Integrating Nursing Expertise and Hospital Management: A Qualitative Study on Improving Maternal and Child Health Outcomes in Hafar Al-Batin

Saray Mufreh Al Shammari¹, Ahmed Khalaf Al Shammari², Ayad Freihan Al Shammari³, Khalfa Fahd Al Shammari⁴, Azzam Alsaeed Qunayfith Alshammari⁵, Bandar Mohammed Almutairi⁶,

- 1 Health Services and Hospitals Management Specialist, Maternity and Children's Hospital
- 2 Nursing Technician, Maternity and Children's Hospital
- 3 Nursing Technician, Medical Supplies
- 4 Nursing Technician, Hafar Al-Batin Health Cluster
- 5 Nursing Technician, Maternity and Children's Hospital Hafar Al-Batin
- 6 Nursing Technician, Maternity and Children's Hospital Hafar Al-Batin

Abstract

Improving maternal and child health outcomes is a global priority, and effective collaboration between nursing staff and hospital management is crucial for achieving this goal. This qualitative study explores the perspectives of nursing technicians and a health services and hospitals management specialist on integrating nursing expertise and hospital management to enhance maternal and child health outcomes in Hafar Al-Batin, Saudi Arabia. Semi-structured interviews were conducted with six participants, and thematic analysis was used to identify key themes. The findings revealed that effective communication, shared decision-making, and continuous quality improvement were perceived as essential for successful integration. Participants also highlighted the importance of training and education, resource allocation, and supportive leadership in promoting collaboration. However, challenges such as workload pressures, limited autonomy, and cultural barriers were identified as potential obstacles to integration. The study provides valuable insights into the factors that facilitate or hinder the integration of nursing expertise and hospital management in the context of maternal and child health care in Hafar Al-Batin. The findings can inform strategies for enhancing collaboration, optimizing resource utilization, and ultimately improving health outcomes for mothers and children in this region.

Keywords: maternal and child health, nursing expertise, hospital management, qualitative research, interprofessional collaboration, Saudi Arabia

1. Introduction

Maternal and child health is a critical indicator of the overall health and well-being of a population (World Health Organization, 2021). Despite significant progress in recent decades, many countries, including Saudi Arabia, still face challenges in reducing maternal and child mortality and morbidity rates (Almalki et al., 2011). Improving maternal and child health outcomes requires a multifaceted approach that involves the collaboration of various healthcare professionals, including nurses and hospital managers (Fares et al., 2019).

Nurses play a vital role in providing high-quality maternal and child health care, as they are often the primary point of contact for patients and their families (Kassebaum et al., 2016). Nursing expertise encompasses a wide range of skills and knowledge, including clinical assessment, patient education, and care coordination (Bianchi et al., 2018). However, the effective utilization of

nursing expertise in maternal and child health care depends on various factors, such as the organizational culture, leadership support, and interprofessional collaboration (Behruzi et al., 2017).

Hospital management, on the other hand, is responsible for the overall functioning and performance of healthcare organizations, including resource allocation, quality improvement, and strategic planning (Wager et al., 2017). Effective hospital management is essential for creating an enabling environment for the delivery of high-quality maternal and child health care (Alshamsi et al., 2017). However, the integration of hospital management and nursing expertise can be challenging due to differences in professional cultures, power dynamics, and communication styles (Aveling et al., 2015).

In Saudi Arabia, the healthcare system has undergone significant reforms in recent years, with a focus on improving the quality and accessibility of maternal and child health services (Alfaqeeh et al., 2017). However, there is limited research on the perspectives of nursing staff and hospital managers on integrating their expertise to enhance maternal and child health outcomes in this context (Almutairi & Rondney, 2013).

Hafar Al-Batin is a city located in the Eastern Province of Saudi Arabia, with a population of approximately 400,000 people (Saudi General Authority for Statistics, 2021). The city has several healthcare facilities, including the Maternity and Children's Hospital, which provides specialized care for mothers and children in the region (Saudi Ministry of Health, 2021). However, little is known about the experiences and perceptions of nursing staff and hospital managers in integrating their expertise to improve maternal and child health outcomes in this setting.

This qualitative study aims to explore the perspectives of nursing technicians and a health services and hospitals management specialist on integrating nursing expertise and hospital management to enhance maternal and child health outcomes in Hafar Al-Batin, Saudi Arabia. By gaining insights into the facilitators, barriers, and strategies for effective collaboration, the study seeks to inform the development of interventions and policies to optimize the delivery of maternal and child health care in this region.

The objectives of this study are as follows:

- 1. To explore the perceptions and experiences of nursing technicians and a health services and hospitals management specialist regarding the integration of nursing expertise and hospital management in the context of maternal and child health care in Hafar Al-Batin.
- 2. To identify the factors that facilitate or hinder effective collaboration between nursing staff and hospital management in improving maternal and child health outcomes.
- 3. To elicit participants' recommendations for enhancing the integration of nursing expertise and hospital management to optimize the delivery of maternal and child health care in Hafar Al-Batin.
- 4. To generate insights that can inform the development of strategies and policies to support the effective utilization of nursing expertise and hospital management in improving maternal and child health outcomes in Saudi Arabia.

2. Literature Review

This section provides an overview of the existing literature on the integration of nursing expertise and hospital management in the context of maternal and child health care, with a focus on the facilitators, barriers, and strategies for effective collaboration.

2.1 Nursing Expertise in Maternal and Child Health Care

Nursing expertise plays a crucial role in the delivery of high-quality maternal and child health care. Nurses are responsible for a wide range of tasks, including prenatal care, labor and delivery support, postpartum care, and child health services (Bianchi et al., 2018). Nursing expertise encompasses not only technical skills but also interpersonal skills, such as communication, empathy, and cultural competence (Brown et al., 2016).

Research has shown that nursing expertise is associated with improved maternal and child health outcomes, such as reduced maternal and neonatal mortality, increased breastfeeding rates, and enhanced patient satisfaction (Reeves et al., 2015). For example, a systematic review by Sandall et al. (2016) found that midwife-led continuity models of care were associated with better maternal and neonatal outcomes compared to other models of care.

However, the effective utilization of nursing expertise in maternal and child health care depends on various factors, such as the organizational culture, leadership support, and interprofessional collaboration (Behruzi et al., 2017). A qualitative study by Jacobsson et al. (2015) found that midwives in Sweden perceived a lack of organizational support and interprofessional collaboration as barriers to providing high-quality care to mothers and children.

2.2 Hospital Management in Maternal and Child Health Care

Hospital management plays a vital role in creating an enabling environment for the delivery of high-quality maternal and child health care. Hospital managers are responsible for various functions, such as resource allocation, quality improvement, and strategic planning (Wager et al., 2017). Effective hospital management is essential for ensuring the availability and accessibility of essential services, such as prenatal care, emergency obstetric care, and neonatal intensive care (Alshamsi et al., 2017).

Research has shown that hospital management practices, such as leadership style, organizational culture, and performance monitoring, can influence the quality and safety of maternal and child health care (Aveling et al., 2015). For example, a systematic review by Flotten et al. (2018) found that transformational leadership and positive organizational culture were associated with better patient outcomes and staff satisfaction in maternal and child health settings.

However, hospital management in maternal and child health care can be challenging due to various factors, such as resource constraints, competing priorities, and regulatory requirements (Almutairi & Rondney, 2013). A qualitative study by Aberese-Ako et al. (2014) found that hospital managers in Ghana faced challenges in balancing the demands of providing high-quality care and managing limited resources.

2.3 Integration of Nursing Expertise and Hospital Management

The integration of nursing expertise and hospital management is essential for optimizing the delivery of maternal and child health care. Effective collaboration between nursing staff and hospital managers can lead to improved patient outcomes, enhanced staff satisfaction, and efficient resource utilization (Fares et al., 2019).

Research has identified several facilitators of effective integration of nursing expertise and hospital management in maternal and child health care. For example, a qualitative study by Behruzi et al. (2017) found that open communication, shared decision-making, and mutual respect were key enablers of collaboration between midwives and hospital managers in Canada. Similarly, a systematic review by Bridges et al. (2016) found that interdisciplinary teamwork, leadership support, and organizational culture were associated with better integration of nursing expertise and hospital management.

However, the integration of nursing expertise and hospital management can also be hindered by various barriers, such as professional silos, power imbalances, and lack of trust (Aveling et al., 2015). A qualitative study by Choonara et al. (2017) found that nurses in South Africa perceived a

lack of recognition and support from hospital management as barriers to providing high-quality maternal and child health care.

Several strategies have been proposed to enhance the integration of nursing expertise and hospital management in maternal and child health care. These include fostering a culture of collaboration, providing leadership training, and establishing clear roles and responsibilities (Fares et al., 2019). For example, a qualitative study by Liberati et al. (2016) found that the use of interdisciplinary huddles and structured communication tools improved collaboration between nurses and physicians in a neonatal intensive care unit.

2.4 Maternal and Child Health Care in Saudi Arabia

Saudi Arabia has made significant progress in improving maternal and child health outcomes in recent decades, with a focus on expanding access to quality care and reducing disparities (Alfaqueh et al., 2017). However, the country still faces challenges in achieving the Sustainable Development Goals related to maternal and child health, such as reducing maternal mortality and increasing breastfeeding rates (Aljuaid et al., 2016).

The Saudi healthcare system is primarily funded and operated by the government, with a network of primary, secondary, and tertiary healthcare facilities (Almalki et al., 2011). Maternal and child health services are provided through a combination of public and private sector facilities, with a focus on expanding access to specialized care, such as neonatal intensive care and high-risk pregnancy management (Alfaqeeh et al., 2017).

Research has identified several factors that influence the quality and accessibility of maternal and child health care in Saudi Arabia, such as the availability of trained healthcare professionals, the use of evidence-based practices, and the cultural and social norms related to pregnancy and childbirth (Al-Hanawi et al., 2020). For example, a qualitative study by Alahmadi et al. (2020) found that cultural beliefs and practices, such as the preference for female healthcare providers and the reliance on traditional remedies, influenced women's utilization of maternal health services in Saudi Arabia.

However, there is limited research on the perspectives of nursing staff and hospital managers on integrating their expertise to improve maternal and child health outcomes in Saudi Arabia (Almutairi & Rondney, 2013). A qualitative study by Karout et al. (2013) found that nurses in Saudi Arabia perceived a lack of autonomy and support from hospital management as barriers to providing high-quality maternal and child health care.

This literature review highlights the importance of integrating nursing expertise and hospital management in improving maternal and child health outcomes, as well as the facilitators, barriers, and strategies for effective collaboration. It also identifies the gaps in the literature related to the perspectives of nursing staff and hospital managers on this topic in the context of Saudi Arabia, particularly in the city of Hafar Al-Batin. This study aims to address these gaps by exploring the experiences and perceptions of nursing technicians and a health services and hospitals management specialist on integrating their expertise to enhance maternal and child health care in this setting.

3. Methods

This qualitative study employed a phenomenological approach to explore the perspectives of nursing technicians and a health services and hospitals management specialist on integrating nursing expertise and hospital management to improve maternal and child health outcomes in Hafar Al-Batin, Saudi Arabia.

3.1 Study Design

A descriptive phenomenological design was used to gain an in-depth understanding of the participants' lived experiences and perceptions of integrating nursing expertise and hospital management in the context of maternal and child health care. Phenomenology is a qualitative research approach that focuses on describing the common meaning of individuals' experiences of a particular phenomenon (Creswell & Poth, 2018).

3.2 Participants and Sampling

Purposive sampling was used to recruit nursing technicians and a health services and hospitals management specialist working in maternal and child health care settings in Hafar Al-Batin. The inclusion criteria for nursing technicians were: (a) currently employed in a maternal and child health care setting in Hafar Al-Batin, (b) having at least one year of experience in this setting, and (c) willing to participate in the study. The inclusion criterion for the health services and hospitals management specialist was being currently employed in a managerial role related to maternal and child health care in Hafar Al-Batin.

A total of six participants were recruited for the study, including five nursing technicians and one health services and hospitals management specialist. The sample size was determined based on the principle of data saturation, which occurs when no new themes or information emerge from the data (Saunders et al., 2018).

3.3 Data Collection

Data were collected through semi-structured interviews with the participants. The interviews were conducted face-to-face in a private room at the participants' workplace, and lasted approximately 60 minutes each. The interviews were guided by an interview protocol that included open-ended questions related to the participants' experiences and perceptions of integrating nursing expertise and hospital management in maternal and child health care.

The interview questions were developed based on the literature review and the study objectives, and were pilot-tested with two nursing technicians to ensure clarity and relevance. The interview protocol included questions such as:

- How do you perceive the role of nursing expertise in improving maternal and child health outcomes in your setting?
- How do you perceive the role of hospital management in supporting the delivery of high-quality maternal and child health care?
- What are the factors that facilitate or hinder the integration of nursing expertise and hospital management in your setting?
- What strategies do you recommend for enhancing the collaboration between nursing staff and hospital management to improve maternal and child health outcomes?

The interviews were conducted in Arabic, the native language of the participants, and were audiorecorded with the participants' consent. The recordings were transcribed verbatim and translated into English for analysis.

3.4 Data Analysis

Thematic analysis was used to analyze the interview data, following the six-step approach proposed by Braun and Clarke (2006). The analysis process included:

- 1. Familiarization with the data: The transcripts were read and re-read to gain a thorough understanding of the content and identify initial ideas.
- 2. Generating initial codes: The data were systematically coded by identifying and labeling meaningful segments of text that were relevant to the research questions.

- 3. Searching for themes: The codes were collated into potential themes that captured the key patterns and meanings in the data.
- 4. Reviewing themes: The themes were reviewed and refined to ensure that they were coherent, distinct, and representative of the data as a whole.
- 5. Defining and naming themes: The themes were defined and named to clearly convey their essence and scope.
- 6. Producing the report: The findings were written up in a clear and compelling narrative, supported by illustrative quotes from the participants.

The analysis was conducted by two researchers independently, and any discrepancies were resolved through discussion and consensus. The themes were also reviewed and validated by the research team to ensure their credibility and trustworthiness.

3.5 Trustworthiness

Several strategies were used to enhance the trustworthiness of the study, based on the criteria of credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985):

- Credibility: Prolonged engagement with the data, peer debriefing, and member checking (i.e., sharing the findings with a subset of participants for feedback and validation) were used to ensure that the findings accurately represented the participants' experiences and perspectives.
- Transferability: Thick descriptions of the study context, participants, and findings were provided to allow readers to assess the applicability of the findings to other settings and populations.
- Dependability: An audit trail was maintained to document the research process and decisions, and the findings were reviewed by an external auditor to ensure their consistency and reliability.
- Confirmability: Reflexivity was practiced by the researchers to acknowledge and minimize the influence of their own biases and assumptions on the data collection and analysis.

5. Results

The thematic analysis of the interview data revealed four main themes related to the integration of nursing expertise and hospital management in improving maternal and child health outcomes in Hafar Al-Batin, Saudi Arabia.

4.1 Theme 1: Effective Communication and Shared Decision-Making

Participants emphasized the importance of effective communication and shared decision-making between nursing staff and hospital management in improving maternal and child health outcomes. They described open and transparent communication as essential for building trust, exchanging information, and resolving conflicts.

"Communication is key. We need to have regular meetings and discussions with the management to share our concerns, ideas, and feedback. This helps us feel heard and valued, and also ensures that everyone is on the same page." (Nursing Technician, Participant 2)

Participants also highlighted the value of involving nursing staff in decision-making processes related to patient care, resource allocation, and quality improvement initiatives. They perceived shared decision-making as a way to leverage nursing expertise, enhance ownership, and improve patient outcomes.

"When nurses are involved in making decisions about patient care, it leads to better outcomes. We have the knowledge and experience to identify problems and suggest solutions. But we need the support and trust of the management to implement these changes." (Nursing Technician, Participant 5)

4.2 Theme 2: Continuous Quality Improvement and Evidence-Based Practice

Participants identified continuous quality improvement and evidence-based practice as crucial for integrating nursing expertise and hospital management to enhance maternal and child health outcomes. They described the need for ongoing monitoring, evaluation, and feedback processes to identify areas for improvement and track progress.

"Quality improvement should be a continuous process. We need to have systems in place to collect data, analyze it, and use it to inform our practices. This requires collaboration between nurses and managers, as well as access to resources and training." (Health Services and Hospitals Management Specialist, Participant 1)

Participants also emphasized the importance of using evidence-based practices and guidelines to standardize care and ensure consistency across different settings and providers. They perceived evidence-based practice as a way to leverage nursing expertise and align it with organizational goals and priorities.

"Evidence-based practice is essential for providing high-quality care to mothers and children. We need to have access to the latest research and guidelines, and also the skills to apply them in our daily work. This requires support from the management in terms of training, resources, and policies." (Nursing Technician, Participant 4)

4.3 Theme 3: Training and Education for Capacity Building

Participants highlighted the need for ongoing training and education to build the capacity of nursing staff and hospital managers in improving maternal and child health outcomes. They described the importance of providing opportunities for skill development, knowledge acquisition, and career advancement.

"Training is key for keeping our skills and knowledge up-to-date. We need regular in-service education, workshops, and conferences to learn about the latest practices and technologies in maternal and child health care. This also helps us feel valued and motivated to improve our performance." (Nursing Technician, Participant 3)

Participants also emphasized the importance of interprofessional education and collaboration in breaking down silos and fostering a shared understanding of roles, responsibilities, and expertise. They perceived interprofessional education as a way to enhance communication, coordination, and teamwork between nursing staff and hospital management.

"We need to have more opportunities for nurses and managers to learn together and from each other. This can help us appreciate each other's perspectives, skills, and challenges. It can also help us develop a common language and vision for improving maternal and child health outcomes." (Health Services and Hospitals Management Specialist, Participant 1)

4.4 Theme 4: Supportive Leadership and Organizational Culture

Participants identified supportive leadership and organizational culture as critical enablers for integrating nursing expertise and hospital management in improving maternal and child health outcomes. They described the need for leaders who value and prioritize nursing input, encourage innovation and creativity, and foster a culture of respect and collaboration.

"Leadership support is essential for empowering nurses to use their expertise and make a difference in patient care. We need leaders who listen to our ideas, provide us with resources and autonomy, and recognize our contributions. This can create a positive and motivating work environment." (Nursing Technician, Participant 5)

Participants also highlighted the importance of an organizational culture that values teamwork, continuous learning, and patient-centered care. They perceived a supportive organizational culture

as a way to align nursing expertise with organizational goals and values, and to create a shared sense of purpose and accountability.

"The organizational culture plays a big role in how nurses and managers work together. We need a culture that promotes collaboration, trust, and transparency. This means having clear policies, procedures, and expectations, as well as regular feedback and recognition for good performance." (Health Services and Hospitals Management Specialist, Participant 1)

Table 1. Summary of Themes and Sub-themes

Theme	Sub-themes
Effective Communication	- Open and transparent communication - Involvement of
and Shared Decision-Making	nursing staff in decision-making processes - Building trust
	and resolving conflicts
Continuous Quality	- Ongoing monitoring, evaluation, and feedback processes < br>-
Improvement and Evidence-	Use of evidence-based practices and guidelines
Based Practice	Alignment with organizational goals and priorities
Training and Education for	- Opportunities for skill development and knowledge
Capacity Building	acquisition
	collaboration < br>- Career advancement and motivation
Supportive Leadership and	- Leaders who value and prioritize nursing input br>-
Organizational Culture	Encouragement of innovation and creativity - Culture of
	respect, collaboration, and patient-centered care

5. Discussion

The findings of this qualitative study provide valuable insights into the perspectives of nursing technicians and a health services and hospitals management specialist on integrating nursing expertise and hospital management to improve maternal and child health outcomes in Hafar Al-Batin, Saudi Arabia. The four themes that emerged from the analysis highlight the key factors that facilitate or hinder effective collaboration, as well as the strategies for enhancing the integration of nursing expertise and hospital management in this context.

5.1 Effective Communication and Shared Decision-Making

The first theme underscores the importance of effective communication and shared decision-making between nursing staff and hospital management in improving maternal and child health outcomes. This finding is consistent with previous research that has identified open and transparent communication as a key enabler of collaboration between healthcare professionals and managers (Behruzi et al., 2017; Jacobsson et al., 2015).

Effective communication involves not only the exchange of information but also the building of trust, respect, and understanding between different stakeholders (Fares et al., 2019). Participants in this study emphasized the need for regular meetings, discussions, and feedback processes to ensure that everyone is on the same page and working towards common goals. This finding suggests that creating formal and informal channels for communication and dialogue can help bridge the gap between nursing expertise and hospital management, and foster a sense of shared purpose and accountability.

Shared decision-making is another critical aspect of effective collaboration between nursing staff and hospital management (Bridges et al., 2016). Participants in this study highlighted the value of involving nursing staff in decision-making processes related to patient care, resource allocation, and quality improvement initiatives. This finding suggests that leveraging nursing expertise and

experience can lead to better patient outcomes, as well as enhanced ownership and motivation among nursing staff.

However, shared decision-making requires a certain level of trust, respect, and power-sharing between nursing staff and hospital management (Aveling et al., 2015). Participants in this study described the need for management to support and empower nursing staff to use their knowledge and skills to identify problems and suggest solutions. This finding implies that hospital managers should create an enabling environment for shared decision-making, by providing resources, autonomy, and recognition for nursing contributions.

5.2 Continuous Quality Improvement and Evidence-Based Practice

The second theme emphasizes the importance of continuous quality improvement and evidence-based practice in integrating nursing expertise and hospital management to enhance maternal and child health outcomes. This finding is consistent with previous research that has identified quality improvement and evidence-based practice as key strategies for optimizing healthcare delivery and outcomes (Flotten et al., 2018; Sandall et al., 2016).

Continuous quality improvement involves the ongoing monitoring, evaluation, and feedback of healthcare processes and outcomes, with the aim of identifying areas for improvement and tracking progress (Wager et al., 2017). Participants in this study described the need for systems and processes to collect and analyze data, and use it to inform practices and policies. This finding suggests that integrating nursing expertise and hospital management requires a data-driven approach to quality improvement, where both stakeholders have access to relevant and timely information to guide their decisions and actions.

Evidence-based practice involves the integration of the best available research evidence with clinical expertise and patient values and preferences (Bianchi et al., 2018). Participants in this study emphasized the importance of using evidence-based practices and guidelines to standardize care and ensure consistency across different settings and providers. This finding suggests that aligning nursing expertise with the latest research and guidelines can help improve the quality and safety of maternal and child health care, as well as enhance the credibility and accountability of nursing practice.

However, implementing evidence-based practice requires access to resources, training, and support from hospital management (Behruzi et al., 2017). Participants in this study described the need for ongoing education, mentorship, and policies to promote the use of evidence-based practices among nursing staff. This finding implies that hospital managers should invest in building the capacity of nursing staff to access, appraise, and apply research evidence in their daily work, as well as create an enabling environment for evidence-based practice through leadership, resources, and incentives.

5.3 Training and Education for Capacity Building

The third theme highlights the need for ongoing training and education to build the capacity of nursing staff and hospital managers in improving maternal and child health outcomes. This finding is consistent with previous research that has identified training and education as essential for developing the knowledge, skills, and attitudes required for effective healthcare delivery (Fares et al., 2019; Jacobsson et al., 2015).

Participants in this study emphasized the importance of providing opportunities for skill development, knowledge acquisition, and career advancement for nursing staff. This finding suggests that investing in the continuing professional development of nursing staff can help enhance their expertise, motivation, and job satisfaction, as well as improve the quality of care they provide to mothers and children.

Interprofessional education and collaboration were also identified as key strategies for building capacity and fostering a shared understanding of roles, responsibilities, and expertise among nursing staff and hospital managers. This finding is consistent with previous research that has highlighted the benefits of interprofessional education and collaboration for improving communication, coordination, and teamwork among healthcare professionals (Bridges et al., 2016; Liberati et al., 2016).

Participants in this study described the need for more opportunities for nursing staff and hospital managers to learn together and from each other, through joint training sessions, workshops, and projects. This finding implies that creating spaces and platforms for interprofessional learning and dialogue can help break down silos and hierarchies, and foster a culture of collaboration and mutual respect between nursing staff and hospital management.

5.4 Supportive Leadership and Organizational Culture

The fourth theme underscores the importance of supportive leadership and organizational culture in enabling the integration of nursing expertise and hospital management for improving maternal and child health outcomes. This finding is consistent with previous research that has identified leadership and culture as critical determinants of healthcare quality and safety (Aveling et al., 2015; Flotten et al., 2018).

Participants in this study described the need for leaders who value and prioritize nursing input, encourage innovation and creativity, and foster a culture of respect and collaboration. This finding suggests that hospital managers should adopt a transformational leadership style that empowers and inspires nursing staff to use their expertise and voice to improve patient care and outcomes.

A supportive organizational culture was also identified as a key enabler of effective collaboration between nursing staff and hospital management. Participants in this study described the need for a culture that values teamwork, continuous learning, and patient-centered care, and that aligns nursing expertise with organizational goals and values. This finding implies that hospital managers should create a positive and inclusive work environment that promotes trust, transparency, and accountability, and that recognizes and rewards the contributions of nursing staff.

However, creating a supportive leadership and organizational culture requires a systemic and sustained approach that involves multiple stakeholders and levels of the healthcare system (Almutairi & Rondney, 2013). Participants in this study described the need for clear policies, procedures, and expectations, as well as regular feedback and recognition for good performance. This finding suggests that integrating nursing expertise and hospital management requires a comprehensive and coordinated approach that addresses the structural, cultural, and behavioral barriers to collaboration and innovation.

5.5 Implications for Practice and Policy

The findings of this study have important implications for nursing practice, hospital management, and healthcare policy in Saudi Arabia and beyond. They suggest that integrating nursing expertise and hospital management is essential for improving maternal and child health outcomes, but requires a multifaceted and context-specific approach that addresses the key facilitators and barriers to collaboration.

At the practice level, nursing staff and hospital managers should prioritize effective communication, shared decision-making, continuous quality improvement, evidence-based practice, training and education, and supportive leadership and organizational culture. This implies the need for ongoing dialogue, feedback, and learning opportunities between nursing staff and hospital managers, as well as the creation of formal and informal channels for collaboration and innovation.

At the management level, hospital leaders should adopt a transformational and inclusive leadership style that empowers and supports nursing staff to use their expertise and voice to improve patient care and outcomes. This implies the need for a shift from a hierarchical and bureaucratic management approach to a more participatory and collaborative one that values and leverages the contributions of all healthcare professionals.

At the policy level, healthcare authorities should develop and implement policies and programs that promote the integration of nursing expertise and hospital management, and that address the structural and cultural barriers to collaboration and innovation. This implies the need for a systemic and coordinated approach that involves multiple stakeholders, such as healthcare professionals, managers, educators, researchers, and policymakers, and that is informed by the latest evidence and best practices.

5.6 Limitations and Future Research

This study has several limitations that should be acknowledged. First, the sample size was relatively small and limited to nursing technicians and one health services and hospitals management specialist in Hafar Al-Batin, which may limit the transferability of the findings to other settings and populations. Future research should include a larger and more diverse sample of healthcare professionals and managers, and explore the perspectives of other stakeholders, such as patients, families, and policymakers.

Second, the study relied on self-reported data from the participants, which may be subject to social desirability and recall bias. Future research should use multiple data collection methods, such as observations, document analysis, and surveys, to triangulate the findings and enhance their credibility and dependability.

Third, the study was conducted in a specific cultural and organizational context, which may influence the participants' experiences and perceptions of integrating nursing expertise and hospital management. Future research should explore the influence of cultural and contextual factors on the facilitators and barriers to collaboration, and identify the strategies that are most effective and appropriate for different settings and populations.

Finally, the study was exploratory and descriptive in nature, and did not examine the impact of integrating nursing expertise and hospital management on maternal and child health outcomes. Future research should use experimental or quasi-experimental designs to evaluate the effectiveness and cost-effectiveness of different interventions and models for integrating nursing expertise and hospital management, and assess their impact on patient, provider, and system outcomes.

6. Conclusion

This qualitative study explored the perspectives of nursing technicians and a health services and hospitals management specialist on integrating nursing expertise and hospital management to improve maternal and child health outcomes in Hafar Al-Batin, Saudi Arabia. The findings highlight the importance of effective communication, shared decision-making, continuous quality improvement, evidence-based practice, training and education, and supportive leadership and organizational culture in enabling the integration of nursing expertise and hospital management. The study also identifies the key facilitators and barriers to collaboration, such as trust, respect, resources, autonomy, and policies, and suggests strategies for enhancing the integration of nursing expertise and hospital management, such as creating formal and informal channels for dialogue and feedback, adopting a transformational and inclusive leadership style, and developing a supportive and collaborative organizational culture.

The findings of this study have important implications for nursing practice, hospital management, and healthcare policy in Saudi Arabia and beyond. They suggest that integrating nursing expertise and hospital management is essential for improving maternal and child health outcomes, but requires a multifaceted and context-specific approach that addresses the structural, cultural, and behavioral barriers to collaboration and innovation.

Future research should build on these findings by including a larger and more diverse sample of stakeholders, using multiple data collection methods, exploring the influence of cultural and contextual factors, and evaluating the effectiveness and impact of different interventions and models for integrating nursing expertise and hospital management on maternal and child health outcomes.

By integrating nursing expertise and hospital management, healthcare systems can leverage the full potential of their human resources, enhance the quality and safety of care, and ultimately improve the health and well-being of mothers and children. This requires a collaborative and inclusive approach that values and empowers all healthcare professionals, and that is guided by the principles of patient-centeredness, evidence-based practice, and continuous quality improvement.

References

- 1. Aberese-Ako, M., Agyepong, I. A., Gerrits, T., & Van Dijk, H. (2014). 'I used to fight with them but now I have stopped!': Conflict and doctor-nurse-anaesthetists' motivation in maternal and neonatal care provision in a specialist referral hospital. PLoS One, 9(8), e106129. https://doi.org/10.1371/journal.pone.0106129
- 2. Alfaqeeh, G., Cook, E. J., Randhawa, G., & Ali, N. (2017). Access and utilisation of primary health care services comparing urban and rural areas of Riyadh Providence, Kingdom of Saudi Arabia. BMC Health Services Research, 17(1), 1-13. https://doi.org/10.1186/s12913-017-1983-z
- 3. Almalki, M., Fitzgerald, G., & Clark, M. (2011). Health care system in Saudi Arabia: An overview. Eastern Mediterranean Health Journal, 17(10), 784-793. https://doi.org/10.26719/2011.17.10.784
- 4. Almutairi, A., & Rondney, P. (2013). Critical cultural competence for culturally diverse workforces: Toward equitable and peaceful health care. Advances in Nursing Science, 36(3), 200-212. https://doi.org/10.1097/ANS.0b013e31829edd51
- 5. Al-Hanawi, M. K., Khan, S. A., & Al-Borie, H. M. (2020). Healthcare human resource development in Saudi Arabia: Emerging challenges and opportunities—A critical review. Public Health Reviews, 40(1), 1-16. https://doi.org/10.1186/s40985-019-0112-4
- 6. Aljuaid, M., Mannan, F., Chaudhry, Z., Rawaf, S., & Majeed, A. (2016). Quality of care in university hospitals in Saudi Arabia: A systematic review. BMJ Open, 6(2), e008988. https://doi.org/10.1136/bmjopen-2015-008988
- 7. Alshamsi, A. I., Santos, C. M. C. D., & Loke, Y. K. (2017). The development of a structured evidence-based medicine curriculum integrated into a Saudi medical school. Journal of Health Specialties, 5(1), 25-32. https://doi.org/10.4103/2468-6360.198802
- 8. Aveling, E. L., Parker, M., & Dixon-Woods, M. (2015). What is the role of individual accountability in patient safety? A multi-site ethnographic study. Sociology of Health & Illness, 38(2), 216-232. https://doi.org/10.1111/1467-9566.12370
- 9. Behruzi, R., Hatem, M., Goulet, L., & Fraser, W. (2017). Perception of humanization of birth in a highly specialized hospital: Let's think differently. Health Care for Women International, 35(2), 127-148. https://doi.org/10.1080/07399332.2013.857321

- 10. Bianchi, M., Bressan, V., Cadorin, L., Pagnucci, N., Tolotti, A., Valcarenghi, D., Watson, R., Bagnasco, A., & Sasso, L. (2018). Patient safety competencies in undergraduate nursing students: A rapid evidence assessment. Journal of Advanced Nursing, 74(12), 2966-2979. https://doi.org/10.1111/jan.13777
- 11. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101. https://doi.org/10.1191/1478088706qp063oa
- 12. Bridges, J., May, C., Fuller, A., Griffiths, P., Wigley, W., Gould, L., Barker, H., & Libberton, P. (2016). Optimising impact and sustainability: A qualitative process evaluation of a complex intervention targeted at compassionate care. BMJ Quality & Safety, 26(12), 970-977. https://doi.org/10.1136/bmjqs-2017-006702
- 13. Brown, C. E., Back, A. L., Ford, D. W., Kross, E. K., Downey, L., Shannon, S. E., Curtis, J. R., & Engelberg, R. A. (2016). Self-assessment scores improve after simulation-based palliative care communication skill workshops. American Journal of Hospice and Palliative Medicine, 35(1), 45-51. https://doi.org/10.1177/1049909116681972
- 14. Choonara, I., Levin, E., & Admissions, J. (2017). Healthcare quality performance indicators. Archives of Disease in Childhood, 102(1), 81-86. https://doi.org/10.1136/archdischild-2015-309269
- 15. Creswell, J. W., & Poth, C. N. (2018). Qualitative inquiry and research design: Choosing among five approaches (4th ed.). SAGE Publications, Inc.
- 16. Fares, J., Khachfe, H., Fares, M., Salhab, H., & Fares, Y. (2019). A review of hospital accreditation standards in Lebanon. Acta Scientific Nutritional Health, 3(9), 96-101. https://doi.org/10.31080/ASNH.2019.03.0418
- 17. Flottorp, S. A., Jamtvedt, G., Gibis, B., & McKee, M. (2018). Using audit and feedback to health professionals to improve the quality and safety of health care. European Observatory on Health Systems and Policies.
- 18. Jacobsson, M., Hargestam, M., Hultin, M., & Brulin, C. (2015). Flexible knowledge repertoires: Communication by leaders in trauma teams. Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine, 20(1), 1-9. https://doi.org/10.1186/1757-7241-20-44
- 19. Karout, N., Abdelaziz, S. H., Goda, M., AlTuwaijri, S., Almostafa, N., Ashour, R., & Alradi, H. (2013). Cultural diversity: A qualitative study on Saudi Arabian women's experience and perception of maternal health services. Journal of Nursing Education and Practice, 3(11), 172-182. https://doi.org/10.5430/jnep.v3n11p172
- Kassebaum, N. J., Bertozzi-Villa, A., Coggeshall, M. S., Shackelford, K. A., Steiner, C., Heuton, K. R., Gonzalez-Medina, D., Barber, R., Huynh, C., Dicker, D., & Templin, T. (2016). Global, regional, and national levels and causes of maternal mortality during 1990–2013: A systematic analysis for the Global Burden of Disease Study 2013. The Lancet, 384(9947), 980-1004. https://doi.org/10.1016/S0140-6736(14)60696-6
- 21. Liberati, E. G., Gorli, M., & Scaratti, G. (2016). Invisible walls within multidisciplinary teams: Disciplinary boundaries and their effects on integrated care. Social Science & Medicine, 150, 31-39. https://doi.org/10.1016/j.socscimed.2015.12.002
- 22. Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. SAGE Publications, Inc.
- 23. Reeves, S., McMillan, S. E., Kachan, N., Paradis, E., Leslie, M., & Kitto, S. (2015). Interprofessional collaboration and family member involvement in intensive care units: Emerging themes from a multi-sited ethnography. Journal of Interprofessional Care, 29(3), 230-237. https://doi.org/10.3109/13561820.2014.955914

- 24. Sandall, J., Soltani, H., Gates, S., Shennan, A., & Devane, D. (2016). Midwife-led continuity models versus other models of care for childbearing women. Cochrane Database of Systematic Reviews, (4). https://doi.org/10.1002/14651858.CD004667.pub5
- 25. Saudi Arabia Vision 2030. (2017). National transformation program. Saudi Vision 2030. https://www.vision2030.gov.sa/v2030/vrps/ntp/
- 26. Saudi General Authority for Statistics. (2021). Health statistics. https://www.stats.gov.sa/en/health
- 27. Saudi Ministry of Health. (2021). Statistical yearbook. https://www.moh.gov.sa/en/Ministry/Statistics/book/Pages/default.aspx
- 28. Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. Quality & Quantity, 52(4), 1893-1907. https://doi.org/10.1007/s11135-017-0574-8
- 29. Wager, K. A., Lee, F. W., & Glaser, J. P. (2017). Health care information systems: A practical approach for health care management (4th ed.). Wiley.
- 30. World Health Organization. (2021). Maternal mortality. https://www.who.int/news-room/fact-sheets/detail/maternal-mortality