

# Exploring the Significance of Nurse Introduction for Positive Patient Experience in Saudi Arabia

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## Abstract

Empathy plays an important role in nursing so that the patients are provided with quality care and are satisfied with the services provided. Saudi Arabian patient interactions, including initial exploring, tend not to be formulaically initiated as in other countries. In this current study, the researcher aimed to highlight the critical role of nurse introductions in creating a desirable patient experience in the inpatient centers of Ministry Of Health hospitals in Saudi Arabia. This study was a cross-sectional secondary data analysis using the National Health Links/Presses Ganey surveys for every quint between the period 2021 and 2022. The methodology comprised an in-depth analysis of the Patient Experience Management Program (PXMP) survey that was involved as the uniform survey concluded by the Health Links/PressGaney. During the analysis, however, the results were found to have significant differences as 71.3% of the patients had a very good impression of their overall patient experience. This was specifically designed to address specific issues such as personal characteristics. The results of this study contribute to the understanding of what drives the nurses-patient interactions and forge the need for enhancing the way nurses are introduced to their patients to increase the average level of satisfaction of patients in the Ministry Of Health hospitals in Saudi Arabia. This study recommends that Saudi nurses should be trained to establish rapport in their interactions with patients as this promotes patient-centeredness and subsequently patients' experiences and care outcomes.

## Keywords

Nursing care, Saudi Arabia, quality of healthcare, patient-centered care, patient satisfaction, patient experience

## Introduction

In the area of health, the positive patient experience is a keystone, which underlies overall satisfaction and impacts the outcome of medical treatment. In the context of health, positive perception gained by the patient is a central theme of care provision and satisfaction besides affecting the quality of adherence to therapeutic regimes.<sup>1</sup> Nurse introductions assume the role of the first point of contact between the patient and the health care providers ever presenting the nature of the first impression the patient is going to have of the hospital. The purpose of this research is to identify the importance of nurse introductions as a formal IT intervention in inpatient departments of MOH hospitals in Saudi Arabia.

Saudi Arabia's health care system has rapidly developed with the expansion of access and enhancement of care. However, the role of governments persists with the following difficulties: Patient satisfaction is predetermined by cultural tendencies and expectations in the case of investments.<sup>2</sup> An analysis of historical journey mapping in MOH hospitals

showed that the choice of the hospital and patients' perceptions of the hospital and its outcomes are not limited to its effectiveness in treating their condition but also depend on cultural and communicative aspects.<sup>3</sup> In this respect, it can be stated that patient satisfaction may draw upon several cultural norms, thoughts of different societies, and also the entire healthcare field. The historical background of journey mapping in MOH hospitals as presented by<sup>3</sup> indicates that the plot is not confined to clinical efficacy but is also influenced by cultural demands and concerns of communication, respect, and counsel.

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Formality level and order, which refers to the cultural aspect of the relationship, concerns a more general perspective of the patient–nurse relationship out of which the dynamics were derived.<sup>4</sup> Cultural aspects like formality and order thus affect the patient–nurse relationship and the perception the patients have of the care they receive.<sup>5,6</sup> This study examines what are assumed to be perfunctory aspects of the patient experience, namely nurse introductions, and identifies their importance in setting the tone of the interactions throughout the patient’s hospital stay.<sup>7(p391)</sup> Last, realizing the impact of such cultural nuances on patients’ viewpoints and fulfillment bears an important facet in exposing the wealth of healthcare delivery in Saudi Arabia.

This research is based majorly on elements of the nurses’ introductions. At first sight, it may seem to be a routine act; however, the nurse’ introduction goes beyond the surface, having a broader and deeper effect on the patient’s overall experience.<sup>4</sup> It could be said to be one of the earliest examples of the interface between the sterile clinical environment and the private, personal world of the patient. The presentation of the nurse is considered more than just a part of the protocol.<sup>6</sup> They are the foundation of trust, effective communication, and a patient’s involvement in care. This initial motion is the starting act in the complicated health dance that will end in a pleasant patient stay.

What is the reason behind the focus on nurse’s introduction? This can be illustrated by the fact that these introductions do not only act as protocols, they are also humanizing steps that reflect connecting points between healthcare providers and the patient.<sup>7(p391)</sup> The intention was to include analyses of subtle nurse introductions to determine what effect such interactions had on the patient’s perception of the quality of the care received her feelings of comfort, and her opinion of the hospital stay. This focus was so precise that it allowed us to unwrap the layers of the patient–nurse relationship and resulted in insights that transcend the borders of the clinical area.

Under the framework of global trends that highlight the importance of Patient Centered Care (PCC), the focus of this research work tightened up to the peculiarities of the nurse introductions in MOH hospitals. The purpose of this investigation is to examine the relationship between nurse introductions and the patients’ perceptions regarding the quality of care they received, their comfort, and their overall level of satisfaction. As such, the study focuses on detailing these interactions to establish how such introductions shape the patient experience and hub for possible enhancements in nurse–patient relations. It is planned to develop the understanding of the possible enhanced role of nurse introductions in the context of PCC, which will be directed at increasing the quality of services provided and satisfaction of patients in MOH hospitals in Saudi Arabia.

## Materials and Methods

### Study Design and Setting

This cross-sectional secondary data analysis of the National Survey on Patient Experience Health Links/Press Ganey

surveys allowed the study to benefit from the large database of the surveys. The study was meant to illuminate patient experiences within the inpatient settings of MOH hospitals in Saudi Arabia. This kind of design provided an opportunity for a concise survey of patients’ opinions on the nurse initiation and their general satisfaction during the year 2022.

### Sampling and Population

Patient experience data were collected from Saudi Arabian MOH patients through Press Ganey surveys of those admitted to MOH hospitals in 2022 and discharged from inpatient wards. The PXMP uses probability sampling techniques with specific reference to Simple Random Sampling which helped to determine that all patients in the in-patient department had an equal chance of being included in the survey and the sampling was done in a way that produced a representative sample.

### Survey Instrument

The main data collection tool employed in this study was a self-administered Press Ganey survey questionnaire. This demographic and self-reported questionnaire consisted of 43 items, divided into 11 “care domains,” and was particularly sensitive to the nursing care domain in which 9 items were specially developed to measure patient experience concerning nursing. The questionnaire was in both Arabic and English, while a few others in Farsi, Urdu, and Hindi were also provided to capture a wide demographic. If possible, patients were asked to complete a survey, in which they assessed medical treatment using a Likert scale ranging from 1 to 5 with close-ended questions such as; self-rated experience as the result of medical treatment received which ranges from poor to excellent.

### Data Collection

The use of self-developed questionnaires was made, and the survey was carried out online in Arabic, English, and other relevant languages whenever needed; the respondents were contacted later on through telephone to encourage higher response rates. The survey involved patients; they also gave their consent before taking the survey. This method ensured that a wide cross-section of the population of recent hospital patients was involved. The data collection was based on an online survey, which was given in Arabic English, and other ethnic languages depending on the need. To ensure the necessary levels of accuracy and coverage, telephonic contact was created to enhance the participation of patients in the survey.

### Data Analysis

Data analysis was done with the help of software, namely IBM SPSS Statistics version 26. In the analysis of patients’

satisfaction and responses to nursing introductions, frequency distributions, percentages, and mean scores were used. To analyze the existence of facets of intervariable correlation, the chi-square test also checked the variation in the patient ratings of the nurse's influence across the regions at a significance level of  $p < 0.05$ .

Specifically, the analysis aimed to describe the following factors the introduction of nurses, and their role in the cost-effectiveness of general patient experience in MOH hospitals. These figures were drawn in frequency tables that had a picture that depicted the order and type of changes during the time that were evident in the patient's responses. The chi-square test was used to determine the strength of the relationship between regional differences and the patient's rating of nurse influence. Furthermore, this test was able to determine if there were any statistically significant differences in the level of satisfaction depending on the region. The significance of the chi-square test was due to the p-value, which is 0.049, which is less than 0.05.

## Results

A total of 46,756 patients participated and completed the survey. Table 1 displays the regional distribution of patients within MOH hospitals in Saudi Arabia. The variables include the Western, Middle, Northern, Eastern, and Southern regions. Each region's contribution is detailed in terms of the number of patients (n) and the percentage (%).

The Western Region emerges as the most prominently represented, with 17,743 patients, constituting 37.9% of the total. Following closely is the Middle Region, comprising 11,946 patients (25.5%). The Northern Region contributes 7646 patients (16.4%), the Eastern Region 4989 patients (10.7%), and the Southern Region 4432 patients (9.5%).

**Table 1.** The Demographic Results of the Participants.

Variables	Categories	n	%
Region	Western Region	17743	37.9
	Middle Region	11946	25.5
	Northern Region	7646	16.4
	Eastern Region	4989	10.7
	Southern Region	4432	9.5
	Total	46756	100.0
Age	More than 60	15029	32.1
	19–30 Years	9043	19.3
	0–18 Years	8789	18.8
	31–40 Years	8043	17.2
	41–50	3864	8.3
	51–60	1988	4.3
	Total	46756	100.0
gender	Male	25904	55.4
	Female	20852	44.6
	Total	46756	100.0
nationality	Saudi	33129	70.9
	Non-Saudi	13627	29.1
	<b>Total</b>	<b>46756</b>	<b>100.0</b>

These statistics offer a comprehensive view of the geographic distribution of patients, providing a basis for further analysis regarding potential regional variations in patient experiences and satisfaction.

Among the respondents, the majority answered the survey by themselves (33,920, constituting 72.5%), while guardians accounted for 12,836 respondents (27.5%). This breakdown helps contextualize the survey responses, considering the perspectives of both patients and their guardians. Understanding who provided the feedback enriches the interpretation of the survey findings, acknowledging the diverse voices contributing to the assessment of nurse introductions and overall patient experience.

The overall results of the satisfaction scores in the nursing care domain (Nurses' introduction of themselves) are displayed in Table 2. The table provides a detailed breakdown of responses, categorizing them into "Very Good," "Good," "Fair," "Poor," and "Very Poor."

Analyzing the data, 54.3% of respondents rated nurses' introduction of themselves as "Very Good," while 22.5% rated it as "Good." On the lower end, 13.3% found it to be "Fair," 6.7% rated it as "Poor," and 3.2% considered it "Very Poor." These results specifically illuminate patients' perceptions of how nurses introduce themselves, shedding light on an essential component of the nurse-patient interaction.

The patients' satisfaction scores about the regional variations in respondents' opinions about nurses' introduction of themselves are displayed in Table 3. The table breaks down responses into categories based on the regions: East Region, West Region, North Region, Middle Region, and South Region. For each region, the distribution of responses in terms of numbers (n) and percentages (%) is provided.

Examining the responses related to nurses' introduction of themselves, the table reveals nuanced regional differences. For instance, in the East Region, 57.3% rated it as "Very Good," while in the West Region, this figure was 54.1%. The North, Middle, and South Regions showed variations as well. The chi-square test, with a significant p-value of 0.0001, underscores the regional disparities, indicating that regional differences in opinions about nurses' introduction of themselves are statistically significant.

## Discussion

Analysis of the MOH hospitals' Nurse introductions in Saudi Arabia compares the social context of the nurse as well as the

**Table 2.** The Overall Results of the Satisfaction Scores in the Nursing Care Domain (Nurses' Introduction of Themselves).

Items	n	Very	Good	Fair	Very	Poor
		Good	Good	Fair	Poor	
Nurses introduction of themselves		54.3	22.5	13.3	6.7	3.2
		25393	10515	6224	3132	1492

**Table 3.** Comparison of the Score of Satisfaction on Nurses Introduction of Themselves per Region.

			Region					Total
			East Region	West Region	North Region	Middle Region	South Region	
Nurses introduction of themselves	Very Poor	n	288	1193	486	862	303	3132
		%	5.8%	6.7%	6.4%	7.2%	6.8%	6.7%
	Poor	n	136	545	246	417	148	1492
		%	2.7%	3.1%	3.2%	3.5%	3.3%	3.2%
	Fair	n	632	2252	934	1730	676	6224
		%	12.7%	12.7%	12.2%	14.5%	15.3%	13.3%
	Good	n	1073	4148	1732	2581	981	10515
		%	21.5%	23.4%	22.7%	21.6%	22.1%	22.5%
	Very Good	n	2860	9605	4248	6356	2324	25393
		%	57.3%	54.1%	55.6%	53.2%	52.4%	54.3%
Total	n	4989	17743	7646	11946	4432	46756	
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Chi Square test = 87.95 P-value = 0.0001

patient and seeks to understand why introductions are not carried out regularly. Knowledge of these differences is important because a nurse's introduction can significantly affect a patient's experience.

It was remarkable from the result that cultural expectations and the organizational status quo played into nurse introductory practices. While explaining the aspect of cultural sensitivity towards patients, posit that in KSA culture, particularly Saudi Arabian culture, there is high regard given to power and honor in the medical field.<sup>8</sup> This culture might make some nurses disregard the basic protocol of introduction as they focus on handling the clinical needs of patients, and consequently, the nurse-patient relationship. This cultural context may lead some nurses to understand that formal introductions are less important than actually providing care services. However, the main message throughout the paper can be the highlighting of the hierarchical nature of health care that, at times, can be undermined by other issues related to care introduction.

The other significant factor that is revealed by the characteristics of nurses' communication strategies is communication styles. This is congruence with the study<sup>9</sup> that certain nurses believe that their role is so apparent just through their dress or in the care setting. This, consequently, could lead to verbal introductions becoming less important, thus creating different ways in which nurses interact with patients through various forms of verbal communication. There is highlight of communication styles and nurse introductions that make it very important to know how healthcare providers interact with patients.<sup>10(pp273-291)</sup>

Complexities that come along while working in this environment include workload and the time spent on work. The work environment within the study<sup>11</sup> is highly dynamic because nurses are required to give services under high workloads and with stringent deadlines. As noted,<sup>12</sup> this can lead to pressure in which they may have to do essential tasks aside from formalities such as introductions. Therefore, the present

study helps to highlight the possibility that workload and time constraints could be viewed as a determinant factor in the introduction of nurses and show that the balance between task-based management of introduced nurses and patient-centered care is a key concept in managing bed placement process and organizing nurse's work.

However, one of the factors appearing during the process of the study is the lack of any kind of orientation or consciousness in nurses concerning patients' centeredness, such as the necessity of greetings. The study<sup>13</sup> shows that there are nurses who are not well trained or receive proper education on the ways their interactions impact the overall patient outcome. Differences in practice may also occur due to a lack of knowledge on the importance of nursing introductions and the reasons why new patients need to have clear information to be brought under this line of treatment. Thus, when considering the acute and growing problem of a patient's expectations manifesting itself in the attitudes of healthcare providers, it is necessary to note that continuing education programs should record these attitudes in line with their peculiarities.

Culture is an important factor that shapes the behavior of the people who operate in any healthcare setting. Where the organizational culture does not promote a patient-centered approach or where policies do not take patient engagement seriously, the results of a study<sup>14</sup> suggest that nurses may not routinely adopt introductions. Along this line, this study suggests that organizational culture affects nurse behaviors, and it is essential to align policies with patient-centered principles to promote a whole-person approach to care that incorporates meaningful formalizing.

Among factors that contributed to variations in nurse introductions are staffing shortages and high nurse burnout. When there is a major staffing deficit or high rates of career burnout among nurses, healthcare professionals may feel the strain of an overabundance.<sup>15</sup> In these conditions, nurses may choose quick task completion more than

interacting with people, including one of the essential parts which is self-introduction to patients.

Language differences may also influence the differences in nurse announcements in a setting that is multicultural and multilingual just like the case of Saudi Arabia. It is confirmed that nurses feel that there are verbal greetings that are culturally appropriate for almost all individuals, especially those with linguistic differences.<sup>16,17(pp534-553)</sup> As a result, other forms of nonverbal communication might be selected, and the way nurses introduce themselves may vary.

An additional concern that is revealed is the training of the nurses about patient's patient-centered values such as introductory services. It is also noted that cases of inadequate training can cause such variations in practices that patient outcomes are impacted. Consequently, the study recommends that the ongoing education programs, leadership, and administration should aim to incorporate the elements of patient-centered care including the mechanisms of nurse introductions. One of the issues that take place in a high-volume healthcare environment is patient volume, which may impact the nurse-patient relationship. Patient volume is one of the problems that occur in high-volume healthcare settings and can affect the nurse-patient interaction. Nurses could be dealing with several patients, which could make it hard to have an individual connection with each of them.<sup>18</sup> This large number of patients may create an impression that introductions are less important in the overall care process, which can explain the variation in the quality of nurse introductions.

## Conclusion and Future Recommendations

Lastly, the nurse introductions in the MOH hospitals were aimed at showing that, although the practice itself may not seem to be an issue, this action is of substantial value in the overall patient experience. A comprehensive analysis of the issues allowed us to identify factors that intertwine in a complex pattern of nurse introductions and can produce differences. This paper's findings demonstrate that the way a nurse introduces herself/himself is an element of a model of care that is far from being insignificant. In this respect, understanding factors that influence the process of introducing a nurse allows the appropriate emphasis on their significance to the building of rapport between clients and employees of the healthcare facilities.

As for the further recommendations, certain key issues for improvement can be described: the enhancement of cultural competency training and the reinforcement of the practice of proper nurse introductions among peers. This training can help in solving problems of culture and hierarchy this is in addition to the fact that have mentioned that policies that encourage patient-centered care should be developed.<sup>19(p8)</sup> On the other hand, cultural competency training is one of the critical interventions aimed at addressing differences related to cultural orientations and hierarchy.<sup>20</sup> In the communications development programs, the nurses can learn how to

adjust to various communication patterns and the need for verbal greetings. This might involve analyzing workload task management and consistent education programs to enhance the balance between efficiency and patient-centered care, as well as ensuring that introductions are always considered. In that regard, it is vital to align the organizational policies with the patient-centered principles as suggested previously.<sup>19</sup> A nurse-centered organizational culture that emphasizes the value of nurse introductions may be promoted by healthcare institutions to create an environment. Recommendations present in the study also include methods of staffing optimization and communicating with employees and customers in various languages to overcome these issues. Improving the organizational cultures to recognize and include nurse introductions into the patient care models can foster nurse-patient relations.<sup>18</sup>

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## Availability of Data and Materials

The data used to support the findings of this study will be available from the corresponding author upon reasonable request with permission of the Ministry of Health in Saudi Arabia.

## Author Contributions

Both authors contributed equally to the conception, design, and execution of the study. They collaborated closely on data analysis, and interpretation. Additionally, both authors were involved in drafting and revising the manuscript critically for important intellectual content. Finally, both authors have given their approval for the final version of the manuscript to publish.

## Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.


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## Institutional Review Board Statement

Ethical standards were applied throughout this study as per Ministry of Health guidelines and regulations. The study was approved by the Institutional Review Board at Ministry of Health. Approval No: (H-01-R-009). All participants provided their informed consent prior to completing the survey by the patient experience center links/Press Ganey at MOH.

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