

CULTURAL COMPETENCE IN NURSES IN SAUDI ARABIA: A SYSTEMATIC REVIEW

Ahmad Aboshaiqah ¹, Sarah Abdulaziz AlAbdhalai ², Norah Garallah Alkaledi ², Ali Alyasin ²,
Abdulrahman Alayed ², Yasir Ashour ², Nasima Awaji ²

(1) Professor, Education Department, College of Nursing, King Saud University, P.O. Box 642, Riyadh 11421, Saudi Arabia

(2) PhD Candidate, College of Nursing, King Saud University, Riyadh, Saudi Arabia

Correspondence:

Sarah Abdulaziz AlAbdhalai
College of Nursing, King Saud University
Riyadh
Saudi Arabia
Email: 444203675@student.ksu.edu.sa

Received: August 2023; Accepted: September 2023; Published: October 2023

Citation: Ahmad Aboshaiqah et al. Cultural Competence in Nurses in Saudi Arabia: A Systematic Review.

Middle East Journal of Nursing 2023; 17(2): 3-17. DOI: 10.5742/MEJN2023.9378040

Abstract

Background. Nursing staff are typically multi-national, especially in Saudi Arabia, and Saudi nurses deal with multicultural patients, which creates a culturally diverse atmosphere. As a result, cultural competence is essential.

Aim. To assess cultural competence among nurses in Saudi Arabia

Methods. A systematic review was performed to assess cultural competence among nurses in Saudi Arabia.

Findings. The study provides in-depth summaries of 11 papers included in this review. No studies published before 2014 investigated the cultural competence of Saudi Arabian nurses. However, the authors noted a sharp rise from 2020 in the number of studies dealing with this issue. Sample sizes ranged from 11 to 650 participants. Three studies were qualitative compared to eight quantitative studies. Seven studies focused on staff nurses, one on academic nurses, two on nursing students, and one on nurse leaders. Three concentrated on the academic setting, seven on clinical settings, and one on community settings. Most studies collected data from surveys, while a few used interviews and cross-sectional methodologies.

Conclusion. Healthcare systems should be structured to encourage the empowerment of nurses from different nationalities and build effective communication policies to improve cultural competency among nurses. Future research should look at the relationship between individual training programs designed to increase cultural competence and their effect on the quality of patient care. Also, further research should incorporate a more diverse range of cultures.

Keywords: Cultural competence, nurses, Saudi Arabia, patient outcome, knowledge, skills, attitude.

Introduction

The Kingdom of Saudi Arabia recently reformed its healthcare system to meet the general public's requirements and the objectives outlined in Saudi Vision 2030 (Albargawi et al., 2022). Vision 2030 for the Kingdom of Saudi Arabia is based on three pillars that represent distinct competitive advantages to create the best future for the nation. The Kingdom's position will allow it to strengthen its dominant position as the center of the Arab and Islamic worlds. Moreover, the domain will capitalize on its advantageous location to reinforce its position as a critical facilitator of global trade and to connect the three continents of Africa, Asia, and Europe (Vision 2030, 2022). Saudi Arabia has risen to prominence and earned a reputation for warmth and friendliness toward all Muslims. As a result, it occupies a specific place in the hearts of believers and pilgrims worldwide. Eight million people have visited the nation for Umrah in the past 10 years, a threefold increase. Thus, to fulfill the responsibility to show visitors proper hospitality, accepting cultural diversity is a moral duty (Vision 2030, 2022).

These accelerated changes impact nursing education and practice because Saudi Vision 2030 emphasizes the importance of high-quality healthcare. As a result, nurses must possess the necessary knowledge and skills to care for their patients to achieve the program's objectives (Albargawi et al., 2022). The nursing profession is multinational, especially in Saudi Arabia, and Saudi nurses deal with multicultural patients, which creates a culturally diverse atmosphere. As a result, cultural competence is essential (Falatah et al., 2022). It is a range of skills and behaviors that allow a nurse to function well within the cultural environment of a patient from a different cultural background (Falatah et al., 2022). According to the Chicago School (2020), in nursing, it is the capacity to provide patients with the best medical treatment while exhibiting cultural knowledge of their beliefs, race, and values. It requires being aware of the cultural diversity of patients and treating them accordingly.

Madeline Leininger noted that in the 1950s, the significance of addressing cultural differences to facilitate efficient nursing interventions was already recognized (Leininger & McFarland, 2002). She postulated that it was essential for nurses to understand and address individual differences, which led to her theory of cultural care diversity and the universality of nursing. Leininger and McFarland (2002) described culture as "learned, shared, and transmitted values, beliefs, norms, and life practices of a particular group that guides thinking, decision, and actions in patterned ways" (Curtis et al., 2016; Leininger & McFarland, 2002). The language has changed over the ensuing decades to better convey this crucial part of care, but nevertheless, the emphasis on offering treatment that considers patients' preferences and beliefs has not changed. Leininger's goal to improve the standard of cultural competence and to aid healthcare workers in this endeavor led to the founding of the Transcultural Nursing Society (Curtis et al., 2016; Leininger & McFarland, 2002).

According to Falatah et al. (2022), cultural competence makes nurses more conscious of their culture's impact on their work. Culturally competent nurses know that everyone has a different way of classifying health and illness based on their beliefs. Therefore, nurses must be attentive to and knowledgeable about the various cultures represented in their workplaces. Nursing leaders must be aware that while cultural diversity can increase workplace performance, it can also result in less effective workplaces. Ineffective treatment of cultural differences may cause communication problems and compromise patient safety (The Chicago School, 2020).

Improving cultural competence can considerably reduce working under pressure and stereotyping among nurses. Therefore, it is strongly advised that cultural competence education be initiated at an early stage to equip nurses with the necessary training to offer culturally acceptable patient-centered care (Falatah et al., 2022). According to Curtis et al. (2016), several strategies or procedures have been employed by nurse educators to assist students in learning how to deliver culturally competent care, according to the nursing literature. However, disagreement exists regarding how to incorporate this into a nursing curriculum. Some of these initiatives include weaving cultural education into existing courses' curricula, service-learning approaches, and courses concentrating on culture. Healthcare executives and administrators should establish a tool for incorporating culturally competent nursing care in Saudi Arabia since the Kingdom is a critical facilitator of global trade and connects the three continents of Africa, Asia, and Europe (Curtis et al., 2016; Vision 2030, 2022).

This study aims to assess cultural competence among nurses in Saudi Arabia, since no systematic review has been done to address the issue. Accordingly, our objectives were to assess cultural competence among nurses in Saudi Arabia in the selected studies and to identify existing effects of cultural competence on knowledge, skills, attitudes, and patient outcomes. Therefore, the review centered on answering the question: What is the effect of cultural competence on knowledge, skills, attitude, and patient outcomes in Saudi Arabia?

Methods

Study Selection

The authors systematically reviewed the literature pertaining to cultural competence among nurses in Saudi Arabia and used four healthcare-focused databases: MEDLINE (via PubMed), CINAHL (via EBSCOhost), Embase, and Google Scholar. The authors performed the review using the preferred reporting items for systematic review and meta-analysis (PRISMA) guidelines and guidelines for conducting systematic reviews in medical education (Sharma et al., 2014).

Inclusion and Exclusion Criteria

Specific criteria were used to minimize bias. Studies met our inclusion criteria if they (a) had participants who were Saudi or non-Saudi nurses, undergraduate nursing students, staff nurses, and nurse leaders working in Saudi Arabia, (b) were published in indexed journals between January 2015 and January 2023, and (c) were written in English. Free full texts examined consisted of quantitative and qualitative studies, projects, a thesis, and a dissertation. The authors excluded studies that were non-refereed.

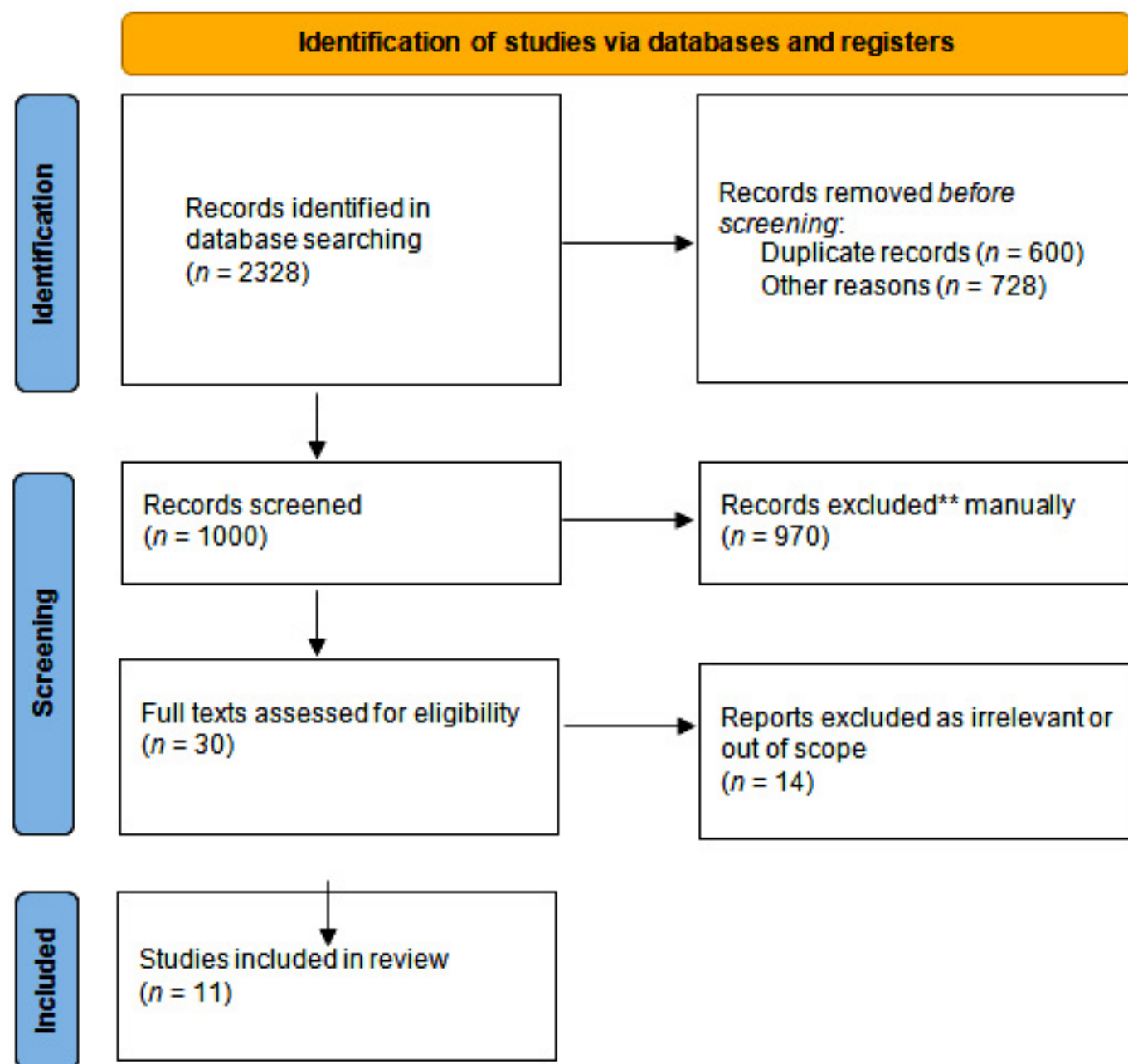
Search Terms

For this study, the researchers used a range of keywords in the literature search, such as “nurse,” “nurses,” “nursing,” “Saudi nurses,” “cultural competence,” “culturally competent care,” “cultural competence in nursing,” “culture awareness,” and their MeSH terms, as well as Boolean operators (i.e., “AND” and “OR”). A manual search was performed based on the references in the retrieved articles. After removing duplicate articles, the authors evaluated the eligibility of the studies.

Search Strategy

Data collection was done in two stages by two reviewers. The two reviewers initially evaluated the papers individually and considered the titles, keywords, and abstract. The reviewers retrieved and assessed the full texts of articles in which the information given by the titles and abstracts was insufficient to determine inclusion, exclusion, and relevance to the research issue. The authors prepared tables to organize included and excluded items and the exclusion justification. Similarities and discrepancies between studies were incorporated into the analytic structure.

Figure 1. PRISMA flow diagram of the systematic review



Source: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71

For more information, visit: <http://www.prisma-statement.org/>

Data Analysis

The team aggregated the results from the chosen studies and identified and listed the most frequently reported results in the table.

Results

The publications that were identified, screened, and excluded are summarized in the PRISMA flowchart (Fig. 1). Table 1 presents comprehensive summaries of each of the 11 papers included in the assessment. Before 2014, no research had examined cultural competence among Saudi Arabian nurses. However, in 2020, the authors saw a rapid increase in the number of studies addressing this topic (Table 1). The sample sizes ranged from 11 to 650 participants. Eight studies were quantitative, whereas three were qualitative.

While three studies concentrated on the academic setting, seven on clinical settings, and one on community settings, seven focused on staff nurses, one on academic nurses, two on nursing students, and one on nurse leaders. Most studies used surveys to collect data and the others used interviews. Most used a cross-sectional methodology.

Effect of Cultural Competence on Nurse's Knowledge, Skills, and Attitude

The nurses in one study by Falatah et al. (2020) reported difficulties and obstacles with language because pilgrims had come from a variety of backgrounds, and many of them were unfamiliar with English. Additionally, some participants noted a lack of professionalism in some staff members' commitment to patients.

According to the study outcomes of Hashish et al. (2020), most academic nursing educators have a moderate level of general cultural competence. They are committed to transcultural teaching behaviors as an indicator and predictor of seeking cultural competence. More culturally competent nurse educators were those who had greater professional experience, were fluent in another language, and incorporated culture into the courses they teach.

The first quantitative study that examined the relationship between cultural competence, conditions for work effectiveness, and effective communication in Saudi Arabia was conducted by Falatah et al. in 2022. The results of this study revealed a statistically significant relationship between cultural competence and effective communication ($r = 0.747$, $p < 0.001$) and between structural empowerment and cultural competence ($r = -0.123$, $p = 0.014$).

Notably, the total model that accounts for nurses' nationality while controlling for effective communication and structural empowerment significantly explains 56% of the variation in cultural competence.

Manlangit et al.'s (2022) study, performed at a university hospital in Saudi Arabia, found a substantial relationship between Middle Eastern racial characteristics and cultural sensitivity. Furthermore, leadership roles and years of experience in Saudi Arabia strongly correlated with culturally competent behaviors. In Saudi Arabia, the quality of the decision-making process is strongly correlated with experience levels. Effective decision-making is strongly correlated with cultural understanding, sensitivity, and culturally competent behavior.

However, there was no correlation between the quality of decision making and age, leadership experience, total nursing experience, diversity experience with different racial/ethnic groups, diversity experience with special populations, educational attainment, cultural diversity training, or being from a different race/ethnic group.

Another study showed that a multicultural nursing workforce in this setting was culturally competent. This may be due to a number of factors—prior exposure to a similar population, pre-departure orientation, and the nurses' extensive experience in this setting, as most nurses included had one or more years of experience. Additionally, nurses expressed an increased desire to learn about their patients' cultural traditions, worldviews, and practices in regard to health, spirituality, and religion, as well as attitudes toward people with disabilities. Nurses can frequently engage with and learn about different cultures by participating in educational programs, learning independently, and interacting with colleagues from many cultural backgrounds (Aboshaiqah et al., 2017).

According to Cruz et al. (2017), nursing students who had received diversity training in the past, who had experience caring for patients from a variety of cultural backgrounds or patients belonging to specific population groups, and those who had lived in an environment with a diverse population were more culturally competent than those who had not had these experiences. Regarding the effect of cultural competence on skill, the results also suggest that bridging program participants had a greater level of cultural competence than regular program participants (Cruz et al., 2017).

In Cruz et al.'s (2017) study, male students were more culturally competent than female students. These results might be explained by the gender-related cultural influences present in the Kingdom. Saudi Arabia is renowned for its strict laws and regulations, which have a significant cultural impact on many facets of Saudi life. As a result, Saudi women are less likely than Saudi men to interact with people from other cultures. Additionally, BSN nursing students in their last year had higher levels of cultural competence than their counterparts at lower levels (Cruz et al., 2017). Participation in training and education on cultural diversity has been found to improve cultural knowledge, skills, and attitudes. This study showed that Saudi nursing students have a respectable level of cultural competence (Cruz et al., 2017).

In a qualitative study by Almutairi et al. (2014) in a culturally varied setting, nurses found it difficult to be culturally competent in light of their cultural standards and those of Saudi culture. Regarding the effect of cultural competence on knowledge, none of the participants discussed these Saudi healthcare issues. The participants also needed to understand the philosophical principles guiding Saudi cultural norms about health and illness. Three participants acknowledged their knowledge of various customs, such as using ZamZam water and customary burning, but expressed doubts about their efficacy.

Furthermore, the nurses' experiences varied, and they had different opinions about how effective the general nursing orientation and the required post-orientation workshop had been. Orientation for one participant appeared to address only a small portion of cultural requirements; it concentrated mostly on introducing the hospital, which she felt was important. Most participants agreed with the statements presented (Almutairi et al., 2014).

Regarding the effect of cultural competence on nurses' skills, the participants' experiences suggested that some attempted to utilize their cultural knowledge and critical thinking abilities when examining their patients. For instance, they noted that certain Saudi citizens, particularly the elderly, tend to hide their discomfort due to cultural beliefs about suffering (Almutairi et al., 2014).

In a study by Halabi and de Beer (2018), most participants were able to interact with people from various cultures and were culturally conscious. A third of the respondents preferred to receive ongoing cultural training. Half of the students favored a specialized course on working with individuals from diverse cultures. Although students were exposed to some cultural knowledge content during their training, cultural desire reported the highest mean and cultural knowledge the lowest among the cultural competence subscales. "There was a negative correlation (-0.016) but no statistical significance between age and cultural knowledge" (Halabi & de Beer, 2018).

Another factor that affects cultural competence is educational level, which directly affects nurses' knowledge and skills. Regarding educational level categories and CCA, there were statistically significant differences between nurses at the .05 level, particularly for the bachelor's degree, compared to the diploma degree groups (Alharbi et al., 2020).

Effect of Cultural Competence on Patient Outcomes

According to Falatah et al. (2020), nurses were satisfied with their ability to offer patients quality care. In their study titled "Cultural Competence among Nursing Students in Saudi Arabia," the nursing students demonstrated a reasonable degree of cultural competence, as shown by the CCS's overall mean score of 73.35. This suggests that responders can offer nursing care suited to the culture of patients from various cultural backgrounds (Cruz et al., 2017). This is the first study on this subject in Saudi Arabia, making it useful for developing plans for Saudi Arabia's enhancement of cultural competence (Cruz et al., 2017).

The results of the interviews in a study titled "Understanding Cultural Competence in a Multicultural Nursing Workforce" showed that when language barriers exist, both parties' capacity for productive communication is greatly reduced. The participants' capability to communicate in Arabic was either weak or absent, which they frequently mentioned as being detrimental to the effectiveness of their interactions and, as a result, the care they could deliver (Almutairi et al., 2014).

In a qualitative study titled "The Challenges of Cultural Competence among Expatriate Nurses Working in Kingdom of Saudi Arabia," several themes emerged from the nurses' experiences caring for Muslims, such as the inability to perform nursing tasks due to cultural, religious, and linguistic limitations. Most nurses offered comparable illustrations and addressed related topics from their perspective, such as how patients' families, fasting, and prayer can negatively affect care (Alosaimi & Ahmad, 2016).

According to the study by Inocian et al. (2015), 53% of respondents were Indians and 39% were Filipinos, making up most of the respondents. They had experience providing nursing care in their respective cultures. There were noticeable differences in their cultural competence when they were categorized based on age, gender, level of education, nationality, and duration of service.

Title	Authors	Type (Method) Approach	Purpose	Sample and Sample size	Setting	Results
Transcultural Nurses Caring for Pilgrims for the First Time during Hajj Season in Saudi Arabia, 2020	Rawaih Falatah · Lamees Almansour- Aishah Alsolami- Arwa Aljehani- Ebtisam Al Dhubayban Rachel K. Walker	Qualitative descriptive phenomenology	To explore the lived experiences of transcultural Muslim nurses providing medical care to diverse pilgrims for the first time during the 2018 Hajj season	11 transcultural nurses; purposive sampling technique	Staff housing complex at Makkah, Al Noor Specialist Hospital, and Mona Hospitals	<p>Their lived experiences are described in five themes: serving with satisfaction, a supportive and fair system; professional and personal values; differences; and difficulties and problems.</p> <p>The results highlight transcultural nurses' perceptions of the benefits and challenges of providing care during the Hajj and potential strategies to improve preparation and care quality.</p> <p>The study makes a unique contribution to understanding the lived experience of transcultural Muslim nurses who participated in Hajj services for the first time.</p>
Assessment of Cultural Competence Level among Academic Nursing Educators and Associated Factors, Jeddah- Saudi Arabia, 2020	Ebtsam Aly About Hashish, Hadeel Abdul Rahman AlJohani, Ranin Ahmed Bahawi	Quantitative descriptive correlational	To assess the cultural competence levels of academic nursing educators and to identify the factors associated with the overall cultural competence score of nurse educators	45 Convenience sampling	College of Nursing – Jeddah	<p>The majority of academic nursing educators had a moderate level of overall cultural competence. They are committed to transcultural teaching behaviors as motivators and predictors toward pursuing cultural competence. Nurse educators with more work experience, fluency in other languages, and integrating culture into their courses were more culturally competent. Nationality did not affect cultural competence.</p> <p>This study could be considered the first national study that assessed the cultural competence of nursing faculty teaching in BSN programs in the KSA.</p> <p>It may provide a deeper understanding of the factors affecting the cultural</p>

							competence level of BSN faculty, provide suggestions for nursing education, and recognize the training needs of nursing faculty in the area of cultural competence.
The Association between Cultural Competence, Structural Empowerment, and Effective Communication among Nurses in Saudi Arabia: A Cross-Sectional Correlational Study, 2022	Rawaih Falatah, Lina Al-Harbi, and Eman Alhalal	Quantitative cross-sectional correlational study	To examine the association between cultural competence, structural empowerment, and effective communication among nurses in Saudi Arabia	396 Non-probability convenience sampling	Three hospitals in Jeddah City, Saudi Arabia	<p>The findings showed statistically significant association between cultural competence and effective communication ($r = 0.747, p < 0.001$) and between structural empowerment and cultural competence ($r = -0.123, p = 0.014$). Moreover, the overall model with effective communication and structural empowerment as predictors, controlling for nurses' nationalities, significantly explains 56% of the variance in cultural competence. Structural empowerment did not significantly predict cultural competence ($b = -0.052, \beta = -0.069, p < 0.052, 95\% \text{ CI} = [-0.104, -0.001]$), while effective communication was found to be a significant positive independent predictor of cultural competence ($b = 0.745, \beta = 0.741, p < 0.001, 95\% \text{ CI} = [0.677, 0.811]$). This study is the first to examine the relationship between cultural competence, conditions for work effectiveness, and effective communication in Saudi Arabia.</p>	
Cultural Competence and Decision-Making of Nurse Leaders in a University Hospital in Saudi Arabia: A Descriptive Correlational Study, 2022	Arsenic T. Manlangit Fritz Gerald V. Jabonete Queenie Roxas-Ridulme	Descriptive correlational quantitative	To determine the quality of decision-making and cultural competence in terms of culturally competent	122 Nurse leaders in a university hospital in the Kingdom of Saudi Arabia	A 300-bed general teaching hospital on a university campus	<p>Cultural awareness and sensitivity are significantly related to the Middle Eastern race. Culturally competent behavior is significantly related to years of experience in the KSA and leadership positions. The quality of decision-making is significantly related to years of experience in Saudi Arabia. Cultural awareness, sensitivity, and culturally competent behavior significantly</p>	

			behavior, cultural awareness, and sensitivity of nurse leaders		584 Non-Saudi nurses	A large municipal university hospital in Riyadh, Saudi Arabia.	<p>affect the quality of decision-making. There was no significant relationship between the quality of decision-making and age, years of experience in a leadership position, total years of nursing experience, diversity experience with different racial/ethnic groups, diversity experience with special populations, educational attainment, cultural diversity training, and being from a different race/ethnic group.</p> <p>Multicultural nursing workforce in this setting was culturally competent in both pre and post-tests.</p> <p>Nurse participants reflected improvement in self-reflection and examination of one's own cultural background, biases, and prejudices related to race, culture, and sexual orientation that may influence their behaviors during care delivery. Such improvement indicated the effectiveness of the training program, which enabled nurses to engage in self-reflection and realize that their own cultural perspective is only one way of understanding the world around them.</p> <p>After the program, nurses showed more desire to learn about their patients' culture—cultural traditions, beliefs, health, spiritual, and religious practices, and attitudes toward disability.</p> <p>There was also improvement in engaging patients and family in decision making.</p> <p>Recognizing the significant role of family members in healthcare decisions, regardless of potential differences in professional values and beliefs, enabled the</p>
Enhancing Culturally Competent Nursing Care in Saudi Arabia, 2017	Ahmad E. Aboshaiqah Regie B. Tumala Ergie P. Inocian Adel F. Almutairi Mohammed Atallah	Cross-sectional descriptive quantitative	To examine self-reported individual assessment of cultural competence among expatriate nurses and to evaluate whether educational training led to improvement				

						<p>nurses to score higher on the post-training test.</p> <p>Nurses reflected improvement in their willingness to intervene if they observed other staff engaging in behaviors that appeared culturally insensitive, indicating that they were more culturally competent, sensitive to, and non-judgmental of patients' cultural backgrounds.</p> <p>The nurses increased their cultural competence by learning and using key Arabic words and colloquialisms used by their patients and families. This reflected their intention to provide culturally competent nursing care to Saudi patients by learning how to speak the Arabic language.</p> <p>Nurses can engage and learn about different cultures through education and learning activities, self-learning, and interaction with colleagues from other cultures. This process can refine their understandings and perceptions of other cultures.</p>
<p>Understanding Cultural Competence in a Multicultural Nursing Workforce: Registered Nurses' Experience in Saudi Arabia, 2014</p>	<p>Adel F. Almutairi, Alexandra McCarthy, Glenn E. Gardner</p>	<p>Qualitative, semi-structured interviews</p>	<p>To explore beliefs of cultural competence among non-Saudi nurses working in Saudi Arabia</p>	<p>24 Non-Saudi registered nurses working in various healthcare settings</p>	<p>An 800-bed teaching hospital for KSA National Guard employees and their families</p>	<p>The concept of cultural competence was difficult for nurses to understand in this atmosphere because of the cultural expectations of others and those of the prevailing Saudi culture.</p> <p>The use of a descriptive approach allowed the researchers to gain in-depth insights into the lived experiences of nurses related to cultural competence, providing a rich understanding of the phenomenon.</p>

Exploring the Cultural Competence of Undergraduate Nursing Students in Saudi Arabia, 2017	Jehad O. Halabi, Jennifer de Beer	Descriptive quantitative	To explore the cultural competence of undergraduate nursing students in Saudi Arabia	205 Convenience sample	College of nursing at a health science university in Jeddah, Saudi Arabia.	<p>The majority of students were able to interact with persons from various cultures and were culturally conscious. A third of respondents desired ongoing cultural training. Studying a specialized course on working with individuals from diverse cultures was favored by half of the students. Despite students being exposed to some cultural knowledge content throughout their training, cultural desire ranked highest and cultural knowledge ranked lowest on cultural competence subscales.</p> <p>The use of a quantitative method allowed researchers to objectively measure the cultural competence of undergraduate nursing students and identify factors influencing their competence.</p>
Cultural Competence among Pediatric Registered Nurses in Saudi Arabia: A Cross Sectional Design, 2022	Manal Hamlan Alhamlan	Cross-sectional descriptive correlational quantitative	To investigate the level of cultural competence among pediatric registered nurses in Saudi Arabia	394 Non-probability sampling	Five hospitals in Riyadh, Saudi Arabia.	<p>Analysis calculated a mean cultural competence score of 4.88 and mean self-reported competence of 4.13, suggesting a high level of cultural competence among pediatric registered nurses in Saudi Arabia.</p> <p>The use of non-probability sampling may introduce bias and a sample that is not representative of all pediatric registered nurses in Saudi Arabia.</p>
The Challenges of Cultural Competence among Expatriate Nurses Working in the Kingdom of Saudi Arabia 2018	Dalyal N. Alosaimi	Qualitative hermeneutic phenomenology Interviews and focus groups	To examine the perspective of non-Muslim nurses caring for Muslim patients and of Muslim patients being cared for	20 Muslim patients, 20 non-Muslim nurses	Not specified	<p>The study found that language barriers were a significant challenge for expatriate nurses in developing cultural competence. Moreover, non-Muslim nurses mix Islam as a religion and as a local culture. Nurses were not subjected to sufficient training and orientation either in their own countries or when they joined Saudi</p>

		by non-Muslim nurses				hospitals. The use of a qualitative approach allowed the researchers to explore the challenges of cultural competence among expatriate nurses in depth and gain a deeper understanding of their experiences and perspectives.
Cultural Competence among Expatriate Nurses in Saudi Arabia 2015	Ergie Inocian	Descriptive baseline assessment survey	To establish a baseline understanding of cultural competence levels and identify areas needing improvement or potential gaps in their cultural competence	584 Expatriate nurses, random sampling	University hospital in the Kingdom of Saudi Arabia	<p>The majority of the respondents were Indians and Filipinos (53% and 39%, respectively), who were culturally competent in providing nursing care. There were significant differences in their cultural competence based on age, gender, educational status, nationality, and length of service.</p> <p>The study serves as a baseline assessment survey, providing an initial understanding of the level of cultural competence among expatriate nurses and as a foundation for future research and interventions in the field.</p>
Cultural Competence among Nursing Students in Saudi Arabia: A Cross-sectional Study, 2017	J.P. Cruz N. Alquwez C.P. Cruz Felicilda-Reynaldo L.M. Vitorino S.M.S. Islam	Descriptive cross-sectional quantitative	To assess the cultural competence of nursing students in a Saudi University	272 Nursing (BSN) students Convenience sample	The nursing department of a Saudi university in Riyadh province	<p>In terms of cultural background, nursing students who had prior diversity training, experience caring for patients from diverse cultural backgrounds and in special population groups, and who had lived in a culturally diverse environment were more culturally competent than those without those experiences.</p> <p>The students manifested a fairly good level of cultural competence, as evidenced by the overall mean score of the CCS. This implies that the respondents possess the ability to provide culturally appropriate nursing care to patients with diverse</p>

<p>cultural backgrounds.</p> <p>The findings suggest that students in the bridging program had a higher level of cultural competence than students in the regular program. Furthermore, male students were more culturally competent than females in this study, These results might be explained by the gender-related cultural influences present in the Kingdom. Saudi Arabia is renowned for its strict laws and regulations, which have a significant cultural impact on many facets of Saudi life.</p> <p>As a result, Saudi women are less likely than Saudi men to interact with people from other cultures.</p> <p>This study also reported that nursing students in the final year of the BSN program had better cultural competence than students in the lower levels.</p> <p>Cultural knowledge, skills, and attitude were shown to improve through training in cultural diversity. This study contributes to the existing knowledge about the cultural competence of Saudi nursing students. This is the first study conducted on this topic in Saudi Arabia, which makes it valuable in planning specific strategies for developing cultural competence among Saudi nursing students.</p>						
---	--	--	--	--	--	--

Discussion

Being culturally competent enables nurses to be aware of how their culture affects their profession. Culturally competent nurses know that everyone categorizes health and illness differently depending on their beliefs. As a result, nurses must be aware of and knowledgeable about the different cultures represented at work (Falatah et al., 2022).

Abundant evidence supports the idea that cultural competence training affects outcomes, including nursing knowledge, attitudes, and abilities. Although this comprehensive review found that cultural competence affects nurses' knowledge, attitudes, and abilities, drawing conclusions from the available research about which training programs have the greatest effects on outcomes is challenging. There were no studies that compared various training methodologies or course materials, although our study discovered that a desire for cultural competence was a predictor and indicator of commitment to transcultural teaching behaviors, a finding in line with results reported by Chen et al. (2020).

A study we looked at generally showed that a multicultural nursing staff is culturally competent; this finding concurs with the results reported by Rittle (2015). Another study found that language barriers and lack of professionalism impacted Saudi Arabian nurses' cultural competence, in line with results reported by Grandpierre et al. (2018), and another factor—educational level—impacts nurses' knowledge and skills, thus influencing cultural competence (Alharbi et al., 2020). This finding is congruent with the results reported by Filej et al. (2016).

By engaging in educational programs, learning on their own, and interacting with coworkers from various cultural backgrounds, nurses can regularly engage with and learn about different cultures (Aboshaiqah et al., 2017). This finding is in agreement with the results of Kula et al. (2021), who showed that intervention effectively increased the participants' culturally competent knowledge.

The authors recommend that universities, organizations, providers, and policymakers implement educational initiatives to advance cultural competence. More research is required to confirm the effect of cultural competence on Saudi nurses.

Conclusion

Research in cultural competence is increasing. In this systematic review, eleven studies were selected to assess the effectiveness of cultural competency of nurses' knowledge, skills, attitude, and patient outcome in Saudi Arabia. Findings show that ANP diploma trainees are able to increase their cultural competency when they are properly oriented and guided by experts in education and allied health professionals and when they acquire the required clinical knowledge, skill, and the required attitude through various training strategies, which in turn improves patient outcomes. Professional cultural

programs for faculties must be mandated and inclusive of the major constructs of cultural competence, specifically cultural encounters in clinical skills and interactions with individuals from culturally diverse backgrounds. Healthcare systems should be structured to encourage the empowerment of nurses from different nationalities and build effective communication policies to improve cultural competency among nurses. Future research should look at the relationship between individual training programs designed to increase cultural competence and their effect on the quality of patient care. Also, further research should incorporate a more diverse range of cultures.

Acknowledgment

This paper would not have been possible without the exceptional support of our supervisor, Prof. Ahmad Aboshaiqah. His enthusiasm, knowledge, and exacting attention to detail have inspired us and kept our work on track.

Declaration of Conflicting in Interests

No conflict of interest.

Funding

The authors did not receive any funding from any institution.

References

- Aboshaiqa, A., Tumala, & Almutairi. (2017). Enhancing culturally competent nursing care in Saudi Arabia. *Journal of Cultural Diversity*; Spring, 24, 20.
- Albargawi, M., Albaz, N., Alyousif, S., & Alzahem, A. (2022). International trends of nursing career path: A systematic review. *Saudi Journal for Health Sciences*, 11(1), 1. https://doi.org/10.4103/sjhs.sjhs_28_22
- Alharbi, M. F., Alhamlan, M. H., & Aboshaiqah, A. E. (2020). Cultural competence among pediatric registered nurses in Saudi Arabia: A cross-sectional design. *Journal of Transcultural Nursing*, <https://doi.org/10.1177/1043659620960781>.
- Almutairi, A. F., McCarthy, A., & Gardner, G. E. (2014). Understanding cultural competence in a multicultural nursing workforce. *Journal of Transcultural Nursing*, 26(1), 16–23. <https://doi.org/10.1177/1043659614523992>
- Alosaimi, D. N. & Ahmad, M. M. (2016). The challenges of cultural competence among expatriate nurses working in Kingdom of Saudi Arabia. *Research and Theory for Nursing Practice*, 30(4), 302–319. <https://doi.org/10.1891/1541-6577.30.4.302>
- Chen, H.-C., Jensen, F., Chung, J., & Measom, G. (2020). Exploring faculty perceptions of teaching cultural competence in nursing. *Teaching and Learning in Nursing*, 15(1), 1–6. <https://doi.org/10.1016/j.teln.2019.08.003>
- Cruz, J. P., Alquwez, N., Cruz, C. P., Felicilda-Reynaldo, R. F. D., Vitorino, L. M., & Islam, S. M. S. (2017). Cultural competence among nursing students in Saudi Arabia: A cross-sectional study. *International Nursing Review*, 64(2), 215–223. <https://doi.org/10.1111/inr.12370>
- Curtis, M., Bultas, M. W., & Green, L. (2016). Enhancing cultural competence. *Online Journal of Cultural Competence in Nursing and Healthcare*, 6(1), 1–13. <https://doi.org/10.9730/ojccnh.org/v6n1a1>
- Falatah, R., Al-Harbi, L., & Alhalal, E. (2022). The association between cultural competence, structural empowerment, and effective communication among nurses in Saudi Arabia: A cross-sectional correlational study. *Nursing Reports*, 12(2), 281–290. <https://doi.org/10.3390/nursrep12020028>
- Falatah, R., Almansour, L., Alsolami, A., Aljehani, A., Al Dhubayban, E., & Walker, R. K. (2020). Transcultural nurses caring for pilgrims for the first time during Hajj season in Saudi Arabia. *Journal of Religion and Health*, 60(1), 232–245. <https://doi.org/10.1007/s10943-020-01038-z>
- Filej, B., Kaučič, B. M., Breznik, K., & Kolar, T. B. (2016). Cultural competences of nurses. June 2019.
- Grandpierre, V., Milloy, V., Sikora, L., Fitzpatrick, E., Thomas, R., & Potter, B. (2018). Barriers and facilitators to cultural competence in rehabilitation services: A scoping review. *BMC Health Services Research*, 18(1). <https://doi.org/10.1186/s12913-017-2811-1>
- Halabi, J. O. & de Beer, J. (2018). Exploring the cultural competence of undergraduate nursing students in Saudi Arabia. *Nurse Education Today*, 62, 9–15. <https://doi.org/10.1016/j.nedt.2017.12.005>
- Hashish, E. A. A., Rahman Al Johani, H. A., & Bahawi, R. A. (2020). Assessment of cultural competence level among academic nursing educators and associated factors, Jeddah- Saudi Arabia. *Saudi Journal of Nursing and Health Care*, 03(04), 140–150. <https://doi.org/10.36348/sjnhc.2020.v03i04.005>
- Inocian, E. P., Atallahb, M., Mouflehc, M., Fadend, M., & Eide, S. (2015). Cultural competence among expatriate nurses in Saudi Arabia. *International Journal of Nursing*. https://www.researchgate.net/publication/304249314_Cultural_Competence_among_Expatriate_Nurses_in_Saudi_Arabia
- Inocian, E. (2016). Cultural competence among expatriate nurses in Saudi Arabia: Roles of clinical nursing preceptors and clinical competence in the internship program of Saudi nursing students. View project: A Systematic Critical Appraisal of Clinical Practice Guidelines in Primary Prevention of Childhood Obesity Using the Appraisal of Guidelines for Research and Evaluation II (AGREE II) Instrument View project.
- Kula, Y., Cohen, O., Clempert, N., Grinstein-Cohen, O., & Slobodin, O. (2021). Educating nursing students for cultural competence in emergencies: A randomized controlled trial. *BMC Nursing*, 20(1). <https://doi.org/10.1186/s12912-021-00704-1>
- Leininger, M., & McFarland, M. R. (2002). *Transcultural Nursing*. McGraw-Hill Education.
- Liu, W., Stone, T. E., & McMaster, R. (2018). Increasing undergraduate nursing students' cultural competence: An evaluation study. *Global Health Research and Policy*, 3(1). <https://doi.org/10.1186/s41256-018-0062-2>
- Manlangit, A. T., Jabonete, F. G. V., & Ridulme, Q. R. (2022). Cultural competence and decision-making of nurse leaders in a university hospital in Saudi Arabia: A descriptive correlational study. *Journal of Nursing Management*. <https://doi.org/10.1111/jonm.13631>
- Rittle, C. (2015). Multicultural nursing. *Workplace Health & Safety*, 63(12), 532–538. <https://doi.org/10.1177/2165079915590503>
- Sharma, R., Gordon, M., Dharamsi, S., & Gibbs, T. (2014). Systematic reviews in medical education: A practical approach: AMEE Guide 94. *Medical Teacher*, 37(2), 108–124. <https://doi.org/10.3109/0142159x.2014.970996>
- The Chicago School (2020, September 13). The importance of cultural competence in nursing. *Insight Digital Magazine*. <https://www.thechicagoschool.edu/insight/health-care/the-importance-of-cultural-competence-in-nursing/>
- Vision 2030. (2022). Vision 2030 Overview. Vision 2030. <https://www.vision2030.gov.sa/v2030/overview/>