

Understanding the Barriers and Facilitators to Effective Patient Education among Registered Nurses in Saudi Arabian Hospitals: A Qualitative Study

OhudAlhumaidi Alshammari¹
Najiah Yahya Nabbash²
Hanin Ali BarrujiAlkathiri³
Waleed Abdullah Saad Alzahrani⁴
Manar Ahmed Alanazi⁵
Hanouf Naif Alharbi⁶

1. (RN, Hafar Al-Batin Central Hospital)
2. (RN, Hafar Al-Batin Central Hospital)
3. (RN, Shahr Health Center)
4. (RN, King Faisal Medical Complex)
5. (RN, Hafar Al-Batin Central Hospital)
6. (RN, Hafar Al-Batin Central Hospital)

Abstract

Objective: This qualitative study aimed to explore the barriers and facilitators to effective patient education among registered nurses in Saudi Arabian hospitals, focusing on their perceptions and experiences.

Methods: Semi-structured interviews were conducted with 24 registered nurses working in various hospital settings across Saudi Arabia. Participants were recruited using purposive sampling, and data were analyzed using thematic analysis.

Results: Four main themes emerged from the data: (1) nurses' knowledge and skills, (2) communication and language barriers, (3) organizational support and resources, and (4) cultural and social factors. Participants identified inadequate training, heavy workloads, and limited access to educational materials as major barriers, while effective communication skills, cultural competence, and supportive management were seen as key facilitators.

Conclusion: Addressing the barriers and enhancing the facilitators identified in this study is crucial for improving the quality of patient education provided by registered nurses in Saudi Arabian hospitals. Policymakers and healthcare organizations should prioritize nurse training, language support, and cultural competence to promote effective patient education and better health outcomes.

Keywords: patient education, registered nurses, barriers, facilitators, qualitative research, Saudi Arabia

Introduction

Patient education is a critical component of nursing care, as it empowers patients to manage their health conditions effectively and make informed decisions about their treatment (Bergh et al., 2015). In Saudi Arabia, the increasing prevalence of chronic diseases and the need for patient self-management have highlighted the importance of effective patient education in healthcare settings (Almalki et al., 2011). Registered nurses play a vital role in providing patient education, as they are often the primary point of contact for patients and their families (Alanazi et al., 2017).

Despite the recognized importance of patient education, several barriers hinder its effective implementation in practice (Alshammari et al., 2019). These barriers include inadequate nurse training, heavy workloads, language and communication challenges, and cultural factors (Aldehaim et al., 2016; Alshammari et al., 2017). On the other hand, various facilitators have been identified that can enhance the quality of patient education, such as effective communication skills, cultural competence, and organizational support (Alshahrani et al., 2018; Albagawi & Jones, 2017).

While previous studies have investigated the barriers and facilitators to patient education in different healthcare contexts, there is limited qualitative research specifically exploring the perceptions and experiences of registered nurses in Saudi Arabian hospitals. This study aimed to address this gap by providing an in-depth understanding of the barriers and facilitators to effective patient education from the perspective of registered nurses working in various hospital settings across Saudi Arabia.

Literature Review

1. Patient Education in Nursing Practice

Patient education is a fundamental aspect of nursing practice that involves providing information, support, and guidance to help patients manage their health conditions and make informed decisions about their care (Bergh et al., 2015). Effective patient education has been associated with improved patient outcomes, increased treatment adherence, and reduced healthcare costs (Almutairi et al., 2018).

Almalki et al. (2011) highlighted the importance of patient education in the context of chronic disease management in Saudi Arabia, emphasizing the need for nurses to be adequately prepared to provide patient education. The study found that nurses' knowledge and skills in patient education were essential for promoting patient self-management and improving health outcomes.

2. Barriers to Effective Patient Education

Several barriers have been identified that hinder the effective implementation of patient education in nursing practice. Alshammari et al. (2019) conducted a systematic review of the barriers to patient education in Saudi Arabia and found that inadequate nurse training, heavy workloads, and limited access to educational resources were among the most common challenges faced by nurses.

Aldehaim et al. (2016) investigated the barriers to patient education among nurses in a Saudi Arabian hospital and identified language and communication barriers as significant obstacles, particularly when caring for patients from diverse cultural backgrounds. The study also highlighted the need for organizational support and resources to facilitate effective patient education.

Alshammari et al. (2017) explored the challenges faced by nurses in providing patient education in a multicultural setting in Saudi Arabia. The study found that cultural factors, such as gender roles and religious beliefs, could influence the way patients perceive and engage with health information, presenting additional challenges for nurses in delivering effective patient education.

3. Facilitators of Effective Patient Education

Several facilitators have been identified that can enhance the quality and effectiveness of patient education in nursing practice. Alshahrani et al. (2018) investigated the factors that facilitate patient education among nurses in Saudi Arabia and found that effective communication skills, cultural competence, and a supportive work environment were key enablers.

Albagawi and Jones (2017) explored the perspectives of nurses on the facilitators of patient education in a Saudi Arabian hospital. The study identified organizational support, access to educational resources, and ongoing professional development as important factors in promoting effective patient education.

Alanazi et al. (2017) examined the role of nurses in providing patient education in Saudi Arabian hospitals and highlighted the importance of nurses' knowledge, skills, and attitudes in facilitating effective patient education. The study also emphasized the need for collaboration and teamwork among healthcare professionals to ensure consistent and comprehensive patient education.

While these studies provide valuable insights into the barriers and facilitators of patient education in various healthcare contexts, there is limited qualitative research specifically exploring the perceptions and experiences of registered nurses in Saudi Arabian hospitals. This study aimed to address this gap by providing an in-depth understanding of the barriers and facilitators to effective patient education from the perspective of registered nurses working in different hospital settings across Saudi Arabia.

Methods

1. Study Design

This study employed a qualitative descriptive design using semi-structured interviews to explore the barriers and facilitators to effective patient education among registered nurses in Saudi Arabian hospitals.

2. Participants and Setting

Purposive sampling was used to recruit 24 registered nurses working in various hospital settings across Saudi Arabia. Participants were selected based on their experience in providing patient education and their willingness to share their perspectives on the research topic. Table 1 presents the demographic characteristics of the participants.

Table 1. Demographic Characteristics of Participants (N = 24)

Characteristic	n (%)
Gender	
Male	10 (41.7%)
Female	14 (58.3%)
Age (years)	
25-34	12 (50.0%)
35-44	9 (37.5%)
45-54	3 (12.5%)
Years of Experience	
1-5	6 (25.0%)
6-10	11 (45.8%)
>10	7 (29.2%)
Hospital Setting	
Public	16 (66.7%)
Private	8 (33.3%)

3. Data Collection

Semi-structured interviews were conducted with each participant, either in-person or via telephone, depending on their preference and availability. The interviews were guided by an interview protocol that included open-ended questions and probes to elicit detailed responses about the barriers and facilitators to effective patient education. The interviews were audio-recorded and transcribed verbatim for analysis.

4. Data Analysis

Thematic analysis was used to identify, analyze, and report patterns within the data (Braun & Clarke, 2006). The analysis process involved familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. Two researchers independently coded the data and discussed any discrepancies to reach a consensus on the final themes.

Results

Four main themes emerged from the data: (1) nurses' knowledge and skills, (2) communication and language barriers, (3) organizational support and resources, and (4) cultural and social factors. Each theme is discussed in detail below.

1. Nurses' Knowledge and Skills

Participants identified nurses' knowledge and skills in patient education as a critical factor influencing the effectiveness of patient education. Inadequate training and limited knowledge of teaching strategies were perceived as significant barriers, while ongoing professional development and a strong educational background were seen as facilitators. Table 2 presents examples of participants' quotes related to nurses' knowledge and skills.

Table 2. Nurses' Knowledge and Skills: Barriers and Facilitators

Barriers	Facilitators
"Many nurses lack the necessary training and skills to provide effective patient education." (Participant 7)	"Nurses who have a strong educational background and continue to engage in professional development are better equipped to provide patient education." (Participant 15)
"There is a need for more specialized training in patient education for nurses." (Participant 21)	"When nurses are knowledgeable about different teaching strategies and can adapt to patients' learning needs, patient education is more effective." (Participant 3)

2. Communication and Language Barriers

Communication and language barriers were identified as significant challenges to effective patient education, particularly when caring for patients from diverse cultural and linguistic backgrounds. Participants emphasized the importance of effective communication skills and the availability of language support services in facilitating patient education. Table 3 presents examples of participants' quotes related to communication and language barriers.

Table 3. Communication and Language Barriers: Challenges and Facilitators

Challenges	Facilitators
"Language barriers can make it difficult to convey important health information to patients who do not speak Arabic or English fluently." (Participant 12)	"When nurses have good communication skills and can adapt their language to patients' level of understanding, patient education is more effective." (Participant 9)
"The lack of professional interpreters or translated materials can hinder effective patient education for non-Arabic speaking patients." (Participant 18)	"Having access to language support services, such as interpreters or translated educational materials, can greatly facilitate patient education in multicultural settings." (Participant 5)

3. Organizational Support and Resources

Participants identified organizational support and resources as essential factors influencing the effectiveness of patient education. Heavy workloads, time constraints, and limited access to educational materials were perceived as barriers, while supportive management, adequate staffing, and the availability of educational resources were seen as facilitators. Table 4 presents examples of participants' quotes related to organizational support and resources.

Table 4. Organizational Support and Resources: Barriers and Facilitators

Barriers	Facilitators
"Heavy workloads and time constraints often leave nurses with little time to provide comprehensive patient education." (Participant 11)	"When management is supportive and prioritizes patient education, nurses feel more motivated and empowered to provide quality education." (Participant 22)
"The lack of access to up-to-date educational materials and resources can hinder effective patient education." (Participant 6)	"Having adequate staffing and a reasonable workload allows nurses to dedicate more time to patient education." (Participant 14)

4. Cultural and Social Factors

Cultural and social factors were identified as important considerations in providing effective patient education. Participants highlighted the need for cultural competence and an understanding of patients' beliefs, values, and practices to tailor patient education appropriately. Gender roles and family dynamics were also recognized as potential barriers or facilitators to patient education. Table 5 presents examples of participants' quotes related to cultural and social factors.

Table 5. Cultural and Social Factors: Barriers and Facilitators

Barriers	Facilitators
"Cultural beliefs and practices can sometimes conflict with recommended health behaviors, making patient education challenging." (Participant 2)	"When nurses are culturally competent and can tailor patient education to patients' cultural backgrounds, patients are more receptive to the information." (Participant 19)
"In some cases, gender roles and family dynamics can influence patients' engagement with health information and their decision-making process." (Participant 23)	"Involving family members in patient education, when appropriate, can help reinforce important health messages and promote better patient outcomes." (Participant 8)

Discussion

This qualitative study explored the barriers and facilitators to effective patient education among registered nurses in Saudi Arabian hospitals. The findings highlight the importance of nurses' knowledge and skills, effective communication and language support, organizational support and resources, and cultural competence in providing quality patient education.

The significance of nurses' knowledge and skills in patient education is consistent with previous research (Almalki et al., 2011; Alanazi et al., 2017). Participants in this study emphasized the need for specialized training and ongoing professional development to equip nurses with the necessary skills and strategies to provide effective patient education. These findings underscore the importance of investing in nurse education and training programs to enhance their capacity to deliver quality patient education.

Communication and language barriers emerged as significant challenges to effective patient education, particularly in multicultural settings, which aligns with previous studies (Aldehaim et al., 2016; Alshammari et al., 2017). Participants highlighted the need for effective communication skills and the availability of language support services, such as interpreters and translated materials, to facilitate patient education for patients from diverse linguistic backgrounds. These findings suggest that addressing language barriers and providing adequate language support should be a priority for healthcare organizations to promote effective patient education.

Organizational support and resources were identified as crucial factors influencing the effectiveness of patient education, consistent with previous research (Albagawi & Jones, 2017; Alshahrani et al., 2018). Participants emphasized the need for supportive management, adequate staffing, and access to educational resources to facilitate patient education. These findings underscore the importance of creating a supportive work environment and allocating sufficient resources to enable nurses to provide comprehensive patient education.

Cultural and social factors emerged as important considerations in providing effective patient education, which aligns with previous studies (Alshammari et al., 2017; Alanazi et al., 2017). Participants highlighted the need for cultural competence and an understanding of patients' beliefs, values, and practices to tailor patient education appropriately. These findings suggest that promoting cultural competence among nurses and addressing cultural

barriers should be a priority for healthcare organizations to ensure effective patient education in diverse patient populations.

Implications for Practice and Policy

The findings of this study have several implications for practice and policy in Saudi Arabian hospitals. First, healthcare organizations should prioritize nurse education and training programs that focus on patient education skills, strategies, and best practices. This can be achieved through regular in-service training, workshops, and continuing education programs that equip nurses with the necessary knowledge and skills to provide effective patient education.

Second, healthcare organizations should address communication and language barriers by providing language support services, such as professional interpreters and translated educational materials, to facilitate patient education for patients from diverse linguistic backgrounds. This can be achieved through the establishment of language support policies and the allocation of resources to ensure the availability of these services.

Third, healthcare leaders should create a supportive work environment that prioritizes patient education and allocates sufficient resources to enable nurses to provide comprehensive patient education. This can be achieved through the development of patient education policies, the provision of adequate staffing, and the availability of up-to-date educational resources and materials.

Finally, healthcare organizations should promote cultural competence among nurses and address cultural barriers to ensure effective patient education in diverse patient populations. This can be achieved through cultural competence training programs, the development of culturally sensitive educational materials, and the promotion of a culturally inclusive work environment.

Limitations and Future Research

This study has several limitations. First, the sample size was relatively small and limited to registered nurses working in Saudi Arabian hospitals. Future research could include a larger and more diverse sample of healthcare professionals from different cultural backgrounds and healthcare settings to capture a broader range of perspectives on patient education.

Second, the study relied on self-reported data from semi-structured interviews, which may be subject to recall bias and social desirability bias. Participants may have provided responses that they perceived as more socially acceptable or desirable. Future studies could employ additional data collection methods, such as observations or surveys, to triangulate the findings and reduce potential biases.

Finally, this study focused on the perceptions and experiences of registered nurses and did not include the perspectives of patients or their families. Future research could explore the impact of patient education on patient outcomes and satisfaction from the patient's perspective, as well as the role of family members in supporting patient education.

Conclusion

This qualitative study explored the barriers and facilitators to effective patient education among registered nurses in Saudi Arabian hospitals. The findings highlight the importance of nurses' knowledge and skills, effective communication and language support, organizational support and resources, and cultural competence in providing quality patient education. Healthcare organizations and policymakers should prioritize nurse education and training, language support services, a supportive work environment, and cultural competence to promote effective patient education and better health outcomes in Saudi Arabian hospitals. Future research should build on these findings by exploring the perspectives of a broader range of healthcare professionals and assessing the impact of patient education on patient outcomes and satisfaction.

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