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## RESEARCH ARTICLE

### ASSESSING THE QUALITY OF NURSING CARE SERVICES FOR OUTPATIENTS IN THE KINGDOM OF SAUDI ARABIA

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#### ABSTRACT

**Background:** Kingdom of Saudi Arabia employees a large number of health professionals from various nationalities. It is pertinent to assume that nursing of patients would be affected seriously owing to the differences in professional attitude of health care nurses working in various hospitals in KSA. Moreover, there is no research study that has investigated the outdoor patient's satisfaction, therefore this study is to provide base line for evaluating patients satisfaction regarding health care services. **Purpose:** Main aim of this study was to assess the patients' satisfaction related to quality of nursing care provided at King Khaled (KKH) and King Fahad (KFH) Hospitals in Tabuk City, Saudi Arabia. **Method:** Cross-sectional descriptive study design was used to recruit 100 patients from outpatient department (OPD) in two regional hospitals in Saudi Arabia. A standardized questionnaire, "Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) was used to collect data with slight modifications to suit regional cultural variations. **Results:** The majority of the OPD patients were satisfied with the quality of nursing care provided by the two governmental hospitals. Courtesy and respect was found to be the highest rates parameter among the several tested parameters of quality care which indicates a strong cultural norms of care and family values are still intact. It also revealed that the patients were least satisfied on how much nurses values the importance of choices with regards to treatment and the recognition of patient's opinions. **Conclusion:** Overall quality of nursing care was satisfactory however a communication gap between patients and nurses needs to be removed wherein patients would be involved in making decision about certain medical care and treatments. Health care strategies should thus focus on improving communication skills of the nursing staff to have a stronger impact on health care satisfaction level among the patients.

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## INTRODUCTION

Patient satisfaction is one of the most desired goals of healthcare providers aim to achieve along with the provision of immediate relief and comfort, assurance of safety and preservation of lives (Younesian, Shirvani, & Tabatabaey, 2018). Patient satisfaction, being an indicator of healthcare quality, has evolved as an outcome measure for gauging success of the service delivery system functions at hospitals and patient satisfaction surveys are being increasingly identified as yardsticks to measure (Mohd & Chakravarty, 2014). In general, patient satisfaction is defined as an evaluation that reflects the perceived differences between expectations of the patient to what the patient actually receives during the process of care (Mohd & Chakravarty, 2014).

Patient satisfaction is difference between expectations that a patient has from the care services and the actual experience of care received; a positive result when care surpasses or meets expected patient satisfaction (Patton, 2017). Patient satisfaction symbolizes a balance between the patient's perception and expectation of their nursing care (Kasa & Gedamu, 2019). Patient's satisfaction is directly linked to the role of nurses because of the first interface between patients and hospital services (Messina et al., 2015). While satisfaction involves many factors, quality-nursing care is one of the key factors that influence the satisfaction of patients. While satisfaction surveys have been conducted to assess patient satisfaction in order to improve health care delivery system and even healthcare organization, however a little information has been gathered on how the quality of nursing care contributes to patient's satisfaction. Many studies have been conducted pertaining inpatient satisfaction and quality of nursing care (Al Qahtani, Dahi, & Khalil, 2015) but studies on OPD patients is limited.

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Moreover, there is no reported study in KSA that has measure the level of outpatient satisfaction in terms of the quality of nursing care. Therefore, this study aims to generate basis for future studies regarding quality nursing care and patient satisfaction in an outpatient setting since studies made on such settings are very limited.

## MATERIAL AND METHODS

**Study design:** A descriptive study (cross-sectional design) was employed to describe the participants profile and level of satisfaction with the quality of nursing care in outpatient department at King Khaled Hospital and King Fahad Hospital in Tabuk City, Saudi Arabia in April 2019. Prior to data collection, the research design was approved (RECNDUT-6-19-03-2019) by the ethics committee of Tabuk University. Further permissions for conducting this study was granted by the director of King Fahad and King Khaled hospitals.

**Data collection:** Participation in the study was made voluntary and was based on informed consent Questionnaires along with consent forms were distributed to the OPD patients in both hospitals. Participants were briefed about the study and their rights to decline/quit the study at any time. In order to ensure the right to autonomy participants were given 5-10 minutes to read the information about the survey and then another 10-15 minutes for recording their responses to survey questions. Thus, a total of 100 participants from both hospitals participated in the survey.

**Description of the questionnaire:** A standardized questionnaire "Patient Satisfaction with Nursing Care Quality Questionnaire" (PSNCQQ) developed from the Patient Judgment of Hospital Quality (PJHQ) questionnaire was used to collect data (Brislin, 1970). A multidisciplinary research team at the Hospital Corporation of America developed the original PJHQ instrument. The original tool contains 9 parameters: nursing and daily care, ancillary staff and hospital environment, medical care, information, admissions, discharge and billing, overall quality of care and services, recommendations and intentions, and overall health outcomes. Based on the findings of our critical review of the literature, items from other subscales of the original PJHQ were adapted to reflect satisfaction with components of nursing care in the Arab countries such as Kingdom of Saudi Arabia. A 5-point Likert scale ranging from poor to excellent is used for ranking each item of the PSNCQQ. Before submitting the final questionnaire, a polite study was conducted comprising of twenty patients ( $n=20$ ) for assessing the appropriateness of the questionnaire. Moreover, the feedback from four of the relevant academic faculty members was incorporated to ensure its clarity and validity.

**Sampling:** Purposive sampling technique was used in selecting the participants based on the following criteria; (a) OPD patients only in King Khaled and King Fahad Hospital, (b) Participants' age in the range of 18-65 years, (d) Patient who understand both Arabic and English.

**Statistical Analysis:** Statistical package for social sciences (SPSS) was used to calculate percentage frequency distribution of the participants' profile and to analyze the general results for each level of satisfaction. The overall satisfaction between two hospitals was utilized weighted mean and standard deviation.

## RESULTS

Demographics of participants indicates that a higher percentage (72%) females participated in the study while 53% were in the range of 18-30 years (Table 1). However, it has reported that gender does not affect hugely on the level of patients' satisfaction and values (Bergenmar, Nylén, Lidbrink, Bergh, & Brandberg, 2006). Further married and singles were normally distributed as well with slightly higher percentage of married participants (Table1). Mean score along with standard deviations of the items related to patient's satisfaction indicates a very good ( $3.5 \geq$ ) satisfaction level (Table 2). Highest mean score was given to *Care and Concern by Nurses* (CCN:  $3.97 \pm 1.32$ ) followed by *Skills and Competence* (SCN:  $3.96 \pm 1.22$ ), *Ease of getting information* (EGI:  $3.93 \pm 1.25$ ) and *Privacy* ( $3.92 \pm 1.21$ ). Similarly, overall satisfaction was rated to be close to 4 on five-point scale (Table 3). This shows a higher degree of overall satisfaction with the current nursing care.

**Table 1. Demographic profile of the participants (n=100)**

Items		
Gender	n	(%)
Male	28	28.0%
Female	72	72.0%
Age (years)		
18-30	53	53.0%
31-40	29	29.0%
41-65	18	18.0%
Marital Status		
Single	41	41.0%
Married	49	49.0%
Separated	8	8.0%
Widowed	2	2.0%

## DISCUSSION

The lowest rated parameter (3.47) "recognition of the opinion" indicates a gap in communication between patients and nurses. This may also relate back to the level of education and professional attitude of the nurses wherein nurses are treated by the doctors as mere a subordinate rather than a health care partners among the physician's team. In a similar study it was shown that communications with nurses, communication about medicines, and discharge instructions significantly predict overall hospital rating (Stepurko, Pavlova, & Groot, 2016). Another study indicated that an effective communication and good interaction have a significant impact on the patients' satisfaction, hospital visit (Goh, Ang, Chan, He, & Vehviläinen-Julkunen, 2016; Koc, SAĞLAM, & ŞENOL, 2011, Melitapersolja et al, 2018). Further it has been reported that nurses 'communication skills play an essential role in ensuring that patients feel valued and cared for (Stepurko et al., 2016). Another parameter that needs a bit of attention from the health care policy makers is the daily routine of the nurses (Table 2). Nurses schedule seems to be quite busy which makes it difficult for these nurses to spend enough time with the patients to know their needs properly. This factor is linked to the provision of peaceful and respectful environment (Table 2). All of the above-mentioned factors rated comparatively lower indicate a focus in nurses care and communications skills and competencies to be improved along with provision of the extra resources. Overall the satisfaction level was above average indicating a better health care service as indicated by the higher rating to "recommend this hospital to friends and families (3.91)" and to "the quality care of the hospital and nursing care provided (3.92)".

**Table 2. Mean score for quality nursing care items (n=100)**

<i>Quality of Nursing Care</i>	<i>Codes</i>	<i>Mean ±SD</i>
Recognition of Opinions: <i>How much nurses ask you what you think is important and give you choices.</i>	RO	3.47± 1.36
Restful atmosphere provided by nurses: <i>Amount of peace and quiet.</i>	RA	3.64±1.36
The daily routine of the nurses: <i>How well they adjusted their schedules to your needs.</i>	DR	3.66±1.23
Helpfulness: <i>Ability of the nurses to make you comfortable and reassure you.</i>	HLP	3.71±1.29
Discharging the Instructions: <i>How clearly and completely the nurses told you what to do and what to expect when you left the hospital.</i>	DI	3.74±1.38
Coordination of care after discharge: Nurses' efforts to provide for your needs after you left the hospital.	CCAF	3.78±1.36
Informing family or friends: How well the nurses kept them informed about your condition and needs.	IFF	3.81±1.25
Response to your calls: <i>How quick they were to help.</i>	RTYC	3.82±1.24
Consideration of your needs: <i>Willingness of the nurses to be flexible in meeting your needs.</i>	CYN	3.82±1.22
Coordination of care: <i>The teamwork between nurses and other hospital staff who took care of you.</i>	TW	3.83±1.12
Instructions: <i>How well nurses explained how to prepare for tests and operations.</i>	IFTO	3.85±1.21
Attention of nurses to your condition: How often nurses checked on you and how well they kept track of how you were doing.	ANYC	3.87±1.32
Involving family or friends in your care: <i>How much they were allowed to help in your care.</i>	IFFYC	3.88±1.25
Privacy: <i>Provisions for your privacy by nurses.</i>	Privacy	3.92±1.21
Information given by nurses: <i>How well nurses communicated with patients, families, and doctors.</i>	IGBN	3.92±1.07
Ease of getting information: <i>Willingness of nurses to answer your questions.</i>	EGI	3.93±1.25
Skill and competence of nurses: <i>How well things were done, like giving medicine and handling IV's.</i>	SCN	3.96±1.22
Concern and care by nurses: <i>Courtesy and respect</i>	CCN	3.97±1.32

**Table 3. Mean Score of Overall patient satisfaction (n=100)**

Overall patients' satisfaction	Mean ±SD	Descriptive
Overall, how would you rate your (the patient's) health care?	3.84 ±1.35	Very Good
Based on the nursing care I received, I would recommend this hospital to my family and friends	3.91±1.07	Very Good
Overall quality of care and services you received during your hospital stay	3.92±1.23	Very Good
Overall quality of nursing care you received during your hospital stay.	3.92±1.07	Very Good

Overall patient satisfaction mean score is in line with the earlier results of the study assessing satisfaction of patients conducted in Arabic country (Hijazi *et al*, 2018). Hence it could be argued here that generally the level nursing provided in KSA is satisfactory to very good with exception to nursing staff capacity and communications skills.

### Conclusion

Overall majority of the OPD patients were satisfied with the quality of nursing care provided by these two governmental hospitals in Tabuk city of Saudi Arabia. Respect and peaceful environment which relate back to the training and capacity building of the health care system needs bit more attention. The current health care system in the wake of KSA opening up to global world for work and visitors, needs to focus on communication skills of the nursing staff. This would require a better understanding of the needs emerging as a result of foreign worked and employers coming to KSA. There is need to conduct an exhaustive research investigation into the issues of communication gaps and understanding different cultural norms to better devise health care policy in future.

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