

## Original Research Article

## Living Our Values through Patient Voices: Patient-Reported Experience Measures (PREMs) in Nursing

Ihab Ibrahim Alawor<sup>1</sup>, Neesha Nair<sup>1</sup>, Laveena Joyce<sup>1</sup>, Vincent Nayo<sup>1</sup>, Zain Nasef<sup>1</sup>, Zulkiflu Musa Argungu<sup>2</sup><sup>1</sup>Aster Sanad Hospital, Northeast of Exit 9, Al-Hamra District, Al Imam Saud Ibn Abdulaziz Road, Riyadh, Saudi Arabia<sup>2</sup>Department of Nursing, College of Applied Sciences, Almaarefa University, Riyadh, Saudi Arabia. <https://orcid.org/0000-0002-1450-1581>**Article History**

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**Abstract: Background:** Patient-Reported Experience Measures (PREMs) have emerged as essential tools for evaluating the quality of healthcare delivery from the patient's perspective. In nursing practice, PREMs provide a structured mechanism for capturing patient voices, aligning care delivery with professional nursing values such as compassion, dignity, respect, and patient-centredness. Despite growing global interest, the systematic use of PREMs within hospital nursing services in Saudi Arabia remains limited. **Objective:** This study aimed to assess patient experiences of nursing care using PREMs at Aster Sanad Hospital, Riyadh, and to examine associations between patient sociodemographic characteristics and reported care experiences. **Methodology:** A quantitative cross-sectional design was employed. Adult inpatients admitted to medical and surgical wards were recruited using systematic sampling. Data were collected using a validated PREM questionnaire covering communication, responsiveness, emotional support, respect, and involvement in care. Descriptive and inferential analyses were conducted using SPSS version 26. **Results:** A total of 320 patients participated. Overall PREM scores indicated high experiences of nursing communication and respect, while lower scores were reported for shared decision-making and emotional support. Significant associations were identified between PREM scores and age, education level, and ethnicity ( $p < 0.05$ ). Female patients reported slightly higher overall experience scores compared to males. **Conclusion:** PREMs provide valuable insights into how nursing values are perceived and experienced by patients. Integrating PREMs into routine nursing evaluation can strengthen patient-centred care, guide quality improvement initiatives, and enhance nursing accountability within hospital settings.

**Keywords:** Patient-Reported Experience Measures, Nursing Care, Patient-Centred Care, Quality Improvement, Saudi Arabia.

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## INTRODUCTION

Healthcare systems worldwide are undergoing a sustained shift from provider-centred models to patient-centred approaches that prioritise patient perspectives, preferences, and lived experiences [1, 2]. Quality care is no longer defined solely by clinical outcomes, but also by how care is delivered, communicated, and perceived by patients [3]. This shift holds particular significance for nursing practice, where continuous patient interaction positions nurses as primary determinants of patient experience [4].

Patient-Reported Experience Measures are structured instruments designed to capture patients'

direct accounts of healthcare encounters, with emphasis on communication, responsiveness, dignity, emotional support, and involvement in care decisions [1-5]. Unlike patient satisfaction surveys, which are heavily influenced by expectations and subjective bias, PREMs focus on concrete care processes and interactions, making them more reliable and actionable for quality improvement [6, 7].

Professional nursing values, including compassion, respect, advocacy, and patient-centredness, are embedded in international codes of ethics and professional practice frameworks [8, 9]. However, measuring the extent to which these values are enacted in daily clinical practice remains challenging [10].

PREMs provide a practical mechanism for translating abstract nursing values into measurable indicators that reflect patients' lived experiences of care [11].

A growing body of international evidence demonstrates strong associations between positive patient experiences and improved safety outcomes, treatment adherence, reduced hospital readmissions, and higher levels of trust in healthcare providers [3-13]. Studies from Europe, North America, and Australia show that PREMs can identify communication breakdowns, unmet emotional needs, and inequities in care delivery across sociodemographic groups [14-16]. In nursing, PREMs have also been linked to reflective practice, professional accountability, and evidence-based service improvement [17, 18].

In the Middle East, healthcare transformation agendas increasingly emphasise patient-centred care and service quality [19]. In Saudi Arabia, Vision 2030 highlights patient experience, accountability, and quality measurement as core pillars of healthcare reform [20]. Despite this policy emphasis, empirical research examining patient experiences of nursing care using validated PREMs remains limited. Existing studies in Saudi hospitals have largely focused on patient satisfaction or clinical performance indicators, with minimal attention to patient-reported experiences as a distinct quality metric [21, 22].

Aster Sanad Hospital in Riyadh serves a culturally and ethnically diverse patient population, reflecting broader demographic trends within private healthcare institutions in Saudi Arabia [23]. This diversity presents both opportunities and challenges for delivering equitable, patient-centred nursing care. Understanding how patients from different backgrounds perceive nursing care is essential for addressing disparities, improving communication, and strengthening culturally competent practice [24].

This study addresses a critical gap by systematically examining patient-reported experiences of nursing care using PREMs within a Saudi hospital context. By linking PREM outcomes to sociodemographic variables, the study provides evidence to inform nursing practice, education, and organisational policy [25].

### Objectives of the Study

1. To assess patient-reported experiences of nursing care using PREMs at Aster Sanad Hospital.
2. To examine associations between patient sociodemographic characteristics and PREM scores.
3. To identify areas of nursing practice requiring improvement to enhance patient-centred care.

## METHODS

### Research Design

A quantitative cross-sectional design was adopted to assess patient-reported experiences of nursing care. This design is widely used for measuring perceptions and identifying associations at a single point in time [26].

### Study Setting

The study was conducted at Aster Sanad Hospital, Riyadh, Saudi Arabia, a tertiary healthcare facility providing inpatient medical and surgical services.

### Participants

Adult inpatients aged 18 years and above who had been admitted for at least 48 hours were eligible to participate. Patients who were critically ill, cognitively impaired, or unable to communicate were excluded. A sample size of 320 participants was determined using power analysis consistent with previous PREM-based studies [27].

### Data Collection Instrument

Data were collected using a validated PREM questionnaire adapted for hospital nursing care [1-5]. The instrument included two sections: sociodemographic data and patient-reported experience domains covering communication, responsiveness, emotional support, respect, and involvement in care. Responses were rated on a 5-point Likert scale.

### Data Collection Procedure

Data were collected over three months. Trained research assistants distributed questionnaires to eligible patients prior to discharge. Written informed consent was obtained from all participants, consistent with ethical research standards [28].

### Data Analysis

Data were analysed using SPSS version 26. Descriptive statistics summarised participant characteristics and PREM scores. Inferential analyses, including chi-square tests and independent t-tests, examined associations between sociodemographic variables and PREM outcomes. Statistical significance was set at  $p < 0.05$  [29].

### Ethical Considerations

Ethical approval was obtained from the hospital's Institutional Review Board. Confidentiality, anonymity, and voluntary participation were ensured throughout the study in line with international research ethics guidelines [30].

## RESULTS

**Table 1: Sociodemographic Characteristics of Participants (n = 320)**

Variable	Category	Frequency	Percentage
Gender	Male	170	53.1
	Female	150	46.9
Age	18–35	90	28.1
	36–55	140	43.8
	>55	90	28.1
Education	Primary/Secondary	110	34.4
	Tertiary	210	65.6
Religion	Muslim	260	81.3
	Non-Muslim	60	18.7
Ethnicity	Saudi	180	56.3
	Non-Saudi	140	43.7

The majority of participants were male, aged between 36 and 55 years, with tertiary education. More

than half were Saudi nationals, reflecting the hospital's patient population diversity.

**Table 2: Mean PREM Scores across Nursing Care Domains**

Domain	Mean Score ( $\pm$ SD)
Communication	4.3 $\pm$ 0.6
Responsiveness	4.1 $\pm$ 0.7
Emotional Support	3.8 $\pm$ 0.8
Respect and Dignity	4.4 $\pm$ 0.5
Involvement in Care	3.7 $\pm$ 0.9

Patients reported high experiences of respect, dignity, and communication, while emotional support and involvement in care received comparatively lower scores.

## DISCUSSION

Patients in this study reported generally positive experiences of nursing care, particularly in communication, respect, and dignity. These findings align with international evidence identifying nursing communication as a central driver of positive patient experiences [3-14]. Effective communication reflects both technical competence and relational nursing values, reinforcing trust and patient confidence [9-12].

Lower scores in emotional support and involvement in care mirror findings from previous studies, suggesting that these domains remain challenging across healthcare systems [15, 16]. Emotional support requires time, attentiveness, and relational engagement, which may be constrained by staffing levels, workload, and organisational pressures [17].

Associations between PREM scores and sociodemographic variables highlight important equity considerations. Older and more educated patients reported better experiences, consistent with studies linking health literacy and communication confidence to improved patient experiences [18-24]. Differences across ethnic groups may reflect language barriers,

cultural expectations, or perceived inclusivity within care environments [21-23].

Integrating PREMs into routine nursing evaluation offers actionable insights that extend beyond traditional quality indicators. PREMs refocus quality assessment on patient voices, reinforcing nursing accountability and supporting targeted quality improvement initiatives [6-11]. For Saudi healthcare institutions, embedding PREMs into nursing governance structures aligns with national reform priorities and strengthens patient-centred care delivery [19, 20].

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