

# Patients & Family caregivers' Satisfaction with Care Delivered by Saudi Nurses at National Guard Health Affairs Hospitals in Saudi Arabia

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## Abstract

In the Kingdom of Saudi Arabia (KSA) nursing profession is young and comprises only 30% of total nursing workforce. A cross-sectional descriptive design was used to explore patients and family caregivers' satisfaction with the care delivered by Saudi nurses in National Guard Health Affairs (NGHA) hospitals across KSA. Three hundred and two respondents completed satisfaction questionnaire that was self developed by the investigators. The overall mean satisfaction score of patients and family caregivers with the care was 4.45 out of 5. Areas of highest satisfaction were: respecting religion & culture, maintaining privacy and confidentiality, communication and professionalism. Areas of least satisfaction were related to: discharge instructions and updating patient's family with changes in patient's condition.

**Keywords:** Saudi nurses, patient satisfaction, Kingdom of Saudi Arabia (KSA), family satisfaction, nursing care, saudization.

## 1. Introduction

In the Kingdom of Saudi Arabia (KSA), nursing profession is young and challenging, with almost 70% of the nursing workforce being expatriate (KSA Ministry of Health, 2011). Despite the critical current and projected shortage of national nurses, Saudi nationals still hold a reserved opinion toward nursing specifically as a female dominant career; such opinion is mainly led by the community cultural values. Therefore, selecting nursing as a career path by Saudi females can be rather a challenging choice from social and cultural perspectives.

As an emerging workforce, Saudi Nurses are striving to win public confidence. However, their performance within the KSA health care system is not well evaluated by the care recipients.

Considering the challenging and fast growing nature of healthcare services in KSA, decision makers in both service and academic institutions need to gain an informed perspective built on evidence on the performance of national nursing workforce so to advance the nursing profession in the KSA.

Patient satisfaction is a crucial and an inevitable quality outcome indicator in health care. It is a significant input necessary to improve the quality of fast growing, complex and cost challenged health care services. Nursing care is regarded as an influential variable that affects patients' rating of level of satisfaction with care generally (Merkouris, Papathanassoglou & Lemonidou, 2004; Laschinger, Hall, Pedersen & Almost, 2005; Ervin, 2006; Otani, Waterman, Boslaugh, Burroughs & Dunagan, 2009). Likewise, few studies have argued the relationship between poor patient satisfaction and nurses' moral, burn out, retention rate, the level of nursing staffing and nurse-patient ratio (Yang & Huang 2005; Aiken, Sermeus, Van den Heede, et al, 2012; Sochalski, 2004). Although the results of such studies are not conclusive, yet, it denotes areas worth further exploring for its potential impact on the quality of patient care.

Patient satisfaction with nursing care is operationally defined in literature as the degree of congruence between patients' expectations of ideal care and the actual care provided during the course of interaction with nurses (Merkouris, Papathanassoglou & Lemonidou, 2004; Lee & Yom, 2007). However, few studies critically examine domains of satisfaction with nursing (Larrabee & Bolden, 2001; Gonzalez-Valentin, Padín-López, de Ramón-Garrido, 2005; Uitterhove, Bensing, Dilven, Donders, deMulder, & van Achterberg, 2009; Laschinger, Hall, Pedersen & Almost, (2005). Larrabee & Bolden, 2001) identified five themes as characteristics of good nursing care to fulfill patient's satisfaction, including meeting patient needs, treating patient pleasantly, caring, providing prompt care and being competent.

A major challenge faced by the Saudi Health Care System is the massive increase in primary, secondary and tertiary care demands across the Kingdom, vast majority of which is being fulfilled by the expatriate workforce. Whilst the contributions of the expatriate nursing workforce to the Kingdom healthcare system is highly valued, shortage of national nurses continues to challenge the overall quality of nursing care at different levels. The three primary domains of concern emerged from relying on expatriate nurses are: A) Language barrier and effectiveness of communication since, the majority of nurses communicate only in English despite the fact that the vast majority of patients and families are native Arabic speakers. B) Ability of expatriate nurses to deliver cultural sensitive care, and C) Sustainability of nursing workforce.

In response to these challenges, the government of KSA has launched a nationwide initiative aiming at

nationalizing the healthcare sector workforce. This initiative is locally known as “Saudiization of Healthcare Workforce”. Over the last 10 years, the government has invested generously in supplying the local market with national health professionals basically through establishing more nursing colleges across the Kingdom. The government and academic institutions also campaign in promoting positive social attitudes toward nationalizing the health professions, particularly nursing as a female dominant profession.

Although number of studies are found in literature addressing the consumers’ satisfaction with healthcare services in KSA, few literature, if any at all, has addressed national workforce performance, particularly nurses. In 2012, Almomani & Alkorashy examined patients’ perception of the quality of nursing care provided by nurses (Saudi & expatriate) in King Khaled Teaching Hospital in Riyadh- KSA. They used a self-structured questionnaire of 42 items that was completed by four hundred forty four (444) respondents. Findings revealed an overall satisfaction mean of 3.07 out of 5 (positive satisfaction threshold = 3), it also revealed extremely negative experience of patients with nursing care in the following dimensions; providing information about lab investigations and examinations, technical competencies, and lastly caring behavior particularly allowing patients to express feeling and involving patients in decision making related to their care.

Similar study conducted by Al-Doghaither (2000) assessed the level of inpatient satisfaction with nursing care, provided by both Saudi and expatriate nurses, in a teaching hospital in Riyadh-Saudi Arabia. The results revealed that the highest mean satisfaction score obtained was on the skillfulness of nurses and the lowest score was on communication which was justified by the researcher by the language barrier between patients and nurses.

Other researchers did explore patient satisfaction with nursing care in KSA but mainly in a global socio-demographic context whereby patients were asked to rate their overall satisfaction with nursing care as they rate other services within the hospital. In such cases, individual services were not studied separately and thoroughly (Alaloola & Albedaiwi, 2008; Binsalih, Waness, Tamim, Harakati & Al Sayyari, 2011)

The purpose of this study was to describe the satisfaction of patients and family caregivers with the care provided by Saudi Nurses in National Guard Health Affairs (NGHA) hospitals across KSA .

## 2. Method

### 2.1 Design & Setting

A descriptive cross-sectional study design was used. The study was conducted in NGHA hospitals across the Kingdom (table 1). Being a major healthcare provider, NGHA operated four hospitals, three of which are teaching hospitals, distributed as follows:

- King Abdulaziz Medical City-Riyadh (KAMC-R)
- King Abdulaziz Medical City-Jeddah (KAMC -J)
- King Abdulaziz Hospital-Al-ahsa (KAH-A)
- Imam Abdulrahman Bin Faisal Hospital-Dammam (IABFH-D)

The Saudi Nurses represent less than 30%.in NGHA nursing workforce during the year 2011, when the study was conducted.

Table 1: Details of the study setting (based on the NGHA Planning & Statistic Department report for the years 2009 & 2010).

	KAMC-R	KAMC-J	KAH-A	IABFH-D	TOTAL
Number of operated bed	1030	517	314	125	1986
Occupancy rate	94.5%	89%	82.6%	82%	91.5
Number of nurses (national & expatriate)	3640	1176	794	264	5874
Average daily inpatient census	668	271	174	57	1170
Number of yearly discharges	39635	19793	15391	8323	83142
Average monthly discharge	109	54	42	23	228

### 2.2 Study subject & Sample

The subjects of this study were all recruited from NGHA hospitals. Purposive convenient sampling technique was used whereby proportional sample size was determined for each hospital under study based on the number of its operated beds.

Eligible subjects were selected based on the following criteria:

- Inpatient with minimum length of admission of 2 days and had experienced nursing care delivered by a Saudi nurse for at least two shifts during current admission.
- Family caregivers who accompanied a patient for at least 2 days and witnessed nursing care being delivered to his/her patient by a Saudi nurses for at least two shifts during current admission.

### 2.3 Tool

A self developed patient satisfaction questionnaire that was based on literature review and interview of a group of patients and nurses was used to elicit the domains of patients' satisfaction with nursing care. (Appendices I).

The developed tool contained two parts:

1) Demographic data of respondents (patients and family caregivers).

2) Five-point Likert scale questionnaire consisted of 37 positively worded statements. The 37 statements were grouped under eight (8) major satisfaction domains, namely: knowledge, clinical skills, caring, communication, family involvement, decision making, professional behavior and global rating of respondents' overall satisfaction.

The tool was produced in both Arabic and English language. The accuracy of translation was maintained through expert consultation.

### 2.4 Validity and reliability:

The tool was reviewed by a panel of international experts in nursing to establish content validity. Test and retest were carried out on a pilot sample to establish reliability. The tool deemed reliable with Cronbach's Alpha of 0.902 for the Pre test and 0.912 for the post test.

### 2.5 Procedure

Ethical approval was granted to this study by King Abdullah International Medical Research Center (KAIMRC) through their Institutional Review Board which is a NGHA affiliated body. Respondents' completion of the survey was acknowledged as an implicit consent.

The participating hospitals were contacted late December 2010 to confirm approval for inclusion in the study. The data collection continued for 5 months from January 2011 till the end of May 2011. Eligible subjects were face interviewed by recruited trained surveyors in each hospital in collaboration with nurse manager of the units where Saudi Nurses were employed. A total of 500 surveys were distributed to the participating hospitals whereby KAMC-R received 200 surveys, and the remaining three hospitals (KAMC-J, KAH-A & IABFH-D) received a hundred (100) surveys each.

## 3. Results

A total of 302 completed surveys were returned. The descriptive analysis of data was conducted using SAS versions 9.2.

The distributions of the completed surveys according to the site of data collection were as follow: KAMC-R (n=88, 29%), KAMC-J (n=44, 15.6%), KAH-A (n=81, 26.8%), IABFH-D (n= 89, 29.5%). The overall response rate was 60.4%. However, individual response rate from participating hospitals was: KAMC-R = 44%, KAMC-J = 44%, KAH-A = 81% and IABFH-D = 89%.

The three hundreds and two respondents were coded in two categories; patients category that comprised 49.3% (n=149) and family caregivers' category that comprised 50.7% (n=153). Almost 95% of the sitters were first degree family members to patients and the remaining 5% were paid caregivers. Females comprised 65% of total respondents (60% from patients' category and 65% from the family care givers' category; which comprised 30% and 35% of the total respondents respectively). 79% of the total respondents were Saudi nationals.

The majority of respondents (64%) were young adult who had a range of age between 21-40 years (54% of patients and 75% of family caregivers which comprised 26% and 38% of the total respondents respectively). Educational background was very similar between the two categories of respondents, almost 30% of them had either diploma or a university degree (28% of patients & 33% of family caregivers, with 14% & 16 % from the total respondents respectively), 30% had high school certificates and the remaining 40% had either primary or preparatory certificates or were not educated.

Further, analysis showed that (41.4 %) of responses were coming from general medical- surgical units, (20.5 %) from obstetric and maternity units ,(18 %) from pediatric units, (12%) from critical care & cardiac units and the remaining (8%) from other inpatient units.

The average length of patient stay at the time of completing the survey was almost 8 days.

All respondents had experienced nursing care being delivered by Saudi nurses; however, the length of exposure varied. 42% of patients and family caregivers had experienced care delivered by Saudi nurses for only 2 shifts, 38% for a range of 3-5 shifts, 8% for a range of 6-10 shifts, and 10% for more than 10 shifts.

The overall mean satisfaction score of both patients and family caregivers with the care delivered by Saudi nurses was 4.45 out of 5.

The positive satisfaction threshold for each category and sub item in the questionnaire was established when 80% of patients and family caregivers responses were grouped in a range of 4 or above on the 5 points Likert scale were, 5 & 4 denoted respectively strongly agree and agree with the statements outlining the domains of nursing care.

The analysis revealed that both patients and family caregivers were satisfied with the overall care delivered by

Saudi nurses; 87.4 % of total responses were grouped in a range of 4 or above on the 5 points scale.

The patients and family caregivers' satisfaction with the eight (8) domains of care was measured on categorical scale. The domains were; knowledge and providing information, clinical skills, caring, communication skills, decision making, family involvement, professional behavior, and global rating. Summary of domains' analysis presented in table 2

The subscales under each domain of care also were summarized and analyzed in terms of frequency distribution. 33 out of total 37 subscales under the 8 domains of care were rated above the positive satisfaction threshold that was established at a level of 80%.

The following were the top rated subscales of care domains as rated by respondents in order: Saudi nurses demonstrated respect to religion, culture, patients and family 95.36%, they maintained privacy and confidentiality 94%, they communicated clearly and enforced patient and family rights 93.7%, they conducted themselves professionally and demonstrated positive attitudes toward nursing 92%, they responded promptly to calling bills and reported changes in patients' health status to appropriate team members 90%, they maintained hand washing and delivered safe nursing care 89%, they encouraged participation of family members in patient care 88%, they regularly checked the patient during the shift 88%, they actively listened to patients' concerns and demonstrated comforting and reassuring attitudes 87%, they coordinated the patient care effectively with other healthcare members and delivered care in an organized manner 86%, they demonstrated good decision making ability and availability when needed 86%, they had enough knowledge and understanding of patient condition 85.7%, they provided clear information on diagnostic tests, procedures and medication 85%, they demonstrated confidence during practice 84%, they allocated adequate time to each patient 83%, they maintained quiet environment 82.7%, and involved patients in planning their own care 80.8%.

On the other hand, the following were the lowest rated subscales of care domains by respondents: Saudi nurses provided clear discharge instructions 76%, they kept the family informed of changes to their patient health status 77%, they promptly responded to calling bell 78%, and finally the adequacy of health education provided to patients and caregivers 79.8%.

Independent sample T test was used to test the difference in overall satisfaction score among respondents category (patients & family caregivers), results showed that there was no significant difference in the overall satisfaction of both respondents (p-value = 0.6).

Analysis of Variance (ANOVA) test was used also to compare the overall satisfaction scores of the four NGHHA hospitals under study. Results revealed no significant difference between the four hospitals whether respondents were patients or family caregivers; p-value: 0.3, 0.7 respectively.

The data was also analyzed to identify significant predictors of the overall satisfaction among patients and sitters. The only significant predictor was the number of shifts for both patients and sitters (odd ratio: 6.3, 7.1; P value: 0.04, 0.01 respectively). It was found that the more shift exposure respondents had with Saudi nurses the more likely they will be satisfied.

Moreover, out of the 302 respondents, 83.5% were happy to be cared for by a Saudi nurse again. The results also revealed that 35% of respondents believed that the overall care delivered to them by Saudi nurses was better than the overall care delivered by expatriate nurses while 46.4% believed that there was no difference in the care delivered among both.

**Table 2:** Analysis of satisfaction domains for patients and family Caregivers

Domains of care	Domain analysis for patients (n = 149)		Domain analysis for caregivers (n = 153)		Domain analysis for patients & caregivers (n= 302)	
	Satisfied	Not satisfied	Satisfied	Not satisfied	Satisfied	Not satisfied
Knowledge & providing information	119 (80%)	30 (20%)	122 (80%)	31 (20%)	241 (80%)	61 (20%)
Clinical Skills	137 (92%)	12 (8%)	133 (87%)	20 (13%)	270 (89.4%)	32 (10.6%)
Caring	135 (91%)	14 (9%)	134 (88%)	19 (12%)	269 (89%)	33 (11%)
Communication skills	145 (97%)	4 (3%)	143 (93%)	10 (7%)	288 (95.4%)	14 (4.6%)
Decision Making abilities	138 (93%)	11 (7%)	134 (88%)	19 (12%)	272 (90%)	30 (10%)
Family involvement in patient care	140 (94%)	9 (6%)	142 (93%)	11 (7%)	282 (93.4%)	20 (6.6%)
Professional Behavior	139 (93%)	10 (7%)	139 (91%)	14 (9%)	278 (92%)	24 (8%)
Global: general satisfaction with care delivered by Saudi nurses	130 (87%)	19 (13%)	122 (80%)	31 (20%)	252 (83%)	50 (17%)

#### 4. Discussion

This study allowed for better understanding of the patient perception of the care provided by national nurses in KSA. Although there are no similar studies conducted locally that examined patients' perception of care delivered by Saudi nurses specifically (up to the researchers' best of knowledge), the results were compared to findings from few local studies and domestic quality reports that focused on nursing workforce in Saudi Arabia regardless of nationality.

It revealed no surprises that respondents were most satisfied with communication (95.4%) when cared for by Saudi nurses. Apparently interacting with nurses speaking the same language gave patients the opportunity to express their concerns and discuss the plan of care with nurses more freely, it also allowed for better understanding of patients and family of health condition, diagnosis, treatment plan. AlKhathami, Kojan, AlJumah, Alqahtani, & Alrwaili (2010) conducted a cross sectional survey study in KAMC-R where 116 patients were interviewed to explore their perception of nursing care delivered by non-Arabic speaking nurses (NASN). They found that 80% of the respondents received care from NASN, of whom, two third reported difficulties in understanding nursing instructions and felt that NASN couldn't understand their concerned in many occasions, 50% believed that NASN were more susceptible to error, while 70% were not comfortable being cared for by a nurse who didn't speak the same language.

Our result also revealed that patients and family caregivers were extremely satisfied with the respectful approach to patients, families, religion and culture (95.4%) and with the level of privacy and confidentiality protection (94%) exercised by Saudi Nurses. These results appeared to be consistent with the results of a study conducted by Alaloola & Albedaiwi (2008) in KAMC-R where a multidisciplinary standardized patient satisfaction survey was administered to evaluate the overall satisfaction of patient with different service divisions within the hospital including nursing services division. Findings revealed that inpatients were significantly satisfied with nurses treating them with respects and dignity (96.1%), addressing their needs (93.3%), and providing privacy (96.4%). However, the results were inconsistent in relation to promptness of answering the call button. In Alaloola & Albedaiwi study, inpatients were satisfied with this aspect of care (85.9%) while in our study it was an area of dissatisfaction (78.8%). This might be related to the expansions of inpatient units that took place on year 2003 onwards. The data for the study under comparison was collected before the expansion period (2003), while the data collection of our study was during the expansion period in year 2011 in the same setting. Rapid expansion of inpatient areas in NGHAs hospitals had a visible impact on the level of staffing, nurse to patient ratio and potential of overtime work among nurses. This is validated by findings from non published domestic satisfaction survey that was distributed to inpatients in KAMC-R on the year 2009 where in only 57% of respondents believed that nurses answered the call buttons promptly.

The performance of Saudi nurses in domains of; clinical skill competency, providing information on diagnostic



tests and drugs, and caring behaviour was rated as satisfactory by our respondents while the same domains were rated as unsatisfactory in a study conducted on 2012 by Almomani & Alkorashy in King Khaled University Hospital in Riyadh where they studied patient experience of the quality of nursing care delivered by both Saudi and expatriate nurses.

The analysis of findings identified four major areas of patient dissatisfaction with Saudi nurses performance namely; providing clear discharge instructions, keeping the families informed of changes to their patient health status, prompt response to calling bell and the adequacy of health education provided to patients and caregivers. Although Saudi nurses have the privilege of speaking the same language as patients, yet, it seemed that they were not utilizing this privilege effectively to improve the quality of care provided to patients. It could be possible that they defaulted in the practice of the non Arabic speakers majority where these particular care aspects being under looked as a result of language barriers. These aspects of practice denote great area in need for further structured improvement by employers of Saudi Nurses. However, further in-depth exploration of the root cause of these concerns and current practice analysis would be needed to improve.

It was noticed also that unlike similar studies, gender, age group and length of stay were revealed as insignificant predictors of patient satisfaction with Saudi nurses care while number of shifts exposure to Saudi nurses was significant.

Furthermore, it was noticed that, despite the reserved public opinion held against nursing, majority of respondents thought that Saudi nurses were delivering care if not better than then at least comparable to other expatriate experienced nurses and that they would be happy to be taken care off again by a Saudi nurse. That, I believe, is a significant mind shift in the Saudi community that would allow for progressive development of nursing profession in KSA.

## 5. Conclusion

This is the first study that specifically evaluated the nursing care delivered by Saudi Nurses, it revealed that the patients and patient's care givers are satisfied with health care delivered by Saudi Nurses and willing to be cared for again by them. This reflected that the Saudi Nurses are able to deliver culturally appropriate high quality care sharing the Arabic language of their patients.

## 6. Recommendation

We recommend the following:

- Similar studies with significantly larger sample size are needed across KSA so that generated data can be utilized in developing the young Saudi nursing workforce in KSA.
- The outlined areas of patients' and family caregivers' dissatisfaction should be addressed by concerned senior nursing leaders, in order to investigate reasons behind and to introduce effective solutions.
- Reevaluate the self developed patient and family caregivers's satisfaction with nursing care questionnaire and standardized it across NGH hospital for further comparative studies.

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### Appendices (I)

Self-developed questionnaire of patient satisfaction with Saudi Nurses.

No.	Statements	1	2	3	4	5
	<b>Knowledge and providing information:</b>					
1	She seemed knowledgeable in her field.					
2	She provided me with clear & complete information about my/my patient condition, tests, medication & treatment.					
3	She addressed my questions/concerns satisfactorily.					
4	She provided me with clear & adequate discharge instructions including what to do and what to expect when discharged.					
5	She provided me with clear & adequate health education related to my/my patient condition.					
	<b>Clinical skills:</b>					
6	She appeared confident when performing clinical skills.					
7	She was able to coordinate my/my patient care effectively with other healthcare team members.					
8	She checked on me/my patient regularly and kept track of how he/she was doing.					
9	She delivered the care in an organized manner.					
10	She performed hand washing before and after performing a procedure.					
11	She observed for safety when delivering care.					
	<b>Caring</b>					
12	She responded to the calling bell promptly.					
13	She was available when needed.					
14	She allocated enough time for me/my patient during the shift.					
15	She considered my opinion in planning and implementing the care.					
16	She comforted and reassured me when needed.					
17	She maintained a quiet environment around me.					
18	She was approachable.					
19	She observed for my rights.					
	<b>Communication</b>					
20	She communicated with me in a clear and easy to understand language.					
21	She listened to my complaints.					
22	She respected my religion and culture.					
	<b>Decision making</b>					
23	She appeared confident in taking decision regarding my/my patient care.					
24	She responded to changes in my/my patient's situation promptly.					
25	She notified appropriate team members when my/my patient condition changed.					
	<b>Family involvement</b>					
26	She encouraged family members to participate in the care whenever possible.					
27	She respected my decision regarding the extent of family involvement in my care.					
28	She kept the family updated about changes to my/my patient situation whenever appropriate.					
29	She treated my family members with respect.					
	<b>Professional behaviour</b>					
30	She treated me with dignity and respect.					
31	She acted professionally with patients, families and other healthcare team members.					
32	She dressed appropriately and professionally.					
33	She maintained my/my patient's privacy.					
34	She maintained my/my patient's confidentiality all the time.					
35	She conveyed positive attitudes toward nursing.					
	<b>Global rating:</b>					
36	If I had to be admitted again, I would be happy to be cared for by Saudi Nurses.					
37	Generally, I am satisfied with the care delivered by Saudi Nurses.					



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