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## Impact Of Effective Communication Between Nurses And Other Medical Staff In Providing High-Quality Nursing Care

أثر التواصل الفعال بين الممرضين وغيرهم من الطاقم الطبي في تقديم رعاية تـمريضية عالية  
الجودة.

Done By

Motaib saad alrasheedi

متعب سعد الرشيد

Mohammad hmoud almukhlafi

محمد حمود المخلفي

Maher hameed almoteri

ماهر حميد المطيري

### ABSTRACT

Background: The quality of healthcare in a hospital setting depends on various factors, including the level of care to the patients and the quality of communication and interaction among the staff and between the staff and the patients. For hospitals to make high-quality care available, and maintain the well-being of patients, proper communication is essential. Nurses and other medical professionals can use various communication techniques to improve patient satisfaction, making caregiving more patient-centered through open collaboration and discussions.



**Aim:** This study aimed to assess the impact of effective communication between nurses and other medical staff in providing high-quality nursing care at Riyadh's first health cluster, Saudi Arabia.

**Method:** A quantitative survey was used in this study to investigate the effects of excellent communication between nurses and other medical professionals in the provision of high-quality nursing care in Saudi Arabia. Data from 200 nurses and 200 physicians across Riyadh's first health cluster were gathered using the nurse-physician communication (NPC) research tool and a quality nursing care scale. Data were analyzed with SPSS 26, and Pearson's correlation analysis was used to determine the impact of nurse-physician communication on the quality of nursing care.

**Findings:** Results showed a high level of effective communication between participants (nurses and physicians). The participants strongly agreed with the scale assessing the quality of the nursing care, as perceived by nurses. This study found a mean correlation value of 0.94 ( $p=0.00001$ ) between the effective communication scale and the quality of nursing care scale, indicating a near-perfect positive correlation between effective communication and high-quality nursing care.

**Conclusion:** The results of the current study emphasize the importance of nurse-physician communication and the characteristics that can assist in strengthening it, leading to better patient care and better outcomes. It is important to encourage nurse-physician communication input to sustain high-quality patient care.



## CHAPTER ONE

### 1.0 INTRODUCTION

#### 1.1 Background to the study

Hospitals strive to achieve and maintain optimal quality of care for their patients as a

strategic objective and mission (Parand et al., 2014). Quality of care influences

clinical outcomes, patient safety, and hospitals' market share and competitive

advantage (Chadha et al., 2012). Hence, it is imperative to deliver care that aligns

with the needs and expectations of patients and fosters their health status, satisfaction,

and perception of care (Etheredge, 2015). High-quality nursing care values the

patients' preferences, decisions, and needs, adhering to them and incorporating the

patients' affective, cognitive, narrative, and informational features (Johnsson et al.,



2018). To accomplish this, healthcare practitioners and providers must actively

involve patients and their families in the care process. This is vital for high-quality

nursing care (Kwame and Petrucka, 2021).

The quality of healthcare in a hospital setting depends on various factors, such as the level of expertise and care that the staff provide to the patients, the quality of communication and interaction among the staff and between the staff and the patients, and the conditions and resources of the practice environment (Doyle et al., 2013). When patients have positive experiences in the hospital, they tend to have better health outcomes, more effective treatments, and fewer risks of complications or errors (Fenton et al., 2012). Therefore, measuring and improving patients' experiences is essential to a high-quality healthcare system (Luxford and Sutton, 2014).

Delivering high-quality patient care is made possible by the effective communication of interdisciplinary healthcare team members (Weller et al., 2014). A cooperative exchange between healthcare professionals and patients makes up effective communication. In such an exchange, the two participants speak and have undivided devotion to the discussion; they make their points lucid by asking questions, expressing their thoughts, exchanging information, and ensuring that the other person fully understands what they mean (Boykins, 2014). In clinical contacts, clear communication is essential. Sickness and health impact the quality of life; hence communication on health is essential. Communication with nurses



and other healthcare professionals can be tricky due to health concerns' private and occasionally overwhelming nature (Henly, 2016).

Optimal health results depend on patient-centred communication, reflecting ingrained codes of nursing that care has to be suited to the individual patient's needs while being perceptive to their health concerns (Henly, 2016). Nurses and other medical professionals use various communication techniques to improve patient satisfaction, and caregiving becomes more patient-centred through open collaboration and discussions. This way, care plans and information are shared amongst them, the sick, and their loved ones (Weller et al., 2014).

## 1.2 Statement of the problem

Errors in the hospital are interconnected to soaring rates of illness, the negative financial impact on society, and death (Ellahham, 2018). For hospitals to make high-quality care available, maintain the well-being of patients, and remain financially viable, proper communication is essential (Singer and Vogus, 2013). One of the main reasons for medical errors is poor communication. It compromises patient safety and the standard of care administered to patients (Ezziane et al., 2012; Rabøl et al., 2012). An examination of theatre data at a teaching hospital in Turkey revealed that poor staff communication was to blame for 59.4% of the medical errors (Ugur et al., 2016). It has also been shown that poor communication can result in more expensive medical care and extended hospital stays (Riga et al., 2015). Therefore, ineffective communication between nurses and other medical personnel will undoubtedly result in blunders that harm patients' health and the organisation.



### 1.3 Aim of the study

This study aimed to assess the impact of effective communication between nurses and other medical staff in providing high-quality nursing care at Riyadh's first health cluster, Saudi Arabia.

### 1.4 Objectives of the Study

To assess the demographic characteristics of nurses and physicians working in hospitals at Riyadh's first health cluster, Saudi Arabia.

To assess the perception of nurse-physician communication in nursing care among nurses and physicians working in hospitals at Riyadh's first health cluster, Saudi Arabia.

To assess the relationship between nurse-physician communication and demographic characteristics

To assess the quality of nursing care among nurses working in hospitals at Riyadh's first health cluster, Saudi Arabia.

To assess the relationship between the quality of nursing care and demographic characteristics

To evaluate the impact of effective communication on the quality of nursing care



## 1.5 Hypotheses

Null hypothesis:

Effective communication does not impact nurses and other medical staff in delivering high-quality nursing care.

Alternate hypothesis:

Effective communication has an impact on nurses and other medical staff in the delivery of high-quality nursing care.

## 1.6 Significance of the Study

The global healthcare market is primarily decided by consumer demands (Lang, 2012). As a result of the seriousness of this issue, the importance of this research stems from the necessity to identify the impact of effective communication among other medical staff and nurses in the dispatch of high-quality nursing care. This study is of high significance to several people.

### 1.6.1 Significance to Patients

Effective communication among medical staff and nurses can improve the quality and safety of patient care. According to O'Daniel & Rosenstein (2018), communication is one of the most critical aspects of health care, as it influences the quality of decisions made, the level of patient motivation to follow treatment protocols and the achievement of desired clinical outcomes. Findings from this study will help Patients establish an open and secure dialogue with a nurse or healthcare provider. They will be more



likely to disclose the true extent of their symptoms, understand their diagnosis and treatment options, adhere to their medication regimen, and express their concerns and preferences. Effective communication can also reduce the risk of medical errors, delays in treatment, and wrong-site surgeries, which can have severe consequences for patient safety. Furthermore, effective communication can enhance patient satisfaction, trust, and loyalty, which are vital for the well-being of individuals and communities.

#### 1.6.2 Significance to Nurses

Effective communication among medical staff and nurses can enhance their professional image, skills, and performance. According to Sibiya (2018), communication is essential for collaborating on teams with fellow nurses and colleagues from other disciplines. Nurses who have good communication skills can share information, coordinate care, resolve conflicts, and provide feedback effectively. Effective communication can also improve clinical competence, critical thinking, and problem-solving abilities. Moreover, effective communication can increase job satisfaction, morale, and retention and reduce stress, burnout, and turnover. Results from this study will help encourage nurses to embrace the idea of effective communication to maximise its benefits properly.

#### 1.6.3 Significance to Nurse Managers

Effective communication among medical staff and nurses can facilitate the management and leadership of nursing teams. According to O'Daniel & Rosenstein (2018) and Sibiya (2018), communication is crucial for creating





a positive work environment, fostering a culture of safety and quality, and ensuring accountability and compliance. Nurse managers with good communication skills can clearly communicate expectations, goals, and standards; provide guidance, support, and recognition; solicit feedback and suggestions; and promptly address issues and concerns. Effective communication can also help them build trust, respect, and rapport with their staff, motivate and empower them, and promote teamwork and collaboration.

Results from this study are especially essential since they can aid hospital administrators in achieving patient care that is high-quality and safe, and that is a critical component of a hospital's mission statement. Nurses and other medical professionals are indispensable to the effectual provision of high-quality healthcare because they are well-equipped to address the various healthcare demands of the community. They will be capable of using the outcome of their search to demonstrate to the scientific community the influence of good communication on providing high-quality healthcare. This will favour the patients, as it can lead to a higher quality of life. In addition, effective communication will lead to an increase in the levels of job satisfaction for both nurses and other medical staff.

#### 1.6.4 Significance to Hospital Administrators

Effective communication among medical staff and nurses can improve hospitals' business performance and reputation. It is vital for improving healthcare service delivery, customer service, and patient outcomes. With good communication skills, hospital administrators can align their vision, mission, and values with their staff; implement policies and procedures



efficiently; monitor quality indicators and improvement initiatives; and communicate effectively with stakeholders and regulators. Effective communication can also help them reduce costs, risks, and liabilities; increase revenues, profits, and market share; and enhance customer loyalty, satisfaction, and referrals.

#### 1.6.5 Significance to Academics

This study can help medical staff and nurses advance nursing knowledge in education and research. According to O'Daniel & Rosenstein (2018), communication is essential for providing new insights or perspectives on theoretical concepts or frameworks; generating reliable and valid data; disseminating research findings; translating evidence into practice; educating students or trainees; mentoring or supervising junior colleagues; participating in professional development activities; engaging in scholarly dialogue; publishing articles or books; presenting at conferences or workshops; applying for grants or awards; collaborating with other researchers or institutions; and influencing policy or practice.

#### 1.7 Definition of terms

**Nurse:** A nurse is a healthcare professional who provides care and support to patients and their families in various settings, such as hospitals, clinics, schools, and homes. Nurses perform various tasks, such as assessing patients' conditions, administering medications and treatments, educating patients and the public about health issues, and coordinating with other healthcare providers.



**Medical staff:** Medical staff are the people who work in a healthcare facility and are involved in the diagnosis, treatment, and prevention of diseases and injuries. They include doctors, nurses, pharmacists, technicians, and other specialists. Medical staff have different roles and responsibilities depending on their qualifications, expertise, and scope of practice.

**Quality healthcare:** Quality healthcare is the degree to which health services meet the needs and expectations of patients and the public. It involves providing safe, effective, timely, efficient, equitable, and patient-centred care. Quality healthcare also requires continuous improvement and evaluation of the processes and outcomes of care.

**Communication:** Communication is exchanging information, ideas, feelings, and opinions between two or more parties. It can be verbal or non-verbal, written or spoken, formal or informal. Communication can occur through various channels and modes, such as face-to-face conversations, phone calls, emails, texts, social media, gestures, signs, symbols, and images.

**Effective communication:** Effective communication is communication that achieves its intended purpose and results in mutual understanding and satisfaction. It involves using clear, concise, accurate, respectful, and empathetic language and listening actively and attentively. Effective communication also requires adapting to the context, audience, and feedback of the communication situation.



### 3.0 METHODOLOGY

#### 3.1 Study area

The study area for this research is Riyadh's first health cluster, which is one of the

initiatives of the Ministry of Health to achieve Vision 2030 in Saudi Arabia. The

health cluster was established to facilitate beneficiary access to the health service and

create a partnership with people to help them lead healthier and happier lives. The

first health cluster in Riyadh includes five hospitals and several primary healthcare

centers (PHCs) under one administrative structure (Alomari et al., 2021). The

hospitals are King Saud Medical City (KSMC), King Salman Hospital, Al-Iman

General Hospital, Imam Abdulrahman Al-Faisal Hospital, and Al Naqaha Hospital

(Alomari et al., 2021). The PHCs are distributed across the city and provide comprehensive and continuous care for the population. The study area was chosen



because it represents a novel and innovative model of care that aims to improve the

quality and efficiency of health services in Riyadh.

### 3.2 Research design

A quantitative survey was used in this study to investigate the effects of excellent communication between nurses and other medical professionals in the provision of high-quality nursing care in Saudi Arabia. Quantitative surveys are the most commonly employed method in nursing research (Grove et al., 2012). They are used to ascertain the behaviour or attitudes of a certain population (for example, healthcare professionals in long-term care facilities) and to assess the degree to which an individual shows the trait of interest (Sinkowitz-Cochran, 2013).

### 3.3 Sampling design

The sampling technique used in this study was simple random sampling (SRS). SRS is a probability sampling method where each member of the population has an equal chance of being selected for the sample (Gelling, 2015). This technique ensures that the sample is representative and unbiased, reducing the risk of confounding variables and sampling bias (Baillie, 2015). The population of interest for this study was nurses and doctors working in public hospitals in Riyadh's first health cluster, Saudi Arabia.



### 3.4 Sample Size

With an online sample size calculator, a sample size of 385 was calculated with an assumed maximum variability nursing population, a confidence level of 95%, and a margin of error of 5%. Three hundred eighty-four completed surveys from nurses are required (Calculator.net, 2022); however, a sample size 400 was used for harmonisation purposes.

### 3.5 Inclusion criteria

Nurses and Physicians who are currently employed in the study area

Nurses and Physicians who have been employed for a minimum of 1 year

Nurses and Physicians who are willing to participate in the study and sign an informed consent form

### 3.6 Exclusion criteria

Nurses and Physicians who did not give their consent

Nurses and Physicians that have not been employed for a minimum of 1 year

Nurses and Physicians who were on leave or absent during the data collection period

Nurses and Physicians having any conflict of interest or personal relationship with the researcher



### 3.7 Research instrument

The current study used a valid and reliable nurse-physician communication (NPC) research tool derived from a review of peer-reviewed published material by Jemal et al. (2021). The tool is a 19- items of 5-score Likert scale, and participants were asked to rate each item on a five-point Likert scale, which goes from 1 to 5 (1=never, 2=rarely, 3=occasionally, 4=usually, and 5=always). The study instrument was graded by averaging the participants' responses. NPC total scores (19–95) were recoded into categories of good and poor, with good indicating a score above the mean scores ( $x = 55.19$ ) and poor indicating a score below the mean scores. The validity and reliability of the research tool were also assessed using Cronbach's alpha coefficient from a pilot study involving 10% of the total sample size.

The study also employed the quality Nursing Care scale as developed by Liu et al. (2021) for the measurement of quality nursing care. It is a 48-item tool with 6 subscales, namely, physical environment with 6 items, staff characteristics with 8 items, precondition with 7 items, task-oriented activities with 6 items, human-oriented activities with 5 items and patient outcomes with 6 items. Participants were asked to rate each item of the scale on a five-point Likert scale, which goes from 1 to 5 (1=strongly disagree to 5= strongly agree). The higher the score, the greater the quality of care



### 3.8 Reliability and Validity of Tool

Instrument reliability refers to the extent to which it consistently measures the intended attribute. In the context of this study, a principal component analysis was conducted, and the outcome revealed that no component variable scored less than 0.4 ( $<0.4$ ) for both the effective communication scale and the good quality nursing scale. The Bartlett's test of sphericity analysis for each sub domain of the questionnaires (leadership style and nurse performance) was significant with a value  $>0.05$ , and Cronbach alpha value was excellent, beating the satisfactory scale of 0.45-0.58 (0.94). A tabular representation of the validity and reliability results can be found in the appendix section.

### 3.9 Data collection method

Google Forms were distributed to the target respondents in order to collect data. The questionnaires were provided in these Google forms. The questionnaires were filled out at the respondents' leisure, and their replies were received when the questionnaires were entirely completed. The questionnaire was divided into two sections: socio-demographic characteristics of nurses and physicians, and level of communication between nurses and physicians in patient care.

### 3.10 Data analysis

The survey responses were pooled in Excel sheets, then processed and analysed with SPSS version 26, and presented in frequencies, mean and percentage. T-test and ANOVA were used to analyse the associations between categorical variables, with a statistical significance defined as a p-





value less than 0.05. At the same time, Pearson's correlation analysis was used to determine the impact of Nurse-Physician communication on the quality of nursing care.

### 3.11 Ethical considerations

The study protocol was approved by the review board. Furthermore, the respondents supplied their informed consent. Personal information about the respondents was concealed. Participants were also informed that the information they provided would be utilised solely for research purposes. Throughout this investigation, ethical standards were observed.

### RESULT SUMMARY

Results show that the majority of participants were females (52.5%); the participants had a mean age of 41.82 years for both groups, with nurses having a lower mean age value (35.15) in comparison to physicians (48.5). Most nurses (20.8%) had a Bachelor's degree, while most physicians were specialist doctors (29%). Nearly half of the participants (46.5%) had more than 10 years of working experience, and most were married (79.25%).

Furthermore, findings of the effective communication scale showed a high level of effective communication between participants (nurses/physician), with a mean Likert score of 4.658 and physicians were found to have a higher level of effective communication (4.67) when compared to nurses (4.65).

Additionally, the independent sample t-test and one-way ANOVA analysis of participant demographics on the effective communication scale in the present study showed that female respondents experience much more



effective communication than male respondents, with a mean of 4.36 ( $p>0.05$ ). Married participants, participants in the age range of 38-47, nurses with a Master's degree and general practitioners, participants with more than 10 years of experience, and participants with a salary in the range of over 24000 SAR also showed a higher level of effective communication ( $p<0.05$ ).

Concerning the quality of the nursing care scale as perceived by nurses, this study showed that the participants strongly agreed with the scale, with a mean Likert score of 4.63. The independent sample t-test and one-way ANOVA analysis of participant demographics on good quality nursing scale showed that female nurses significantly showed a higher quality of care than male nurses, with a mean of 4.74 ( $p<0.05$ ). Married nurses, nurses in the age range of 38-47, nurses with a Master's degree, nurses with more than 10 years of experience, and nurses with a salary in the range of 8000 – 16000 SAR also showed a higher level of quality of care ( $p<0.05$ ).

Finally, a mean correlation value of 0.94 ( $p=0.00001$ ) between the effective communication scale and the quality of nursing care scale was recorded in this study. This signified a near-perfect positive correlation between effective communication and good quality nursing care.

## DISCUSSION

Hospitals rely heavily on their medical staff, especially physicians and nurses.

Serving patients is a team effort involving both physicians and nurses.  
Promoting



good nurse-physician communication is critical to improving collaborative patient

care (Hailu et al., 2016), which is crucial for achieving the desired quality of patient

outcomes. By minimizing major risk factors such as a lack of critical information,

misinterpretation of information, or medication errors, effective nurse-physician

communication improves the quality of patient outcomes like patient satisfaction,

length of stay, and adverse events (Tong et al., 2023).

Reduced quality of care, patient readmissions, and preventable morbidity and

mortality are some of the unfavorable outcomes associated with poor physician-nurse

communication (Chang et al., 2010). Consequently, gaining a deeper comprehension

of the connection between effective communication and nursing care quality is crucial

to delivering high-quality care and promoting good patient outcomes (Alaqeli et al.,

2021). This study's primary aim was to assess the impact of effective communication

between nurses and physicians in providing high-quality nursing care at Riyadh's first health cluster, Saudi Arabia.

Effective communication among the nurses and doctors in this study was found to be quite high (4.658). This finding was in line with that of Wang et al. (2018), who used a cross-sectional survey to look at how nurses' perceptions of nurse-physician collaboration were affected by interactional elements like communication, respect, and openness to working together. According to the authors, participants demonstrated a degree of communication effectiveness somewhere between average and high. Daheshi et al. (2023) also did a cross-sectional study to gauge nurses' opinions on the efficacy of nurse-physician communication in Saudi Arabian emergency rooms. The authors found nurse-physician communication to be particularly strong in the area of openness. This result was consistent with the results of other empirical investigations (Collette et al., 2017; Luetsch & Rowett, 2016) which also found that there was frequent and well regarded nurse-physician communication.

When nurses and doctors are able to exchange information effectively, patient care can go more smoothly. It aids in the process of coordinating tasks (Rundall et al., 2016). Workplace safety and productivity are both improved when information is transmitted and received without ambiguity (Wang et al., 2018). Nurses can have a greater understanding of their patients' conditions and the doctors' perspectives through open and honest communication. As a result, nurses report feeling like they've



accomplished their aims and that communication with doctors is going well (Daheshi et al., 2023).

The results also revealed that physicians had a higher level of effective communication (4.67) when compared to nurses (4.65). This finding is in line with that of Daheshi et al. (2023), in the study mentioned above, in which physicians were found to be more forthcoming with information than nurses. Using a preexisting measure of ICU, Reader et al. (2007) conducted a cross-sectional survey to examine interdisciplinary collaboration between intensive care unit (ICU) nurses and physicians in four UK hospitals. While senior doctors had much more optimistic views of the two groups' ability to communicate openly, nurses indicated contrary opinions. All full-time medical staff at the University Hospital of the West Indies Intensive Care Unit were included in a comparable study by Chang et al. (2010). They found that nurses and doctors had diverse views on what constituted effective interdisciplinary collaboration. In general, doctors were more forthcoming about their openness to communication than nurses were. According to the research conducted by Kim et al. (2018), doctors have a more optimistic view of the openness of communication (73% vs. 32%) than nurses do. At least 70% of doctors in a previous survey felt they had effective lines of communication with nurses. But just 35%-67% of nurses agreed (Alsallum et al., 2020).

Hierarchical factors, gender, patient care responsibilities, perceptions of necessary communication standards, and differences in training methods for nurses and physicians are all likely contributors to these divergent perspectives on communication (Reader et al., 2007). Differences in



professional roles, academic content, and clinical emphasis characterize the education of physicians and nurses. Doctors have always considered themselves to be more important than nurses, seeing themselves as the team leaders and decision-makers. Despite changes in the nature of the relationship between the two professions, nurses still often feel disrespected and intimidated by doctors, especially those in positions of authority. This may explain why nurses are less likely to share personal information with doctors, especially specialists (Chang et al., 2010). There is also the persistence of traditional gender roles. The vast majority of doctors are men, and they lean toward communication that is short, to the point, and focused on facts. Women, who are overrepresented in the field of nursing, on the other hand, are more likely to benefit from a more in-depth conversation format in order to grasp the logic behind certain scenarios. This difference, which is getting better as gender gaps shrink, may explain why nurses and physicians have different impressions of how well they communicate with one another (Amudha et al., 2018).

Concerning the influence of participant demographics (nurses/physicians) on effective communication scale, the result of this study showed married participants (4.30), participants in the age range of 38-47(4.41), nurses with a Master's degree (4.55) and general practitioners (4.43), participants with more than 10 years of experience (4.42), and participants with a salary in the range of over 24000 SAR(4.43) had a higher level of effective communication ( $p < 0.05$ ). Female participants also had a higher level of effective communication (4.36). These results are consistent with a cross-sectional analysis of the correlation between critical care nurses' proficiency in professional communication and their outcomes in South



Korea undertaken by Song et al. (2017). Authors found that older age, more education, more years of overall clinical and critical care unit experience, and a higher monthly compensation were all related with greater professional communication competencies among nurses. Similar findings were found by Daheshi et al. (2023), who found that nurses' evaluations of the quality of nurse-physician communication were positively correlated with their age (30 or older), degree of education, years of experience (more than 10), and job position. In addition, Hailu et al. (2016) found that the average satisfaction with nurse-physician communication was greater among those with more education, which makes sense given that nurses' job expectations tend to increase along with their level of education.

Tschannen and Lee's (2012) research and that of Önlü et al. (2018) confirmed these findings. According to these results, as nurses gain experience, they also share a common outlook in terms of both demographics and perspectives. According to Nikandish et al. (2020), nurses with more years of experience and education have a greater advantage when communicating with doctors. A nurse's ability to counsel and communicate with patients and physicians improves as their degree of education does. Expertise gained through training helps healthcare providers interpret their patients' comments and respond appropriately (Kounenou et al., 2011). In addition, nurses' perceptions of physician-nurse communication issues decrease as nurses' clinical and academic credentials improve, as higher education is presumed to better prepare nurses for roles with members of other disciplines where responsibility, accountability, autonomy, and interdependence are acknowledged as essential nurse attributes and given high priority in socializing nurses within the work



situation. Compensation on a monthly basis has been found to have a direct and beneficial effect on the work motivation of nurses (Bramhall, 2014). As a result, nurses are more likely to make an effort to enhance their communication, productivity, and care quality when they are compensated more handsomely (Slatore et al., 2012).

Degavi's (2019) cross-sectional study on nurses' and doctors' perceptions of each other's attitudes toward nurse-physician collaboration yielded conflicting results. There was no statistically significant difference in the mean scores for nurse-physician communication based on the sex, marital status, age, education, or length of employment of the participants, as reported by the author. Similarly, no significant correlation was found between satisfaction with nursing communication, sex, school education level and physical environment in a cross-sectional survey study conducted by Barilaro et al., 2019. This discrepancy can be due to variations in study settings and participant pools.

It was also shown in the present study result that nurses strongly agreed to a high level of quality of nursing care scale, with a mean Likert score of 4.63. This result is consistent with a study conducted by Al-Makhaita et al. (2014), which evaluated the self-reported job performance of nurses at primary and secondary care hospitals in Eastern Saudi Arabia. Most nurses in the cross-sectional epidemiological study perceived their performance as good, with nurses working at the secondary care levels also perceiving an excellent critical care rating. In another study that explored nurses' perception of the quality of nursing care in Saudi Arabia, the findings showed that nurses' overall perception was positive (Alkorashy and Al-





Hothaly, 2022). These studies' positive findings on the quality of nursing care may be attributable to the work of the Saudi Arabian Ministry of Health (MOH), which has used corporate performance improvement methodologies to advance its goal of transforming hospital operations and establish a culture of quality and performance in accordance with its 2030 vision and National Transformation Program. The quality of healthcare in Saudi Arabia has dramatically improved as a result.

According to the results of this study, female nurses significantly showed more quality of care than male nurses, with a mean of 4.74 ( $p < 0.05$ ). Tong et al. (2023) conducted a cross-sectional mixed-method study to investigate the similarities and variations in nurses' views of care based on gender during the COVID-19 epidemic in China, and their results corroborate this finding. Multivariate linear regression was performed by the authors in a systematic manner. Female nurses were observed to have a 1.93 point advantage over male nurses on the caring scale after controlling for other variables. This finding runs counter to those of other research that have looked at the topic of caring and found no significant gender differences (Albougami, 2020; Aupiaet al., 2018). The gender disparities among the participants may potentially play a role in the contradictory findings, in addition to cultural variables. Female nurses are more likely to emphasize empathy, acceptance, and respect in their caregiving (Strands and Bondas, 2018). Research reveals that critical thinking is a potential intervention aspect in caring (Tong et al., 2023), therefore nursing educators can make full use of men's intrinsic critical thinking despite the fact that their disposition may make them poor in caring.

This study's findings on the effect of nurses' demographics on the good quality nursing care scale showed that married nurses (mean score 4.80), nurses aged 38–47 (mean score 4.96), nurses with a Master's degree (mean score 4.96), nurses with more than 10 years of experience (mean score 4.99), and nurses earning between 8000 and 16000 SAR (mean score 4.71) showed a higher level of quality of care ( $p < 0.05$ ). According to research by Al-Marashi and Al Zghool (2018), demographic characteristics of nurses (including age, gender, education, job experience, and marital status) significantly impact the quality of patient care in Saudi Arabia. This result is in line with the one obtained by Guillermo et al. (2018), who studied the connection between burnout syndrome and certain socio-demographic factors in the nursing profession. Married nurses were found to have less burnout than their single counterparts. Burnout was more prevalent in those who did not have a significant other (Caadas-De la Fuente et al., 2018). The quality of care provided to patients by married and experienced nurses was found to be less negatively affected by occupational burnout (Chao et al., 2016). In addition, studies comparing older and younger nurses found that that older nurses who tend to be married, were more dedicated to their units and open to new ideas. They also reported greater job satisfaction and increased motivation to work (Letvak et al., 2013).

There could be a number of reasons for this. Married nurses are healthier physically and mentally and report lower levels of stress and job satisfaction than their single counterparts (Caadas-De la Fuente et al., 2018). Some research out of Taiwan has found that senior nurses who are married have a lower rate of burnout on the job. They lived healthier lives



and had greater quality of lives than single and junior nurses (Chuang and Yang, 2011), which translated to better job performance and quality of care (Chen et al., 2011).

Multiple research (e.g., Cramer et al., 2011; Sibandze and Scafide, 2018; Crispin et al., 2012) have indicated that nurses with more education are more likely to provide safe, high-quality care to their patients. For instance, Tourangeau et al. (2007) discovered that for every one thousand patients who were discharged, the death rate dropped by nine when the percentage of bachelorette nurses was raised by 10%. Furthermore, healthcare workers that are well educated and engaged are more likely to prioritize patient safety and satisfaction. However, Abdul-Rahman et al. 2015 found no correlation between nurse education and quality of care in a cross-sectional study. Quality of care was not substantially linked to nurses' levels of education in the study. Participants of the study, however, all worked in academic medical centers. All new hires at teaching hospitals have access to training programs. Nurses get comprehensive orientation and training sessions that detail the organization's policies and procedures. It's possible that this is why there wasn't a statistically significant link between education level and care outcomes or satisfaction among the study's participants who were either Bachelor's or Diploma-level nurses (Abdul-Rahman et al., 2015).

Nurses' job satisfaction, productivity, and the standard of care they provide are all impacted by the conditions under which they operate. According to research by Kelbiso et al. (2017) and others, nurses' quality of life on the job is affected by their level of education and their salary. Nurses in

Bangladesh reported that their monthly pay was the most significant factor in determining how satisfied they were with their careers (Akter et al., 2018). When nurses are able to meet their own basic needs with their salary, they are more invested in their work and provide better care for their patients (Akter et al., 2018).

Finally, the current study showed a near-perfect correlation between effective communication and good quality nursing scale, with a mean positive correlation of 0.94 ( $p= 0.00001$ ). This finding was consistent with Li et al. (2022), who utilized a descriptive cross-sectional design to explore the relationship between nursing students' self-awareness, communication ability and caring ability. The authors found a statistically significant ( $p 0.001$ ) beneficial relationship between nursing students' empathy and their communication skills. Increased communication and job satisfaction among nurses leads to better patient care and fewer errors, as shown by Vermeir et al. (2017). In addition, Kirca and Bademli's 2019 descriptive relational study at Akdeniz University Hospital found a moderate positive link between nurses' communicative ability and their care behaviors ( $P< 0.01$ ). The ability to effectively communicate is crucial to the nursing profession. Quality care cannot be provided without effective communication. Positive patient outcomes and increased patient satisfaction can be achieved through personalised nursing care and open lines of communication between nurses and physicians (Kirca & Bademli, 2019).

## 5.2 LIMITATIONS OF THE STUDY



The current study recognizes the following limitations. The study population was limited to Riyadh, Saudi Arabia. This could reduce the data's applicability to nurses globally. The data were obtained by self-reporting and may be subject to respondent bias (e.g., nurses may be more likely to respond positively to the survey statements to make themselves look good).

### 5.3 CONCLUSION

This study's primary aim was to assess the impact of effective communication between nurses and physicians in providing high-quality nursing care at Riyadh's first health cluster, Saudi Arabia. The results of the current study emphasize the value of nurse-physician communication and elucidate the characteristics that can assist in strengthening it, leading to better patient care and better outcomes. Since effective communication between nurses and physicians is a hallmark of safe and reliable patient care, it is important to encourage nurse-physician communication in order to sustain high-quality patient care.

### 5.4 RECOMMENDATIONS

Based on the results of the study, it is therefore recommended that:

1. Because communication skills are an efficient means of enhancing the quality



of care, courses teaching them should be required during nursing school, as a part of the curriculum for everyone from freshmen to seasoned veterans.

2. The availability of training in caring at nursing education institutions is a priority for healthcare administrators. This could lead to needed improvements in the perception of care in medical facilities.

3. Future studies may be conducted with a larger study population in other parts of Saudi Arabia to identify factors that may impact or influence nurse and physician communication, particularly in secondary health institutions.

Identifying this may enable authorities to enhance nurse performance and the quality of patient care in the healthcare industry.



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