

Exploring the factors that impact Saudi Arabian nurses on holistic nursing care in patient outcomes: A qualitative study



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ARTICLE INFO

Article history:

Received 7 May 2023

Received in revised form

2 September 2023

Accepted 9 November 2023

Keywords:

Holistic nursing

Qualitative-thematic analysis

Nurse empowerment

Management challenges

ABSTRACT

Holistic nursing is a patient-centered approach that integrates various aspects of health to support overall well-being and improve quality of life. Exploring the factors that influence nurses' provision of holistic care from the nurses' point of view and perspective can significantly contribute to improving patient care. Despite the benefits of this modern nursing philosophy, it is still underutilized in Saudi Arabia. To examine the factors that influence the holistic nursing practices of Saudi Arabian nurses in the city of Hail, Saudi Arabia. This study used a qualitative-thematic analysis design and involved 12 nurses selected through purposive sampling criteria. Thematic data analysis of nurses' practices and experiences in providing holistic nursing care in Hail, Saudi Arabia, revealed four key factors affecting patient outcomes: inadequate nursing care, inadequate support for nurse empowerment, negative family attitudes and expectations toward nursing responsibilities, and disproportionate nurse staffing ratios. Challenges to holistic care delivery by nurses often fall within the realm of management. Practical strategies to address these challenges include reviewing and updating operational nursing policies to incorporate rotations, increasing staffing levels, implementing a reward system, ensuring adequate resources, promoting open communication, and valuing the well-being of the team.

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1. Introduction

The American Holistic Nurses Association emphasizes acknowledging social/cultural norms, relationships, and the environment when providing care. Despite the historical use of holistic principles and natural therapies in nursing, technological and profit-driven advances during the mid-to late-1900s resulted in a shift away from the essential connections between caregivers and patients (Thornton, 2019).

Advocacies for holistic nursing care are growing popular, and literature about it is now prospering. As defined in many languages, Holistic healthcare is centered around treating the person as a whole - addressing their mind, body, and spirit - rather than taking a narrow approach to their health (Thomas et al., 2018; Demirsoy, 2017). By recognizing the

patients' physical, mental, emotional, social, and spiritual needs (Ruder, 2013; Watson, 1997), holistic care can provide patient-centered care plans tailored to unique individuals (Dossey and Keegan, 2013; Khong, 2021). These care plans frequently involve a combination of traditional medical treatments and complementary therapies and modalities. The primary objective of holistic care is to enhance patients' overall well-being and quality of life, boosting not just their physical health (Li et al., 2020; Kreitzer, 2015).

Holistic care is an essential nursing principle that facilitates nurses to develop strong relationships with their patients and helps build trust, which is vital for effective communication and collaboration in healthcare (Kwame and Petrucka, 2021). Incorporating holistic care within nursing promotes a better understanding of the patient's experiences, values, and beliefs. It enables nurses to consider all aspects of a patient's care and develop comprehensive care plans that address the whole person (Tsimane and Downing, 2020).

Several studies mentioned that nurses face challenges incorporating a holistic approach to nursing care into their practice. The challenges include the lack of clarity around the concept of

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<https://doi.org/10.21833/ijaas.2023.12.001>

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holistic care and its various dimensions, but also other factors such as workload, burnout, inadequate training and education, communication barriers with patients and families, and competing priorities (Zamanzadeh et al., 2015; Rodgers, 2005). In addition, the National Academies of Sciences, Engineering, and Medicine highlighted the importance of equipping nurses with the knowledge and skills to provide holistic, patient-centered care and value patients as whole individuals rather than just their medical conditions (Flaubert et al., 2021).

While considerable research has been conducted on holistic nursing care globally, there is a lack of related literature focused explicitly on Saudi Arabia. This represents significant knowledge gaps in understanding how best to support nurses in the country in delivering patient-centered, comprehensive care that meets the needs of individuals and communities alike. More studies are therefore needed to know about the factors that influence the ability of Saudi nurses to provide holistic care across different clinical settings.

This research study examined the factors that impacted the holistic nursing practices of hospital nurses in Saudi Arabia, accounting for the cultural and religious influences present in Saudi society. By exploring the intricate dimensions of holistic nursing care, this study aspired to deepen understanding of nursing and raise nurses' quality of care. Ultimately, this research has shown how nurses can deliver effective patient-centered care that accounts for all aspects of their patient's needs, particularly within the culturally diverse and unique healthcare setting of Saudi Arabia.

2. Materials and methods

This is a qualitative–thematic study with semi-structured interviews designed to explore the factors affecting the holistic nursing practices of Saudi hospital nurses.

This study was conducted in the Hail City of Saudi Arabia's Hail Region, with participants selected through purposive sampling based on specific inclusion and exclusion criteria. Prospective participants were Saudi nationals and had at least two years of hospital experience in various clinical areas in a government-owned hospital. Those whose roles were limited to administrative responsibilities

or whose hospital experience was restricted to a single clinical area over the past five years were excluded from the study. The study ensured an appropriate sample that provided reliable and high-quality data through these rigorous selection criteria. The 12 participants selected signed a consent form expressing their voluntary participation in the study.

The data-gathering process started in August 2022 with an orientation session to establish professional rapport and mutually harmonious engagement with the selected participants. The orientation included a briefing on the interview protocol and objectives.

Two semi-structured interview sessions, the preliminary interview and follow-up interview, were done individually among the 12 participants (Table 1). The preliminary interview began with a general question on how they practice holistic nursing care, followed by questions that focused on exploring the impact and implications of holistic nursing care on nursing careers, including the factors affecting nurses' daily hospital duties. Clarifying pertinent questions were asked in subsequent interview sessions to understand the participants' initial responses better. All the interviews were recorded using two backup devices while the researchers noted each interviewee's narratives and impressions. The interviewees were assigned numerical codes to protect their privacy. Interviews were held in a private, quiet room at the hospital for the convenience of the participants, with only the assigned researchers (an interviewer and a documenter) present throughout the process.

The information gathering continued until the point of data saturation was observed in December 2022.

NVIVO version 12 computer word processing was used to convert the audio-recorded data from the semi-structured interviews into text, and themes were identified through thematic analysis. This approach entailed the following steps: familiarization with the data, creating preliminary codes, peering and evaluating themes, defining and labeling themes, and providing a report.

The researchers followed a meticulous approach to ensure consistency and accuracy in this study. The data collected were double-checked, thoroughly analyzed, and validated, assuring its dependability.

Table 1: Participants characteristics

Informant	Gender	Age	Years of hospital experience	Clinical area assigned
Info 1	Female	29	6	Intensive care unit- isolation
Info 2	Female	39	16	Medical ward
Info 3	Female	37	9	Intensive care unit
Info 4	Female	30	7	Surgical ward
Info 5	Female	36	13	Surgical ward
Info 6	Male	32	9	Oncology
Info 7	Female	33	10	Intensive care unit
Info 8	Female	34	11	Medical ward
Info 9	Female	38	15	Emergency room
Info 10	Female	38	15	Intensive care unit
Info 11	Male	35	12	Emergency room
Info 12	Female	37	14	Intensive care unit

After several readings by the researchers, the categories and themes were thoroughly discussed, resulting in a shared understanding and agreement. Follow-up interviews with the participants confirmed and validated the preliminary findings. Finally, the confirmed results were shared with the participants after carefully reviewing their accuracy. The diversity of characteristics among study participants increased the transferability of research findings beyond the sample group studied.

3. Results of the study

Data analysis identified four key themes that significantly impacted the provision of holistic nursing care by Saudi Arabian nurses. These four themes were classified as

1. Insufficient care provision
2. Inadequate support for nurse empowerment
3. Family attitudes and expectations toward nursing responsibilities
4. Nurse-to-patient staffing ratios

These were integral factors in shaping the context and delivery of holistic nursing care in the Hail Region and throughout Saudi Arabia. Therefore, addressing the gaps would enhance the quality of patient care and support the advancement of nursing practice in the country. Some statements from the informants are presented in the following parts in their exact form when it was spoken.

3.1. Insufficient care provisions

This theme encompasses nurses' significant challenges when providing comprehensive and effective patient care. It refers to the difficulties nurses encounter in ensuring that all aspects of a patient's health needs are adequately addressed.

During the interviews, one of the nurses (Informant 1) shared, "Our hospital had enough medical supplies before the COVID-19 pandemic hit Saudi Arabia. However, because so many people were admitted to the hospital during the COVID-19 pandemic, our hospital ran out of supplies. As a result, gloves are reused several times and will only be discarded when ripped."

Another respondent (Informant 7) said there were not enough staff members during the pandemic, forcing 12-hour work shifts for available nurses. It resulted in exhaustion and weariness among nurses, causing some nursing management to be unaccomplished. "In the ward, we have much paperwork to do. We do not have much time to do or expand our nursing interventions in the patient's room," added Informant 6.

A nurse (Informant 11) from the emergency room expressed the exact same sentiment of overwork as Informant 7. Informant 11 revealed that there were times when nurses failed to show up for duty because of illness or other emergency reasons, so they had to work longer hours. This condition made

it hard for nurses to provide longer caring hours for patients because of tiredness.

3.2. Inadequate support of nurse empowerment

The lack of autonomy and support nurses receive from hospital leadership and their colleagues when making decisions, communicating effectively, and implementing work practices are presented in this theme. It highlights the importance of nursing staff engagement and accountability for quality outcomes.

One of the participating nurses (Informant 2) currently studying in a master's program needed to synchronize her schedules has this to say: "I am enrolled in a nursing master's program. Sometimes, I asked for a leave of absence or to switch shifts, but my requests were denied, and some employees were unwilling to swap their schedules."

On Overtime, Informant 9 explained, "Overtime is part of our normal work hours. Those extra hours of work were made up for the back time. We did not get any extra pay per hour. Because no one was to work, sometimes our back time was not used. It is very discouraging." Another nurse (Informant 8) corroborated the above narrative, "Beyond the normal hours of duty in our area are out of our control. We must stay a long time until we can do our jobs properly. The reward system for our work at the hospital was insufficient."

"As a nurse pursuing a master's degree, I am passionate about expanding my knowledge and career to improve patient outcomes. However, managing work and academic obligations has been difficult due to insufficient support for nurse motivation at my workplace," shared another respondent (Informant 4).

3.3. Family attitudes and expectations of nursing responsibilities

This part presents families' perceptions, beliefs, and expectations toward nurses' role in patient care during hospital confinement. Family members play an essential role in a patient's health care by providing emotional support, communicating with healthcare providers, and acting as a liaison between the patient and the provider.

An emergency room nurse, apparently out of dismay, cited an experience with a very demanding patient's family. The nurse (Info 9) said that even if they were told to wait a moment, family members still insisted on priority attention for their patient.

"There were many times in the ward when I needed help from family members but to no avail," said Informant 5, citing an example case in which a patient who cannot move would benefit from log rolling. "Family members refused to help us change the position of their loved one because they thought it is not their job but part of the job of caregivers,"

"Some of the patient's family members do not offer assistance when I enter their room to perform a nursing procedure. Family members usually do not

care to help nurses provide caring assistance for their sick relative, added Informant 6.

A female nurse (Info 3) said, "I sometimes find it hard to give complete nursing care to my male patients. As a female nurse, I hesitate to touch male patients because Islam forbids it. Nevertheless, because of how things are done in Saudi Arabia, we do not discuss patients' feelings in detail, especially when dealing with male patients."

3.4. Nurse staffing ratios on patients' outcomes

Nurse staffing ratios refer to the number of patients a nurse cares for within a given shift. This theme focuses on how staffing levels impact patient outcomes, including quality, safety, reliability, and efficiency of care delivery. Below are some of the explicit statements of the nurses interviewed:

"During the COVID-19 pandemic, I almost had to take care of six patients during my 12-hour duty shift. We needed staff because there were many patients in our ward. Sometimes, we feel some fatigue after our duties and even before our duty ends." (Info 12)

Most of the time, we must take care of more patients in the ward because there are not enough staff because some have finished their contracts. We only have a short time for meals, which contributes to our stress." (Info 6)

"Due to a lack of staff, I used to be transferred from one ward to another clinical area. There are many patients in the ward sometimes, or there may be just the right number of patients for the number of nurses." (Info 5)

"Sometimes, when there are not enough staff on my ward, I must be moved to a busy ward. I sometimes have trouble and am slow doing my job in another ward because I do not have enough experience or knowledge in areas other than my official area." (Info 10)

4. Discussion

Several vital factors influencing Saudi nurses' ability to provide holistic nursing care and improve patient outcomes were identified in the study. Inadequate care provision, insufficient support for nurse empowerment, family attitudes and expectations of nursing responsibilities, and nurse staffing ratios are among these factors.

4.1. Insufficient care provision

The nurses' responses regarding insufficient care shed light on the serious challenges that impact holistic patient care. These challenges include overwhelming workloads, nursing personnel shortages, and a need for essential medical resources. The study's interviewees noted that nurses in Hail were often overworked, exhausted, or burned out due to the limited time available for direct patient care resulting from overwhelming

workloads and shortages of medical supplies, especially during the COVID-19 pandemic. However, none of the respondents admitted to committing significant errors while exhausted. Persistent overworking conditions can lead to severe nursing errors that undermine holistic nursing care. The consequences of overwork could be similar to those found in Canadian research on a neonatal intensive care unit (NICU), where excessive workplace stress leads to job burnout, causing emotional and mental exhaustion, ultimately leading to lower quality of care (Braithwaite, 2008).

Globally, a lack of nursing staff and excessive workload or extended work hours are the leading causes of nursing errors. As highlighted in this study, the challenges nurses face in the Hail Region are similar to those faced by Iranian nurses, as documented by Nobahar et al. (2015). The authors noted that the heavy workload hinders Iranian nurses from providing comprehensive care that meets the diverse needs of their patients. Kalisch's (2006) research also identified understaffing, limited time for individual patient care, ineffective delegation practices, and inadequate material resources as factors that impede quality nursing care.

The challenges raised by the Hail nurses have the potential to hinder the ability of nurses to deliver excellent care and limit opportunities for improving patient health outcomes. However, these issues can be mitigated if healthcare institutions implement effective strategies such as hiring additional qualified nurses, ensuring adequate resources and supplies, promoting open communication between patients and staff on cultural norms, and supporting the well-being of nursing teams. Another approach to consider is implementing a rotating nurse schedule that helps distribute workload, reduces stress, and minimizes burnout among nursing staff. With these measures in place, nurses will have more time to focus on their patients, ultimately leading to better-quality care and improved health outcomes.

4.2. Inadequate support for nurse empowerment

The nurses' testimonies emphasize the need for more support from nursing leaders and management and the limited autonomy of nurses in delivering holistic care to their patients. The respondents expressed multiple challenges, including denial of leave requests, mandatory unpaid overtime, the unwillingness of colleagues to switch shifts during an emergency, and an inadequate reward system. These factors demotivate the nurses and negatively impact their performance in providing quality holistic patient care.

These testimonies are evidence of failure in nursing leadership in the Hail Hospitals. It also reveals the absence of specific guidance or direction for staff nurses. The nurses in this study desperately needed incentives as they felt demotivated by their personal experiences from their duties. In a related study, Trus et al. (2011) established that a lack of

support from nursing leaders, specifically in decision-making processes, results in disempowerment, inadequacy, and helplessness among staff nurses.

Based on the findings in this section, it would be beneficial for Hail Hospital's management to review its nursing leadership and operational policies. By conducting regular surveys, leaders can encourage employee feedback and identify areas requiring attention. A reward system that includes bonuses or incentives for excellent performance or initiatives can promote professional growth and development while boosting morale and motivation among nursing staff.

4.3. Family attitudes and expectations of nursing responsibilities

Recognizing families' vital role in their patient's healthcare is critical. However, family expectations and perceptions of nursing care can vary greatly. Some family members believe they need more responsibility in caring for their sick relative, while others believe it is not their responsibility to assist with specific tasks requested by nurses. One of the nurses interviewed shared her awful experience with a demanding family. Another nurse shared a notable aspect of Islamic culture that necessitates the physical assistance of other family members. The gender-specific nursing care limits healthy interactions and bars female nurses from holding or touching male patients. In this case, female nurses are hampered in providing holistic care to male patients. Some other studies pointed out conflicting attitudes and expectations from families regarding nursing responsibilities. However, [Tapp and Moule's \(2012\)](#) study highlighted an issue of the lack of formal approaches to family assessment and limited interventions towards families by nurses, leading to a potential gap between recognizing the role of family and putting it into practice.

The problems presented in this area relate to behaviors that do not require complicated solutions but a concerted community undertaking involving awareness of the role of everyone in caring for a sick person. Healthcare institutions and health professionals should initiate an awareness program and tailor patient care plans to engage and educate families on their role in patient care and improve their perceptions and expectations regarding nursing responsibilities.

4.4. Nurse staffing ratios on patients' outcomes

Appropriate nurse staffing is essential for providing comprehensive patient care, preventing adverse effects on nurse productivity and dependability, and preventing burnout. The analysis of the various responses of the respondents indicates that insufficient staffing often leads to inadequate mealtimes and fatigue, difficult working conditions under different circumstances, and exacerbates inefficiencies in addressing patients'

physical health and psychological and social aspects. The results in this current study support the claims of [Lasater et al. \(2020\)](#) and [Driscoll et al. \(2018\)](#) that nurses with staffing ratio problems had experienced a significant impact on their health and patient outcomes. Based on the findings, it suffices for the healthcare institution of Hail to prioritize implementing evidence-based staffing plans that sync with the patient's needs and the required complexity of care. This can significantly aid in combating nurse staffing shortages and ensure quality patient care.

5. Conclusion

The study determined obstacles Saudi nurses encounter in delivering comprehensive nursing care and enhancing patient outcomes. These challenges include insufficient care provision, inadequate support for nurse empowerment, cultural challenges, and staffing ratios. Depth analysis of the interviews with the respondents shows that the Hail nurses are dedicated. However, various challenges within their work area weaken their determination to provide meaningful nursing service or holistic nursing care. Some of the identified challenges are within the domain of the management to resolve. Among the measures or strategies for consideration are 1) reviewing and upgrading operational nursing policies, including rotations, 2) employing additional nursing staff, 3) initiating a rewards system, ensuring adequate resources, 4) fostering open communication, and 5) valuing team well-being.

Funding

This research has been funded by the Scientific Research Deanship of the University of Hail Saudi Arabia with project number RG-191236.

Acknowledgment

The authors would like to acknowledge the support of the Scientific Research Deanship of the University of Ha'il Saudi Arabia to this research endeavor through project number RG-191236.

Compliance with ethical standards

Conflict of interest

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

References

- Braithwaite M (2008). Nurse burnout and stress in the NICU. *Advances in Neonatal Care*, 8(6): 343-347. <https://doi.org/10.1097/01.ANC.0000342767.17606.d1> PMID:19060580
- Demirsoy N (2017). Holistic care philosophy for patient-centered approaches and spirituality. In: Sayliligil O (Ed.), *Patient*

- centered medicine. BoD–Books on Demand, Norderstedt, Germany. <https://doi.org/10.5772/66165>
- Dossey B and Keegan L (2013). *Holistic nursing: A handbook for practice*. Jones and Bartlett Publishers, Burlington, USA.
- Driscoll A, Grant MJ, Carroll D, Dalton S, Deaton C, Jones I, Lehwaldt D, McKee G, Munyombwe T, and Astin F (2018). The effect of nurse-to-patient ratios on nurse-sensitive patient outcomes in acute specialist units: A systematic review and meta-analysis. *European Journal of Cardiovascular Nursing: Journal of the Working Group on Cardiovascular Nursing of the European Society of Cardiology*, 17(1): 6–22. <https://doi.org/10.1177/1474515117721561> **PMid:28718658**
- Flaubert JL, Menestrel SL, Williams DR, and Wakefield MK (2021). The role of nurses in improving health care access and quality. In: Wakefield MK, Williams DR, and Le Menestrel S (Eds.), *The future of nursing 2020-2030: Charting a path to achieve health equity*. National Academy of Sciences, Washington D.C., USA.
- Kalisch BJ (2006). Missed nursing care. *Journal of Nursing Care Quality*, 21(4): 306–313. <https://doi.org/10.1097/00001786-200610000-00006> **PMid:16985399**
- Khong BSL (2021). Revisiting and re-envisioning mindfulness: Buddhist and contemporary perspectives. *The Humanistic Psychologist*, 49(1): 3–18. <https://doi.org/10.1037/hum0000238>
- Kreitzer MJ (2015). Integrative nursing: Application of principles across clinical settings. *Rambam Maimonides Medical Journal*, 6(2): e0016. <https://doi.org/10.5041/RMMJ.10200> **PMid:25973268 PMCID:PMC4422455**
- Kwame A and Petrucka PM (2021). A literature-based study of patient-centered care and communication in nurse-patient interactions: Barriers, facilitators, and the way forward. *BMC Nursing*, 20(1): 158. <https://doi.org/10.1186/s12912-021-00684-2> **PMid:34479560 PMCID:PMC8414690**
- Lasater KB, Sloane DM, McHugh MD, Cimiotti JP, Riman KA, Martin B, Alexander M, and Aiken LH (2020). Evaluation of hospital nurse-to-patient staffing ratios and sepsis bundles on patient outcomes. *American Journal of Infection Control*, 49(7): 868–873. <https://doi.org/10.1016/j.ajic.2020.12.002> **PMid:33309843 PMCID:PMC8190185**
- Li Y, Xing X, Shi X, Yan P, Chen Y, Li M, Zhang W, Li X, and Yang K (2020). The effectiveness of music therapy for patients with cancer: A systematic review and meta-analysis. *Journal of Advanced Nursing*, 76(5): 1111–1123. <https://doi.org/10.1111/jan.14313> **PMid:32017183**
- Nobahar M, Ahmadi F, Alhani F, and Khoshknab MF (2015). Work or retirement: Exploration of the experiences of Iranian retired nurses. *Work*, 51(4): 807–816. <https://doi.org/10.3233/WOR-141943> **PMid:25248523**
- Rodgers BL (2005). *Developing nursing knowledge: Philosophical traditions and influences*. Lippincott Williams and Wilkins, Philadelphia, USA.
- Ruder S (2013). Spirituality in nursing. *Home Healthcare Nurse*, 31(7): 356–367. <https://doi.org/10.1097/NHH.0b013e3182976135> **PMid:23817473**
- Tapp DM and Moules NJ (2012). Enlivening the rhetoric of family nursing: "There, in the midst of things, his whole family listening." *Journal of Applied Hermeneutics*, 2012: 2.
- Thomas H, Mitchell G, Rich J, and Best M (2018). Definition of whole person care in general practice in the English language literature: A systematic review. *BMJ Open*, 8(12): e023758. <https://doi.org/10.1136/bmjopen-2018-023758> **PMid:30552268 PMCID:PMC6303638**
- Thornton L (2019). A brief history and overview of holistic nursing. *Integrative Medicine: A Clinician's Journal*, 18(4): 32–33.
- Trus M, Suominen T, Doran D, and Razbadauskas A (2011). Nurses perceived work-related empowerment in Lithuanian context. *Scandinavian Journal of Caring Sciences*, 25(3): 599–607. <https://doi.org/10.1111/j.1471-6712.2011.00871.x> **PMid:21362005**
- Tsimane TA and Downing C (2019). Transformative learning in nursing education: A concept analysis. *International Journal of Nursing Sciences*, 7(1): 91–98. <https://doi.org/10.1016/j.ijnss.2019.12.006> **PMid:32099865 PMCID:PMC7031123**
- Watson J (1997). The theory of human caring: Retrospective and prospective. *Nursing Science Quarterly*, 10(1): 49–52. <https://doi.org/10.1177/089431849701000114> **PMid:9277178**
- Zamanzadeh V, Jasemi M, Valizadeh L, Keogh B, and Taleghani F (2015). Effective factors in providing holistic care: A qualitative study. *Indian Journal of Palliative Care*, 21(2): 214–224. <https://doi.org/10.4103/0973-1075.156506> **PMid:26009677 PMCID:PMC4441185**