



Hearing the voices of adolescents: Evaluating the quality of care for young adults with chronic illnesses in the UAE

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ABSTRACT

Background: Quality care for adolescents and young adults with chronic illnesses has been under-explored in the United Arab Emirates (UAE) and internationally, especially from patients' perspectives. Most available international studies focused on quality of life and the transition to adulthood rather than service quality.

Aim: This research assesses care quality for adolescents with chronic illnesses in the UAE, aiming to understand their perspectives, appraise current practices, and identify service gaps.

Methods: A cross-sectional survey employed a validated questionnaire examining 33 essential care components. Participants comprised 576 adolescents and young adults with chronic conditions from five UAE Emirates.

Results: Participant's reports indicated that none of the 33 care elements were received consistently. Most participants (80.6%) reported crucial care aspects were absent, and across most investigated items, 19.4%–46.5% of participants reported receiving the services they were supposed to receive only some or many of the times, indicating significant areas for improvement.

Conclusions: Findings demonstrate significant care quality gaps for UAE's adolescents and young adults with chronic illnesses. These may critically affect their ability to manage their conditions and ensure holistic growth. These insights can guide healthcare enhancements tailored to this demographic.

Practice implications: There is an urgency for enhanced patient-centered care in UAE healthcare, emphasizing clinicians' roles in supporting adolescents with chronic illnesses, especially during transitions. Healthcare managers should prioritize standardized care policies, improved communication, and training that emphasizes consistent patient feedback and transition readiness. Further research into care gaps and tailored interventions within the region's distinct sociocultural setting is essential.

Introduction and background

Prioritizing service quality and evaluating user experience are integral for all industries globally, and healthcare is no exception (Boulding et al., 1993; Ladhari, 2009; Sadiq Sohail, 2003; Torkzad & Beheshtinia, 2019). The healthcare sector is responsible for promoting the health and well-being of individuals, many of whom are vulnerable or critically ill and require immediate, effective care (Al-Yateem, 2020; Macias, 2013; Office of Disease Prevention and Health, P, 2015; Smith et al., 2013).

However, the literature reveals disparities and gaps in the care provided to patients, including vulnerable pediatric and adolescent groups (Annunziato et al., 2013; Beacham & Deatrck, 2015; Coombes et al., 2023). This means achieving high-quality healthcare services is challenging worldwide (Manary, Boulding, Staelin, & Glickman, 2013; Reeves & Seccombe, 2008).

The concept of "quality" in the context of healthcare services remains vague, with various stakeholders perceiving quality differently based on their needs and expectations (Allen-Duck et al., 2017). Therefore,

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identifying and routinely measuring specific indicators of quality healthcare is crucial for institutions to monitor and improve service delivery (Mosadeghrad, 2013; Sawyer et al., 2014). Although there has been significant progress in ensuring quality healthcare for adults, the same level of attention has not been directed toward the adolescent and young adult population (Park et al., 2014; Patton et al., 2016). This demographic has unique healthcare needs and experiences that differ from those of adults (Al-Yateem, 2020; Al-Yateem et al., 2016a; Frech, 2014; Hargreaves et al., 2012). Furthermore, their views on the quality of services they require and receive also differ markedly from those expressed by children and adults (Al-Yateem et al., 2016c; Ryan et al., 2017). Unfortunately, the participation of adolescents and young adults in service assessment and planning has often been overlooked, despite its recognized importance (Ambresin et al., 2013a; Coombes et al., 2023; Frech, 2014; Hargreaves et al., 2012).

The patient's voice and descriptions of their experiences have become a vital metric (Betz et al., 2013; Sawyer et al., 2014; Sharma et al., 2014). Numerous local and international quality improvement initiatives have been implemented that aim to enhance patient satisfaction (Bombard et al., 2018). Furthermore, regulatory bodies use such measures in their pay-for-performance systems (Hurwitz et al., 2023; Kovacs et al., 2020). For example, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey an assessment tool that is widely used globally (Center for Medicare and Medicaid Services, 2021). The HCAHPS measures patient satisfaction in several areas, and its results serve as a key performance indicator (KPI) in many healthcare organizations.

Consistent with global trends, the government of the United Arab Emirates (UAE) has prioritized developing a world-class healthcare system, which entails implementing strict quality criteria and aligning healthcare institutions with these policies (Government of the UAE, 2018). The government envisaged that by 2021, all healthcare institutions operated by the Ministry of Health and Prevention would be accredited by national and international agencies (Government of the UAE, 2018). The government of Abu Dhabi also initiated significant health system reform in 2006, which focused on redesigning healthcare financing and regulatory systems (Abed, 2022; Department of Health - Abu Dhabi, 2023b). This reform resulted in a centralized platform for healthcare quality control and outcomes-based financing (Abed, 2022; Department of Health - Abu Dhabi, 2023b). This means the performance of UAE healthcare organizations is measured against comprehensive quality outcomes to assess their efficiency and determine funding and reimbursement. For example, the Department of Health (DOH) – Abu Dhabi uses a set of KPIs known as “Muashir” to measure healthcare service performance in nine dimensions that cover most aspects of healthcare quality (Abed, 2022; Department of Health - Abu Dhabi, 2023b). Facilities that excel in these areas receive a publicly published rating from one to five diamonds, which influences their funding allocation. Furthermore, the DOH – Abu Dhabi has implemented the Press Ganey survey, which is a tool that is widely used in the United States to assess patient satisfaction and experience (Department of Health - Abu Dhabi, 2023a). Although implementing such surveys is essential to measure the quality of care and patients' experiences, these tools are usually designed for adult populations. Therefore, these surveys may need to be adapted or used in combination with other tools to fully capture the experiences and needs of specific subgroups such as adolescents and young adults.

Notably, there is a major gap in the development and application of tools tailored to the unique needs and experiences of adolescent and young adult populations, although several tools are available to evaluate care satisfaction for parents and youth. One such tool is the Client Satisfaction Questionnaire (Larsen et al., 1979). Its youth-focused counterpart, the Youth Satisfaction Questionnaire, is commonly used in the mental health and human services fields to gauge client satisfaction with services received (Stüntzner-Gibson et al., 1995). Another instrument is the Youth Health Care measure—satisfaction, utilization,

and needs (Schmidt et al., 2016). This is a self-report version of the Child Health Care—satisfaction, utilization, and needs proxy measure that assesses the provision, use of, and access to health services for children with chronic conditions, and captures the perspectives of both children and their parents (Schmidt et al., 2016). Although these tools are valuable, they do not delineate specific care interventions crucial for children with health conditions or evaluate their execution. This lack of targeted assessment strategies inhibits a comprehensive understanding of healthcare needs and the quality of services this population receive.

This issue is particularly salient in the UAE as approximately 11% of the UAE population is aged 15–24 years, amounting to roughly 1.1 million individuals (Global Media Insights, 2020). Notably, an estimated 23% of this group may be living with various chronic health conditions (Bashir et al., 2022), which underscores the importance of delivering quality healthcare tailored to the needs of this age group. In the UAE, children and adolescents receive care in pediatric healthcare settings until they are aged 18 years, and are supervised and supported by their parents. However, after age 18 years, adolescents transition to adult care where they are expected to independently undertake self-care activities. Given the need for this transition to be conducted competently and safely, the provision of high quality care is paramount for this patient population (Al-Yateem et al., 2016c).

Unfortunately, UAE healthcare service quality for adolescents has not yet been measured using tools specifically designed for this demographic and their unique needs. This oversight presents a significant challenge, as it prevents a thorough understanding of how effectively the healthcare system is meeting the requirements of the adolescent population. Therefore, there is a pressing need to develop and implement quality assessment tools tailored to the unique health and developmental needs of adolescents and young adults. This effort will help to enhance the quality of healthcare services provided to this important demographic and will contribute to the broader goal of achieving an inclusive, world-class healthcare system in the UAE.

Methods

Study design

This study used a quantitative survey to collect data. This approach facilitated the investigation of met and unmet care components in the healthcare services administered to adolescents and young adults living with chronic health conditions. This approach also enabled data collection from a large participant pool, and yielded results that were relatively representative and able to be broadly generalized.

Sample and settings

This study included adolescents and young adults with chronic health conditions that received care in outpatient clinics or were hospitalized in inpatient wards in the UAE. Participants included adolescents with chronic diseases still receiving care in a pediatric healthcare setting (i.e., up to age 17 years) and those who had transferred to adult healthcare settings (i.e., aged 18 years and older) within the past year. We included adolescents who could communicate in either Arabic or English. Based on previous estimations of the population size and rate of chronic conditions among adolescents and young adults (Bashir et al., 2022), this study required a minimum of 384 participants to achieve a 95% confidence level with a 5% margin of error.

Adolescents were accessed in outpatient departments (OPDs) or inpatient wards of various hospitals across the UAE. The UAE healthcare system comprises a federal health authority that runs governmental hospitals in all cities throughout the UAE and local health authorities that run hospitals and clinics in their local Emirates or cities, such as the Dubai Health Authority or the DOH – Abu Dhabi. There are also private hospitals and those run by the Ministry of Presidential Affairs. We approached hospitals from all of these authorities to participate in this

study to maximize the representativeness. Hospitals from all authorities participated, except one that did not grant permission within the time-frame for this study. Hospital management was approached at each location to obtain permission for data collection. OPDs in hospitals that approved data collection were asked to assist in participant recruitment. A QR code linked to the study questionnaire was placed in these departments, and nurses were asked to encourage adolescents and young adults who met the inclusion criteria to scan the QR code and complete the questionnaire. Data were collected from April 2023 to June 2023. It is worth noting that most adolescents in the UAE have Internet-connected mobile devices.

Study variables and data collection methods

This study used a researcher-developed questionnaire that was based on components of high-quality care for adolescents and young adults that were identified and validated in previous studies (Al-Yateem, 2020; Al-Yateem et al., 2016b). In those studies, participants with chronic health conditions reported needs that should be considered within healthcare services. After discussion and confirmation, targeted care interventions were created by health professionals based on these needs. The importance of these interventions were then confirmed by adolescents and young adults. This thorough identification and confirmation process reinforced the scientific validity of the identified care components.

For the present study, these previously identified care components were formatted into a questionnaire to measure whether they were provided for adolescents and young adults with chronic health conditions in the UAE healthcare system. A three-point Likert ranking system was used, where participants ranked the implementation of each of these care components as “All the time,” “Some or most of the time,” or “None of the time.” The questionnaire was then translated into Arabic using a robust forward and back-translation process. This translation was performed by a team of bilingual healthcare professionals who completed the steps individually and then reviewed and discussed their work collectively to reach a final version of the questionnaire.

The newly constructed questionnaire covered 33 care components classified under five care categories: “Services that encourage you to be independent” (four items); “Assessing what you need” (nine items); “Getting checked to see how you’re doing” (10 items); “Information that makes sense for me and my age” (nine items); and “Doctors and nurses who know about teenagers” (one item).

To ensure the statistical reliability and validity of the newly constructed questionnaire, a pilot test was conducted with approximately 50 participants. The data collected in this pilot phase were analyzed, and the scale was assessed for reliability and validity. The Cronbach’s alpha was 0.922, indicating high reliability. Item-to-item correlation and item-to-scale correlations were assessed. All items correlated positively with each other and with the full scale, with correlation coefficients of 0.384–0.6. The Cronbach’s alpha for the whole scale did not change significantly upon deleting any item from the scale. Once the reliability and validity were confirmed, the full study was conducted.

Data analysis

Descriptive statistics (primarily counts and frequencies) were used to evaluate participants’ rankings of the extent to which each of the care components were implemented as part of the care they had received. For example, the frequency and percentage of children who believed that a particular care component was implemented either “All the time,” “Some or most of the time,” or “None of the time” were calculated.

Ethical considerations

Ethical approval for this study was obtained from the University of Sharjah Research Ethics Committee (Ref#: REC-23-03-06-05-S). During

recruitment, adolescents and their parents received both oral and written explanations of the purpose of the study, their right to refuse participation, and the confidentiality of their responses. Before starting the questionnaire, participants were required to sign an electronic consent form to confirm their agreement to participate in this study. Participants aged under 18 years were required to verify that they had their parents’ permission to join the study. As this research took place in hospital OPDs, nurses were responsible for making sure that parental consent was provided before younger participants could begin answering the questionnaire. It is important to note that this study maintained strict anonymity. No information that could personally identify participants was collected at any point.

Results

Demographics

The study included participants from various healthcare treatment centers across the UAE. The largest proportion of participants were aged 12–15 years (47.4%). The sample was drawn from five Emirates: Dubai ($n = 126$, 21.9%), Sharjah ($n = 113$, 19.7%), Ajman ($n = 130$, 22.6%), Ras Alkhaima ($n = 101$, 17.5%), and Fujairah ($n = 105$, 18.2%). Most participants ($n = 509$, 88.3%) were recruited from government-run hospitals. The sample presented a nearly balanced gender distribution (48.9% male, 51.1% female). The majority ($n = 357$, 62%) of participants were diagnosed with asthma, and 38% ($n = 219$) had diabetes. Finally, the majority ($n = 366$, 63.5%) received care in pediatric settings (i.e., those aged 14–17 years), and 36.5% ($n = 210$) had transitioned to adult care settings (i.e., those aged 18–22 years). Table 1 shows participants’ characteristics.

Participants’ rating for service provision

Participants rated 33 care components across five care categories. Remarkably, none of the services were reported as received “All the time,” which highlighted potential areas for improvement in healthcare provision. Furthermore, between 53.5% ($n = 308$) and 80.6% ($n = 464$) of the participants reported that the listed care components were not provided to them at all (i.e., “None of the time”). The component most frequently reported as never received was care providers’ continuous observation of a patient’s knowledge about their health condition ($n = 464$, 80.6%). This was closely followed by care providers’ efforts to gather feedback from patients, their families, and other healthcare professionals about achieving planned care objectives ($n = 452$, 78.5%), and feedback on the patient’s participation in the care provided ($n = 420$, 72.9%). Other aspects that were commonly not received were assessment of the patient’s understanding of the differences in care between pediatric and adult settings and the evaluation of the patient’s coping and treatment adherence when transitioning to a new healthcare setting ($n = 404$, 70.1%).

Table 1
Participants’ demographic data ($N = 576$).

		n	%
Emirate of residency	Dubai	126	21.9
	Sharjah	114	19.8
	Ajman	130	22.6
	Ras Alkhaima	101	17.5
	Fujairah	105	18.2
Age, years	14–17	366	63.5
	18–22	210	36.5
Gender	Male	282	48.9
	Female	294	51.1
School	Government	509	88.3
	Private	67	11.7
Health condition	Asthma	357	62.0
	Diabetes	219	38.0

In addition, 19.4%–46.5% of participants reported that many service components were provided some or most of the time. For example, 46% of participants reported that their doctors and nurses considered if there were other things happening in their lives that could affect their health or my transition to becoming an independent adult, and 45% reported their doctors and nurses assessed how the transition to young adulthood affected their my health condition.

Certain care components were less frequently reported as being received. For example, “My doctors and nurses assess how much I know about my health problem, like what symptoms to look for” was noted as received by only 19% of participants, and “My doctors and nurses inquire about feedback from me, my family, and other doctors regarding my health plan adherence” was received by 21%. Furthermore, only 27% of participants felt that care providers always sought feedback from both them and their family, 29% believed care providers ensured their understanding of the differences in care between adult and children’s hospitals, and 29% felt that providers adequately evaluated their adjustment and adherence to treatment. Table 2 presents participants’ perceptions of the healthcare services they received, specifically concerning the incorporation of adolescent-specific care components in their treatment.

Finally, we compared the responses of participants from different genders, age groups, and disease conditions. There were no significant differences between the responses from different groups, suggesting the gaps in services were similar across these categories.

Discussion

This study is the first in the UAE to evaluate current healthcare services for adolescents and young adults with chronic illnesses. The services provided for this population have not previously been assessed with a lens that considered their unique features and needs. Although the UAE government has demonstrated a strong interest in evaluating and enhancing healthcare quality and meeting patients’ needs to improve their experiences, most efforts have been directed to adult populations, and those involving pediatric populations focused on assessing their caregivers’ needs.

This study pioneered the evaluation of services for adolescents and young adults with chronic illnesses using a tool specifically designed to reflect the input of both adolescents and the health professionals who care for them. We validated the assessment tool and ensured the results represented adolescents’ and young adults’ needs. Consistent with observations from international literature, few studies have assessed the quality of care provided for adolescents from their perspectives (Ambresin et al., 2013b). Most available international studies in this population were focused on quality of life and the transition to adulthood (Al-Abdulrazzaq et al., 2022; Biemans et al., 2023; Cheak-Zamora, Golzy, Mandy, & Deroche, 2023; Cserép et al., 2022; D’Agostino et al., 2023; Denche-Zamorano et al., 2022; Elorza, Santos Junior, & Celeri, 2023; García et al., 2023; Gomes et al., 2023; Guha et al., 2023; Iverson et al., 2022; Miura et al., 2023; Mooney-Doyle et al., 2023; Munns et al., 2023; Oh et al., 2022; Wagner et al., 2023).

A crucial finding of this study was that implementation of essential care components for adolescents and young adults was inconsistent across the services provided, revealing key service gaps and areas for improvement. The main areas of deficiency primarily related to the principles of patient-centered care and adolescents’ transition to adult services (Al-Yateem, 2016; Coulter & Oldham, 2016; Coyne et al., 2019; Khaleva et al., 2020; Meleis et al., 2010). Patient-centered care emphasizes the involvement of patients in care decisions, recognizes their unique needs, and provides holistic support (Epstein & Street Jr., 2011; Institute of Medicine Committee on Quality of Health Care in, A, 2001). Among the thirty-three care components that were rated. Notably, none of the participants reported receiving any of the listed care components all the time, underlining potential areas for healthcare improvement.

Equally significant, a vast majority of participants, stated that none

Table 2
Participants’ perceptions of the healthcare services provided to them (N = 576).

	None of the time	Some or most of the time	All the time
	n (%)	n (%)	n (%)
Services that encourage you to be independent			
I feel like my doctors and nurses listen to me, let me ask questions, share my thoughts and make my own decisions.	320 (55.6)	256 (44.4)	0 (0)
My doctors and nurses check if I can take care of myself and do everything I need to do to stay healthy.	388 (67.4)	188 (32.6)	0 (0)
My doctors and nurses always ask for my thoughts, my family’s thoughts and other doctors’ opinions about the care I’m getting.	420 (72.9)	156 (27.1)	0 (0)
I feel like my doctors and nurses help me to become more independent by giving me information and listening to my ideas.	360 (62.5)	216 (37.5)	0 (0)
Assessing what you need			
My doctors and nurses ask me, my family, and other doctors how well I’m doing with my health plan.	452 (78.5)	124 (21.5)	0 (0)
My doctors and nurses make sure they understand if I have any special cultural needs to be included in my health plan.	400 (69.4)	44 (30.6)	0 (0)
My doctors and nurses check if there’s anyone else in my family who has health problems like me that might need a special plan with the hospital.	400 (69.4)	176 (30.6)	0 (0)
My doctors and nurses want to make sure I have enough family support as I become more independent and move from a children’s hospital to an adult hospital.	336 (58.3)	240 (41.7)	0 (0)
My doctors and nurses check how becoming a young adult affects my health condition.	316 (54.9)	260 (45.1)	0 (0)
My doctors and nurses consider if there are other things happening in my life that could affect my health or my becoming an independent adult.	308 (53.5)	268 (46.5)	0 (0)
My doctors and nurses want to know where I get information about my health problem.	368 (63.9)	208 (36.1)	0 (0)
My doctors and nurses check if I have another health problem or disability that needs extra help, like a home visit.	364 (63.2)	212 (36.8)	0 (0)
My doctors and nurses understand my social situation that might affect my health or becoming an independent adult, like if I live with one parent, both parents, or guardians.	360 (62.5)	216 (37.5)	0 (0)
Getting checked to see how you’re doing			
My doctors and nurses make sure I know what’s expected of me when I move to a new healthcare place for adults.	356 (61.8)	220 (38.2)	0 (0)
My doctors and nurses check if I know about adult hospitals where I could go.	352 (61.1)	224 (38.9)	0 (0)
My doctors and nurses make sure I understand when I’ll move to an adult healthcare place.	320 (55.6)	256 (44.4)	0 (0)
I feel like my doctors and nurses are keeping an eye on my health.	348 (60.4)	228 (39.6)	0 (0)
My doctors and nurses watch how well I’m learning to talk to healthcare professionals.	344 (59.7)	232 (40.3)	0 (0)
My doctors and nurses check how much I know about my health problem, like what symptoms to look for.	464 (80.6)	112 (19.4)	0 (0)
My doctors and nurses make sure I understand how the care in an adult hospital might be different from a children’s hospital.	404 (70.1)	172 (29.9)	0 (0)

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Table 2 (continued)

	None of the time	Some or most of the time	All the time
	n (%)	n (%)	n (%)
When I moved to a new hospital, the doctors and nurses there checked how well I was adjusting and keeping up with my treatment.	404 (70.1)	172 (29.9)	0 (0)
In the new hospital, the doctors and nurses always make sure I feel comfortable and are going to all my appointments.	400 (69.4)	176 (30.6)	0 (0)
In the new hospital, the doctors and nurses always make sure I attend all my appointments.	292 (65.2)	156 (34.8)	0 (0)
Information that makes sense for me and my age			
The information that my doctors and nurses give me to help me be more independent is right for my age and what I can do.	344 (59.7)	232 (40.3)	0 (0)
The information my doctors and nurses give me is made just for me.	344 (59.7)	232 (40.3)	0 (0)
My doctors and nurses always check what kind of information I want, especially about becoming an adult.	336 (58.3)	240 (41.7)	0 (0)
The information from my doctors and nurses is given to me in a way that makes sense.	380 (66.0)	196 (34.0)	0 (0)
My doctors and nurses give me extra helpful things to read that are easy for teenagers and parents to understand.	332 (57.6)	244 (42.4)	0 (0)
The plan my doctors and nurses and I make together includes what I want for my future, like school, work, and where I'll get adult care.	352 (61.1)	224 (38.9)	0 (0)
My doctors and nurses stick to the plan we make together.	372 (64.6)	204 (35.4)	0 (0)
When we make a plan, my doctors and nurses and I agree on when things will happen.	332 (57.6)	244 (42.4)	0 (0)
My doctors and nurses always include me and my family in planning my healthcare.	380 (66.0)	196 (34.0)	0 (0)
Doctors and nurses who know about teenagers			
I feel like my doctors and nurses know a lot about issues that teenagers have.	348 (60.4)	228 (39.6)	0 (0)

of the care components were ever provided to them. For instance, continuous observation of a patient's understanding of their health condition by care providers was notably missing, with 80.6% of participants indicating its consistent absence. Finally, many care components were reportedly received only occasionally by a minority of participants. For example, the statement "My doctors and nurses assess how much I know about my health problem, like what symptoms to look for" was acknowledged by only 19% of participants as being received occasionally or sometimes. Similarly, "My doctors and nurses inquire about feedback from me, my family, and other doctors regarding my adherence to the health plan" was mentioned by just 21%.

Although many participants reported that their care providers continuously assessed their knowledge of their health condition (80.6%), sought feedback on their achievement of care objectives (78.5%), and gauged their understanding of care differences between pediatric and adult settings (70.1%), these aspects of care were not experienced consistently by all participants. These results highlighted the need for healthcare providers to prioritize continuous observation, seeking feedback, and assessments of patient knowledge, engagement, and preparedness for transitioning to adult care.

These findings also underscored the importance of a smooth and well-coordinated transition from pediatric to adult healthcare settings

for individuals with chronic illnesses. The findings suggested a need to enhance the transitional care provided to adolescents and young adults in the UAE. Although many participants reported that their care providers assessed their readiness for transition (61.8%), evaluated their self-management skills (67.4%), and involved them and their families in care planning (66.0%), these aspects of care were not consistently experienced by all participants. There is a need for standardized transition policies, effective communication, and comprehensive support during the transition process to ensure the transfer to adult healthcare settings is successful.

This study also highlighted the importance of cultural sensitivity and individualized care. Many participants reported that their care providers considered their cultural needs (69.4%), social status (62.5%), and the impact of their developmental stage on their health (60.4%). However, these aspects of care were not consistently experienced by all participants. It is crucial to recognize and address cultural and social factors to ensure inclusive and person-centered care is provided to adolescents and young adults with chronic illnesses.

Addressing the gaps in healthcare services for adolescents and young adults with chronic illnesses in the UAE requires collaboration among policymakers, the education system, and healthcare organizations. Policymakers can advocate for patient-centered care policies and allocate resources to facilitate smooth transitions from pediatric to adult healthcare settings. The education system can play a pivotal role by integrating health education into curricula, and empowering young individuals with the necessary skills and knowledge for self-management and successful healthcare transitions. Healthcare organizations could establish comprehensive transition programs, invest in training healthcare providers, and assemble multidisciplinary teams to address the complex needs of this population. By aligning policies, educational initiatives, and healthcare services, stakeholders can improve healthcare experiences and outcomes in this population.

The national scope of this study, with a large sample drawn from different Emirates and healthcare systems and participants who suffered from the two most common chronic health conditions in the UAE (asthma and diabetes), added weight to this research. This study holds particular regional significance, especially with the scarcity or even absence of similar research in this area and considering the region's cultural, linguistic, religious, and healthcare system similarities.

Limitations

There is an acknowledged difference in service provision between sectors and care providers in UAE healthcare systems. This was not considered during this study, nor was it an objective of this study. No data were collected concerning the care setting where the participant received care; therefore, no associations were made in this regard. Furthermore, this study used a cross-sectional design and provided a snapshot of experiences at a specific time rather than capturing the whole experience. Another limitation of this study pertains to the inclusion of the "All the time" response option in the questionnaire. Although certain care elements, such as listening to the patient, soliciting opinions, and regular check-ins, should be consistently present in healthcare settings, it was evident that this option might not have been suitable for every questionnaire item. The fact that no respondents selected "All the time" option for any question highlighted the potential ambiguity or irrelevance of this choice for certain questions. This study was designed to test the development of the survey, and this finding will be instrumental for future iterations. In subsequent versions, we will consider either modifying or excluding the "All the time" option and possibly introducing a "Not applicable" option to ensure a more nuanced and relevant capture of respondents' experiences.

Finally, this study solely considered the perspectives of adolescents and young adults and excluded the viewpoints of healthcare providers and other stakeholders. Despite these limitations, this study offers valuable insights into the experiences of adolescents and young adults

with chronic illnesses in the UAE and may serve as a foundation for future research in this area.

Implications for practice

The findings of this study have important implications for healthcare professionals and the systems in which they operate in the UAE. For healthcare professionals in clinical roles, there's an urgent call to heighten the focus on patient-centered care, especially for adolescents and young adults with chronic illnesses. Clinicians should consistently seek feedback from patients and their families, continuously observe patients' understanding of their health conditions, and actively assist in the transition from pediatric to adult care. They must also foster a deeper appreciation for the cultural nuances and individualized care needs of this age group.

For those in management roles within hospitals, there's a pressing need to institute standardized transition policies, strengthening effective communication protocols and ensuring comprehensive support during transition phases. Hospital administrators should prioritize training programs that cultivate a culture of continuous patient feedback, engagement, and transition readiness, embedding these as quality indicators in healthcare delivery.

In academic institutions, these findings stress the importance of integrating adolescent health and transitional care into curricula. Given the gaps highlighted, there's an imperative to develop programs that not only build the clinical skills of future healthcare professionals but also their ability in understanding the unique psychosocial and transitional needs of adolescents. Incorporating patient-centered care principles in the training would ensure a new generation of practitioners well-equipped to address the highlighted gaps.

Finally, these results present a foundation for future research. Researchers should probe deeper into understanding the root causes of these care gaps, potentially exploring healthcare professionals' perspectives on the barriers they face in providing consistent care. Moreover, studies could also be designed to test interventions aiming to bridge these gaps, such as structured transition programs or feedback loops, and evaluate their impact on patient outcomes and satisfaction. Given the uniqueness of the UAE's sociocultural landscape, further research in similar regional settings can provide comparative insights, potentially leading to tailored strategies that resonate with the cultural, linguistic, and religious sensibilities of the Middle East.

Conclusions

The findings of this study highlight key gaps in the healthcare services and essential elements of care provided for adolescents and young adults with chronic illnesses in the UAE. It is essential for healthcare providers, policymakers, and researchers to collaborate to develop appropriate and targeted interventions that address these identified care gaps. These interventions should align with the principles of person-centered care and transition readiness to ensure the provision of high-quality care for adolescents and young adults with chronic illnesses in the UAE.

Authors' contributions

All authors contributed equally to this study.

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CRediT authorship contribution statement

Nabeel Al-Yateem: Conceptualization, Methodology, Data curation,

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Declaration of Competing Interest

No conflict of interest has been declared by the authors.

Data availability

Data are available upon reasonable request to the corresponding author.

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