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## Nurses Knowledge and Attitude Regarding Patient-Refusing Medication in Saudi Arabia

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### Abstract

*Background:* Patient refusal is one effective or egoistic approach to medication; it is a complicated ethical and clinical issue to be faced by healthcare professionals, particularly nurses who are important in safeguarding adherence to the treatment. The cultural and legal factors and ethical dynamics are unique in Saudi Arabia, so it is necessary to learn what nurses know about patients refusing medication and their opinions on the topic to improve patient-centered care. *Aim:* This study was intended to determine the level of knowledge and attitude of nurses towards the refusal of drugs by patients in Saudi Arabian hospitals. *Design:* A quantitative cross-sectional research design with the use of a structured, validated self-administered questionnaire was used. A sample of 340 of registered nurses employed in any department within tertiary care hospitals was collected. The survey measured the actual level of knowledge as well as the attitudes towards the patients who declined medication. The data interpretation was done using descriptive and inferential statistics, which included Pearson correlation and regression. *Findings:* The outcomes showed that most of the nurses had moderate knowledge levels, but there were serious gaps in legal and ethical knowledge. The general attitude towards the patients who had refused medication was empathetic, although a few nurses had been frustrated in particular cases where such refusal had been considered a threat to patient safety. There was a statistically significant correlation between knowledge levels and positive attitudes ( $p < 0.05$ ), such that more informed nurses were deemed to respect patient autonomy. *Conclusion:* Raising the level of knowledge among nurses in individual areas of litigation and emerging ethical situations through specific training could also positively impact the attitude and end up in the establishment of patient-oriented care routines in Saudi hospitals.

**Keywords:** Nurses' knowledge, patient refusal, medication, attitude, ethical care, Saudi Arabia, nursing practice.

### Introduction

In contemporary medical practice, patient right is obtained to an ever-increasing degree, where the patient has an option to reject the treatment or medication, which can be considered another fundamental ethic (Alshammari et al., 2025). Nurses, as the primary front of patients, is extremely critical in the reaction to medication denial as they are required to balance legal, ethical, and clinical concerns. When culture, religion, and institutions influence the provision of care in Saudi Arabia, it is crucial to determine how nurses view and approach the patient who does not want to take medication to enhance patient-centered care and ethical practice (Alenezi & Baker, 2023). Events of medication refusal associated with nurse-patient interactions usually constitute ethical dilemmas prompting the act of professional judgment when the patients lack decision-making

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capacity or where its occurrence poses risks to the health of the patients (Al-Sayaghi et al., 2022).

Several factors inform the patient's attitudes and knowledge of nurses regarding the refusal of medication, including qualifications and experience in the field, medical ethics education and the policy at the institution (Al-Wathinani et al., 2023). Investigations have uncovered inconsistencies in the knowledge of the nurses on the rights of the patients and the boundaries of approval, especially the acute care and psychiatric environments (Maribbay et al., 2023). It is possible to observe two trends: empowerment of patients, and differences in the interpretations and the response of healthcare workers in the case of a refusal of treatment in Saudi Arabia, where the healthcare system is transforming rapidly due to a focus on national transformation programs (AM et al., 2022). Nurses can have difficulty with contradicting duties of fostering adherence and guaranteeing self-sufficiency, particularly in the setting of culturally moderate conditions, where family and doctor preferences regularly prevail over the will of the patient (Woodman et al., 2022).

Attitudes of nurses also matter greatly because they determine the reactions towards decisions of patients and the approach to patients with coercive, persuasive, or empathetic standing (Alodhialah et al., 2024). The views conducive to communication, education, and understanding have also been associated with better results and a lower number of incidences of forced compliance (Alyami et al., 2025). Instead, having negative attitudes can give rise to moral distress in nurses, a decline in the therapeutic relationships, and even ethical breaches. Lack of sufficient training and support systems has been shown to cause fear, frustration, or lack of concern on the part of the nurses in working on patients who refuse medication (Abd-Elraouf Rashdan et al., 2023). Such attitudes can also be affected by the perceived outcomes of refusal of the treatment on the part of the nurses in high-stakes clinical situations like psychiatry or emergency care (Alahmad, 2023).

Moreover, organizational code of conduct, legal regulations, and social norms contribute a lot into the formal behavior of nurses. Patient rights and bioethical guidelines are present in Saudi Arabia, and most nurses suffer a lack of informed knowledge of the given charters or on how they should implement such bioethical guidelines in real-life named refusal situations (Alhagawy et al., 2022). Training can be on the compliance and medical steps, doing less on ethical reasoning or communication skills. Such knowledge deficiency also causes practice and attitude differences that can cause harm to the patient or expose the healthcare providers to legal issues (Sa'bi & Ali, 2024). Furthermore, the culture of not questioning the authority and the structure of family decisions in mind also complicates the perception and reaction of nurses to the issue of individual rights of a patient (Alatawi & Alsayed, 2021).

The latest study conducted in Saudi Arabia focused on the necessity to improve the knowledge of nurses by providing well-established continuing education, ethical simulations, and interprofessional experience (Alhadryet, 2023). The comprehensiveness of ethical, legal, and clinical details given to nurses about medication refusal allows them

to behave not as enforces but as advocates. Also, the development of positive attitudes may contribute to a dialogic non-divisive attitude toward care, which is crucial in the process of developing trust and compliance over time (Al Mousa et al., 2021). This is because these dynamics are important to understand especially as Saudi Arabia takes a shift towards a more patient-centered approach to care as part of Vision 2030 healthcare reform policies (Alsaiani et al., 2024).

With the rise of multicultural and more complex nursing workforce in Saudi Arabia, the scope exists to explore the diversifying impact of perception and management of situations of medication refusal on the part of nurses of different backgrounds (Taha et al., 2023). The topics of cultural competence, human rights awareness, and ethically informed decision-making are among the essential components of nursing curricula and clinical practice (Khalil et al., 2021). Unless they have sufficient knowledge and alignment of attitude, nurses can unintentionally offend the dignity of patients or provoke clinical conflict to a higher level (Alandajani et al., 2022). Thus, the investigation of the present levels of knowledge and attitudes by nurses towards this matter would give invaluable knowledge to healthcare policymakers, educators, and managers that would assist them in enhancing the quality of care and ethical practices within Saudi healthcare facilities.

### **Problem Statement**

In spite of the current trend in which patients have increasingly been given autonomy and ethical care is being prioritized, the significant knowledge gap in the way nurses in Saudi Arabia perceive and react to patient medication refusal is still existing. Principles of knowledge and ethics philosophies tend to be displaced by mandate practices and top-down decision-making in current nursing practices. Such inconsistency results in inconsistency in care delivery, ethical dilemmas, and legal situations, particularly, in settings where the refusal of patients goes unheard or not adhered to. The knowledge and attitude of the nurses on patient refusal should be systematically investigated to be more in line with the best of the professional practice and work towards enhanced patient outcomes.

### **Significance of the Study**

The proposed study important because it dealing with a topic that has been overlooked but at the same time, very critical in nursing practice in the Saudi healthcare setting. The study can make a contribution in developing policies, educational plans and training programs in institutions by investigating the knowledge and attitudes of nurses with respect to refusal of patient medication. Enhanced insight will lead to ethical practice in health care provision and minimize the legal threats together with the enhancement of patient self-determination that fits healthcare standard development across the world and the Vision 2030 aims of reforming the health care system to be patient-centered in Saudi Arabia.

### **Aim of Study**

This study aimed at determining the knowledge and attitudes of the nurses employed in different healthcare facilities in Saudi Arabia in regard to the issue of medication refusal by the patients. The research aims at proving knowledge gaps and

attitudinal patterns and related factors to inform the establishment of ethical provisions, policy approaches, and specific learning interventions to enhance nursing reactions to medication refusal.

## Method

Observational cross-sectional study research design was used to determine the extent of knowledge and attitudes of the nurses towards patients who refuse medication in different hospitals in Saudi Arabia. The research was done within the period of March-May 2025 in both governmental and private medical institutions. Participants were recruited with the help of a convenience sampling method, and inclusion criteria consisted of registered nurses who had at least one year of work experience in the medical, surgical, or psychiatric departments, and they had to be employed by this point. The sample size was 340 nurses who were on voluntary basis and gave written informed consent. The institutional review board of respective hospitals granted the ethical approval thus ensuring compliance of ethics of investigational research on human subjects.

The collection of data was done through a structured self administered researched questionnaire by means of in person or e-mail delivery. The instrument was modified on the basis of earlier validated researches on the knowledge and outlook of healthcare professionals on medication rejection (AlShammari et al., 2024; Assiri et al., 2023). The questionnaire included three parts: demographic data (e.g., age, gender, length of experience, department), knowledge scale that measured the knowledge on the rights of the patients and legal implications of medication refusal, and attitude scale assessing the attitudes and behaviours that a nurse might have accepted under such circumstances. Knowledge items were scored as correct or incorrect, whereas attitude items had a 5-point Likert-scale with strongly disagree on one end, strongly agree on the other end. Three faculty members of senior positions in nursing reviewed the content validity of the questionnaire, and the reliability in internal consistency was ascertained by the alpha Cronbach of 0.84 and 0.79 groups of attitudes and the knowledge section respectively.

The analysis procedure was done in SPSS 26. Demographic variables and responses to the items measuring knowledge and attitudes were summarised descriptively by means of frequencies, percentages, means, and standard deviations. The applied tests were the chi-square allowing considering links between demographic characteristics and knowledge levels and attitudes level and the independent t-tests, which implied the linkage between the demographic factors and these two levels. The value of  $p$  (less than 0.05) was taken as significant. The results gave an insight on educational and policy needs about the way nurses treat patients who refuse the medication request in the Saudi context of healthcare.

## Results

**Table 1:** *Demographical Information of the Study Participants (N = 340)*

Variable	Categories	<i>f</i>	%

Age of Participants	20–30	80	23.5%
	31–40	148	43.5%
	41–50	77	22.6%
	51 and above	35	10.3%
Gender/Sex	Male	81	23.8%
	Female	259	76.2%
Qualification	Diploma	71	20.9%
	Bachelor	225	66.2%
	Master	44	12.9%
Years of Experience	0–10	70	20.6%
	11–20	72	21.2%
	21–30	72	21.2%
	31–40	86	25.3%
	41 and above	40	11.8%
Working Unit	Cardiology	22	6.5%
	Labor & Delivery Unit	38	11.2%
	CCU	13	3.8%
	Day Medical Unit	19	5.6%
	Dental Clinic	25	7.4%
	Dialysis	33	9.7%
	Emergency Department	29	8.5%

	Endoscopy	20	5.9%
	Family Medicine	16	4.7%
	Home Healthcare	12	3.5%
	ICU	14	4.1%
	Urology	9	2.6%
	Neurology/Neuropathy	15	4.4%
	Pediatric	34	10.0%
	Pre-Anesthesia Clinic	23	6.8%
	Nursing	16	4.7%
	Others (Miscellaneous Code)	2	0.6%
Years in the Organization	1–5	70	20.6%
	6–10	112	32.9%
	11–15	72	21.2%
	16–20	86	25.3%
Years in the Unit	1–5	110	32.4%
	6–10	72	21.2%
	11–15	72	21.2%
	16–20	86	25.3%

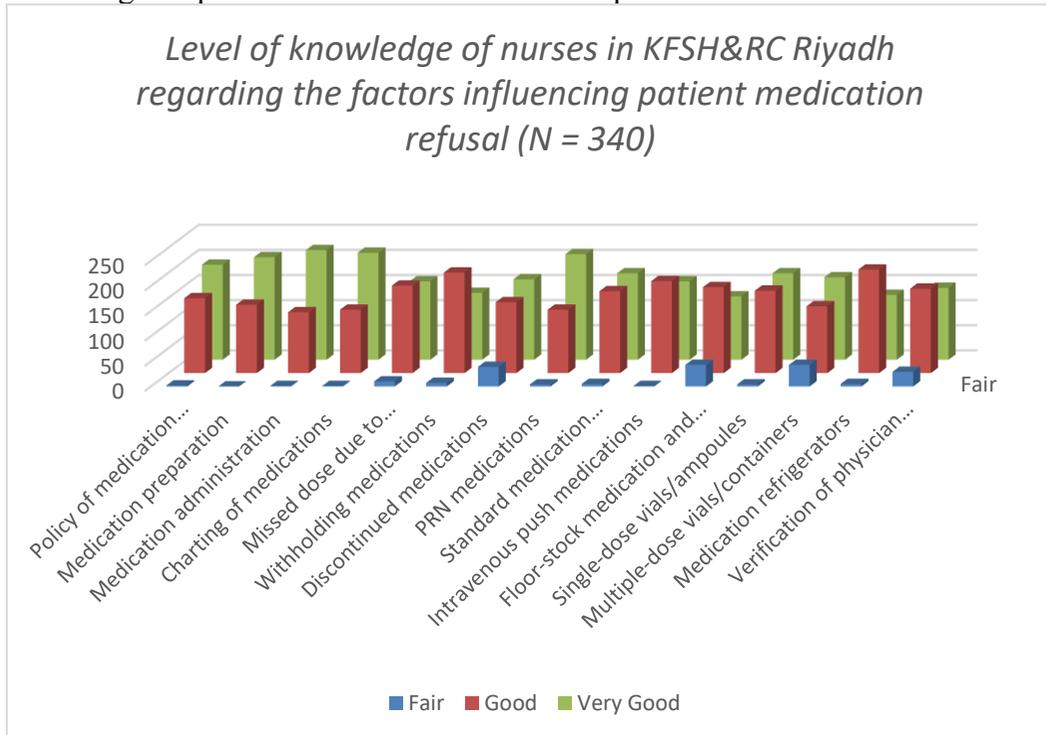
Findings of the study show that nurses at KFSH&RC Riyadh have overall good knowledge level regarding medication administration at KFSH&RC Riyadh. All nurses have excellent knowledge in essential sections including medication preparation, administration and charting. There were, nevertheless, some deficiencies noted, including fields concerning withdrawn medications and floor-stock management, for which a fair proportion of nurses had only fair knowledge.

**Table 2:** Level of knowledge of nurses in KFSH&RC Riyadh regarding the factors influencing patient medication refusal (N = 340)

Knowledge Area	Fair	Good	Very Good
Policy of medication administration	2 (0.6%)	149 (43.8%)	189 (55.6%)
Medication preparation	–	136 (40.0%)	204 (60.0%)
Medication administration	1 (0.3%)	121 (35.6%)	218 (64.1%)
Charting of medications	1 (0.3%)	126 (37.1%)	213 (62.6%)
Missed dose due to diagnostic procedures	10 (2.9%)	174 (51.2%)	156 (45.9%)
Withholding medications	7 (2.1%)	200 (58.8%)	133 (39.1%)
Discontinued medications	39 (11.5%)	141 (41.5%)	160 (47.1%)
PRN medications	4 (1.2%)	126 (37.1%)	210 (61.8%)
Standard medication administration times	5 (1.5%)	163 (47.9%)	172 (50.6%)
Intravenous push medications	1 (0.3%)	183 (53.8%)	156 (45.9%)
Floor-stock medication and supplies	43 (12.6%)	171 (50.3%)	126 (37.1%)
Single-dose vials/ampoules	4 (1.2%)	164 (48.2%)	172 (50.6%)
Multiple-dose vials/containers	43 (12.6%)	133 (39.1%)	164 (48.2%)
Medication refrigerators	5 (1.5%)	206 (60.6%)	129 (37.9%)
Verification of physician orders	29 (8.5%)	168 (49.4%)	143 (42.1%)

The specifics on nurses' knowledge in medication administration underscore differences in skills in various knowledge domains. Most nurses showed understanding 'very good' understanding of policy of medication administration of 55.6%, medication preparation 60.0%, medication administration 64.1%, and charting of medications 62.6%. Also, 61.8% of nurses had very good knowledge on PRN medications while 50.6% each had very good knowledge of standard medication administration times and single-dose vials/ampoules. However, some knowledge domains had more evenly distributed results. For example, in managing missed doses due to diagnostic procedures,

45.9% had very good understanding, 51.2% had good, and 2.9% had only fair knowledge. A notable number of nurses, 11.5% held only fair understanding concerning knowledge on discontinued medications, although 47.1% had very good understanding in that area. Likewise, concerning floor-stock medications and multiple-dose vials, 12.6% had fair knowledge while 50.3% and 39.1% had good knowledge respectively. Concerning verification of physician orders, 42.1% of nurses had very good understanding while 49.4% had good and 8.5% had fair understanding. Interestingly, for intravenous push medications, 53.8% of nurses had good and 45.9% had very good understanding, indicating competence in this more technical aspect.



The Figure 1 show that most of the nurses have good knowledge on significant aspects of administration of medication.

**Table 4:** The attitudes of nurses in KFSH&RC Riyadh towards patient medication refusal in different clinical settings (N = 340)

Attitude Statement	Disagree	Agree	Strongly Agree
I have a positive attitude towards medication administration.	2 (0.6%)	156 (45.9%)	182 (53.5%)
I feel confident in my ability to administer medications accurately.	–	77 (22.6%)	263 (77.4%)

The results of nurses’ attitudes toward medication administration reveals a largely favorable perception. A considerable number (53.5%) of the nurses indicated a strong agreement to having a positive attitude toward medication administration, 45.9% agreed, and only 0.6%

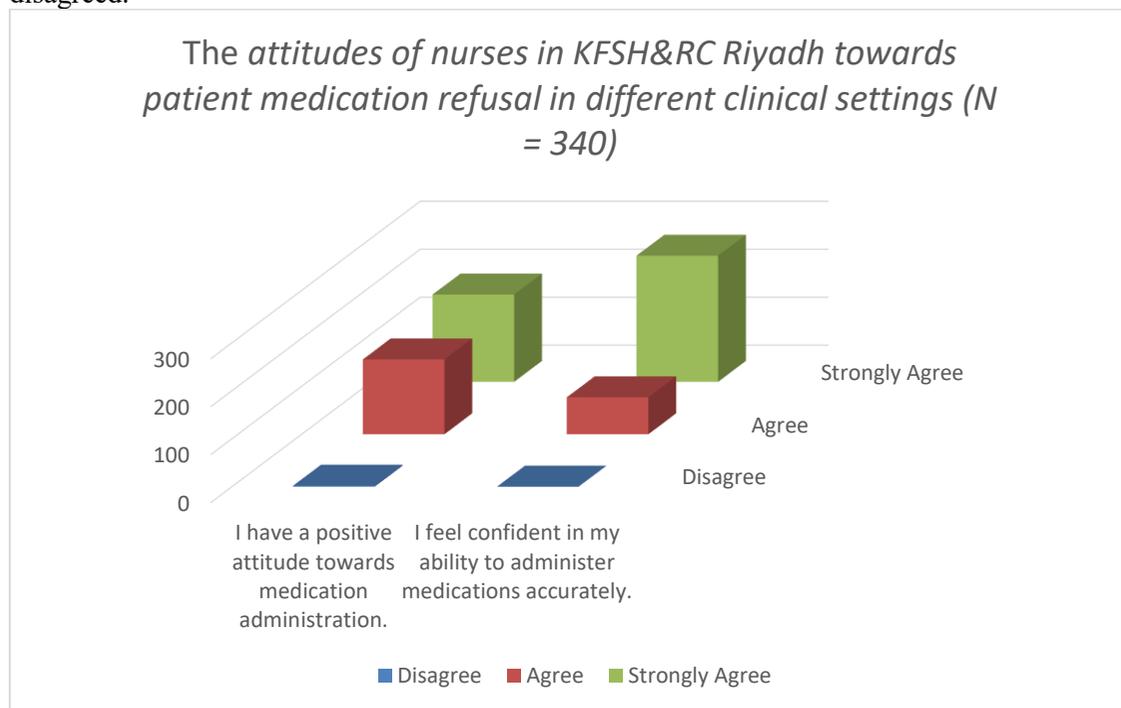
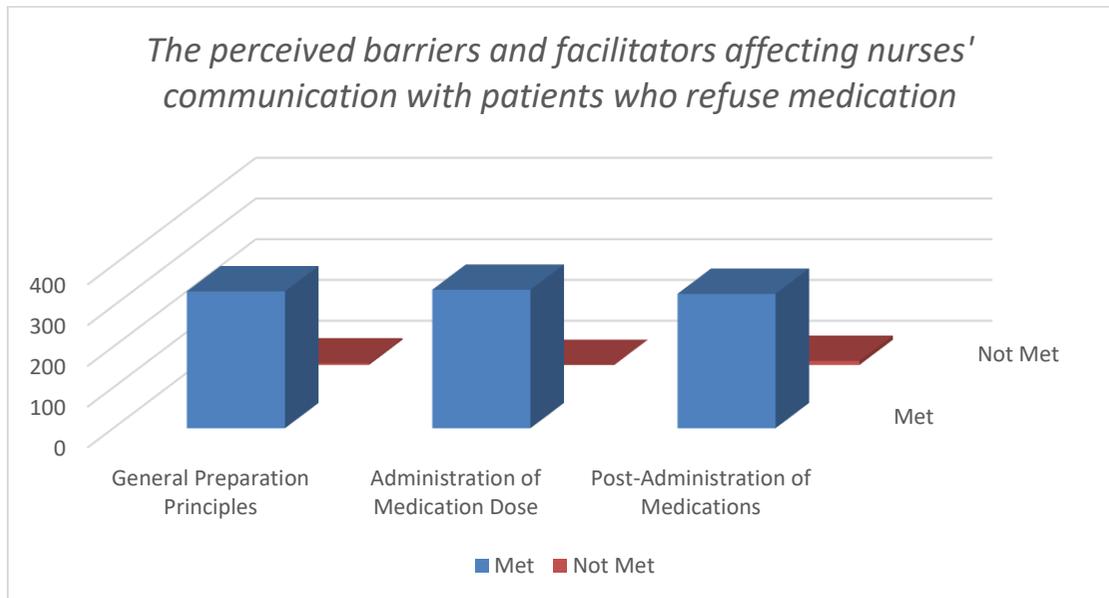


Figure 2 findings indicate that nurses have an overall positive perception of giving medications. In particular, 182 (48.9%) – strongly agreed and 156 (42.1%) – agreed with the fact that they have positive attitude towards medication administration and only 2 (0.5%) – disagreed. **Table 5:** *The perceived barriers and facilitators affecting nurses' communication with patients who refuse medication*

Performance Area	Met	Not Met
General Preparation Principles	336 (98.8%)	4 (1.2%)
Administration of Medication Dose	340 (100.0%)	–
Post-Administration of Medications	330 (97.1%)	10 (2.9%)

As noticed from the performance results, the nurses exhibited the highest levels of compliance within the mediational administration practices. Looking into the general preparation principles, 98.8% of the nurses were meeting the performance standards, which simply translates to 1.2% of the nurses failing to meeting the standards.



Performance results indicated that most of the nurses achieved expected performance in medication administration. 336 nurses satisfied the performance standards for the general principles of preparation, and 4 did not. All 340 nurses passed the procedures for medication administration, while 330 passed the protocol of post-administration, with 10 serving as exceptions.

### **Discussion**

The results of the present research have shown that the level of knowledge and attitudes towards such patients among the nurses was not equal. A generally large percentage of nurses displayed weak awareness of legal and ethical aspects of refusal of medications, which is not unexpected, as past studies showed that nurses are rarely trained formally to deal with ethically challenging issues (Brnawi et al., 2021). Although others had a high level of respecting patient autonomy, there was tendency as exhibited by some of the participants to respect treatment compliance as opposed to informed consent. The discrepancy is evidence of the need to implement standard educational procedures supporting the ethical decision-making platform based on patient-centered care (Alhowaymel et al., 2023).

It was also the finding of the results that the demographic variables like years of experience and level of education showed positive correlation with the higher knowledge and more positive attitudes. The results are consistent with investigations conducted in other healthcare organizations, thus showing that highly educated nurses who have longer professional experience are more likely to handle complicated clinical situations, such as medication refusal, with skill and sensitivity (Mohamed et al., 2024). Nevertheless, the research also elucidated that even the nurses who have experience in the profession may behave out of the procedural need compared to based on ethical reasoning, which indicates the lack of institutional rules or facilities.

The significant issue that could be identified was the difference in attitude in accordance with a department. Those nurses who worked in psychiatric or palliative care units were more likely to respect decisions made by the patient and shared decision-making with patients, and nurses in emergency and surgical units frequently understood that refusal was non-cooperation (Alamrani & Birnbaum, 2024). This department variation in experience corresponds to the previously reported finding that the contextual exposure shapes the ethical positions and reaction styles of nurses (Elsayad, 2022). Therefore, the design of training programs that are dependent on the departmental requirements could be more contextually effective.

The other issue of concern that was outlined in the study is the absence of written institutional policies that could act as a guideline to nurses with regards to managing refusal of medication. The issue of when to ascend the matter to doctors, employing ethics committees, or documenting refusal in detail was stated to be unclear to participants. This operational ambiguity is indicative of systemic vacuum in the policy implementation, as indicated earlier within the research on the issue of healthcare quality and risk management in Saudi Arabia (Alshammari et al., 2023). In absence of protocols, the nurses are forced to improvise based on individual discretion which can result in inconsistency in care delivery and legal exposure.

Another aspect that was found to be essential in determining how nurses addressed the issue of patient refusal was that of culture and communication. Others noted cultural differences in how to approach health and autonomy due to language barriers as a major issue. This result is in line with the study of Alardan et al. (2021), who stressed the fact that culturally sensitive communication training remains crucial in enhancing the provision of healthcare in multicultural settings, such as Saudi Arabia. Additionally, the religious beliefs and the involvement of the family and the medical choice also added complexities into the efforts of nurses to follow the ethical guidelines in an approach that does not attempt to interfere with the wishes of patients and their families.

Lastly, the authors of the study have managed to corroborate that ethical dilemma in medication refusal is the cause of moral distress among nurses. Without addressing this distress, it can result in burnout and lower job satisfaction, as well as poor provision of patient care (Alnajjar & Abou Hashish, 2021; Albaker et al., 2023). Therefore, refusal to medication should not only be seen as a clinical problem but also be perceived as a psychological and ethical problem that needs well-organized support systems which include ethics consultations, reflective practices and staff counseling.

### **Future Direction**

In further research, it will be pertinent to take into consideration longitudinal designs in an attempt to find out the effect of continued education and policy shifts on knowledge and mind sets of the nurses. Secondly, it may be worth including patients and physicians and thus we can be able to understand the medication refusal issue holistically in terms of its treatment practice across different specialties and clinical choices.

### **Limitations**

The research was confined to a small cluster of hospitals in Saudi Arabia and this can influence the possibility of generalization of the findings received. Another potential problem with the study, which could have increased response bias, was the implementation of self-report questionnaires, thus social desirability resulting in bias could have occurred. Moreover, the cross-sectional nature prohibited the establishment of the causality between knowledge, attitudes, and demographic factors.

### Conclusion

The researchers arrived at a conclusion that although Saudi nurses on the whole acknowledge the ethical complexity of the situation with patient medication refusal, there is a high level of gaps in knowledge and discrepancies in attitude related to different factors, such as education, experience, departments culture, and institutional support. These concerns must be resolved by selective training, definite policy frameworks and ethical support systems to enrich the cause of patient autonomy, legal conformity and the wholeness of nursing provisions.

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