

analyse

From messy data
to defensible
results.

Using **Analysez AI**, you can clean, explore, and analyse
messy data in minutes with defensible accuracy.

ID	Age	Sex	BP (mmHg)	Chol (mg/dL)	Glucose (mg/dL)	Outcome
1001	45	F	120	210	98	0
1002	52	M	135	245	110	1
1003	-	F	128	198	95	0
1004	61	M	160	310	180	1
1005	49	F	118	-	102	0
...	...	...	...	...	...	...

Data Health Scan

Overall Data Quality

86%

Issues Detected (4)

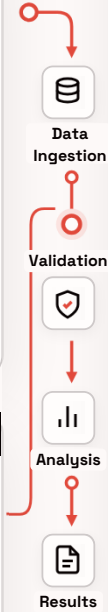
3 Missing Values2 columns

1 Outlier DetectedAge

Potential SkewnessIncome

Low VarianceRegion

View full data quality report →



Generated on: May 26, 2026

STATISTICAL ANALYSIS REPORT

Study: Effect of Intervention X on Systolic Blood Pressure

1. METHODOLOGY SUMMARY

We conducted an independent samples t-test to compare mean systolic blood pressure (SBP) between the intervention and control groups. Significance level was set at $\alpha = 0.05$. Normality was assessed using the Shapiro-Wilk test.

2. DATA QUALITY CHECKS

Total Records	Missing Values	Duplicates	Outliers Detected
240	3 (1.25%)	0	2 (0.83%)

All variable types and ranges validated. No critical data issues.

3. DESCRIPTIVE STATISTICS

Group	N	Mean (SBP)	SD	95% CI
Intervention	120	122.4	12.6	[119.3, 125.5]
Control	120	132.7	13.1	[129.5, 135.9]

4. NORMALITY ASSESSMENT

Shapiro-Wilk Test (SBP)

Group	W	p-value
Intervention	0.98	0.21
Control	0.97	0.09

Normality assumption satisfied.

5. HYPOTHESIS TESTING

Independent Samples t-test

t-statistic	-5.89
df	238
p-value	< 0.001

Result is statistically significant.

6. EFFECT SIZE

Cohen's d

0.90

00.20.50.81.2+SmallMediumLarge

7. CONCLUSION

The intervention group had significantly lower systolic blood pressure compared to the control group ($p < 0.001$) with a large effect size. These findings support the effectiveness of Intervention X.

Prepared by Analysez

Page 1 of 1

Muhammed H. Elnaggar · Founder & CEO | analysez.ai · Company Profile · 2026

Built by a biostatistician, **for every researcher.**

Analysez AI began with a freelance biostatistician who kept repeating the same expert workflow for students, hospitals and ministries: understand the objectives, clean the data, explore it, test the hypotheses, write the report.

We turned that workflow into a platform. Every number is calculated by an audited statistics engine; AI only guides and explains. The same data always gives the same, defensible result.

OUR PROMISE

Accuracy comes first. Published statistics shape clinical guidelines, so every number must be correct and defensible.



200+

research projects delivered



1,400+

registered learners



40K

YouTube subscribers



UK • KSA

registered companies

Data is everywhere – the way to analyse it is the **problem**.

01 Freelancer / Biostatistician



2-4 weeks

WAITING FOR A BASIC T-TEST,
WITH NO AUDIT TRAIL

- Expensive
- Takes a lot of time
- Inconsistent views between freelancers
- Hard to defend

02 Do It Yourself



STEEP LEARNING CURVE →
WRONG TEST, SKIPPED CHECKS

- Steep learning curve
- Lack of experience
- Slow manual effort

03 AI chatbots



Same data,
asked 3×

$p = 0.041$

$p = 0.089$

$p = 0.012$

THREE DIFFERENT ANSWERS

- Fast — but hallucinates
- Silent data mutation
- Dangerous when publishing

One platform. Six strengths in one place.

analyse  .ai

Messy data in.

Defensible results out.

HOW IT THINKS



01

Own cleaning engine

The platform brain. We don't wrap AI models.



02

Tabular AI models

Advanced AI that works directly with tables.



03

LLMs for navigation

Text models guide. They never calculate.

HOW IT HELPS



04

Bilingual platform

Arabic and English, for ease of use.



05

400+ studies benchmarked

Known and real datasets, many scenarios.

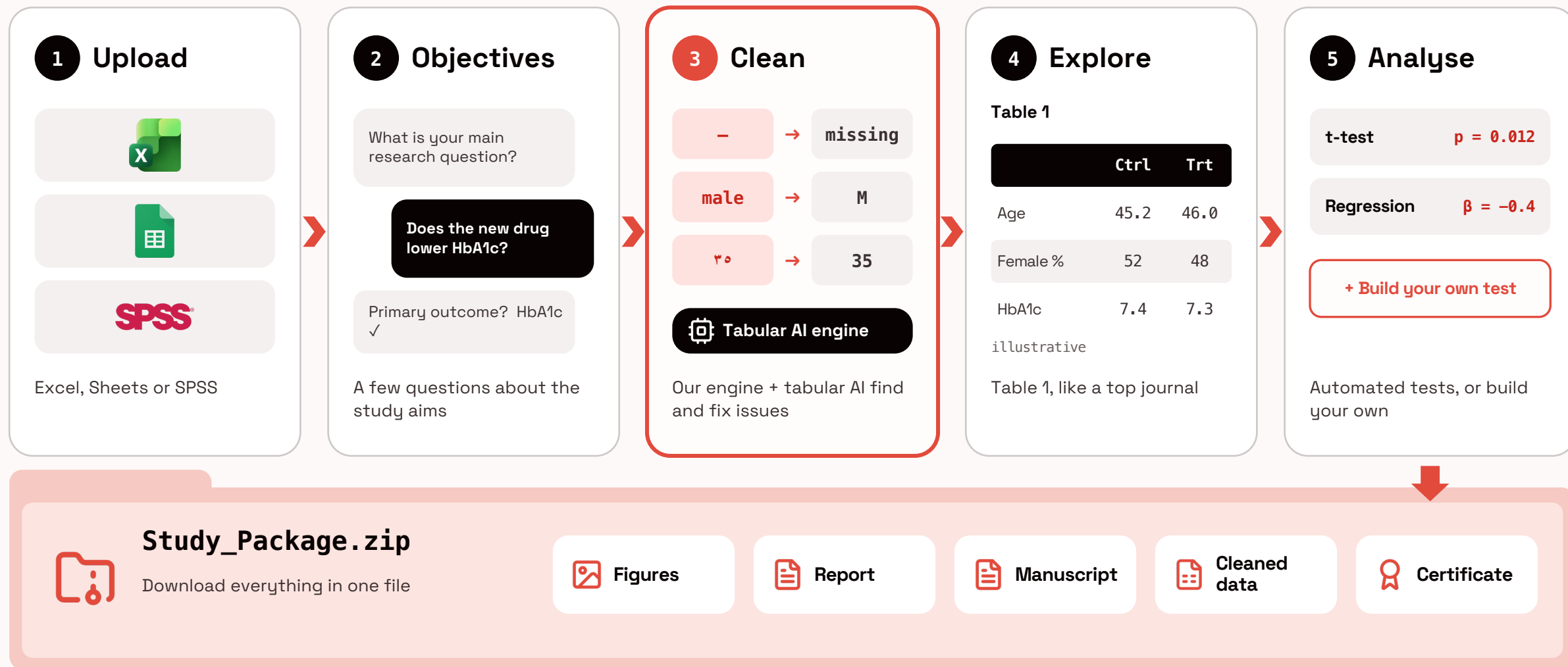


06

Built-in learning portal

Researchers learn as they go.

From upload to study package in **five guided steps**.



Two distinct paths. One high standard of evidence.



Analysez AI platform

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- ✓ Step-by-step audit & approval
- ✓ Publication-ready APA report

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- ✓ CBAHI & JCI quality analytics, regulatory SAPs
- ✓ Dedicated institutional biostatistics capacity

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SAP writing for CROs



Meta-analysis & systematic reviews



Bioinformatics & genomics



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Universities

Yearly licence per student · software, learning portal and workshops



Hospitals & CROs

Team licence per analyst · fast, defensible results



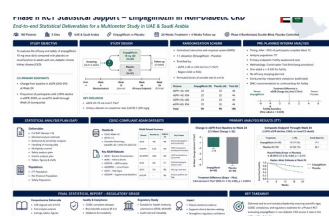
On-premises option

Customer's own servers with local AI · data stays in-house

Nine projects, three areas of expertise.



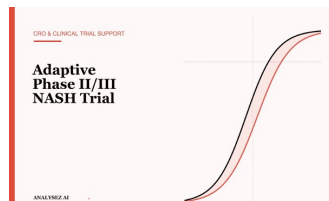
CRO & CLINICAL TRIALS



Phase II RCT — empagliflozin in non- diabetic CKD

Phase II RCT · SAP

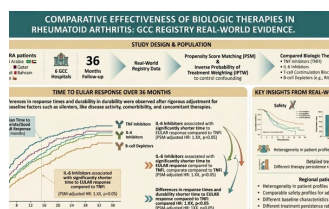
[View case study →](#)



Adaptive Phase II/III trial — anti-fibrotic agent in NASH

Adaptive design · Bayesian
SSR

[View case study →](#)



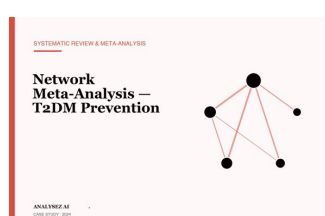
Biologic therapies in rheumatoid arthritis — GCC registry

Cohort · PSM

[View case study →](#)



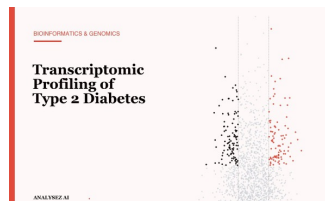
RESEARCH INSTITUTIONS



Network meta-analysis — T2DM prevention in Arab populations

NMA · SUCRA

[View case study →](#)



Transcriptomic profiling of type 2 diabetes — Riyadh cohort

RNA-seq · DESeq2

[View case study →](#)



Climate conditions across Haramain railway stations

Climate data · Descriptive

[View case study →](#)



ACADEMIC & PUBLIC HEALTH



Burnout among ICU nurses in Riyadh hospitals

SEM · CFA

[View case study →](#)



Kuwaiti psoriasis registry

Registry · Prevalence

[View case study →](#)



Vitamin D deficiency in Riyadh

Cross-sectional · Risk
factors

[View case study →](#)

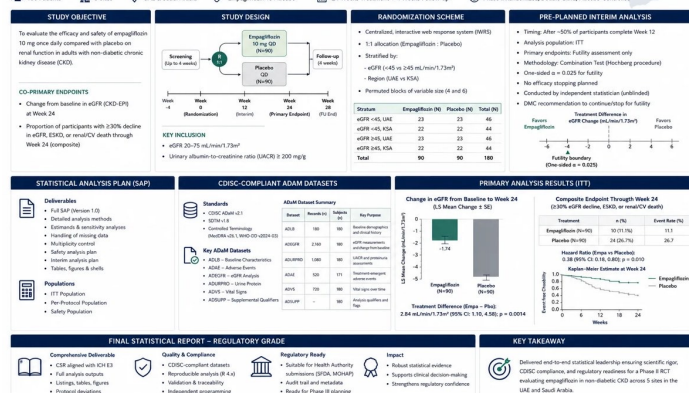
Click any project to open the full case study. Case studies use simulated data that mirrors the original studies, to protect client confidentiality.

Regulatory-grade support for clinical trials.

Phase II RCT Statistical Support — Empagliflozin in Non-Diabetic CKD

End-to-end Statistical Deliverables for a Multicenter Study in UAE & Saudi Arabia

180 Patients 5 Sites UAE & Saudi Arabia Empagliflozin vs Placebo 24 Weeks Treatment + 4 Weeks Follow-up Phase II Randomized, Double-Blind, Placebo-Controlled



CRO & CLINICAL TRIALS

Phase II RCT — empagliflozin in non-diabetic CKD

180 patients across 5 sites in the UAE and Saudi Arabia: full SAP, CDISC ADaM datasets, randomization, interim analysis and a regulatory-grade final report.

Phase II RCT

SAP

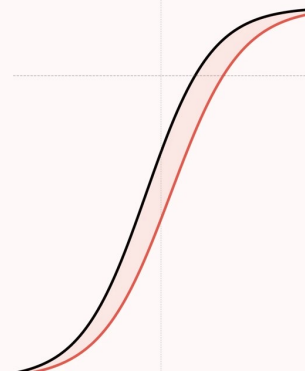
View case →

CRO & CLINICAL TRIAL SUPPORT

Adaptive Phase II/III NASH Trial

ANALYZE.AI

CASE STUDY - 2025



CRO & CLINICAL TRIALS

Adaptive Phase II/III trial — anti-fibrotic agent in NASH

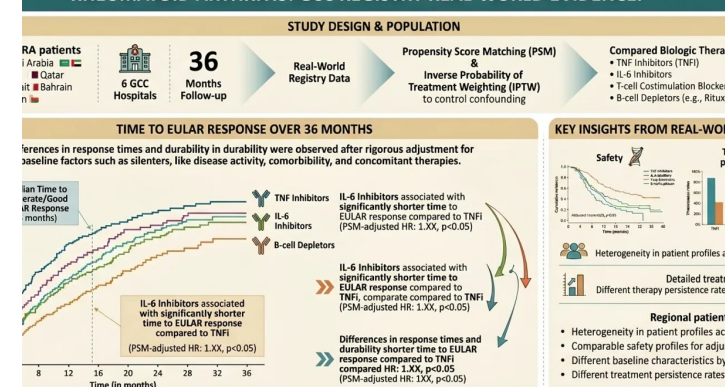
Bayesian adaptive design across 3 Riyadh hepatology centres (max n = 240): design simulations, blinded sample-size re-estimation, DSMB charter and final report.

Adaptive design

Bayesian SSR

View case →

COMPARATIVE EFFECTIVENESS OF BIOLOGIC THERAPIES IN RHEUMATOID ARTHRITIS: GCC REGISTRY REAL-WORLD EVIDENCE.



REAL-WORLD EVIDENCE

Biologic therapies in rheumatoid arthritis — GCC registry

892 patients across 6 GCC hospitals. Propensity score matching and IPTW compared biologic classes on time to EULAR response over 36 months.

Cohort

PSM

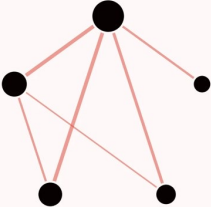
View case →

Case studies use simulated data that mirrors the original studies, to protect client confidentiality.

Evidence synthesis, genomics and environmental data.

SYSTEMATIC REVIEW & META-ANALYSIS

Network
Meta-Analysis —
T2DM Prevention



ANALYSEZ AI

CASE STUDY - 2024

META-ANALYSIS

Network meta-analysis — T2DM prevention in Arab populations

PRISMA-NMA review of 47 RCTs (31,420 participants) with SUCRA rankings, GRADE certainty and an Arab-population subgroup analysis.

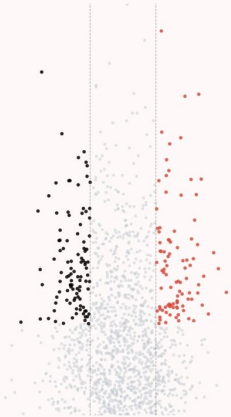
NMA

SUCRA

View case →

BIOINFORMATICS & GENOMICS

Transcriptomic
Profiling of
Type 2 Diabetes



ANALYSEZ AI

CASE STUDY - 2025

BIOINFORMATICS

Transcriptomic profiling of type 2 diabetes — Riyadh cohort

RNA sequencing of 120 participants identified 847 differentially expressed genes, inflammatory pathways and three hub-gene biomarker candidates.

RNA-seq

DESeq2

View case →



ENVIRONMENTAL ANALYSIS

Climate conditions across Haramain railway stations

Temperature, humidity and wind patterns across high-speed railway stations in Mecca, analysed to support operational and safety decisions.

Climate data

Descriptive

View case →

Case studies use simulated data that mirrors the original studies, to protect client confidentiality.

Theses and studies that inform practice.

Burnout Syndrome Among ICU Nurses in Riyadh Hospitals

A Cross-sectional Study of Organizational Predictors

412 ICU Nurses | 14 Hospitals | Riyadh Region, Kingdom of Saudi Arabia

BACKGROUND

Burnout among ICU nurses is a critical concern that affects nurse well-being, patient safety, and healthcare quality. Organizational factors play a pivotal role in the development of burnout. This study aimed to determine the prevalence of burnout and identify key organizational predictors among ICU nurses in Riyadh hospitals.

OBJECTIVES

- To determine the prevalence of burnout syndrome among ICU nurses.
- To examine the association between organizational factors and burnout.
- To identify key organizational predictors of burnout using binary logistic regression and structural equation modelling.

METHODS

Design: Cross-sectional analytical study
Setting: 14 tertiary hospitals in Riyadh region
Participants: 412 ICU nurses (convenience sampling)
Inclusion Criteria: Registered nurses working in adult ICUs for ≥ 6 months
Data Collection: Self-administered questionnaire (Maslach Burnout Inventory - Hospital Services Survey) validated scales for organizational factors and burnout
Analysis: Descriptive statistics, Binary Logistic Regression, and Structural Equation Modelling (SEM) using AMOS 28

CONCLUSIONS

More than half of ICU nurses in Riyadh hospitals experienced high burnout. Workload, role conflict, and role ambiguity increased the risk of burnout, while organizational support, autonomy, and reward system were protective factors. Organizational support was the strongest protective factor across analyses.

SAMPLE CHARACTERISTICS (N = 412)

Characteristic	n (%) Mean ± SD
Age (years), mean ± SD	31.6 ± 6.4
Female	324 (78.6%)
Married	278 (67.5%)
Experience in ICU (years), mean ± SD	6.5 ± 4.7
Education	
Bachelor	355 (86.2%)
Postgraduate	57 (13.8%)
Shift type	
Rotating shifts	362 (87.9%)
Fixed shifts	50 (12.1%)

PREVALENCE OF BURNOUT

53.6% (221/412) High Burnout

46.4% (191/412) Low Burnout

STRUCTURAL EQUATION MODEL

Workload → Burnout (Standardized Coefficient: 0.32*)
Role Conflict → Burnout (Standardized Coefficient: 0.18*)
Role Ambiguity → Burnout (Standardized Coefficient: 0.14*)
Organizational Support → Burnout (Standardized Coefficient: -0.25*)
Autonomy → Burnout (Standardized Coefficient: -0.17*)
Reward System → Burnout (Standardized Coefficient: -0.12*)
Burnout → Reduced Personal Accomplishment (Standardized Coefficient: 0.45*)

$\chi^2(412) = 2.41$ CFI = 0.95 TLI = 0.94 RMSEA = 0.08 SRMR = 0.04
*p < 0.05, **p < 0.01, ***p < 0.001 (Standardized coefficients)

BINARY LOGISTIC REGRESSION PREDICTORS OF HIGH BURNOUT

Variable	AOR (95% CI)	p-value
High Workload	2.45 (1.07 - 5.60)	< .001
Role Conflict	1.78 (1.23 - 2.55)	.002
Risk Ambiguity	1.62 (1.12 - 2.34)	.010
Low Organizational Support	0.58 (0.40 - 0.82)	.002
Low Autonomy	0.64 (0.44 - 0.93)	.021
Inadequate Reward System	0.67 (0.48 - 0.93)	.040
Experience (years)	0.97 (0.95 - 0.99)	.012
Female (vs. Male)	1.36 (0.86 - 2.10)	.189
Age (years)	1.01 (0.98 - 1.04)	.471

AOR: Adjusted Odds Ratio; CI: Confidence Interval

IMPLICATIONS

Hospital administrators should prioritize workload management, clarify roles, strengthen organizational support, and enhance autonomy and reward systems to mitigate burnout and improve nurse well-being and patient care quality.

RECOMMENDATIONS

- Implement workload balancing strategies
- Provide continuous organizational support programs
- Enhance participation in decision-making
- Establish fair and motivating reward systems
- Conduct regular burnout screening and interventions

ACKNOWLEDGMENT

The researcher extends sincere appreciation to all participating nurses and hospital administrators in Riyadh region.

No conflict of interest declared.

ACADEMIC RESEARCH

Burnout among ICU nurses in Riyadh hospitals

412 nurses across 14 hospitals. Logistic regression and structural equation modelling identified organisational predictors of burnout for a PhD dissertation.

SEM CFA [View case →](#)

Epidemiological Study of Psoriasis in Kuwait

Mapping prevalence, clinical characteristics, and treatment outcomes across diverse patient populations

PATIENT DEMOGRAPHICS CLINICAL CHARACTERISTICS TREATMENT OUTCOMES EVIDENCE FOR GUIDELINES & PUBLIC HEALTH POLICY

CLINICAL REGISTRY

Kuwaiti psoriasis registry

Prevalence, clinical characteristics and treatment outcomes of psoriasis across Kuwait, analysed to support clinical practice guidelines.

Registry Prevalence [View case →](#)

Vitamin D Deficiency in Riyadh

Prevalence, Determinants, and Seasonal Variation

We conducted an in-depth analysis of vitamin D deficiency prevalence among the population of Riyadh, with a focus on identifying the demographic and seasonal factors associated with low vitamin D levels.

The study examined serum vitamin D levels, demographic correlations, and seasonal variations to deliver evidence-based recommendations supporting public health interventions in the field of nutrition.

Demographic Correlations Seasonal Variations Serum Vitamin D Assessment Evidence-Based Recommendations

PUBLIC HEALTH

Vitamin D deficiency in Riyadh

Prevalence and risk factors of vitamin D deficiency, including demographic links and seasonal variation, to inform public-health action.

Cross-sectional Risk factors [View case →](#)

Case studies use simulated data that mirrors the original studies, to protect client confidentiality.

Founders with domain depth, a team built to deliver.



Muhammed Elnaggar, MSc

FOUNDER & CEO

Biostatistics & product · 200+ research projects



Ayman Aldahri

CO-FOUNDER

Partnerships & business development

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Ahmed Talaat

CTO · PLATFORM & ENGINEERING



Engineering

Platform & statistics engine



Local AI team

Fine-tuning local AI models

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Head of R&D

10

data analysts



+4

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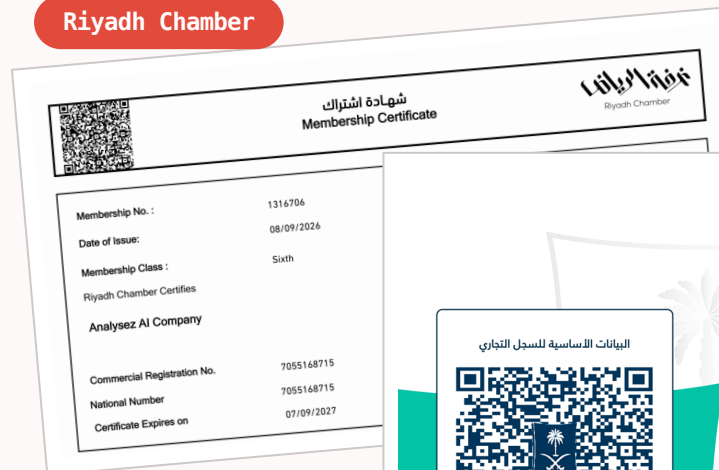
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LET'S TALK

See defensible analysis **in action.**

Muhammed Elnaggar

FOUNDER & CEO

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