



ILLUMINATING THE PATH TO EXCELLENCE: INSIGHTS FROM SAUDI ARABIAN NURSES ON ENHANCING PATIENT CARE QUALITY

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Abstract

The nursing profession in Saudi Arabia has undergone significant transformations in recent years, driven by the country's efforts to improve healthcare quality and meet the growing demands of its population. This qualitative study aimed to explore the perspectives and experiences of Saudi Arabian nurses regarding the factors that influence patient care quality and the strategies to enhance it. Semi-structured interviews were conducted with 20 nurses working in various healthcare settings in Riyadh, Saudi Arabia. Thematic analysis revealed five main themes: 1) professional development and education, 2) interprofessional collaboration and communication, 3) work environment and resources, 4) patient-centered care and cultural competence, and 5) leadership and organizational support. The findings highlight the importance of ongoing training and specialization, effective teamwork and information sharing, adequate staffing and equipment, respect for patients' values and preferences, and supportive management and policies in promoting high-quality nursing care. The study provides valuable insights for nurses, educators, managers, and policymakers to guide the development and implementation of strategies that foster nursing excellence and optimize patient outcomes in Saudi Arabia.

Keywords: nursing, patient care quality, qualitative research, Saudi Arabia, thematic analysis

Introduction

Nursing is a critical component of healthcare systems worldwide, and nurses play a vital role in promoting patient safety, well-being, and satisfaction (World Health Organization [WHO], 2020). In Saudi Arabia, the nursing profession has undergone significant changes and challenges in recent decades, influenced by factors such as the country's rapid economic and social development, the increasing prevalence of chronic diseases, and the growing demand for high-quality healthcare services (Almalki et al., 2011; Lamadah & Sayed, 2014). The Saudi government has recognized the importance of nursing in achieving its Vision 2030 goals of improving healthcare quality and efficiency, and has implemented various initiatives to develop



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Conservation

and

the nursing workforce and enhance their practice environment (Ministry of Health [MOH], 2017).

Despite these efforts, studies have reported several issues and barriers that affect the quality of nursing care in Saudi Arabia, such as inadequate staffing and resources, limited professional development opportunities, interprofessional communication gaps, and cultural and linguistic challenges (Alboliteh et al., 2017; Alsaqri, 2016; Mahran & Al-Nagshabandi, 2012). Moreover, there is a paucity of research that explores the perspectives and experiences of Saudi nurses themselves regarding the factors that influence patient care quality and the strategies to improve it (Alshammari et al., 2019). Understanding the viewpoints of nurses, as frontline healthcare providers, is essential to develop contextually relevant and evidence-based interventions that optimize nursing practice and patient outcomes.

The purpose of this qualitative study was to explore the perceptions and experiences of Saudi Arabian nurses regarding the factors that influence patient care quality and the strategies to enhance it. The specific objectives were to:

1. Identify the facilitators and barriers to providing high-quality nursing care in Saudi Arabia.
2. Describe the strategies that nurses use to overcome challenges and promote patient care quality.
3. Explore nurses' recommendations for improving the nursing practice environment and patient outcomes.

Methods

Design

A qualitative descriptive design was used to gain an in-depth understanding of Saudi nurses' perspectives and experiences regarding patient care quality. Qualitative description is a suitable approach when the goal is to provide a comprehensive summary of a phenomenon in everyday terms, without extensive interpretation or theorization (Sandelowski, 2000). Semi-structured interviews were conducted to allow for flexibility and richness of data collection (DeJonckheere & Vaughn, 2019).

Setting

and

Participants

The study was conducted in Riyadh, the capital city of Saudi Arabia, which has a wide range of healthcare facilities, including public and private hospitals, primary care centers, and specialized clinics. Purposive sampling was used to recruit nurses who met the following inclusion criteria: 1) Saudi Arabian nationality, 2) registered nurse license, 3) minimum of one year of clinical experience, and 4) willingness to participate in the study. Recruitment was done through advertisements in social media platforms and professional networks, as well as snowball sampling. The sample size was determined by data saturation, which was achieved after interviewing 20 participants.

Data

Semi-structured interviews were conducted between January and March 2023 by two trained female researchers (AAA and SDA) who were fluent in Arabic and English. The interviews were conducted in a private room at the participants' workplace or a mutually convenient location, and lasted 45-60 minutes. An interview guide was developed based on the study objectives and literature review, and included open-ended questions and probes about the factors that influence patient care quality, the strategies to enhance it, and the recommendations for improvement. The guide was piloted with two nurses and refined accordingly. The interviews were conducted in Arabic, audio-recorded, and transcribed verbatim. Field notes were taken to capture nonverbal cues and contextual information.

Collection**Data**

The interview transcripts were analyzed using thematic analysis, following the six-phase approach proposed by Braun and Clarke (2006). The researchers (AAA, SDA, LDA) independently read and reread the transcripts, coded the data, identified initial themes, reviewed and refined the themes, defined and named the themes, and produced the report. The themes were compared and discussed among the researchers until consensus was reached. The findings were presented with illustrative quotes that were translated into English by a professional translator and checked for accuracy by the bilingual researchers.

Analysis**Trustworthiness**

The trustworthiness of the study was ensured through several strategies, such as prolonged engagement with the data, researcher triangulation, member checking, thick description, and reflexivity (Lincoln & Guba, 1985). The researchers had extensive experience in qualitative research and nursing practice, and spent sufficient time collecting and analyzing the data. The findings were discussed among the research team to enhance credibility and confirmability. The preliminary themes were shared with five participants for feedback and validation. The findings were described in detail with relevant quotes to enable transferability. The researchers kept a reflective journal to acknowledge their assumptions, biases, and influence on the research process.

Ethical

Ethical approval was obtained from the Institutional Review Board of King Saud University (IRB No. E-20-5432). Written informed consent was obtained from all participants prior to the interviews, and they were assured of voluntary participation, confidentiality, and anonymity. The audio recordings and transcripts were stored in a secure password-protected computer and will be destroyed after five years.

Considerations**Results**

The characteristics of the participants are presented in Table 1. The majority were female (85%), aged 25-34 years (60%), had a bachelor's degree in nursing (80%), and worked in public hospitals (70%). The participants had a mean clinical experience of 6.5 years (range: 1-15 years)

and represented various nursing specialties, including medical-surgical, critical care, pediatrics, obstetrics, and emergency care.

Five main themes emerged from the data analysis, each with several subthemes (Table 2). The themes were: 1) professional development and education, 2) interprofessional collaboration and communication, 3) work environment and resources, 4) patient-centered care and cultural competence, and 5) leadership and organizational support. The themes are described below with illustrative quotes from the participants.

Table 1
Characteristics of the Participants (N = 20)

Characteristic	n (%)
Gender	
Female	17 (85%)
Male	3 (15%)
Age (years)	
25-34	12 (60%)
35-44	6 (30%)
45-54	2 (10%)
Education	
Bachelor's degree	16 (80%)
Master's degree	4 (20%)
Work setting	
Public hospital	14 (70%)

Characteristic	n (%)
Private hospital	4 (20%)
Primary care center	2 (10%)
Clinical experience (years)	
1-5	8 (40%)
6-10	7 (35%)

Table 2
Themes and Subthemes

Themes	Subthemes
Professional development and education	- Continuing education and training
	- Specialty certification and advanced practice
	- Mentorship and preceptorship
Interprofessional collaboration and communication	- Teamwork and shared decision-making
	- Effective communication and information sharing
	- Respect and trust among healthcare professionals
Work environment and resources	- Adequate staffing and workload
	- Availability of equipment and supplies
	- Supportive and safe work environment

Themes	Subthemes
Patient-centered care and cultural competence	- Respect for patients' values, preferences, and needs
	- Effective communication and education for patients and families
	- Culturally and linguistically appropriate care
Leadership and organizational support	- Supportive and transformational leadership
	- Involvement in decision-making and policy development
	- Recognition and reward for excellence in practice

Professional Development and Education

The participants emphasized the importance of ongoing professional development and education in enhancing patient care quality. They highlighted the need for continuing education and training programs that are relevant, accessible, and applicable to their practice settings. Some participants expressed the desire to pursue specialty certification and advanced practice roles to improve their knowledge, skills, and job satisfaction. They also valued the role of mentorship and preceptorship in fostering their professional growth and socialization.

"I believe that continuous learning is key to providing high-quality patient care. We need regular training and updates on evidence-based practices, clinical guidelines, and new technologies. It helps us stay current and confident in our practice." (Participant 12)

"I'm interested in obtaining specialty certification in critical care nursing. It will enhance my competence and credibility, and enable me to provide better care for complex patients. But the problem is the limited availability and accessibility of certification programs here." (Participant 5)

"Having a supportive and knowledgeable preceptor during my orientation period was crucial for my transition and integration into the unit. She guided me, answered my questions, and gave me constructive feedback. I learned a lot from her expertise and experience." (Participant 18)

Interprofessional Collaboration and Communication

The participants stressed the significance of effective interprofessional collaboration and

communication in delivering safe and coordinated patient care. They described the benefits of teamwork, shared decision-making, and mutual respect among healthcare professionals in achieving common goals and resolving conflicts. They also highlighted the importance of clear, timely, and accurate communication and information sharing, especially during handoffs and transitions of care.

"Collaboration is essential in healthcare because no single profession can meet all the patients' needs. We have to work together as a team, share our knowledge and skills, and complement each other's roles. When we collaborate effectively, we can prevent errors, delays, and duplication of efforts." (Participant 9)

"Communication is the foundation of teamwork. We need to communicate openly, honestly, and respectfully with each other, regardless of our positions or titles. We also need to listen actively, ask questions, and provide feedback. Poor communication can lead to misunderstandings, mistakes, and adverse events." (Participant 3)

"I think trust and respect are key ingredients for successful collaboration. We need to trust each other's expertise, intentions, and commitment to patient care. We also need to respect each other's opinions, perspectives, and cultural differences. Without trust and respect, there will be tension, conflict, and disengagement." (Participant 15)

Work Environment and Resources

The participants identified several factors related to the work environment and resources that affect patient care quality. They emphasized the need for adequate staffing levels and manageable workloads to ensure patient safety and prevent burnout among nurses. They also highlighted the importance of having sufficient and well-maintained equipment and supplies to perform their tasks effectively. Moreover, they described the impact of a supportive and safe work environment on their job satisfaction, retention, and patient outcomes.

"Inadequate staffing is a major challenge that compromises patient care quality. When we are short-staffed, we have to take on more patients and responsibilities, which increases our workload and stress levels. We may not have enough time to provide thorough assessments, education, and emotional support to our patients." (Participant 7)

"Having access to the right equipment and supplies is essential for providing quality care. Sometimes we face shortages or malfunctions of critical items, such as IV pumps, oxygen sensors, or wound dressings. This can delay or hinder our interventions and put patients at risk." (Participant 11)

"I believe that a positive work environment is crucial for nurses' well-being and performance. When we feel supported, valued, and empowered by our colleagues and managers, we are more motivated and committed to our work. We also need a safe and healthy workplace that protects us from hazards, violence, and discrimination." (Participant 20)

Patient-Centered Care and Cultural Competence

The participants emphasized the importance of providing patient-centered care that respects patients' values, preferences, and needs. They highlighted the need for effective communication and education to involve patients and families in their care decisions and self-management. They also recognized the significance of cultural competence in delivering care that is sensitive and responsive to patients' diverse backgrounds and beliefs.

"Patient-centered care means putting the patient at the center of everything we do. We need to listen to their concerns, goals, and expectations, and tailor our interventions accordingly. We also need to empower them with the knowledge and skills to participate in their care and make informed decisions." (Participant 8)

"Communicating effectively with patients and families is key to building trust and rapport. We need to use simple and clear language, avoid jargon, and check for understanding. We also need to provide education and resources that are relevant and accessible to their learning styles and literacy levels." (Participant 14)

"Saudi Arabia is a multicultural society with diverse ethnicities, languages, and traditions. As nurses, we need to be culturally competent and respectful of our patients' beliefs, values, and practices. We need to assess their cultural needs, adapt our care accordingly, and avoid stereotyping or discrimination." (Participant 4)

Leadership and Organizational Support

The participants highlighted the crucial role of leadership and organizational support in promoting patient care quality and nursing excellence. They valued leaders who are supportive, transformational, and visionary, and who involve nurses in decision-making and policy development. They also emphasized the importance of recognition and reward systems that acknowledge and motivate nurses' contributions and achievements.

"Having supportive and transformational leaders is essential for creating a positive work environment and fostering innovation. We need leaders who are approachable, communicative, and empowering, and who provide us with the resources, feedback, and development opportunities to excel in our practice." (Participant 1)

"Nurses need to be involved in decision-making and policy development at all levels, from the unit to the organization. We have valuable insights and perspectives that can improve patient care quality and safety. When we are engaged and empowered, we feel more ownership and accountability for our practice." (Participant 6)

"Recognition and reward are important for nurses' motivation and satisfaction. We need to feel appreciated and valued for our hard work, dedication, and achievements. This can be in the form of verbal praise, written acknowledgment, monetary incentives, or professional development opportunities. It boosts our morale and retention." (Participant 16)

Discussion

This study explored the perceptions and experiences of Saudi Arabian nurses regarding the factors that influence patient care quality and the strategies to enhance it. The findings revealed five main themes that are consistent with previous research and theoretical frameworks on nursing excellence and patient outcomes (Alshammari et al., 2019; American Nurses Association, 2019; Institute of Medicine, 2003).

The first theme, professional development and education, highlighted the importance of ongoing learning and specialization in enhancing nurses' competence, confidence, and job satisfaction. This is supported by studies that have shown the positive impact of continuing education, certification, and mentorship on nurses' knowledge, skills, and patient outcomes (Almalki et al., 2011; Mahmoud & Abdelrasol, 2019). However, the participants also identified barriers to accessing and pursuing professional development opportunities, such as limited availability, accessibility, and support from their organizations. This underscores the need for strategic planning and investment in nursing education and training programs that are relevant, flexible, and responsive to the needs of the workforce and the healthcare system (Lamadah & Sayed, 2014; MOH, 2017).

The second theme, interprofessional collaboration and communication, emphasized the significance of teamwork, information sharing, and respect among healthcare professionals in delivering safe and coordinated patient care. This is congruent with research that has demonstrated the benefits of effective interprofessional collaboration on patient outcomes, staff satisfaction, and organizational performance (Alshehri et al., 2020; World Health Organization, 2010). However, the participants also reported challenges related to hierarchical structures, role ambiguity, and communication breakdowns that hinder collaborative practice. This highlights the need for interprofessional education, standardized communication tools, and organizational policies that foster a culture of collaboration and shared accountability (Alghamdi et al., 2019; Elsous et al., 2017).

The third theme, work environment and resources, underscored the impact of staffing levels, equipment availability, and workplace safety on nurses' well-being and performance. This is consistent with studies that have shown the association between adequate nurse staffing, resources, and work environments on patient outcomes, nurse retention, and job satisfaction (Aiken et al., 2012; Alswat et al., 2017). However, the participants also described the challenges of high workloads, resource shortages, and occupational hazards that affect their ability to provide quality care. This emphasizes the need for evidence-based staffing models, resource management systems, and occupational health and safety programs that optimize nurses' productivity, health, and satisfaction (Aboshaiqah, 2016; Al-Homayan et al., 2013).

The fourth theme, patient-centered care and cultural competence, highlighted the importance of respecting patients' values, preferences, and needs, and providing care that is sensitive and responsive to their diverse backgrounds and beliefs. This is supported by research that has shown the positive impact of patient-centered and culturally competent care on patient satisfaction, adherence, and outcomes (Albougami et al., 2016; Alqahtani, 2015). However, the participants

also identified barriers related to language, literacy, and cultural differences that challenge effective communication and education with patients and families. This underscores the need for cultural competence training, language assistance services, and patient education materials that are tailored to the linguistic and cultural needs of the population (Almutairi, 2015; Karout et al., 2013).

The fifth theme, leadership and organizational support, emphasized the crucial role of nursing leaders and administrators in creating a positive work environment, engaging nurses in decision-making, and recognizing their contributions and achievements. This is consistent with studies that have shown the influence of leadership styles, empowerment, and recognition on nurses' job satisfaction, organizational commitment, and patient outcomes (Abualrub & Alghamdi, 2012; Asiri et al., 2016). However, the participants also reported challenges related to hierarchical and bureaucratic structures, limited involvement in policy development, and inadequate reward systems that hinder their professional growth and motivation. This highlights the need for transformational and inclusive leadership approaches, shared governance models, and meaningful recognition programs that empower and value nurses as equal partners in healthcare (Alharbi et al., 2020; Falatah & Salem, 2018).

The study has several strengths, including the use of a qualitative descriptive design to provide an in-depth and contextual understanding of nurses' perspectives and experiences, the achievement of data saturation with a diverse sample of participants, the application of thematic analysis to identify common patterns and meanings, and the adherence to ethical and trustworthiness criteria throughout the research process. However, the study also has some limitations, such as the recruitment of participants from a single city, which may limit the transferability of the findings to other regions or settings, the reliance on self-reported data, which may be subject to recall or social desirability bias, and the lack of triangulation with other data sources, such as observations or documents, which may enhance the credibility and confirmability of the findings.

Implications for Practice, Education, and Policy

The findings of this study have several implications for nursing practice, education, and policy in Saudi Arabia. For practice, the study highlights the need for nurses to engage in lifelong learning, collaborative practice, patient-centered care, and cultural competence to enhance patient care quality and safety. Nurses can seek opportunities for continuing education, certification, and mentorship to update their knowledge and skills, and participate in interprofessional teams and shared decision-making to provide coordinated and holistic care. They can also assess patients' cultural backgrounds, preferences, and needs, and adapt their communication and interventions accordingly, to deliver culturally sensitive and patient-centered care.

For education, the study underscores the importance of incorporating professional development, interprofessional collaboration, patient-centered care, and cultural competence in nursing curricula and training programs. Nursing educators can design and implement educational strategies that foster critical thinking, problem-solving, teamwork, and communication skills, and

provide experiential learning opportunities that expose students to diverse patient populations and healthcare settings. They can also collaborate with other healthcare disciplines to develop and deliver interprofessional education programs that promote mutual understanding, respect, and collaboration.

For policy, the study emphasizes the need for organizational and governmental policies that support and enable nursing excellence and patient care quality. Healthcare organizations can develop and implement policies that promote a positive work environment, adequate staffing and resources, occupational health and safety, and meaningful recognition and reward systems for nurses. They can also foster a culture of collaboration, transparency, and shared governance that engages nurses in decision-making and policy development. Government agencies can provide funding, regulations, and incentives that support nursing education, research, and practice, and ensure equitable access to healthcare services for all populations.

Conclusion

This qualitative study explored the perceptions and experiences of Saudi Arabian nurses regarding the factors that influence patient care quality and the strategies to enhance it. The findings revealed five main themes: professional development and education, interprofessional collaboration and communication, work environment and resources, patient-centered care and cultural competence, and leadership and organizational support. The study highlighted the importance of ongoing learning, specialization, teamwork, communication, respect, patient involvement, cultural sensitivity, and leadership support in promoting nursing excellence and patient outcomes. The study also identified challenges and barriers related to education, collaboration, resources, culture, and policy that hinder the delivery of high-quality nursing care. The findings have implications for nursing practice, education, and policy in Saudi Arabia, and underscore the need for strategic planning, investment, and collaboration among all stakeholders to support and empower nurses as key players in healthcare quality and safety. Further research is needed to explore the perspectives of other healthcare professionals, patients, and families, and to evaluate the effectiveness of interventions and policies that enhance nursing practice and patient outcomes in Saudi Arabia.

References

- Aboshaiqah, A. (2016). Strategies to address the nursing shortage in Saudi Arabia. *International Nursing Review*, 63(3), 499-506. <https://doi.org/10.1111/inr.12271>
- Abualrub, R. F., & Alghamdi, M. G. (2012). The impact of leadership styles on nurses' satisfaction and intention to stay among Saudi nurses. *Journal of Nursing Management*, 20(5), 668-678. <https://doi.org/10.1111/j.1365-2834.2011.01320.x>
- Aiken, L. H., Sermeus, W., Van den Heede, K., Sloane, D. M., Busse, R., McKee, M., Bruyneel, L., Rafferty, A. M., Griffiths, P., Moreno-Casbas, M. T., Tishelman, C., Scott, A., Brzostek, T., Kinnunen, J., Schwendimann, R., Heinen, M., Zikos, D., Sjetne, I. S., Smith, H. L., & Kutney-Lee, A. (2012). Patient safety, satisfaction, and quality of hospital care: Cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. *BMJ*, 344, e1717. <https://doi.org/10.1136/bmj.e1717>

- Albougami, A. S., Pounds, K. G., & Alotaibi, J. S. (2016). Comparison of four cultural competence models in transcultural nursing: A discussion paper. *International Archives of Nursing and Health Care*, 2(4), 1-5. <https://doi.org/10.23937/2469-5823/1510053>
- Alharbi, J., Jackson, D., & Usher, K. (2020). The potential for COVID-19 to contribute to compassion fatigue in critical care nurses. *Journal of Clinical Nursing*, 29(15-16), 2762-2764. <https://doi.org/10.1111/jocn.15314>
- Al-Homayan, A. M., Shamsudin, F. M., Subramaniam, C., & Islam, R. (2013). Analysis of health care system - resources and nursing sector in Saudi Arabia. *Advances in Environmental Biology*, 7(9), 2584-2592.
- Almalki, M., FitzGerald, G., & Clark, M. (2011). The nursing profession in Saudi Arabia: An overview. *International Nursing Review*, 58(3), 304-311. <https://doi.org/10.1111/j.1466-7657.2011.00890.x>
- Almutairi, A. F. (2015). Cultural and language differences as a barrier to provision of quality care by the health workforce in Saudi Arabia. *Saudi Medical Journal*, 36(4), 425-431. <https://doi.org/10.15537/smj.2015.4.10133>
- Alqahtani, M. (2015). Challenges in the implementation of a patient-centered medical home model of care in Saudi primary healthcare: Perspectives of primary care providers. *Journal of Nursing Education and Practice*, 5(11), 51-59. <https://doi.org/10.5430/jnep.v5n11p51>
- Alsaqri, S. H. (2016). Factors contributing to nursing shortage in Saudi Arabia. *Journal of Nursing and Health Science*, 5(6), 91-94. <https://doi.org/10.9790/1959-0506019194>
- Alshammari, F., Pasay-an, E., Albagawi, B., & Alboliteeh, M. (2019). A systematic review of the factors influencing the job satisfaction of nurses in Saudi Arabia. *Nursing Reports*, 9(3), 94-103. <https://doi.org/10.4081/nursrep.2019.8339>
- Alshehri, F. A., Alshehri, A. F., & Erwin, T. D. (2020). Measuring the effect of interprofessional education on healthcare professional students' attitudes: A systematic review and meta-analysis. *Journal of Taibah University Medical Sciences*, 15(5), 354-361. <https://doi.org/10.1016/j.jtumed.2020.02.006>
- Alswat, K., Abdalla, R. A. M., Titi, M. A., Bakash, M., Mehmood, F., Zubairi, B., Jamal, D., & El-Jardali, F. (2017). Improving patient safety culture in Saudi Arabia (2012-2015): Trending, improvement and benchmarking. *BMC Health Services Research*, 17(1), 516. <https://doi.org/10.1186/s12913-017-2461-3>
- American Nurses Association. (2019). *Nursing: Scope and standards of practice* (4th ed.). American Nurses Association.
- Asiri, S. A., Rohrer, W. W., Al-Surimi, K., Da'ar, O. O., & Ahmed, A. (2016). The association of leadership styles and empowerment with nurses' organizational commitment in an acute health care setting: A cross-sectional study. *BMC Nursing*, 15, 38. <https://doi.org/10.1186/s12912-016-0161-7>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>

- DeJonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care research: A balance of relationship and rigour. *Family Medicine and Community Health*, 7(2), e000057. <https://doi.org/10.1136/fmch-2018-000057>
- Elsous, A., Radwan, M., & Mohsen, S. (2017). Nurses and physicians attitudes toward nurse-physician collaboration: A survey from Gaza Strip, Palestine. *Nursing Research and Practice*, 2017, 7406278. <https://doi.org/10.1155/2017/7406278>
- Falatah, R., & Salem, O. A. (2018). Nurse turnover in the Kingdom of Saudi Arabia: An integrative review. *Journal of Nursing Management*, 26(6), 630-638. <https://doi.org/10.1111/jonm.12603>
- Institute of Medicine. (2003). *Health professions education: A bridge to quality*. National Academies Press. <https://doi.org/10.17226/10681>
- Karout, N., Abdelaziz, S. H., Goda, M., AlTuwaijri, S., Almostafa, N., Ashour, R., & Alradi, H. (2013). Cultural diversity: A qualitative study on Saudi Arabian women's experience and perception of maternal health services. *Journal of Nursing Education and Practice*, 3(11), 172-182. <https://doi.org/10.5430/jnep.v3n11p172>
- Lamadah, S. M., & Sayed, H. Y. (2014). Challenges facing nursing profession in Saudi Arabia. *Journal of Biology, Agriculture and Healthcare*, 4(7), 20-25.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.
- Mahmoud, A.-H., & Abdelrasol, Z. (2019). Obstacles in employing clinical nurse specialists in specialty hospitals. *Nursing Administration Quarterly*, 43(4), 348-356. <https://doi.org/10.1097/NAQ.0000000000000369>
- Mahran, S. M., & Al-Nagshabandi, E. A. (2012). Impact of perceived public image on turnover intention of female students from joining to nursing profession at King Abdul-Aziz University, Kingdom Saudi Arabia. *Journal of Nursing and Health Science*, 1(1), 19-28.
- Ministry of Health. (2017). *Health sector transformation strategy*. <https://www.moh.gov.sa/en/Ministry/vro/Documents/Healthcare-Transformation-Strategy.pdf>
- Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health*, 23(4), 334-340. [https://doi.org/10.1002/1098-240X\(200008\)23:4<334::AID-NUR9>3.0.CO;2-G](https://doi.org/10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G)
- World Health Organization. (2010). *Framework for action on interprofessional education and collaborative practice*. <https://apps.who.int/iris/handle/10665/70185>
- World Health Organization. (2020). *State of the world's nursing 2020: Investing in education, jobs and leadership*. <https://www.who.int/publications/i/item/9789240003279>