CULTURAL COMPETENCE AMONG REGISTERED NURSES WORKING IN SAUDI ARABIA: A NARRATIVE REVIEW

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Abstract

Culture is a salient feature in every social setup with a rather latent but unwavering effect on social and even professional dynamics. Similarly, nurses' level of cultural competency can impact the quality of patient care services. With the heightening influx of internationally qualified and expatriate nurses into Saudi, concerns continue to grow regarding the quality of nurse-patient therapeutic relationships. This narrative review explores the cultural competency among nurses working in Saudi Arabia, factors affecting their cultural competency, and relevant improvement measures. Accordingly, empirical studies reported reliably good levels of cultural competency among the nurses in Saudi Arabia, local, and expatriate. However, literature evidence also showed that the level of cultural competency among nurses varies with demographic features, such as age, gender, nationality, and other specific factors, like education level, training, language competency, and leadership. Measures, such as regular training, embedding cultural sensitivity into the nursing curriculum, and providing additional resources, such as language translators can improve nurses' cultural competency. Nevertheless, higher levels of evidence are missing regarding the development and testing of interventions to improve cultural competency among nurses working in Saudi Arabia.

Keywords: Nursing; Cultural Competency; Nurse-Patient Interaction; Communication; Saudi Arabia.

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DOI: 10.53555/ecb/2023.12.1112

Introduction

Culture is a salient feature in every social setup with a rather latent but unwavering effect on social dynamics; the nature of human interactions, communications, and norms.(1) Although there are differences in the articulations and definitive descriptions of culture, the National Health and Medical Research Council, Australia provides a better expression: "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situation."(2) Out of culture comes the concept of cultural competency, which Henderson (1) and colleagues describe as "complex integration of knowledge, attitudes and skills that enhance cross-cultural communication and effective interactions with others."

Cultural competency among healthcare workers has sprouted as a global concern due to the increasing globalization and mobilization of the healthcare workforce.(3) Currently, there is a high dependency on Internationally Qualified Nurses (IQN), i.e., registered nurses who live and work outside their country of origin. A similar picture has also been painted on the face of the Saudi healthcare system where a large number of IQN troops for healthcare service provision.(4–6) According to the data presented by the Saudi Ministry of Health, cited in the study by Albougami(4) and colleagues, "the expatriate nurses accounted for 63.82% of the Saudi Arabia nursing workforce, most were from the Philippines or India."

Diverse approaches to improving cultural competency among nurses have been recommended in the Saudi literature. However, the dissonance in their outcomes calls for a critical review for the harmonious conclusion. Therefore, this narrative review discusses the core aspects of cultural competency, including the level of cultural competencies, its influential factors, and empirically grounded improvement measures. The conclusive recommendations would help build resilient and adaptive policies for better service provisions.

Cultural competency among nurses in Saudi Arabia

Even though local nurses also have their limits in cultural competency, the increasing mobilization of large numbers of IQN continue to spur more concerns over culturally competent care. The concerns have more weight on the dependency countries, such as UK, USA, Qatar, and Saudi Arabia, among others.(3) At the top of the list are communication inefficacies and patients' quality of care.(7) Many researchers and scholars in healthcare have expressed that, comparing with the locals, the more expatriate nurses face a plethora of challenges, trying to adapt to the new country's systems of operations, such as cultural modalities of care provision.(8–10) Similar cases have been noted in Saudi Arabia where expatriate nurses have reported dynamic issues ranging from difficulties in cultural adjustments to language incompetency.(11,12)

However, cultural competency cannot be distinctively discussed from the perspective of healthcare workers only; it also draws from the institutional competency. Cross(13) and colleagues expressed that healthcare institutions also need to be culturally competent in order to create adaptable environment for the healthcare workers. As such, healthcare system needs to collaborate with healthcare workers to achieve optimal patient care through the lens of Jean Watson's(14) theory of human caring which advocates for an authentic, meaningful, intentional, and honoring therapeutic relations between nurses and patients.(15–18) Therefore, from the lens of perspectives of Watson (1979), cultural competency is an integral part of holistic and effective care.

Studies conducted in Saudi Arabia over time have reported a relatively high level of cultural competency among the registered nurses. For instance, Inocian(19) and colleagues who concentratively examined the level of cultural competency among the expatriate registered nurses in Saudi Arabia, reported a high level of cultural competency. From their study, nurses with adorable levels of cultural competency were Indians and Filipinos. Interestingly, another study conducted by Albougami(4) and colleagues, involving the Filipinos nurses reported the same status of cultural competency. Even though there are a few recent studies that examined cultural competency among expatriate nurses in the recent years, the two studies provide a clue that IQNs can still prove their competency in holistic patient care.

As indicated before, the question of cultural competency does not discriminately look at the IQN; rather, both locals and expatriates are assessed. Accordingly, some researchers examined the level of cultural competency among the Suadi native nurses. For instance, Manlangit(20) and colleagues reported a significant level of awareness and sensitivity among the nurse leaders in Saudi. These researchers further noted the implications of decision-making and behaviors towards others as part of cultural competency, and reported reliable levels. Similar outcomes were also reported by a relatively recent study conducted by Alharbi(21) and fellow researchers, who examined the level of

cultural competency among nurses in selected hospitals in Saudi. Alharbi and colleagues examined the competency levels through the lens of the 3-D model of cultural congruence of Pamela Cone and Beverly Giske.(22)

Despite the consistency in many studies supporting the high level of cultural competency among the registered nurses in Saudi Arabia, Zakaria and Yusuf (23) established that female Malaysian nurses faced critical communication challenges in Saudi Arabia, affecting the quality of their therapeutic relationship with the patients. Nevertheless, these nurses further underwent communication training to improve their interactions with colleagues and patients.

Even though the level of cultural competency still remains inconclusive among nurses in Saudi, based on the level of evidence presented in the above studies, there is already a relatively persuading clue pointing towards acceptable competency levels. Moreover, this claim gains support from the observations of Hashish(24) and fellow researchers who noted that even nurse educators have average scores in cultural competency. This creates an image that nursing students could borrow some ideas of cultural competency from their educators. Nevertheless, it is important to consider that the reported levels of cultural competencies are impacted by many factors.

Factors affecting nurses' level of cultural competency in Saudi Arabia

Before diving deep into the variations in nurse's cultural competency and therapeutic relationships, it is crucial to recognize that Saudi Arabia has a unique cultural setup shaped by socioeconomic status, religious practices and art.(11) It is thus invitingly believable that every expatriate nurse would have a relatively different approach to and easy of acclimatizing to the Saudi cultural setting preferred by the patients. Literature has reported diverse cause of such difference, ranging from demographic characteristics to education and experience.(8,19)

Sociodemographic difference, including race, nationality and biological characteristics, such as age and gender have been mentioned to impact the adaptability of expatriate nurses to Saudi healthcare culture.(11,20) According to a study conducted by Inocian(19) and colleagues among the expatriate nurses working in selected University hospitals in Saudi Arabia, nurses who are older (more than 25 years) and male nurses exhibited better cultural competency than their counterparts.

Moreover, race and nationality have also been identified to affect cultural competency among nurse, specifically among the expatriate nurses. Inocian(19) and colleagues noted that nurses who come from India and Filipin have better cultural adaptation to the healthcare service provision than other nationals. However, some research outcomes seem to contend this observation; for instance, Hashish(24) and colleagues found out that nurse educators from different nations did not show significant cultural differences. The contention could arise from the position and niche held by the two professionals. Nurse educators do not directly handle patients, as opposed to the registered bedside nurses who maintain direct therapeutic contact with patients.

Other researchers have also supported that race significantly contribute to cultural competency among the registered nurses working in Saudi Arabia. Notably, Manlangi(20) and others established that nurses hailing from the Middle Eastern race tend to outdo the other races when it comes to exhibiting cultural sensitivity, awareness and practice in Saudi Arabia. Even though Manlangit and colleagues concentrated on the nurse leaders, the difference would be generalizable to nursing populations in Saudi Arabia. Nevertheless, their study surfaced the concept of leadership as a factor in cultural competency.

In regards to leadership and leadership positions, Hashish(24) and colleagues expressed that nurse educators had better alignment with cultural expectations of patients in Saudi. Whereas their study did not present a comparative view alongside the non-nurse educators, their reports give a clue of the level of cultural competency within the leadership positions. Again, their study pointed out that most of the nurse educators in the study had been teaching for more than 15 years, which may give a clue about the implication of experience in developing cultural competency in nursing. Reviews in healthcare leadership have noted that leadership practices significantly impact quality of nursing care, which may, in holistic sense, include cultural awareness.(25)

Of more impacting contribution to the level of cultural competency among the registered nurses is language competency, and many studies done in Saudi setting have acknowledged this phenomenon.(8,24,26,27) It is not surprising that language proficiency among these nurses influence their cultural competency in healthcare service provision. Language dictates various concepts that frame cultural beliefs and practices, such as social interactions, daily communication and expressions, norms, worldview and even heritage.(28,29) At the same time, the Sapir-Whorf Hypothesis also hypothesizes that the structure of language affects the way individuals perceive and think about the

world.(30) According to strong linguistic relativity, language determines thought, while weak linguistic relativity posits that language influences thought.

From the pieces of empirical evidence, Paredath and colleagues established that language competencies and differences impact the quality of care provided to the Hajj patients.(27) At the same time, nurses who are fluent in the patient's language were noted to provide better care services in Saudi Arabia.(24) The influence of language differences and proficiency is explained by Almutairi who expressed that "language difference include the clarity of language use by health care providers in giving information and providing adequate explanation regarding their activities."(8) Moreover, Alosaimi and Ahmad noted that cultural competency was influenced by adherence to cultural practices, such as fasting and prayers.(26)

Measures to improve cultural competency among nurses in Saudi Arabia

Addressing cultural competency among nurses requires a sensitive approach, which considers patients' needs as well as social wellbeing of the nurses. Nevertheless, it is recognizable that measures to improve nurses' cultural competency in Saudi Arabia have been addressed over time, from different points of view, encompassing diverse models and theoretical framework as well as practical approaches.

Improving cultural competency among nurses commences from aligning their language with that used by patients. Even though there is scarcity in the empirical evidence, improving nurses' language proficiency has been recommended to improve their cultural competency. For instance, Paredath and others suggested that providing language courses that align with the patients' language can significantly improve therapeutic relationships.(27) The same scholars further suggested the use of interpreters or translators or using current technologies such as Google Translate to help overcome language barriers. Moreover, nurse educators are encouraged to implement transcultural nursing training to improve nurses' language flexibility.

The empirical evidence provided by Zakaria and Yusuf present a valid possibility of improving cultural competency through improving communication styles.(23) Nurse often different communication styles that may differ from that employed by patients.(31) Such differences may create a rift and dissonance in the care relationship between patients and nurses. Oakley et al. (2019) indicated that the expatriate nurses expressed difficulty adopting to the language and communication structure and beliefs about communicating death. Moreover, the study by Zakaria and Yusuf, further noted that some nurses reported that they had to adjust their communication styles by adopting formal communication norms to incorporate the Islamic values and religious beliefs.(23) The adjustment holds a promise of harmonious communication and interaction between patients and the expatriate nurses.

The other approach involves providing nursing education and training, which inherently incorporates adaptive theories, such as Leininger's transcultural health care to make a long-lasting effect on nurses' approaches to cultural competency.(32) At the same time, some researchers, including Calvillo and associate researchers have recommended that the educational and training methodologies should incorporate curricula focusing on cultural competency, employ targeted integrative learning techniques, utilize assessment methods for evaluating cultural proficiency, and provide guidelines for the successful implementation of an integrated curriculum.(33) As such, the trained nurses would achieve culturally congruent nursing care skills as to demonstrate respect and sensitivity to the Saudi patients.

Other scholars have also recommended that the training can be done through cultural awareness workshop or programs of that kind.(27) Collaborative training would incorporate views from the expatriate nurses on the best approaches to achieving cultural competency from their perspectives. It is also crucial to implement healthcare workforce development policies that takes into account the local culture of Saudi patients, their values, and social connections to root the nurse-patient therapeutic relationships. Accordingly, the government should employ a multifaceted strategy to shift citizens' attitudes towards pursuing careers in healthcare, particularly in nursing and pharmacy professions.(34)

Conclusion

Cultural competency in nursing care services stands out as a crucial element of holistic care, which has gained a significant number of researchers. This review explored the concept of cultural competency from three angles, its level, factors that impact it, and the improvement measures from the existing pieces of literature evidence. The review noted that both Saudi and expatriate nurses exhibit a relatively good levels of cultural competency, which indicate a clue about holistic care in the Saudi healthcare systems. However, a number of factors have also been noted to affect nurses' level of cultural competencies,

including their demographic features, nationality, education and training, and language proficiency.

Despite the acceptable level of cultural competency, there is still need to reinforce it by stressing a culturally sensitive curriculum in nursing education, providing further training to nurses, availing more opportunities for nurses' professional development and enhancing collaborative learning and practice for knowledge sharing. The healthcare management in Saudi Arabia has the responsibility to adjust the nursing education system to yield better patient care and outcomes.

Recommendations

This narrative review noted a critical gap in the quality of evidence regarding the interventional approach to addressing cultural incompetency. Even though most studies only assessed and reported the level of cultural competency, which they found to be acceptable, little has been done to develop and test practical interventions through randomized control trails among the expatriate nurses in Saudi Arabia.

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