

# Exploring the Impact of Traditional Practices on Nursing Care in Saudi Arabia

**Fayez Muawwadh Albalawi<sup>1</sup>, Abdulkraim Ibrahim Alhawiti<sup>2</sup>, Abdullah Ibrahim Alhawiti<sup>3</sup>, Rasha Dalbak Yakhni Alruwaili<sup>4</sup>, Waad Salman Bin Awadh Alruwaili<sup>5</sup>, Reem Dalbak Yakhni Alruwaili<sup>6</sup>, Maha Delbek Alrowaili<sup>7</sup>, Nofa Jazem Fattal Alruwaili<sup>8</sup>, Reem Manour Rthouh Alkuwaitbi<sup>9</sup>, Awatlf Bunaydlr F.Alshammarl<sup>10</sup>, Ahmed Naiaf M Alrwali<sup>11</sup>, Amal Ghadeer Hatil Al-Ruwaili<sup>12</sup>, Meshal Saleh F Alenazy<sup>13</sup>, Naima Abdullah Mahjaa Al-Anzi<sup>14</sup>**

1. *Director of academic and training affairs department in maternity and children hospital, Maternity and children hospital in Tabuk, Saudi Arabia*
2. *Nursing specialist, Maternity and children hospital in Tabuk, Saudi Arabia*
3. *Nursing Specialist, Training Administration in Tabuk Health Cluster, Tabuk, Saudi Arabia*
4. *Nursing Technician, Maternity and Children's Hospital, Sakaka, Saudi Arabia*
5. *Nursing Specialist, Public Health (Infectious Disease Control Programs Unit), Sakaka, Saudi Arabia*
6. *Nursing Technician, Primary Health Care Center, Zalloum, Sakaka, Saudi Arabia*
7. *Nursing Technician, Prince Muteb Bin Abdulaziz Hospital, Sakaka, Saudi Arabia*
8. *Nursing Technician, Maternity and Children's Hospital, Sakaka, Saudi Arabia*
9. *Nursing Technician, Maternity and Children's Hospital, Sakaka, Saudi Arabia*
10. *Nursing Technician, Prince Miteb bin Abdulaziz Hospital, Skaka, Aljouf, Saudi Arabia*
11. *Nursing Technician, Transformation and Change Management, Ministry of Health branch in Northern Borders, Arar, Saudi Arabia*
12. *General Nursing Technician, Smoking Cessation Clinics Complex, Northern Borders Health Cluster, Arar, Saudi Arabia*
13. *Nursing, North Medical Tower hospital, Arar, Saudi Arabia*
14. *Nursing specialist, Emergency Department, North Medical Tower, Arar, Saudi Arabia*

## Abstract:

Traditional practices play a significant role in the nursing care landscape of Saudi Arabia, where healthcare is deeply intertwined with cultural beliefs and customs. Many Saudi patients rely on herbal remedies, spiritual healing, and familial care as essential components of their health management. This intertwining of traditional and modern medicine can significantly influence patient outcomes, as nurses must navigate these practices while providing evidence-based care. Nurses are often seen as mediators between traditional beliefs and contemporary healthcare, which requires cultural competence and sensitivity to ensure that patients feel respected and understood in their healing journeys. However, the integration of traditional practices into nursing care can present challenges, particularly regarding the adherence to scientifically proven medical protocols. Conflicts may arise when traditional methods clash with modern clinical practices, leading to misunderstandings about treatment efficacy. Additionally, the lack of formal acknowledgment of these practices within the healthcare system can hinder the development of comprehensive care strategies. Therefore, it is crucial for nursing education and practice in Saudi Arabia to incorporate an understanding of traditional medicine, fostering a collaborative approach that honors cultural heritage while prioritizing patient safety and health outcomes.

**Keywords:** Traditional practices, nursing care, Saudi Arabia, cultural beliefs, herbal remedies, spiritual healing, cultural competence, evidence-based care, patient outcomes, healthcare integration.

## Introduction:

The intricate interplay between culture and healthcare is critical, influencing healthcare delivery, nursing practices, and patient outcomes across global contexts. Saudi Arabia, a country steeped in rich traditions and cultural practices, faces unique challenges and opportunities in the domain of

nursing care. Traditional practices, deeply embedded in the societal fabric, often coexist with modern medical approaches, creating a complex landscape that influences patient care, health outcomes, and the nurse-patient relationship [1].

Nursing care, by its very essence, is not solely a clinical endeavor but also a profoundly human one, reliant on interpersonal relationships and cultural sensitivity. In Saudi Arabia, nursing—being a profession that is relatively new in its modern form—must navigate a terrain rich with historical practices and sociocultural norms that influence patient beliefs about health, illness, and healing. Traditional practices, often rooted in religious beliefs, folklore, and age-old customs, are prevalent in many Saudi communities. These practices include herbal remedies, spiritual healing interventions, and communal support systems that form the backbone of health-seeking behavior among individuals. In a healthcare system striving to incorporate contemporary medical practices and evidence-based nursing, understanding the ramifications of these traditional beliefs becomes imperative for effective patient care [2].

The Saudi healthcare system has undergone significant transformations in recent decades, particularly following the establishment of the Ministry of Health in 1950 and the subsequent developments in medical education, technological advancements, and healthcare accessibility. However, despite this progress, traditional practices remain a dominant influence in the lives of many patients, often coexisting with—or even overshadowing—evidence-based approaches. Nurses, who frequently serve on the front lines of patient care, encounter the challenge of integrating modern nursing practices with an awareness of and respect for these traditional beliefs. This integration is not merely academic; it has real implications for patient compliance, satisfaction, and overall health outcomes [3].

Research has demonstrated that culturally competent care—where healthcare providers are aware of and respectful toward the cultural practices of patients—enhances patient trust and satisfaction. It also improves adherence to medical advice and treatment regimens, fostering better health outcomes. In the diverse Saudi Arabian context, where tribal affiliations, regional variations, and religious customs play pivotal roles in shaping individual experiences and perceptions of health, the potential impact of traditional practices cannot be overstated. Nurses must possess the cultural competence to recognize, respect, and potentially integrate relevant traditional practices into their care plans, thereby creating a more inclusive and holistic healthcare environment [4].

Moreover, the intersection of tradition and modern health practices raises critical ethical considerations for nursing care. Questions arise about the nurse's role in navigating traditional beliefs that may contradict medical advice—especially in areas such as maternal health, chronic disease management, and palliative care. For instance, patients may rely on traditional healing methods for chronic illnesses, creating conflicts with prescribed medical treatments. Understanding the rationale behind these preferences is crucial for nurses, as it can inform their approach to patient education, advocate for shared decision-making, and promote a collaborative healthcare model that respects patient autonomy while upholding medical standards [5].

Additionally, an exploration of traditional practices in nursing care transcends the individual nurse-patient relationship; it also encompasses broader systemic implications within the healthcare framework. Policymakers and health administrators in Saudi Arabia must consider the influence of traditional practices when designing nursing curricula, health programming, and community outreach initiatives. Integrated health strategies that respect and incorporate cultural practices could enhance the effectiveness of public health campaigns, health education programs, and preventive measures aimed at improving population health [6].

### **The Role of Nursing in Saudi Healthcare:**

Nursing is a pivotal component of healthcare systems worldwide, serving as a bridge between patients and the complex intricacies of medical care. In Saudi Arabia, nursing has undergone significant transformations in recent years, evolving from a historically undervalued profession to a crucial pillar of the healthcare system [7].

Historically, nursing in Saudi Arabia was mainly a female occupation, primarily viewed through a traditional lens of caregiving with limited formal recognition and professional status. With the establishment of the Kingdom in 1932, significant strides were made in the development of health services, which began to incorporate nursing as a key component of patient care. However, until the late 20th century, nursing remained largely focused on basic care tasks and lacked the educational framework imperative to elevate its status [7].

The introduction of formal nursing training programs in the 1970s marked a watershed moment for the profession in Saudi Arabia. Through partnerships with international entities, nursing schools were established, providing the much-needed education and training that enabled nurses to develop a comprehensive set of skills required to deliver quality healthcare. The Saudi government recognized the importance of human resources in the healthcare system, leading to the implementation of strategies to improve nursing practice and increase the number of qualified nurses in the workforce [8].

Today, nursing plays a multifaceted role within the Saudi healthcare system. Nurses are not merely caretakers; they are highly trained professionals who undertake a wide array of responsibilities. Their roles encompass direct patient care, patient education, collaboration with interdisciplinary teams, and participation in the development of healthcare policies. Saudi nurses are integral in various healthcare settings, including hospitals, clinics, community health programs, and specialized centers whereby they cater to a diverse patient population [8].

In recent years, the Saudi government has made significant investments in enhancing the quality of healthcare services through initiatives such as the Vision 2030 plan. This strategic framework aims to revamp various sectors, including healthcare, with a strong emphasis on enhancing the role of nursing. By investing in nursing education and training programs, the government is working towards increasing the number of Saudi nurses who possess advanced degrees and specialized skills. Furthermore, nursing now includes a focus on cultural competency, allowing professionals to provide care that is respectful of and tailored to the beliefs and practices of diverse patient populations [9].

Nurse practitioners, clinical nurse specialists, and nurse educators have emerged as vital roles in Saudi healthcare, reflecting an evolving understanding of the profession and its potential. These advanced practice roles elevate the scope of nursing in diagnosing and managing various health conditions, filling gaps in care and contributing to improved patient outcomes.

Despite the progress made in recent decades, nursing in Saudi Arabia faces several challenges that hinder its full potential. One of the most notable issues is the ongoing shortage of qualified nursing professionals. The rapidly growing population, coupled with increasing healthcare demands, has strained the existing workforce. While investment in nursing education has increased, the retention of qualified nurses remains a challenge due to factors such as job dissatisfaction, heavy workloads, and limited career advancement opportunities [10].

Additionally, cultural perceptions regarding the nursing profession continue to pose obstacles. Nurses in Saudi Arabia often encounter various degrees of societal stigma and lack of appreciation

for their roles, leading to decreased morale and job satisfaction. Efforts to promote the nursing profession's visibility and value are crucial to overcoming these societal hurdles.

Language barriers also present significant challenges in providing effective care, especially in a country that welcomes a diverse expatriate workforce. Nurses who are fluent in both Arabic and English can enhance communication with patients, fostering better understanding and adherence to treatment regimens. Addressing these language barriers through targeted training programs is essential for improving patient outcomes [11].

The future of nursing in Saudi healthcare appears promising, bolstered by the government's commitment to enhancing the profession's role and addressing existing challenges. Vision 2030 outlines a clear path for advancing healthcare infrastructure, incorporating innovative nursing practices, and elevating professional standards. As the country moves towards achieving universal health coverage, recognizing the importance of nursing in delivering holistic and patient-centered care will be paramount [12].

One of the key aspects of fostering the nursing profession is supporting continued education and professional development. It is vital for nursing programs to adapt and evolve with changing healthcare needs, focusing on evidence-based practice, technological advancements, and the incorporation of research into clinical practice. By promoting lifelong learning and providing avenues for professional growth, hospitals and healthcare settings can retain skilled nurses dedicated to patient care excellence [13].

Collaboration between nursing institutions, healthcare organizations, and policymakers can also yield significant benefits. By aligning educational outcomes with workforce needs, enhancing curricula to include leadership and management training, and offering mentorship programs, Saudi Arabia can cultivate a new generation of leaders within nursing [14].

Finally, creating a supportive work environment that values nurses and their contributions is essential for improving job satisfaction and retention rates. Initiatives aimed at recognizing the achievements of nurses, providing competitive salaries, and ensuring manageable workloads will not only enhance morale but also improve overall healthcare quality [14].

### **Understanding Traditional Medicine and Its Practices:**

Traditional medicine encompasses a wide array of health care practices that have been developed over centuries across different cultures. It consists of various healing systems such as herbal remedies, acupuncture, Ayurveda, and rituals, each deeply embedded in the historical and cultural context of the societies that practice them. While modern medicine predominantly relies on scientific evidence and empirical methods, traditional medicine often incorporates spiritual and holistic approaches to health [15].

Understanding traditional medicine requires an appreciation of its historical and cultural foundations. The knowledge and practices of traditional medicine have been passed down through generations, heavily influenced by the cultural narratives, social structures, and environmental contexts of various civilizations. For instance, Traditional Chinese Medicine (TCM), dating back thousands of years, emphasizes the balance between the body's energies, known as "qi," and relies on practices like acupuncture and herbal therapy. Similarly, Ayurveda, which originated in India over 3,000 years ago, is grounded in the belief of balancing three bodily doshas: Vata, Pitta, and Kapha [15].

Traditional healing often combines physical, spiritual, and emotional aspects of health, with practitioners integrating their community's cultural insights and holistic understandings in their

treatments. Thus, traditional medicine is not merely a set of medical practices but a lens through which individuals view their relationships to health, illness, and the natural world.

### Key Principles of Traditional Medicine

Traditional medicine is characterized by several key principles that distinguish it from modern allopathic medicine.

1. **Holistic Approach:** Traditional medicine typically treats individuals as holistic beings where mind, body, and spirit are interconnected. Practitioners consider emotional and spiritual dimensions, alongside physical symptoms, to treat the underlying causes of ailments [16].
2. **Prevention Focus:** Many traditional healing systems emphasize the importance of prevention through lifestyle choices, dietary modifications, and individual well-being practices. Preventive strategies often include balancing one's life force, maintaining harmony with the environment, and adhering to cultural practices.
3. **Personalized Treatment:** Unlike standardized approaches in modern medicine, traditional medicine often offers personalized treatment plans adjusted to individual characteristics and circumstances. Practitioners tend to consider factors such as the patient's constitution, current lifestyle, and hereditary background [16].
4. **Use of Natural Remedies:** Herbal medicine is a cornerstone of many traditional systems. It relies on plants, minerals, and animal products, often formulated into potions, powders, or pastes, further backed by centuries of empirical knowledge [17].
5. **Community and Spirituality:** Healing in many traditional practices is not purely an individualistic approach; it often involves communal rituals, traditional healers, and spiritual beliefs. Community engagement and ancestral wisdom are fundamental to these practices [18].

### Practices of Traditional Medicine Worldwide

Traditional medicine manifests itself uniquely across different cultures, often reflecting specific geographical and historical contexts [18].

1. **Traditional Chinese Medicine (TCM):** TCM encompasses practices such as acupuncture, herbal medicine, and tai chi. Acupuncture, which involves inserting needles into specific points on the body to regulate energy flow, is one of its most recognized forms [18].
2. **Ayurveda:** Practiced primarily in India, Ayurveda includes a vast system of therapies ranging from dietary changes to yoga and meditation. The concept of "Dharma," or one's duty, plays a significant role in the pursuit of health within this framework.
3. **Indigenous Medicine:** Many Indigenous cultures around the world possess their unique healing practices derived from a deep connection to nature. For example, Native American healing often incorporates the use of sacred plants and rituals, emphasizing a bond between spiritual health and the land [18].
4. **Unani Medicine:** Rooted in ancient Greek medicine but developed in South Asia, Unani emphasizes the balance of bodily humors—phlegm, blood, yellow bile, and black bile—as a method for diagnosing and treating ailments. It employs herbal remedies, dietary changes, and therapeutic exercises.
5. **Homeopathy:** Though considered alternative rather than traditional in some contexts, homeopathy, founded in the 18th century, employs the principle of treating "like with like," using highly diluted substances to stimulate the body's healing processes [19].

## **Integration of Traditional Medicine into Modern Healthcare**

In recent decades, there has been a significant resurgence of interest in traditional medicine as societies recognize its potential contributions to holistic health. This integration can provide a more comprehensive approach to wellness while addressing the limitations and side effects often associated with modern pharmacology [20].

Researchers and policymakers have begun to explore the incorporation of traditional practices into healthcare systems. Organizations, such as the World Health Organization (WHO), are promoting the integration of traditional medicine into primary health care services, advocating for the development of regulatory frameworks to ensure quality, safety, and efficacy. This movement acknowledges the value of traditional knowledge, especially in non-communicable diseases and preventive care, where cultural appropriateness and community engagement can enhance health outcomes.

Despite the growing acceptance of traditional medicine, it faces several challenges and criticisms. One of the most pressing issues is the need for scientific validation. While many remedies have shown promise, rigorous clinical trials and research methodologies are necessary to substantiate their efficacy and safety [20].

Furthermore, the commercialization and commodification of traditional practices can lead to a dilution of their cultural significance. As traditional systems attract global attention, there is a risk of misinterpretation and misapplication that may undermine their integrity.

Ethical concerns also arise, particularly regarding the exploitation of Indigenous knowledge without proper consent or compensation. It is crucial to foster respectful collaborations between traditional practitioners and biomedical researchers, ensuring the protection of intellectual property rights and the unique cultural heritage [21].

## **Cultural Attitudes Toward Health and Healing:**

Cultural attitudes towards health, healing, and health care vary significantly across societies and are deeply rooted in the values, beliefs, traditions, and social norms of different communities. These attitudes shape not only individual behavior but also influence broader public health policies, health care systems, and approaches to wellness. Understanding these cultural perspectives is crucial for effectively addressing health disparities, promoting inclusive health care practices, and fostering a more holistic view of well-being [22].

To comprehend the cultural attitudes towards health, it is essential first to define health in a broad sense. The World Health Organization (WHO) characterizes health as a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity. This definition recognizes a multifaceted approach encompassing emotional and social dimensions and highlights the importance of preventive care, mental health, and community support systems in promoting health [22].

In various cultures, notions of what constitutes good health can differ widely. For instance, in many Western societies, the biomedical model predominates, emphasizing physical symptoms, medical interventions, and scientific approaches to healing. In contrast, indigenous cultures or communities with strong spiritual beliefs may view health as a balance between mind, body, and spirit, emphasizing holistic practices and community connections in their healing processes [23]. Cultural beliefs significantly impact health outcomes and approaches to healing. Various cultures possess unique traditional healing practices, which can include herbal medicine, acupuncture, meditation, and spiritual rituals. For example, Traditional Chinese Medicine incorporates concepts

like Qi (life energy) and the balance of yin and yang, focusing on harmonizing bodily systems rather than solely treating specific illnesses. Similarly, in many Indigenous cultures, healing is viewed as a communal activity involving rituals, storytelling, and spiritual practices. These culturally embedded practices coexist with or sometimes clash with conventional medical systems, leading to a pluralistic approach in health care [23].

Moreover, health attitudes are influenced by factors such as family dynamics, gender roles, socioeconomic status, and religion. For instance, in cultures with strong collectivist ties, individual health may be perceived through the lens of family and community. Decisions regarding health care may not be an individual's choice but instead a shared family responsibility. Conversely, in more individualistic societies, personal autonomy and self-determination in health decisions are emphasized [24].

Perceptions of illness can vary dramatically across cultures, influencing how individuals respond to health challenges. In some cultures, illness may be interpreted as a punishment from deities or a disruption of social balance, leading to communal rituals aimed at seeking forgiveness or restoring equilibrium. In contrast, many scientific and economically developed societies often view illness as a purely biological phenomenon that requires medical intervention, often sidelining the emotional or social aspects of health [25].

Healing, too, can take many forms depending on cultural context. In cultures that prioritize holistic well-being, healing may incorporate physical, spiritual, and community aspects, whereas Western culture tends to focus on pharmacological and surgical treatments. The challenge lies in bridging these two paradigms, ensuring patients feel validated in their beliefs while offering adequate care informed by scientific evidence [25].

Cultural attitudes towards formal health care systems also reflect underlying values, such as trust in authority figures or the importance of traditional knowledge. In many developed nations, there may be a strong institutional trust in medical professionals and health care systems, with an emphasis on evidence-based practices. However, several marginalized communities exhibit skepticism towards mainstream health care, often stemming from historical injustices, discriminatory practices, or a lack of culturally competent care [26].

In contrast, individuals from cultures that prioritize traditional healers or community-based health workers may prefer to seek care outside conventional health facilities. This preference can lead to health inequities, as individuals bypass evidence-based practices or miss essential medical interventions. Recognizing and integrating different healing traditions into health care models can promote patient engagement, satisfaction, and improved health outcomes [26].

Globalization has further complicated the cultural landscape of health and healing. The worldwide exchange and interaction of ideas can lead to both beneficial exchanges and potential conflicts between traditional and modern health practices. Policies aimed at health promotion now often reflect a blended approach, integrating traditional practices within modern health systems. Culturally competent care—a practice that respects diverse health beliefs and practices—has become increasingly vital in addressing diverse patient needs [27].

Promoting cultural awareness in health care is essential for reducing health disparities. Education and training for health care providers that include cultural liaisons or interpreters can enhance communication, foster trust, and create a supportive healing environment [27].

### **Integration of Traditional and Modern Healthcare Approaches:**

The evolving field of healthcare recognizes the need for a comprehensive approach that integrates both traditional and modern methodologies. This integration reflects a paradigm shift in how health

is perceived, managed, and optimized, aiming to enhance patient care and improve health outcomes. Understanding the complexities and benefits of this integration is vital for healthcare professionals, policymakers, and patients alike [28].

Traditional healthcare refers to systems and practices that have evolved over centuries, often deeply rooted in cultural and historical contexts. Methods such as herbal medicine, acupuncture, Ayurveda, and indigenous healing practices represent this category. These approaches emphasize holistic care, often focusing on the balance of mind, body, and spirit and the interconnectivity of the individual with their environment. For instance, Traditional Chinese Medicine (TCM) considers the flow of energy (Qi) and aims to restore balance through various modalities, including herbal remedies and acupuncture [28].

Conversely, modern healthcare—predominantly characterized by evidence-based practices—utilizes contemporary scientific methodologies. It encompasses advanced technologies, pharmaceuticals, surgical interventions, and rigorous diagnostic procedures designed to treat specific ailments. Modern medical practices rely heavily on randomized controlled trials and regulatory oversight to ensure safety and efficacy, focusing primarily on symptom relief and disease prevention [29].

The necessity for integrating traditional and modern healthcare stems from the growing recognition of the inadequacies in both systems when applied in isolation. Modern healthcare, while effective in treating acute conditions and managing chronic diseases, may overlook the psychosocial, cultural, and holistic dimensions vital for comprehensive patient care. Conversely, traditional practices, although holistic, often lack the rigorous scientific validation that contemporary medicine demands [29].

Patients increasingly seek a more inclusive approach that resonates with their cultural values and personal beliefs. Many individuals are integrating practices such as yoga, meditation, and herbal supplementation into their health regimens, often led by holistic principles found in traditional medicine. This desire has influenced healthcare systems worldwide to consider models of care that incorporate both traditional knowledge and modern scientific practices, thus enhancing patient satisfaction and outcomes [30].

### **Benefits of Integration**

1. **Holistic Patient Care:** The integration of traditional and modern approaches offers a more holistic view of health. By combining physical, emotional, and spiritual well-being, practitioners can harness the strengths of both systems. For instance, a patient receiving treatment for chronic pain might benefit from modern pain management techniques alongside acupuncture or mindfulness meditation, addressing both the physiological and psychological aspects of their condition [30].
2. **Personalized Medicine:** Integration facilitates personalized care tailored to individual patients' needs, preferences, and beliefs. This is especially relevant in chronic disease management, where understanding a patient's cultural background and health beliefs can significantly impact treatment adherence and outcomes. Personalized approaches can foster greater patient engagement and empowerment, leading to better compliance with treatment plans [30].
3. **Model for Prevention:** Traditional healthcare often embodies preventive strategies, emphasizing lifestyle modifications, dietary practices, and community wellness. Integrating these approaches with modern preventive care, such as vaccination programs and health screenings, could enhance public health initiatives. For instance, preventive



measures in traditional medicine, like herbal remedies to boost immunity, can complement modern strategies to reduce the incidence of diseases [31].

4. **Reducing Healthcare Costs:** The integration of cost-effective traditional practices can alleviate some of the financial burdens on modern healthcare systems. By emphasizing prevention, early intervention, and non-invasive treatment options, integrated approaches can help reduce hospitalizations, emergency care, and reliance on expensive medications [31].

### **Challenges to Integration**

Despite the potential benefits, the integration of traditional and modern healthcare approaches is not without challenges. One of the most significant barriers is the differing epistemologies between the two systems; traditional practices often rely on empirical wisdom and cultural beliefs, while modern healthcare emphasizes evidence-based methodologies. This divergence can create tension in clinical settings, particularly when healthcare providers must reconcile incompatible beliefs about health and illness [32].

Additionally, there is a need for greater collaboration among practitioners of both systems. Often, traditional healers and modern healthcare providers operate in silos, leading to a lack of mutual respect and communication. Establishing collaborative networks is vital to facilitate information exchange and improve referral systems, enabling practitioners to support their patients better [33]. Training and education also play a crucial role in overcoming barriers. For healthcare professionals, understanding and respecting traditional practices can enhance their cultural competence and improve patient interactions. Moreover, traditional healers may benefit from education in anatomy, physiology, and pharmacology to ensure safer practices and reduce the risk of harmful interactions with prescribed modern medications [33].

### **Impact of Traditional Practices on Patient Outcomes:**

In the dynamic landscape of healthcare, professional medicine often takes precedence, but traditional practices continue to play a significant role in patient treatment and well-being across many cultures. These practices often stem from historical, cultural, and spiritual beliefs that have been passed down through generations. The impact of these traditional practices on patient outcomes is a subject of considerable interest, as it intertwines medical anthropology, public health, and clinical efficacy [34].

Traditional practices encompass a wide range of methods including herbal medicine, acupuncture, massage, dietary modifications, spiritual healing, and more. These practices are often deeply embedded in the cultural fabric of societies and can vary significantly between cultures. For instance, Traditional Chinese Medicine (TCM) employs techniques such as herbal treatments and acupuncture, while indigenous healing methods in various regions might include rituals, dances, and the use of local flora and fauna. In many cases, these practices are employed as complementary therapies alongside conventional medical treatments [34].

Beyond their cultural significance, traditional practices often motivate patient engagement and autonomy. They empower individuals to take charge of their health, allowing them to utilize remedies and practices that resonate with their beliefs and experiences. This empowerment can lead to better adherence to treatments, improved patient satisfaction, and potentially favorable health outcomes [35].

### **Positive Impacts on Patient Outcomes**

1. **Holistic Care Approach:** Traditional practices are typically holistic, focusing not only on the physical symptoms but also on emotional, spiritual, and social aspects of health. For

example, indigenous healing practices often involve community participation and support, which can enhance psychological well-being and provide a robust support system for individuals facing health challenges [36].

2. **Cultural Relevance:** Integrating traditional practices into healthcare can bridge the gap between patients and medical providers. When healthcare professionals acknowledge and respect traditional practices, they can improve communication and trust, which are fundamental to effective healthcare. When patients feel that their cultural beliefs are valued, they are more likely to engage in preventive care and adhere to treatment regimens [37].
3. **Access to Care:** In many remote or underserved areas, traditional healers may be the primary or only source of healthcare for a population. Traditional practitioners often understand local health issues and have knowledge of locally available resources, thereby improving access to health solutions in communities where conventional medical facilities might be lacking [37].
4. **Psychosocial Benefits:** The psychological impact of traditional healing rituals should not be underestimated. Practices that involve community participation can enhance a sense of belonging and support, which is critical for mental health. Patients who partake in these practices often report feelings of hope, empowerment, and reduced anxiety, which can positively influence recovery processes [38].

### Potential Challenges and Limitations

While traditional practices can yield positive outcomes, there are also potential challenges that must be addressed for holistic and effective healthcare [39].

1. **Quality and Safety Control:** Traditional medicine often lacks standardized practices and rigorous scientific validation. This absence can lead to inconsistencies in treatment efficacy and safety. Herbal treatments, for example, might interact adversely with prescribed medications or be improperly dosed. In some cases, reliance on traditional practices may delay access to evidence-based medical care, exacerbating health conditions [40].
2. **Cultural Misinterpretation:** There can be a risk of cultural misinterpretation or appropriation when traditional practices are viewed through a modern medical lens. This can lead to misconceptions and stigmatization of traditional therapies, undermining their perceived legitimacy among patients and healthcare providers. A lack of understanding can inhibit effective collaboration between traditional and modern healthcare systems [40].
3. **Regulatory Issues:** The integration of traditional healthcare into mainstream medical systems raises regulatory challenges. In many countries, traditional practices are not formally recognized, potentially limiting their funding, practice rights, and the ability of practitioners to work in conjunction with conventional health services. This disconnection can prevent comprehensive care and undermine patient outcomes [41].
4. **Lack of Research Evidence:** Many traditional practices are poorly documented and lack robust research which substantiates their efficacy and safety. The integration of scientifically validated traditional practices into healthcare could improve their acceptance and usage among healthcare practitioners [41].

### Nurses' Perspectives on Traditional Practices:

In the ever-evolving landscape of health care, the role of traditional health care practices cannot be overlooked. These time-honored methods, which include herbal medicine, acupuncture, and

various forms of folk remedies, have existed for centuries, often interwoven with the cultural fabric of societies. Nurses, as frontline health care providers, play a crucial role in the integration of these practices into modern health care systems. Understanding nurses' perspectives on traditional health care practices is essential for fostering a holistic approach to patient care and maximizing health outcomes [42].

Traditional health care practices encompass a wide range of beliefs and practices rooted in cultural history, social norms, and local knowledge. These practices vary significantly across different regions and communities but generally revolve around the use of natural remedies, spiritual beliefs, and community-based approaches to health. In many cultures, traditional medicine is often seen as a complementary system to Western medical practices, with patients drawing on both sources of care to manage their health and well-being [42].

While traditional medicine is commonly viewed as being at odds with modern medical practices, many people perceive it as equally valid. Its holistic approach, addressing not just physical symptoms but also emotional, social, and spiritual aspects of health, resonates with patients who seek comprehensive care. This perspective is particularly significant in nursing, where the focus is on treating the whole person rather than merely symptoms [42].

Nurses often serve as the bridge between patients and the health care system. This unique position allows them to advocate for the integration of traditional practices, which many patients trust and prefer. By acknowledging patients' cultural beliefs and practices, nurses can facilitate a more personalized care experience, enhancing patient satisfaction and adherence to treatment [43].

For instance, in communities where traditional medicine is prevalent, nurses may find themselves collaborating with traditional healers. This interdisciplinary approach can foster mutual respect and understanding, leading to improved health outcomes. Involving traditional healers in care discussions helps ensure that all aspects of a patient's health are considered, increasing the likelihood of adherence to treatment plans and promoting health literacy [43].

Moreover, nurses often take the lead in educating patients about the potential benefits and risks associated with traditional practices. By providing evidence-based information, they can help patients make informed decisions about their healthcare choices while balancing traditional remedies with conventional treatments. This education is crucial in situations where patients may be inclined to solely rely on traditional methods, which could lead to detrimental health consequences [44].

Despite the potential advantages of integrating traditional health care practices, nurses face several challenges. One of the primary issues is the lack of formal training in traditional medicine within nursing education. Nurses are often prepared to practice within a biomedical model, which can create barriers when dealing with patients who prefer traditional methods. This gap in knowledge might lead to misunderstandings or conflicts between nurses and patients regarding treatment approaches [44].

In addition, regulatory barriers may hinder nurses' ability to fully embrace traditional practices. In many regions, health care systems do not endorse the use of traditional remedies or may lack policies that support their integration into patient care. Nurses may find themselves in a position where they cannot advocate for their patients' wishes due to institutional constraints, creating a moral dilemma and hindering their ability to provide holistic care [45].

Cultural competence is another crucial aspect that nurses must navigate. While some nurses may have an understanding and respect for traditional practices, others may lack exposure to diverse cultural practices, leading to bias or resistance. Continuous education and awareness campaigns

are essential to foster cultural humility, enabling nurses to engage meaningfully with patients from various backgrounds [45].

Finding a common ground between traditional and conventional health care practices can yield significant benefits for patient care. For nurses, this approach not only empowers patients but also enhances the therapeutic relationship and improves communication. When patients feel heard and respected in their treatment choices, it fosters trust, which is fundamental for effective nursing care [46].

Bridging these health care paradigms can also enhance health outcomes. Many traditional practices possess therapeutic properties that are increasingly recognized by modern science. Herbal medicines, for instance, have been the subject of research, leading to the development of numerous pharmaceuticals. By working alongside traditional practices, nurses can promote safe and evidence-based complementary methods that can support conventional treatments, ultimately leading to more comprehensive patient care [46].

Furthermore, integration can lead to increased health equity. Many marginalized communities rely heavily on traditional practices due to historical mistrust of conventional health systems. By incorporating traditional health care into the primary health care framework, nurses can help to address disparities in health access and outcomes, thereby improving the overall community health landscape [47].

### **Recommendations for Nursing Education and Practice:**

Nursing is a vital profession that plays a critical role in the healthcare system. As the healthcare landscape continues to evolve, it becomes increasingly important to adapt nursing education and practice to meet the growing needs of society.

One of the primary recommendations for nursing education is the need for a comprehensive and flexible curriculum that aligns with current healthcare demands. As health care systems face increasing complexity due to advancements in medical technology, changing patient demographics, and emerging diseases, nursing programs must ensure that their curricula are reflective of these trends [48].

Firstly, the inclusion of evidence-based practice (EBP) as a foundational element of nursing education can significantly enhance nurses' ability to provide high-quality care. Faculty members should emphasize the importance of EBP by integrating it into coursework and clinical practice. Students should be trained to critically analyze and apply research findings to their practice, fostering a culture of inquiry within the nursing profession [49].

Additionally, interdisciplinary education should be embraced, encouraging nursing students to collaborate with future colleagues in medicine, pharmacy, social work, and other related fields. Integrating concepts from various disciplines can promote holistic patient care and improve health outcomes. Simulation-based learning experiences can further enhance this collaboration as students work together to solve complex healthcare scenarios in a controlled environment [50].

Clinical training is integral to nursing education, providing students with the hands-on experience necessary to develop their skills. Recommendations for enhancing clinical training focus on the quality and variety of clinical placements. Nursing programs should strive to establish partnerships with a diverse range of healthcare facilities, including hospitals, outpatient clinics, community health organizations, and long-term care facilities. This diversity enables students to experience a broad spectrum of patient populations and healthcare challenges [51].

Moreover, the implementation of mentorship programs can facilitate learning and professional development during clinical placements. Experienced nurses can guide students and recent graduates, offering valuable insights and support as they navigate the complexities of patient care. This mentorship can foster confidence, cultivate critical thinking, and enhance clinical judgment among novice nurses [52].

Lastly, adopting a competency-based approach to clinical training could help ensure that nursing graduates are adequately prepared for professional practice. By clearly defining the competencies required for various nursing roles, educators can establish measurable learning objectives that reflect the essential knowledge and skills needed in the field [53].

The complexity of modern healthcare necessitates a collaborative approach to patient care. As such, nursing education must prioritize interprofessional collaboration, ensuring that nursing students develop the skills to effectively work in multidisciplinary teams. Recommendations for achieving this include creating shared learning opportunities and integrating interprofessional education (IPE) into nursing curricula [54].

For instance, nursing programs could offer joint courses or workshops with students from other healthcare disciplines, focusing on topics such as team dynamics, communication strategies, and conflict resolution. These experiences can help students appreciate the distinct roles of various healthcare professionals and encourage respect for each discipline's contributions [54].

In practice, fostering interprofessional collaboration can enhance patient outcomes, streamline communication, and reduce medical errors. Health care systems should actively promote team-based care models that leverage the diverse skill sets of various professionals, ultimately resulting in improved patient satisfaction and quality of care [55].

The integration of technology into nursing education and practice is essential for preparing nurses to navigate a technology-driven healthcare environment. Nursing programs should incorporate training on electronic health records (EHRs), telehealth platforms, and clinical decision support systems into their curricula to provide students with hands-on experience [55].

Simulation technology also plays a crucial role in nursing education, allowing students to practice clinical skills in a safe environment without risk to patients. The use of virtual reality (VR) and augmented reality (AR) can enhance these simulation experiences, providing immersive learning opportunities that replicate real-world scenarios [56].

Moreover, in the clinical setting, nurses should be trained to utilize technology for patient engagement and education. For example, mobile health applications can empower patients to take an active role in their care which enhances adherence to treatment plans. By adeptly using technology, nurses can improve communication, increase access to care, and promote health literacy among patients [56].

The need for lifelong learning in nursing cannot be overstated. To maintain competence in practice and stay current with the latest advancements in healthcare, nurses must engage in ongoing professional development. Nursing education programs should foster a mindset of continuous learning, encouraging graduates to pursue further certifications, advanced degrees, and specialty training [57].

Healthcare organizations also have a responsibility to support the continued education of their nursing staff. This can include offering tuition reimbursement for further education, providing in-service training opportunities, and encouraging nurses to attend conferences and workshops. Such commitments not only enhance nurses' skills and knowledge but also contribute to job satisfaction and retention [57].

Continuing education is also crucial in adapting to changes in healthcare policy, emerging technologies, and evolving patient care models. As nurses encounter new challenges in their practice, ongoing professional development equips them to respond effectively and advocate for their patients' needs competently [58].

## Conclusion:

In conclusion, the exploration of traditional practices and their impact on nursing care in Saudi Arabia reveals a complex interplay between cultural beliefs and contemporary healthcare practices. Traditional methods, such as herbal remedies and spiritual healing, continue to hold significant value for many patients, influencing their health-seeking behaviors and treatment preferences. As nurses play a pivotal role in the healthcare system, understanding and integrating these traditional practices into their care approaches can enhance patient-centered care and improve health outcomes.

However, the integration of traditional practices into nursing care is not without challenges. Conflicts may arise between traditional beliefs and evidence-based medical practices, highlighting the need for cultural competence among healthcare providers. To effectively navigate this landscape, nursing education must include training in cultural sensitivity and knowledge of traditional health beliefs. By fostering collaboration between traditional and modern healthcare practices, nurses can create more holistic care strategies that respect patients' cultural backgrounds while ensuring their safety and well-being. Overall, recognizing the impact of traditional practices is essential for advancing nursing care and enhancing the overall quality of healthcare in Saudi Arabia.

## References:

1. Wosik J, Fudim M, Cameron B, Gellad ZF, Cho A, Phinney D, Curtis S, Roman M, Poon EG, Ferranti J, Katz JN, Tchong J. Telehealth transformation: COVID-19 and the rise of virtual care. *J Am Med Inform Assoc.* 2020 Jun 01;27(6):957–62. doi: 10.1093/jamia/ocaa067.
2. Di Cerbo A, Morales-Medina JC, Palmieri B, Iannitti T. Narrative review of telemedicine consultation in medical practice. *Patient Prefer Adherence.* 2015;9:65–75. doi: 10.2147/PPA.S61617.
3. Steventon A, Bardsley M, Billings J, Dixon J, Doll H, Hirani S, Cartwright M, Rixon L, Knapp M, Henderson C, Rogers A, Fitzpatrick R, Hendy J, Newman S, Whole System Demonstrator Evaluation Team. Effect of telehealth on use of secondary care and mortality: findings from the Whole System Demonstrator cluster randomised trial. *BMJ.* 2012 Jun 21;344:e3874. doi: 10.1136/bmj.e3874.
4. Voran D. Telemedicine and beyond. *Mo Med.* 2015;112(2):129–35.
5. Colaci D, Chaudhri S, Vasan A. mHealth interventions in low-income countries to address maternal health: a systematic review. *Ann Glob Health.* 2016;82(5):922–35. doi: 10.1016/j.aogh.2016.09.001.
6. Luna D, Almerares A, Mayan 3rd JC, González Bernaldo de Quirós F, Otero C. Health informatics in developing countries: going beyond pilot practices to sustainable implementations: a review of the current challenges. *Healthc Inform Res.* 2014 Jan;20(1):3–10. doi: 10.4258/hir.2014.20.1.3.

7. Tucker CM, Marsiske M, Rice KG, Nielson JJ, Herman K. Patient-centered culturally sensitive health care: model testing and refinement. *Health Psychol.* 2011 May;30(3):342–50. doi: 10.1037/a0022967.
8. Vegesna A, Tran M, Angelaccio M, Arcona S. Remote patient monitoring via non-invasive digital technologies: a systematic review. *Telemed J E Health.* 2017 Jan;23(1):3–17. doi: 10.1089/tmj.2016.0051.
9. Haddad LG, Hoeman SP. Home healthcare and the Arab-American client. *Home Healthc Nurse.* 2000 Mar;18(3):189–97. doi: 10.1097/00004045-200003000-00011.
10. Agboola S, Kvedar J. Telemedicine and patient safety. AHRQ Patient Safety Network. 2016.
11. Guest K. *Cultural Anthropology: A Toolkit for a Global Age.* New York: W. W. Norton and Company; 2014.
12. Zanaboni P, Wootton R. Adoption of telemedicine: from pilot stage to routine delivery. *BMC Med Inform Decis Mak.* 2012 Jan 04;12:1. doi: 10.1186/1472-6947-12-1.
13. Ly BA, Labonté R, Bourgeault IL, Niang MN. The individual and contextual determinants of the use of telemedicine: a descriptive study of the perceptions of Senegal's physicians and telemedicine projects managers. *PLoS One.* 2017;12(7):e0181070. doi: 10.1371/journal.pone.0181070.
14. Sundin P, Callan J, Mehta K. Why do entrepreneurial mHealth ventures in the developing world fail to scale? *J Med Eng Technol.* 2016;40(7-8):444–57. doi: 10.1080/03091902.2016.1213901.
15. Huang F, Blaschke S, Lucas H. Beyond pilotitis: taking digital health interventions to the national level in China and Uganda. *Global Health.* 2017 Jul 31;13(1):49. doi: 10.1186/s12992-017-0275-z.
16. Eighteen critical success factors for deploying telemedicine. *Momentum.* 2014.
17. Chu L, Shah AG, Rouholiman D, Riggare S, Gamble JG. Patient-centric strategies in digital health. In: Rivas H, Wac K, editors. *Digital Health. Health Informatics.* Cham: Springer; 2018. Jan 03.
18. Zeh P, Sandhu HK, Cannaby AM, Sturt JA. The impact of culturally competent diabetes care interventions for improving diabetes-related outcomes in ethnic minority groups: a systematic review. *Diabet Med.* 2012 Oct;29(10):1237–52. doi: 10.1111/j.1464-5491.2012.03701.x.
19. Jafarpanah M, Rezaei B. Association between organizational citizenship behavior and patient safety culture from nurses' perspectives: a descriptive correlational study. *BMC Nurs.* 2020:1–8.
20. Al Muharraq EH, Alallah SM, Alkhayrat SA, Jahlan AG. An overview of missed nursing care and its predictors in Saudi Arabia: a cross-sectional study. *Nurs Res Pract.* 2022.
21. Wong SY, Fu ACL, Han J, Lin J, Lau MC. Effectiveness of customised safety intervention programmes to increase the safety culture of hospital staff. *BMJ Open Qual.* 2021;10:e000962. doi: 10.1136/bmjopen-2020-000962.
22. Abuosi AA, Akologo A, Anaba EA. Determinants of patient safety culture among healthcare providers in the Upper East Region of Ghana. *J Patient Saf Risk Manag.* 2020;25:35–43. doi: 10.1177/2516043519876756.

23. Al Ma'mari Q, Sharour LA, Al Omari O. Fatigue, burnout, work environment, workload and perceived patient safety culture among critical care nurses. *Br J Nurs.* 2020;29(1):28–34. doi: 10.12968/bjon.2020.29.1.28.
24. Azyabi A, Karwowski W, Davahli MR. Assessing patient safety culture in hospital settings. *Int J Environ Res Public Health.* 2021;18:2466. doi: 10.3390/ijerph18052466.
25. Zaitoun RA, Said NB, de Tantillo L. Clinical nurse competence and its effect on patient safety culture: a systematic review. *BMC Nurs.* 2023;22:173. doi: 10.1186/s12912-023-01305-w.
26. Yesilyaprak T, Demir Korkmaz F. The relationship between surgical intensive care unit nurses' patient safety culture and adverse events. *Nurs Crit Care.* 2023;28:63–71. doi: 10.1111/nicc.12611.
27. Ghaffar UB, Ahmed SM, Faraz A. A review of the frequency of medical error in Saudi Arabia: an emerging concern. *J Evid Based Med Healthc.* 2015;2:8692–5. doi: 10.18410/jebmh/2015/1205.
28. Berry JC, Davis JT, Bartman T, Hafer CC, Lieb LM, Khan N, et al. Improved safety culture and teamwork climate are associated with decreases in patient harm and hospital mortality across a hospital system. *J Patient Saf.* 2020;16:130–6. doi: 10.1097/PTS.0000000000000251.
29. Mansour H, Abu Sharour LA. Results of survey on perception of patient safety culture among emergency nurses in Jordan: influence of burnout, job satisfaction, turnover intention, and workload. *J Healthc Qual Res.* 2021;36:370–7. doi: 10.1016/j.jhqr.2021.05.001.
30. Sarfo JO, Ocloo JEY, Ansah EW, Amoada M. Safety culture and patient safety outcomes in developing countries: a narrative review. *Integr Health Res J.* 2023;1:43–53. doi: 10.47963/ihrj.v1i2.1373.
31. Chegini Z, Kakemam E, Asghari Jafarabadi M, Janati A. The impact of patient safety culture and the leader coaching behaviour of nurses on the intention to report errors: a cross-sectional survey. *BMC Nurs.* 2020;19:1–9. doi: 10.1186/s12912-020-00472-4.
32. Alrabae YM, Aboshaiqah AE, Tumala RB. The association between self-reported workload and perceptions of patient safety culture: a study of intensive care unit nurses. *J Clin Nurs.* 2021;30(7–8):1003–17. doi: 10.1111/jocn.15646.
33. Institute of Medicine. *To err is human: building a safer health system.* 1999.
34. World Health Organization . *Global patient safety action plan 2021–2030: towards eliminating avoidable harm in health care.* Geneva: World Health Organization; 2021.
35. World Health Organization. *Patient Safety.* 2023.



36. Han Y, Kim JS, Seo Y. Cross-sectional study on patient safety culture, patient safety competency, and adverse events. *West J Nurs Res.* 2020;42(1):32–40. doi: 10.1177/0193945919838990.
37. Zaitoun RA, Said NB, de Tantillo L. Clinical nurse competence and its effect on patient safety culture: a systematic review. *BMC Nurs.* 2023;22:173. doi: 10.1186/s12912-023-01305-w.
38. Almannie R, Almuhaideb M, Alyami F, Alkhayyal A, Binsaleh S. The status of medical malpractice litigations in Saudi Arabia: analysis of the annual report. *Saudi J Anaesth.* 2021;15:97–100. doi: 10.4103/sja.SJA\_908\_20.
39. Aboufour MAS, Subbarayalu AV. Perceptions of patient safety culture among healthcare professionals in Ministry of Health hospitals in Eastern Province of Saudi Arabia. *Informat Med Unlocked.* 2022;28(4):100858.
40. Albalawi A, Kidd L, Cowey E. Factors contributing to the patient safety culture in Saudi Arabia: a systematic review. *BMJ Open.* 2020;10(10):e037875.
41. Liu X, Zheng J, Liu K et al. Associations of nurse education level and nurse staffing with patient experiences of hospital care: a cross-sectional study in China. *Res Nurs Health.* 2020;43(1):103-13.
42. Ozturk H, Demirsoy N, Sayligil O, Florczak KL. Patients' perceptions of nursing care in a university hospital. *Nurs Sci Q.* 2020;33(1):12-8.
43. Senitan M, Gillespie J. Health-care reform in Saudi Arabia: patient experience at primary health-care centers. *J Patient Exp.* 2020;7(4):587-92.
44. Moghadam KN, Chehrzad MM, Masouleh SR et al. Nursing workload in intensive care units and the influence of patient and nurse characteristics. *Nurs Crit Care.* 2021;26(6):425-31.
45. Zhang Y, Li Q, Liu H. From patient satisfaction to patient experience: a call to action for nursing in China. *J Nurs Manag.* 2020;28(2):450-6.
46. Aiken LH, Sloane DM, Ball J, Bruyneel L, Rafferty AM, Griffiths P. Patient satisfaction with hospital care and nurses in England: an observational study. *BMJ Open.* 2021;8(1):e019189.
47. Almutairi H, Bahari G. A multisite survey of managerial competence and organizational commitment among nurses working at public hospitals in Saudi Arabia. *J Nurs Manag.* 2022;30(1):179-86.
48. Harvey C, Thompson S, Otis E, Willis E. Nurses' views on workload, care rationing, and work environments. *J Nurs Manag.* 2020;28(4):912-8.

49. Abidova A, da Silva PA, Moreira S. Predictors of patient satisfaction and the perceived quality of healthcare in an emergency department in Portugal. *West J Emerg Med.* 2020;21(2):391.
50. Bokhary DH, Saggaf OM, Baabdullah AM et al. Assessment of patient experiences in an academic hospital in Saudi Arabia. *Cureus.* 2022;14(4).
51. Al Shamsi H, Almutairi AG, Al Mashrafi S, Al Kalbani T. Implications of language barriers for healthcare: a systematic review. *Oman Med J.* 2020;35(2):e122.
52. Elia A, Abdalkarim SMWM, Ali GY et al. Patient satisfaction and its predictors in the general hospitals of Southwest Saudi Arabia: a cross-sectional survey. *Sudan Journal of Medical Sciences.* 2022;17(1):15-27.
53. Gerchow L, Burka LR, Miner S, Squires A. Language barriers between nurses and patients: a scoping review. *Patient Educ Couns.* 2021;104(3):534-53.
54. Kwame A, Petrucka PM. Communication in nurse-patient interaction in healthcare settings in sub-Saharan Africa: a scoping review. *Int J Africa Nurs Sci.* 2020;12(3):100198.
55. Pérez-Francisco DH, Duarte-Clíments G, del Rosario-Melián JM, Gómez-Salgado J, Romero-Martín M, Sánchez-Gómez MB. Influence of workload on primary care nurses' health and burnout, patients' safety, and quality of care: Integrative review. In *Healthcare* (Vol. 8, No. 1, p. 12). MDPI; 2020.
56. Elias A, Abdalkarim SMWM, Ali GY et al. Patient satisfaction and its predictors in the general hospitals of Southwest Saudi Arabia: a cross-sectional survey. *Sudan Journal of Medical Sciences.* 2022;17(1):15-27.
57. Ozavci G, Bucknall T, Woodward-Kron R et al. A systematic review of older patients' experiences and perceptions of communication about managing medication across transitions of care. *Res Soc Adm Pharm.* 2021;17(2):273-91.
58. Abdalla R, Pavlova M, Groot W. Association of patient experience and the quality of hospital care. *Int J Qual Health Care.* 2023;35(3):mzad047.