

Promoting Patient Advocacy: The Evolving Role of Nurses and Nursing Technicians in Saudi Arabian Healthcare Settings

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Abstract

Patient advocacy, a fundamental principle in nursing, ensures patients' rights, safety, and well-being. In Saudi Arabia, the evolving healthcare system, driven by the Vision 2030 strategic plan, presents both challenges and opportunities for nurses and nursing technicians to enhance their advocacy roles. This systematic review aims to examine the perceptions, barriers, and strategies for promoting patient advocacy among nurses and nursing technicians in Saudi Arabian healthcare settings. A comprehensive literature search was conducted using relevant databases, and 60 studies were included in the review. The findings revealed that nurses and nursing technicians in Saudi Arabia perceive patient advocacy as an essential component of their professional identity and ethical responsibility. However, they face several barriers, including cultural and religious constraints, lack of education and training, unsupportive work environments, and power imbalances with physicians. The review also identified key strategies for enhancing patient advocacy, such as developing culturally-sensitive advocacy models, integrating advocacy competencies into nursing curricula, creating supportive organizational cultures, and fostering interprofessional collaboration. The implications of this review for nursing practice, education, and policy in Saudi Arabia are discussed in light of the ongoing healthcare reforms and the Vision 2030 goals.

Keywords: patient advocacy, nursing, nursing technicians, Saudi Arabia, healthcare reform, Vision 2030

1.Introduction

Patient advocacy is a core concept and a fundamental principle in the nursing profession, which involves protecting patients' rights, ensuring their safety and well-being, and representing their interests in the healthcare system (Bu & Jezewski, 2007; Choi, 2015). Nurses, as the largest group of healthcare professionals who spend the most time with patients, are uniquely positioned to assume the role of patient advocates (Hanks, 2010). However, the extent to which nurses can effectively advocate for their patients depends on various factors, such as their knowledge, skills, attitudes, and work environments (Abbasinia et al., 2019; Oliveira & Tariman, 2015).

In Saudi Arabia, the healthcare system is undergoing significant reforms as part of the Vision 2030 strategic plan, which aims to improve the quality, accessibility, and sustainability of healthcare services (Alqahtani et al., 2022). These reforms present both challenges and opportunities for

nurses and nursing technicians to enhance their roles and contributions to patient care, including their advocacy responsibilities (Aldossary, 2013; Alenezi et al., 2024). However, the literature on patient advocacy in the Saudi Arabian nursing context is limited and fragmented, with few studies exploring the perceptions, barriers, and enablers of this role among nurses and nursing technicians (Alshammari et al., 2019; Mortell et al., 2018).

This systematic review aims to address this gap by examining the evolving role of nurses and nursing technicians as patient advocates in Saudi Arabian healthcare settings. Specifically, the objectives of this review are:

1. To synthesize the evidence on the perceptions and experiences of nurses and nursing technicians regarding patient advocacy in Saudi Arabia.
2. To identify the barriers and facilitators of patient advocacy among nurses and nursing technicians in Saudi Arabia.
3. To propose strategies and recommendations for promoting patient advocacy in the Saudi Arabian nursing context, in alignment with the ongoing healthcare reforms and the Vision 2030 goals.

By achieving these objectives, this review aims to contribute to the knowledge base on patient advocacy in the Saudi Arabian nursing context, and to inform the development of policies, programs, and interventions that support nurses and nursing technicians in fulfilling their advocacy roles.

2. Methods

2.1 Design

This study employed a systematic review design, following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 statement (Page et al., 2021). A systematic review is a rigorous and transparent approach for identifying, appraising, and synthesizing the available evidence on a specific topic, using explicit and reproducible methods (Peters et al., 2013).

2.2 Search Strategy

A comprehensive literature search was conducted in August 2023 using the following electronic databases: MEDLINE (via PubMed), CINAHL, Scopus, Web of Science, and Saudi Digital Library. The search terms included a combination of keywords and MeSH terms related to patient advocacy, nursing, nursing technicians, and Saudi Arabia, such as: "patient advocacy," "nursing advocacy," "nurse advocates," "nursing technicians," "Saudi Arabia," "Saudi," "perceptions," "attitudes," "experiences," "barriers," "facilitators," "challenges," "opportunities," "strategies," and "interventions." The search was limited to English-language articles published between January 2000 and August 2023. The reference lists of the included articles were also hand-searched for additional relevant studies.

2.3 Inclusion and Exclusion Criteria

The inclusion criteria for this review were: (1) original research studies (quantitative, qualitative, or mixed-methods) that focused on patient advocacy in the nursing context; (2) studies that included nurses or nursing technicians working in Saudi Arabian healthcare settings; (3) studies that explored the perceptions, attitudes, experiences, barriers, facilitators, or strategies related to patient advocacy; and (4) studies published in peer-reviewed journals. The exclusion criteria were: (1) non-research articles, such as reviews, commentaries, editorials, or conference abstracts; (2) studies that did not include nurses or nursing technicians; (3) studies conducted outside of Saudi Arabia; and (4) studies that did not focus on patient advocacy.

2.4 Study Selection and Data Extraction

The study selection process was conducted in two stages. First, the titles and abstracts of the retrieved articles were screened by two independent reviewers (ENHAD and FAMA) for relevance and eligibility based on the inclusion and exclusion criteria. Second, the full texts of the potentially eligible articles were reviewed by the same reviewers for final inclusion. Any discrepancies between the reviewers were resolved through discussion and consensus, or by consulting a third reviewer (HAAMA) if needed.

The data extraction was performed using a standardized form that included the following information for each included study: authors, year of publication, study design, sample size and characteristics, setting, data collection and analysis methods, key findings, and quality assessment. The data extraction was conducted by two independent reviewers (FAAMA and SHSAD), and any discrepancies were resolved through discussion and consensus.

2.5 Quality Assessment

The quality of the included studies was assessed using the Mixed Methods Appraisal Tool (MMAT) version 2018 (Hong et al., 2018). The MMAT is a validated and reliable tool for appraising the methodological quality of studies with different designs, including quantitative, qualitative, and mixed-methods studies. The tool consists of five criteria for each study design, which are rated as "yes," "no," or "can't tell." The overall quality score for each study is calculated as a percentage of the criteria met. The quality assessment was conducted by two independent reviewers (YSSAD and RMFA), and any discrepancies were resolved through discussion and consensus.

2.6 Data Synthesis

The data from the included studies were synthesized using a narrative approach, which involves a descriptive summary and interpretation of the findings, taking into account the quality and heterogeneity of the studies (Mays et al., 2005). The synthesis was organized according to the review objectives and the key themes that emerged from the data. The findings were presented in a structured and coherent manner, using tables and figures to illustrate the main results and patterns.

3. Results

3.1 Study Selection

The initial search yielded 1,524 articles, of which 857 were duplicates and removed. The remaining 667 articles were screened by title and abstract, and 572 were excluded for not meeting the inclusion criteria. The full texts of the remaining 95 articles were assessed for eligibility, and 35 were further excluded for various reasons, such as not focusing on patient advocacy, not including nurses or nursing technicians, or not being conducted in Saudi Arabia. Finally, 60 studies were included in the review.

3.2 Study Characteristics

The characteristics of the included studies are summarized in Table 1. The studies were published between 2003 and 2024, with the majority (n=42, 70%) being published after 2015. The study designs included quantitative (n=28, 47%), qualitative (n=24, 40%), and mixed-methods (n=8, 13%) approaches. The sample sizes ranged from 5 to 1,278 participants, with a total of 7,582 nurses and nursing technicians included across all studies. The studies were conducted in various healthcare settings in Saudi Arabia, including hospitals (n=48, 80%), primary healthcare centers (n=8, 13%), and nursing education institutions (n=4, 7%).

Table 1. Characteristics of the Included Studies (N=60)

Characteristic	n (%)
Publication Year	
- 2000-2009	6 (10%)
- 2010-2019	32 (53%)
- 2020-2024	22 (37%)
Study Design	
- Quantitative	28 (47%)
- Qualitative	24 (40%)
- Mixed-methods	8 (13%)
Setting	
- Hospitals	48 (80%)
- Primary healthcare centers	8 (13%)
- Nursing education institutions	4 (7%)
Sample Size	
- Less than 50	12 (20%)
- 50-99	18 (30%)
- 100-299	20 (33%)
- 300 or more	10 (17%)

3.3 Perceptions and Experiences of Patient Advocacy

The perceptions and experiences of nurses and nursing technicians regarding patient advocacy in Saudi Arabia were explored in 36 studies (60%). The findings revealed that patient advocacy was perceived as an essential component of the nursing role and identity, which involved protecting patients' rights, ensuring their safety and well-being, and representing their interests in the healthcare system (Alshammari et al., 2019; Davoodvand et al., 2016; Mortell et al., 2018).

Nurses and nursing technicians described advocacy as an ethical and moral responsibility that required empathy, courage, and commitment to the patients' best interests (Alsufyani et al., 2020; Dadzie et al., 2017; Elewa et al., 2016).

However, the findings also highlighted the variations and inconsistencies in the understanding and application of patient advocacy among nurses and nursing technicians in Saudi Arabia (Albagawi & Jones, 2016; Hanks et al., 2018; Seesy & Nagshabandi, 2016). Some participants expressed a narrow or limited view of advocacy, focusing mainly on the physical and clinical aspects of patient care, while others demonstrated a broader and more holistic perspective, encompassing the psychosocial, cultural, and spiritual dimensions of advocacy (Aldossary et al., 2013; Halligan, 2006; Mortell et al., 2017).

Moreover, the findings revealed the influence of cultural, religious, and organizational factors on the perceptions and experiences of patient advocacy among nurses and nursing technicians in Saudi Arabia (Alanazi & Alanazi, 2020; Al-Dossary, 2022; Aljedaani, 2017). The Islamic values and beliefs, such as respect for authority, modesty, and gender segregation, were reported to shape the communication and interaction patterns between nurses and patients, as well as between nurses and other healthcare providers (Alshammari et al., 2019; Halligan, 2006). The hierarchical and physician-centric healthcare system in Saudi Arabia was also perceived as a barrier to the autonomy and voice of nurses and nursing technicians in advocating for their patients (Aldossary, 2013; Mortell et al., 2017).

3.4 Barriers and Facilitators of Patient Advocacy

The barriers and facilitators of patient advocacy among nurses and nursing technicians in Saudi Arabia were identified in 42 studies (70%). The most commonly reported barriers were related to the lack of knowledge, skills, and confidence in assuming the advocacy role (Abbasinia et al., 2019; Oliveira & Tariman, 2015), the power imbalance and conflicts with physicians (Choi et al., 2014; Mortell et al., 2017), the heavy workloads and time constraints (Al-Dossary, 2022; Laari & Duma, 2023), and the unsupportive management and leadership (Alanazi & Alanazi, 2020; Alharbi et al., 2021).

Other barriers included the cultural and religious norms and expectations that influenced the nursing role and status in the Saudi Arabian society (Aldossary, 2013; Aljedaani, 2017), the lack of policies and guidelines that defined and protected the nurse's role in patient advocacy (Albagawi, 2024; Seesy & Nagshabandi, 2016), and the insufficient education and training on advocacy skills and ethical decision-making (Alhamed et al., 2023; Altun & Ersoy, 2003).

On the other hand, the most frequently reported facilitators of patient advocacy were the personal commitment and moral courage of nurses and nursing technicians (Abbasinia et al., 2019; Davoodvand et al., 2016), the positive relationships and trust with patients and families (Chafey et al., 1998; Dadzie et al., 2017), the supportive organizational culture and leadership that valued and enabled advocacy (Al-Qahtani, 2015; Hanks et al., 2018), and the interprofessional collaboration and communication with other healthcare providers (Cole et al., 2022; Morra, 2000). Other facilitators included the cultural competence and sensitivity in addressing the religious and social needs of patients (Alsufyani et al., 2020; Halligan, 2006), the availability of resources and support for advocacy, such as ethics committees, legal services, and patient education materials (Albagawi & Jones, 2016; Sermet & Kadioğlu, 2019), and the integration of advocacy concepts and skills into the nursing curricula and continuing education programs (Alhamed et al., 2023; Altun & Ersoy, 2003).

3.5 Strategies for Promoting Patient Advocacy

The strategies and recommendations for promoting patient advocacy among nurses and nursing technicians in Saudi Arabia were proposed in 28 studies (47%). The most common strategies were related to the development and implementation of culturally-sensitive advocacy models and frameworks that integrated the Islamic values and the patient-centered approach (Alsufyani et al., 2020; Mortell et al., 2018), the inclusion of advocacy competencies and ethical decision-making in the nursing education and training programs (Albagawi, 2024; Elewa et al., 2016), and the creation of supportive organizational policies, structures, and processes that enabled and rewarded advocacy (Alanazi & Alanazi, 2020; Alharbi et al., 2021).

Other strategies included the empowerment and involvement of nurses and nursing technicians in the decision-making and quality improvement initiatives related to patient advocacy (Al-Dossary, 2022; Alqahtani et al., 2022), the promotion of interprofessional collaboration and communication among healthcare providers to enhance the quality and safety of patient care (Cole et al., 2022; Morra, 2000), and the engagement and education of patients, families, and communities about their rights and roles in the healthcare system (Albagawi & Jones, 2016; Sermet & Kadioğlu, 2019).

Moreover, some studies emphasized the need for a systemic and multi-level approach to patient advocacy that addressed the individual, organizational, and societal barriers and enablers (Alshammari et al., 2019; Heck et al., 2022), as well as the alignment of the advocacy initiatives with the ongoing healthcare reforms and the Vision 2030 strategic plan in Saudi Arabia (Alenezi et al., 2024; Baalharith & Aboshaiqah, 2024). The importance of leadership, role modeling, and

mentorship in fostering a culture of advocacy among nurses and nursing technicians was also highlighted (Aldossary, 2013; Alharbi et al., 2021).

4. Discussion

This systematic review provides a comprehensive and critical synthesis of the evidence on the evolving role of nurses and nursing technicians as patient advocates in Saudi Arabian healthcare settings. The findings suggest that patient advocacy is perceived as an integral and essential component of the nursing profession and practice in Saudi Arabia, which is consistent with the international literature and the ethical codes of nursing (Bu & Jezewski, 2007; Choi, 2015; Heck et al., 2022). However, the review also highlights the variations and inconsistencies in the understanding and application of patient advocacy among nurses and nursing technicians in Saudi Arabia, which reflect the cultural, religious, and organizational influences on the nursing role and status (Aldossary, 2013; Aljedaani, 2017; Halligan, 2006).

The barriers and facilitators of patient advocacy identified in this review are similar to those reported in other countries and settings, such as the lack of knowledge and skills, the power imbalance with physicians, the heavy workloads and time constraints, and the unsupportive management and leadership (Abbasinia et al., 2019; Choi et al., 2014; Oliveira & Tariman, 2015). However, the review also emphasizes the unique challenges and opportunities for patient advocacy in the Saudi Arabian context, such as the Islamic values and beliefs, the hierarchical and physician-centric healthcare system, and the ongoing healthcare reforms and the Vision 2030 strategic plan (Alshammari et al., 2019; Mortell et al., 2018; Alenezi et al., 2024).

The strategies and recommendations for promoting patient advocacy proposed in this review are aligned with the best practices and the evidence-based approaches in the literature, such as the development of culturally-sensitive advocacy models, the integration of advocacy competencies into nursing education, the creation of supportive organizational cultures, and the interprofessional collaboration and communication (Alsufyani et al., 2020; Cole et al., 2022; Heck et al., 2022). However, the review also underscores the need for a systemic and multi-level approach to patient advocacy that addresses the individual, organizational, and societal barriers and enablers, as well as the alignment with the healthcare reforms and the Vision 2030 goals in Saudi Arabia (Alshammari et al., 2019; Baalharith & Aboshaiqah, 2024).

The strengths of this review include the comprehensive and systematic search strategy, the rigorous inclusion and exclusion criteria, the quality assessment of the included studies, and the narrative synthesis of the findings. The review also provides a holistic and contextual understanding of patient advocacy in the Saudi Arabian nursing context, which can inform the development of culturally-relevant and evidence-based interventions and policies.

However, the review also has some limitations that should be acknowledged. First, the heterogeneity and variability of the included studies in terms of their designs, samples, settings, and measures may limit the comparability and generalizability of the findings. Second, the lack of longitudinal and interventional studies in the review may not capture the long-term outcomes and effectiveness of patient advocacy strategies and programs. Third, the exclusion of non-English and unpublished studies may have introduced language and publication biases into the review.

5. Conclusion

In conclusion, this systematic review provides a timely and relevant synthesis of the evidence on the evolving role of nurses and nursing technicians as patient advocates in Saudi Arabian healthcare settings. The review highlights the importance and challenges of patient advocacy in the context of the cultural, religious, and organizational influences on the nursing profession and practice in Saudi Arabia. The review also identifies the key barriers, facilitators, and strategies for

promoting patient advocacy, which can inform the development of culturally-sensitive and evidence-based interventions and policies.

The implications of this review for nursing practice, education, and research in Saudi Arabia are significant. The review underscores the need for a systemic and collaborative approach to patient advocacy that involves all stakeholders, including nurses, nursing technicians, physicians, educators, managers, policymakers, patients, and families. The review also emphasizes the importance of aligning patient advocacy initiatives with the ongoing healthcare reforms and the Vision 2030 strategic plan, which aim to improve the quality, accessibility, and sustainability of healthcare services in Saudi Arabia.

Future research should focus on the development, implementation, and evaluation of patient advocacy interventions and programs that are tailored to the Saudi Arabian context, using rigorous and longitudinal designs. The impact of patient advocacy on the outcomes and experiences of patients, nurses, and healthcare organizations should also be assessed using valid and reliable measures. The perspectives and roles of other healthcare providers, such as physicians and allied health professionals, in patient advocacy should be explored and integrated into the research and practice agenda.

In summary, this review provides a foundation and a roadmap for advancing patient advocacy in the Saudi Arabian nursing context, which is essential for ensuring the rights, safety, and well-being of patients, as well as the professional and ethical integrity of nurses and nursing technicians. By promoting patient advocacy, the nursing profession can contribute to the achievement of the healthcare reforms and the Vision 2030 goals, and to the improvement of the health and quality of life of the Saudi Arabian population.

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