

Strategies for improving patient fulfilment with quality of nursing care in northwestern hospitals of Saudi Arabia



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ABSTRACT

Patient fulfilment with nurses' nature of care in three tertiary hospitals in Ha'il Region, Saudi Arabia was studied in this research. The goals were to build up patients' fulfilment through one review and rate nurses' activity execution through another, studying unit head nurses. A quantitative research setup was picked in perspective of a 5-point Likert scale. The estimation of the staff nurses' job execution by unit head nurses and nurses' chiefs was led utilizing the Ministry of Health's 46-item survey. Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) was used to measure patient fulfillment and contained 22 items in light of the nature of care given via group of nurses. A sum of 90 head nurses and 87 patient have been investigated using a facilitating method for analyzing over a -month span in 2015. This examination has revealed a good level of nature of nursing care regarding the high appraisals on nurses' job execution in the wards and patient fulfillment. Statistically, significant results had been found among patient fulfillment and conjugal status, health before admission, and ward measure. Measurably, essential effects were discovered between staff nurses' job performance and wellness earlier than admission, and prior admittance. Strategic plans for continuous satisfactory enhancement need to be focused on across the physical set-up of the health center as some distance as ward measure; admission techniques, such as patient enjoy amid admission; training and support for nursing workforce; and family-situated healthcare.

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1. Introduction

The Ministry of Health offer around 71,000 nurses jobs in its medical institution, and over for the private division all through Saudi Arabia (WHO, 2013). There are 13 regions within the country. Ha'il City is the capital of the Ha'il region (population 670,000) and lies round 600 km northwest of Riyadh. The region has 11 ministry sanatorium, hospital, and subordinate health centre for public health and specialist services. There had been 2106 nurses that was provide jobs in the ministry's health in the territory in 2014, in most cases women (81%) and over half (58%) Saudi Nationals. The 3 medical institutions incorporated into research work, have a combination populace of 1,009 woman workforce nurses (Saudi and Non-Saudi), particularly King Khaled Medical Institution with 280 beds and 494 nurses, Ha'il General Health center with 245 beds

and 236 nurses; and maternity and children's hospital with 135 beds and 279 nurses.

The Saudi social insurance framework was created from the late twentieth century. In responding to many population development in 1970 as much as 1990, the Ministry of Health used expatriate to create workforce, its health service centers; in fact, this technique was changed and applied for all social advancement, which include the training framework (WHO, 2013). As tertiary education prolonged, more Saudis moved into healthcare, but junior health care employee and nurses overcome occupations of the Saudi workforce and most of them do not university qualifications (Alsaqri, 2014). As in different nations, Saudi Arabia encounters nursing shortage (Abolfotouh et al., 2014).

Satisfaction assessments, review the viewpoints from the patients' perspective in correlation with the realities of the care received (Tang et al., 2013). Patient fulfilment is related to nursing care, yet there is no sufficient admission to support it (Palese et al., 2011). Most particularly the present system of satisfaction estimation rotates around medical care and treatment results. In Saudi Arabia, wherein

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diverse range has been growth in the health care provider staff since the convergence of health care employees has been for nursing staffing. Despite the enormous commitments of nurses in the health care framework of Saudi Arabia, it appears their job execution is weakened by different working conditions, but they have a tendency to stay strong to guarantee safe and quality care henceforth patient fulfilment turns into a good pointer of value in the health care framework and gives the way to quality change.

The aims of this study were to survey the quality of nursing and patients' fulfillment in three tertiary level hospital: (1) King Khaled Hospital; (2) Ha'il General Hospital, and (3) Maternity and Children's Hospital. Two reviews were led to decide: Head Nurses' assessment of staff nurses in every unit, and Patients' Satisfaction with the standard of nurse care.

2. Methodology

This investigation utilized a quantitative research configuration to quantify Saudi patients' impression of the nature of care amid their stay at in Ha'il City Hospitals. The arrangement incorporated a correlational examination to choose if, and to what extent, a connection that exists between at least two insignificant factors on the survey instruments (Polit and Beck, 2010). In the two sections of the examination, convenience sampling was utilized. The criteria for qualification for staff attendants incorporates (a) being a nurse administrator in the doctor's facility either as a head attendant or medical attendant manager and (b) can collaborate to satisfy an overview. Then again, patients should (a) be Saudi national, (b) have least of three days' admission, (c) conceded in the ward, (d) has the stable condition or anticipating a release arrange, (e) can survey their encounters and the doctor's facility condition, and (f) willing to take part in the investigation. All were to consent to take an interest and got admissions of secrecy and moral information collection and administration. The analysis instrument that was used for nurse managers was a scale made by the Ministry of Health to check the value of nursing care. The 46-thing English and Arabic poll became in four sections: control of the nursing working force (Items 1.1 to 1.7), management of patient care (Items 2.1 to 2.26), control of affected person care unit (items 3.1 to 3.4), and academic obligations (Items 4.1 to 4.9), and is quantifiable by using a 5-point likert scale (Table 1).

Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) was obtained on the web and with the authorization of the author (Laschinger et al., 2005), it was utilized to measure the patients' fulfillment in the examination setting in view of the nature of nursing care they got on a 5-point Likert scale (Table 1) utilizing the 19 questions got from Patient Judgment of Hospital Quality study of Rubin et al. (1990) by Laschinger et al. (2005) that were deciphered in Arabic frame for Saudi patients. Item

7, 9 to 13 relates to nursing and daily care; Items 14 to 16 for auxiliary staff and hospital condition; Item 8 for restorative care; Items 3 to 6 for data; Item 1 for affirmations; Items 17 to 18 for discharge and billing; and four inquiries (Item 19.1 to 19.4) measure fulfilment with the general nature of care, particularly: Items 19.1 to 19.2 for general nature of care and services; Item 19.4 for proposals and aims; and Item 19.3 for general wellbeing results (Rubin et al., 1990).

The survey and method for the affiliation have been evaluated by using the research ethics committee in the college of nursing of the college of Ha'il and in the clinic studied. A pilot evaluation turned into accomplished in 15 each every one among non-respondent head nurses and patient to certify that the objects had been clear and unambiguous (sufficiency). Cronbach's coefficient alpha was estimated inside range in light of the examination aftereffects of Laschinger et al. (2005), that is, unwavering high quality. Internal regularity was changed into attempted utilizing the part half technique, which confirm regularity in the estimation of items for the investigation topic. Internal consistency was balanced for the part half/full thing tests utilizing the Spearman-Brown equation. All estimations utilized SPSS version 25. Table 2 indicates measures of consistent quality.

Table 1: Scale measures and definition

Scale	(%)	Description
5	85 – 100	Excellent
4	70 – 84	Very Good
3	55 – 69	Good
2	40 – 54	Fair
1	39 and Below	Poor

Table 2: Measures for reliability

Cronbach's α	Measure
0.00 – 0.20	Slight reliability
0.21 – 0.40	Low reliability
0.41 – 0.60	Moderate reliability
0.61 – 0.80	High reliability
0.81 – 0.99	Very high reliability
1.00	Perfect reliability

Studies had been overseen via a chosen CNE staff of the nursing service department branch in every medical institution the usage of comfort testing over months in 2015 and have been encoded via three organization research partners from the medical and surgical department of the University of nursing. An aggregate of 90 out of 100 Saudi and non-Saudi head medical attendants and nurse supervisor and 87 out of 100 Saudi patients have satisfied the surveys utilized as a part of this examination following the consideration criteria (Figs. 1 and 2). Standard systems for information accumulation and capacity was utilized for the insurance of respondents data which incorporate (1) interest in this examination was totally intentional and can be pulled back whenever for any reason; (2) achieved questionnaires were kept in a secured bureau in the College of Nursing; (3) just the chief specialist and research aides had access to the data about the

respondents; and (4) achieved surveys will be decimated after two years.

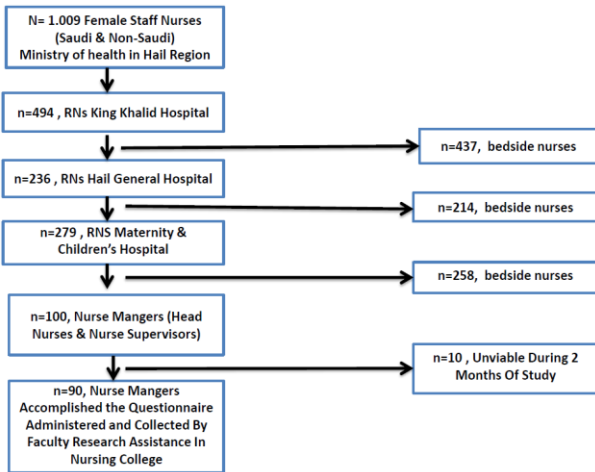


Fig. 1: Determination of the possible number of nurse managers

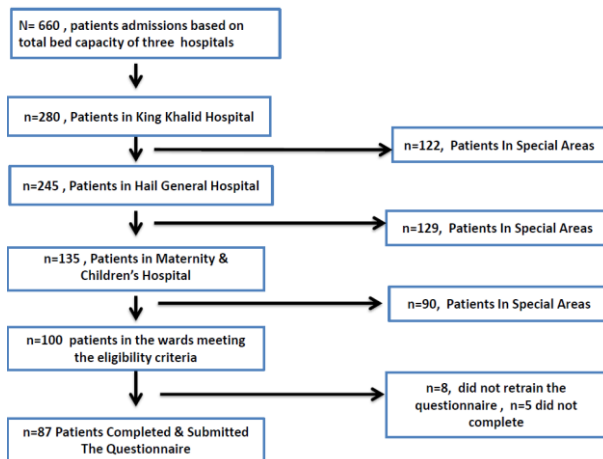


Fig. 2: Determination of the possible number of patients

3. Results

Table 3 demonstrates that the patients were transcendentally male (60%), younger (52.8% under 35 years) and to some degree surprisingly, had been conceded into the hospital in any event once in the past two years. One-quarter (25%) had constant conditions, requiring a few treks to hospital. Approximately half (42.3%) had poor to very poor fitness earlier than admission; and the rest had fair to remarkable health, seemingly show a high rate of mishaps prompting hospitalization. This evaluation was upheld by finished half (58.9%) being conceded through the emergency unit. Wards were not compressed, with not as much as a third (30%) sharing the space to no less than two others. About half (42.3%) had poor to very negative fitness in advance than admission; and the rest had fair to great health, reputedly show an excessive mishaps prompting hospitalization. This evaluation was upheld by way of completed half of (58.9%) being conceded through the emergency unit. Wards were no longer compressed, with not as plenty as a third

(30%) sharing the distance to not much less than two others.

Objective 1: Head nurses' assessment. The Ministry of Health's quality evaluation audit was used for head medical attendants (N = 87) to survey the level of attendant care in their unit. Table 4 underneath demonstrates the outcomes.

Table 3: Patient characteristics (N = 90)

Variable	n	%
Gender		
Male	54	60
Female	36	40
Age		
< 25 years	27	31.0
26 - 35 years	19	21.8
36 - 51 years	22	24.0
52 years +	22	24.4
Conjugal Status		
Single	40	44.4
Married	50	55.6
Previous hospitalization Times (2 years)		
Once	23	25.6
Twice	29	32.2
3 times	16	17.8
4 times +	22	24.5
Patient's fitness status prior admission		
Unsure	13	14.4
Very Poor	24	26.7
Poor	14	15.6
Fair	18	20.0
Good	15	16.7
Excellent	6	6.7
Methods of admission		
Emergency	53	58.9
Direct to unit	17	18.9
After day procedure	13	14.4
Transferred	7	7.8
Ward measure		
Single	34	37.8
2-bed	29	32.2
2-bed+	27	30.0

Table 4 demonstrates the results of the Ministry's assessment of their Saudi staff nurses by the head nurse of the unit. The imply combination administration of patient care in unit amongst turned into 14.90 (74.50%) and is proportional to "very good". The suggestion is to add as much as educational obligations among team of workers changed into 34.41 (76.47%) and is proportional to "Very Good" at 4.1. The mean for total administration of staff nurses was 27.41 (78.31%) proportionate to "Very Good" at 1.6. The mean for add up to administration of patient care among staff was 100.71 (77.47%) and is proportional to "Very Good". The mean aggregate administration of patient care in unit among was 14.90 (74.50%) and is proportional to "Very Good". The mean for add up to educational obligations among staff was 34.41 (76.47%) and is proportional to "Very Good".

Objective 2: Patients' fulfillment with the standard of a nursing care. The outcomes uncovered that the mean level of fulfillment of patients was 82.41 (74.92%) and is comparable to "Very Good" among patients. The reviews' factors were examined to set up connections inside and between overviews. These are exhibited as shown in Table 4.

Table 4: Evaluation of staff nurse performance by their unit head nurse

Variable (N=87)	Job Performance	Mean	(%)	Equivalent
	Score			
Total staff nurse performance	220	169.5	73.7	Very Good
Total management of staff nurses	35	27.41	78.3	Very Good
Total management of patient care	130	100.7	77.4	Very Good
Total management of patient care in unit	20	14.9	74.5	Very Good
Total educational responsibilities	45	34.4	76.4	Very Good

Table 5 shows connection between patient attributes with staff nurses' job performance and patient fulfillment. Pearson's r 2-tailed test of importance was utilized to decide any correlation between the independent variables patient

attributes with the dependent variables, patients' fulfillment and nurse performance. Results of this examination uncovered that significant correlations existed among independent variables and dependent variables

Table 5: Relationships between patient attributes with nurse performance, patient fulfillment

Variable		1	2	3	4	5	6	7	8
1. Age	p	1							
	r								
2. Conjugal Status	p	.62*	1						
	r	.000							
3. No. of admissions	p	.22*	.25*	1					
	r	.03	.01						
4. Patient fitness status	p	.12	.06	.28*	1				
	r	.23	.54	.00					
5. Unit entry for admission	p	.12	.10	.14	.02	1			
	r	.25	.31	.17	.85				
6. Ward measure	p	.01	.23*	-.15	-.17	.09	1		
	r	.86	.02	.13	.10	.38			
7. Staff Nurse Performance	p	-.00	.00	-.02	.14	-.13	-.07	1	
	r	.95	.99	.80	.17	.21	.50		
8. Patients fulfillment	p	.11	-.01	-.05	.18	.06	-.02		1
	r	.28	.91	.63	.08	.55	.80		

*Significant at $\alpha \leq 0.05$, Head Nurse, (N =87), Patients, (N= 90)

An independent sample t-test was utilized to look at difference in the level of nurses' job performance and patients' fulfillment regarding gender and conjugal status. The results of this study revealed that there was no statistical significant difference in the mean level of nurses' job performance between male and female, and between single and married (Table 6). On other hand, the results of this study revealed that there was statistical significant difference in the mean level of patients' fulfillment with quality of nursing care between single and married. However, there was no statistical significant difference in the mean level of patients' fulfillment with quality of nursing care between male and female (Table 6).

One-way ANOVA was utilized to analyze difference in the level of nurses' job performance and patients' fulfillment as for age, methods of admission, and patients' wellbeing before admission, ward measure, and previous admissions times. The results of this study revealed that there was statistical significant difference in the mean level of nurses' job performance between different methods of admission, different ward measures, and different admissions prior 2 years. However, there was no statistical significant difference in the mean level of nurses' overall performance between diverse levels of age groups, and different patients' wellbeing before admission (Table 7). On other hand, the results of this study revealed that there was statistical significant difference in the mean level of patients' fulfillment with quality of nursing care and different patients' wellbeing statuses before

admission. However, there was no statistical significant difference in the mean level of patients' fulfillment with quality of nursing care between different age groups, different methods of admission, different wellbeing statuses before admission, different ward measures, and previous admissions times (Table 7).

Table 6: Difference in gender, conjugal status and nurse performance and patient fulfillment

Variable	N	Mean	SD	t-value	df	p-value
Gender, Conjugal status and Nurse Performance						
Male	54	170.4	40.0	.28	85	.77
Female	36	168.0	35.7			
Single	40	164.8	34.2	1.00	85	.32
Married	50	173.1	41.0			
Gender, Conjugal status and Patients' fulfillment						
Male	54	83.3	16.4	.64	88	.52
Female	36	81.0	15.5			
Single	40	77.2	15.6	2.82	88	.006*
Married	50	86.5	15.2			

*Significant at $\alpha \leq .05$ Head nurse N = 87, patients N = 90

4. Discussion

The result of this investigation uncovers similarity and contrasts with the current worldwide literary works. Patient fulfillment has been seen as a compelling outcome measure of a health services conveyance framework in hospital. Consequently, the point of this examination was to look at the connection between nurses performance and patients' fulfillment.

As detailed previously, the greater part of the study directed on nurse caring and its relationship with patient fulfillment, as a result, have concentrated on information getting from review patients' information instead of on the genuine impression of patients (Griffiths, 2009). This may

have prompted the report of results not mirroring the current circumstance. This investigation is a report of the present day, genuine discoveries, in view of recent information. Along these lines, the outcomes mirror the present circumstance, as these shows up among patients.

Table 7: Difference between groups for selected patients' demographic characteristics with nurse performance and patient fulfillment

Variables	N	Mean	SD	Group	F	df1	df2	p-value
Age								
< 25 years	22	167.5	34.4	Head Nurse	0.30	3	83	.82
		171.0	43.9					
26 – 35 years	27	175.7	29.8	Patient	0.79	3	86	.50
		164.8	42.6					
36-51 years	19	78.7	17.3					
		83.2	12.4					
52 years and above	22	85.7	15.4					
		82.8	17.6					
Methods of admission								
Emergency	53	178.0	35.0	Head Nurse	3.18	3	83	.02*
		149.5	33.1					
Direct to unit	17	157.6	46.5	Patient	1.17	3	86	.32
		179.4	38.7					
After day procedure	13	89.7	10.0					
		77.0	13.4					
Transferred	7	83.4	15.5					
		82.9	17.2					
Patients' wellbeing before admission								
Unsure	13	161.6	57.3	Head Nurse	0.85	5	81	.51
		159.3	27.7					
Very Poor	24	175.2	31.2	Patient	5.68	5	84	.00*
		181.8	32.5					
Poor	14	171.0	48.0					
		172.6	29.6					
Fair	18	91.9	8.9					
		74.4	14.5					
Good	15	76.8	19.4					
		79.4	12.0					
Excellent	6	88.4	14.4					
		100.3	11.2					
Ward Measure								
One bed	34	178.64	42.3	Head Nurse	4.14	2	84	.01*
		153.04	31.8					
2-bed	29	176.35	36.3	Patient	0.05	2	87	.94
		82.23	18.1					
>2 bed	27	81.93	15.0					
		83.16	14.8					
Previous admissions Times (2 years)								
Once (current)	23	174.0	29.8	Head Nurse	2.86	4	82	.02*
		152.9	43.5					
Twice	29	185.2	37.3	Patient	0.94	4	85	.44
		168.5	32.7					
3 times	16	82.5	18.2					
		81.9	15.4					
≥ 4 times	22	85.4	12.1					
		85.3	12.8					

*Significant at $\alpha \leq 0.05$ Head Nurse N = 87, Patients N = 90

In this investigation, the nurses' performance and patients' fulfillment have not been significantly correlated. This might be explained by the discoveries of Henderson et al. (2007), who found a feeble connection because of bureaucratic requests, expanded workload, and diminished staffing levels. Vast quantities of patients and nurses invest a large portion of their time and vitality to play out doctor's requests, composing the reports and doing some secretarial occupations. Such a condition would cause nurses weariness, and anxiety and would avoid a proficient caring relationship with patients and their families. At that point, the patients' regard

and passionate needs might be disregarded prompts bring down satisfaction (Rafii et al., 2008). This kind of circumstance would causes nurses weariness, and tension and might keep away from a proficient connection with patient and their households. At that point, the patients' regard and passionate needs might be disregarded prompts bring down satisfaction (Rafii et al., 2008). This came reliably with an research carried out with by Han et al. (2003) about surgical and medical patients (N=477), recording the relationship among patient fulfillment and nursing care internal an critical nurse working unit in an expansive Taiwanese Teaching Hospital.

Unfortunately, there may be no evidence of the relationship among caring and patient fulfillment within European countries. However, the looking at of this examination, it seemed to stand out from investigations which showed important connection between's individualized care and patient fulfillment (Suhonen et al., 2007; Leeman et al., 2008; Wolf et al., 2008) which goes a few approach to affirm this relationship (Weiland et al., 2003; Acaroglu et al., 2007). Along these lines, the aftereffects of this examination showed that patients' fulfillment was influenced by different factors, for example, human services condition of hospital. The patients saw that their nurses had the essential information and abilities, yet these were not vital as far as their general fulfillment with their care. Consequently, shaping health care environment and enhancing the nurses' caring practices may improve the patient quality of care and that may enhance the patients' fulfillment. Executing some in-service training programs about caring conduct and its diverse territories alongside expanding the quantity of nurse in control may decidedly influence the nurses caring attitudes. This study has likewise exhibited that patients with a history admission to hospital amid the most recent two years discovered nurses additionally caring. It appears that more lengths of stay in clinic increase patients' chances of receiving more nurses' care and observing their caring practices. As per Wolf et al. (1998), shorter lengths of stay in the hospital may add to changes in patients' view of nurse caring and fulfillment with nursing care. In this investigation, the impact of wellbeing status before affirmation on understanding fulfillment with a nursing quality of care was inspected. As in step with Wolf et al. (1998), the length of period of stay in the hospital can changes the mindset of patient view of nurse caring and fulfillment with nursing care (Al-Doghaither, 2000). On this research, the impact of wellbeing reputation before affirmation on know-how fulfillment with a nursing quality of care was investigated. It was discovered that wellbeing status affects patients' appraisal of their fulfillment with nurses nature of care. Patients who saw themselves to be in brilliant or great wellbeing will probably be happy with their health care. Be that as it may, wellbeing status is seem to be more unequivocally identified with fulfillment with access to care than to either fulfillment with the expert staff or general nature of received. Predictable with the writing (Ren et al., 2001, Thi et al., 2002; Haviland et al., 2003; lezzoni et al., 2002; Akinci and Sinay, 2003), our examination demonstrated that individuals who saw themselves as being sound will probably be happy with access to care. Healthier person do now not require as lots hospital treatment and cooperate with health care services providers much less as regularly as possible. They have less threat to encounter issues with access to health care and in this way may additionally express greater fulfillment with access. Married patients detailed higher fulfillment score with nursing nature of care than

patients who were single which this finding is predictable with past discoveries (Al-Ahmadi, 2009, Akinci and Sinay, 2003, Al-Doghaither, 2000). Ward measure has been noteworthy because of the number of beds for admission that nurses can oversee or manage for patients. Married patients designated better fulfillment score with nursing nature of care than patients who were unmarried which this study is predictable with previous discoveries (Al-Ahmadi, 2009, Akinci and Sinay, 2003, Al-Doghaither, 2000). Ward measure has been remarkable due to the range of beds for admission that nurses can oversee for patients. Ward measure can expand the event of poor correspondence between nurses with patients, failure of joint effort amongst nurses and doctors, discharge nurses and nurses employment dissatisfaction (Samina et al., 2008). Patients' affirmation through the change from one-of-a-kind medical institution discloses nurses extra caring with nursing care. It show that patients exchange required greater care and notion than distinctive patient. Less writing has examined the impact of process for admission (exchange from other facilities) closer to nurse caring conduct. This investigation show that there had been no significant differences in patients' fulfillment between age, sexual orientation, techniques for admission, in advance admission (2 years), and ward degree. The finding of this analysis has seemed to be inconsistency with earlier investigations which uncovered a significant relationship between patient fulfillment and age (Liu and Wang, 2007; Milutinović et al., 2012). In connection to sexual orientation, this investigation was not ready to close any distinction of patient fulfilment. Along these lines, the discoveries were reliable with past investigation. Wolf et al. (2003) discovered no contrasts in nurse caring and patient fulfillment for male as opposed to female heart patient. In addition, there were no significant contrasts of nursing caring conduct between age, sexual orientation, and patient wellbeing status before admission.

5. Limitations

This examine is prone to a few impediments. Particularly, this study has applied convenience sampling and restrained data series to governmental hospitals in Northwestern Saudi Arabia. In the end, the after effects of this investigation cannot be generalized beyond this group of patients and personnel. This investigation ought to be seen with consideration, since the example was not chosen by an arbitrary system. Similarly, the instance becomes now not homogenous through medical diagnoses or surgical strategies.

6. Conclusion

Typically, the character of health care in Ha'il region may be pondered by means of the execution of the three hospitals in giving a tertiary degree of care in light of the evaluations of team of workers

nurses and patient fulfillment. This additionally demonstrates the same old of care imposed by means of the Ministry of Health remains to be met. In any case, regular surveying ought to be embraced to guarantee its congruity. The principle finding of this investigation there is no significant relationship between's nurses' caring performance and patient fulfillment. The precept finding of this investigation is that there may be no significant connection between's nurses' caring performance and patient fulfillment. Various factors might impact patient fulfillment with nursing.

7. Recommendations

Owing to affected person fulfillment with nursing care is probably effected by way of diverse component (statistic and care provider-associated), similarly studies prescribed to contain the correspondence procedure that affects those two assemble mainly on the subject of Islamic nations.

It might be valuable to look at more homogenous examples of patients, conceded for particular therapeutic conditions or surgical methodology, to decide the connection between nursing care and patient fulfillment. Strategic plans for continuous quality changes ought to be centered around the physical set-up of the hospital as far as ward measure; admission techniques including patient experience amid admission; preparing and bolster for nursing staff; a family-oriented health care since the majority of patients are married.

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