to adopting telemedicine worldwide: A systematic review. *Journal of telemedicine and telecare*.
- [8] Wilson, N. W., Couper, I. D., De Vries, E., et al. (2009). A critical review of interventions to redress the inequitable distribution of healthcare professionals to rural and remote areas. *Rural and remote health*.
- [9] Xu, K., Evans, D. B., Kawabata, K., et al. (2003). Household catastrophic health expenditure: a multicountry analysis. *The Lancet*.
- [10] Savedoff, W. D., de Ferranti, D., Smith, A. L., et al. (2012). Political and economic aspects of the transition to universal health coverage. *The Lancet*.
- [11] Doocy, S., Lyles, E., Robertson, T., et al. (2015). Prevalence and care-seeking for chronic diseases among Syrian refugees in Jordan. *BMC Public Health*.
- [12] Saleh, S., Alameddine, M., et al. (2019). The Lebanese-Syrian crisis: impact of influx of Syrian refugees to an already weak state. *Risk Management and Healthcare Policy*.
- [13] Hijazi HH, Hijazi RH, Khalil MK, et al. Challenges facing medical education in Jordan: a nationwide survey of final year students' perception of the clinical learning environment. *BMC Med Educ*. 2019;19(1):460. doi:10.1186/s12909-019-1905-9.
- [14] Hijazi HH, Alkhasawneh E, Hijazi RH, et al. Jordanian graduates' performance in the United States Medical Licensing Examination (USMLE): a retrospective cross-sectional study. *BMC Med Educ*. 2021;21(1):23. doi:10.1186/s12909-020-02448-y.