Patient-Nurse Psychosocial and Communication Skills in Military Hospitals in Saudi Arabia

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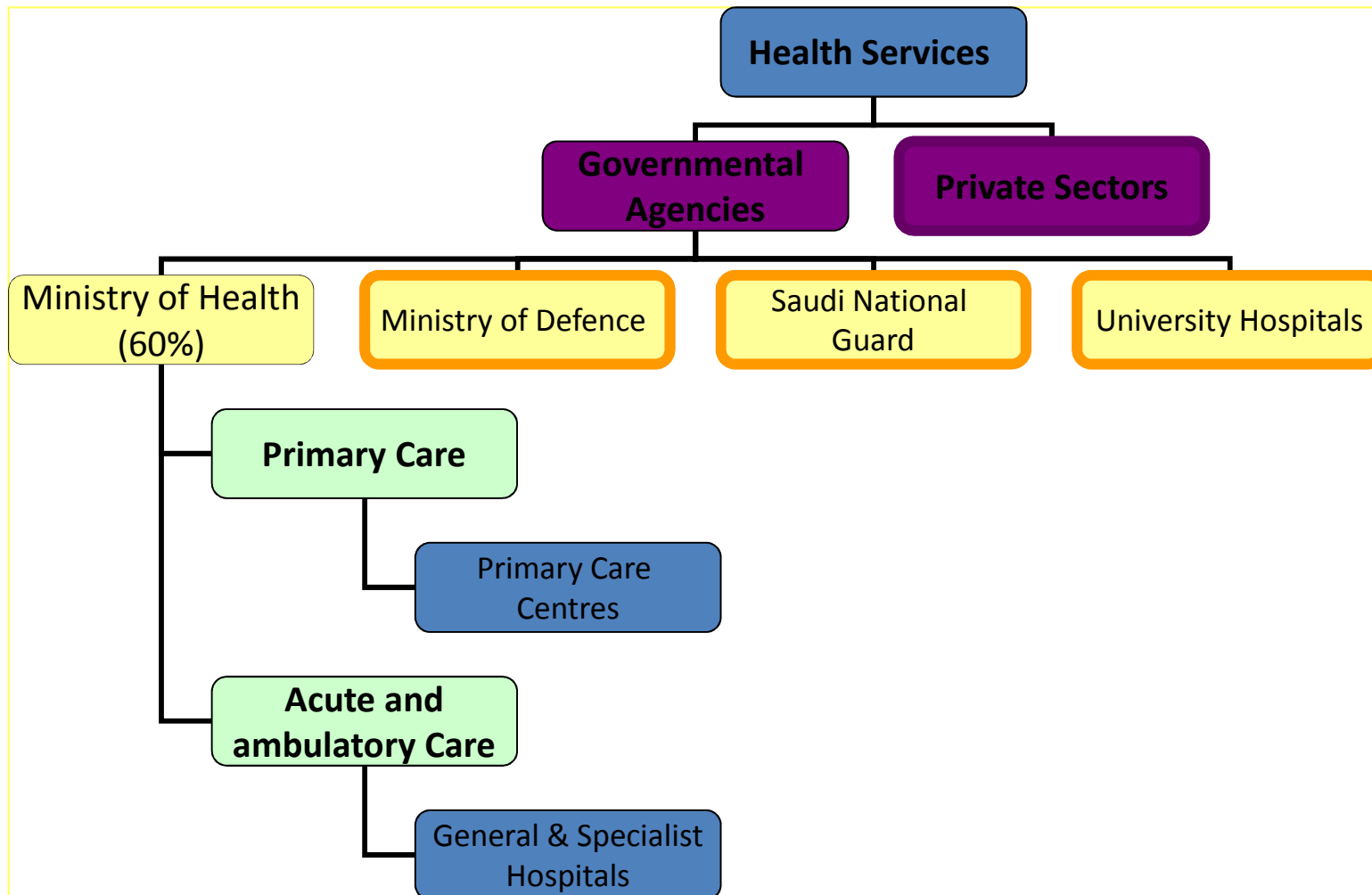**King Fahad Specialist Hospital**
Saudi Arabia

Overview
Saudi Arabia

- The Kingdom of Saudi Arabia is the largest country in the Middle East, at 2.25 million km^2.

- Saudi Arabia's population is 28 million, including 8.4 million foreign residents (2013 census).

- Sixty five per cent (65%) of the population being between 15-64 years of age (MoH 2013).

- Life expectance ranged between 74-78 years of age (WHO 2013).

- Total fertility rate per woman 2.6 (WHO 2013).

- Total expenditure on health per capita 1,681$ (WHO 2013)

Overview
Eastern Providence

- The Eastern Province is home to most of Saudi Arabia's oil production and it is the largest providence in the country.

- The population is 3,360,156.

- Area: 710.000 Km^2

- The major cities are:
    - Dammam: the capital city
    - Khobar: the commercial city
    - Dhahran: oil industry center
    - Qatief: largest oasis on the Arabian Gulf
    - Jubail: industry city
    - Abqaiq: home for the major and largest oil and gas processing

Overview
Health Care System in Saudi Arabia

Health Services

Governmental Agencies

Private Sectors

Ministry of Health (60%)

Ministry of Defence

Saudi National Guard

University Hospitals

Primary Care

Primary Care Centres

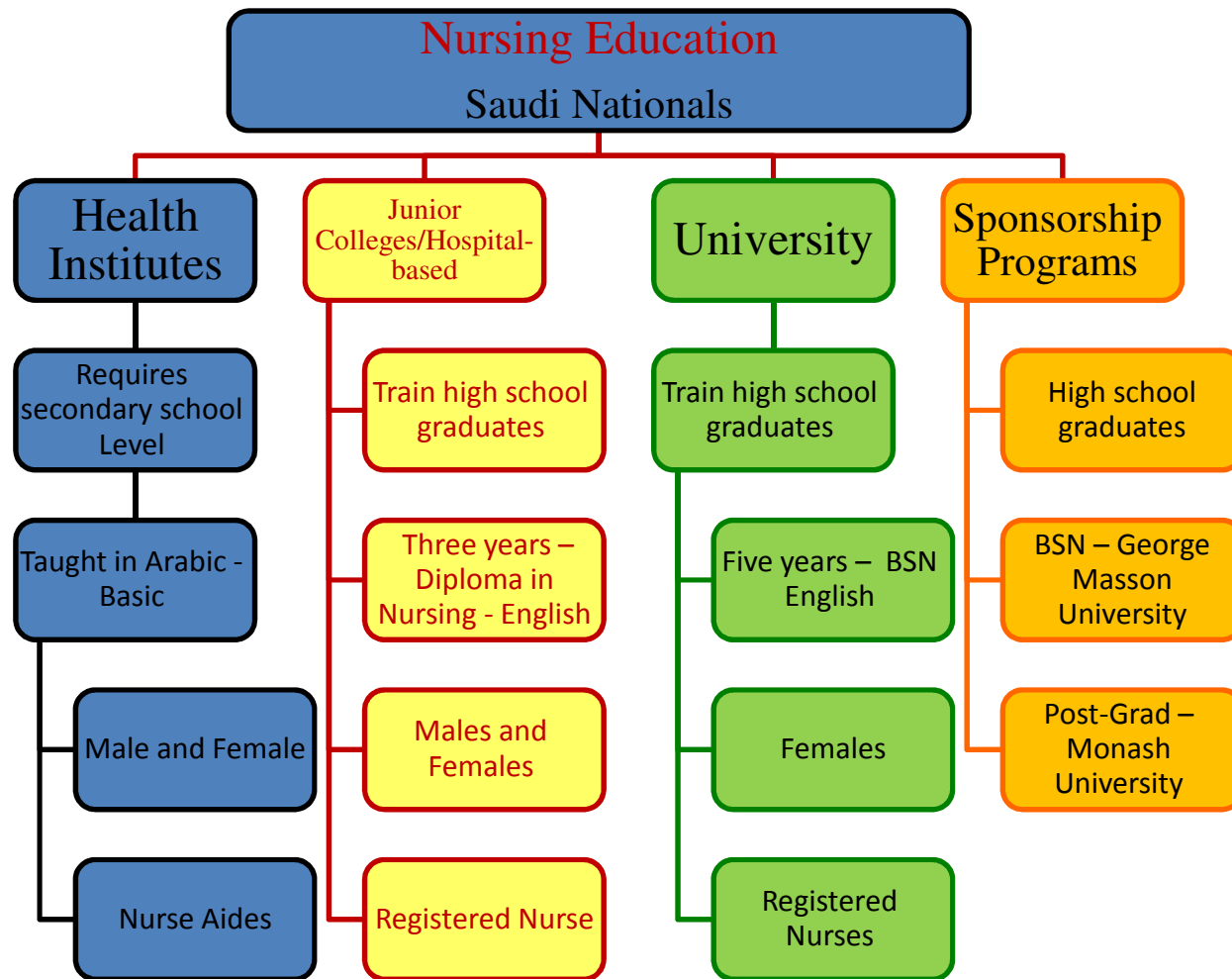**Acute and ambulatory Care**

General & Specialist Hospitals

Overview
Military Hospitals in Saudi Arabia

- The Medical Services Division of the Ministry of Defense is the second largest healthcare provider in the country after the Ministry of Health.

- Military hospitals (i.e. army, air force and navy hospitals) provide primary healthcare either throughout primary care clinics based within hospital settings in urban areas or throughout primary care clinics based in community settings in rural areas, with a referral system to acute and advanced healthcare.

- There are 16 military hospitals across the country, with three located in the Eastern Province due to its strategic location (e.g. oil field, borders, coastline).

- Saudi Arabia is divided into 13 provinces. Each province has a different geographical environment and population, however, they have similar system to access healthcare services provided by military hospitals.
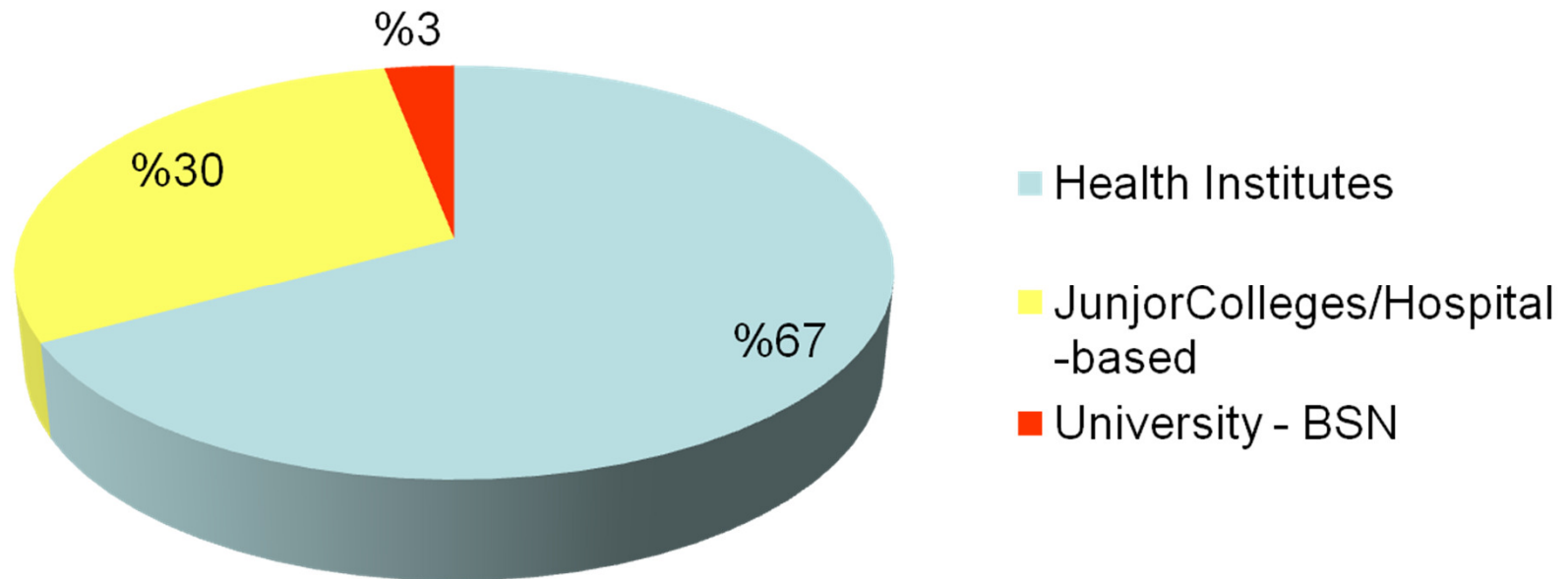
Overview
Nursing Education in Saudi Arabia

Nursing Education
Saudi Nationals

Health Institutes

- Requires secondary school Level
- Taught in Arabic - Basic
- Male and Female
- Nurse Aides

Junior Colleges/Hospital-based

- Train high school graduates
- Three years – Diploma in Nursing - English
- Males and Females
- Registered Nurse

University

- Train high school graduates
- Five years – BSN English
- Females
- Registered Nurses

Sponsorship Programs

- High school graduates
- BSN – George Masson University
- Post-Grad – Monash University

Overview
Nursing Education in Saudi Arabia

% of Saudi Nurse Graduares

- %3
- %30
- %67

- Health Institutes
- JunjorColleges/Hospital -based
- University - BSN

Overview
Nursing Workforce in Saudi Arabia

- The nursing workforce in Saudi Arabia relies primarily on expat nurses:
  - Indian and Filipinas,
  - North America, United Kingdom, Australia, South Africa, Malaysia, and the Middle East countries.

- Saudi nurses occupy only 30% of the nursing workforce (MoH 2013).

- All Saudi and non-Saudi nurses are required to register with the Saudi Commission for Health Specialists in order to practice the profession. Nurses need to renew their registration with the SCFHS every three years.

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- **Problem:** high reliance on expat nurses without preparing them to develop psychosocial and communication competencies (i.e. language, culture) to deal with Saudi patients.

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- **Goal:** to evaluate patient-nurse psychosocial and communication skills in three Military Hospitals in the Eastern Province of Saudi Arabia.

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- ## Objectives:
  - to compare the views of patient and nurse participants regarding patient-nurse psychosocial and communication performance.

  - to identify hindering factors of good performance of patient-nurse psychosocial and communication skills.

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- **Research Ethics:**
  - An approval from the Research Ethics Committee has been taken.
  - Official approval from the hospitals for access has been also taken.

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- **Research Method:**
  - A descriptive survey was considered to be the most appropriate design to address the project aim and objectives.

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- **Questionnaire:**
  - A 14 activity items of "psychosocial and communication aspects of patient care" that drawing upon the King's Nurse Performance Scale was used as a measurement tool.

  - The King's Nurse Performance Scale was developed to produce a generic set of observable nursing actions that reflected nurse performance in clinical settings in the UK. This scale has a good estimate of reliability (Cronbach's alpha of $r = 0.93$).

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- ## Questionnaire:
  - In addition, a translated version of this scale was successfully used in a large survey study in Jordan. The Cohen's Kappa Coefficient for this translated version ranged from 0.61 – 1.00 (Shuriquie, 2007).

  - Thus, the project tool is reliable and both versions (English, Arabic) were used.

  - The *Arabic* version was introduced to the patient participants and the *English* was introduced to the nurses as the language used in the Saudi hospitals is English.

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- **Questionnaire:**
  - In addition to the 14 activity items, 3 items were developed from the literature review and added to the self-administered questionnaire in order to address all the research objectives.

  - Therefore, the content validity of the questionnaire had been tested.

  - The questionnaire was reviewed by a panel of experts from different nationalities considering the multicultural nursing workforce in Saudi Arabia. The experts were asked to critically evaluate the clarity and the comprehensiveness of the individual items and the overall instrument. Following this review minor modifications were made to enhance clarity.

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- **<u>Questionnaire:</u>**
  - The 14 activity items were followed by a four point scale asking participants to indicate how frequently they thought that the activity was performed by the nurse, by selecting *always*, *sometimes*, *rarely* or *never*.

  - For the 3 added items, participants were asked to select if they *Strongly Agree*, *Agree*, *Disagree* or *Strongly Disagree* with each statement item.

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Activity Items				
	Always	Some-times	Rarely	Never
Assessing patient's educational status prior to providing information.	1	2	3	4
Informing the patient of his diagnosis and prognosis.	1	2	3	4
Providing health promotion relevant to diagnosis and prognosis of the patient.	1	2	3	4
Encouraging patients and their families to ask questions.	1	2	3	4
Explaining forthcoming procedure or investigation to patients.	1	2	3	4
Discussing with the patient (and cares) medications which are to be taken after discharge.	1	2	3	4
Consulting with the patient (and family) regarding planned care.	1	2	3	4
Discussing required care with family if the patient is going to be dependent following discharge.	1	2	3	4
Describing concisely and accurately the patient's condition to other health care team member	1	2	3	4
Communicating about the patient' care with other healthcare team in writing.	1	2	3	4
Refer the patient to other healthcare team member if required.	1	2	3	4
Reassuring the patient and family emotionally.	1	2	3	4
Giving information relating to the patient's condition to the family to minimise anxiety.	1	2	3	4
Helping the patient to cope with and find meaning in the experience of illness though spiritual beliefs.	1	2	3	4

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| Hindering Items	Strongly Agree	Agree	Disagree	Strongly Disagree
The nurse does not have enough time to communicate with the patient effectively	☐	☐	☐	☐
The nurse does not speak the patient's language to be able to communicate with him/her	☐	☐	☐	☐
The nurse has very limited knowledge about patient's culture to be able to communicate with him/her	☐	☐	☐	☐

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- **<u>Population:</u>**
  - All nurses and Saudi patients located in the in-patient (medical/surgical units) and ambulatory care departments (primary care clinics, out-patient clinics) within the hospital settings were the target population.

  - As this research focused upon adult care, certain units (e.g. child and maternity units) were excluded.

  - In addition, critical care and emergency departments were also excluded due to the nature of nursing care where primacy is given to clinical intervention.

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- ## Data Collection Plan:
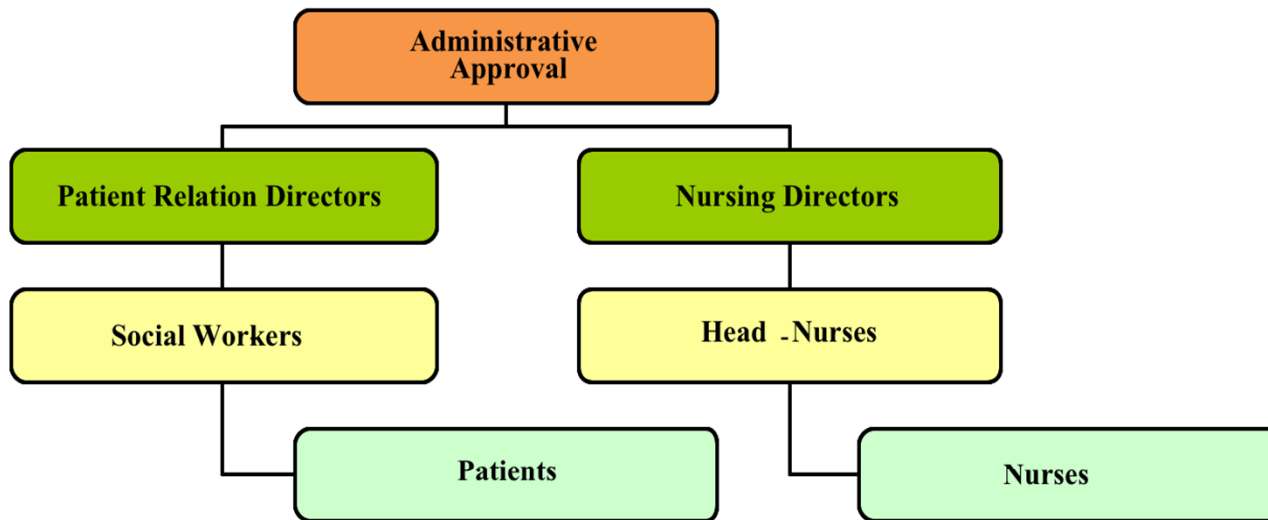
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- ## Sampling:
  - – In order to achieve good response rate a quota sampling method was utilised.

  - – In this research, 'quotas' were developed by stratification at two levels: first, by defining hospitals related to the military sector in the East providence (i.e. army, navy, air force), and second, by defining the participant groups (i.e. nurses, patients) from each hospital.

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- **Sampling:**
  - The number of nursing staff provided by the head nurses over the three targeted hospitals ranged between 70 to 120 nurses.
  - Thus, the researcher could calculate the minimum desired 'quota', following Polit and Beck's (2008, p. 342) recommendation, for each individual hospital ($n = 67$).

  - The estimated number of patients allocated in the in- and out- patient units provided by the head nurses over the three targeted hospitals ranged between 35 to 60 patients. Thus, the minimum desired 'quota' ($n = 34$) was calculated, following Polit and Beck (2008, p. 342) recommendation, of each individual hospital

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Strata	Population				Quota Sample	
	Ranged between					
	n	%	n	%	n	%
Nurses	70	67	120	67	67	67
Patients	35	34	60	34	34	34
Total	105	100	180	100	100	100

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- **Data Analysis:**
  - The data was analysed quantitatively using the Statistical Package for the Social Sciences (SPSS, 17.0) software and included three sections of data:
    - participants' demographic data,
    - psychosocial and communication aspects of patient care data, and
    - patient-nurse communication hindering factors.

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- **<u>Results:</u>**
  - In this research 300 self-administered questionnaires were distributed to each nurse and patient participants within the three military hospitals.

  - The overall response rate was 61% ($n = 362$), with a response rate by sample group as follows:
    - nurses ($n = 218$, 73%), and
    - patients ($n = 144$, 48%).

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- **Results:** (Nurse participants' demographic data)
  - **Gender:**
    - Female (n= 206, 95%)
    - Male (n= 12, 6%)
  - **Qualification:**
    - BSN or Higher (n= 116, 77%)
    - Diploma in Nursing (n= 102, 47)
  - **Nationality:**
    - Filipino (n= 77, 34%)
    - Indian (n= 58, 27%)
    - Saudi (n= 22, 10%)

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- **Results:** (Nurse participants' demographic data)
  - **Age Group:**
    - 25-29 years   (n= 63, 29%)
    - 30-34 years   (n= 69, 32%)
    - 50 and over   (n= 3, 2%)
  - **Professional Level:**
    - Staff Nurse   (n= 112, 52%)
    - Senior Nurse (n= 100, 46%)
  - **Place of Practice:**
    - Surgical Ward   (n= 50, 23%)
    - Medical Ward   (n= 61, 28%)
    - Out-Patient Clinics   (n= 47, 22%)

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- **Results:** (Patient participants' demographic data)
  - **Gender:**
    - Female   (n= 76, 53%)
    - Male   (n= 68, 48%)
  - **Qualification:**
    - High School   (n= 41, 29%)
    - College or Higher (n= 44, 31%)
  - **Age Group:**
    - 20-24 years   (n= 22, 16%)
    - 25-29 years   (n= 22, 16%)
    - 30-34 years   (n= 31, 22%)
    - 35-39 years   (n=21, 15%)

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- **<u>Results:</u>** (psychosocial and communication aspects of patient care)
  - While the data shows that more than half (>50%) of the nurse participants reported that nurses *always* perform most of the activity items, most of the patient participants (≥40%) reported *sometimes*.

  - The patient participant responses confirming that patient-nurse communication performance in military hospitals needs improvement, as it is performed occasionally and seems not delivered within the nursing daily care. Thus, this project relied on the patient participant responses as patients are the customers.

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Activity Items		Nurses		Patients	
		n	%	*n*	%
Assessing the patient's educational status prior to providing information	Always	115	71.9	13	39.4
	Sometimes	37	23.1	14	42.2
	Rarely/Never	8	5.0	6	18.2
	Total	160	100.0	33	100.0
Informing the patient of his/her diagnosis and prognosis	Always	15	46.9	2	28.6
	Sometimes	15	46.9	3	42.9
	Rarely/Never	2	6.3	2	28.6
	Total	32	100.0	7	100.0
Providing health promotion relevant to the diagnosis and prognosis of the patient	Always	107	70.4	10	38.5
	Sometimes	43	28.3	12	46.2
	Rarely/Never	2	1.3	4	15.4
	Total	152	100.0	26	100.0
Encouraging patients and their families to ask questions	Always	97	58.1	12	40.0
	Sometimes	61	36.5	15	50.0
	Rarely/Never	9	5.4	3	10.0
	Total	167	100.0	30	100.0
Explaining forthcoming procedures or investigations to patients	Always	92	67.2	10	40.0
	Sometimes	40	29.2	13	52.0
	Rarely/Never	5	3.6	2	8.0
	Total	137	100.0	25	100.0

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Discussing with the patient medications which are to be taken after discharge	Always	147	80.3	18	48.6
	Sometimes	35	19.1	16	43.2
	Rarely/Never	1	0.5	3	8.1
	Total	183	100.0	37	100.0
Consulting with the patient regarding planned care	Always	88	59.5	9	40.9
	Sometimes	55	37.2	10	45.5
	Rarely/Never	5	3.4	3	13.6
	Total	148	100.0	22	100.0
Discussing required care with family if the patient is going to be dependent following discharge	Always	100	64.5	11	33.3
	Sometimes	51	32.9	18	54.5
	Rarely/Never	4	2.6	4	12.1
	Total	155	100.0	33	100.0
Describing concisely and accurately the patient's condition to other healthcare team members	Always	89	65.0	13	50.0
	Sometimes	47	34.3	8	30.8
	Rarely/Never	1	0.7	5	19.2
	Total	137	100.0	26	100.0
Communicating about the patient's care with other healthcare teams in writing	Always	88	63.8	10	43.5
	Sometimes	43	31.2	7	30.4
	Rarely/Never	7	5.1	6	26.1
	Total	138	100.0	23	100.0

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Referring the patient to other healthcare team members if required	Always	45	63.4	2	50.0
	Sometimes	24	33.8	2	50.0
	Rarely/Never	2	2.8	0	0.0
	Total	71	100.0	4	100.0
Reassuring the patient and family emotionally	Always	124	65.3	17	37.8
	Sometimes	65	34.2	18	40.0
	Rarely/Never	1	0.5	10	22.2
	Total	190	100.0	45	100.0
Giving information relating to the patient's condition to the family to minimise anxiety	Always	64	51.2	7	33.3
	Sometimes	58	46.4	10	47.6
	Rarely/Never	3	2.4	4	19.0
	Total	125	100.0	21	100.0
Helping the patient to cope with and find meaning in the experience of illness through spiritual beliefs	Always	75	51.4	9	34.6
	Sometimes	50	34.2	10	38.5
	Rarely/Never	21	14.4	7	26.9
	Total	146	100.0	26	100.0

Patient-Nurse Psychosocial and Communication Skills in Military Hospitals in Saudi Arabia

- **Results:** (patient-nurse communication hindering factors)
  - While more than half of the nurse participants (n= 112, 53%) agreed that *the nurse does not have enough time to communicate with the patient effectively*, slightly more than 60% (*n* = 86) of the patient participants disagreed indicating that patients are expecting patient-nurse communication within the nursing daily care.

  - However more than half of the patient participants agreed that *the nurse does not speak the patient's language to be able to communicate with him/her* (*n* = 74, 53%) and *the nurse has very limited knowledge about patient's culture to be able to communicate with him/her* (*n* = 79, 56%).

  - Thus, an improvement of nurses' communication skills (i.e. language, culture) is needed for effective performance.

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Hindering Items		Nurses		Patients	
		n	*%*	*n*	*%*
The nurse does not have enough time to communicate with the patient effectively	Agree	112	52.1	55	39.0
	Disagree	103	47.9	86	61.0
	Total	215	100.0	141	100.0
The nurse does not speak the patient's language to be able to communicate with him/her	Agree	78	36.1	74	52.9
	Disagree	138	63.9	66	47.1
	Total	216	100.0	140	100.0
The nurse has very limited knowledge about patient's culture to be able to communicate with him/her	Agree	82	38.1	79	56.0
	Disagree	133	61.9	62	44.0
	Total	215	100.0	141	100.0

Patient-Nurse Psychosocial and Communication Skills in Military Hospitals in Saudi Arabia

- **Conclusion:**
  - Unlike other countries, Saudi Arabia may face number of challenges to improve patient-nurse psychosocial and communication.

  - However, healthcare policy makers need to consider:
    - Reforming the nurse registration requirements to ensure language and cultural competence.

    - Providing a good quality of interpretation service to improve nurse-patient psychosocial and communication.

Patient-Nurse Psychosocial and Communication Skills in Military Hospitals in Saudi Arabia

- **<u>Conclusion:</u>**
  - However, healthcare policy makers need to consider:
    - Providing training programme for nurses to effectively implement psychosocial and communication skills within their daily practice.

    - Preparing Saudi nationals to become nurses, thus, their number would be increasing.

Patient-Nurse Psychosocial and Communication Skills in Military Hospitals in Saudi Arabia

- **Research Limitation:**
  - This research has been conducted in one healthcare sector (Military).

  - This research has been conducted in one province (Eastern Province).

  - This study has focused only on Adult-Care.

Thank You

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Saudi Arabia