

DOI: <https://doi.org/10.63332/joph.v6i2.4007>

Assessing Nursing Perceptions of Medical Malpractice Insurance at King Saud Medical City (KSMC), Saudi Arabia

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Abstract

Background: Medical Malpractice Insurance (MMI) is a vital safeguard for healthcare professionals, protecting them against the financial and legal consequences stemming from patient care. As primary providers within the healthcare system, nurses face direct risks in their daily practice, making adequate coverage essential. *Aim:* This study aimed to explore the perceptions of nurses regarding MMI at King Saud Medical City (KSMC), Saudi Arabia, focusing on their understanding, experiences, and concerns related to its implementation. *Method:* A descriptive qualitative approach utilizing convenience sampling was employed to recruit 15 registered nurses from inpatient and outpatient units. Three focus group interviews were conducted, and the data were analyzed using qualitative content analysis. *Results:* Four themes and eleven subthemes emerged: (1) Perception and Understanding of MMI: limited conceptual clarity and emerging recognition among nurses; (2) Institutional Implementation and Communication: top-down introduction, lack of formal awareness programs, and administrative enforcement; (3) Concerns Regarding Coverage, Process, and Regulation: uncertainty about scope, inequitable pricing, and confusion over investigative and legal processes; (4) Motivation, Perceived Value, and Suggestions: protective mindset, cost-benefit concerns, and calls for incentives and institutionally negotiated rates. *Conclusion:* The findings reveal significant gaps in nurses' understanding of MMI and underscore the need for structured educational initiatives, transparent communication, and role-based policy adjustments. Strengthening institutional support and ensuring fair and transparent coverage terms can enhance nurses' sense of security, ultimately contributing to a safer and more supportive healthcare environment.

Keywords: Nurses, Perception Malpractice Insurance, Medical Malpractice, Professional Liability.

Introduction

The healthcare system in Saudi Arabia has recently undergone significant reform, notably the expansion of medical malpractice insurance (MMI) coverage to all individuals involved in patient care. However, the perspectives and attitudes of nurses regarding MMI within the Kingdom's healthcare system have not been thoroughly explored (Gurajala, 2023). Research opportunities include investigating nurses' knowledge of MMI, the number of claims filed against them, and the impact of this insurance on their practice.

Given that research indicates negative experiences with malpractice insurance—due to high premiums or a perceived lack of coverage—place additional stress on nurses and adversely affect their job satisfaction and performance (Yesilbas & Kantek, 2024), an investigation into the perspectives of nurses at KSMC can illuminate existing barriers and potential solutions for improving malpractice insurance provision and nursing support in Saudi Arabia.

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MMI serves as an essential financial safeguard, ensuring a professional's fiscal stability against claims of negligence and legal action. As a fundamental component of the healthcare system, MMI helps ensure that providers can continue their practice without the threat of financial ruin resulting from litigation. Nurses, in particular, play an indispensable role in patient care. Whether at the bedside or on the front lines, they are instrumental in delivering and maintaining high-quality healthcare services. Their responsibilities and constant interaction with patients underscore the importance of adequate malpractice coverage (Schaffer et al., 2021).

Gaining a comprehensive understanding of nurses' perceptions regarding MMI is crucial for several reasons. First, nurses' knowledge and awareness of their MMI coverage can influence their clinical decision-making and approach to risk management. Second, their feedback can provide critical insights into shortcomings of current MMI policies or educational programs. Third, understanding nurses' concerns regarding MMI can help developing targeted interventions to enhance their sense of security and well-being in the workspace (Qedan et al., 2022).

Investigating nurses' perceptions of MMI at KSMC is highly valuable. It can serve as a guide for assessing their awareness and understanding of MMI coverage, informing the design of targeted interventions, and identifying approaches that would most positively impact their sense of professional security. Furthermore, this may highlight areas overlooked in new MMI policy guidelines or reveal knowledge gaps among the KSMC nursing staff. Addressing these gaps can support the development of a more effective and sustainable MMI policy, fostering a safer, healthier, and more supportive work environment at KSMC (Nkhoma, 2022).

Ultimately, the research findings will contribute to building a more informed and protected nursing workforce at KSMC, thereby enhancing the quality of healthcare services in Saudi Arabia. The study is significant in that it addresses a clear knowledge gap concerning the attitudes of the nursing workforce in the Kingdom toward MMI. The findings can guide healthcare leaders, hospital administrators, health policymakers, and insurance companies in developing tailored insurance solutions that align with nurses' experiences, helping to build more resilient and supportive healthcare systems in Saudi Arabia (Aboshaiqah et al., 2023).

The findings of this study will contribute to the existing body of knowledge on MMI in Saudi Arabia, as well as nurses' perceptions and experiences. Policy advocates, healthcare executives, and insurance companies can utilize this knowledge to enhance coverage and support systems for nurses, thereby improving the quality of care and patient safety at KSMC and beyond. Despite potential limitations, understanding nurses' perspectives can be vital step toward establishing a supportive work environment with conditions conducive to optimal patient care (Bokhari, 2019).

Problem Statement

Nurses are the cornerstone of patient care delivery; however, their exposure to medical malpractice claims presents significant risks, particularly in a high-pressure environment such as KSMC. Despite the protective role of Medical Malpractice Insurance for healthcare providers, there is a notable lack of research in the existing literature regarding nurses' perceptions of this insurance at KSMC. Although MMI has been implemented as part of insurance coverage in Saudi Arabia, a significant knowledge gap remains regarding the perceptions of this insurance among nurses at King Saud Medical City. In May 2023, an announcement was made at KSMC requiring all nurses to register for MMI. As a result, many staff members questioned its benefits, and some refused to comply based on their personal perspectives.

This lack of understanding is particularly significant, as nurses' knowledge regarding the scope of MMI directly influences their clinical practice and approach to risk management. Inadequate awareness can foster a sense of vulnerability, increase professional anxiety, and contribute to

lower job satisfaction. Therefore, it is imperative to investigate how nurses perceive MMI at KSMC, as this will provide insights into existing challenges and help identify strategies to strengthen nurses' sense of professional security within the system.

Purpose Statement

The proposed research aims to investigate nurses' perceptions of MMI in order to examine the association between insurance coverage and nurses' practice behaviors, risk mitigation strategies, and overall risk tolerance. The findings will provide valuable insights into critical areas for improvement regarding MMI policies, education, awareness, and communication systems within the Saudi healthcare sector. Overall, the research will contribute to fostering a more supportive and informed nursing environment, which will positively impact the quality of healthcare in the country.

Research Questions

- What are your perceptions regarding MMI?
- What steps has your institution taken to raise awareness about the importance and purpose of MMI for healthcare professionals?
- In what ways do you believe MMI can protect you and support your professional practice?

Literature Review

MMI plays a pivotal role in healthcare, offering protection and legal guidance to providers, such as nurses, who face risks and liabilities related to clinical practice. Enhancing patient safety and creating a supportive work environment for nurses requires a comprehensive understanding of their perceptions regarding MMI. Over the years, several studies have investigated this subject (Aboshaiqah et al., 2023).

A study exploring nurses' attitudes regarding the disclosure of patient safety incidents. Twenty nurses participated in three focus groups guided by semi-structured protocols. The results indicated that most participants viewed Patient Safety Incident Disclosure (PSID) as ethically necessary and effective. Developing PSID guidelines and providing adequate training are essential for promoting its adoption. Improving hospitals' organizational culture is also essential for enabling PSID (Choi et al., 2019).

A literature review was conducted to analyze the empirical evidence on the relationship between malpractice liability risk and the quality and safety of healthcare. The Agency for Healthcare Research and Quality used indicators such as patient satisfaction, quality metrics from hospitals and nursing facilities, and adverse event data. In this study, medical malpractice liability risk variables revealed no significant correlation with healthcare quality or outcomes (Mello et al., 2020).

Additionally, a comparative study analyzing nursing and medical malpractice across different countries was also considered. This source was selected for its emphasis on the importance of considering the local context. This conclusion stems from the authors' assertion that the interpretation of nurses' perceptions of MMI must account for national or regional differences (Alluhidan et al., 2020).

In summary, the literature highlights the importance of exploring nurses' perceptions of MMI in Saudi Arabia and indicates a need for further research into their experiences at KSMC. These findings can inform the improvement of future policies and support systems for nurses, ultimately benefiting the quality of healthcare in the country. Therefore, based on these findings, the proposed research seeks to further investigate nurses' perceptions of MMI at KSMC. This could lead to enhanced risk management practices and a safer healthcare environment for both

providers and patients (Alrasheadi et al., 2022).

Methodology

Research Design:

This study employed a qualitative descriptive design, utilizing focus groups to collect data on nurses' perceptions of MMI at King Saud Medical City (KSMC).

Research Setting:

The study was conducted at KSMC, located in the Kingdom of Saudi Arabia (KSA).

Population and Sampling

- **Population:**

The target population comprised registered nurses currently employed across various departments at KSMC.

- **Sampling Technique:**

A convenience sampling method was used to recruit participants for the study.

- **Sample Size:**

The sample consisted of 15 registered nurses.

Inclusion Criteria:

Participants included were: registered nurses working at KSMC, of any nationality, with varied qualifications and positions, and with more than 3 months of work experience at KSMC.

Exclusion Criteria:

The following were excluded: nurses on leave or unavailable during the data collection period, as well as interns, trainees, or students. Nurses with less than 3 months of work experience at KSMC.

Instrumentation

A demographic data sheet was used to collect background information such as age, gender, education level, years of experience, and job title.

Interview Questions

The interviews explored registered nurses' opinions and experiences regarding MMI at King Saud Medical City (KSMC). The study sought to ascertain nurses' understanding of the importance, effectiveness, and influence of MMI on their professional practice through questions exploring their awareness, attitudes, and personal experiences.

Focus Group Technique

Three focus groups were conducted to explore nurses' perceptions of MMI. The data were analyzed using qualitative content analysis (Graneheim & Lundman, 2004). Data were categorized into four themes and 11 subthemes. The analysis yielded the following:

1. *Perception and Understanding of MMI*: limited conceptual clarity and emerging recognition among nurses;
2. *Institutional Implementation and Communication*: top-down introduction, lack of formal awareness programs, and administrative enforcement;
3. *Concerns Regarding Coverage, Process, and Regulation*: uncertainty about scope, inequitable pricing, and confusion over investigative and legal processes;
4. *Motivation, Perceived Value, and Suggestions*: protective mindset, cost-benefit concerns, and calls for incentives and institutionally negotiated rates.

In conclusion, the findings identified multiple challenges faced by nurses and highlighted the importance for improved communication during the implementation of new policies.

Data Collection Procedures

Upon receiving the necessary approvals, data collection commenced at KSMC from participants

who met the inclusion criteria. Participants were informed of their right to voluntary participation and to withdraw from the study at any time without consequence. All collected data were treated with strict confidentiality and stored securely, ensuring their protection and use solely for research purposes.

The data collection period spanned one month. Prior to participation, the researcher clearly explained the study's purpose to each participant. Written informed consent was obtained from all participants, who were given assurances of anonymity and confidentiality. Ethical considerations were strictly observed, respecting each individual's right to withdraw from the study at any stage. Data were collected via a structured, validated, and reliable questionnaire administered directly by the researcher. The survey took approximately 30–40 minutes to complete. The researchers determined that data saturation was reached when no new information or insights emerged from the data.

Data Analysis Plan

Data analysis for this qualitative study on nursing perceptions of MMI at KSMC involved the use of transcribed interviews from the focus groups. Initial immersion in the data facilitated the identification of key themes through systematic coding. These themes elucidated the nurses' perspectives, experiences, and attitudes toward MMI, offering a comprehensive view of its impact on their practice. Rigorous peer debriefing and data triangulation of findings were employed to enhance the credibility and validity of the analysis, yielding valuable insights into the dynamics of MMI in nursing at KSMC.

Ethical Considerations

Prior to initiating the research, the Ethical Review Board of the Nursing Department granted approval, which covered ethical considerations such as informed consent, human rights, participant safety, and confidentiality.

- **Beneficence:** Emphasis was placed on ensuring a standard of safety that protected participants from harm and maintained their freedom from potential adverse effects.
- **Justice:** All participants were treated equally, and any benefits arising from the research were distributed impartially among them.
- **Respect for Human Dignity:** The study prioritized preserving the dignity of participants, ensuring that their self-respect and self-esteem were not threatened.

Results

Response Rate

In this study, 15 registered nurses participated in three focus groups. The participants' work experience ranged from 3 to 26 years. They represented various nationalities, and for all of them, English was not their native language. The demographic data of the focus group participants are shown in **Table 1**.

Table 1: Participant Demographics

Code	Nationality	Experience	Level of Education (LOE)	Position	Department
RaGd	Jordanian	11 years	Master's in Nursing	Clinical Instructor and Diabetes Educator Nurse	Nursing Education Administration

SoSo	Saudi	18 years	Master's in Pediatric Nursing and Higher Diploma in Executive Healthcare Leadership	Nursing Review Unit	Nursing Improvement Administration
Ko0o	Saudi	13 years	High School Diploma	Charge Nurse	Medical Outpatient
NeJ	Saudi	13 years	High School Diploma	Quality Director	Outpatient
GoH	Filipino	9 years	Bachelor's Degree	Clinical Nurse Manager	Ambulatory Care Services
MAR	Saudi	15 years	Master's in Administration	Director of Nursing	Maternity
RoX	Filipino	12 years	Master's in Nursing	Clinical Nurse Manager	Maternity
ArJ	Saudi	15 years	Master's ANP	Director of Nursing	Ambulatory Care Services
AzM	Saudi	13 years	Master's Nursing Administration	Head Nurse	General Surgery Outpatient
Z0N	Filipino	17 years	Bachelor's Degree	Nursing Administrative Manager	Ambulatory Care Services
AshQ	Saudi	26 years	Bachelor's Degree	Infection Control Link Nurse	Ambulatory Care Services
K0rif	Saudi	12 years	Bachelor's Degree	Charge Nurse	Antenatal Maternity
Alod	Saudi	12 years	Bachelor's Degree	Staff Nurse	Antenatal Maternity
Hyfa	Saudi	7 years	Master's in Midwifery	Head Nurse	Postnatal B
Wd	Saudi	14 years	Diploma	Medical Care	Maternity OPD

In line with the study's descriptive objective, the interview data were categorized into four main themes and 11 subthemes. Due to the volume of data generated, only the main themes and selected subthemes are presented here. An overview of the themes and subthemes is shown in Table 2.

Table 2: Themes and Subthemes of Nurses' Perceptions Regarding Workplace Medical Malpractice Insurance

Theme	Subtheme
Perception and Understanding of Medical Malpractice Insurance (MMI)	<ul style="list-style-type: none"> • Limited Conceptual Clarity • Emerging Practice for Nurses
Institutional Implementation and Communication	<ul style="list-style-type: none"> • Top-Down Introduction • Lack of Formal Awareness Programs • Administrative Enforcement

Concerns Regarding Coverage, Process, and Regulation	<ul style="list-style-type: none"> • Uncertainty of Scope and Coverage • Equity and Pricing Issues • Confusion Over Investigation and Legal Process
Motivation, Perceived Value, and Suggestions for Improvement	<ul style="list-style-type: none"> • Protective Mindset • Perceived Value and Cost • Recommendations for Improvement

Three focus groups were conducted using a semi-structured interview guide, and the data were analyzed using content analysis (Graneheim & Lundman). The data were organized into four key themes and 11 subthemes, presented as follows:

Theme 1: Perception and Understanding of Medical Malpractice Insurance

Subthemes:

- **Limited Conceptual Clarity**

Many nurses confused MMI with general health insurance, indicating uncertainty about who or what it protects.

- **Emerging Practice for Nurses**

It was viewed as a new concept for nurses, having previously been associated primarily with physicians.

Theme 2: Institutional Implementation and Communication

Subthemes:

- **Top-Down Introduction**

Information was disseminated primarily through memos or emails from the Ministry of Health (MOH), without prior staff involvement or consultation.

- **Lack of Formal Awareness Programs**

There were no dedicated workshops, orientation sessions, or awareness campaigns prior to implementation.

- **Administrative Enforcement**

MMI was required for contract renewal, leave approval, or Human Resources (HR) documentation (e.g., in the Malafi system).

Theme 3: Concerns Regarding Coverage, Process, and Regulation

Subtheme:

- **Uncertainty of Scope and Coverage**

Participants expressed limited knowledge of coverage details, claims processes, and the conditions under which the insurance applies.

- **Equity and Pricing Issues**

Inconsistencies in service costs and benefit distribution raised concerns about equity and potentially unequal access to coverage.

- **Confusion Over Investigation and Legal Process**

Nurses found certain areas challenging, particularly with regard to eligibility investigations and legal proceedings.

Theme 4: Motivation, Perceived Value, and Suggestions for Improvement

Subthemes:

- **Protective Mindset**

Nurses appreciated MMI as a safeguard against potential legal risks in clinical practice.

- **Perceived Value and Cost**

Concerns were raised about premium payments without experiencing tangible benefits or opportunities for utilization.

- **Recommendations for Improvement**

Participants recommended incentives, discounted premiums, clearer insurance options, and institutionally negotiated rates with insurers.

Discussion

Gaining a comprehensive understanding of nurses' perspectives on MMI is essential. First, their awareness and knowledge of MMI coverage can influence their practice and risk management strategies. Second, their feedback can highlight gaps in existing MMI policies or educational programs. Finally, identifying nurses' concerns regarding MMI can guide the development of targeted strategies to enhance their sense of security and well-being in the workplace (Qedan et al., 2022).

The findings of this study contribute to creating a better-informed and protected nursing workforce at KSMC, which in turn supports the enhancement of healthcare quality throughout Saudi Arabia. This research addresses a crucial knowledge gap concerning the perspectives of nurses at KSMC regarding MMI. These findings offer valuable insights for healthcare leaders, hospital managers, policymakers, and insurance providers, enabling them to develop insurance solutions that align with nurses' actual experiences and strengthen the overall resilience and support within the Saudi healthcare system (Aboshaiqah et al., 2023). Policymakers, healthcare leaders, and insurance providers can apply these insights to enhance support systems and coverage for nurses, ultimately improving the quality of care and patient safety at KSMC and beyond. Although limitations may exist, understanding nurses' perspectives can help direct efforts toward creating a more supportive work environment, ensuring they have the necessary conditions to provide optimal patient care (Bokhari, 2019).

Overall, the literature highlights the importance of understanding nurses' perceptions of MMI in Saudi Arabia and underscores the need for further research into their experiences at KSMC. The insights gained can contribute to developing enhanced policies and support systems for nurses, ultimately improving the quality of healthcare services nationwide. Therefore, this study aimed to further investigate nurses' perceptions of MMI at KSMC, with the goal of fostering a more effective risk management approach and a safer clinical environment for both healthcare professionals and patients (Alrasheadi et al., 2022). The research also sought to inform strategies for enhancing nurses' confidence and sense of security in their professional practice by identifying challenges and suggesting areas for improvement.

The findings reveal the participants' perspectives and levels of understanding regarding health insurance versus MMI. Although many participants indicated they had heard of insurance in general, there was significant confusion between the concept of general health insurance and

MMI (professional liability coverage). Most participants demonstrated a limited or partial understanding of what MMI actually entails.

While aware of its existence, their knowledge was often unclear or imprecise. This confusion highlights a critical gap in awareness and education among nurses regarding the specific purpose and scope of malpractice insurance.

- Hyfa: *I've just heard about it, but I don't have a clear idea of what it is exactly. Will it protect only the staff, the patient, or both the patient and the staff?*
- MAR: *We have limited information.*
- ZON: *"We don't know the coverage... we just pay and pay."*
- MAR: *"We're just paying without knowing how much the insurance will cover... there's no clear information."*

Many participants reported paying for MMI without fully understanding what they receive in return. Concerns were raised as to whether the cost of the insurance was justified by the actual benefits offered, highlighting the need for greater clarity and communication from the institution or insurance providers.

- NeJ: *"We just comply with the requirement... with no understanding."*
- RaGd: *"There was no clear information, it was like just getting an order from our superior to do it, without understanding anything."*

Many participants stated that the concept of MMI is relatively new and unfamiliar to nurses, whereas it is more commonly understood and associated with physicians. This highlights a gap in institutional communication and education, as MMI is often perceived as a physician-centric issue rather than a shared concern among all healthcare professionals.

- Wd: *"We didn't hear about the insurance before."*
- JoH: *"For me, regarding malpractice insurance, I heard that in 2023 they were going to make it mandatory."*
- Alod: *"They started the insurance in the last 2 years."*
- RaGd: *"They decided that nurses are like physicians... before, only physicians had this insurance."*
- KOrif: *"No, we know about it for physicians, but not for nurses."*
- ArJ: *"Physicians had insurance from the start, but as nurses, we didn't have it before."*

Some participants expressed concern about the top-down implementation of MMI, noting a lack of nurse involvement or consultation in the process. They shared that these decisions were communicated primarily through emails or memos, instructing nurses to comply without providing opportunities for discussion, clarification, or feedback. This approach left many feeling excluded from decisions that directly affect their professional practice.

- JoH: *"Suddenly, it became mandatory without any clarification... just an email from the CNO."*
- SoSo: *"It's suddenly becoming mandatory, without any clarification."*
- Hyfa: *"They gave us a memo from the Ministry of Health, and as head nurses, we were supposed to disseminate it to the staff nurses because it's mandatory."*

Many participants consistently mentioned that the introduction of MMI lacked adequate guidance, awareness programs, open forums, or educational support. They noted that information was provided only through circulars, without any accompanying workshops, training sessions, or detailed explanations. This left many nurses uncertain about its purpose, coverage, and

implications, thereby contributing to their confusion and skepticism.

- *NeJ*: "Just a circular... no awareness, no lecture, nothing."
- *Wd*: "Only after the memo did we start to apply, but it wasn't clear."
- *AshQ*: "Yes, in the monthly meeting, our head nurse informs us about this insurance."
- *GON*: "Legal affairs should explain all this... someone should give a presentation."
- *RaGd*: "First, there should be awareness for all healthcare staff."
- *MAR*: "It should be added to the General Nursing Orientation that part of the awareness for staff will be a presentation from the legal department."
- *Alod*: "They never explained why we have to do it or what protection we get... just 'do it'."

All expatriate participants noted that MMI is mandatory for contract renewal. However, they expressed that its implementation feels more like a bureaucratic checkbox than a meaningful form of protection. This lack of engagement contributed to a sense of disempowerment and frustration, as the nurses felt their concerns and perspectives were not considered.

- *Hyfa*: "If you don't pay, they won't renew your contract."
- *K0rif*: "Your application in the system called 'Malafi' won't be complete if you don't update the insurance."
- "So you can't take leave."
- *RoX*: "It's mandatory. You have to pay, or they won't renew our contract."
- *ZON*: "If you don't pay for the insurance, they will reject your contract."

Many staff members raised concerns about the transparency of the malpractice insurance coverage. They sought clear explanations about the types of incidents covered, the degree of harm required for coverage to apply, and whether the insurance covers unintentional errors. Participants also wanted details regarding penalties, payment procedures, exclusions, and the steps involved during investigations. This lack of clarity contributes to uncertainty and underscores the need for more transparent communication from the institution and insurance providers.

- "Tell us what happens if it's a near miss versus a serious error. We need to know what's covered and for how much."
- *RaGd*: "We just pay, and even some staff don't know the details of this insurance."
- *RoX*: "We need to know what this insurance covers."
- *Wd*: "What is the coverage?" "For example, if a ceiling falls on my head, will this insurance protect me?"
- *JoH*: "As I mentioned, it would be better if they informed us about the coverage itself—what the insurance covers for just medical errors, like for an incident report, and how much for that category, and how much for each category."

Some participants in non-clinical roles questioned the relevance of MMI to their professional responsibilities. They requested clarification based on job type, distinguishing between clinical and administrative positions. Since participants represented various nursing levels and departments, many emphasized the need for equity and fairness in insurance coverage and pricing across different roles.

- *AshQ*: "Most of the time we're in the office, not dealing with patients... so what's the benefit for us?"

- *RoX: "I work in an office—why should I pay the same as the clinical staff?"*
- *JoH: "We're working in the office, not dealing with a clinical area, so why should I have to pay?"*

Some participants also expressed confusion regarding the legal and investigative processes associated with MMI. Specifically, they were unsure when and how the insurance applies and whether it comes into play before, during, or after legal proceedings. Differing opinions existed among the staff: some preferred receiving compensation directly from the insurance without formal investigations, while others emphasized the importance of a thorough and fair investigation process before any deduction or payment. This variation in understanding underscores the need for clear institutional guidelines and legal education regarding the application and implications of MMI.

- *Alod: "My question is, will they give money to the patient, or what?"*
- *AshQ: "After the accident, once the hospital completes the investigation, you have to... contact your insurance."*
- *RoX: "The institution should select the insurance based on role—ICU, maternity, administration—so we can benefit."*

Despite the confusion surrounding the concept, many participants recognized MMI as an essential form of protection for healthcare professionals. Some participants described it as a "backup" or a "protective umbrella," emphasizing its role in shielding nurses from the legal and financial consequences of their clinical practice. This perception highlights the value nurses place on malpractice coverage, even though their understanding of the details remains limited.

- *Ko0o: "It's to protect the staff from errors or any malpractice."*
- *Hyfa: "Malpractice [insurance] gives us, the healthcare providers, security."*
- *MAR: "I think it's a benefit for the staff, not against the staff."*
- *AzM: "It's a protection for all healthcare providers; it's a benefit for nursing."*
- *Z0N: "We're human... errors or mistakes can happen at any time... we need to protect ourselves with insurance."*

Many participants questioned the insurance's pricing model, particularly the requirement to pay premiums even when no incidents or claims occur.

- *RoX: "But the insurance is chosen based on price, not coverage."*
- *NeJ: "We get information from other staff, not from KSMC. Each staff member's insurance has to be paid based on price, not coverage."*
- *ArJ: "...because we already have experience researching and selecting the cheapest option."*
- *Alod: "I know that all staff nurses pay the same price, whether they're in the operating room or the ICU."*
- *RaGd: "Some of our colleagues complain about the price... and others look for the cheapest price."*
- *K0rif: "...there's no difference between the staff who work in the office and those who work in a critical area."*
- *JoH: "For those of us who work in an office, what's the advantage, since we aren't dealing directly with patients?"*

Some participants questioned whether there were any incentives or rewards for maintaining error-free records or for not needing to use their malpractice insurance. Others suggested implementing refunds, discounts, or other incentives to recognize and encourage long-term,

error-free service among the nursing staff.

- SoSo: *"Even if you don't make any mistakes for two years, you pay again." "What's the point?"*
- RoX: *"At least 50% back, or a gift, or a free conference... we never use it."*
- ArJ: *"Or they could give them a discount on the next policy."*
- ZON: *"Yes, at least a 20% discount, yes."*
- ArJ: *"Yes, even if we don't use it, they should return the money."*
- Alod: *"Yes, if, for example, I complete 2 years with no harm to a patient, and then I renew, what happens to the money from before?"*

Participants expressed that the hospital should coordinate more closely with insurance companies to negotiate and offer discounted insurance rates for staff. This suggestion highlights a desire for institutional support to make MMI more affordable and accessible for the nursing staff.

- SoSo: *"If the institution coordinated with companies to get better prices, we would feel like they care about us."*
- RaGd: *"Why doesn't the institution coordinate with companies for special staff prices, or provide a list of approved companies?"*
- MAR: *"If the institution preferred a certain insurance company, the staff would know which insurance to register for."*
- Hyfa: *"There are differences from one company to another."*

This highlights the need for institutional accountability in establishing a clear policy and a structured awareness program that outlines levels of harm and corresponding insurance responses. This clarity is essential to ensure the policy meets staff expectations and fosters trust in the system.

- SoSo: *"...even though we have no awareness, it suddenly becomes mandatory and we have to scramble to get it done."*
- ArJ: *"Just a circular, I think that's what we received at the time. I can't remember any awareness session; we didn't do anything."*
- MAR: *"We're lacking awareness."*

Two participants asked whether the terms or coverage of the MMI varied based on an employee's age. This question reflects uncertainty about how personal factors, such as age, might influence insurance policies or premiums, indicating a need for clearer, more individualized information.

- KOrif: *"Yes. For car [insurance], age makes a difference, but I don't know if it's the same idea here or not." "I don't know if there's a price difference between new, junior, and senior staff."*
- AshQ: *"Age... I don't think they take that into consideration, as long as you're eligible to work."*

One participant mentioned a specific hospital committee called the "Malpractice Committee," but admitted uncertainty about its exact role or responsibilities. This reflects a broader issue of limited communication and unclear institutional structures, which further contributes to nurses' lack of understanding and trust in malpractice-related processes.

- MAR: *"A malpractice committee... there is a malpractice committee at the KSMC level."*

- ArJ: "Why take from my insurance and then send me to court?" "It's not like car insurance!"

Data Analysis

The data were analyzed and categorized into themes and subthemes through the following process:

- (1) The text was read multiple times;
- (2) The text was divided into meaning units based on the study's objective;
- (3) Similarities and differences were highlighted;
- (4) All interviews were divided into condensed meaning units close to the text;
- (5) The underlying meaning was interpreted; and
- (6) Subthemes were created and
- (7) Themes were formulated (table 3).

The participants were anonymous, and the researchers coded their experiences using abbreviations of their name or seating arrangement instead of names.

Conclusion

The findings of this study highlighted important insight into the relationship between nurses' job satisfaction and their perception of workplace MMI. The responses collected from participants were based primarily on their personal thoughts and experiences, as there was no formal or consistent information provided by the institution regarding malpractice insurance. A significant number of participants emphasized the need for structured educational initiatives, including formal sessions, orientation programs, and open forums facilitated by relevant departments—particularly HR—to address their questions and concerns. Furthermore, some participants suggested that the hospital should collaborate more closely with insurers and provide staff with a clear list of available MMI options. This would ensure better understanding, accessibility, and informed decision-making among the nursing staff.

Nursing Implications and Recommendations

The findings of this study are highly relevant to the nursing profession in Saudi Arabia, particularly in promoting workplace satisfaction among nurses. They can raise nurses' awareness of their rights regarding medical insurance and can guide institutions in implementing an improved support system.

As this concept is relatively new to many healthcare professionals, it should be introduced and reinforced through various channels. These channels could include open forums with the HR department, presentations during Nurses' Assembly Days, incorporation into nursing orientation programs, and easy access to information via platforms such as email, internal portals, or newsletters.

Furthermore, establishing a dedicated office or hotline to answer nurses' questions about malpractice insurance would enhance communication and support. Institutions should also consider forming a Malpractice Committee to oversee related issues, ensuring transparency and providing a clear framework for addressing malpractice concerns.

Limitations

The study's single-site design and limited number of participants may limit the generalizability of the findings to other healthcare organizations. The fact that English was the second language for researchers and participants is a potential limitation. Furthermore, the use of a volunteer sample may introduce selection bias, potentially affecting the representativeness of the findings.

Conflict of Interest:

There is nothing to declare.

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Appendix A
Informed Consent

Dear Respondent:

You are invited to participate in a research study. Your participation in this study is entirely voluntary. Please read the information below and ask questions about anything you do not understand before deciding whether to participate.

Purpose of the Study

The primary purpose of this study is to examine nurses' perceptions of medical malpractice insurance in their workplace. All information you provide will remain confidential.

Procedure

If you agree to participate in this study, you will be asked to do the following:

1. You will be asked to complete a set of questionnaires consisting of three scales that measure the research variables. Completing the questionnaires will take approximately 15–20 minutes.
2. With your permission, the administration of the scales will begin.
3. If you feel fatigued at any point, you may take a break until you feel ready to continue.

Potential Risks and Discomforts

Any risks, discomforts, or inconveniences associated with this study are expected to be minimal. You are free to discontinue your participation at any time if you feel uncomfortable.

Potential Benefits to Participants and/or Society

You may not benefit directly from participating in this study. However, the research is expected to contribute to a better understanding of how to support your well-being.

Compensation for Participation

You will not receive any payment or other compensation for participating in this study. There is no cost to you for participating.

Confidentiality

Any information that could identify you will not be disclosed to anyone outside the research team. However, the researcher will use the collected data for research and in publications. We may also use the information obtained from this study for publication or educational purposes. Any information used for publication will not personally identify you.

Participation and Withdrawal

You can choose whether to participate in this study. If you agree to participate, you may withdraw at any time without penalty or loss of benefits to which you are otherwise entitled. You may also refuse to answer any question you do not wish to answer. There is no penalty for withdrawing from the study, and you will not lose any benefits to which you are otherwise entitled.

Researcher Identification

Degree:

Department:

University:

Mobile:

Email:

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have received a copy of this consent form.

Name (optional):

Signature: _____ Date: _____

Appendix B

Demographic Form and Interview Guide Questions

Research Questions:

Demographic Information

1. What is your highest level of education?
2. What is your current job title?
3. How many years have you been working at KSMC?
4. In which department do you currently work?

Awareness, Knowledge, and Experiences

- What are your perceptions of MMI?
- What steps has your institution taken to raise awareness about the importance of MMI and the rationale for healthcare professionals to obtain it?

In what ways do you believe MMI can protect you in your professional practice?

How middle manager connected bedside care in OPD with strategies of magnet and strategic goal

Our nurse manager backs us in decision-making even in conflicts with physicians

Our nurse manager is supportive of RNs on our unit

Our nurse manager is a good leader for our unit

Ophthalmology is one of the busiest clinics in the ACS. A lot of patients will receive eye drops, and they have to wait for some time before entering the clinic. Once the patient receives the drops, they will keep disturbing the nurses and doctors to let them in and finish the procedures.

A clock timer idea came to let each patient receive the eye drop will scan the time that will count the time for them automatically. Once the time has passed, the patient will come to the nurse for further procedures.

Strategies alignment

Conducted Tracer Rounds and Quality Metrics Challenges to align bedside nursing practices with the **Magnet framework** and strengthen compliance with safety and quality standards.

- Promoted a **shared decision-making model** to enhance nursing engagement and accountability
- Implemented a collaborative governance structure to involve nurses in clinical and operational decisions
- Enabled frontline staff to contribute to policy and practice through shared governance
- Fostered a **nurse-driven leadership framework** to improve ownership and quality of care
- Encouraged a **participative leadership culture** to support continuous improvement and team empowerment

Staff Engagement Strategies

One-on-one sessions to assess strengths and areas for growth and delegate the task based on it

Encouraging involvement in daily assignments, scheduling and improvement initiatives

Empowering the Team

Delegation of responsibilities to enhance accountability and support to sustain motivation

Recognition of staff efforts to boost morale

Transformation Leadership

Inspired and guide teams building trust through transparency and communication

Creating a supportive environment that nurtures professional growth

Quality

Implemented patient safety goals across Outpatient Laboratory and Orthopedic units through structured tracer rounds, policy compliance checks, and targeted action plans.

Monitored NDNQI indicators (*falls, RN–RN interaction, RN–Physician communication, patient satisfaction*) and integrated findings into continuous improvement initiatives to enhance safety and care reliability.

Ensured full compliance with the Mystery Shopper Checklist and applied **immediate corrective actions** to sustain safe practices and eliminate recurring gaps.

Reduced patient risk and improved clinical outcomes through standardized workflows, timely documentation, and strengthened adherence to KSMC safety policies.