

Understanding the Role of Nursing in Pediatric Asthma Management: A Case Study from KSA

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Abstract

This study explored the role of nurses in management of children with asthma in Saudi Arabia using a case study, based on Burawoys extended case method, which draws on multiple data sources, including observations, reviewing documents, and conducting semi-structured interviews with 21 doctors, 18 nurses and 24 parents of children with asthma to identify multiple perspectives. A picture of the current hospital nursing services in a paediatric clinical settings emerged by which individual and institutional factors influencing nurses roles in paediatric asthma management are identified. The findings of this study confirm that power, culture and policy are the factors that contribute most to influencing the nursing role and affect nurses participation during asthma management. Further these findings suggest that an organisation enables innovations and actively seeks funding for initiatives provides an environment where nurses can reach their potential in improving asthma care services. In addition, it is important to promote the nursing role in asthma management to patients and the wider public in order to actively engage with KSA society to meet patients needs.

Keywords: Asthma Management; Nursing; Paediatrics; Qualitative Research

Introduction

Almost a quarter of children in Saudi Arabia are diagnosed with asthma, and it is the third most common reason for hospital admissions, representing a major public health challenge. Despite the abundance of high-calibre medical services and the availability of international guidelines, recent studies have shown that the burden of asthma in KSA might be significantly higher than previously estimated [1]. Poor knowledge, the fear of use of new drugs, and the lack of awareness of the importance of controlling the disease are common among health professionals who care for asthma patients in KSA [1]. These are all important factors that probably contribute to the magnitude of this asthma burden. It remains to be explored how these affect the management of care of patients in general and of child asthma patients in particular.

The burgeoning maturity of Saudi society means that health institutions must increase the number of Saudi professionals in workplace and reduce dependence on expatriates to fulfill the needs of healthcare facilities and the growing population. The current longstanding shortage of nursing, which is a global phenomenon, is exacerbated in the case of KSA by its conservative religious and cultural mores, which view nursing as a predominantly female profession supporting (male) doctors, and thus an occupation of relatively less social prestige [2]. Further the health care system in Saudi Arabia has been challenged by the shortage of local health care professionals, including doctors, nurses and pharmacists. The majority of health care personnel are non-Saudi, which causes a high rate of turnover and instability in the workforce.

According to a report by the Ministry of Health (MoH) [3] the total health care workforce in Saudi Arabia, including all other sectors, is about 248,000; more than half of these (125,000) work in the MoH itself. Saudis constitute only 38% of the total workforce, comprising 23.1% doctors and 32.3% nurses, but for the public sector (MoH) they comprise the majority (54%) of the health care workforce,

including 22.6% doctors and 50.3% nurses. Nursing in KSA is affected by perceptions of nursing and cultural issues (e.g. the nature and composition of the nursing workforce) and patient-nurse communication. This limits the potential for nurses to further develop their professional practice and thus prevent them from making an optimal contribution to health services based on their specific skills and competencies. In developed countries where advanced nurses have greater autonomy, such as independently conducting clinical assessments; the role of nurse consultant; and running specialist clinics on their own, improved patient outcomes have resulted [4]. In addition, [5] stated that the role of nursing leadership has not been elaborated in KSA and nurses continue to struggle for autonomy in their field and to advance nursing practice. Lack of information regarding the challenges experienced by health providers and the delivery of effective asthma care makes it difficult for health planners to determine the impact of treatments on health status [6]. Moreover, the role of nursing in asthma and the factors influencing it have not been explored yet. Therefore, this research is aimed at understanding how nurses manage asthmatic children and the potential factors they encounter when implementing asthma management services.

Methodology

A qualitative research (Case study approach) was chosen for this study because it can provide deep insights and offer rich sources of information. The main research question «what are the factors influencing the nursing role in paediatric asthma management in Saudi Arabia?» led to think about the elements that construct and conceptualize the nursing role and what factors may influence them during the implementation of paediatric asthma management. This further led to three specific research questions in the context of KSA:

1. What role does a nurse play during paediatric asthma management?
2. What are the influences of individual and institutional role in paediatric asthma management?
3. What support do nurses need to promote the role of asthma nurse specialists?

Research design

Case study strategies

The aim of my study was to explore the issues surrounding the nursing role to gain further understanding of how nurses manage asthma, to identify the factors influencing them in asthma management, and to generate new knowledge regarding nursing practices and in relation to existing theory, thus potentially widening the scope of current knowledge. Therefore, in accordance with the research questions and in response to the lack of evidence in this field, Burawoys extended case method is considered the most suitable choice. The study was carried out in one of the government hospital in Madina, KSA that has specialist children's respiratory clinic where children with asthma are treated.

Purposive sample

Selected hospitals

Participants were informed about the research questions, methodology and data collection methods and (most importantly) were selected due to their relevance to the study as they contributed to development of the research [3]. Hence, the selection of participants were based on the following criteria [4].

- Saudi, non-Saudi; female, male.
- Staff nurses/managers or doctors working in, interacting with the study site, and working with children with asthma.
- Willing to participate and having the ability to communicate in Arabic or English.

Ethical approval

A Level 2 Ethics Form was submitted to the School of Health in Social Science, University of Edinburgh Ethics Committee, for approval.

Since the fieldwork and data collection phase of the study was to take place in Medina, the policy of the School of Health in Social Science (HSS) at the University of Edinburgh entailed obtaining ethical approval (wherever possible) local to where participants would be recruited, provided such a system was in place. This was done by obtaining ethical approval from the MoH (KSA), which was accepted by the other academic institutions and governmental hospitals.

Data collection

Semi-structured interviews were audio taped and each interview tape lasted between 45 - 60 minutes. The tapes were then transcribed and each tape listened to at least twice to familiarize with the participants whole story at the time of analysis. Total of 18 nurses (Table 1), 12 physician and pharamcist (Table 2) and 13 parents of the patients (Table 3) were recruited as per screening cirteria set earlier in this study.

Status of the Nurse	Experience (Years)	Age (years)	Education
Saudi female nursing director	5	44	BND**
Saudi female outpatient head nurse	12	34	DND
Saudi female staff nurse	10	36	DND
Saudi female staff nurse	23	42	DND
Saudi female staff nurse	20	32	DND
Non-Saudi female staff nurse	29	58	DND
Saudi female asthma educator nurse	11	31	DND*

Table 1: Demographics of nurses.

*Diploma Nursing Degree **Bachelor of Nursing Degree.

Status	Experience (years)	Age (years)	Education
Saudi male pulmonologist consultant	8	42	M*
Saudi male pulmonologist consultant	10+	53	M
Saudi male allergist and immunologist consultant	8	43	M
Saudi male allergist and immunologist consultant	6	39	M
Saudi female pediatric specialist	4	30	SS**
Saudi female pediatric specialist	2	28	SS
Saudi male pediatric specialist	1.5	28	SS
Saudi female pediatric resident	2	27	B***
Saudi female pediatric resident	3	28	B
Saudi female pediatric resident	2	25	B
Saudi male pharmacist	7	31	B
Saudi male pharmacist	2	30	D****

Table 2: Demographics of physicians

* Master's degree **Sub-speciality ***Bachelor's degree ****Diploma degree.

Characteristics	No.
Gender	
Male	4
Female	9
Age	
18 to 39 years	7
40 to 55 years	6
≥ 56 years	0
Education category	
University	6
Secondary school	4
Elementary school	1
Primary school	1
No formal school	0
Place of living	
City	10
Village	3
Employment status?	
Yes	6
No	7
Total number	13

Table 3: Demographics of parents of the patients.

Data analysis

Data were transcribed verbatim and entered into QSR NVivo, a software programme suitable for facilitating the analysis of qualitative research [5-7]. Overall, 17 changes were recommended for those texts that were inappropriately translated from Arabic into English (semantic issues). Thus, changes were made to those sentences that did not reflect the exact meaning of the original Arabic sentences.

Reliability and validity of data

Credibility of data was achieved by utilising the multiple-case study design and method triangulation, which made possible the exploration of different types of data within and across the cases. Moreover the dependability level was increased in this study by developing a guide for semi-structured interviews, which were conducted after carrying participant observation.

Results

The transcribed data were read and re-read, new ideas emerged, which led to the development of two substantive inductive codes: «stigmatization of asthma» and «factors influencing the nursing role» (Table 4).

Themes	Possible Sub-Themes	Data Extract
Theme 1 Individual factors influencing nursing role	Lack of power and authority	We as nurses do not have power and authority. The doctors are giving the asthma management and the role of nurses is to follow the orders without participating. CSA, Saudi female staff nurse 2
	Communication issues	Nurses need updating communication skills and training courses. CSA, Saudi male consultant 2
	Lack of trust	People do not trust nurses for every disease, there is a lecture for the nurse, how to deal with patient. CSB, non- Saudi male paediatrician 2
Theme 2 Institutional factors influencing nursing role	Shortage of nursing staff Lack of time Workload	The first challenge is the time. We do not have enough time to educate the families ...we have shortage of the nurses... As you see many patients waiting and want to see the doctor. CSA, Saudi female staff nurse 4
	Lack of training courses and resources	The hospital does not provide any training courses or lectures. Nobody told us about asthma guidelines. CSB, Saudi female staff nurse 3
	Absence of Evidence Based Practice (EBP)	With regard to asthma guidelines, in the hospital, I have not seen them before.... Nobody told us about these guidelines. CSA, Saudi female staff nurse 2

Table 4: Main themes and sub themes emerging from the data.

Individual factors influencing the nursing role

The individual factors that influence the role of nursing in asthma management among children as identified in this study include: lack of power and authority, communication issues, and lack of trust. Each individual factor is explored further below.

Lack of power and authority

One of the themes highlighted in the data as an influence on nurses roles in asthma care among children was the lack of professional power caused by the limited role they play during asthma management. One nurse participant highlighted this issue clearly, saying:

- The doctor here gives all the management and education about asthma. We do not have power to manage children with asthma. CSA, Saudi female staff nurse 5.
- Most of the time in the clinic, the doctor educates the child with asthma and refers the parents to the asthma nurse educator to give more asthma education. Therefore, we do not have the chance to participate with what we should add or cover... I think they give sufficient management. CSA, Saudi female staff nurse 2.

The nurses role nationally has not had any authority, and they are reliant on the doctors instructions to carry out any tasks. Reflection on parents interviews demonstrated that the nurses considered «assessment» to be a prerequisite to care provision, yet no specific nursing assessment role in paediatric asthma care was used or observed. There were marked similarities in the thinking of the parents as illustrated by the comments below:

- Nurses have a very limited professional power. The nurse takes the weight and height of the patient, measures oxygen saturation, and once, taught me how to fix an oxygen mask for my son, if there are too many patients. CSA, mother 12.
- Unfortunately, the majority are Saudis and I feel they are not interested in developing themselves; I mean, nurses graduated from nursing college, learned some information there, enough, they do not want more, even if it is not adequate... It is very important to know what she is doing... I do not see any progress in the nursing as a profession, or in nurses. CSA, mother 17.

A high percentage of the parent participants found that the nurses were not exhibiting professional power during asthma management. These parent participants perceived nurses as lacking interest and commitment to developing nursing as evident above in the mothers statement. From the families perspective, this could result in an inferior experience and perhaps lead them to think that the nurses are not committed to their work and to their patients, and to question the nurses ability to perform basic tasks, such as administering injections. As these family members said:

- The nurses do not do anything until the doctor decides.... I know there are a lot of patients waiting and the burden on her shoulders... In addition, it might be the lack of knowledge. CSA, mother 7.
- Nurses have a very limited role... the nurse takes the weight and height of the patient, measures oxygen saturation. CSA, father 2.

The nurses role is restricted to calling out the patients names in the waiting area, guiding them to the examination room and taking vital signs to support the medical assessment. As such, this is a very traditional nursing role whereby nurses support the work of doctors rather than act as autonomous practitioners with a distinct professional role.

Communication issues

There seems to be a breakdown in communication, which highlights the tensions between the doctors and the nursing staff. In the quotes below, lack of teamwork contributes to poor communication but also poor communication contributes to poor team working:

- We have poor communication with the nurses. As you see, when we need nurses we just shout, and there is nobody there. The nurses are not interested in being involved in the doctors rounds to see the management plan... I know that nurses could be busy with patient and workload but they seem to be careless. CSA, Saudi male paediatric resident 1.
- Lack of skills and communication is the weakness for some nurses not all.... The doctor just give me the order... I do not participant or negotiate with the doctors...I do my work as it is. CSA, Saudi female staff nurse

The ease of communication seems to be a favourable factor in parents perception of the nursing role and activities; for example, the mother of a girl asthma sufferer said:

- Some of the nurses are good at communicate with the patients. For example, I was admitted with my daughter as an inpatient, some of the nurses came to me and explained about the triggers that lead to the asthma linked with my child, such as asking me if my daughter has had exposure to perfume... and the nurse remembered me and my child... At that time, I felt happy because the nurse remembered my daughter... If I see the nurse is able to manage and has the ability and convinces me... of course I feel happy to communicate with her. CSA, mother 4.

Experience plays an important role, too. Parents want to feel confident with nurses skills, as one of the parents commented below explaining thereason for preferring a non-Saudi nurse. Those non-Saudi nurses perhaps accepted it because they had greater experience and were more confident in their own role or had more expanded roles than the Saudi nurses had:

- According to my experience with Saudi nurses, although they sometimes treat me and my child in a good manner, I do not communicate with Saudi nurses in treating my child's asthma at all. CSA, father 2.

However, some parent participants indicated that the participation of nurses could have a number of benefits for patients. For example, one of the mothers described her child's hospital admission, and remembered the nurse who looked after her child being kind to her and said:

- I think nurses can communicate and participate in paediatric asthma management. CSA, mother 4.

As quoted above, one parent referred to the nurse being educated and skilled and the second quote clearly indicates that the nurse was experienced and confident and was active in the assessment of this child. Thus, it may indicate that where parents had positive experiences this reflected the type of nurse with whom they were interacting.

Lack of trust

Lack of trust was also identified as a factor that influences the nursing role in asthma management at the hospital. It was obvious from the data that the majority of research participants expressed this sentiment. For instance, a nurse mentioned that:

- The trust issue is the acceptance by the family, for example, when I talked to the mother and she said, «This is not your business. I talk to the doctor». The doctor kept silent. The hospital system here also is not supporting the nurses... there is a clear social resistance among people... Most people do not respect the nurses. They do not trust the nurses. CSA, Saudi female staff nurse 5.

Some of the Saudi nurses also thought that the doctors prefer non-Saudi nurses, as they are more accepting of the doctors' authority compared to Saudi nurses:

- The doctors prefer overseas nurses to work with because they are obedient. Saudi nurses sometimes discuss issues, and they are not used to following orders. But hospitals, particularly this one, encourage nurses' participation to enable them to do their work effectively. CSA, Saudi female head nurse.

One of the doctors, though, mentioned that there was no trust issue there, and it was only his personal working style that he preferred to check everything himself:

- Usually I see the patients myself, but the nurses are ok to give medication, but I still check on them to make sure they get it right. It is my work culture, but I do trust the nurses. I take responsibility for my patients. I know nurses commit errors sometimes, but not with me. However, it happens. CSA, Saudi male resident paediatrician 4.

The earlier discussion that the word of doctors was taken to be of higher value and more trustworthy compared to that of nurses seems to be a significant challenge to nurses playing a greater role in asthma management. One of the consultants clearly commented on this:

- I think the areas in which parents seem not to trust nurses is when it comes to management and the giving of medication and so on, parents will not accept that from nurses. You know, it is like a general understanding that nurses are only allowed to follow orders but are not allowed to prescribe medication. I have noticed in other countries that nurses can share responsibility with the asthma specialist, but here in Saudi Arabia, it will take time for us to get there. CSA, Saudi male consultant 2.

The next section explores the institutional factors influencing the nursing role in paediatric asthma management.

Institutional factors influencing nursing role

The particular institutional factors identified in this study include shortage of nursing staff, lack of time and heavy workload, lack of training courses and support as well as the absence of EBP. These factors are explored further below.

Shortage of staff, lack of time and heavy workload

Another set of issues that acted as factors influencing effective asthma management and the role of nurses in this important area of care, involves the challenges that are related to the institutional factors of hospital management. These include aspects such as staff shortages, lack of time, and additional workload, which cause a lack of effective management of asthma and a perception among patients of diminishing care.

One of the nurses highlighted the problem of how the team was constituted, saying that there was an uneven mix of new and experienced staff. Continuity of care by the same set of staff appeared to be an important factor in the way care was perceived by patients.

Actually, we have a problem with a huge number of new staff plus an on and off shortage of staff. Therefore, there are no specific staff dealing with the patients all the time. I think this affects our management especially with nurses. So the lack of staff and [staff] turnover to some extent. The majority of the staff are diploma holders - about 99% of Saudi citizens. But the non-Saudi citizens copy what they see when they come to work here. CSA, Saudi female nurse manager 1.

There was, however, an assessment of what was needed and there was an understanding in terms of planning, as implied by the following comment from another doctor:

- The level of staffing is deficient. Our plan as suggested about 3 years ago was that in the respiratory clinics, we need at least about three asthma nurse educators and a specialist. However, this is a plan, and the recruitment process is still ongoing. But, it is not the hospital but the Ministry of Health who should help in this regard. It is a difficulty. We also lack the required number of consultants and doctors. CSA, Saudi male consultant 3.

Another nurse highlighted that one of the challenges generally was the lack of time that nurses have on the one hand and, on the other, the additional work that they have to do in other departments to be able to look after patients and maintain the care provided to them. One of the nurses commented on this challenge:

- The first challenge is the time. We do not have enough time to educate the families. As you see, many patients are waiting and want to see the doctor even when they came late... The shortage of the nurses is an international issue. For example, I cover in many different clinics like nursery and epilepsy because of the shortage of staff. I hope the organization puts in a system to minimize the pressure on the nurses. CSA, Saudi female staff nurse 3.

Nursing shortage is a critical and limiting factor in the management of care in any hospital, including in CSA. This had led to complaints being made by parents of asthma patients and was a cause of concern, as the following comment from a paediatrician clearly suggests:

- Sometimes parents complain about personal issues. For example, a parent might complain that a nurse did not check on the patient through the night or she was late and so on. However, I explain to them that it is due to the work overload - for instance, one nurse is supposed to look after eight patients at a time. CSA, Saudi female registered paediatrician 3.

Not only were staff shortages an issue and recognized as important to alleviate in order to provide effective asthma care to patients, there was also a lack of organisational support, too, as this nurse pointed out:

- The lack of support in general, I would say. We have fought a lot to get a single asthma nurse educator in this hospital. This is still not enough, and it is unacceptable because nobody covers when she is sick or off duty. Therefore, the lack of organizational support is a big problem. We also lack logistics and manpower. We have a lack of resources like inhalers. CSA, Saudi female staff nurse 7.

Lack of training courses and support

The lack of training and of specialist opportunities clearly could be seen as a barrier to superior care provision. There is also a perception that there is a lack of incentivisation, such as promotion or increased remuneration, even for nurses who go on and do a masters programme. There is little incentive for them to undertake advanced postgraduate study only to return to the same position and salary. The nurses in particular saw this as an organisational failure:

- The bad system of the organization here such as one of our colleagues went to get courses about diabetes and returned in the same position because nobody covered her position in the OPD. She even has the certificate and the chance to be in the department of diabetes education. To be honest these [things] affect us as nurses when we see this situation with our colleague and no motivation for her. So, why would we go and complete our education and then return to the same position with the same salary? No opportunities and chances are provided to the nurses. CSA, Saudi female staff nurse 3.

The doctors recognized that care provision is affected by a shortage and quality of nurses and saw this as a problem. As one consultant reported:

- To start with challenges that affect nurses in the management of asthma, it is lack of knowledge; lack of training and quality of nurses as well as their level of education. CSA, Saudi male consultant 4.

Overall, within the institutional factors, there is the aspect of a lack of support from the government particularly the Ministry of Health (MoH). A related problem highlighted by a nursing director was that the nurses follow the out-dated job description dictated by the MoH that they are given when they are hired. These job descriptions do not have anything specific to asthma in them and do not specifically apply to asthma specialist nursing. This is a challenge, as is evident from the following comment:

- The job description from the hospital administrative is the big issue. The job description for each nurse in general is fixed, and the nurse should follow that and not do anything beyond the description... The job description for nurses does not include any plan or guideline for nurses working with asthma patients. CSA, Saudi female nursing director.

A lack of specified job roles with regard to asthma management and a general lack of awareness of asthma among the population were also highlighted as a challenge to effective asthma management:

- To start with, the knowledge of the disease is poor not only among the general population but also among the health staff as well. Secondly, there are no assigned teams to run the service of management or education for asthma. CSA, Saudi male pediatrician 3.

Absence of evidence based practice

As discussed earlier, there was an asthma management protocol and policy in place within the CSA created and imposed by the pulmonologists, the Chief of the Paediatric Department, and paediatric specialists. This protocol was intended to standardize asthma assessment and management across all hospital departments, such as ER and inpatient and outpatient settings. It lists the steps

and procedures that should be followed when treating asthma. It appeared that there was a wider issue, and it was not just down to the doctors, nurses, or parents of patients to assess the shortcomings in asthma care. However, asthma guidelines in themselves cannot improve care; they need a supportive system to facilitate their implementation:

- With regard to asthma guidelines, in the hospital, I have not seen them before; I think this is for the ER staff... Nobody told us about these guidelines and they have been used in the hospital. I think because these are for doctors and they are responsible for deciding the diagnosis and the management. CSA, Saudi female staff nurse 2.

However, since there had been a noticeable increase in asthma cases, nurses had been hearing about a clinical pathway that was going to be introduced, but there was nothing concrete in this regard. When speaking to the nurse director, she had this to say to me:

- I am not sure about the updated asthma studies, but I know we have had a meeting to discuss about a clinical pathway. In addition, one of the topics chosen to discuss was asthma because we have a huge number of cases of asthma. Honestly, I do not know if this clinical pathway is done or not... I do not think nurses are aware about it. If they were, I should know and I do not think there is a part for nursing. CSA, Saudi female nursing director.

At the same time, the doctors suggested that SINA guidelines were in force and that nurses were aware of them:

- Yes. The nurses in our hospital are aware about SINA guidelines. There is an objective, and it has a very clear criterion especially for the acute patients. Therefore, from the first minute, management know where to place patients. It is mainly for emergency and critical care. So it provides guidance as to whether the patient needs to stay in emergency, critical care unit or home. CSA, Saudi male consultant 2.

Another aspect of a lack of effectiveness of asthma care was a lack of adherence to standard guidelines and regulations. As one doctor clearly highlighted:

- I have no idea about any Saudi policy guidelines regarding asthma management. In addition, I have not seen the GINA guidelines... Are they national or international guidelines? This is the first time I have seen them. CSA, Saudi male registered paediatrician.

Some doctors were aware of and were up to date about the guidance, but there was also some confusion about which guidelines to use - SINA or GINA; for example, one doctor explained:

- We are following the same SINA guidelines for asthma.... I agree their information regarding the management of asthma is not detailed in the latest SINA guidelines. However, usually, if there is anything doubtful, I refer to the GINA guidelines for chronic patients... We source information from different authorities and design policies that fit our setting. CSA, Saudi male consultant 1.

However, another doctor argued against the above view, stating:

- No, I do not think each doctor has different ways of diagnosing asthma in children. I think it is clear because we use standard if not uniform guidelines to diagnose asthma in children. CSA, Saudi male paediatric specialist 5.

The majority view was that while guidelines existed, they were not followed in clinical practice. In the following two quotations, a doctor attributed this to a theory-practice gap, while in the second a pharmacist cited it as an example of acceptable professional autonomy in applying tailored care, not blindly following guidelines:

- We do not have a guideline. We may have a policy, but we do not use it. Sometimes there is gap between an idea or policy and practice. CSA, Saudi female pediatrician 4.

- I do not think doctors and other health professionals adhere to the guidelines. Each doctor has a different way to treat asthma. Not all the time. CSA, Saudi male pharmacist 2.

It appears that the general practice was to treat each patient according to his or her own needs as perceived by the doctor. While there might be merit in this method, as each patient's needs are different, there may be some form of irregularity that can be included in the care plan. This was made even more difficult due to the limited time that the doctors could give to each patient, which usually resulted in insufficient or incomplete information being given to the patient's parents.

Discussion

This research outcome is consistent with previous research findings, particularly research by [8,9] who identified the power imbalance between nurses and doctors in healthcare settings. Other research outcomes similar to current findings is the work by [10] who found that in Saudi hospitals doctors' instructions are much appreciated by patients and their families as well as by the hospital administration and that some of the nurses might find it hard to challenge them or negotiate their orders with them. It was further noted that due to the power imbalance, nurses in KSA might struggle with doctors, particularly about medication-related plans. This research outcome however differs from the position of [11] who suggested that the lack of power for nurses is a non-issue in limiting the advancement of the nursing role in asthma care. Nonetheless, it appears that power relations between doctors and nurses in healthcare settings in Saudi Arabia is significant in influencing the nursing role in asthma management.

Further, nurses in this study agreed that the most important thing a nurse could do to improve communication effectiveness was to be prepared. The quality of nurse preparedness reported in the literature depends, in part, on whether nurses or doctors were asked about its quality. A study found that doctors perceived nurse competence to be a significant communication barrier while nurses did not [12]. Nurses felt that they knew how to assess a resident before calling a doctor and that their explanations of the residents' problems were clear, concise and complete, but doctors did not agree [12].

Doctor participants emphasised that nurses need to have communication training courses. This finding is in keeping with the findings of previous studies. For example, a survey by [13] confirmed doctors' perceptions of their communication with nurses and showed that nurses need to develop their communication skills; thus, they recommended that a new educational programme that includes interdisciplinary courses be introduced into medical and nursing school curricula [13,14]. The most important element of nurses' roles in health promotion and patient outcome [15] is effective communication [16]. The obstacles to good communication skills are many and include time pressures, the huge number of patients and lack of skill-mix in the clinical setting, which can mean that there is a shortage of skilled staff nurses who are available to talk to patients as well as a lack of training in communication skills [17-19]. Moreover the findings in current study confirm that nurses face a big difficulty when they communicate with doctors due to lack of trust and respectful relationships. Similarly, recent studies have found that the most common types of conflict experienced by nurses are disruptive conflict from the attending doctor, which arise because of the interaction between nurses and doctors during patient care [20].

Conclusion

The evidence from this study demonstrated that there is a lack of understanding of the nursing role and regarding what nurses know about their role. The strong study design and methods elicited real-time data, and it potentially adds a holistic in-depth understanding of the nursing role in asthma care through in-depth accounts of stakeholders' perceptions of the nursing role and the factors that influence those nurses in the implementation of paediatric asthma management. The study looked at nursing in general through the lens of the specialist asthma nurse. It indicates that nurses suffer from a lack of authority because they lack information about asthma care and their role in the clinical environment. In addition, it is important to promote the nursing role in asthma management to patients and the wider public in order to actively engage with KSA society to meet patients' needs. However, healthcare policy makers should evaluate and adopt the innovative models that are intended to address challenges facing the nurse practice environment. This study makes a significant contribution by providing new insights into making visible the current nursing contribution in paediatric asthma management, identifying ways of improving the future nursing role in paediatric asthma management to raise standards in order to improve patient care and develop the nursing profession. Findings of such studies could contribute to enhancing the nurse's role in clinical practice in the Islamic world. The study also raised questions about the role of nurse specialists in facilitating the development of Saudi nursing in relation to the development of knowledge and skills and in relation to the approach needed to enhance the public image of nursing in society.

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Bibliography

1. Lamadah SM and Sayed HY. "Challenges facing the nursing profession in Saudi Arabia". *Journal of Biology, Agriculture and Healthcare* 4 (2014): 7- 20.
2. Ministry of Health (MoH, KSA). Health Statistics Annual Book 2012 (2014).
3. Hammersley M and Atkinson P. "Ethnography: Principles in practice". London, UK: Tavistock (2007).
4. Holloway I and Wheeler S. "Qualitative research in nursing". 2nd edition. Oxford, UK: Blackwell (2002).
5. Johnston L. "Software and method: Reflections on teaching and using QSR NVivo in doctoral research". *International Journal of Social Research Methodology* 9.5 (2006): 379-391.
6. Richards K. "Trends in qualitative research in language teaching since 2000". *Language Teaching* 42.02 (2009): 147-180.
7. Ridder HG. "The theory contribution of case study research designs" (2017).
8. Zelek B and Phillips SP. "Gender and power: Nurses and doctors in Canada". *International Journal for Equity in Health* 2.1 (2003).
9. Spehar I, et al. "Clinicians in management: A qualitative study of managers' use of influence strategies in hospitals". *BMC Health Services Research* 14.1 (2014).
10. Cadogan MP, et al. "Barriers to effective communication in skilled nursing facilities: differences in perception between nurses and physicians". *Journal of the American Geriatrics Society* 47 (1999): 71-75.
11. Zakari N, et al. "Conflict and professionalism: Perceptions among nurses in Saudi Arabia". *International Nursing Review* 57 (2010): 297-304.
12. Gerring J. "What is a case study and what is it good for?" *American Political Science Review* 98.2 (2004): 341-354.
13. Al-Doghaither, et al. "Physician-nurse communication: Perceptions of physicians in Riyadh". *Saudi Medical Journal* 22.4 (2001): 315-319.
14. O'Leary KJ, et al. "Patterns of nurse-physician communication and agreement on the plan of care". *Quality and Safety in Health Care* 19.3 (2010):195-199.
15. Aljuaid M, et al. "Quality of care in university hospitals in Saudi Arabia: a systematic review". *BMJ Open* (2016): 6.
16. Manojlovich M, et al. "Intensive care units, communication between nurses and physicians, and patients' outcomes". *American Journal of Critical Care* 18.1 (2009): 21-30.
17. Wissow LS, et al. "Patient-provider communication during the emergency department care of children with asthma". *Medical Care* 36 (1998): 1439-1450.
18. Barry CA, et al. "Giving voice to the lifeworld: More humane, more effective medical care? A qualitative study of doctor-patient communication in general practice". *Social Science and Medicine* 53.4 (2001): 487-506.

19. Ogden J., *et al.* "I want more time with my doctor": A quantitative study of time and the consultation". *Family Practice* 21.5 (2004): 479-483.
20. Zeinhom M and Higazee A. "Types and levels of conflicts experienced by nurses in the hospital setting". *Insight Medical Publishing* 9.6 (2015): 7.

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