

Barriers Faced By Nurses In Providing Patient Education In Saudi Hospitals

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Abstract

Introduction: Patient education is one of the core nursing interventions that have a great impact on clinical outcomes and lower hospital readmission rates. The problem of rising trends of chronic illnesses such as diabetes and hypertension in the Kingdom of Saudi Arabia (KSA), together with the healthcare objectives of the Vision 2030, creates an urgent need among nurses to deliver effective health instruction. This process is however usually hampered by several organization and cultural factors.

Objective: This systematic review has been developed to determine the multi-faceted elements that hinder nurses from supplying successful patient education in a clinical setting in Saudi Arabia.

Method: A systematic review was done in accordance with PRISMA. Peer-reviewed articles published in 2015-2025 were searched in electronic databases, such as PubMed, CINAHL, ScienceDirect, and the Saudi Medical Journal. Eligibility criteria included original research (qualitative, quantitative, and mixed-methods) that included registered nurses, who worked in Saudi hospitals. The thematic analysis was performed by a standardized form to extract the data and analyzed them using thematic synthesis.

Conclusion: Saudi nurses are struggling with a special triple barrier of workload, language, and culture. These limitations often lead to neglecting patient education, even though it is clear that technical nursing care has a higher priority. To realize the Vision 2030 goals, the hospital administrators will have to institutionalize the concept of the so-called protected time to teach and use the digital and bilingual tools to overcome the language barrier between the expatriate workers and the local patients.

Keywords: Nurse, Nursing Staff, Patient Education, Health Education, Obstacles, KSA.

Introduction

Education of patients has become an inseparable part of the contemporary clinical practice and is now a central nursing skill rather than a peripheral one. It can be described as a goal oriented, systematic process that enables the patients to be in charge of their health by enhancing their knowledge, skills and self-efficacy. With the modern paradigm of healthcare practice, in which the central consideration has been not acute care but chronic condition management, the self-management of recovery in a patient is the key factor that defines long-term success. [2] In the multidisciplinary healthcare team setting, nurses are ideally placed to provide this education. The nurses are the main mediator between

the complex medical diagnosis and the life that the patient lives because they are in constant contact with them, and the nurse-patient relationship is built on trust. [5]

Saudi Arabian Health Care Environment

The healthcare sector in the Kingdom of Saudi Arabia (KSA) is in the midst of a transformation that has never been witnessed before. The Kingdom is in the process of ensuring an integrated, efficient, and comprehensive health system under the umbrella of Saudi Vision 2030 and Health Transformation Program. [4], [7] This paradigm focuses on preventing and managing population health as opposed to conventional curative paradigms. Nevertheless, this change is fraught with serious difficulties, which lie in the epidemiological characteristics of the Saudi people.

There is one of the highest rates of lifestyle-related chronic conditions in Saudi Arabia. Such problems as Type 2 diabetes, obesity, and cardiovascular diseases cause an enormous burden to the healthcare infrastructure. [9] In such circumstances, only clinical treatment is not enough; adherence of a patient to medication and dietary changes and physical activity which is influenced by effective education is essential to avoid complications and low readmission rates. Therefore, the issue of the patient education quality in Saudi hospitals is more than a clinical procedure issue but a public health concern. [3], [8]

The Diversity of Nursing Workforce and the Diversity Challenge

One of the features of the Saudi nursing context is the composition of the workforce. The Kingdom has over decades heavily depended on an expatriate nursing labor force brought in by other countries such as the Philippines, India and North America. [12] Though with technical expertise, this diversity creates a layer of complexity with linguistic and cultural forces. Patient education needs to be culturally congruent and language accessible in order to be effective. When the nurse and the patient have a different mother tongue as the primary language, the delicacy may be lost to elucidate the side effects of the medication or post-surgical recovery and result in an act of instructional non-compliance. [13]

Moreover, the workforce is undergoing dynamics as more Saudi nationals are being introduced into the nursing profession through the initiative of Saudization (Nitaqat). Although local nurses help eliminate cultural and linguistic barrier, they are likely to encounter the same systemic demands as their expatriate colleagues including high turnover rates and excessive administrative burden. [11], [7]

Determining the Research Gap

Although the role of educating patients has been acknowledged, there has been an ongoing rhetoric-reality gap in Saudi hospitals. Although the hospital policies and international standards of accreditation (like JCI) require documentation of the education, nurses have often cited that the education offered is disjointed or superficial. [8] Literature indicates that the obstacles to high-quality teaching delivery are varied, including the attitude of individual nurses, as well as organizational system failures.

This is a systematic review that will help to synthesize the available literature to determine the particular barriers that nurses in Saudi Arabia experience. [6] The classification of these barriers will be used to give a roadmap on how hospital administrators and policymakers should use specific interventions. The ability to explain the causes of these barriers, be it linguistic, environmental, or educational, is the initial step towards streamlining nursing practice and, eventually, the results seen in patients throughout the Kingdom. [7]

Justification and Rationale of the Study

The Increasing Overload of Chronic Diseases

There is a drastic change in the epidemiological profile of Saudi Arabia that has changed to non-communicable diseases (NCDs). Statistically, NCDs comprising Type 2 diabetes, hypertension and obesity are estimated to be the cause of nearly 73 percent of all deaths in the Kingdom. Patient self management is very crucial in managing these conditions and this cannot be achieved without quality education. [8], [12] This information is mainly delivered through the nurses channel hence determining any bottlenecks in the capacity of nurses to teach is a direct issue to national public health safety.

Large Hospital Rehospitalization Figures

Another major reason why this study is necessary is because of the economic and clinical cost of preventable hospital readmissions. Research in Saudi tertiary centers indicates that a significant proportion of patients visit the hospital soon after they have been discharged because they are not aware of the need to follow the suggested medication or post-surgical advice. This research can be used to address the problem of healthcare costs reduction and patient bed turnover rate by defining the impediments to the implementation of comprehensive discharge education by nurses.[13], [9]

Communication Gap in a Multicultural Workforce

Saudi Arabia has a special demographic in terms of the nursing industry, with the significant dependency on the expatriate workforce with different language backgrounds (e.g., Philippines, India, Pakistan). This poses a dual-language barrier that may not allow the nurse and patient to have a common mother tongue. Although this has been observed in past, the systematic review would allow synthesizing an effect of this particular barrier on other aspects such as workload and institutional support to establish a cumulative adverse impact on patient knowledge. [7], [8]

Alignment with Saudi Vision 2030

Healthcare Transformation Program of Vision 2030 intends to change the emphasis of treatment to preventive health and the so-called Patient-Centered Care. Influential in the concept of patient-centered care is the right of the patient to be educated and engaged in any decision-making. In case this is not being achieved due to systemic obstacles (e.g., shortage of nurses or absence of Arabic learning materials), the Vision 2030 objectives are not going to be achieved to full. This paper gives a requisite situational analysis to allow policy makers to reduce the distance between high policy and bedside reality. [11], [8]

Tackling the Evidence-Practice Gap

Although there is an overall agreement that nurses are too busy to teach, there is no united evidence that prioritizes these impediments in the Saudi environment. Is it the lack of time, the lack of training or the lack of culturally appropriate resources? Such systematic review is required to offer a hierarchical perceptions of these difficulties so that hospital administrators can surmount anecdotal complaints and apply evidence-based solution.

Study Objective

This systematic review has been developed to determine the multi-faceted elements that hinder nurses from supplying successful patient education in a clinical setting in Saudi Arabia. To do this, we hope to identify both organizational and environmental factors that impede the educational experience of nurses (for example, low staffing levels, time restrictions, and hospital structures)

Research Methodology

Research Question

The research questions of the current study are:

Q1. What are the greatest obstacles to effective patient education reported by nurses in Saudi Arabian hospitals?

Q2. To what degree do the high nurse-to-patient ratio and administrative workload correlate with a lack of education on the part of nurses in Saudi Arabian wards?

Q2. How large of a role does the lack of communication between Arabic-speaking patients and foreign-trained nurses represent in the overall difficulty of attaining health literacy?

Research Design

The systematic review design is used in this research, which follows PRISMA (Preferred Reporting Items to systematic reviews and meta-analyses) guidelines that allow the study to be transparent, rigorous, and reproducible. The aim of selecting this design was, it gives the possibility of having the results of several independent studies involving both qualitative and quantitative studies in a way to give a complete and big picture insight than could be provided by any single local study. The design uses a structured search strategy in electronic databases (PubMed, CINAHL, and ScienceDirect), the

method reduces the impact of bias due to a standardized study selection and critical assessment of the methodological quality of the research and thematic synthesis of data. This method works especially well in the case of the Saudi context, as it allows the researcher to put together the disjointed regional data in a unified set of themes capable of driving the policy and nursing practice in the country in terms of healthcare.

Search Strategy

The systematic review search strategy will be performed through an intensive and thorough search of leading electronic databases, such as PubMed, CINAHL, ScienceDirect, and Saudi Medical Journal. In order to guarantee the high sensitivity and specificity, both Boolean operators (AND, OR) and Medical Subject Headings (MeSH) terms will be used. The search will be restricted to peer-reviewed articles published in English not older than 10 years to procure the most up-to-date representation of the clinical landscape, in particular, in the context of the recent Saudi Vision 2030 healthcare reforms. A manual snowballing search of reference lists of retrieved articles will be conducted to also find any gray literature or landmark studies that could have been overlooked on the first electronic search, to make the synthesis of the available evidence truly exhaustive.

Types of Studies Included

The systematic review pays attention to the high-quality evidence, peer-reviewed, in order to synthesize the current nursing situation in the Kingdom. Original research articles based on descriptive quantitative, qualitative, and mixed designs are the major component of the review. In particular, the cross-sectional studies are predominantly represented because it is the most widespread technique in Saudi Arabia to quantify the perceived barriers with the help of the validated instrument such as the BARRIERS Scale or tailor-made questionnaires. In addition, semi-structured interviews and focus group exploratory qualitative research are added to bring richness and depth to the question of why to the problems facing nursing. In order to be relevant nowadays, the review will not include narrative reviews, case reports, editorials, and articles that were not published in the English language or have not been conducted in the hospital environment (only academic or school nursing settings).

Keywords

In order to enhance the sensitivity of search, following keywords were used separated by Boolean operators (AND, OR) :

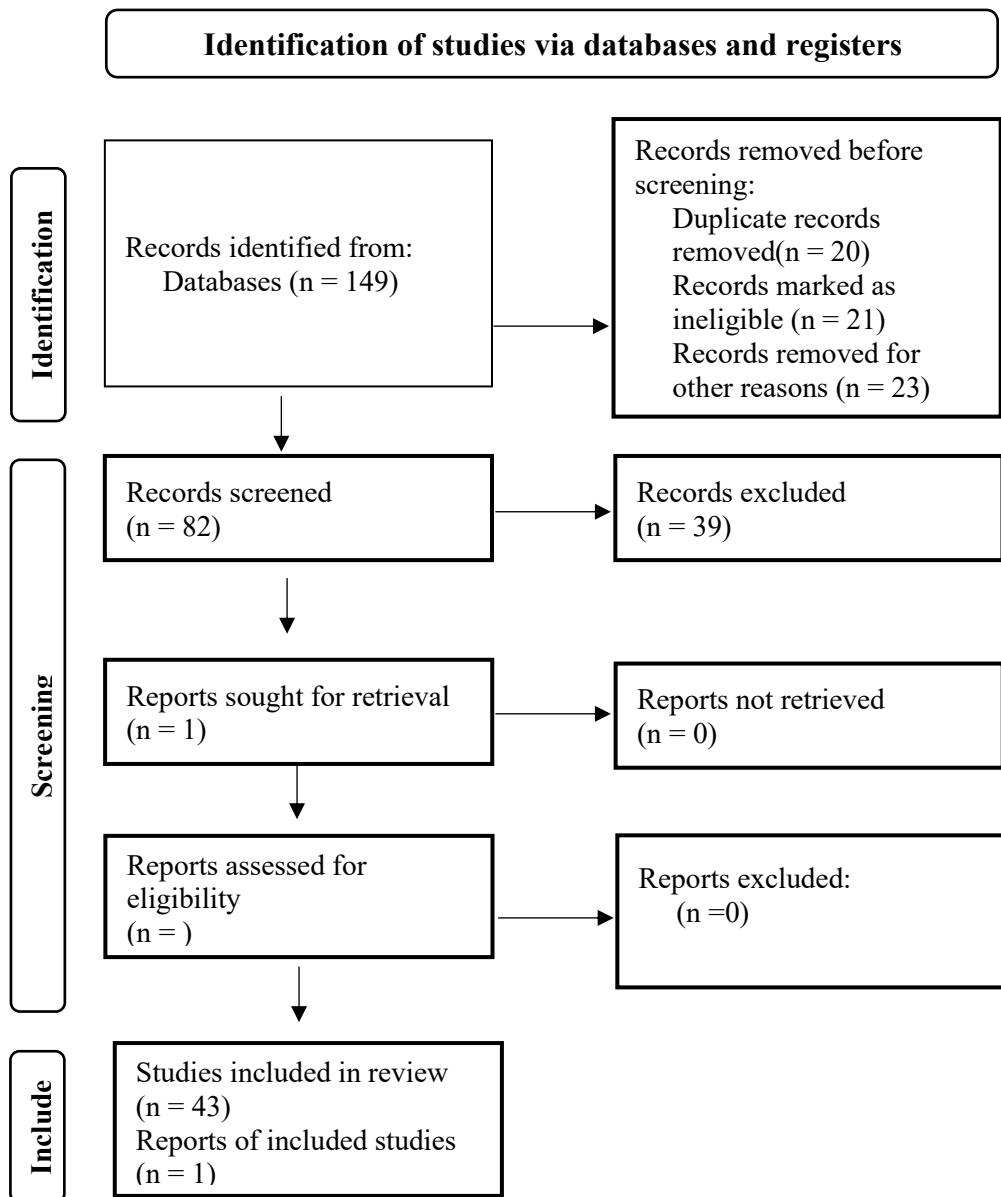
Nurse OR "Registered Nurses" OR "Nursing Staff" AND "Patient Education" OR "Health Education" OR "Health Teaching" AND Barriers OR Challenges OR Obstacles AND "Saudi Arabia" OR KSA.

Data Management

The systematic review data management process is structured to facilitate the integrity, transparency and reproducibility of the synthesized evidence. First, all bibliographic documents obtained in the electronic databases will be imported into a reference management system (Mendeley or EndNote) in order to systematically eliminate the duplicates. After this, the screening and selection process - that includes title, abstract, and full-text reviews- will be conducted with the help of formal tools such as Covidence or Excel spreadsheets with customized formats, where a proper audit trail of the inclusion and exclusion decisions can be tracked. A standardized data extraction form will be used during the data extraction phase of the study that will contain the key characteristics of the study such as the author, year of publication, study setting (e.g., public vs. private hospital), sample size, and categories of barriers identified specifically.

Results

A total of 149 research studies and one report was identified, the researcher has scrutinized the studies on the basis of keywords and inclusion/exclusion criteria related to cultural competence in nursing care for Saudi patients.



Source: Page MJ, et al. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

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Out of these identified studies, 20 were removed because of duplication of records, references and location and 21 studies were marked as ineligible, as not including the above stated concept and 23 for some other unavoidable conditions. Two reports were also included in the study.

Process and Organization-Related Barriers

Systemic challenges in Saudi hospitals are the most frequently mentioned ones. It has been studied that nurses are aware of the significance of education, but cannot deliver it because of physical inability. [7]

Workload and Staffing: Staff shortages and heavy workload are cited as the main impediment by approximately 72% of nurses. [9] The high patient-to-nurse ratios compel personnel to focus on technical (medication, wound care) rather than the so-called soft skills such as patient education. [13]

Time Constraints: Approximately, 6 out of 10 nurses say that they do not have time to attend educational programs before a patient is discharged. [6], [9]

Environmental Factors: In numerous studies, it was discovered that the absence of personal and quiet area in the wards causes distraction and patients could not focus on the educational information. [9], [3]

The Language Barrier (Linguistic Barriers)

Since most of the nursing workforce in KSA is expatriate, language is a prevailing barrier in all the reviews.

Language Mismatch: More than three out of five nurses say that language differences are a significant hurdle. Non-Arabic speaking nurses (NASNs) usually have problems with articulating the complicated medical guidelines to the Arabic-speaking patients, especially the aged one. [8]

Avoidance Behavior: The literature reveals that in case of language barrier, nurses might unintentionally cut short of conversations or escape giving in-depth explanation to avoid misunderstanding this negatively affects the quality of education administered. [11], [13]

Misunderstanding of Dialects: Arabic-speaking nurses even working in other parts of the Arab state (e.g. Egypt or Jordan) may fail to comprehend the Saudi dialects of local origin and misunderstand them. [13], [14]

Socio-Cultural and Religious Factors

The cultural situation in Saudi Arabia is very specific, which affects the reception of health information.

Gender and Modesty: The cultural values on gender (like Khalwa or modesty) can reduce the level of comfort during education, particularly when a nurse is giving instructions to a patient of the opposite sex. [15], [16]

Family Involvement: Family members are in most cases the decision-makers in the Saudi setting. The nurses note that the large groups of family members may serve as an impediment to delivering the direct and individual education to the patient. [11]

Cultural Incongruence: Non-Muslim expatriate nurses are not always aware of religious aspects of religion (such as fasting during Ramadan) which has a direct impact on health education on medication timing. [12]

Barriers of Resource and Knowledge

The absence of Standardized Materials: Approximately 40% of nurses will mention the lack of quality, Arabic-language educational resources (pamphlets, videos, or digital applications). [8]

Documentation Problems: The evaluation or quantification of patient education is not a standardized tool in many hospitals and thus has not been given adequate importance in the performance appraisals. [13]

Discussion

The results of the conducted systematic review show that there is a complex triple barrier of organization, linguistic, and socio-cultural issues that impede the provision of patient education led by nurses in Saudi Arabia. Although the Kingdom of Saudi Arabia is on the verge of a swift modernization of its healthcare sector in the frame of the Vision 2030, the practical reality in the bedside is limited by these deep-rooted difficulties. [7], [8], [9]

Paradox of the Nursing Workforce

One of the key themes in the literature is the demographic peculiarity of Saudi nursing labor force. The Kingdom has approximately 70-80 per cent expatriates among nurses mainly of the Philippines and India. [6], [7]

The Technological vs. Interpersonal Gap These nurses have a high level of skills in technical clinical duties; however, they usually have a shock of cultural shock or communication exhaustion. [3], [5]

Institutional Language Policy: In the majority of Saudi hospitals, the official language of medical documents and the communication between physicians and nurses is English, but the patients are

speaking Arabic. This has a systemic barrier of language policy in the sense that the nurse is required to interpret complex medical concepts into simple Arabic in his/her mind; a process that most of the expatriate nurses have been trained in only through basic training. [7], [6], [14]

Constrains in Organization and "Lapsed Nursing Care

The findings reveal that patient education is often the initial thing to be skipped when wards start being busy- a condition referred to as Missed Nursing Care (MNC). [11], [12]

The Workload Factor: Since patient-to-nurse ratios are frequently beyond manageable limits, nurses are compelled to concentrate on the survival tasks (medication administration and vital signs) rather than preventive ones (education). [13], [14]

Absence of Protected Time: Patient education is not always scheduled or even assigned time unlike in clinical procedures. It is thus considered an informal add-on and not as a major clinical necessity. [14], [16]

Environmental Noise: Since most Saudi wards are busy zones and likely to be visited by family members frequently, nurses find it hard to get the quiet and confined space to do their counseling effectively. [9]

Family-Centered Care and Socio-Cultural Dynamics

In the Western nursing models, emphasis is given to individual autonomy. Nevertheless, in Saudi Arabia, health is a family business.

Family as Gatekeepers: It has always been the trend in the literature that family members especially the older male or a collective of relatives are normally the first communicators. [14], [8] The nurses are expected to educate the family, or sometimes the family instead of the patient and this may be tricky when the family decides to conceal some of the diagnostic information to the patient without informing him, so that they do not damage his morale. [13]

A strong compliance with the norms of gender (including Khalwa) may cause reluctance in communication. As an example, a male nurse may feel he cannot give a detailed physical education to a female patient and vice versa without a chaperone or other family member. [9], [4]

Fatalism and "Sabr": The cultural aspect of Sabr (patience) and an attitude that patients are being tested by God can be misunderstood by non-Muslim nurses as non-interest in self-management or education sometimes. [7]

Global Comparative Analysis

Although time shortage is an issue that affects all nurses globally, the linguistic-cultural issue is more intense in Saudi Arabia compared to most western countries. In the US or the UK, language barriers are usually taken to refer to minority groups; in Saudi Arabia, language barrier is institutional as most of the professionals working in the country use a different native language compared to most of the service users. [8], [15]

Conclusion

The results of this systematic review prove the fact that although nurses in Saudi Arabia are rather positive about the necessity of patient education, they cannot deliver it regularly because of a lot of structural and interpersonal barriers. The most daunting challenge is the so-called triple threat of excessive workloads of nurses, the lack of time (as a chronic problem), and the language barrier due to the large number of expatriate employees. Moreover, cultural peculiarities related to making decisions collectively in the family and gender specificity require a greater level of the cultural competence than is currently standardized in all the hospital facilities. Finally, patient education in the Kingdom is undergoing a change whereby it is an informal bedside activity to a formalized clinical requirement. In order to close this rift, the hospital leadership should not just accept the existence of these barriers but initiate structural changes. As far as the root cause of the problem of teaching and giving nurses access to bilingual digital resources to achieve this goal is the so-called protected time, the dream of a genuinely patient-centered healthcare system has not yet been reached.

Future Scope of Study

With Vision 2030, Saudi Arabia is still in its grand-scale Health Sector Transformation Program, which means that the field of patient education research is open to more discovery. More studies are required to determine the effectiveness of bilingual mobile applications and virtual reality (VR) technologies to overcome the language barrier between expatriate nurses and Saudi patients. In future studies, the researchers should stop outlining the barriers and begin to quantify the direct relation between nurse-led education and the particular clinical outcomes in KSA, including the rate of HbA1c measurements in diabetic clients or the 30-day readmission rates.

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