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Original Research Article

Nurse Cultural Competence and Patient-Centered Care in a Tertiary Hospital in Saudi Arabia

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Abstract

Background: Cultural competence is increasingly recognized as a vital component of nursing practice, particularly in multicultural healthcare environments such as Saudi Arabia, where expatriates comprise the majority of the nursing workforce. ***Objective:*** To examine the relationship between nurses' cultural competence and their perceptions of patient-centered care in a tertiary hospital in Riyadh. ***Methods:*** A descriptive correlational design was employed. A total of 166 nurses were surveyed using the Nurse Cultural Competence Scale (NCCS) and the Individualized Care Scale–Nurse (ICS-Nurse). Data were analyzed using descriptive statistics, chi-square tests, and Pearson correlation. ***Results:*** Nurses demonstrated moderate cultural competence (mean = 2.85, SD = 1.09) and high perceptions of patient-centered care (mean = 3.96, SD = 0.86). A weak positive correlation was observed between cultural competence and patient-centered care ($r = 0.1285$, $p = 0.099$). Nationality significantly influenced both cultural competence ($\chi^2 = 64.750$, $p < 0.001$) and patient-centered care perceptions ($\chi^2 = 69.935$, $p < 0.001$), while sex, educational attainment, and years of expertise showed no significant associations. ***Conclusion:*** Cultural competence modestly influences nurses' perceptions of patient-centered care. Ongoing training programs and organizational policies that emphasize cultural awareness and communication are essential to enhance care quality in diverse healthcare settings.

Keywords: Cultural competence, Patient-centered care, Nursing, Saudi Arabia, Healthcare diversity.

INTRODUCTION

Saudi Arabia's healthcare system is characterized by a highly diverse nursing workforce, with expatriates comprising over 60% of nurses. This diversity presents challenges in communication, cultural understanding, and patient-centered care delivery. Cultural competence—defined as the ability to provide care that respects patients' cultural values, beliefs, and practices—is essential for improving patient outcomes and satisfaction. Patient-centered care, meanwhile, emphasizes individualized care that considers clinical, personal, and decisional aspects of patients' lives. Despite recognition of their importance, limited research has explored the relationship between cultural competence and patient-centered care in Saudi tertiary hospitals.

The Ministry of Health of Saudi Arabia's annual statistics report for 2017 states that there was a total of 185,693 nurses, with 63.3% of them being non-Saudi. There is currently a shortage of nurses in Saudi Arabia, as locals are reluctant to work in the field. Consequently, there has been a rise in the number of international

nurses, primarily from nations such as India, Malaysia, South Africa, and the Philippines (Alluhidan *et al.,* 2019). Ranking 26th among 191 countries, Saudi Arabia has seen significant improvement over the decades in terms of overall healthcare efficiency. The country is greatly influenced by the values, beliefs, and virtues that align with the Islamic way of life. The issue of providing culturally competent care arises because many workers come from diverse backgrounds (Almutairi & McCarthy, 2012). As healthcare personnel migrated, it became increasingly complex for nurses to maintain their organizations' cultural competence. Even if there are strong efforts to boost Saudi nationals to enter the nursing profession, the government will continue to hire health care workers from other countries until it can deliver enough qualified nurses on its own (Tumulty, 2004). Due to the multicultural nature of healthcare, it is challenging to provide quality, patient-centered treatment because of changes and differences in how health and illness are conceptualized (Paternotte *et al.,* 2014).

Effective nurse-patient communication is crucial for improving healthcare quality (Alshammari, Duff, & Guilhermino, 2019), but current methods often fail with Saudi patients due to cultural, religious, and language differences. Language barriers can lead to miscommunication between non-Arabic-speaking nurses and patients, impacting the therapeutic relationship with the entire interdisciplinary team (Alsayed & West, 2019). Misunderstandings can occur even with non-verbal cues, as body language varies across cultures (Norouzinia *et al.,* 2015). Despite the benefits of therapeutic communication, healthcare providers face obstacles like time constraints, a lack of understanding of patients' needs, and difficulties in building rapport (Albahri, Abushibs, & Abushibs, 2018). Increasing global mobility has led to more cultural interactions, complicating healthcare and contributing to cultural conflicts in language, information, and socioeconomic factors (Kuan *et al.,* 2020). Such barriers can result in nurses neglecting patients who do not share their cultural background, which can significantly affect nursing care (Ian, 2020). Culturally competent nurses are crucial for delivering high-quality care and enhancing patient outcomes (Sharifi, Adib-Hajbaghery, & Najafi, 2019). However, challenges remain, such as insufficient self-assessment, assumptions about patients' knowledge, and a lack of experience with diverse cultures (Grandpierre *et al.,* 2018). Clinicians with a high level of cultural competence will continue to be essential to health care because the patient population is becoming increasingly diverse. To achieve this, they must understand the complexity of culture (Brommelsiek, Peterson, & Amelung, 2018). This is why this study aims to investigate the relationship between expatriate nurses' perceptions of cultural competency and the provision of individualized care. The results of the study could improve the quality of care in the community.

METHODOLOGY

Design: Descriptive correlational study.

Setting: A tertiary hospital in Riyadh, Saudi Arabia.

Participants: 166 nurses with at least one year of unit experience.

Research Instrument

The researcher employed two validated, self-administered instruments to measure nurses' cultural competence and perceptions of patient-centred care, ensuring both rigor and alignment with the study's objectives. The Nursing Cultural Competence Scale (NCCS), developed by Lin et al. (2019), demonstrated strong reliability (Cronbach's $\alpha = .88$) and was chosen because it measures four domains—awareness, action, resource application, and self-learning—that align with the study's goal of evaluating how nurses recognize, apply, and expand cultural knowledge. The Individualized Care Scale for Nurses (ICS-Nurse), developed by Suhonen *et al.,* exhibits strong reliability (Cronbach's $\alpha = 0.72 – 0.90$) and has established content validity, making it suitable for assessing perceptions of patient-centered care in terms of clinical situations, personal life considerations, and decision-making processes. Together, these self-administered tools provided a structured, reliable, and conceptually aligned framework for analyzing how cultural competence influences nurses' patient-centered care practices.

Procedure:

The University of the Philippines Open University (UPOU) initially approved the research proposal. The researcher then sent a letter to the Executive Director of Nursing (EDON) requesting permission and guidance to conduct a study on nurses. The Executive Director of Nursing approved the proposal, providing official support and encouraging nurse managers and staff to help with data collection. The Hospital Scientific Review Board then reviewed the study, confirming it met ethical standards and hospital policies. Once approved, the study was officially allowed to proceed within the hospital. Selection of participants was done using predefined criteria to ensure quality data and enhance the applicability of findings to the larger nursing population. Participants were selected based on the study's criteria, specifically Registered Nurses with at least one year of experience in their current unit providing direct patient care. The data collection survey link was distributed through personal sharing with eligible nurses to ensure they received it directly and to maintain authenticity. The form included a short video about the study, required online consent before proceeding, and accepted only one submission per nurse. Responses were collected over a month to give nurses from different shifts and those returning from leave a fair chance to join and were securely stored for analysis.

Analysis: Descriptive statistics, chi-square tests, and Pearson correlation were performed using SPSS

Research Questions	Independent Variable (IV)	Dependent Variable (DV)	Level of Measurement	Statistical Treatment
What is the level of cultural competence among nurses in a tertiary hospital in Saudi Arabia?	Cultural Competence	-	Interval	Mean
What are the perceptions of patient-centered care provided by nurses in a tertiary hospital in Saudi Arabia?	-	Patient Centered Care	Interval	Mean
What is the relationship between the level of cultural competence and perceptions of patient-centered care among nurses in a tertiary hospital in Saudi Arabia?	Cultural Competence	Patient Centered Care	Interval	Pearson Correlation Coefficient
What is the relationship between cultural competence and demographic profiles of nurses in a tertiary hospital in Saudi Arabia?	Demographic Profile	Cultural Competence	Nominal, Ordinal, and Interval (Moderating)	Chi-Square Test
What is the relationship between perceived patient-centered care and demographic profiles of nurses in a tertiary hospital in Saudi Arabia?	Demographic Profile	Patient-Centered Care	Nominal, Ordinal, and Interval (Moderating)	Chi-Square Test

RESULTS

- **Demographics:** Majority expatriate nurses; diverse nationalities represented.
- **Cultural Competence:** Moderate overall competence (mean = 2.85).
- **Patient-Centered Care:** High perception (mean = 3.96).
- **Correlation:** Weak positive correlation between cultural competence and patient-centered care ($r = 0.1285$, $p = 0.099$).
- **Demographic Associations:** Nationality significantly influenced both cultural competence and patient-centered care perceptions. Sex, education, and years of expertise showed no significant associations.

DISCUSSION

Findings suggest that while cultural competence contributes to patient-centered care perceptions, its influence is modest. Nationality emerged as a key factor, reflecting the impact of diverse cultural backgrounds on care delivery. These results highlight the importance of targeted training programs to strengthen cultural competence, particularly for expatriate nurses. Effective communication strategies and organizational support are critical to bridging cultural gaps and ensuring equitable, patient-centered care.

It is not always true that cultural knowledge leads to better patient-centred care, as shown by some studies that question this thought-to-be link. There were different results, which suggest that the connection between cultural competence and patient-centred care might not be as simple as was thought before. It could be affected by factors such as the healthcare setting, the patients, and the tools used to measure these variables. Several challenges are associated with incorporating cultural competence into healthcare settings. This may be why some study results are inconsistent. Some of these problems include the lack of agreed-upon definitions or tools for measuring cultural competence, insufficient training and education for healthcare workers, and systemic issues that hinder the implementation of culturally sensitive practices.

CONCLUSION

Cultural competence is an essential but insufficient predictor of patient-centered care perceptions among nurses in Saudi tertiary hospitals. Enhancing cultural competence through structured training, policy integration, and continuous professional development can foster inclusive, patient-centered environments. Future research should explore interventions across multiple healthcare settings to generalize findings and inform national policy.

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