

Patient Satisfaction with the Nursing Care Quality in a Home Health Care Center in Madinah Region, Saudi Arabia: A Cross-Sectional Article

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Abstract

Home health care services are provided to more than 2,900 patients in the Madinah region in Saudi Arabia, and vary according to the patient's needs and level of care required. The home health care center in Medina alone provides services to more than 700 patients. Nursing care is considered one of the main pillars of home health care, and all home health care centers depend on nurses to provide service. This makes the quality of nursing services in home health care one of the most important means of identifying the level of service quality in general in-home health care. In this article, the researcher aimed to determine the quality of nursing services based on patient and family caregiver satisfaction with the services provided; identify the most important factors that affect patients' and family caregivers' level of satisfaction; and determine whether there is a relationship between service quality, patient satisfaction, and improvement of the patient's health in general. A cross-sectional method was used in this article; the Home Nursing Quality Scale (HNQS) questionnaire was translated into Arabic and distributed to participants via Google Forms. There were 267 participants in this article; the majority were female (54.7%), whereas only 45.3% were male. The patients' and family caregivers' level of education was one of the strongest factors affecting the extent of patient satisfaction, where satisfaction decreased with an increase in education level, i.e., patients and family caregivers with postgraduate degrees had mean scores of 3.83 (standard deviation [SD] = 1.17) and patients and family caregivers with primary degree had mean scores of 4.68 (SD = 0.76). Likewise, the age factor also affected the level of satisfaction: older patients and family caregivers were more satisfied, where patients and family caregivers aged >65 years had mean scores of 4.84 (SD = 0.37). There was a strong and positive relationship between nursing care quality and level of satisfaction among patients and family caregivers with home health care, which reflected the health status of the patients. Moreover, nursing managers and home health care managers must implement interventions to empower patients and caregivers to be more aware and capable of understanding the level of quality in the care provided by home health care nurses.

Keywords: Patient Satisfaction, Nursing Care, Quality

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1. Introduction

Home health care is one of the fastest-growing areas of healthcare today. It provides psychological and social comfort to patients and their family in their homes, and is aimed at reducing emergency room visits and readmission to avoid nosocomial infection, giving patients the chance to be with their families in their own

homes where they feel secure, and providing patients with medical equipment and supplies so they can perform their daily life activities independently (Al-Surimi et al., 2019). Furthermore, home health care facilitates more freedom and independence for patients and their families, unlike hospitals that are more regulated by systems, while at the same time yielding great economic cost to the country, as it has been proven less expensive than care at hospitals. Based on the commitment of the Ministry of Health to its mission to provide health care at all levels, and in recognition of the importance of access to its services to those who need it and cannot travel to hospitals, the Ministry of Health developed home health care, which aims to deliver medical care in its broad concept to patients in their homes.

Home health care is a group of services provided to patients and their families in their homes by multidisciplinary teams to promote, maintain, or restore health or to minimize the effects of illness and disability. Home health care teams comprise the nursing team, respiratory team, physiotherapy team, physicians, and a social worker and nutritionist. The nursing staff and physicians form the foundation of the home health care teams; it may be combined with respiratory therapy, physiotherapy, nutritionist, and the social worker (Ministry of Health, Home Health Care Policies and Procedures 2016).

Nursing staff in home health care are considered the cornerstone of home health care, and they provide many services to patients, as they perform the initial assessment conducted at the first visit to determine the physical and emotional needs, social problems or needs, and educational needs of the patient, and their caregivers and family to establish the care plan. Also, a nursing assessment is undertaken at each visit to reassess and follow-up with the patient's progress in responding to the care plan. The main aim of home health care is to increase the independence of the patient and their family and to educate them to promote self-care. Nursing staff provide health education according to the patient's and family's educational needs, which they determine using the health education form, and it covers all aspects of at-home health care. In home health care, vital signs assessment, health assessment, pain assessment, environmental assessment, fall risk assessment, and Braden assessment (a tool for predicting the possibility of the occurrence of pressure ulcers among patients) are all performed by nurses. Hence, nursing care quality is an essential factor that may affect the total quality of patient care (Almoaj et al., 2016).

In Madinah, home health care is supervised by the home health care administration, which reports to the directorate of health affairs in the Madinah region. The home health care administration supervises 13 home health care units in 13 hospitals and one independent center (a home health care center in Madinah); there are 134 nurses in those 14 units, and among them, 121 have a diploma in nursing and 13 have a bachelor of science in nursing. They serve 2,867 patients with various diagnoses (Ministry of Health, Home Health Care Policies and Procedures 2016).

2. Aims and Objectives

This article aims to examine the satisfaction among patients and their family caregivers regarding the quality of nursing care in the home health care center in Madinah. By using the Home Nursing Quality Scale (HNQS), the researcher seeks to determine the patients' overall satisfaction with the quality of nursing care provided at the center and to identify the main area in the nursing care with which patients or family caregivers less satisfied to establish proper interventions for improving it and to meet the patients' expectations and satisfaction. Specifically, this article also seeks to: A. Determine the level of satisfaction among patients and family caregivers with nursing care at the home health care center in the Madinah region. B. Identify the major factors that affect the patients' and family caregivers' satisfaction levels. C. Assess the relationship between nursing quality of care and the level of patient and family caregiver satisfaction and the patients' health status.

3. Hypothesis

In this article, the researcher assumes negatively as a null hypothesis that: * There is no relationship between the patients' and family caregivers' satisfaction levels and the quality of nursing care and the patient's health status. *No factors affect patient and family caregiver satisfaction. * There is no difference in patient and family caregiver satisfaction among the home health care patients. The researcher also assumes that: *

There is a relationship between nursing care quality and the level of patient and family caregiver satisfaction and the patient's health status. * Sociodemographic factors affect patient and family caregiver satisfaction. * Patients are more satisfied than family caregivers.

4. Significance of the Article

Nursing care forms the core of home health care services, and nurses comprise the largest number of home health care providers; patients' and family caregivers' satisfaction may be affected by nursing care quality. Therefore, this article will be directed to patients and the family caregivers enrolled in the home health care center in Madinah. Previous studies have reported semi-bias, where the responses of questionnaires were obtained from patients and family caregivers at the home health care center or by contacting patients and family

caregivers by phone. Therefore, to achieve a realistic and correct result, the researcher distributed questionnaires to each patient and family caregiver to fill out at will in their own homes. This article will help nursing administrators and nursing managers determine and identify the current status of patient and family caregiver satisfaction with nursing care quality, which will enable them to establish improvement projects for developing nursing care quality and increasing the satisfaction among patients and family caregivers. Moreover, this article examines an area of nursing practice, i.e., home health care, considered a new area of practice for nurses in Saudi Arabia, which will add new knowledge to nursing research.

5. Literature Review

5.1 Patient Satisfaction

According to Grace (2018), patient satisfaction is considered the extent to which patients feel happy both inside and outside the health facility or health services. The measure of client and patient satisfaction provides the caregiver with insight into the various issues in the delivery of health care services, including the level of their empathy and the effectiveness of the care they give. Berkowitz (2016) considers patient satisfaction a vital indicator in measuring the effectiveness of quality health care and describes an array of issues affecting patient retention, clinical outcomes, and the claims of malpractice that may arise. The various factors affecting patient satisfaction include the attitude of medical staff, the level of technology, as well as the environment in which the health service is being offered.

Patient satisfaction is primary. The appropriate use of technology and quality nursing in home health care can make a difference. Greater patient satisfaction with quality care tends to have a positive influence on patient health as well (Alasad et al., 2015; Batbaatar et al., 2017; Junewicz & Youngner, 2015; Randall et al., 2017). The patient's opinion tends to be the best, as it can be used in healthcare evaluation and planning (Lake et al., 2016; Buchanan et al., 2015; Aiken et al., 2018; Junewicz & Youngner, 2015; Randall et al., 2017). The changes and developments in healthcare aid restructuring, which includes nursing to a greater extent. Quality treatment services are provided and patient satisfaction tends to be a crucial criterion. The processes of involving patient expectations are significant (Lake et al., 2016; Buchanan et al., 2015; Aiken et al., 2018; Junewicz & Youngner, 2015; Randall et al., 2017). Evaluating healthcare defines the objective pertaining to care, along with measuring the extent to which the expected outcomes can be achieved.

One article explored the satisfaction of home health care patients and caregivers with home respiratory therapy in Madinah. Overall, 90% of the 83 participants were satisfied with the therapy, indicating a high level of satisfaction, as the patients found that the home health care service improved their health status and decreased their visits to hospitals; 100% of the patients received nursing care (Alhelali et al., 2016).

Nursing care is an important component in healthcare services. Overall satisfaction with healthcare, along with improvement in the quality of nursing plays a crucial role (Pajnkihar et al., 2017; Berkowitz, 2016; Buchanan et al., 2015; Aiken et al., 2018; Recio et al., 2018; Junewicz & Youngner, 2015; Randall et al., 2017). Psychological support to patients and their families based on the setting is crucial. Nurses also provide qualified professional knowledge and the associated attitudes, aided by the skills in the practical and professional support needed.

Almoajel et al. (2016) found that nursing staff comprised the largest proportion (46%, n = 34) of their total article sample (n = 74), as it can affect the overall patient and family caregiver satisfaction.

A basic test for health service providers is to discover approaches to make them more customer-oriented. Unequal treatment of patients, absence of patient protection, and insufficient arrangement of medications and supplies are normal, yet are occasionally recognized by customary quality evaluation techniques. Messina et al. (2015) add that surveying and understanding points of view give clients a voice, which, whenever given methodical consideration, offers the possibility of making benefits increasingly receptive to individual needs and desires, significant components of making health systems progressively compelling. Unmistakably, the fundamental recipient of a decent human services framework is the patient (Berkowitz, 2016).

Patient satisfaction is measured to explore the patient's expectations, obtain patients' suggestions and feedback to improve the quality of the health care in all processes, and to determine how patient satisfaction can be affected by the health care services provided and by sociodemographics. This is why measuring patient satisfaction with valid and reliable tools is crucial for ensuring and enhancing the quality of health care (Buchanan et al., 2015).

As a client of health care, the patient is the focal point of the medical services provision framework. Clients who are merely fulfilled frequently do not return. The long-haul endurance of clinics relies on faithful patients who return or recommend the emergency clinic to others. The idea of patient fulfillment is quickly changing to client care, which implies that the patient is not merely relieved of their disease at the emergency clinic. Grace (2018) argues that the level of patient fulfillment can be utilized as a method for evaluating the nature of medical services and the workforce. It mirrors the provider's capacity to address the patient's issues. Buchanan et al. (2015) add that fulfilled patients are more likely than the unsatisfied ones to keep utilizing health services,

maintaining their associations with specific medical services providers and agreeing to the consideration of care regimens.

A significant angle persistent fulfillment depends on is “nursing care,” as medical attendants are associated with largely every part of the client’s consideration in the clinic. It is accepted that these patients shape an inspiring outlook concerning the provider’s administration and task execution based on their earlier utilization of services (Almoaje et al., 2016). Patients convey certain desires before their visit, and the resultant fulfillment or disappointment is the result of their actual encounter. Health care is evolving quickly. Clients are knowledgeable and request that health care providers address their issues. In the perfect care scenario, we would prefer not to just address client issues, but also to attract clients, which is an important point (Albashayreh et al., 2019).

Low patient and family caregiver satisfaction may led to decreased trust in the home health care nursing staff. Patients and family caregivers may also seek alternatives to home health care providers. Patient satisfaction with healthcare quality refers to the patient’s point of view of services received and treatment results, which is examined to evaluate health care delivery and quality (Gishu et al., 2019).

5.2 Nursing Care Quality

Home health care nurses contribute to quality practice in home health care, as they are considered the most important element of quality. They participate in quality improvements, as they document and gather data and census to analyze it. In addition, they use the best practices with evidence (Home Health Nursing, 2014).

The administration of home health care relies on nursing staff to deliver the optimum level of health care quality and emphasizes efforts to support the training and development of nursing staff to enable them to be agents in quality improvement projects. Nursing quality standards in home health care focus on patient-centered care such as patient safety; correct patient identification; effective communication with patients, family caregivers and other home health care providers; high-alert medication monitoring; preventing patients from falling by assessing fall risk and implementing preventive measures; preventing the occurrence of bedsores; and ensuring that the competencies of care are met via regular annual competencies assessments and by auditing nursing care practices and documentation (Ministry of Health, Home Health Care Policies and Procedures 2016).

According to Dawani et al. (2014), quality in health care implies the provision of care required by patients in a safe, affordable, and effective manner; nursing quality care implies the use of patient-centered delivery of health services and allows for interactions between the patient and the caregiver. In this regard, the patient takes ownership of their preventive care and treatment through the diagnosis provided. Quality health services depend on the traits of the caregiver. A great caregiver must show empathy and compassion, as this enables them to bond well with the patient. This also helps in winning the patient’s confidence and hence access to information. Nursing is a human undertaking. It is a relational help, a human social establishment, and both a human science and an art. Each nursing circumstance is a lived experience, including at any rate two people (and normally more). Associations with others can occur through transparency and eagerness in nursing circumstances. The caring moment presents potential outcomes when the medical attendant develops a special methodology dependent on the desires and objectives of the one being considered (Karaca & Duma, 2018). It is at this moment the medical attendant draws on home, observational, and moral information to bring life to the specialty of nursing. This position acknowledges the goals of a medical caretaker and nursing, whereby when one takes on the patient, their relevant conditions are and should be connected. Horton and Horton (2018) note that taking on a patient means taking on their family, their home life, their sickness, their way of life, what they decide to do in terms of work, their sexual inclinations, their hazard factors—in reality, their total sequential foundation. This is as opposed to proposing that lifestyle propensities should or should not determine if treatment/care is offered or retained.

Aiken et al. (2018) report that health care choices are constantly offered with some form of power, which needs consideration and examination. There are two innate essential issues in medical services choices: the worth placed on scientific and clinical information and mastery, and the patient encountering defenselessness and vulnerability. Embedded in these issues, health care providers, in accomplishing a restorative partnership with patients, need to ceaselessly reflect on collaborations with patients and on their own and keen needs, wishes, sentiments, fears, qualities, and shortcomings, as these can interfere with comprehension and providing service to the patient. According to Pajnikihar et al. (2017), health care providers’ traits, including their age, sexual orientation, encounters, flexibility, qualities, and shortcomings influence the medical caretaker’s quiet connection. Through reflection, health care providers can learn and see how individual characteristics can influence the relationship. The nurses and the patient become “arranged selves”, where the species is not lost and the quality of care is enhanced.

Patients entrust their care to health care providers. Trust is basic, as the patient is the helpless one in the relationship. By perceiving this helplessness, medical attendants start to build a “power with” relationship, and trust advances. For this development of trust, medical caretakers must consider the respect and value of the patient. The medical caretaker must know and comprehend the way of life and different parts of the patient’s

uniqueness and consider these when giving care. This is a close connection or a partnership (Junewicz & Youngner, 2015). Medical caretakers perform exercises for, and with, the patient that necessitates individual and private closeness on numerous levels. This can include physical, passionate, and otherworldly components.

Alsagri (2016) found that health care providers face a major competitive challenge in providing high health care quality to patients. Also, the patient's opinions about health care are a great source of information for health care providers about the care they provide, and allows them to enhance their care according to their patient's preference. Moreover, he suggested including the physical setup of the hospital in terms of wardroom sizes and cleanness in the strategic planning and nursing training and education to support the patient's needs and orient their family to the patient's illness status.

One article emphasized that the quality standards of health care must be high, as the authors identified a change in expectations of healthcare and patients become more involved in their care, and the cost increases and competition in health care becomes ever greater (Freitas et al., 2014).

In one article, the nurse participants comprised the largest proportion, i.e., 46% (n = 34), of the total sample (n = 74), where 75.7% of the sample agreed that patients were satisfied with their home health care services and 77% agreed that the families were satisfied with the home health care provided to their patients (Almoaj et al., 2016).

Goh et al. (2016) stated that nursing care quality is an important element when measuring the overall quality in any health care facility, as nursing is considered the major component of any health care facility. Therefore, nurses must be highly qualified in terms of knowledge and skills, attitude in performing their tasks, and in giving emotional and psychological support to patients and their families in all health care settings.

Grace (2018) found that patients with a low level of education were less satisfied because they were unaware of their rights. Therefore, patients should be educated about their rights before receiving healthcare to be more satisfied. Moreover, she suggested providing patients with information on their health and the services they would receive to ensure that patients appreciate the level of quality in nursing care.

In another article found that patients tended to follow the care plan when they were more satisfied with the care they received from the medical teams, and it had a more positive influence on their health, and they were more willing to recommend the healthcare facility to their families and friends (Buchanan et al., 2015).

Kasa and Gedamu (2019) found that adult patients in hospital wards were less satisfied, and emphasized that nursing staff and nursing managers must focus more on overall nursing quality and establish nursing quality audit teams to monitor, improve, and sustain the nursing care quality to meet the patients' expectations. Moreover, they recommended enhancing the nursing work environment to improve nursing care. They also suggested providing continuous nursing education and training to increase nursing competency in caring for patients and nursing communication.

Karaca and Durma (2018) also suggested that nurses must inform their patients about any procedure before conducting it and provide them with all necessary information about the patient's illness, educate them about the care plan, and involve patients and their families in decision-making for the treatment to ensure patient satisfaction and to improve the quality of care provided. They also found that nurses must deal with patients and their families with respect and courtesy to enhance effective communication and to gain the patient's trust. Moreover, they pointed out the role of the nursing manager in improving the quality of care based on the patient's expectations.

Dawani et al. (2014) addressed the importance of the development of the continuous education and orientation programs to health care workers in terms of communication and caregiving to patients and their families to ensure a high level of satisfaction among patients and families. They also recommended conducting patient satisfaction surveys to identify the areas where patients were dissatisfied to initiate quality improvement projects to enhance the patients' and families' experience. Moreover, they suggested that home health care agencies write policies and procedures to ensure the continuity of high-quality health care provided to patients and families.

Patient satisfaction is a major element that can reflect the level of quality in the care provided to patients and their families and the way nurses perform their daily tasks in home health care can affect patient satisfaction. Unfortunately, the number of publications on patient satisfaction with nursing care in home health care are limited, especially in the Madinah region, which is why the researcher choose to perform this research.

6. Theoretical Framework

In this article, the researcher used the person-centered care (PCC) theory, which involves the physical, psychological, and emotional aspects of patients and their families in providing support and treatment services (Horton & Horton, 2018).

The framework stresses the auxiliary space, which identifies with the healthcare framework or setting in which care is conveyed, the establishment of PCC, and impacting the procedures and results of care. The basic attributes distinguished include: the creation of a PCC culture over the continuum of care; co-designing

instructive projects such as wellbeing advancement and anticipation programs with patients; providing stable and pleasing conditions and creating and coordinating structures for health information technology that assists in monitoring and measuring the performance of PCC (Berkowitz, 2016). The procedure domains depicted the significance of developing correspondence, awareness, and empathetic care; involving patients in dealing with their care; and care integration. The result domains included access to care and patient-reported outcomes.

7. Methods

The researcher used a cross-sectional descriptive paper design to obtain patients' and family caregivers' opinions and expectations of the nursing care provided at a home health care center. The researcher distributed a survey form via Google Forms to the patients and family caregivers to complete at home.

The paper used a randomized sampling design to give all patients and family caregivers a chance to participate in the article.

The home health center in the Madinah region serves 700 patients enrolled in-home. Each patient has a frequency of visits based on their needs according to their condition. In the present article, the sample size was determined using two steps: first, the sample size of an infinite population was calculated: $S = Z^2 * p * (1-p) / M^2 = S = (1.96)^2 * 0.5 * (1-0.5) / (0.05)^2 = 384.16$. Then, the adjusted sample size was calculated: $(S) / 1 + [(S-1) / \text{population}] = 384.16 / 1 + [(384.16-1) / 700] = 249$ patients and family caregivers required to meet the sample size needed in this article. The researcher distributed the survey form link to the nursing teams ($n = 6$), and each team distributed the link to five patients for 5 days over 2 weeks to generate the desired number of 300 participants, 30 of whom were involved in the pilot article. The researcher used a randomized sampling design to give all patients and family caregivers a chance to participate in this article.

8. Limitation

This article was limited to home health care center patients in the Madinah region, where there are other home health care units with different patient categories, such as those in maternity and child hospitals and mental health hospitals.

9. Findings

Patient and family caregiver satisfaction is a crucial element for determining the level of quality in health care services (Goh et al., 2016). In the present article, there was a high level of satisfaction regarding the nursing care provided in a home health care center in the Madinah region.

The article shows that two major factors were significantly important for determining the level of satisfaction: the level of education and the age of the patient and family caregiver.

More educated patients and family caregivers were less satisfied than the less educated patients and caregivers. Therefore, patients and family caregivers must obtain the appropriate health education and must be aware of the quality of services provided by home health care nurses to enable their understanding and identification of defects in home health care and to report a suitable level of satisfaction. Moreover, it is recommended to encourage older patients and family caregivers to report dissatisfaction with the services provided by home health care nurses, as this group tends to report a good level of satisfaction even if there is a problem with the services provided to them.

Also, the results demonstrate a strong and positive relationship between nursing care quality and patients' and caregivers' level of satisfaction with in-home health care, which was reflected in the patients' health status.

The patients' self-report evaluations of mindful and individual centeredness were exceptionally connected with their appraisals of nursing care quality in home health care centers. Patients' encounters of the degree to which the environment and staff show caring and individual centeredness appear to play a compelling role in the degree to which patients experience the nature of nursing care. This suggests that learned and transferable staff, practicality of help, and ecological help stand apart as most closely identified with the persistent perception of nursing care quality, and can significantly affect practice. It appears sensible to infer that appraising health services and nursing care quality can benefit by progressively encompassing self-report tolerant information for their encounters of the administration of wellbeing and nursing care. Such information can likewise be used to survey and improve nursing practice.

10. Conclusion

Patient and family caregiver satisfaction is a crucial element for determining the level of quality in health care services (Goh et al., 2016). In the present article, there was a high level of satisfaction regarding the nursing care provided in a home health care center in the Madinah region. The article shows that two major factors were significantly important for determining the level of satisfaction: the level of education and the age of the patient and family caregiver. More educated patients and family caregivers were less satisfied than the less educated patients and caregivers. Therefore, patients and family caregivers must obtain the appropriate health education

and must be aware of the quality of services provided by home health care nurses to enable their understanding and identification of defects in home health care and to report a suitable level of satisfaction. Moreover, it is recommended to encourage older patients and family caregivers to report dissatisfaction with the services provided by home health care nurses, as this group tends to report a good level of satisfaction even if there is a problem with the services provided to them. Also, the results demonstrate a strong and positive relationship between nursing care quality and patients' and caregivers' level of satisfaction with in-home health care, which was reflected in the patients' health status. The patients' self-report evaluations of mindful and individual centeredness were exceptionally connected with their appraisals of nursing care quality in home health care centers. Patients' encounters of the degree to which the environment and staff show caring and individual centeredness appear to play a compelling role in the degree to which patients experience the nature of nursing care. This suggests that learned and transferable staff, practicality of help, and ecological help stand apart as most closely identified with the persistent perception of nursing care quality, and can significantly affect practice. It appears sensible to infer that appraising health services and nursing care quality can benefit by progressively encompassing self-report tolerant information for their encounters of the administration of wellbeing and nursing care. Such information can likewise be used to survey and improve nursing practice.

11. recommendations

Home health care managers and nursing managers must implement interventions to increase patients' and family caregivers' levels of awareness of the care provided to them and enable them to participate in the care given to patients.

Health education and care plans must be documented and demonstrated to patients and family caregivers as a means of increasing their level of awareness of the nursing care services they will receive at the home health care center.

Moreover, communication skills with older patients and family caregivers must be emphasized to emphasize the importance of reporting problems in the services.

Home health care nursing educators must make an effort to maximize the competencies of home health care nursing staff to reach the patients' and family caregivers' expectations.

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