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# The Social Work Services And Their Impact On The Quality Of Care In Mental HealthComplex In Jeddah: Cross Sectional Study

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#### ABSTRACT

*Aim:* This study aims to investigate the influence of social work services on the quality of care at Eradah and Mental Health Complex in Jeddah.

*Duration of the Study: This study employs one year of conduction from June2021 to April 2022.* 

**Methods:** A cross-sectional study was conducted using the SERVQUL questionnaire as the main scale to assess the degree of social work influence on the overall quality of the healthcare settingto be distributed among selected healthcare workers.

**Results:** Among randomly selected 240 healthcare workers, among these, 20.8% were aged between 25 and 30 years, the majority (68.3%) were male, about 45.4% had a bachelor's degree, also, about 67.5% of them were married, 52.5% were laboratory technicians. The results indicated a moderate healthcare rating with a mean score of 58.29 and a moderate healthcare adherence rating with a mean score of 98.37. The results revealed a significant differenc<sup>1</sup>e in the quality of healthcare among patients due to education (P-value = 0.012) and there was a significant difference with job title (p-value = 0.001). However, no significant differences were observed about age, or marital status.

**Conclusion:** It can be concluded that social work is a crucial type of work that must be implemented among healthcare workers to enhance cooperation and serve society, it has been found that healthcare adherence was rated as moderate. Nevertheless, variables such as age, gender, education level, and marital status did not exert a substantial impact.

*Keywords:* Social work; quality of care; mental health; healthcare professionals; jeddah; Saudi Arabia.

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#### **1. INTRODUCTION**

High-quality healthcare services and infection control procedures [1] are essential for the advancement of any society, as they promoteoverall well-being and provide necessary assistance to individuals facing physical or mental health difficulties [2]. Healthcare professionals, such as doctors, nurses [3] and therapists, play a crucial role in providing physical and psychological treatment [4]. However, the importance of social work services should not be overlooked. These services provide a comprehensive and empathetic approach to patient care by addressing social, psychological, and emotional variables that can have a significant impact on a patient's overall well-being [5]. Jeddah region has acknowledged the importance of a multidisciplinary approach to healthcare. The increasing importance of social work professionals in delivering comprehensive care has become evident in the healthcare industry, which is currently facing a convergence of physical and mental health issues. [6]. Their proficiency in evaluating psychosocial variables, managing mental health concerns, and providing assistance to individuals and their families is a crucial element of patient-centred care. Eradah and Mental Health Complex in Jeddah have incorporated social work services into theirhealthcare systems to improve the quality of carefor their patients, acknowledging the comprehensive character of health [7]. This study aims to explore the perspectives of healthcare professionals employed in these institutions, with the goal of comprehending the impact of social work services on the quality of treatment [8]. Through the analysis of their experiences and views, our objective is to obtain useful viewpointson the concrete effects of social work services in improving patient care and the broader healthcare setting [9]. This inquiry has the potential to shed light on the valuable and changing role of social work experts in healthcare facilities, and ultimately, improve patient well-being and healthcare service delivery [10]. The research holds importance in its capacity to elucidate the crucial function of social work services in healthcare, particularly within the Eradah and Mental Health Complex in Jeddah [11]. By examining the viewpoints of healthcare professionals, this study provides useful insights into the concrete effects of social work services on the quality of patient care, highlighting a comprehensive approach to healthcare. Having this comprehension is crucial for healthcare facilities in Saudi Arabia and other places, as it may provide guidance and enhance their approaches to comprehensive patient- centred care [12]. In conclusion, the research's results can lead to enhancements in healthcare services, improved patient welfare, and more cooperation among diverse healthcare teams, ultimately contributing to the progress of healthcare practices in the region. This study aims to investigate the influence of social work services on the quality of care at Eradah and Mental Health Complex in Jeddah.

#### **2. METHODOLOGY**

#### 2.1 Study Design and Setting

A cross-sectional survey designed to collect datafrom a sample of Healthcare professionals in Eradah Complex in Jeddah Region wasconducted utilizing a structured questionnaire as the primary data collection tool. Healthcareprofessionals within Eradah and the Mental Health Complex in Jeddah were a sample fortheir perceptions and experiences regarding the impact of social work services on the quality of care in healthcare organizations.

#### 2.2 Study Duration

One year.

#### **2.3 Target Population**

The target population for this study was Healthcare professionals actively engaged in providing social work services within Eradah and Mental Health Complex.

# 2.4 Sample Size

A Sample of 240 Healthcare professionals in Eradah Complex in the Jeddah Region. The sample size was calculated by Thomas Thompson's equation

n=N P(1-P)(N-1)(dz)2+p(1-p)

Where:

- N = population size

- Z = the Z-score associated with the desired confidence level (e.g., 1.96 for a 95% confidence level)

- p= the estimated proportion of the population with the characteristic of interest - q=1-p

- d = the desired margin of error

# 2.5 Inclusion Criteria

□ Healthcare professionals including licensed Healthcare professionals actively employed within Eradah and Mental HealthComplex in Jeddah, Saudi Arabia.

# 2.6 Exclusion Criteria

☐ Healthcare professionals who are are not currently employed at Eradah and Mental Health Complex in Jeddah or not willing to participate in this study.

#### 2.7 Study Variables

Dependent Variable: The dependent variable in this research is "Quality of Care."
 Independent Variable: Social Work Services

#### 2.8 Research Instrument

In our research, we utilized a comprehensiveresearch tool to evaluate the performance of

health social work services. This toolencompassed two main sections: one focusingon the assessment of health social work practices and the other utilizing the SERVQUL framework to assess the overall quality of the healthcare setting.

The first section addressed specific dimensions of health social work, rating them on a scale from1 to 7, with 1 signifying very low and 7 indicating very high performance. These dimensions included psychosocial assessments, counselling, psychotherapy, research, advocacy, casemanagement, problem-solving, group work, referrals to appropriate services, discharge planning, community development, healthpromotion, and policy development.

The second section employed the SERVQUL framework, which assessed the quality of the hospital's services from the perspective of patients and clients. This section also utilized a rating scale from 1 to 7, ranging from strongly disagree to strongly agree. It covered various aspects, such as the hospital's equipment and physical facilities, employee appearance and demeanor, reliability in service delivery, customertrust, and expectations regarding prompt and individualized services.

# 2.9 Reliability

It is clear from the previous table that the generalCronbach's alpha for the study's axes is veryhigh, reaching 0.988 to the total number of items in the questionnaire. This indicates that the questionnaire has a high degree of reliability that can be relied upon in the field application of the study according to the Nunley scale, which was adopted as 0.70 the minimum level of reliability.

# Table 1. Cronbach's Alpha for testing studyreliability

<b>Reliability Statistics</b>	
<b>Cronbach's Alpha</b>	N of Items
.988	40

#### 2.10 Data Collection

The selected hospital gave their approval for the study to be conducted. The researcher informed all hospital management boards of the study's aims and target to get approval to send the questionnaire online via social media application for six weeks to all selected hospitals' where nurse managers are working. All data was gathered in an Excel sheet and then analyzed with the appropriate statistical tests.

#### 2.11 Statistical Analysis

An SPSS version 26 was used to analyze the collected data and test the research hypotheses. The following statistical techniques and tests were used in the data analysis:

- Descriptive statistical techniques including Frequencies, percentages, means, and standard deviations were used to illustrate participants' study fields.
- Cronbach's alpha reliability to (a) measure the strength of the correlation and coherence between questionnaire items,

(b) highlight the stability of consistency with which the instrument measured the concept, and (c) help to assess the "goodness" of the measure.

# **3. RESULTS AND DISCUSSION**

#### 3.1 Demographic Data

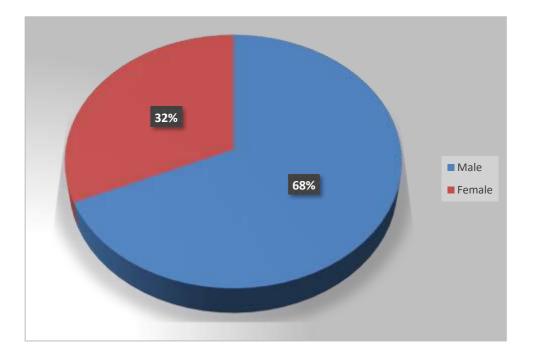
The results showed that there were 240 healthcare workers. Among these patients, 20.8% were aged between 25 and 30 years, 40%

were between 31 and 40 years, 30.8% were

between 41 and 50 years and 8.3% were between 51 and 60 years. In terms of gender, the majority (68.3%) were male, while 31.7% were female. Regarding their education, 45.4% had a bachelor's, 14.2% held a diploma, 26.7% had a master's, 7.5% had a PhD and 6.3% others. The majority (67.5%) of the patients were married, while 22.5% were single, 7.9% were divorcedand 2.1% were widowed. Regarding their job title, 10.4% were laboratory, while 5.4% werepharmaceutical, 7.9% were physician, 6.3% werex-rays, 11.7% were nursing, 5.8% were physical therapy and 52.5% were laboratory.

The results indicated a moderate healthcare rating with a mean score of 58.29. The majority of participants (22.9%) reported high psychosocial assessments. Additionally, 22.5% reported very high Counselling. Furthermore, 25.8% reported high health promotion and 28.3 reported high policy development (Health Education and Training).

The results indicated a moderate healthcare adherence rating with a mean score of 98.37. The majority of participants (28.7%) reported high to the hospital has up-to-date equipment. Additionally, 18.8% reported high to the hospital physical facilities are visually appealing. Furthermore, 26.3% reported high It is realistic to expect the hospital to have customers' best interests at heart and 27.1% reported high to realistic to expect to have operating hoursconvenient to all their customers.



# Fig. 1. The gender distribution among the study participants

Variables	Categories	Ν	%	
	Bachelor	109	45.4	
	Diploma	34	14.2	
Educational	Master	64	26.7	
	PHD	18	7.5	
	others	15	6.3	
Marital Status	Single	54	22.5	
	Married	162	67.5	
	Divorced	19	7.9	
	Widowed	5	2.1	
	laboratory	25	10.4	
	pharmaceutical	13	5.4	
	physician	19	7.9	
Job title	x-rays	15	6.3	
	nursing	28	11.7	
	physical therapy	14	5.8	
	laboratory	126	52.5	

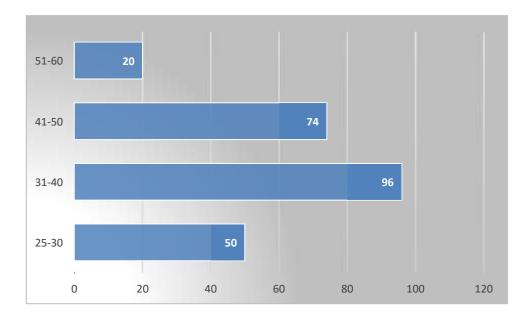


Fig. 2. The age grouping distribution among the study participants Table 3. The health	h
factors affecting	

Factors	Categories	Ν	%	Mean	Std. deviation
	very low	38	15.8	4.4333	2.14820
	2	16	6.7		
Psychosoci	ia 3	35	14.6		
1	4	25	10.4		
assessment	ts				
	5	19	7.9		
	6	55	22.9		
	very high	52	21.7		
	very low	27	11.3	4.4667	2.09576
Counsellir	ng2	28	11.7		
	3	36	15.0		
	4	23	9.6		

Factors	Categorie	s N	%	Mean	Std. deviation
	5	21	8.8		
	6	51	21.3		
	very high	54	22.5		
	very low	23	9.6	4.4375	2.01777
	2	30	12.5		
Psychother	a 3	36	15.0		
ру					
	4	26	10.8		
	5	28	11.7		
	6	49	20.4		
	very high	48	20.0		
Research	very low	28	11.7	4.3417	2.09001
	2	35	14.6		
	3	27	11.3		
	4	<u>2</u> , 34	14.2		
	5	17	7.1		
	6	51	21.3		
	very high	48	20.0		
	very low	26	10.8	4.5125	2.05363
	2	20 24	10.0	4.5125	2.05505
	3	37	15.4		
Advocacy	3 4	24	10.0		
Auvocacy	5	24	10.0		
	6	53	22.1		
	very high	53 52	22.1 21.7		
		52 17	7.1	4.5583	1.97599
	very low	31	12.9	4.5565	1.97399
	2 3				
<b>7</b>	5 4	37	15.4		
Case		28	11.7		
nanagemen		18	7.5		
	6	61	25.4		
	very high	48	20.0	4 5 4 1 7	0.01001
	very low	27	11.3	4.5417	2.01831
	2	20	8.3		
	3	36	15.0		
Problem-	4	24	10.0		
solving	5	24	10.0		
	6	64	26.7		
	very high	45	18.8		
	very low	22	9.2	4.5792	1.99843
	2	25	10.4		
	3	38	15.8		
Group worl		20	8.3		
	5	22	9.2		
	6	68	28.3		
	very high	45	18.8		
	very low	23	9.6	4.5583	2.00124
	2	22	9.2		

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Referrals	3	41	17.1		
	4	23	9.6		
to	5	21	8.8		
appropriate					
services					
	6	63	26.3		
	very high	47	19.6		
	very low	25	10.4	4.5125	2.02491
	2	25	10.4		
Discharge	3	36	15.0		

Factors	Categorie	s N	%	Mean	Std.
					deviation
planning	4	24	10.0		
	5	21	8.8		
	6	64	26.7		
	very high	45	18.8		
	very low	25	10.4	4.4250	2.02355
Community	2	32	13.3		
developmen	t 3	34	14.2		
	4	19	7.9		
	5	20	8.3		
	6	75	31.3		
	very high	35	14.6		
	very low	23	9.6	4.5000	2.05367
	2	32	13.3		
	3	34	14.2		
Health	4	22	9.2		
promotion	5	19	7.9		
	6	62	25.8		
	very high	48	20.0		
	very low	32	13.3	4.4292	2.08681
Policy	2	23	9.6		
developmen	t 3	36	15.0		
(Health	4	20	8.3		
Education	5	19	7.9		
and					
Training)	6	68	28.3		
Ċ,	very high	42	17.5		
Total(sum)				58.29	26.58

# Table 4. The performance of health social work

Factors	<b>Categorie</b> N		%	Mean	Std.	
	S				deviation	
	very low	39	16.3	4.1708	2.08601	
	2	29	12.1			
The hospital	3	32	13.3			
has	4	15	6.3			
up-to-date	5	29	12.1			
equipment						
	6	69	28.7			

	very high	27	11.3		
The	very low	35	14.6	4.1417	2.08921
hospital's	2	33	13.8		
physical	3	36	15.0		
facilitiesare	4	18	7.5		
visually					
appealing					
	5	34	14.2		
	6	45	18.8		
	very high	39	16.3		
	very low	29	12.1	4.5000	2.07596
the hospital	2	24	10.0		
employees	3	37	15.4		
are well-	4	13	5.4		
dressed and	5	29	12.1		
appear neat					
	6	61	25.4		
	very high	47	19.6		
The	very low	31	12.9	4.2333	2.10094
appearance	2	39	16.3		
of the	3	28	11.7		
physical	4	19	7.9		
facilities of					
the hospital					
keeping					

Factors	Categories	N	%	Mean	Std. deviation
with the type	5	34	14.2		
ofservices provided	6	46	19.2		
•	very high	43	17.9		
	very low	36	15.0	4.1750	2.11653
When the hospital promises to	2	34	14.2		
	3	32	13.3		
dosomething	4	18	7.5		
by acertain time, it	5	28	11.7		
does so	6	54	22.5		
	very high	38	15.8		
	very low	25	10.4	4.4458	2.08330
When	2	34	14.2		
customers have	3	35	14.6		
problems, the	e4	14	5.8		

hospital is	5	28	11.7		
sympathetic andreassuring	<u>_</u> 6	55	22.9		
to them	very high	49	20.4		
	very low	25	10.4	4.5792	2.09252
	2	30	12.5		
The hospital	3	32	13.3		
isdependable	4	14	5.8		
	5	27	11.3		
	6	57	23.8		
	very high	55	22.9		
	very low	26	10.8	4.4333	2.09296
the hospital	2	36	15.0		
provides its services at	3	29	12.1		
the	4	18	7.5		
time it promisesto do so	5	28	11.7		
	6	54	22.5		
	very high	49	20.4		
	very low	28	11.7	4.6042	2.09741
	2	25	10.4		
The hospital	3	31	12.9		
keeps its records	4	15	6.3		
accurately	5	26	10.8		
	6	61	25.4		
	very high	54	22.5		
	very low	23	9.6	4.5125	2.06987
The hospital		35	14.6		
is expected to tellcustomers		31	12.9		
exactly when	4	16	6.7		
services will be	5	27	11.3		
performed	6	58	24.2		
	very high	50	20.8		
	very low	28	11.7	4.4792	2.05153
it is realistic	2	26	10.8		

forcustomers	3	36	15.0		
to expect prompt	4	14	5.8		
services from	e	25	10.4		
employees of the hospital	6	71	29.6		
	very high	40	16.7		
	very low	22	9.2	4.6458	2.05459
The	2	30	12.5		
employees always have	3	31	12.9		
to					

Factors	Categories	Ν	%	Mean	Std. deviation
be willing to	4	16	6.7		
helpcustomers	s 5	23	9.6		
	6	65	27.1		
	very high	53	22.1		
the employees	very low	30	12.5	4.5292	2.08380
are quick to	2	25	10.4		
respond to	3	32	13.3		
customers'	4	14	5.8		
requests	5	21	8.8		
promptly	6	76	31.7		
	very high	42	17.5		
Customers car	nvery low	22	9.2	4.5958	2.03710
trust	2	33	13.8		
employeesof	3	27	11.3		
the hospital					
•	4	17	7.1		
	5	28	11.7		
	6	65	27.1		
	very high	48	20.0		
Customers car	nvery low	21	8.8	4.6333	2.05136
feel safe in	2	31	12.9		
their	3	32	13.3		
transactions	4	17	7.1		
with the					
hospital					
•	5	23	9.6		
	6	62	25.8		
	very high	54	22.5		
The	very low	19	7.9	4.6208	2.04601
employeesare	•	38	15.8		
polite					
1	3	26	10.8		
	4	16	6.7		
	5	25	10.4		
	6	65	27.1		

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The employees get adequate support from thehospital management to	very high very low t 2 3 4 5 6	51 26 32 27 20 30 59	21.3 10.8 13.3 11.3 8.3 12.5 24.6	4.4875	2.05771
do their jobs					
	very high	46	19.2		
hospital is	very low	22	9.2	4.4750	2.04126
expected to	2	37	15.4		
givecustomers	s 3	29	12.1		
individual	4	21	8.8		
attention	5	23	9.6		
	6	64	26.7		
	very high	44	18.3		
Employees	very low	26	10.8	4.5125	2.06380
cangive	2	30	12.5		
personal	3	31	12.9		
attention					
	4	17	7.1		
	5	26	10.8		
	6	64	26.7		
	very high	46	19.2		
it is realistic to	o very low	20	8.3	4.5167	2.00411
expect	2	37	15.4		
employees to	3	27	11.3		

Factors	Categories	Ν	%	Mean	Std. deviation
know what	4	21	8.8		
the					
needs of their	: 5	27	11.3		
customers	6	66	27.5		
	very high	42	17.5		
It is realistic	very low	23	9.6	4.5417	2.02038
to					
expect the	2	29	12.1		
hospital to	3	32	13.3		
have					
customers'	4	22	9.2		
best					
interests at	5	25	10.4		
heart	6	63	26.3		
	very high	46	19.2		
realistic to	very low	21	8.8	4.5458	2.02029
expect to hav	e2	32	13.3		
operating	3	33	13.8		
hours					
convenient to	. 4	20	8.3		
all					
their	5	23	9.6		

customers					
	6	65	27.1		
	very high	46	19.2		
Total(sum)				98.37	45.43

	Variables	Categories	Mean Rank	Test	Statistics	P-value
2		25-30	50			
	Age	31-40	96			
		41-50	74	Kruskal-Wallis	2.029	0.154
		51-60	20			
		Bachelor	109			
		Diploma	34			
3	Educationa	Master	64	Kruskal-Wallis	6.352	0.012
	1	PHD	18			
		others	15			
	Marital	Single	54			
4	Status	Married	162			
		Divorced	19	Kruskal-Wallis	.013	0.908
		Widowed	5			
		laboratory	25			
		pharmaceuti	13			
		cal				
5	Job title	physician	19	Kruskal-Wallis	11.616	0.001
		x-rays	15			
		nursing	28			
		physical	14			
		therapy				
		laboratory	126			

#### Table 5. Factors affecting the healthcare adherence

The results revealed a significant difference in the quality of healthcare among patients due to education (H=6.352, P-value =0.012) and there was a significant difference with job title (U = 11.616, p-value = 0.001).

However, no significant differences were observed about age, or marital status.

This study aims to investigate the influence of social work services on the quality of care atEradah and Mental Health Complex in Jeddah, this study from a total of 241 healthcare workers with a majority of males aged between 31 and 40years old, the study findings revealed that there is a moderate the healthcare rating with a majority of higher to psychosocial assessments, it agrees with Schultz et al. [13] who reported that Written communication was excessively relied upon in instances where the individuals involved had different agendas, conflicting professional positions, and contrasting views to time. General practitioners (GPs) typically extend the duration of patient treatment, but social workers aim to reduce it to facilitate patients' return to employment. The application of the theory of relational coordination (RC) reveals a significant deficiency in RC, suggesting a requirement for enhanced shared accountability and improved interpersonal communicationamong professionals.

Also, they found that there is a moderatehealthcare adherence rating with a high response to the hospital has up-to-date equipment and the hospital physical facilities are visually appealing, This is in agreement with Banks et al. [14] who found that Ensuring

trust, privacy, dignity, and autonomy of service users inremote relationships; managing limited resources; reconciling the rights and needs of various parties; determining whether to deviate from policies for the benefit of service users; and managing emotions and ensuring self-care and care of colleagues.

The results revealed a significant difference in the quality of healthcare among patients due to education (p-value =0.012) and there was a significant difference with job title (p-value = 0.001), which is consistent with Wadhera et al.

[15] study, who reported that higher ineducational level with post-graduate studies reporting more quality of healthcare, also, Amaraland Norcini [16] found that Due to significant differences in the design of curricula, duration of the study, availability of resources and facilities for clinical training and supervision, the regulatory organizations governing medical schools vary greatly.

However, no significant differences were observed in age, or marital status, which is in contrast to Korkmaz et al. [17] study, which foundthat there is A direct relationship was observed between the participants' BAI scores, age, and the scores of PSQI and PSI, which serve asmarkers for the quality of patients' care.

# 4. CONCLUSION

The findings indicated that healthcare adherencewas rated as moderate. When considering the elements that influence healthcare adherence, it is important to recognize the significant role that social work services play, alongside theeducational background and job title of healthcare professionals such as doctors,nurses, and therapists, in providing both medical and psychological care. Exhibited superior compliance. Nevertheless, variables such as age, gender, education level, and marital status did not exert a substantial impact.

#### CONSENT AND ETHICAL APPROVAL

In addition to written informed consent from the participants, ethical approval was obtained with anumber. A01780 before conducting the study. Approval was also obtained from the selected hospitals. Anonymity was maintained throughout the study by givinig the participant the total freedom to write his name and personal data or not.

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#### **COMPETING INTERESTS**

Authors have declared that no competing interests exist.

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