

Community Mental Health Nursing in Saudi Arabia: Current and Future Challenges

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Abstract

This study aimed to explore the current and future challenges that facing the application of community mental health nursing in Saudi Arabia. A consensus obtained by the experts. A Delphi method was used in this research. This approach has prepared ground work for educators, researchers and practitioners in future understanding perspectives of expertise about the current and future challenges for community mental health nursing in Saudi Arabia. The data was collected over three rounds, the first round the researcher utilized three open-ended questions questionnaire. Following the content analysis of the open-ended questions (86) were elicited 34 on the current challenges, 26 on the potential future challenges and 26 on the suggested methods on how to start implementing it. 29 items questionnaires were then constructed with the three categories and were utilized during the second and third round of the study. The initial study sample included 9 males and 6 females, Saudi and non-Saudi, clinical or academic workers of those who hold master degree or PHD in psychiatric nursing. During the second and third round only N= 10 and N= 8 of the experts agreed to continue in participating in the study. The results of the study showed that consensus among the experts were reached on 18 elements with agreement level of 70% or more, 5 of them on the current challenges, 3 on the potential future challenges and 10 on the suggested methods on how to start implementing the community mental health nursing. In conclusion, it was apparent that the expert panel believes there are many elements that shape the challenges facing the community mental health nursing and other elements that should be considered when applying the program.

Keywords: Mental Health, Nursing, Community Health, Delphi method, Kingdom of Saudi Arabia.

Introduction

The mental health system in the kingdom of Saudi Arabia has been influenced by major developments in the health sector. The primary health care centers (PHC) were established in the kingdom in 1989 whereby each family was required to register at a PHC in their locality. At the time, the PHC were not linked to the mental health care departments hence a patient who required mental attention was referred to tertiary care teaching hospitals or the local general hospitals. The World Health Organization (WHO) advised the country to link each PHC center to a particular PHC. The kingdom heeded to the advice and by the year 2000, a considerable number of PHC were linked to mental care departments. (Samartzis and Talias, 2020; WHO, 2018).

Mental health nursing plays a major role in enabling a country achieves its mental health goals (Farmakas, et al., 2014). In 2007, the Saudi Arabian Mental and Social Health Atlas (SAMHA) was developed to identify the mental needs of the population and provide reasonable strategies to address the issues. One of the major challenges identified by SAMHA was a low number of men-

tal health providers including mental nurses. Additionally, there were limited laws to govern how mental health is administered and thus SAMHA led to the formulation of the Mental Health Act (MHA) of 2012.

Over the past 30 years, the number of psychiatrist hospitals in the Kingdom of Saudi Arabia has increased by over ten times. There are 21 health facilities that have specialized on psychiatric services including Al-Amal Hospitals in Riyadh and Dammam. The average bed capacity over the past three years has been 12 per 100,000 people. The number of psychiatric professionals has also increased over the years. According to SAMHA-2010, the number of healthcare providers in the mental health facilities has increased from three in 1977 to 700 psychiatrists, 1980 psychiatric nurses, 515 psychologists in 2010 and 611 therapists (Qureshi, Al-Habeeb, & Koenig, 2013). The number of undergraduates and post-graduates programs has also been on the rise.

The challenges that face the community mental health nurses can hinder the improvement of the mental care system in the country, where the patients stay longer period of time in the institutions, the escalation of relapse rate, increasing in the gap of knowledge and turnovers on the profession. The overload of work can divert the attention from seeking more studies to develop the system.

Although the facilities in KSA have increased the environment under which the health care providers work has not been enhanced. The mental nurses require a conducive environment under which they operate. The ratio between the nurses and the patient should be 1 nurse for every 6 patients according to various laws and professional bodies. However, KSA has not achieved the ratio. Thus, the nurses are overwhelmed by the patients. The number of patients is increasing due to the pro-longed stay in the facilities. Mental health nurses require special security since they can be attacked by the patients. Some of the health facilities have not yet implemented measures to mitigate the risks that nurses exposed to in their duties.

There is a number of articles which been carried out on the welfare and situation of the nurses in Saudi Arabia. The major research in the psychiatric health was carried out by the Saudi Arabian Mental and Social Health Atlas (SAMSHA) in 2010. Alboliteeh, Magarey and Wiechula (2017) discussed the nursing services depending on gender, male and female and the required factors to develop the nursing job in Saudi Arabia like appropriate education, training, respect and good life conditions. However, the recommendations of SAMSHA were only focused on improving infrastructure, expanding substance abuse services, starting-up Continuing Medical Education (CME) programs and develop social service units in the Kingdom. Thus, the research did not consider the environment under which mental nurses and other professionals operate. In Saudi Arabia, nursing is a less desirable career choice for Saudi nationals in comparison to other professions. There are a number of challenges facing nurse practitioners (Lamadah & Sayed, 2014). More research should thus be carried out to understand the mental nursing profession and its challenge such as the study mentioned by (Al-Dossary, 2018) about the healthcare sector, in which, nurses make up the majority of healthcare providers. Like the rest of the world, Saudi Arabia suffers from a chronic shortage of qualified nurses as well as high turnover rates among nurses, with consequent repercussions on the quality of care provided (Aboshaiqah 2016). This shortage, combined with a vigorous development and expansion in governmental and private healthcare organizations, has created an acute need for expatriate nurses. In fact, Saudi hospitals depend mainly on an expatriate workforce of nurses (more than 60%) who come from more than 40 diverse countries, including the United States, Australia, the Philippines and India (Hassan, 2017). From the research, various recommendations can be provided to improve the profession thus enable the country achieve the National Transformation Program (NTP) 2020 and the Saudi Vision 2030.

To achieve the health objectives stipulated in the Saudi Vision 2030 document, the Kingdom is required to build, equip and support health facilities. However, the health facilities cannot function as expected if the nurses and other professionals are not only equipped but also supported. This study will help revealing the current and future challenges for the community mental health nursing, in which the overcome of those challenges will greatly help achieving the Saudi vision of 2030, decreasing the number of patients in hospital and following the mentally ill patients in the society, which help in their treatment and reduce the replace rate. Additionally, the study will determine the challenges faced by the nurses that not only endanger their lives but also hinder them from being productive. The study will provide detailed information concerning the sources of the problems, the extent of their challenges and measures that can be taken to prevent the risks posed by the challenges. Recent studies did not take into considerations the potential future challenges facing mental health nurses working in Saudi community sitting and also the potential future challenges facing the community mental health nursing specifically in Saudi Arabia.

Study Aim and Objectives

This study aims to explore the current challenges facing mental health nurses in the Saudi community sitting and also studying the challenges facing the community mental health nursing specifically in Saudi Arabia. Besides, the study aims to achieve the following objectives:

1. To identify the demographic characteristic of the participants involved in this study.
2. To explore the potential future challenges facing mental health nurses working in Saudi community sitting and also explore the potential future challenges facing the community mental health nursing specifically in Saudi Arabia.

Research Questions

Based on the literature review and the objective of the study, the formulation of research questions is of invaluable importance to the study. Therefore, the study will be guided by the following research questions:

1. What are the selected sample characteristics?
2. What are the current challenges facing mental health nurses working in the community sitting?
3. What are the current challenges facing the community mental health nursing specifically in Saudi Arabia?
4. What are the potential future challenges facing the mental health nurses working in the community sitting?
5. What are the potential future challenges facing community mental health nursing specifically in Saudi Arabia?

Literature Review

Education-based Challenges

Many of the challenges regarding the education-based relate to the scholars losing their passion due to various reasons or the knowledge gap and practice. According to a questionnaire administered by Alboliteh, Magarey and Weichula (2017) in mental hospitals within the Ministry of Health, it was established that a large portion of Community Mental Health Nurses (CMHNs) joined the profession due to advice from family. A small proportion of the respondents pointed that the passion to help the mentally ill was the motivation to join the profession. Family advice is a strong influence for scholars' choices within Saudi Arabia, mainly parents, relatives and/or guardians. Many of the CMHNs join the profession due to family pressures and they end up in the field against

their passion drives. The result has been poor performance of CMHNs, decreased motivation and failure to implement the educational values taught within the profession.

Mansour et al. (2016) conducted research on nursing students in Saudi Arabia using structured questionnaires to investigate the factors that influence student attrition in the profession. The research revealed that most of the drop out scholars were pushed by lack of interest in Community Mental health Nursing while a small section of the respondents pointed to financial issues and inability to meet the terms of payment for tertiary fees. Scholars within the profession have high hopes while choosing nursing as a profession but later on realize that nursing is more demanding than they had anticipated. These scholars consequently drop out of nursing and join other professional courses that intrigue them. A section of the respondents also pointed out that the fees demanded for nursing together with the payment plans implemented by nursing schools was contrary to their abilities. This forced them to drop out despite their passion to become CMHNs.

Mansour et al. (2016) argue that student attrition is a direct cause for the shortage of community mental health nurses within the Kingdom of Saudi Arabia. The Ministry of Health within Saudi Arabia has been misled by the nursing intake statistics for CMHNs. While this profession has a significant number of intakes every year, many scholars drop out after realizing that the field does not meet their expectations and/or does not fulfill their passion.

Jamshidi et al. (2016) argue that community mental health nursing relies upon both theory and practice to produce competent CMHNs. Exposure to the nursing practices enable the scholar to gain the necessary skills, knowledge and attitude necessary for offering services to the mentally ill. Aboshaiqah et al. (2018) argue that clinical practice is very imperative for the profession since it transforms the learner into critical thinkers and effective problem solvers. Ismaile (2017) carried out a quantitative description research inquiry on final-year nursing students at Princess Nourah University to determine the distresses that clinical practice bears on the scholars. The results of the research point that most CMHNs face stress while handling mentally ill patients. The research findings suggest that there is a big theory-practice gap that Saudi Arabian CMHNs are not able to adjust to.

Aboshaiqah et al. (2018) add that effective learning by CMHNs from clinical learning environments is impeded by stress and anxiety. CMHNs have a hard time adjusting to the practical aspect of the profession mainly due to what they see and what they are tasked by their tutors. Most of these scholars cannot handle staying close to mentally ill patients. Many of them realize that the theory learnt within the classroom is different from the experience of working with patients.

Ismaile (2017) adds that clinical mental health scholars face unsatisfactory supervision challenges from their tutors. These scholars are not given proper hands-on experience by their tutors and sometimes the learner drifts away from the practical. These learners are repelled by the condition of their jobs at first and their tutors are not keen enough to identify and address to this issue.

System Challenges

In regards the system in Saudi Arabia, many challenges exist because of the corneous development of the system. There are major challenges the system facing such as the poor working conditions, the rate of turnover in community mental health nurses, the workload and burnout and the deinstitutionalization of mental health care.

Al-Makhaita, Sabra, & Hafez (2014) suggest that poor working conditions within Saudi Arabia's community mental health institutions is the cause of stress among CMHNs. Al-Makhaita, Sabra, & Hafez (2014) conducted a cross-sectional epidemiological study on 637 nurses from 17 mental health care centers within Saudi Arabia. This research revealed that most CMHNs have had to put up with below-par working conditions. Mental health care centers within the country have neglected the environment their nurses work in while prioritizing the front stage areas where visitors

access. This prioritization has been motivated by the need to create a good image for the facilities to external parties.

Al-Omar (2003) conducted research on five MOH hospitals by administering questionnaires to determine the causes of stress within the field of nursing as well as the symptoms of stress. The research revealed that poor working condition was a common reason for work stress within this field. Participants pointed that temperature of the rooms, improper systems of lighting, and environmental noise affect their operations. The research further pointed that CMHNs who have to put up with work stress have been negatively affected and some turn to deviant behaviors. Some participants working under stress have engaged in alcoholism, absenteeism, poor job performances and poor working relationships with colleagues.

Alomani (2016) adds that the nursing profession is a demanding field that requires careful design of the environment, but majority of the mental health care centers have neglected this fact. Occupational stress among nurses worldwide has been a growing concern and the nature of the job makes it no easier. Nurses have been neglected by associated institutions and the environment they are forced to work in are a great contributor to their poor job performance. Ismaile (2017) argues that poor working conditions within Saudi Arabia's mental health centers have diminished the quality of clinical practice imparted to scholars. Tutors have lost interest in their working areas and as such they care less about the skills and knowledge attained by learners during clinical practice. Learners have also picked up these attitudes exemplified by their tutors, consequently undermining the importance of clinical practice.

Alharthi and Sheikh (2018) conducted research using cross-sectional survey to determine the factors behind turnover among Saudi Arabian psychiatric nurses within five Ministry of Health hospitals. The research reveals that CMHNs quit their roles due to family obligations, the decision of their guardians and due to personal reasons. Majority of the CMHNs being female find it difficult to balance their work life and their responsibilities as wives and parents back at home. According to the culture within the Kingdom of Saudi Arabia, their family obligations overweigh their professional needs and as such these nurses are forced to create more time by quitting their jobs. Additionally, parents are a significant influence on the decision of their children within the country. Guardians may force their children to quit their job by pressuring them to dedicate more time to household duties. Alharthi and Sheikh (2018) also note that nurses quit their jobs due to personal issues including social vices that make them unable to perform their duties as well as illnesses that may force them to concentrate more on their health and less on their jobs. Alharthi and Sheikh (2018) predicts that these factors will still be contributors to turnover in the future due to the static nature of culture within the country.

Al-Ahmadi (2006) conducted research on 434 nurses working in nine different psychiatric hospitals within Saudi Arabia using questionnaires to determine the determinant of nurse turnover within the sector. This research reveals that CMHNs quit their jobs due to nationality, age, experience and education. Foreign Psychiatric nurses often have to obtain work permits in order to serve in the country. If and when these permits expire, they are forced to leave for their countries of origin or other countries. These CMHNs are attracted by better paying jobs and as such choose not to renew their work permits within Saudi Arabia. Additionally, CMHNs quit their jobs when they clock the industry's retirement age and some seek to further their mental health care education in a bid to secure better paying jobs in other Psychiatric hospitals.

Habadi et al. (2018) conducted a cross-sectional survey on 182 nurses working within Saudi Arabia's mental health centers to determine the reasons and effects of the burnout syndrome on these CMHNs. The research reveals that the burnout syndrome is mainly brought about by the acute

shortage of CMHNs within the country. This shortage has resulted in overworking of the few CMHNs in Psychiatric hospitals as they attempt to serve the growing number of psychiatric patients in Saudi Arabia. CMHNs are forced to live under these conditions due to the need to provide for their basic necessities. Habadi et al. (2018) argue that the burnout syndrome causes depression, anxiety and low personal motivation among CMHNs. Habadi et al. (2018) add that organizations suffer from overworking their nurses in that there is low productivity from the workforces and the quality of health care provided to patients decreases.

Alsuliman and Manea (2014) conducted research on 200 in-patient and out-patient psychiatric nurses working in Tabuk Military Hospital using questionnaires to determine the prevalence of burnout together with the risk factors associated with the latter. The research revealed that majority of the psychiatric nurses complained about burnout and lack of adequate time to rest to minimize the burnout. These participants pointed out that the complexity of their jobs within the military camp was big contributor towards burnout. Additionally, the participants highlighted the skill gap within the camp as another reason why they are forced to work beyond expectations. Some of the psychiatric nurses within the camp do not possess the necessary skills and experience to handle 'extremely special' patients. The research also revealed a shortage in psychiatric nurses as another cause for burnout.

Koenig et al. (2013) add that the Kingdom of Saudi Arabia developed a strategic plan in 2007 to cover the unmet social and mental needs of patients within the country. Major areas highlighted by the strategic plans include to expand the services provided by substance abuse among Saudis, to put up social service units and to create research units to conduct applied research. These strategic plans have been initiated and implemented but not to the extent expected for 10 years (2007-2018). Koenig et al. (2013) argue that services dedicated to substance abuse have not been mobilized for the benefit of the whole country. There still remain areas within Saudi Arabia that are lacking the human resources and facilities necessary for handling substance abuse patients. The same case applies for social service units where focus has been on mental health issues over the past decade, neglecting the training and hiring of nurses to offer social services. The number of mental health institutions within the Kingdom has risen over the past decade but still falls short of the actual strategic plans for the sector. Mental patients have been forced to overcrowd in the presently functioning mental institutions.

Al-Habeeb, Helmi and Qureshi (2016) conducted research on deinstitutionalized mental health care facilities within Saudi Arabia using semi-structured formats to determine the effects of deinstitutionalization. The results of the research indicated that organizations and patients benefited from the policy but there were challenges mainly faced by mental health care facilities that need urgent addressing. The research reveals that caregivers within these facilities were having hard times coping with the nature of their jobs. These caregivers found it burdensome to perform their responsibilities and most of them pointed to patients and the households as the reason for this issue. Deinstitutionalization was adopted in Saudi Arabia before ensuring that the caregivers were well acquainted for the tasks therein.

Kliwer, Melissa and Trippany (2009) add that society also was not well prepared for deinstitutionalization. The society within the Kingdom has been slow to integrate the mentally ill, and the former still cling on beliefs that these patients are dangerous. This has led to social rejection, victimization, harassment and stigmatization of these patients. The result is that deinstitutionalization has been impeded in its objective of improving the quality of mental health services.

Social Challenges

Hannigan and Coffey (2003) argues that isolation and social exclusion of psychiatric patients is a reality that has existed in the past and present contexts, and the future may not change. Psychiatric patients are often left to mingle with other patients of similar conditions due to the perception that they're not fit to co-exist with society. This case also applies to the friends and families of mental patients. These social groups continually minimize the amount of time they spend with the patients and this forces the latter to hold close relationships only with other patients within the mental health care facility.

Sewilam, et al. (2015) argues that psychiatric patients are isolated from society by denying them the basic parameter of work inclusion. Work is an imperative factor that defines our identity. Unpaid work, in particular, gives us a sense of pride and belonging within the society. Unpaid work includes raising our children and engaging in political as well as religious contributions in a bid to create a better society. Sewilam, et al. (2015) argues that society denies psychiatric patients the opportunity to engage in social work and instead they remain enclosed in facilities that limit them to interaction with CMHNs and patients of similar disorder.

Dawood and Modayfer (2016) conducted research on 200 CMHNs within 10 Ministry of Health psychiatric facilities in Saudi using questionnaires to determine how they are treated and perceived by society. The research reveals that nurses are ideally treated the same way as psychiatric patients. Most respondents mentioned that their families continued to treat them normally despite showing concern over the nature of work they engage in and the type of patients they attend to. Some of the CMHNs mentioned that their families have attempted to advise them to leave the profession and venture into another avenue within the field of health care. Majority of the respondents mentioned that it became increasingly difficult to maintain social ties with their friends and peers after they became CMHNs. Friends started treating them differently with the perception that spending a large portion of their day with psychiatric patients had affected them. Some of the CMHNs mentioned they are now forced to hold smaller social circles than before due to the fear of being harshly judged and isolated.

Alahmed, Anjum and Masuadi (2018) conducted cross-sectional research on 400 random Undergraduate health scholars in Riyadh using questionnaires to determine the prevalence of harassments and bullying in mental tertiary institutions within the country. The research revealed that almost half of the medical students had experienced bullying, victimization or other types of harassments to varying degrees while undertaking their medical education programs. The victims pointed to verbal abuse, unnecessary pressure to perform and/or solicitation of sexual favors from other scholars, tutors and colleagues. Alahmed, Anjum and Masuadi (2018) point that these forms of harassments in the education program have affected the scholar's ability to receive quality education by being constant distractions to their wellbeing on and off learning sessions.

Almutairi et al. (2020) stated that while the role of nurse practitioner has been successfully integrated into the healthcare systems of the U.S., Canada, the UK and Australia for decades, the advanced practice registered nurse (APRN), which includes nurse practitioners and clinical nursing specialists, is still not being implemented effectively in Saudi Arabia due to a variety of regulatory, institutional and cultural barriers. The author looks at some of those barriers and offers recommendations of how they might be overcome. Given that in many parts of the world, nurse practitioners are considered an essential component to meeting healthcare demands, the author considers the question of whether APRNs can find a role in Saudi Arabia's healthcare system.

Materials and Methods

This study is Phenomenological, where it examines human experiences through the descriptions provided by the people involved. Therefore, a qualitative approach was used to explore and understand the current and potential future challenges of both the community mental health nurses working in the community and specifically the community mental health nurses working in Saudi Arabia.

In this research, The Delphi technique was used for collecting the data, this chosen approach has groundwork for the educators, researchers, and practitioners in further understanding for the experts prospective about the current and future challenges that facing community mental health nurses in Saudi Arabia. It will also identify many points for more specific research in the future.

The Delphi technique is represented by structuring a group of communication process that deals with a group of individuals as a unit to solve complex problems. To achieve structure commendations, assessing opinions of individuals by groups and getting feedback responses of individuals by collecting information and knowledge to achieve judgment after agreement between the individuals' responses is needed (Okoli & Pawlowski, 2004).

Purposeful sampling was employed where participants were selected based on pre-selected criteria which depends on selecting professionals' samples involved and facing the challenges of community health nursing in KSA based on the research question. The number of the subjects available was 20 that including all the senior teaching plus the clinical staff in mental health nursing that have master degree or Ph.D. in mental health / psychiatric nursing.bn

Data Analysis

The three rounded Delphi process

First round: In the first round, the Delphi process traditionally begins with an open-ended questionnaire. The open-ended questionnaire serves as the cornerstone of eliciting specific information about a content area from subjects. After receiving subjects' responses, investigator\ s need to convert the collected information into a well-structured questionnaire. This questionnaire used as the survey instrument for the second round of data collection. (Custer, Scarcella & Stewart, 1999).

Second Round: In the second round, each participant receives a second questionnaire and is asked to review the items summarized by the researchers based on the information provided in the first round. Accordingly, Delphi panelists may be required to rate or "rank-order. A questionnaire will be designed based on data elicited from the first round and will be subject to pilot test. The questionnaire was distributed to the participants to seek their views on each item elicited from the first round and rank them according to highest agreement.

Third Round: Hsu & Sandford (2007) citing Jacobs (1996) points out that each Delphi panelist receives a questionnaire that includes the items and ratings summarized by the researchers in the previous round and are asked to rerate their judgments or to determine the reasons for remaining outside the consensus. This round according to Jacobs, gives participants an opportunity to make further clarifications of both the information and their judgments about the relative importance of the items.

Moreover, the respondents were required to write down their names or their position in the health facility so as to guarantee them of their anonymity. Additionally, they were not required to identify themselves whatsoever to give them more confidence in answering the required questions.

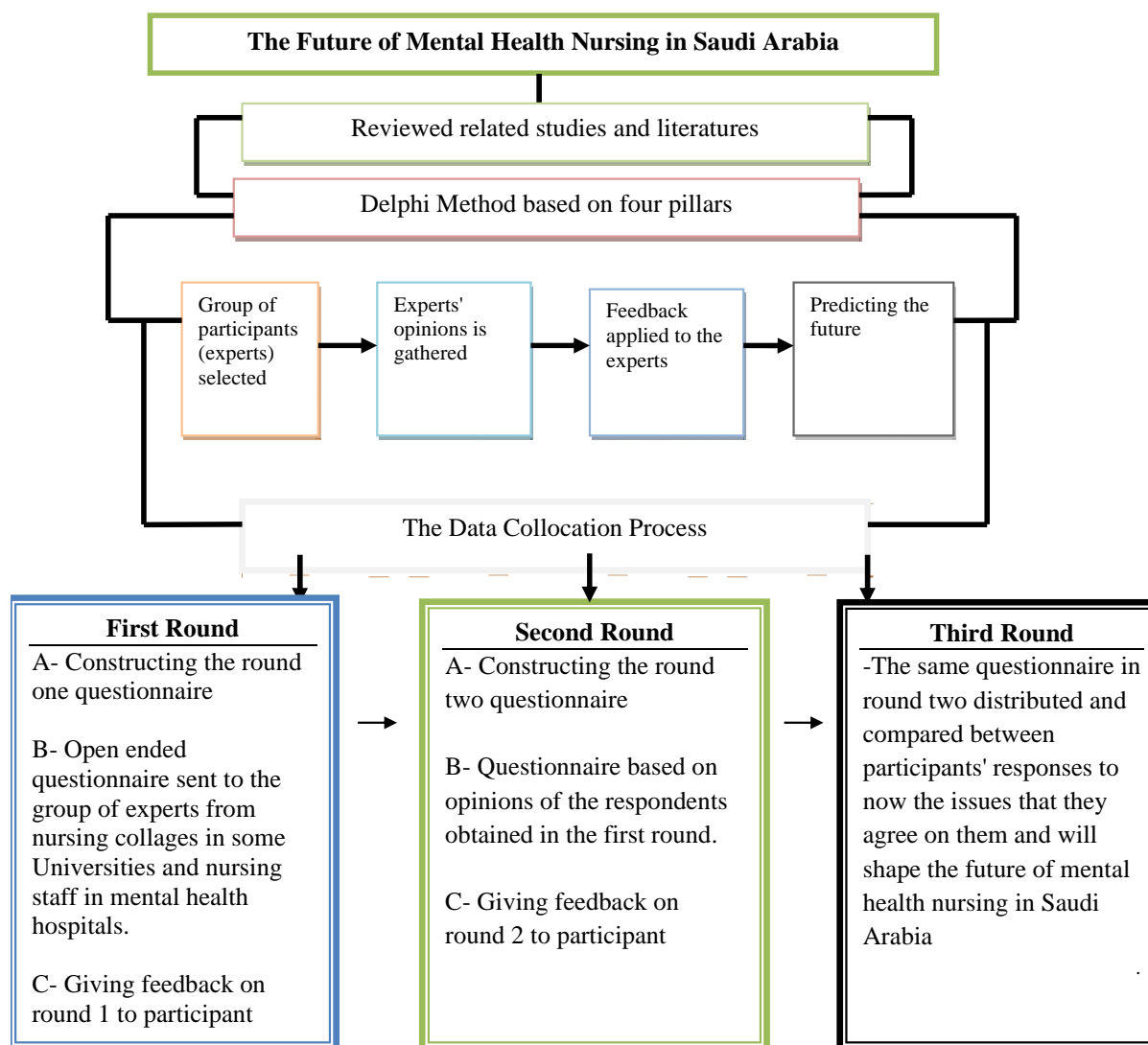


Figure 1. Data Collection Process

During the first-round content analysis of collected data was performed. The data were revised, coded as themes, categorized, and computerized. The second and third rounds were analyzed using Statistical Package for Social Science (SPSS). Frequency distribution tables were utilized to describe variables (Figure 1).

The Delphi technique is widely used method for collecting data from respondents within their domain of expertise. The technique is designed as a group communication process which aims to achieve a concurrence of opinion on a specific issue (Hsu & Sandford, 2007). The process has been used in various fields of study to develop a full range of alternatives, explore or expose underlying assumptions. The Delphi technique is well suited for consensus-building by using a series of questionnaires delivered using multiple iterations to collect data from a selected subject. The minimum time requirements conducting a Delphi is 45 days, in addition to two weeks for the subjects to respond to each round is preferred. The number of the Delphi rounds ranges from one to eight to

reach the consensus of experts. There is no standard for determining consensus, some suggest that consensus should be equated with 51% agreement among respondents, others have a 70 % and others suggested 75% while other for an 80% agreement among participants. The sample selection of Delphi subjects' dependent individuals' backgrounds and experiences concerning the target research, and specializing in the field or who have knowledge about the subject. The selection of the sample of experts involves nonprobability sampling techniques, (purposive sampling or criterion sampling). The size of the expert targets varies and ranges from 4 to 3,000. Therefore, the optimal size and composition of the panels is unknown.

Results and Discussion

Analysis of Expertise Agreement and Consensus

Second and Third Rounds

Second and third rounds were categorized according to the content analysis of the open-ended questions provided in round one. The investigator compared between the scores in round two and three to determine the agreement level among experts on the basis of percentage of frequencies on every item.

Part One: Current Challenges

As shown in next table the researcher compared between round two and three. The items that have an agreement level over 70% reflects experts' agreement and consensus on the items that should shape up the current challenges that faces the community mental health nurses in Saudi Arabia.

Table 1. The current challenges that facing the application of community mental health nursing practice in Saudi Arabia

| The current challenges that facing the application of community mental health nursing practice in Saudi Arabia | | M | SD | % | No. participant agree |
|---|----|----------|-----------|----------|------------------------------|
| Social stigma | R2 | 4.40 | 0.52 | 60% | 06/10 |
| | R3 | 4.25 | 0.46 | 75% | 06/08 |
| Lack of qualified nurses | R2 | 4.60 | 0.52 | 60% | 06/10 |
| | R3 | 4.75 | 0.46 | 75% | 06/08 |
| Illiteracy and lack of awareness about the community mental health nursing practices | R2 | 4.60 | 0.70 | 70% | 07/10 |
| | R3 | 4.63 | 0.52 | 62.5% | 05/08 |
| Lack of qualified trainers and training programs | R2 | 4.30 | 0.82 | 50% | 05/10 |
| | R3 | 4.88 | 0.35 | 87.5% | 07/08 |
| Shortage of facilities | R2 | 2.90 | 1.10 | 50% | 05/10 |
| | R3 | 2.75 | 1.16 | 62.5% | 05/08 |
| Limitation of resources | R2 | 3.20 | 1.32 | 50% | 05/10 |
| | R3 | 3.38 | 1.19 | 75% | 06/08 |
| Shortage of training institutions | R2 | 3.50 | 1.18 | 40% | 04/10 |
| | R3 | 3.13 | 1.36 | 37.5% | 03/08 |
| Restrictions of rules that permit to research in clinical settings | R2 | 3.90 | 0.88 | 60% | 06/10 |
| | R3 | 4.13 | 0.99 | 50% | 04/08 |
| Clear job description and scope of community health nursing practice | R2 | 2.40 | 1.51 | 40% | 04/10 |
| | R3 | 1.88 | 1.64 | 75% | 06/08 |

Overall expert consensus regarding the first part was statistically significant. The mean scores for Round 2 were = (3.76), and for Round 3 was = (3.75), indicating a move toward consensus among the group. items 3,5,7 and 8) have agreement level under 70%. This indicates that there remain many areas of disagreement among experts concerning the importance of the elements that make a current challenge to community mental health nursing in Saudi Arabia. The statements that have agreed over 70% rated as ranging from “agree” to “strongly agree” by experts except for item number 9 which is it “strongly disagree”.

Part Two: Future Challenges

As shown in next table the researcher compared between round two and three. The items that have an agreement level over 70% reflects experts' agreement and consensus on the items that should shape up the potential future challenges that faces the community mental health nurses in Saudi Arabia.

Table 2. Potential future challenges that you believe will be facing the application of community mental health nursing practice in Saudi Arabia

| Potential future challenges that you believe will be facing the application of community mental health nursing practice in Saudi Arabia | | M | SD | % | No. participant agree |
|---|----|------|------|-------|-----------------------|
| Shortage of health careers in this area | R2 | 4.10 | 0.57 | 70% | 07/10 |
| | R3 | 4.13 | 0.64 | 62.5% | 05/05 |
| To raise the awareness of the community and prove the roles of community psychiatric nursing especially with the upcoming changes coming with the Saudi Arabia vision of 2030 | R2 | 4.30 | 0.48 | 70% | 07/10 |
| | R3 | 4.13 | 0.35 | 87.5% | 07/08 |
| Acceptance of patients' families to permit health care team members to intervene or even assess their patients | R2 | 4.00 | 0.82 | 70% | 07/10 |
| | R3 | 4.00 | 0.93 | 62.5% | 05/08 |
| To enhance the community mental health/psychiatric nursing programs with the knowledge and view of vision 2030 of Saudi Arabia | R2 | 4.10 | 0.74 | 50% | 05/10 |
| | R3 | 4.25 | 0.46 | 75% | 06/08 |
| Financial resources | R2 | 3.90 | 1.2 | 40% | 04/10 |
| | R3 | 3.88 | 1.55 | 50% | 04/08 |
| Inefficiency, lack of credibility, unreal report from staff | R2 | 3.20 | 1.32 | 30% | 03/10 |
| | R3 | 3.00 | 1.07 | 37.5% | 03/08 |
| Clinical focus should be constantly monitored and evaluate its consistency | R2 | 4.30 | 0.48 | 70% | 07/10 |
| | R3 | 4.25 | 0.46 | 75% | 06/08 |
| Managing psychiatric symptoms | R2 | 3.50 | 1.18 | 60% | 06/10 |
| | R3 | 3.88 | 1.25 | 62.5% | 05/08 |

Overall expert consensus regarding the second part was statistically significant. The mean scores for Round 2 were = (3.93), and for Round the same, indicating a move toward consensus among the group. items (1,3,5,6 and 8) have agreement level under 70%. This indicates that there remain many areas of disagreement among experts concerning the importance of the elements that should predict the future challenges that face the community mental health nursing in Saudi Arabia. The statements that have agreed over 70% rated as ranging from “agree” to “strongly agree” by experts.

Part three: the implementation of community mental health nursing program

As shown in next table the researcher compared between round two and three. The items that have an agreement level over 70% reflects experts' agreement and consensus on the items that should shape up the best methods to start implementing community mental health nursing program in Saudi Arabia.

Table 3. How best do you think that the program of community mental health nursing should be implemented

| How best do you think that the program of community mental health nursing should be implemented | | M | SD | % | No. participant agree |
|---|----|------|------|-------|-----------------------|
| 1.By filling the gap between resources and health care system | R2 | 4.70 | 0.48 | 70% | 07/10 |
| | R3 | 4.50 | 1.07 | 75% | 06/08 |
| 2.Increase the awareness of Importance of this community mental health nursing | R2 | 5.00 | 0 | 100% | 10/10 |
| | R3 | 5.00 | 0 | 100% | 08/08 |
| 3.Planning and training the mental health nurses in order to meet the future demand | R2 | 4.90 | 0.32 | 90% | 09/10 |
| | R3 | 5.00 | 0 | 100% | 08/08 |
| 4. Planning and implementing the effective community mental health nursing care, as per the assessment done. Which can be adopted from various strategies followed in other countries | R2 | 4.70 | 0.48 | 70% | 07/10 |
| | R3 | 4.88 | 0.35 | 87.5% | 07/08 |
| 5.Expanding the research for community mental health/psychiatric nursing to cover the diagnostic, therapeutic, developmental, awareness and training aspects | R2 | 4.80 | 0.42 | 80% | 08/10 |
| | R3 | 4.88 | 0.35 | 87.5% | 07/08 |
| 6.Cooperation between universities, hospitals and community institutions concerned with the promotion of mental health | R2 | 4.90 | 0.32 | 90% | 09/10 |
| | R3 | 4.75 | 0.46 | 75% | 06/08 |
| 7.Cooperation with students' counselors at schools at various stages of school's educations to enhance students' mental health and understanding the value of mental health and psychiatric therapy | R2 | 4.80 | 0.42 | 80% | 08/10 |
| | R3 | 4.75 | 0.46 | 75% | 06/08 |
| 8.Constant monitoring and evaluation of the faculty | R2 | 4.60 | 0.42 | 60% | 06/10 |
| | R3 | 4.63 | 0.52 | 62.5% | 05/08 |
| 9.Creating diploma in community mental health nursing | R2 | 4.20 | 0.92 | 50% | 05/10 |
| | R3 | 4.88 | 0.35 | 87.5% | 07/08 |
| 10.Scholarships for nurses to pursue master and doctorate in community mental health nursing | R2 | 4.30 | 0.67 | 50% | 05/10 |
| | R3 | 4.25 | 0.71 | 50% | 04/08 |
| 11.Reward the staff who work on community to attract more workers and encourage the ongoing of this carrier | R2 | 4.90 | 0.32 | 90% | 09/10 |
| | R3 | 5.00 | 0 | 100% | 08/08 |
| 12.Providing safe and comfortable environment for the community psychiatric nurses to work especially for female | R2 | 5.00 | 0 | 100% | 10/10 |
| | R3 | 5.00 | 0 | 100% | 08/08 |

Overall expert consensus regarding the third part was statistically significant. The mean scores for Round 2 were = (4.73), and for Round 3 was = (4.79), indicating a move toward consensus among the group. Items (8 and 10) have agreement level under 70%. This indicates that there remain many areas of disagreement among experts concerning the importance of the elements that should shape up the best methods to start implementing community mental health nursing program in Saudi Arabia. The statements that have agreed over 70% rated as ranging from “agree” to “strongly agree” by experts

The experts’ panel who participated in this study were first asked to answer two open ended questions regarding current and potential future challenges that face mental health nursing in Saudi Arabia. Following the content analysis which conducted in the first round, a questionnaire was constructed and used during the second and third rounds. The results were analyzed, presented later on, and then discussed and compared with the reviewed literature.

The panel of experts rated 29 items in the total. The results showed that the panel members agreed and reached consensus with 70% or more in more than half of the items. The researcher will discuss highest rated items (Above 70% Agreement) in each Category of the education and practice domains respectively:

A: Highest-Rated items in current challenges (Three Rounds):

In round one the highest-rated items were social stigma, with the frequency of 7 of 10.

Coming next is illiteracy and lack of awareness about the community mental health nursing practices, with frequency 5 of 10. In round two, item 3 (illiteracy and lack of awareness about the community mental health nursing practices) rated as the highest important item with a mean score of (4.60) and standard deviation of (0.70). Item 4 (lack of qualified trainers and training programs) rated the highest in round 3 with a mean score of (4.88) and standard deviation of (0.35). The results in this study is in on terms with Prince & Nelson (2011), Hurley & Linsley (2006), Al-Habeeb & Qureshi, (2007) and Qureshi et.al (2013). They all recommended that training and practice in the field of mental health and mental health nursing needs to be improved and to be given more attention to improve skills and quality care for mentally ill people.

B: Highest-Rated items in potential future challenges (Three Rounds):

In round one, the item to specify the Shortage of health careers in this area comes highest with frequency of 8 of 10. Meanwhile, in round two, came the items Shortage of health careers in this area with mean score of (4.10) and standard deviation of (0.57), raising the awareness of the community and prove the roles of community psychiatric nursing especially with the upcoming changes coming with the Saudi Arabia vision of 2030 with mean score (4.30) and standard deviation of (0.48), the acceptance of patients' families to permit health care team members to intervene or even assess their patients with mean score of (4.00) and standard deviation of (0.82) and the clinical focus should be constantly monitored and evaluate its consistency with the mean score of (4.30) and standard deviation (0.48, comes as the highest rated agreements in round two. While in round three, the item that mentioned raising the awareness of the community and prove the roles of community psychiatric nursing especially with the upcoming changes coming with the Saudi Arabia vision of 2030, come sole highest with mean score of (4.13) and standard deviation of (0.35).

The results in this part also revealed that the expert panels expect those challenges to arise later on, suggesting to plan how to overcome those challenges later on. Comparing the results with that of Koenig et al. (2014) which discussed the mental health care in Saudi Arabia: past, present and future and concluded that the mental health system is making long strides toward addressing the mental health needs of its people. There is still a way to go in extending care to the entire population including expatriates, in developing training programs in Saudi medical centers and academic insti-

tutions particularly fellowship training in psychiatry subspecialties, and in conducting research to guide efforts to modernize the mental health care system. There are now plans to systematize, standardize, and expand mental health services across the country and to develop specialty training programs in every area, from child-adolescent to geriatric to addictions to consultation-liaison to forensic psychiatry. There is a tremendous opportunity for systematic research on the identification, course, and treatment of mental and emotional disorders in KSA. However, as psychiatry moves rapidly into the 21st century in Saudi Arabia, one cannot ignore the dominating influences that culture, family, and religion continue to have on the understanding, diagnosis, and treatment of mental disorders in this country.

C: Highest-Rated items in the best methods of implementing the program (Three Rounds):

The items mentioned filling the gap between resources and health care system, increase the awareness of Importance of this community mental health nursing and Planning and training the mental health nurses in order to meet the future demand, came highest frequency on round one, with frequency 5 of 10 from expert opinions. While in round two, came the items mentioned to increase the awareness of Importance of this community mental health nursing with mean score of (5.00) and standard deviation of (0), and Providing safe and comfortable environment for the community psychiatric nurses to work especially for female with mean score of (5.00) and standard deviation of (0), came with 100% agreement from all experts panel. They still the same in round three but adding to them the items mentioned Planning and training the mental health nurses in order to meet the future demand with mean score (5.00) and standard deviation of (0), and reward the staff who work on community to attract more workers and encourage the ongoing of this carrier with mean score of (5.00) and standard deviation of (0) raised to 100% from the expert panels' choices.

Conclusion

This study has identified a whole range of areas that should shape up the current and future challenges, and how to implement the program of community mental health nursing. It was apparent from the results of the study that the above research questions were thoroughly answered, and that all the statements go under each domain, the combined consensus for the current challenges are: social stigma, lack of qualified nurses, illiteracy and lack of awareness about the community mental health nursing practices, lack of qualified trainers and training programs, shortage of facilities, limitation of resources, shortage of training institutions, restrictions of rules that permit to research in clinical settings, and clear job description and scope of community health nursing practice.

Meanwhile, the combined consensus for the potential future challenges are: shortage of health careers in this area, to raise the awareness of the community and prove the roles of community psychiatric nursing especially with the upcoming changes coming with the Saudi Arabia vision of 2030, acceptance of patients' families to permit health care team members to intervene or even assess their patients, to enhance the community mental health/psychiatric nursing programs with the knowledge and view of vision 2030 of Saudi Arabia, financial resources, inefficiency, lack of credibility, unreal report from staff, clinical focus should be constantly monitored and evaluate its consistency, and managing psychiatric symptoms.

Moreover, the combined consensus for the best method to apply the program are: by filling the gap between resources and health care system, increase the awareness of Importance of this community mental health nursing, planning and training the mental health nurses in order to meet the future demand, planning and implementing the effective community mental health nursing care, as per the assessment done. Which can be adopted from various strategies followed in other countries, expanding the research for community mental health/psychiatric nursing to cover the diagnos-

tic, therapeutic, developmental, awareness and training aspects, cooperation between universities, hospitals and community institutions concerned with the promotion of mental health, cooperation with students' counselors at schools at various stages of school's educations to enhance students' mental health and understanding the value of mental health and psychiatric therapy, constant monitoring and evaluation of the faculty, creating diploma in community mental health nursing, scholarships for nurses to pursue master and doctorate in community mental health nursing, reward the staff who work on community to attract more workers and encourage the ongoing of this carrier, and finally providing safe and comfortable environment for the community psychiatric nurses to work especially for female.

As it was decided earlier on the basic consensus level, the results of the study showed that twenty-one items in all three domains have achieved 70% and over of consensus and agreement by the experts. Most of the remaining items in all three domains reached an agreement level by the experts panel ranging between 50% to 69%, which suggests that the current and future challenges of community mental health nursing in Saudi Arabia is not only limited to those items that achieved consensus by 70% or more, and that policy makers and nurse researchers should consider all three thoroughly.

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