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NURSE CULTURAL COMPETENCE AND PATIENT-CENTERED CARE IN A TERTIARY HOSPITAL IN SAUDI ARABIA

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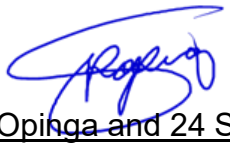
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Biographical Sketch

Joyce Lynn Rivera-Opinga is a highly skilled nursing professional with a strong background in emergency care, quality assurance, and accreditation. She has demonstrated a progressive career path from direct patient care to significant leadership roles.

Currently, Joyce serves as a Nursing Quality Coordinator at Prince Sultan Military Medical City in Riyadh, Saudi Arabia (since December 2019). In this role, she is key to the institution's Magnet Journey, focusing on nurse-sensitive indicators and RN Satisfaction Surveys. She actively contributes to organizational accreditation processes, collaborates on quality improvement projects, ensures staff policy compliance, conducts audits, and reports on performance to executive leadership.

Prior to this, Joyce spent five years (October 2014 to December 2019) in the Emergency Department at the same medical city. Here, she gained extensive experience caring for critically ill and trauma patients, performing urgent assessments, leading healthcare teams, and coordinating patient care plans.

Earlier in her career, she worked as an Emergency Room Nurse at Ghassan Najeeb Pharaoan Hospital in Saudi Arabia (April 2012 to April 2014), where she managed staff, assessed patients, and assisted with emergency procedures. She began her career as an Emergency Room Staff Nurse at President Ramon Magsaysay Memorial Hospital in the Philippines (March 2010 to March 2012), providing immediate nursing care and developing patient care plans.

Academically, Joyce holds a Bachelor of Science in Nursing from Metro Subic Colleges Inc. (2005-2009). She further enhanced her expertise by becoming a Certified Professional in Healthcare Quality and completing a Project Management Professional Course.

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Above all, I want to express my gratitude to our All-Powerful God for providing me with the wisdom, fortitude, and capacity to finish this research. I could not have achieved this without his guidance.

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The Researcher

Dedication

This work is lovingly dedicated to my family, who have been my greatest source of strength and encouragement throughout this journey. To my parents, I extend my deepest gratitude for instilling in me the values of perseverance, compassion, and service. To my husband, thank you for your patience, love, and the sacrifices you made during the many long nights and busy days this study required. Your unwavering belief in me has truly carried me through every challenge.

I also dedicate this work to my colleagues and mentors, who have guided me with their wisdom, kindness, and encouragement. Your support and professional example have inspired me to pursue excellence in both practice and research. To my fellow nurses, your commitment to providing safe, compassionate, and culturally sensitive care has been the foundation and inspiration for this study.

Finally, I dedicate this research to all patients and their families. Their stories, struggles, and resilience serve as a daily reminder that nursing is more than just a profession—it is a calling. May this study contribute, even in a small way, to ensuring that the care they receive is always centered on their dignity, culture, and unique needs.

The Researcher

Abstract

Cultural competence is increasingly recognized as essential in nursing to ensure patient-centered care in diverse healthcare settings. This study examines the relationship between cultural competence and perceptions of patient-centered care among nurses in a Saudi tertiary hospital, where expatriates constitute 80% of the nursing workforce.

A descriptive correlational study examined nurses' cultural competency and patient-centered care perspectives. 166 nurses were assessed using the NCCS, which measures nurses' cultural competence towards culturally diverse patients, and the ICS-Nurse, which measures nurses' perceptions of individualized care. Cultural competency was correlated with patient-centered care scores using Pearson's correlation coefficient.

Findings revealed that nurses exhibited moderate levels of cultural competence (mean = 2.85, SD = 1.09) and high perception on patient-centered care: (mean=3.96, SD=0.86). Also, the study revealed a weak positive correlation between cultural competence and patient-centered care ($r = 0.1285$, $p = 0.098954$). The cultural competence of nurses ($x2=64.750$, $p=<0.001$) and views on patient-centered care ($x2= 69.935$, $p=<0.001$) are influenced by their nationality. However, sex, educational attainment, and years of expertise did not have significant relationship with the nurses' cultural competence and perceptions on patient-centered care.

The results underscore the necessity for ongoing training programs focusing on cultural competence and effective communication to enhance care quality. This suggests that although nurses with greater cultural competency may have a slightly positive opinion of patient-centered care, these opinions may be influence by other factors.

The study suggests more research to better understand and improve nursing practice's integration of cultural competency into patient-centered care. Future research should also aim in determining proactive strategies, including education and policy reform, which are vital for fostering an inclusive healthcare environment.
Keywords: Cultural Competence; Patient-centered Care; Nursing; Saudi Arabia; Healthcare Diversity.

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Chapter I

THE RESEARCH PROBLEM

Background of the Study

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). As committed healthcare professionals, we are obligated to be culturally competent and responsible for understanding differences in order to achieve optimum health. A

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 (Randpierre et al., 2018). Effective communication with patients from diverse cultural backgrounds is crucial for understanding and delivering the best possible care. Intercultural nursing requires nurses to treat patients as unique individuals, taking into account their cultural needs (Tuohy, 2019). Culturally competent care is defined by the National Quality Forum as any healthcare organization's ability to render safe, high-quality, patient- and family-centered (National Quality Forum, 2009). By reducing inequities and enhancing patient outcomes, cultural competency enables nurses and the entire healthcare team to provide patient-centered care (Betancourt, 2003). To ensure that care is genuinely focused on the patient and culturally competent, we need to develop measures of cultural competence that will help establish a standard set of practices for patient-

centered care (Ahmed 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.

Statement of the Problem

The main objective of this research is to find out how cultural competency and the perspective of patient-centered care are related among nurses in a tertiary hospital in Riyadh, where they must deal with a lot of different cultures in health care. As a result of cultural diversity, cultural conflict arises diminishing patient-centered care. To meet demands, cultural competence is crucial for healthcare systems to address diversity effectively. As nurses, we are committed to being efficient and effective role models, promoting an environment where patient safety is always the top priority. Although considerable effort has been invested in promoting culturally competent care, a consensus framework remains elusive. Saudi hospitals must conduct cultural competence assessments when providing patient-centered care to support the country's efforts to change its current strategies, enhance healthcare delivery, and ensure patients receive optimal outcomes. The study aimed to determine whether there is a link between nurses' cultural competence and the provision of patient-centered care, with emphasis on the identified core competencies in the literature when collaborating with a multicultural team that provides care to immigrants from diverse cultural backgrounds. The researcher aims to conduct a study that can serve

as a reference for the present administration to assess the cultural competence of nurses and the quality of patient-centered care they provide.

Objectives of the Study

This research assesses the cultural competence and patient-centered care approaches of nurses at the largest tertiary hospital in Saudi Arabia, with a particular focus on the challenges faced by foreign personnel in addressing the diverse needs of patients. By pinpointing deficiencies and opportunities for improvement in these domains, the study aims to enhance the standard of nursing care and promote better health outcomes.

The specific objectives of the study are:

1. To determine the nurse's demographic profile in terms of:
    1.1. Sex
    1.2. Nationality
    1.3. Educational attainment
    1.4. Years of expertise
2. To describe the nurse's cultural competence level in a tertiary hospital in Saudi Arabia in terms of:
    2.1. Cultural awareness ability
    2.2. Cultural action ability
    2.3. Cultural resources application
    2.4. Self-learning cultural ability
3. To describe the perception of patient-centered care provided among nurses in a tertiary hospital in Saudi Arabia in terms of:
    3.1. Clinical situation

3.2. Personal life situation

3.3. Decisional control

4. To determine the relationship between cultural competence level and their perception of patient-centered care provided by nurses in a tertiary hospital in Saudi Arabia.
5. To determine the relationship between cultural competence and the demographic profiles in terms of:

5.1. Sex

5.2. Nationality

5.3. Educational attainment

5.4. Years of expertise

6. To determine the relationship between the perception of patient-centered care provided and the demographic profiles in terms of:

6.1. Sex

6.2. Nationality

6.3. Educational attainment

6.4. Years of expertise

Significance of the Study

The present study aims to the following groups and individuals, namely:

Patients. Patients will benefit from improved nursing practices that are responsive to their cultural needs, leading to improved health outcomes and increased patient satisfaction. This is achieved by providing more personalized and culturally sensitive care, which fosters increased trust in healthcare providers and a more positive overall healthcare experience.

Nurse. Healthcare workers from both abroad and locally will learn more about being culturally competent and how they view patient-centered care. This helps them improve their abilities and interactions with the patients they care for.

Multidisciplinary Team. This will also benefit the organization by fostering a culturally competent, patient-centered approach to care, in which the multidisciplinary team collaborates toward a shared goal. This study helps hospital administrators develop targeted training initiatives and policies that enhance cultural competence across all disciplines, including physicians, pharmacists, social workers, and other healthcare teams, thereby improving the overall standard of care.

Organizational Policy Makers. Findings from this study can help Nursing Administration, Quality Professionals and Patient Safety Officers integrate cultural competence into existing patient safety and quality improvement programs. Evidence suggests that incorporating culturally competent and patient-centered practices into safety protocols can reduce adverse events and improve patient safety.

Ministry of Defense Health Services (MODHS). This study can help administrators and staff of the MODHS, the body responsible for medical care to Saudi Arabian defense personnel and their families, strengthen culturally sensitive, patient-centered care. By addressing the demands of diverse Saudi national patients, the results can guide the general director of health services, administrative officers, and department heads in identifying strategies that promote respect, inclusivity, and effective communication. This fosters an engaging environment for patients and providers, reducing divisions, improving teamwork, and enhancing overall care quality.

Human Resources. The results of this study can help Human Resources develop recruitment and retention strategies that prioritize cultural competence and diversity within the workforce. By selecting and supporting staff who can adapt to the

multicultural needs of patients, HR can help create a balanced team environment that fosters inclusivity, cooperation, and long-term staff satisfaction.

Professional Development Coordinators. This study provides valuable insight for Professional Development Coordinators to design targeted training programs that strengthen cultural competence and patient-centered care skills. Through workshops, simulations, and ongoing education, coordinators can ensure nurses are equipped to deliver safe, respectful, and high-quality care.

Future Researchers. The study will also be beneficial for researchers, providing an expanded range of knowledge that promotes transcultural nursing and patient-centeredness. Furthermore, the manuscript will also serve as a future reference for researchers and students about transcultural nursing. This will also enable future researchers to fulfil their responsibility to the entire community, promoting peace and harmony.

Scope and Limitations of the Study

The goal of this study was to determine the level of cultural competence and patient-centeredness among nurses in a tertiary hospital in Saudi Arabia. Data collection includes nurses at all levels. This study was limited to those working in a tertiary hospital in Riyadh, Saudi Arabia. The study assessed the cultural competency of nurses who worked in the same hospital for a year in the same unit. Because only one Saudi Arabian hospital was used for the study, the applicability of the results was limited. Time constraints due to an ongoing pandemic may have affected the researchers' ability to reach all eligible participants. The survey was conducted by disseminating a questionnaire available only in English. The study focused solely on nurses' cultural competence and patient-centered care, excluding other healthcare

challenges. The findings help better to understand cultural competency in nursing practice in Saudi Arabia. Further study is recommended to investigate these issues in various healthcare settings and at different levels of expertise.

Chapter II

THEORETICAL BACKGROUND

This chapter examined various literature, studies, and theoretical frameworks to emphasize the importance of the present research. Essential search terms included "cultural competency," "patient-centered care," "nursing in Saudi Arabia," "expatriate nurses," and "healthcare quality," which provided a comprehensive understanding of the current research environment and emphasis the need for additional research within the context of Saudi tertiary hospitals.

Review of Literature

This chapter critically examines various pieces of literature, studies, and theories to demonstrate the significance of this investigation. The study examined the cultural competence of nurses in a tertiary hospital, their perceptions of patient-centered care, and the relationship between cultural competence and perceptions of patient-centered care among nurses within the same hospital.

Cultural Competence Level among Nurses

Systems that offer culturally competent care consider the various values, beliefs, and behaviors of their patients. Stated differently, healthcare is tailored to meet the needs of individuals from diverse social, ethnic, and linguistic backgrounds (AHA, 2019). According to the same study, a culturally competent organization understands how individuals from various cultures interact with one another, how cultural differences can impact people, how to learn more about other cultures, and how to adapt services to accommodate cultural differences (AHA, 2019). Cultural competence is highly individual. While some studies suggest certain groups may

demonstrate higher levels of cultural competence (Maryunani et al., 2021), this does not mean that all individuals within those groups do, or that individuals in other groups are necessarily less competent.

Additionally, there is a recognized need for further cultural knowledge enhancement among expatriate nurses, particularly those from India and the Philippines (Inocian et al., 2015). Park et al. (2012) found that individual personality traits play a bigger role than culture in shaping how directly people communicate. While culture influences communication, it does not fully determine it—there is wide variation even within the same culture. As a result, although demographic factors can provide a foundation for grasping cultural differences, they should not be relied upon to forecast a person's cultural competence. Instead, experience, communication abilities, self-awareness, and a readiness to learn serve as more dependable indicators (de Guzman et al., 2016).

The National Center for Cultural Competence defines "cultural awareness" as being aware of the similarities and differences between cultural groups (Goode & Dunne, 2004). "Cultural action ability" means that nurses are capable of adapting their services to respond to the cultural needs of their patients (Lin et al., 2019), while "cultural resources application" involves utilizing significant cultural sites and artifacts that resonate with specific groups (Carter, Helms, & Juby, 2002). "Self-awareness" is being able to think about who you are and what your personal beliefs are (Silvia & O'Brien, 2004).

One cannot stress enough the importance of healthcare workers being culturally competent. The European Commission's Expert Panel has stressed the importance of recognizing cultural differences in healthcare to ensure that everyone receives the necessary care (Saso et al., 2008). Ignoring these disparities is not simply

a mistake; it can also contribute to dire consequences for patients. This is about incorrect diagnoses, unnecessary adjustments to treatments, and patients being less compliant with their doctor's advice (Brach et al., 2002). If physicians and patients are unaware of how to communicate effectively with individuals from diverse cultural backgrounds, it can be a significant challenge, potentially leading to reduced satisfaction and trust (Tang et al., 2018). Not understanding someone's cultural background can cause problems and make it difficult for them to receive the best care. Moreover, in nursing, the effects can be much more direct: wasted time, frustration, and miscommunication—problems that could be avoided with the proper training (Albagawi, 2019). This is why it is not only important but also significant to make healthcare systems more culturally sensitive and culturally competent. It is a means to improve the quality of care, achieve better patient outcomes, and, most significantly, address the evident racial and cultural health disparities we observe around the world (Narula & Prakash, 2022).

The American Association of Colleges of Nursing has been advocating for nurses to learn about cultural competency since the 1990s (Almutairi et al., 2017), and this focus is crucial for the future of healthcare. Cultural competence is increasingly important in Saudi Arabia's diverse healthcare environment. Although few new studies were published from 2022 to 2024, existing research clearly demonstrates the need for cultural competence in delivering quality care (Hashish et al., 2020). As more people from different cultures come to the Kingdom, understanding how to care for patients with varied backgrounds is essential. Nurse educators themselves need to be culturally competent to effectively instruct their students about caring for diverse patients. This goes beyond clinical skills—it includes understanding cultural differences and their impact on healthcare. Incorporating cultural competency and

foreign language training into nurses' ongoing education is also crucial (Cruz et al., 2017). It is not enough to treat illnesses; it is also crucial to acknowledge how a patient's culture, religion, and social context influence their healthcare decisions. Investing in these areas is crucial for the long-term success of healthcare in the Kingdom, as it helps overcome language and cultural barriers for both patients and healthcare providers (Hashish et al., 2020).

Cultural Awareness Ability

Nurses need to be culturally competent, particularly when working with a diverse group of patients, as it enables them to provide care that is not only professional but also kind, flexible, and sensitive to each patient's cultural needs (Sharifi et al., 2019). On the other hand, it is not enough to understand other cultures; we also need to be aware of how our own cultures influence our thoughts, actions, and relationships with others. This awareness is known as cultural awareness, a significant aspect of cultural competency. It is more than just acknowledging differences; it is also about being aware of how one's own culture influences one's interactions with others. It is not enough to learn about different cultures. The nurse also needs to understand why people from those cultures believe and act the way they do. A nurse should also accept the thoughts, beliefs, traditions, and choices of patients from all walks of life. For example, some patients had special dietary requirements due to their religion or cultural background. It is not enough to change the treatment to fit the person's physical needs; One also needs to know what their overall needs are.

When nurses know more about different cultures, they can better identify and deal with any biases or mistakes that may happen with patients. Individuals who are

more culturally aware tend to be more sensitive and compassionate when caring for patients, which is beneficial for interacting with people from diverse cultural backgrounds (Nurse Journal, 2019). A study by Campinha-Bacote (2002) suggests that understanding other cultures is a fundamental and essential component of cultural competence. Effective communication, respectful behavior, and planning care based on national views are all examples of culturally competent care practices. This is more likely to be done by nurses who are culturally aware. People who receive treatment in this way may experience better outcomes, be happier, and be more likely to adhere to their goals.

Another study by Govere and Govere (2016) found that nurses who were more knowledgeable about different cultures were better at identifying the needs of their patients first. Patient-centered care is a method of providing care that considers a patient's cultural beliefs, attitudes, and preferences. People think that being culturally competent as a nurse is an important part of taking good care of patients, especially in a lot of different health situations. With this appreciation and respect in mind, nurses' ability to recognize cultural differences will have a direct impact on patient satisfaction, as well as on health outcomes and the prevention of healthcare disparities. Saha et al. (2018) assert that cultural competence is what enables people from diverse cultures to communicate more effectively, build trust, and ultimately provide better care to patients. To become culturally competent, nurses need to learn new things and improve skills in areas that can be measured using tools like the CCAT and IAPCC. However, in this scenario, it is important for health providers (Betancourt, 2006).

A long list of barriers hampers the building of cultural competence in nurses. As explained earlier, some of the above barriers also include training. There are a few who complain that they rarely have spare time, yet others, having poor linguistic skills

and language ability or proficiency, do not aid in improving the cultural communication relationship. Altogether, the above-listed all constitute complex challenges across different cultures within effective practice (Hart & Mareno, 2013). There is agreement among most nurses that, indeed, most do not experience preparedness in cultural care, due to the minimal emphasis on cultural competencies within their nursing education curricula (Alexander, BeLue, Kuzmik, & Boltz, 2020). This is further compounded by institutional barriers, such as a lack of support within organizations and low representation of diversity in the nursing workforce, which tend to hinder the full realization of cultural competence (Fekadu, Andualem, & Gebresilassie, 2021).

Cultural competence training is essential in nursing education. Roberts et al. (2014) found that simulation-based learning can enhance nurses' cultural awareness. Practical, culturally diverse case scenarios in training will help nurses better understand the needs of different patient populations (Farokhzadian et al., 2022). This process involves cultural humility, where nurses reflect on themselves and learn from patients rather than making assumptions (Foronda et al., 2020). Burden et al. (2012) also emphasize that education should help future educators appreciate and adapt to diverse cultures, thereby improving their cultural awareness and skills. Cultural competence is increasingly important in nursing practice. Many countries, including the US, UK, and Australia, have programs to help nurses understand other cultures. However, success depends on health policies, workforce diversity, and attitudes towards immigrants (Hashish et al., 2020). As nursing roles evolve in diverse healthcare systems, ongoing learning is essential for delivering effective cross-cultural care, which in turn enhances patient care and reduces health disparities (Butler et al., 2016).

Cultural Action Ability

Cultural action ability represents a critical dimension of cultural competency in nursing, emphasizing the practical use of cultural knowledge and understanding in patient care. This skill extends beyond merely understanding cultural differences; it requires nurses to adapt their communication approach and care for patients in a way that meets their specific cultural needs. Squires et al. (2017) said that nurses who are good at this kind of communication are more likely to give care that is culturally appropriate. Additionally, cultural action ability encompasses incorporating the patient's cultural values, traditions, and preferences into their care plan. This could involve adjusting the way treatment is administered to accommodate cultural preferences, such as dietary restrictions or the use of alternative remedies. Leininger (2002) stressed the necessity of incorporating cultural values into healthcare practices. He said that nurses should actively try to learn about and respect the customs and practices of their patients.

In short, nurses who want to provide culturally competent care need to take cultural action. They need to work diligently to learn about their patients' diverse cultures and adapt their care accordingly based on what they learn (Covington, 2001; De & Richardson, 2008). This approach not only enhances care but also makes the healthcare system more equitable and accessible to everyone. This makes patients happier and healthier (Nashwan, 2023). Nurses can effectively connect different patient groups with the healthcare system by improving their cultural competence skills, ensuring that care is both relevant and respectful. The case is even more important, as most of the patients and healthcare providers are from different ethnic backgrounds, linguistically and religiously. Nurses should understand and appreciate the various cultural differences that can impact healthcare beliefs and practices, as

well as the means of communication. Culturally sensitive nurses will be an advocate between a patient and a healthcare system for the kind of care offered in the care delivery to not only be clinically right but also respectful of and responsive to the needs of a patient (Cultural Care in Nursing: Challenges & Strategies, 2024). This helps establish trust between healthcare providers and patients, contributes to high patient satisfaction, and leads to positive health outcomes, as it aligns medical practice with the values and choices of patients' cultures (Tang et al., 2019).

Nursing requires cultural competence, especially in patient-centered care that addresses each person's needs, preferences, and values (Epner & Baile, 2012), which is crucial in diverse countries like Saudi Arabia, where traditional and modern healthcare systems coexist. Simple actions, such as respecting a patient’s cultural background when making decisions or providing emotional support, are essential (Abalos-Fabia et al., 2019). Culturally competent nurses communicate better, help reduce healthcare disparities, and improve patient outcomes (Alsharari et al., 2024). They develop trust and a good relationship, which are essential for providing good care and ensuring patient happiness. This method not only helps nurses and patients communicate more effectively, but it also encourages patients to share important information about their health and concerns with their nurses. Also, culturally competent treatment considers a person's physical, emotional, and social requirements. Seeing patients as a whole helps nurses serve them better (Jasemi et al., 2017). Ultimately, placing greater emphasis on cultural competency in nursing results in a fairer and more just healthcare system that benefits both patients and healthcare providers.

Cultural Resources Application

Cultural resource applications involve utilizing translators, cultural consultants, and community organizations to bridge the cultural and linguistic gaps between healthcare personnel and diverse patients (Douglas et al., 2014). Cultural competence in healthcare, communication, and care delivery requires this process (Swihart, Harding, & Riekert, 2019; Smith, 2021). Interpreters enhance patient understanding and satisfaction, particularly for non-English speakers, which can lead to better compliance with treatment plans (Betancourt et al., 2003; Flores, 2005). Cultural consultants offer important insights into patients' cultural beliefs, which helps providers give culturally sensitive care (Coronado, 2013; Kleinman & Benson, 2006). Community resources play a key role by linking providers and patients to relevant social services and culturally appropriate support (Swihart et al., 2019; Foti, 2014). These resources increase patient satisfaction and health outcomes (Lavizzo-Mourey, 1996). Educational materials and workshops also enhance nurses' understanding of various cultural values and communication styles, enabling them to provide more personalized care (Harkess & Kaddoura, 2015; Sperry, 2010). These materials help healthcare staff create an environment where all patients feel understood and appreciated. Culturally competent clinicians must also understand that gestures, facial expressions, eye contact, touch, and proximity affect communication across cultures (Long, 2011). They should be mindful of their own nonverbal cues as well as their patients' body language to understand their needs better. This awareness helps build trust and enables providers to offer courteous, compassionate, and culturally appropriate care.

Self-Learning Cultural Ability

Self-directed cultural competence is a crucial component of cultural awareness for nurses. A nurse should continually strive to learn about and understand the diverse cultures of the people in their care, providing them with better, more personalized care (Seomun et al., 2021). This also demonstrates that nurses are responsible for their own growth and development in terms of cultural competency. Nurses can more effectively assist diverse patients by actively seeking information and learning about the various cultures and backgrounds of their patients. For instance, nurses can enhance their cultural competency by reading about diverse cultures, attending job-related training, and participating in cultural awareness and sensitivity courses. These activities help nurses understand how their experiences and cultural background influence patient communication. Researchers found that nurses who learn about other cultures can better recognize and manage cultural differences. This allows them to provide better, culturally relevant care (Hern et al., 2005; Papadopoulos, 2004). This continuous training enables nurses to understand and meet the needs of individuals from diverse cultural backgrounds, thereby making healthcare more inclusive and enhancing patient outcomes. Self-learning is important because it enables nurses to provide care that meets all of a patient's needs—physical, emotional, social, and spiritual—within the context of their culture (Seomun et al., 2021).

Purnell (2013) emphasizes the need for ongoing self-learning in nursing, urging nurses to actively pursue opportunities to enhance their cultural competence. In summary, self-directed cultural competence is a vital and ongoing journey that empowers nurses to deliver care that is effective, respectful, and culturally sensitive. It is essential for nursing education and practice to prioritize self-learning to enhance healthcare outcomes for diverse patient populations.

Perception of Patient-Centered Care among Nurses

The Institute of Medicine Committee identified patient-centeredness as one of the goals for making the healthcare system better in their book Crossing the Quality Chasm. According to the committee, all clinical decisions should be based on the patient's values, and each patient's needs, preferences, and values should be respected and taken into consideration when providing care (IOM, 2001). The IOM Reports also discussed the importance of education for healthcare professionals in another report. This is crucial for reducing healthcare disparities and helping healthcare workers understand how social and cultural factors affect individualized care (IOM, 2003). The IOM also stated that healthcare providers could enhance communication and trust by understanding the diverse values, beliefs, and needs of their patients. This leads to better health outcomes. Adding these elements to care delivery can also help ensure that all patients receive tailored, effective, and courteous care, regardless of their background.

Nurses can support individual patient needs by actively listening, understanding preferences, and adapting care accordingly, which includes involving patients in decisions and showing empathy to build trust (Chen et al., 2021; Charalambous et al., 2010). They assess individuality through reflection, patient feedback, and teamwork (Chen et al., 2021; Uno, 2019). Challenges such as a work environment or staff shortages can hinder the delivery of individualized care (López-Domingo & Rodríguez-Martín, 2020). Other research highlights that patient-centered, culturally competent care involves treating patients with respect, sensitivity, and collaboration, especially during vulnerable times (Epner & Baile, 2012). Researchers suggest developing metrics for patient-centeredness and cultural competence to improve healthcare quality [Saha et al., 2008]. Focusing on the nurse's view about individualized care, the

literature review discusses three important domains: (1) clinical condition, (2) personal life, and (3) sense of control over care-related decisions (Radwin, 1995; Happ et al., 1996; Suhonen et al., 2004, 2005). The first dimension focuses on the progression of disease and how individuals react differently based on their sensitivity and predisposing factors. These factors include personal health management, vaccination status, lifestyle choices, and other characteristics that impact how a patient responds to treatment (Fierz, 2004).

Additionally, everyone's lifestyle and personal experiences play a significant role in their care since the patient possesses unique insights into their disease and coping mechanisms that others may not fully understand (Shepherd et al., 2018). Furthermore, even in similar circumstances, each patient is unique because their mood and level of commitment to the treatment plan influence their willingness to participate in their own care and decision-making. To improve their ability to make informed decisions and provide adequate support, nurses must provide patients and their families with thorough information (Molina-Mula et al., 2020). Unfamiliarity with the country's specific cultural characteristics, particularly the healthcare system, results in nurses having difficulties adjusting to Saudi culture, and, worse still, they may experience culture shock (Lamadah, 2014). The creation of quality indicators that measure cultural competence is necessary to assess that care is genuinely patient-centered and culturally competent. Without indicators, it is challenging to track whether improvements in healthcare delivery are occurring (Ahmed et al., 2018).

The author of the article "Exploring the Impact of Patient Perceptions of Health Care Provider Cultural Competence on Health-related Quality of Life among an Immigrant Population" (Zghal, 2018) says that there is still a huge gap in studies about the link between cultural competence, patient-centered care, and health-related

quality of life. The author examined several tools that assess cultural competence from the patient's perspective. The connection between cultural competency and patient-centered care is currently inadequately defined, potentially hindering the implementation of patient-centered care among Saudi Arabs (Almutairi et al., 2014). Hall (2020) asserts that providing patient-centered, culturally competent care is essential, as it increases patient engagement, improves nurses' quality metrics, enhances insurance reimbursement, and improves patients' perceptions of treatment quality, thereby enhancing adherence.

Nurses' perceptions play a crucial role in implementing patient-centered care in healthcare settings. Most studies show that nurses recognize its importance for patient satisfaction, health outcomes, and overall care quality. However, factors such as education, workload, and support from the hospital influence their willingness to provide this care (Puntillo et al., 2019). While nurses understand the importance of meeting patients' emotional, social, and cultural needs, they often struggle to practice patient-centered care daily due to heavy patient loads, limited time, and insufficient communication training (Joukar et al., 2021). For example, Lee et al. (2020) found that nurses grasp the theories of patient-centered care but face challenges applying them in busy acute care settings. Professional values and organizational culture also shape nurses' perceptions. Aghajani et al. (2021) found that nurses are more likely to positively view and practice patient-centered care when hospitals commit to it and provide leadership support.

Additionally, Manlangit et al. (2022) demonstrated that culturally competent nurse leaders make more informed and higher-quality decisions. On the other hand, inadequate staffing and resources hinder the delivery of effective patient-centered care (Ohr et al., 2022). Although nurses strive to establish relationships with patients,

institutional rules often prioritize efficiency over personalized care. These findings highlight the need for ongoing professional development and systemic changes to support holistic nursing care.

Clinical Situation

The physical, emotional, and behavioral reactions of a patient to their illness and treatment are all included in their clinical condition while they are in the hospital (Engel et al., 2022). The framework of patient-centered care, which emphasizes each patient's unique preferences, needs, and values, is helping to understand better this complex response (Aboumatar & Cooper, 2013; Catalyst, 2017). These techniques document changes in the patient's emotional health, physical health, and level of engagement in care activities (Austin et al., 2020). Patients should be actively engaged in their own care, given timely and correct information, and encouraged to make self-judgement (Patient- and Family-Centered Care Defined, 2023) are some of the most important concepts of patient-centeredness.

When nurses create individualized care plans, cultural sensitivity is crucial for respecting patients' beliefs and values (Rivera, 2020). This is especially important in diverse regions like Saudi Arabia, where nurses must understand various cultural perspectives on healthcare decisions and treatment (Rivera, 2020). Cultural competence fosters trust, enabling patients to feel understood and empowered in their care, ultimately enhancing the patient experience and improving healthcare effectiveness. Personalized care plans significantly boost patient satisfaction and health outcomes, as patients are more likely to follow tailored care (Greene et al., 201). These plans, central to patient-centered care, adapt to individual preferences, values, and needs, fostering a therapeutic relationship based on trust and understanding

(Karout et al., 2013). Nurses play a vital role in developing and implementing these plans by gathering comprehensive patient information, ensuring holistic care, and leading to better treatment and overall healthcare experiences (Shubair, 2023; Karout et al., 2013; Salam, 2022). When patients think that their healthcare workers understand and value them, they are happier with their care. Patient satisfaction and cultural competency are closely linked to patient-centered nursing care, as discussed in (Darnell & Hickson, 2014). Nurses working in Saudi Arabia must be prepared to navigate the country's diverse cultural environment. To successfully address this diversity, nurses must be aware of the subtle yet significant cultural differences that may influence how patients make decisions, interact with family members, and communicate with others. In Saudi culture, for example, family is very important when it comes to health care choices, especially when it comes to children or older people. As is common in more traditional families, choices may not be made solely by the patient. Instead, they might be made by the patient's family or the male head of the household. Abalos-Fabia et al. (2019) also examined the behavior, awareness, and sensitivity of healthcare workers in multicultural settings, focusing on how these workers address cultural differences when interacting with patients.

Self-care tools and support are crucial components of patient-centered care, as they empower patients to take an active role in making their own health decisions and enhance their overall well-being. When people have access to accurate information, practical tools, and adequate support, they can make informed decisions about their health, resulting in improved health outcomes. As the patient's primary caretaker, nurses are in a unique situation to help them take charge of their own health. They can help patients better understand their conditions and take care of their health by giving them valuable tools, education, and counselling (Smith, 2018). Looking into

patients with long-term or chronic illnesses as an example, they need this help the most because they must deal with their condition. Because they know how to look after themselves, these people are more likely to be able to deal with their conditions well, lower their risk of complications, and keep their quality of life high. Nurses can help patients manage the challenges of chronic illnesses by providing ongoing support and ensuring they feel empowered and equipped to manage their health daily. Being involved in their own care not only makes them healthier, but it also gives them more confidence and a sense of responsibility for their treatment. In a study on the effects of self-care support on patients with chronic conditions, Hwang et al. (2016) discovered that patients who had access to sufficient resources and support for self-care experienced better health outcomes, such as better quality of life and symptom management.

Being in the hospital can be stressful and lead to anxiety and psychological distress (Saxon, 2018). This may even result in post-traumatic stress disorder (Callus, 2022). Nursing care plays a crucial role in supporting mental health by facilitating communication, helping patients understand their treatment, and providing a sense of safety (Pattison, 2005). To provide holistic, patient-centered care, nurses should monitor patients' emotional and behavioral conditions (Aboumatar & Cooper, 2013). Nurses also support individualized care by providing resources for self-care and promoting overall well-being. When nurses help patients with self-care, patients feel their care is tailored to their needs, leading to better outcomes and increased job satisfaction for nurses (Ruel, 2020). Nurses educate patients about their health issues, treatment options, and associated risks, empowering them to make informed decisions. Zupa et al. (2021) found that involving family in managing conditions like type 2 diabetes can improve patient care. Castro et al. (2016) emphasized the

importance of patient empowerment and involvement in their own care. Nurses also guide patients on medication management and connecting with community services. Chen et al. (2023) emphasized the significance of shared decision-making, aligning with self-care support. Coulter (2012) provided practical strategies for encouraging patient participation in their care.

In a tertiary hospital setting, nurses frequently collaborate with doctors, specialists, therapists, and other healthcare professionals as part of a multidisciplinary team. This teamwork enables healthcare professionals to develop a comprehensive care plan that considers every aspect of the patient's health and well-being. Using a team-based approach enables consideration of all the patient's needs (Valseno, 2020). When care is coordinated, people get the appropriate care promptly, which improves their overall experience. Collaboration with healthcare workers to make sure that care plans are followed, the risk of medical mistakes decreases, and makes patients happier, and helps with continuity of care. Patient-centered healthcare (Yakusheva et al., 2024) relies on a coordinated approach that encourages the multidisciplinary team to communicate and collaborate to ensure that patients receive comprehensive and seamless care. Nurses play a crucial role in ensuring that this coordinated process works effectively for the entire team. They are responsible for creating a care plan for a patient that considers all their needs and prioritizes their health and well-being (Gloster et al., 2021). This team-based approach allows each healthcare worker to utilize their unique skills while working together. This helps patients get better care at a lower cost. Coordinated care is better for patients because they do not need to go to the hospital as often, and their general healthcare costs are lower than those who do not get it (Herrera et al., 2015; Karam Din et al., 2021; Lee &

Bae, 2018). In a major hospital like this one, nurses play a significant role in these promising results and are an integral part of the healthcare team (Herrera et al., 2015).

Personal Life Situation

A patient's personal life situation, encompassing their cultural background, habits, beliefs, and previous experiences, significantly influences their response to a management plan and their illness (Speck, 2016). This personal context shapes how individuals perceive their health, adhere to treatment, and interact with healthcare providers.

Several factors contribute to this effect. People's cultural views can influence how they seek healthcare, the type of treatment they prefer, and how they communicate with others (Harrison et al., 2019). Particularly in the context of treating and preventing chronic diseases, the complex relationship between everyday behaviors and health outcomes has garnered significant attention (Michaelsen & Esch, 2022). Personal beliefs, such as spiritual or religious ones, help people cope with illness and make informed decisions about how to live their final days (Speck, 2016). Additionally, past experiences with healthcare influence expectations, trust in the medical system, and adherence to future treatment recommendations (Homa et al., 2023). Healthcare workers must be aware of these specific aspects to provide care that is tailored to each patient, practical, and focused on the patient's needs (Aboumatar & Cooper, 2013). Healthcare practitioners must be aware of these specific aspects to provide individualized, effective, and patient-centered care (Aboumatar & Cooper, 2013). Betancourt states that cultural competency has evolved to encompass abilities that put the principles of patient-centered care into action (Betancourt, 2006). This means going beyond just learning about a patient's past and instead learning how

to provide adequate care, regardless of any distinctions that may exist (Betancourt, 2006).

Decisional Control

The extent to which a patient understands their condition and the information they possess has a significant impact on the level of control they feel they have over decisions regarding their care (Brach & Fraser, 2000). This aspect of the measure is crucial when discussing cultural competence and patient-centred care, as it acknowledges that patients have the right to make their own choices and that it is preferable to make these choices together (Humbeeck et al., 2020). People should take an active role in their own care, a principle that has been proven repeatedly. In this case, "patient activation" refers to the patient taking more responsibility and believing that the standard of care is higher. They have trust in their own abilities and know how to take care of their own health (Alegría et al., 2009). Alegría et al. (2009) say that people are more likely to talk to their doctors, say what they want, and follow their treatment plans when they feel informed and in charge. Not being able to understand or change things can make people anxious, alone, and unhappy with their care, on the other hand. It is even more important to respect patients' views and ideals when making decisions, especially when one is aware of their cultural background (Aboumatar & Cooper, 2013). Some cultural groups may prefer a family-centred approach, in which all family members participate in decision-making and discussions (Brach & Fraser, 2000). Healthcare workers can enhance patients' health and well-being by creating a workplace environment where everyone collaborates and patients feel valued, respected, and in control (Nápoles et al., 2009).

The primary goal of patient-centered care is to enhance overall health and support patients in maintaining their well-being. Nurses play a crucial role in this by educating, advising, and providing preventive care (Dow, 2018). Teaching patients about their health can help them avoid illness. Nurses guide patients in making healthy choices, such as adopting a proper diet, engaging in regular exercise, and managing stress effectively. By collaborating to develop healthcare plans, nurses can help mitigate risks and foster long-term health (Dow, 2018). Counseling can be particularly beneficial for patients at risk for chronic diseases or those requiring assistance in managing their conditions (OpenStax, 2024). Through coaching, nurses help patients improve their health and lifestyle.

Due to the country's rapidly growing population, there is a significant need for environmentally sensitive healthcare that reflects the diverse cultural origins of its citizens. Large hospitals employ staff from diverse countries and backgrounds, so the individuals who work there must learn how to appreciate and accommodate these differences. This means that everyone working in healthcare should be aware of their patients' cultural norms and interests, particularly in terms of how they prefer to communicate with others, involve their families, and receive treatment (Albalawi et al., 2020; Falatah et al., 2022). Hashish et al. (2020) and Halabi et al. (2020) both emphasize the importance of cultural competence in ensuring that patients feel valued and understood. It is hard to figure out how to provide health care in Saudi Arabia because there are both Saudis and people from other countries living there. Because they come from different religions, countries, social norms, and languages, nurses and patients may struggle to communicate with each other (Hashish et al., 2020). One key aspect to consider is ensuring that patients feel empowered to make informed decisions about their healthcare. For example, in some Saudi families, health care

choices are made as a group. Remember that family is a significant part of the decision-making process and is open to the patient's cultural background and values. This can be facilitated by nurses and other healthcare workers who utilize translators or other culturally appropriate tools to facilitate communication. Abalos-Fabia et al. (2019) suggest that this approach enables people to fully understand their options and feel empowered to choose how they are cared for. A second way for doctors and nurses to gain patients' trust is to show that they value and respect their patients' cultural beliefs and values. Their health and happiness may improve because of this (Albalawi et al., 2020; Betancourt, 2006). As a general rule, patients tend to do better with their care and adhere to their treatment plans if they feel that their cultural perspectives are acknowledged and valued.

Relationship between cultural competence level and perception on patient-centered care provided among nurses in a tertiary hospital in Saudi Arabia

Cultural competence and patient-centered care are both meaningful ideas in healthcare, but there is not much evidence to support the idea that they go hand in hand (Saha et al., 2008). For cultural competence to be practical, the nurse must view each patient as a unique individual, understand their concerns and vulnerabilities, and recognize the moral aspect of the professional relationship (Epner & Baile, 2012). It means that healthcare workers should learn more about and be more sensitive to different ethnic backgrounds so that they can provide care that fits with the patients' values, beliefs, and preferences. Still, it is not always easy to transition from understanding culture to treating patients in a way that is focused on their needs. Patients should be at the heart of care, and evidence-based practice does not always agree, which can be problematic (Engle et al., 2019). Patient-centered care is widely

regarded as a crucial component of healthcare systems by many (Shyu, 2024; Liberati et al., 2015). Communication is crucial for achieving optimal health outcomes because it is based on long-standing nursing principles that stress personalized care tailored to the patient's health concerns, beliefs, and contextual factors (Kwame & Petrucka, 2021). Specific research indicates that although healthcare personnel may demonstrate enhanced cultural awareness after training, this enhancement does not necessarily result in modifications to clinical practice or improved patient care (Truong et al., 2014). This disconnection may arise from the intricacies of human interactions, wherein cultural factors converge with various other variables, including socioeconomic status, educational attainment, personal experiences, and individual preferences, all of which shape a patient's healthcare needs and expectations (Racial et al., 2003). Healthcare workers may possess cultural knowledge yet still fail to provide patient-centered care if they inadequately integrate this awareness into their clinical decision-making and communication practices (Kwame & Petrucka, 2021).

One significant challenge in establishing a clear connection between cultural competence and patient-centered care is that it is difficult to define and measure both concepts (Gwyer & Hack, 2014). Cultural competence is a broad term encompassing various behaviors, skills, and pieces of information (Grinberg & Nissim, 2025; Sue et al., 2008). Self-assessment tools or subjective evaluations are often used to measure cultural competence; however, they may not accurately reflect an individual's ability to provide culturally sensitive care in real-life clinical settings. The human parts of care are clearly not included in the term "patient-centered access." Communication is not the only part of patient-centered care; it also looks at other things, like how convenient office hours are, how easy it is to make appointments, how timely appointments are, and how close services are to where people live (Saha et al., 2008). Patient-centered

care is also complex, as it involves making decisions together, communicating clearly, providing emotional support, and respecting the patient's choices and preferences. Evaluating the effectiveness of various cultural competence interventions and their impact on patient-centered outcomes across diverse healthcare settings and populations is challenging. There are also not many good studies, which makes it even more challenging to understand the relationship between cultural competence and patient-centered care. A significant deficiency in the research is the absence of comprehensive frameworks for integrating cultural competency into nursing education. This is made more difficult by the fact that faculty and nurse leaders do not know much about how nursing practice and cultural events are connected (Leffers et al., 2017). Much research examines how the knowledge, attitudes, and views of healthcare professionals change after they receive cultural competence training (Clifford et al., 2017). Up to now, however, most tests have only assessed information, skills, and abilities, rather than actual clinical competence (Purnell, 2016). Cultural competence is an essential skill for healthcare providers to have, but it should not be seen as the only way to provide patient-centered care.

The ethical responsibility tied to cultural competence is another area of complexity. Nurses' ability to respect patients' values, preferences, and dignity directly influences the ethical delivery of care (Milton, 2015). However, the connection between cultural competence and ethical decision-making can be challenging, especially when nurses face conflicting values from patients, colleagues, or society (Dean et al., 2020). These ethical dilemmas, compounded by language and cultural barriers, can make it more challenging for nurses to balance cultural sensitivity with other aspects of patient care, thereby further complicating the relationship between cultural competence and patient perceptions (Donnelly, 2000; Berestova et al., 2019).

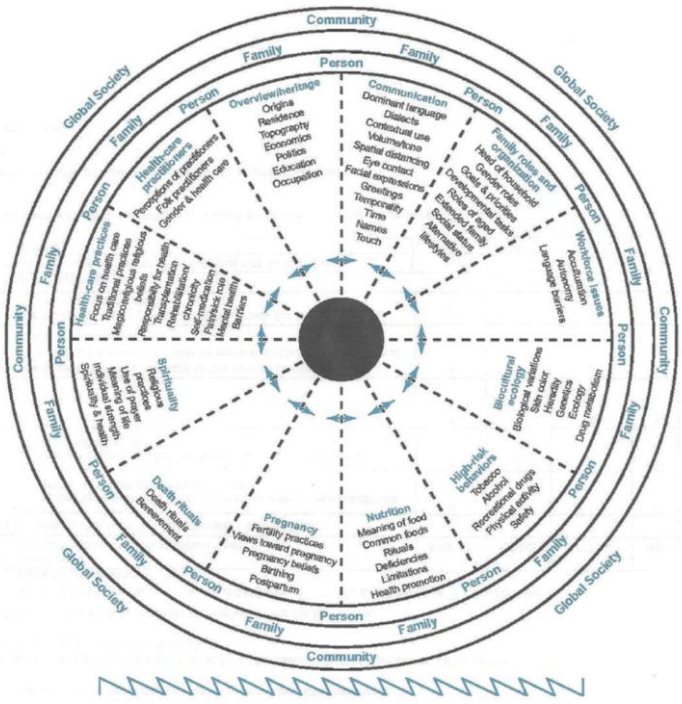
Synthesis

The research reveals a great deal about how cultural competence in nursing impacts patient-centered care. Here are some of the most essential things it says. First, it highlights the importance for healthcare staff, especially nurses, to recognize and understand cultural differences in order to effectively manage health disparities. This means that care must be given fairly and without any discrimination. Ensuring that healthcare systems understand and respect patients' diverse backgrounds is a crucial aspect of being culturally competent, which in turn improves health outcomes and overall well-being. Many people agree on how important it is to be culturally competent, but there are not many ways to measure patient-centered care in this setting. Once nurses understand cultural differences, they can better assess their patients and develop care plans that are more aligned with their cultural backgrounds. In creating personalized care plans, nurses can gain a deeper understanding of patients' health by encouraging open and respectful communication, which relies on cultural competence. As healthcare becomes increasingly diverse, nurses who are knowledgeable about different cultures can communicate effectively, accommodate patients' cultural preferences in care, and empower them to be engaged in their treatment, ultimately improving overall nursing care. Regardless of ethnicity, culturally competent care reduces health disparities by treating all patients with equal respect and consideration. It improves patient-nurse connections by fostering respect and understanding. If nurses understand cultural variations, they can better meet the diverse needs of patients, thereby improving patient care and treatment outcomes.

Theoretical Framework

Based on Purnell's Model for Cultural Competence, this study demonstrates the importance of healthcare workers and patients from diverse cultural backgrounds establishing strong relationships. This model is based on the idea that culturally competent healthcare workers help provide more patient-centered care by treating each patient in a way that takes into consideration their unique cultural background (Purnell, 2002). According to Purnell's model, cultural competence encompasses a range of important aspects, including understanding a patient's cultural views, practices, and values related to health, as well as factors such as their race, religion, language, and personal healthcare habits (Purnell, 2002). Healthcare workers can give better care that fits each patient's needs if they understand these different aspects. This leads to improved health outcomes and increased patient satisfaction. The Purnell model is a helpful approach for healthcare workers to ensure that all their patients feel valued and understood while also providing adequate medical treatment.

Figure 2.1. Purnell's Model for Cultural Competence.



The Purnell Model addresses this complexity by incorporating various cultural areas that are often overlooked in other transcultural models, such as biocultural ecology and workforce issues (Purnell, 2000). The model comprises twelve cultural domains: organization, communication, family roles and organization, biocultural ecology, high-risk behaviors, nutrition, pregnancy, death rituals, spirituality, healthcare practices, and healthcare professionals (Odonel et al., 2019). Culture is not a fixed entity; people from the same culture can have diverse views, values, and behaviors. One's cultural identity and health-related behaviors can be significantly influenced by their socioeconomic status, education, acculturation, and personal experiences. Additionally, cultural competence can be applied in various ways in real organizations, depending on the cultural setting, the organization's culture, and the relationships between individuals (Soekotjo et al., 2021). Cultural competency programs can be challenging to understand because they often fail to clearly explain key concepts or provide practical guidance (Lau & Rodgers, 2021). Despite this, the Purnell Model (Purnell, 2002) clarifies how cultural competence affects patient care, even if direct links between overall cultural competence and healthcare results are not always obvious. The model enables us to systematically understand the cultural challenges in healthcare settings where people from diverse backgrounds interact.

The Purnell Model serves as a comprehensive framework that closely aligns with the objectives of this study by addressing multiple cultural domains that influence healthcare delivery (Purnell, 2000, 2002). Its structured approach enables the systematic examination of cultural competence in nurses, making it well-suited for assessing dimensions of cultural awareness, action, resource utilization, and self-learning ability, which are central to recognizing the study's objectives (Lin et al., 2019). By recognizing the complexity of cultural identity—including socioeconomic,

educational, and experiential factors—the model supports the exploration of how demographic variables, such as sex, nationality, educational attainment, and years of expertise, shape cultural competence and perceptions of patient-centered care (Purnell, 2000). Furthermore, the model's emphasis on communication, family roles, decision-making, spirituality, and health practices resonates with the study's focus on patient-centered care dimensions, including clinical situations, personal life circumstances, and decisional control (Purnell, 2002). The Purnell Model provides a conceptual framework for identifying specific cultural influences that impact patient-provider interactions (Estevan & Ruiz, 2017). This alignment underscores the model's value not only in framing the study objectives but also in guiding future interventions aimed at enhancing culturally competent, patient-centered nursing care.

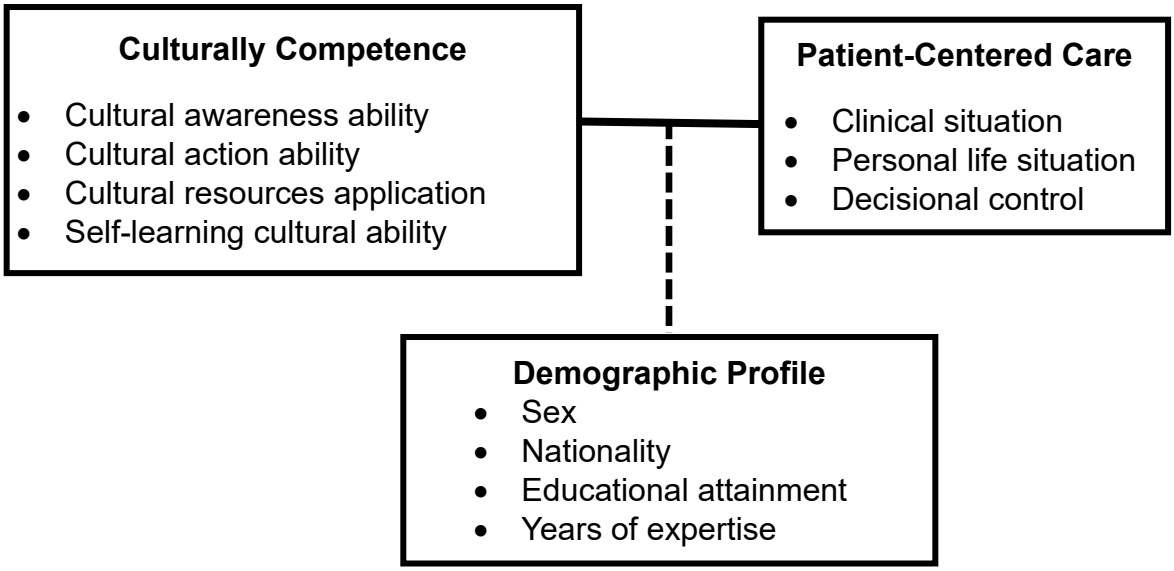
Conceptual Framework

The research is based on Purnell's Model, highlighting the importance of healthcare providers understanding and incorporating patients' cultural beliefs, practices, and values into their care. Moreover, cultural competence is not an extra that can be added to healthcare, but an essential component that provides better, more personalized, inclusive, and effective care. By incorporating cultural knowledge into their daily work, healthcare professionals can create a more inclusive and supportive workplace, fostering greater respect and assistance, ultimately enhancing patient satisfaction and overall well-being. It focuses on how knowing different cultural backgrounds personally affects providing care that is personalized to each patient's unique background.

The conceptual framework suggests that care centered on the patient, cultural skills, and influencing factors should all work together and evolve. The goal is to find

actionable insights that can help healthcare institutions create environments that are more culturally sensitive, responsive, and fair for all patients.

Figure 2.2. Conceptual Framework Culturally Competent Patient-Centered Care.



The goal of analyzing the framework is to clarify the relationships between the variables of the study. Patients' cultural backgrounds have a significant impact on nurses' cultural competency, as they affect health inequalities, communication, and relationships between doctors and patients, as well as the experience of disease and healthcare outcomes (Chen, 2009). On the other hand, the demographic characteristics of nurses also impact their ability to provide culturally appropriate, patient-centred care, as demonstrated in a study conducted under similar circumstances (Inocian, 2015). This new way of thinking has sparked much interest among doctors, policymakers, executives, researchers, and academics (Frampton et al., 2017) because it shows how much better health and health care outcomes can be when patients and families are genuinely involved in their care and in the redesign of health care systems and processes. This study aims to investigate the relationship between various variables by utilizing a tool to assess the cultural competence of nurses and their perceptions of patient-centred care. Additionally, nurses need to be

aware of a new challenge in healthcare: measuring how culturally competent patients perceive their providers and how this perception affects their health.

Operational Definition of Terms

1. Cultural Background is defined as the unique characteristics of an individual as a result of a day-to-day interaction that significantly affects his/ her way of life.
2. Demographic profile refers to the subject's sex, nationality, educational attainment, and years of expertise.
3. Sex will be self-reported. Answers will be coded "Male," "Female, defined as the biological classification of individuals based on measurable characteristics such as chromosomal patterns, gonadal structure, hormone levels, and external genitalia.
4. Nationality refers to the country to which a participant holds citizenship or permanent residency. Categories would include "Saudi Arabian," "Expatriate (non-Saudi)," and "Other" if those categories do not apply to the participant. This will enable an understanding of cultural or demographic differences within the sample.
5. Educational attainment is determined based on self-reported responses in a questionnaire, asking participants to select their highest completed education level from a predefined list.
6. Years of expertise are defined as the number of years a nurse participant has actively worked in a professional nursing role. This experience must be documented through employment records, certifications, or licensure.
7. Cultural Competence (CC) refers to the ability to successfully interact with, understand and communicate with people within a multicultural organization. An independent variable will be measured using a tool that focuses on four domains.

8. Culture cognizing is defined as a nurse's ability to recognize and appreciate cultural differences in values, traditions, and norms, along with sensitivity and respect in interactions with diverse individuals.
9. Cultural action ability refers to a nurse's expertise in adapting behaviors and communication to utilize cultural differences effectively, utilizing cultural knowledge for informed decision-making, and fostering effective collaboration.
10. Cultural resources application refers to the nurses' ability to use available resources that help reduce conflict. The ability to effectively utilize culturally relevant tools, materials, and community resources in patient care is assessed through the integration of these resources in care plans and the frequency of their use during patient interactions.
11. Self-learning cultural ability is the willingness of the nurse to learn and be engaged in ongoing self-directed education and reflection about cultural diversity and its impact on patient care, which is operationally measured through participation in cultural competency training, completion of relevant educational courses, and self-reported assessments of cultural knowledge and understanding gained through experiences with diverse patient populations.
12. Culturally competent care means that nurses can provide patient care that aligns with their cultural beliefs and values while ensuring the care is safe and of high quality. Healthcare services that actively take into account patients' cultural backgrounds, beliefs, and values when assessing, planning, conducting, and evaluating care, as measured by patient satisfaction surveys, participation in cultural awareness training, and the inclusion of culturally appropriate practices in care plans.

13. Patient-centered care is an overall approach that emphasizes the development of personalized care plans, supports self-care, ensures coordinated care, provides convenient access to services, focuses on performance improvements, and promotes wellness and disease prevention, all tailored to meet the needs of individual patients.
14. Clinical condition is defined as the physical, emotional, and behavioral response of each patient that results from hospitalization. It is the measurable physical, emotional, and hospitalization responses of a patient during hospitalization, assessed through clinical evaluations, psychological assessments, and behavioral observation tools that capture changes in health status, emotional well-being, and engagement in care activities.
15. The patient's cultural background, habits, beliefs, and past experiences all contribute to their response to the care plan and the illness itself. A personal life situation is defined as the combination of a patient's cultural background, daily activities, personal beliefs, and past organized experiences. Organized interviews or questionnaires can measure this.
16. A sense of control over care-related decisions is the patient's knowledge of their own clinical situation, which drives their decision-making process and enables them to express their thoughts, opinions, and views about the course of the plan. Operationally, this means how much a patient thinks they know and understand about their clinical situation, how much they think they can affect treatment decisions, and how much they participate in the decision-making process. This is measured through self-reported measures of knowledge, perceived influence, and participation in discussions with healthcare providers.

Hypothesis and Assumptions

As part of this study, the researcher included a hypothesis:

1. There is a significant relationship between cultural competence and perception of patient-centered care provided among nurses in a tertiary hospital in Saudi Arabia.
2. A significant relationship exists between the cultural competence level and demographic profile, including sex, educational attainment, years of experience, and nationality, among nurses in a tertiary hospital in Saudi Arabia.
3. There is a significant relationship between the perception of patient-centered care provided and demographic profiles, including sex, educational attainment, years of expertise and nationality, among nurses in a tertiary hospital in Saudi Arabia.

Chapter III

RESEARCH METHODOLOGY

Research Design

This study employed a descriptive correlational approach to investigate nurses' cultural competence and their perceptions of patient-centered care in a tertiary hospital in Saudi Arabia. This method helped identify trends and links, providing a better understanding of how nurses' cultural competence influences their patient care. Researchers were able to figure out the strength and direction of the links between variables by collecting data on both at the same time. This helped them learn more about how cultural factors affect nursing practices and patient outcomes. The study was invaluable because it looked at a diverse group of nurses in Saudi Arabia, providing an excellent opportunity to gain experience about the challenges of cultural skills in this type of healthcare setting. Our research aimed to determine the level of cultural awareness among nurses at a major hospital and their perceptions of patient-centred care. Rivera spoke about a descriptive correlational study, which examines the relationship between variables without establishing cause and effect. It involves examining and measuring various factors to identify relationships between them (Rivera, 2020). To investigate these connections and answer the study question, a validated self-report survey was used. The results can be used to create programs and training that will help nurses become more culturally competent, identifying focus areas for improvement.

Sampling Technique

A target sample size of 128 nurses was initially calculated using G*Power software, based on a 95% confidence level, 80% statistical power, and an assumed moderate effect size, which is commonly applied when anticipating a reasonable but not significant impact. To ensure robustness and reliability, 154 participants were initially recruited, exceeding the required minimum. More nurses later joined after hearing about the survey, wanting to share their views, and support from the Executive Director of Nursing helped increase participation, which brought the total to 166, representing 10.72% of the eligible workforce (N = 1,548). The target audience consisted of nurses working in a major hospital in Riyadh, Saudi Arabia, who were ready to share their insights about their cultural experiences with clinical care and were registered nurses with at least one year of experience in a clinical unit. Nurses of all educational backgrounds were eligible to participate. Exclusion criteria included nurses in managerial positions without direct patient care responsibilities and clinical resource nurses.

Random sampling was used to ensure that each person in the target group had a chance of being picked using an online random sampling tool (Urbaniak & Plous, 2020). To keep things private, a participant code was given to each qualifying answer. This method ensured that the demographic group was representative while maintaining the participants' identities confidential. The study selected a group of individuals representative of the broader community to examine how cultural competence and patient-centered care are implemented in hospitals. A bigger sample size improved statistical power, which meant that fewer people dropped out and the results were more reliable.

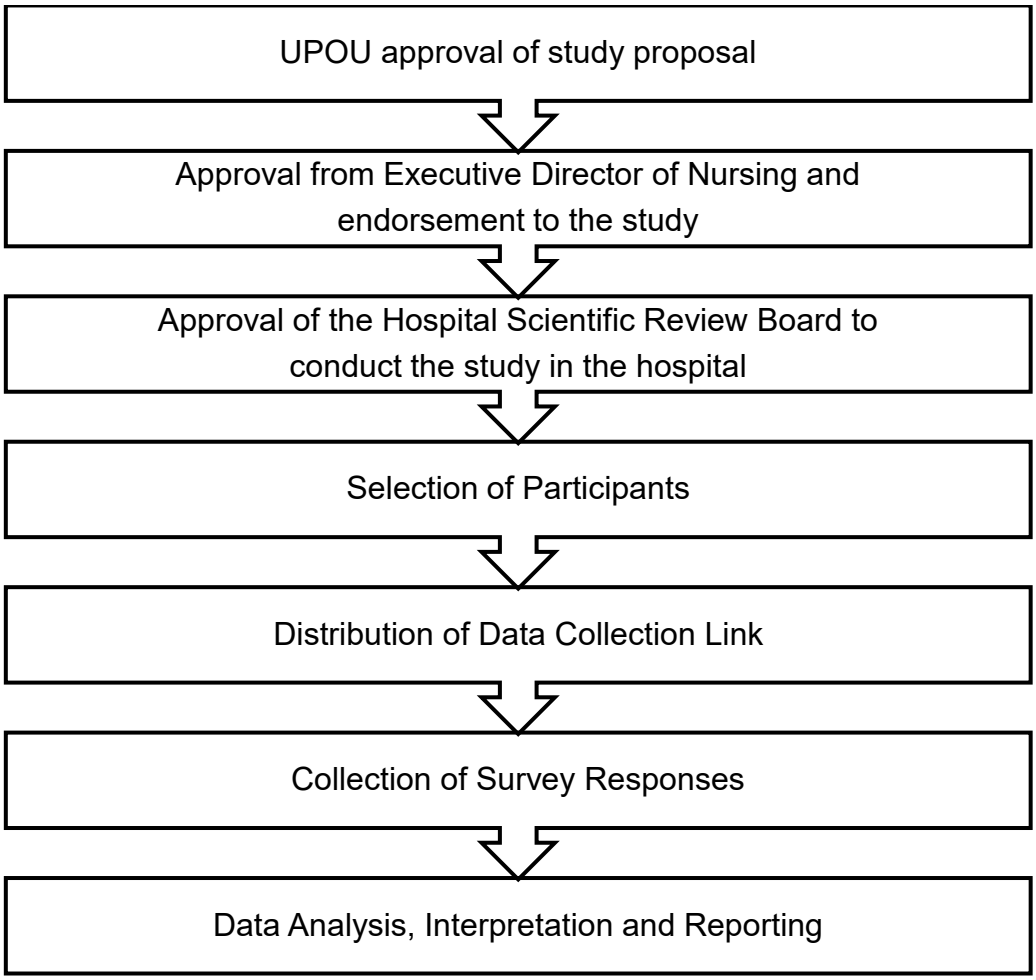
Research Setting

The second-largest hospital in Riyadh, Saudi Arabia, which is the country's largest city, was the site of the study. Many of the nurses working at the facility were from other countries, with approximately 75% of the staff originating from abroad. The Saudi government's Saudization policies, implemented nationwide, aimed to increase the number of Saudis working in the healthcare sector and other key areas. At the time of the study, about 80% of the hospital's nurses had come from other countries to help meet the fast-growing need for health care. This reliance on foreign nurses led to a diverse workforce comprising of nurses from different cultures and with different ideas about how to deliver healthcare. This situation allowed for an examination of how cultural competence and patient-centred care intersect in a mixed healthcare setting. The study's results could also help in developing methods to be culturally sensitive to patients from diverse cultural backgrounds and improve patient outcomes in similar situations. Nurses can also learn about the pros and cons of assembling a diverse group of workers in a rapidly evolving healthcare system from the study.

Data Collection

The researcher collected all the necessary information by following a series of steps to gather the data.

Figure 3.1. Data Collection Process.



a. 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.
b. The Executive Director of Nursing approved the proposal, providing official support and encouraging nurse managers and staff to help with data collection.

c. 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.

d. 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.

e. 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.

f. 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.

g. Responses were statistically analyzed to interpret variables and meet study objectives. The summarized data informed conclusions and recommendations for nursing practice, education, and policy, aiming to enhance culturally competent, patient-centered care.

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 α = .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 α = 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.

Nursing Cultural Competence Scale

The Nursing Cultural Competence Scale (NCCS) is a 19-question test that utilizes a 5-point Likert scale (1 = Rarely, 2 = Occasionally, 3 = Neutral, 4 = Often, and 5 = Always) to measure the cultural competence of nurses. A higher score means you are more competent. This scale is divided into four key areas: the first is cultural awareness ability (7 items), which gauges a nurse's capacity to recognize different cultural perspectives and recognize critical situations—such as opting out of treatments due to traditional beliefs about discussing death—where cultural values play a significant role. The second area is cultural action ability (6 items), focusing on

the practical delivery of culturally appropriate nursing care through effective communication and problem-solving skills. The third is cultural resources application ability (3 items), which pertains to the nurse's proficiency in identifying and leveraging various resources, including professional networks and online platforms, to understand the cultural needs of patients. Lastly, self-learning cultural ability (3 items) reflects a nurse's commitment to ongoing cultural education through reading and formal courses. Lin et al. (2019) validated the NCCS but did not specify cutoff ranges for scores. Following Alkharusi (2022), the 1–5 Likert scale can be divided into intervals of approximately 0.80, allowing results to be categorized as Very Low, Low, Moderate, High, or Very High, which simplifies comparison of mean scores across studies.

Table 3.1

Weighted Values of Cultural Competence Level (NCCS)

Point	Range/Interval	Verbal Interpretation
5	4.24-5.05	Very High Level
4	3.43-4.23	High Level
3	2.62-3.42	Moderate Level
2	1.81-2.61	Low Level
1	1.00-1.80	Very Low Level

Note. Alkharusi, Hussain. (2022). A descriptive analysis and interpretation of data from Likert scales in educational and psychological research. 12. 13-16.

Individualized Care Scale

Suhonen et al. first came up with the ICS-Nurse in Finland. It is a self-administered tool that nurses can use to rate their views on individualized treatment. This tool features a 5-point Likert scale and is divided into two main parts: ICS-A-Nurse

and ICS-B-Nurse, each comprising 17 items. The ICS-A-Nurse subscale looks at how nurses let patients be themselves through different nursing practices. The ICS-B-Nurse subscale, on the other hand, looks at how nurses feel about the individuality they keep in the care they give, based on their recent work schedule. Each dimension includes three subscales: clinical situation (items 1–7), personal life situation (items 8–11), and decision-making autonomy concerning care (items 12–17), with responses from 1 (strongly disagree) to 5 (strongly agree)—with higher scores indicating a stronger perception of patient centered care.

Table 3.2

Weighted Values of Perception of Patient Centered Care (ICS-Nurse)

Point	Range/Interval	Verbal Interpretation
5	4.20-5.00	Very High Perception
4	3.40-4.19	High Perception
3	2.60-3.39	Moderate Perception
2	1.80-2.59	Low Perception
1	1.00-1.79	Very Low Perception

Note. Alkharusi, Hussain. (2022). A descriptive analysis and interpretation of data from Likert scales in educational and psychological research. 12. 13-16.

Plan for Data Analysis

This study employed descriptive statistics to examine the relationship between nurses' cultural competency, their views on patient-centered care, and their demographic information.

Table 3.3

Summary of Research Questions, Variables, Levels of Measurement, and Statistical Procedures

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

The Nursing Cultural Competence Scale (NCCS) Scale (NCCS) and the Individualized Care Scale for Nurses (ICS-Nurse) both utilize a 5-point Likert scale. Although the responses produced ordinal data, they were treated as interval data for deeper analysis, a common practice in nursing research. Weighted means were calculated to summarize nurses' cultural competence and views on patient-centered care. After confirming normality with the Kolmogorov–Smirnov test, the Pearson correlation coefficient was used to examine the relationship between the variables, which was appropriate since both were analyzed as interval data. The Chi-Square test analyzed the impact of demographic factors—such as sex, nationality, education, and experience—on cultural competence and patient-centered care, given the categorical nature of these demographics and competencies. This combination of methods ensured the analysis was accurate, reliable, and aligned with the study's goals.

Data Management

Responses were collected using a web-based survey on Google Forms. Once participants submitted their answers, the platform automatically organized the data into an Excel spreadsheet, which was securely saved in the researcher's Google Drive account. After reaching the target number of responses, the researcher extracted the data for analysis. To ensure confidentiality, each response was labeled with the relevant variable, and participants were assigned unique codes to maintain anonymity. All data was stored on a computer accessible only to the researcher. This careful process safeguarded participants' confidentiality, and the encoded data were included in the final study submission to capture important insights alongside the survey results.

Ethical Considerations

The hospital's Research Ethics Committee gave official approval for the on-site study before any data collection began to make sure everyone knew what the research was all about. They were all given an overview of the study's purpose, its goals, and the potential impact it could have on healthcare practices. An online informed consent process was employed, emphasizing the users' fundamental rights to self-determination and anonymity to ensure that everyone participating in the study fully understood both the potential risks and benefits of their involvement. Participants were given a clear explanation of the study's goals and their rights, with a focus on ensuring they could remain independent throughout the entire process. They could electronically prove that they agreed by acknowledging that they had received the acceptance. This online tool made the consent process clear and easy to access for participants, ensuring they understood that their participation was completely voluntary.

Each person received a unique identification number without names to ensure privacy. Participants were informed they could stop participating at any time during the survey process. All data were kept secure and private in accordance with study ethics. The data was solely accessible to the researcher and saved and managed in accordance with data protection and ethical research guidelines. Throughout the study, regular oversight and tracking ensured that ethical standards were consistently followed, demonstrating a strong commitment to responsible and respectful research behavior. This method not only ensured that ethical rules were followed, but it also demonstrated that the study was committed to protecting the rights, welfare, and dignity of every participant.

Chapter IV

RESULTS AND DISCUSSION

This chapter discusses data interpretation gathered from 166 people using specific tools. The results are presented in a clear order that follows the sequence of the issues identified and explained in various ways, using examples and comparisons to facilitate understanding.

Table 4.1

Demographic Profile of the Nurses

Profile Variables	Frequency	Percentage
Sex		
Female	119	72%
Male	47	28%
Nationality		
Saudi	15	9.2%
Filipino	129	79.1%
Indian	17	10.4%
Slovak	1	0.6%
Serbian	1	0.6%
Educational Attainment		
Diploma	2	1.3%
Bachelor's Degree	148	91.1%
Master’s Degree	8	7.6%
Years of Expertise (in the unit)		
1-5 years	69	42%
6-10 years	18	11%
11-15 years	73	45%
16 years or more	4	2%

Note. Not all participants responded to every demographic profile question. Percentages reflect the proportion of responses within each category.

The study aims to investigate the demographics of a group of individuals who completed a poll. This information is crucial for understanding the nursing staff at the chosen tertiary healthcare institution in Saudi Arabia and how that might impact the way care is provided.

As shown in Table 4.1, the sample comprised 72% Females and 28% Males (n=166). This aligns with global trends in the predominantly female nursing profession. The respondents' nationalities reveal a predominantly Filipino nursing workforce, comprising 79.1% of the sample. Other nationalities include Saudi (9.2%), Indian (10.4%), Slovak (0.6%), and Serbian (0.6%). The educational attainment data indicate that 91.1% of respondents hold a bachelor's degree, 7.6% have a master's degree, and 1.3% have a diploma. Respondents have between 1 and 5 years of experience (42%), followed by 11 to 15 years (45%), 6 to 10 years (11%), and 16 years or more (2%). The predominance of female nurses reflects the gender composition of the workforce and highlights the importance of ensuring equitable opportunities and role distribution across care settings (Gates & Mark, 2012; Noone et al., 2020). In a cultural context where gender norms influence patient care preferences, female nurses are vital for caring for female patients who may prefer same-gender providers due to cultural or religious reasons (Casciotti & Klassen, 2011; Kitole et al., 2025). The large number of Filipino nurses highlights a reliance on expatriate staffing, underscoring the need for ongoing cultural competence training to facilitate effective communication and culturally sensitive care (Alluhidan et al., 2020; Almutairi et al., 2014; Al Muharraq et al., 2022). High educational levels, especially the number of bachelor's degree holders, support evidence-based practice, while postgraduate-qualified nurses boost leadership and mentorship (Duffield et al., 2020; Hickman et al., 2018; Patterson & Krouse, 2014). Moreover, many nurses with 11–15 years of experience play a crucial

role in ensuring stable, high-quality care, aligning with goals for patient safety and service excellence (Dempsey & Assi, 2018; Halm, 2019; Patrician et al., 2024). Given this situation, nursing leaders in Saudi Arabia can use the current skill mix and cultural diversity to enhance teamwork, implement retention strategies, and improve patient-centered care for both local and expatriate communities (Alenezi, 2022; Alluhidan et al., 2020; Alsadaan et al., 2021; Al Muharraq et al., 2022).

The Purnell Model of Cultural Competence emphasizes that primary characteristics, such as gender and nationality, shape an individual's worldview, influencing their beliefs and interactions with healthcare providers. Secondary traits, such as education and experience, impact health literacy, communication styles, and decision-making (Purnel, 2013). By considering both sets of factors, the model enables nurses provide patient-centered care that respects cultural identities and individual needs. The global demand for Filipino nurses is well recognized, highlighting their skills and dedication (Corpuz, 2023; Elmaco, 2022; Nazareno et al.). International nurses from countries such as Saudi Arabia, India, Slovakia, and Serbia bring diverse perspectives and holistic patient care (Almoallem et al., 2020). Many respondents have received quality education, indicating a knowledgeable nursing workforce (Baird & Miller, 2015). These findings support Saudi Arabia's goal to improve nursing education to meet global standards. Additionally, nurses with postgraduate degrees tend to be more satisfied and stay longer in their jobs (Cziraki et al., 2020; Dempsey & Assi, 2018). Experienced nurses enhance the healthcare system by using their extensive knowledge to improve patient outcomes and service quality.

Table 4.2

Distribution of Cultural Competence Level among Nurses

Subscale	Mean	Standard Deviation
Cultural Awareness Ability	2.68	0.99
Cultural Action Ability	3.00	1.10
Cultural Resource Application	3.05	1.17
Self-Learning Cultural Ability	2.66	1.11
Cultural Competence Level	2.85	1.09

Note: Cultural competence level is the overall mean score derived from the subscales.

Nurses' cultural competence was interpreted as having "moderate cultural competence" (M-2.85). Higher scores indicate greater cultural competence Notably, all four subscales were also interpreted as "moderate cultural competence": a) Cultural awareness ability (M-2.68), b) Cultural action ability (M-3.00), c) Cultural resource application (M-3.05), and d) Self-learning cultural ability (M-2.66). The standard deviation values indicate the degree of variation in nurses' scores within each cultural competence subscale. A lower value, like 0.99 for Cultural Awareness Ability, means responses were more consistent among nurses. Higher values, such as 1.17 for Cultural Resource Application and 1.11 for Self-Learning Cultural Ability, show a broader range of responses—some nurses scored high while others scored low. The overall SD of 1.09 indicates moderate variation in cultural competence across the group, suggesting that while some nurses are highly skilled in cultural aspects of care, others may need more training to reach the same level.

Nurses understand the cultural factors that affect patient care, but there is room for improvement to achieve higher competence levels. The results also indicate a moderate ability to take culturally informed actions during patient care and to use different resources when caring for patients from diverse backgrounds. These results

support the concept that cultural competence is important, as it affects both the nurse-patient relationship (Covington, 2001) and the general quality of care (Hashish et al., 2020). Cai et al. (2021) suggest that cultural competence can be influenced by factors such as age, work experience, education, and exposure to diverse cultures. Ličen and Prosen (2023) suggest that healthcare workers should strive to understand patients based on their cultural backgrounds to enhance their cultural competence. This is achieved with the assistance of professional programs that facilitate interaction with individuals from diverse backgrounds (Hashish et al., 2020). In Saudi Arabia's healthcare system, the finding of "moderate" cultural competence among nurses has important implications (Hashish et al., 2020). With a multicultural workforce serving diverse patients, this level of competence enables nurses to identify cultural factors that affect care, but they may not consistently apply them (Almutairi et al., 2014). Insufficient cultural competence can lead to miscommunication and lower patient satisfaction, particularly in areas such as gender-sensitive care, family involvement, and faith-related health practices (Alodhayani et al., 2021). Targeted training and exposure to diverse situations can elevate competence from moderate to high, aligning nursing practices with the Purnell Model and Saudi Arabia's goals for culturally responsive healthcare (Cruz et al., 2017; Stuckey & Wright, 2018).

Table 4.3

Distribution of Cultural Competence Level among Nurses

Item	Mean	Standard Deviation
Cultural Awareness Ability		
I know clinically, individual cases or patients will reject treatment due to folk taboo.	2.57	1.32
I know clinically, individual cases or patients will mind homophonic (same thinking).	2.69	1.13

Item	Mean	Standard Deviation
I know clinically that individual cases or patients will affect treatment due to special cultural events.	2.85	1.33
I know clinically, individual cases or patients will think that the perineum is dirty	2.93	1.31
I know clinically, individual cases or patients will believe folk treatment is better than medical treatment	2.59	1.25
I know clinically, individual cases or patients will think of death as a taboo topic	2.48	1.15
I know clinically, individual cases or patients will cause conflict in treatment due to different beliefs.	2.65	1.27
Cultural Action Ability		
When taking care of a case, I can handle misunderstandings due to a language barrier.	2.95	1.25
When taking care of a case, I can handle the difficulty when building a nurse-patient relationship.	3.16	1.31
When taking care of a case, I can handle spending more time communicating	2.78	1.26
When taking care of a case, I can handle using different degrees of treatment guidelines due to cultural differences.	2.98	1.12
When taking care of a case, I can handle the degree of fear in individual cases or patients.	2.98	1.12
When taking care of a case, I can handle different levels of nursing care due to differences in patients' religious rituals or living habits.	3.17	1.20
Cultural Resource Application		

Item	Mean	Standard Deviation
When taking care of patients of a different culture, I will look for help from social workers, religious personnel, or colleagues	3.14	1.31
When taking care of patients of a different culture, I will look for assistance from helpers or foreign workers.	3.10	1.34
When taking care of patients of a different culture, I will look for internet resources such as mobile phone applications or computer translation.	2.90	1.28
Self-Learning Cultural Ability		
When taking care of patients of a different culture, I will look for help from social workers, religious personnel, or colleagues	3.14	1.31
When taking care of patients of a different culture, I will look for assistance from helpers or foreign workers.	3.10	1.34
When taking care of patients of a different culture, I will look for internet resources such as mobile phone applications or computer translation.	2.90	1.28

Note: Values are means (M) and standard deviations (SD) for the Nursing Cultural Competence Scale subscales.

The mean and standard deviation of responses to the NCCS questions were used to assess each subscale of nursing cultural competence. The higher means indicate greater perceived cultural competence. According to the NCCS Weighted Values, the mean scores across all categories range from 2.48 to 3.17, signifying a Moderate Level of Cultural Competence (2.60–3.39). The Cultural Awareness Ability subscale items were all described as "moderate," with mean scores ranging from 2.48

to 2.93. Cultural Action Ability subscale items were all described as "moderate", with mean scores ranging between 2.78 and 3.17; the Cultural Resource Application subscale items were all described as "moderate", with mean scores ranging between 2.90 and 3.14. The questions on the Self-Learning Cultural Ability subscale had mean scores ranging from 2.90 to 3.14, indicating that all were considered "moderate." The standard deviation (SD) values indicate the degree of variation in the nurses' answers for each item. Higher SDs, such as 1.34 for seeking help from assistants or foreign workers, mean there is a bigger difference in how nurses respond—some do this often, while others rarely do this. Lower SDs, like 1.12 for managing fear or adjusting treatment guidelines, mean nurses' responses are more similar. Overall, the mix of high and moderate SD values suggests that while some cultural competence skills are more consistently practiced among nurses, others vary widely, possibly due to differences in experience, confidence, or exposure to diverse patient situations.

According to this, nurses understand and can address some cultural aspects of patient care, but they can improve in every way. The moderate scores suggest a foundational knowledge in these areas but also highlight potential gaps in fully understanding and addressing these nuances. Regarding cultural action ability, the scores indicate the nurses' perceived ability to manage misunderstandings due to language barriers, build nurse-patient relationships, spend time communicating, adjust treatment guidelines, and manage patients' fears and concerns related to their religious or cultural beliefs. These moderate scores suggest that while nurses can act, there may be a necessity for further skill-building and resources to optimize these interactions. Cultural skill highlights competency (Salinda et al., 2024). Nurses must have confidence in performing their duties, including creating a plan of care appropriate to their patients' beliefs or practices (Salinda et al., 2024). The self-

learning cultural ability scores indicate nurses' capacity to be willingly involved in self-directed learning to improve their cultural competence. Again, the moderate level suggests a willingness to learn, but further support and structured learning opportunities could enhance this ability. Educational preparation is an important antecedent to cultural competence (Sharifi et al., 2019). Active support from medical and healthcare institutions is crucial in improving cultural competency (Kim et al., 2019). Cultural literacy is becoming increasingly important as the number of people utilizing healthcare services continues to rise. Osmancevic et al. (2023) say that healthcare providers need to know about their patients' cultures in order to give them safe, effective, and reasonable care. Ryu and Lee (2021) say that there is a link between cultural competency, clinical competence, and being able to talk to people from other countries. To overcome obstacles to quality care, it is essential to identify effective methods for teaching nurses to be culturally competent in clinical settings (Červený et al., 2022). Building cultures that are accepting, promoting continuing education (Paatela et al., 2023), and implementing cultural training programs (Cai et al., 2021) are all ways to enhance understanding of other cultures.

In Saudi Arabia’s diverse healthcare environment, improving cultural competence among nurses involves integrating cultural awareness into all aspects of patient care (Almutairi et al., 2014; Alshmemri, 2021; Falatah et al., 2022). The Purnell Model of Cultural Competence emphasizes key cultural factors, including gender, nationality, education, and experience (Purnell, 2000). These factors affect health beliefs and communication, making it essential for nurses to navigate the social complexities shaped by religion, family, and gender (Alharazi et al., 2025; Alshmemri, 2021). To enhance cultural competence, nurses must confidently manage sensitive situations, such as those in which cultural beliefs conflict with medical advice

(Alshmemri, 2021; Cruz et al., 2017). This includes improving communication for patients with language barriers, building trust in skeptical communities, and incorporating relevant traditional practices into care plans (Albagawi & Jones, 2016; Alharazi et al., 2025). Promoting self-directed learning through mentorship and professional development can also help bridge the gap between knowledge and practical application (Cruz et al., 2017; Hashish et al., 2020).

This approach enhances patient satisfaction and health outcomes, aligning with Vision 2030's goal of providing exceptional, patient-centered care (AL-Dossary, 2018; Alsufyani et al., 2020; Rahman & Qattan, 2021; Suleiman & Long, 2025).

Table 4.4

Perception of Patient-Centered Care Provided by Nurses per Subscale

Subscale	Mean	Standard Deviation
Support of Patient Individually through Nursing Intervention (ICS-A-Nurse)		
Clinical Situation	4.03	0.82
Personal Life Situation	3.84	0.90
Decisional Control	4.03	0.89
Maintenance of Individuality in Care They Provided (ICS-B-Nurse)		
Clinical Situation	3.96	0.90
Personal Life Situation	3.84	0.98
Decisional Control	4.03	0.90
Perception of Patient-Centered Care	3.96	0.86

Note: The scores represent nurses' perceptions of the patient-centered care they provide.

The perception of patient-centered care among nurses was generally high. Higher scores reflect stronger support of individuality and perceptions of patient-

centered care. In supporting patients individually through nursing interventions, the subscales for clinical situations, decisional control, and personal life situations reflected moderate to slightly higher levels of patient-centered care. In maintaining individuality in the care provided, similar patterns were observed, with moderate perceptions evident in both clinical and personal life situations. At the same time, decisional control reflected a slightly higher focus on patient-centered care.

The data show that most nurses view patient-centered care as moderate. Standard deviations between 0.82 and 0.98 indicate fairly consistent responses among nurses, though personal life situations showed more variations. This implies that people understand and apply patient-centered ideas, but there is still room for improvement. Patient-centered care prioritizes the patient's concerns and opinions, shared decision-making, and attends to psychosocial needs (Ward, 2004). The emphasis on the patient's perspective is crucial in creating a healthcare environment that truly meets individual needs (Chen et al., 2021). Overall, the standard deviations are moderate (ranging from 0.82 to 0.98), which means that while nurses generally agreed on their ratings—especially for clinical situations and decisional control—there were still some differences in individual perceptions. The slightly higher standard deviation for "Personal Life Situation" in ICS-B-Nurse (0.98) suggests more variation in how nurses consider patients' personal circumstances when providing care. This suggests that, although there is a shared understanding of patient-centered care, individual nurses may differ in their consistency in applying certain aspects, particularly those related to patients' life contexts outside the clinical setting.

This aligns with the core tenets of patient-centered care, where patients participate in and have a responsible role in decision-making (Ward, 2004). However, addressing the broader life factors that impact a patient's health may present a greater

challenge (Smith, 2025). It is now recognized that involving people in their own health and care is a crucial aspect of delivering optimal healthcare (Han et al., 2022). Respecting patients' autonomy and understanding what matters in care, as well as how it should be accomplished from both patients' and nurses' perspectives, seems crucial (Humbeeck et al., 2020).

In Saudi Arabian healthcare, many people hold a positive view of patient-centered care, particularly regarding interactions between patients and healthcare providers and shared decision-making (Alkhaibari et al., 2023; Al-Askar & Alyaemni, 2015; Aljaffary et al., 2022). This reflects the cultural values of respect, family involvement, and an overall approach to health that considers the whole person (Alodhayani et al., 2021; Alabdulaziz & Cruz, 2020; Salam, 2022). However, a noticeable gap exists in considering the broader life circumstances of patients, presenting an important opportunity for improvement. In Saudi society, factors such as family dynamics, social connections, and religious beliefs have a significant influence on health outcomes (Alfahmi, 2022). For instance, understanding a patient's responsibilities at home, their religious practices, and their financial situations can significantly affect how well they follow medical advice.

To improve in this area, nurses and healthcare providers need to expand their skills beyond clinical expertise. They should focus on developing culturally sensitive ways to assess patients and create care plans that are flexible and inclusive of patients' unique situations (Alshmemri, 2021; Karout et al., 2013). This means actively involving family members in discussions about care and working collaboratively with a multidisciplinary team to provide comprehensive support (Omran et al., 2015; Alabdulaziz & Cruz, 2020). This approach not only aligns with the Purnell Model, which emphasizes the importance of individualized care, but it also supports Saudi Arabia’s

Vision 2030 initiatives aimed at delivering healthcare services that are exceptional and culturally relevant (AL-Dossary, 2018; Yousef et al., 2023; Chowdhury et al., 2021; Suleiman & Long, 2025; Alasiri & Mohammed, 2022). By fostering a deeper understanding of patients' lives and building cooperative relationships within healthcare teams, providers can enhance treatment compliance, boost patient satisfaction, and ultimately improve health outcomes nationwide (Aljarallah et al., 2023; Alharbi, 2022; Alhasan et al., 2025). This holistic approach can make healthcare more accessible and effective for everyone in Saudi Arabia.

Table 4.5

Perception of Patient-Centered Care Provided by Nurses per Item

Item	Mean	Standard Deviation
Support of Patient Individually through Nursing Intervention (ICS-A-Nurse)		
Clinical Situation		
I talk with patients about the feelings they have about their illness/health condition.	3.93	0.84
I talk with patients about their needs that require care and attention.	4.21	0.96
I make an effort to find out how their illness/health condition has affected them.	3.99	0.96
I talk with patients about what the illness/health condition means to them.	4.03	0.92
I ask patients what kinds of things they do in their everyday life	4.06	0.98

Item	Mean	Standard Deviation
outside the hospital (work, leisure activities).		
I ask patients about their previous experiences of hospitalization.	3.99	0.85
I ask patients about their everyday habits (e.g., personal hygiene).	3.94	0.93
Personal Life Situation		
I took into account the feelings patients had about their illness/health condition.	3.77	0.96
I took into account their needs that require care and attention.	3.77	0.98
I took into account the way the illness/health condition has affected them.	3.80	1.03
I took into account their everyday activities (e.g., work, leisure activities) outside the hospital	4.01	0.98
Decisional Control		
I took into account their previous experiences of being in the hospital.	4.11	0.99
I took into account patients' everyday habits during their stay in the hospital (e.g., personal hygiene).	3.92	0.95
I took into account patients' wishes about their care.	4.04	1.06
I took into account the opinions patients expressed about their care.	4.03	1.03

Item	Mean	Standard Deviation
I give patients the chance to take responsibility for their care as far as they are able.	4.08	0.97
I ask patients what they want to know about their illness/health condition.	3.99	0.95
Maintenance of Individuality in Care They Provide (ICS-B-Nurse)		
Clinical Situation		
I took into account the feelings patients had about their illness/health condition.	4.01	0.98
I took into account their needs that require care and attention.	4.07	0.94
Patients assumed responsibility for their care as far as they were able.	3.95	0.92
I took into account the changes in how they felt.	3.98	0.96
I took into account their fears and anxieties.	3.97	1.04
I took into account the way the illness/health condition has affected them.	3.99	0.99
I took into account the meaning of the illness/health condition to the patient personally.	3.91	1.07
Personal Life Situation		
I took into account their everyday activities (e.g., work, leisure activities) outside the hospital.	3.77	1.10
I took into account their previous experiences of being in the hospital.	3.81	1.12

Item	Mean	Standard Deviation
I took into account patients' everyday habits during their stay in the hospital (e.g., personal hygiene).	3.95	1.05
Patients' families took part in their care if they wanted them to.	3.85	0.99
Decisional Control		
I made sure that patients understood the instructions they received.	4.14	0.97
I gave patients enough information about their illness/health condition.	3.98	1.02
I took into account patients' wishes about their care.	4.02	0.98
Patients participated in decision-making regarding their care.	4.09	0.96
I took into account the opinions patients expressed about their care.	4.09	0.92
Patients had the opportunity to make their own decisions on when to wash.	3.93	0.96

Note. The scores represent nurses' perceptions of the patient-centered care they provide per item.

Mean and standard deviation in terms of the patient-centered care questions were used to assess each item of nurse-patient interaction. Higher scores reflect stronger support of individuality and greater perceptions of patient-centered care provided by nurses. The mean scores across all items range from 3.77 to 4.21, signifying a Moderate to High Level of Patient-Centered Care (3.60–4.39). The actual

results show that the standard deviation values for the patient-centered care items mostly range from about 0.80 to just over 1.10. Lower SD values (close to 0.80–0.90) indicate nurses' responses were more consistent—especially for core clinical activities like discussing patients' needs, wishes, and treatment instructions. Higher SD values (around 1.05–1.12) appear in items related to personal life situations, family involvement, and individualized habits, showing greater variation in practice. This means that while nurses generally agree on the importance of many patient-centered care elements, there is more diversity in how they approach aspects that require adapting care to personal or family contexts.

The Support of Patient Individually through Nursing Intervention (ICS-A-Nurse) clinical items involved discussing patients' feelings about their illness and its impact on daily life. Findings showed that discussing immediate care needs was prioritized, while patients' feelings were the least discussed. Personal life items considered how illness affects patients, with more emphasis on activities outside the hospital than on acknowledging their feelings. Decisional control items considered past hospital experiences and patient preferences, with prior hospital experiences being the most recognized and daily habits being the least recognized. The Maintenance of Individuality in Care Provided (ICS-B-Nurse) highlighted the importance of meeting patients' needs as a top priority, while understanding the personal meaning of their illness was the least prioritized. Personal life items emphasized daily activities during hospitalization, with a lesser focus on outside activities. In terms of decisional control, ensuring patient understanding of care instructions was the top priority, while allowing choices in personal care was the lowest priority.

While nurses demonstrate a basic understanding of patient-centered care, there are challenges in consistently incorporating patients' broader life contexts into

care plans. Reports emphasize the importance of involving patients and families in their care, shifting from passive recipients to active participants. Effective patient-centered care requires alignment between nurses' and patients' values (Humbeeck et al., 2020). Prioritizing patients can lead to improved health outcomes and increased patient satisfaction (Greiner & Knebel, 2003). Although nurses recognize the importance of addressing patients' emotional and physical needs, structural barriers such as time constraints and limited access to information can hinder a comprehensive approach (Smith, 2025). Nurses excel at empowering patients to make decisions and ensuring they understand care instructions, aligning with the goals of patient-centered care (Catalyst, 2017; Greene et al., 2012). To improve patient-centered care, efforts should focus on connecting clinical interactions with patients' daily lives, resulting in more personalized care (Hsu et al., 2019).

In Saudi Arabia, the findings hold significant implications for nursing practice, influenced by cultural and societal values (Alshmemri, 2021). The Purnell Model emphasizes the importance of considering factors such as communication styles and family roles in patient care. The moderate integration of patients' life contexts suggests that nurses effectively manage clinical needs but need to better connect biomedical care with patients' cultural realities (Al-Sahli & Al-Surimi, 2019). The Purnell Model emphasizes that cultural competence encompasses more than just clinical skills; it involves recognizing each patient's unique cultural identity (Ramšak et al., 2023). This includes gender-sensitive communication and incorporating religious practices into care (Alharazi et al., 2025; Swihart et al., 2019). By enhancing cultural competence, nurses can improve patient outcomes and ensure care is respectful of the diverse backgrounds in Saudi Arabia (Antón-Solanas et al., 2021; Tucker et al., 2013).

Table 4.6

The Relationship Between Cultural Competence Level and Perception of Patient-Centered Care Provided Among Nurses in a Tertiary Hospital in Saudi Arabia

Variable	Mean	SD	Correlation Coefficient	p-value
Cultural Competence Level	2.85	1.09	0.1285	0.098954
Perception of Patient-Centered Care	3.96	0.86		

Note. $p < 0.01$ indicates a statistically significant relationship.

The table illustrates the relationship between cultural competence level and respondents' perception of patient-centered care. The average score for cultural competence is 2.85, with a standard deviation of 1.09, indicating a moderate level with considerable variance in responses. Meanwhile, the average perception of patient-centered care is 3.96, with a standard deviation of 0.86, suggesting a generally high and consistent positive view among respondents. The Pearson correlation coefficient of 0.1285 indicates a negligible positive relationship between the two variables (p-value = 0.098954). This suggests a slight trend for individuals with higher cultural competence to view patient-centered care more favorably; however, the correlation is weak and may not be statistically significant. The higher standard deviation for cultural competence (1.09) shows that nurses' self-ratings varied widely. In comparison, the lower standard deviation for patient-centered care (0.86) indicates more consistent responses, suggesting that although nurses largely agree on their patient-centered care practices, their cultural competence levels vary significantly.

Nurses with cultural competence are more inclined to view their care as centered around the patient. However, Almutairi et al. (2018) found a connection

between the two factors, and varying results have emerged from different healthcare settings (Grinberg & Nissim, 2021). Research has yielded mixed findings regarding nurses' cultural skills and their inclination to provide patient-centered care (Saha et al., 2008). While many believe that culturally competent care enhances overall quality, strong evidence linking cultural competence training to enhance patient-centered and clinical outcomes is still needed (Lie et al., 2010). Additionally, many studies rely on self-reported assessments of cultural competence, which can be biased, and there are few objective measures to evaluate the effectiveness of interventions (Truong et al., 2014).

The weak connection between cultural competence and patient-centered care highlights the challenges of delivering care in Saudi Arabia. The Purnell Model demonstrates that cultural competence entails applying twelve cultural areas in daily practice, rather than merely being aware of them (Purnell, 2000, 2002, 2018). Cultural issues strongly influence healthcare interactions, such as religious norms that might prevent nurses from making eye contact or touching patients of the opposite gender (Alharazi et al., 2025). Family involvement is crucial in care planning, and patients may prefer same-gender providers (Alabdulaziz & Cruz, 2020; Alhomayani et al., 2025). A moderate level of cultural competence among nurses may not be enough to meet patient needs, leading to decreased trust and satisfaction (Hashish et al., 2020). This limitation could stem from training that emphasizes theory over practice and lacks opportunities for cultural immersion (Albougami & Alotaibi, 2020; Luna, 1998). High workloads and time pressures make it difficult for nurses to apply their cultural knowledge while still addressing immediate clinical tasks (AL-NUSAIR & Alnjadat, 2022; Muharraq et al., 2022). Strong institutional support and policies are essential for fostering culturally competent care (Alshmemri, 2021). Leadership that promotes

cultural sensitivity can empower nurses to prioritize culturally appropriate care (Lee et al., 2023). Additionally, cultural competence training often focuses on awareness rather than practical skills needed for real-world situations, such as family involvement and religious considerations (Alshammari et al., 2019; Cruz et al., 2017). Many training programs lack ongoing support, making it hard for nurses to maintain and update their skills (Hashish et al., 2020).

These factors explain why cultural competence, although important, may not be effectively linked to patient-centered care. System limitations, work pressures, a lack of leadership support, and training gaps hinder nurses' ability to apply their knowledge effectively. Improving hospital policies, enhancing leadership involvement, and providing hands-on training can help bridge this gap, making care more patient-centered and culturally sensitive. Effective leadership is needed to address these issues (Alatawi et al., 2022; Alsadaan et al., 2021). Nurse training should focus on developing practical skills through simulations, mentorship, and reflective sessions to address real-world challenges (Hashish et al., 2020). Hospitals also need supportive systems, including policies and staffing, that enable nurses to use their cultural knowledge (Falatah et al., 2022; Lee et al., 2023). By enhancing both individual skills and systemic support, healthcare providers can strengthen the association between cultural competence and patient-centered care, improving patient trust, satisfaction, and outcomes.

Table 4.7

The Relationship Between Demographic Profile and Cultural Competence Among Nurses in a Tertiary Hospital in Saudi Arabia

Demographic Profile	Chi Square value (x 2)	df	p-value
Gender	1.859	4	0.762
Nationality	64.750	20	<0.001
Educational Attainment	7.065	8	0.530
Years of Expertise (in the unit)	12.338	12	0.419

Note. $p < 0.01$ indicates a statistically significant relationship.

The purpose of the study with nurses from a major hospital in Saudi Arabia was to look at how demographics and cultural competence are related. The test results showed that, among the demographic variables analyzed, only nationality ($\chi2(20) = 64.750$, $p < 0.001$) exhibited a statistically significant relationship with cultural competence, indicating that cultural background significantly influences nurses' cultural competence. However, gender ($\chi2\ (4) = 1.859$, $p = 0.762$), educational attainment ($\chi2\ (8) = 7.065$, $p = 0.530$), and years of expertise in the unit ($\chi2\ (12) = 12.338$, $p = 0.419$) have no significant relationship with cultural competence among nurses in this tertiary hospital in Saudi Arabia.

The findings indicate that cultural competence among nurses in Saudi Arabia is not significantly influenced by gender, educational attainment, or years of experience (Lampley et al., 2008). This suggests that cultural competence is not automatically gained through experience or higher qualifications but requires intentional learning and structured support (Falatah et al., 2022; Taylor & Alfred, 2010). For instance, years in the unit may build technical expertise, but without exposure to diverse patient groups or structured reflection, nurses may not significantly improve in cultural sensitivity. Similarly, having a postgraduate degree does not necessarily equip

nurses with the skills needed for real-world interactions involving cultural beliefs, religious practices, or family expectations (Lampley et al., 2008). These results underscore the need for targeted training and organizational support to enhance cultural competence across all nursing groups (Falatah et al., 2022; Paatela et al., 2023).

Nationality significantly affects cultural competence (Alshmemri, 2021; Karout et al., 2013), aligning with the Purnell Model, which identifies twelve domains that influence cultural understanding, including communication, family roles, spirituality, and healthcare practices (Purnell, 2000, 2002). Nurses from various cultural backgrounds bring unique perspectives shaped by their heritage (Sun et al., 2021). For instance, Filipino or Indian nurses often possess strong family values that enable them to connect with Saudi patients, but they may require orientation to adapt to local norms, such as gender-sensitive communication and religious practices (Alharazi et al., 2025; Alabdulaziz & Cruz, 2020). In Saudi Arabia's culturally rich healthcare system, nationality plays a key role in how nurses handle sensitive situations (Alshammari et al., 2019; Alshmemri, 2021). This underscores that being culturally competent is influenced by broader cultural identities. Thus, hospitals should invest in structured cultural orientation, mentorship, and ongoing education focused on the relevant Purnell Model domains—such as spirituality, family roles, and communication—to help nurses provide patient-centered care that meets both professional and cultural standards (Červený et al., 2022; Paatela et al., 2023).

Table 4.8

The Relationship Between Demographic Profile and Perception of Patient-Centered Care Provided Among Nurses in a Tertiary Hospital in Saudi Arabia

Demographic Profile	Chi Square value (x 2)	df	p-value
Gender	4.902	4	0.298
Nationality	69.935	20	<0.001
Educational Attainment	13.340	8	0.101
Years of Expertise (in the unit)	10.383	12	0.582

Note. $p < 0.01$ indicates a statistically significant relationship.

The study examines the relationship between demographic profiles and nurses' perceptions of patient-centered care in a tertiary hospital in Saudi Arabia. The test result showed that nationality ($x2(20) = 69.935$, $p = <0.001$) shows a statistically significant relationship with perceived patient-centered care, indicating that nationality does affect how nurses think about patient-centered care. On the other hand, gender ($\chi2\ (4) = 4.902$, $p = 0.298$), educational attainment ($\chi2\ (8) = 13.340$, $p = 0.101$), and years of expertise in the unit ($\chi2\ (12) = 10.383$, $p = 0.582$) have no significant relationship with the perception of patient-centered care among nurses.

The findings indicate that in Saudi Arabia, gender, education, and years of experience do not significantly influence nurses' cultural competence (Lampley et al., 2008). This suggests that cultural competence is not automatically gained through experience or higher education; it requires intentional learning and support (Falatah et al., 2022; Taylor & Alfred, 2010). For example, while experience can enhance technical skills, without exposure to diverse patients, nurses may not improve their cultural sensitivity. Similarly, a postgraduate degree does not always equip individuals with the skills necessary for navigating cultural beliefs or family expectations (Lampley et al.,

2008). Targeted training and organizational support are crucial for enhancing cultural competence across all nursing groups (Falatah et al., 2022; Paatela et al., 2023).

Conversely, nationality significantly affects cultural competence (Alshmemri, 2021; Karout et al., 2013), aligning with the Purnell Model, which outlines twelve domains that influence cultural understanding, including communication styles and family roles (Purnell, 2000, 2002). Nurses from diverse cultural backgrounds bring unique perspectives shaped by their heritage. For instance, Filipino and Indian nurses often possess strong family values, which helps them connect with Saudi patients; however, they may require further training to adapt to local norms, such as gender-sensitive communication and religious practices (Alharazi et al., 2025; Alabdulaziz & Cruz, 2020). Nationality plays a crucial role in navigating culturally sensitive situations within Saudi Arabia's healthcare system, which is profoundly influenced by cultural and religious factors (Alshammari et al., 2019; Alshmemri, 2021). This highlights that broader cultural identities shape cultural competence. Hospitals should invest in structured cultural orientation, mentorship, and education focused on the relevant domains of the Purnell Model—such as spirituality and family roles—to help nurses deliver patient-centered care that meets both professional and cultural standards (Červený et al., 2022; Paatela et al., 2023).

Chapter V

CONCLUSION AND RECOMMENDATION

Summary of the Findings

The survey covered a culturally diverse nurses, with many of them being women and a significant number of them being expats, mainly from the Philippines. Most participants held graduate degrees and had varying levels of work experience. This diversity in demographics is like the culturally diverse nature of healthcare facilities in Saudi Arabia, which is attracting more trained nurses from many nations, especially the Philippines.

To find out if someone was culturally competent, they had to show that they knew about other cultures, could do the right thing, use tools, and learn on their own. When religion or lifestyle choices arose in their care, the nurses were adept at recognizing them and tailoring their care to accommodate those differences. The study, however, did find some areas that needed improvement. For example, people needed to enhance their communication capabilities and learn how to utilize technology to facilitate easier communication and service provision. The nurses possess extensive knowledge of various cultures, but they must continue learning and receiving training to further enhance their cultural competence. Results showed that nurses had a good understanding of patient-centered care, particularly in aspects such as clear communication, patient involvement in decision-making, and the development of individualized care plans. It was clear that they were committed to providing nursing care that respects patients' desires and encourages participation in self-care. Nationality was a significant demographic factor in cultural competency. Multicultural nurses were more effective at adapting to a diverse range of patients. However, gender, education, and work experience did not seem to affect cultural competency.

This suggests that engaging with a variety of patients and specific training programs are more crucial for cultural competency than demographic factors.

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.

In conclusion, the nurses demonstrated a basic understanding of diverse cultures and were committed to patient care; however, they required additional training. This is crucial for cultural competency, as it improves communication and technical skills. Nurses can provide better, more individualized care that puts patients first as they learn more about their patients' cultures and how to respond to them effectively. Addressing these issues can enhance the patient experience and improve health outcomes, ultimately benefiting the entire healthcare system.

Conclusion

To conclude, effective patient-provider communication is crucial for delivering high-quality care and achieving optimal health outcomes. Nurses, who patients often see first in the healthcare system, are crucial to this conversation. Communicating with

patients is essential for providing personalized treatment that makes them feel happy and helps them manage their health effectively. This study reveals that Saudi tertiary hospital nurses are becoming more culturally competent. They acknowledge and value their patients' cultural habits. The nurses were praised for their understanding of cultural diversity, which enables them to tailor their care to meet the needs of different cultures. This implies they have all they need to deliver expert and culturally sensitive care. The study also reveals that nurses in Saudi Arabia are working diligently to overcome cultural barriers by utilizing the tools at their disposal and seeking assistance when they encounter problems. Culture competency is actively sought after, indicating a willingness to enhance patient care and address complex cultural elements that impact healthcare delivery. This proactive approach enables nurses to deliver the most respectful, effective, and acceptable treatment while fostering trust and strong relationships with patients from diverse ethnic backgrounds. This study also highlights the importance of nurses being knowledgeable about different cultures on a continuous basis. Continuing professional development in cultural competence and sensitivity is suitable for healthcare organizations. Providing nurses with opportunities to gain experience about cultural differences and how to respect and accommodate them can help healthcare organizations deliver culturally sensitive care to all patients. Ultimately, this translates to patients experiencing better outcomes, greater satisfaction, and improved care overall in healthcare settings. The study also examines the nurses' commitment to patient-centered care at a major hospital in Saudi Arabia. In the study, nurses demonstrated their commitment to providing individualized care by allowing patients to make choices and clearly communicating their health problems and treatment plans. Patients feel respected and empowered to take control of their own care. Much of the study emphasizes the importance of effective

communication and patient involvement in healthcare. These are two important parts of good, patient-centered care.

Ultimately, cultural competency is a vital aspect of healthcare that warrants further investigation, as it has a profound and consistent impact on patient-centered care. In the future, researchers should focus on developing accurate measurement tools, examining how context influences outcomes, and employing rigorous methods to assess the effectiveness of cultural competence techniques in various healthcare settings. To ensure that all patients, regardless of their country of origin, receive fair and reasonable care, we need to learn more about the connection between cultural competence and patient-centered care. Being culturally competent is a journey that never ends. This is particularly important since neighborhoods, health systems, and cultures are constantly evolving. To meet the needs of all people and groups, the topic should be open to complexity and intersectionality, allowing for a nuanced understanding of the issues.

Recommendations

The study's results led to the following suggestions:

For Patients. Patients should be encouraged and empowered to actively participate in their care by openly communicating their cultural preferences, values, and expectations to healthcare providers. Educational sessions, orientation materials, or patient information leaflets can effectively raise awareness about their right to be involved in decision-making. By voicing their needs and engaging in dialogue with nurses and the care team, patients can strengthen the partnership in care planning, ensuring their cultural considerations are respected.

For Nurses. Although nurses rated their patient-centered care highly, the moderate cultural competence levels suggest a need for more cultural sensitivity. Nurses should actively seek and respect cultural preferences during care planning and encourage patient involvement in decisions. This includes listening actively, validating patient concerns, and adjusting care instructions to match both medical needs and cultural contexts.

For the Multidisciplinary Team. The positive perception of patient-centered care suggests that improving teamwork across professions can be beneficial. Leaders should hold regular meetings to discuss cultural aspects in care planning and ensure that care plans incorporate cultural preferences, thereby providing consistent and culturally sensitive care.

For Organizational Policy Makers. Given the modest connection between cultural competence and patient-centeredness, policymakers should incorporate diversity, equity, and inclusion (DEI) values into their policies and practices to enhance patient care and outcomes. This can include creating reward systems for nurses who demonstrate outstanding cultural responsiveness, particularly in patient decision-making, which is crucial for delivering personalized care.

For the Ministry of Defense Health Services. As the governing body, administrators, and staff of MODHS should integrate cultural competence and patient-centered care into its strategic framework and accreditation requirements. This involves allocating funding for structured training, monitoring compliance across hospitals, and embedding cultural sensitivity into national quality and safety standards. MODHS can also facilitate benchmarking across military hospitals to ensure consistent improvement in culturally competent, patient-centered practices.

For Human Resources. HR departments should incorporate cultural competence as a core competency in recruitment, onboarding, and promotion criteria. Regular performance evaluations should include cultural sensitivity indicators, and retention strategies should emphasize the importance of creating and maintaining supportive, inclusive work environments. HR can also foster mentorship programs pairing experienced expatriate and local nurses to enhance cross-cultural learning and collaboration.

For Professional Development Coordinators. The slightly higher scores for patient-centered care compared to cultural competence reveal a gap in applying cultural awareness and sensitivity. Staff development programs should emphasize enhancing communication skills to understand patients' personal situations, using interactive workshops and simulations to help nurses communicate effectively and sensitively.

For Future Researchers. Future studies should consider that broader factors, including policies, workload, staffing, and communication tools, influence cultural competence and patient-centered care. Differences in methods and settings may impact results. Therefore, researchers should use multi-site studies and validated measures to understand better how cultural competence influences patient outcomes.

Organizations can create an atmosphere that supports both nursing excellence and improved patient outcomes by tailoring these suggestions to various roles within the healthcare system.

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Appendices

APPENDIX A

The Research Instruments

Google Form Link: https://forms.gle/nZVwVjiZMctXXQSeA

Part I. Nurses Demographic Profile

Sex	Male Female
Nationality	
Educational Attainment	
Years of Expertise (In the Unit)	

Part II. Nursing Cultural Competence Scale (NCCS)

Directions:

Please read each statement carefully and select the option that best reflects your experience or opinion. Use the following scale:

1 – Rarely

2 – Occasionally

3 – Neutrally

4 – Often

5 – Always

Choose only one response for each statement. There are no right or wrong answers—please answer honestly based on your own perspective.

S3 File. Nursing Cultural Competence Scale (NCCS)

1.	I know clinically, individual cases or patients will reject treatment due to folk taboo
2.	I know clinically, individual cases or patients will mind homophonic
3.	I know clinically, individual cases or patients will effect treatment due to special cultural events
4.	I know clinically, individual cases or patients will think that the perineum is dirty
5.	I know clinically, individual cases or patients will believe folk treatment is better than medical treatment
6.	I know clinically, individual cases or patients will think of death as a taboo topic
7.	I know clinically, individual cases or patients will cause conflict in treatment due to different beliefs
8.	When taking care of a case, I can handle misunderstandings due to language barrier
9.	When taking care of a case, I can handle the difficulty when building nurse-patient relationship
10.	When taking care of a case, I can handle spending more time communicating
11.	When taking care of a case, I can handle using different degrees of treatment guidelines due to cultural differences
12.	When taking care of a case, I can handle the degree of fear in individual cases or patients
13.	When taking care of a case, I can handle different levels of nursing care due to differences in patients' religious rituals or living habits
14.	When taking care of patients of a different culture, I will look for help from social workers, religious personnel or colleagues
15.	When taking care of patients of a different culture, I will look for assistance from helpers or foreign workers
16.	When taking care of patients of a different culture, I will look for internet resources such as mobile phone applications or computer translation
17.	When taking care of patients of a different culture, I will read books or watch medical television series for self-learning
18.	When taking care of patients of a different culture, I will take part in language education courses that include everyday expressions or medical terms
19.	When taking care of patients of a different culture, I will take part in cultural educational courses, such as; cultural background or diet preference or religious means

Part II. Individualized Care Scale (ICS-Nurse)

The statements below are concerned with the way we assist patients with their nursing care. How well do the statements correspond to your own usual way of nursing? Circle the alternative that best describes your opinion or experience.

		Strongly disagree	Disagree to some extent	Neither agree nor disagree	Agree to some extent	Strongly agree
A01	I talk with patients about the feelings they have about their illness/health condition.	1	2	3	4	5
A02	I talk with patients about their needs that require care and attention.	1	2	3	4	5
A03	I give patients the chance to take responsibility for their care as far as they are able.	1	2	3	4	5
A04	I identify changes in how they have felt.	1	2	3	4	5
A05	I talk with patients about their fears and anxieties.	1	2	3	4	5
A06	I make an effort to find out how their illness/health condition has affected them.	1	2	3	4	5
A07	I talk with patients about what the illness/health condition means to them.	1	2	3	4	5
A08	I ask patients what kinds of things they do in their everyday life outside the hospital (work, leisure activities).	1	2	3	4	5
A09	I ask patients about their previous experiences of hospitalisation.	1	2	3	4	5
A10	I ask patients about their everyday habits (e.g. personal hygiene).	1	2	3	4	5
A11	I ask patients whether they want their family to take part in their care.	1	2	3	4	5
A12	I give instructions to patients using language that is easy to understand.	1	2	3	4	5
A13	I ask patients what they want to know about their illness/health condition.	1	2	3	4	5
A14	I listen to patients' personal wishes with regard to their care.	1	2	3	4	5
A15	I help patients take part in decisions concerning their care.	1	2	3	4	5
A16	I encourage patients to express their opinions on their care.	1	2	3	4	5
A17	I ask patients at what time they would prefer to wash.	1	2	3	4	5

The statements below concern the care provided. Please evaluate your nursing actions in providing care for patients in your latest work shift. Please answer the statements by circling the alternative that best describes your opinion or experience.

	In providing care for the patients	Strongly disagree	Disagree to some extent	Neither agree nor disagree	Agree to some extent	Strongly agree
B01	I took into account the feelings patients had about their illness/health condition.	1	2	3	4	5
B02	I took into account their needs that require care and attention.	1	2	3	4	5
B03	patients assumed responsibility for their care as far as they were able.	1	2	3	4	5
B04	I took into account the changes in how they felt.	1	2	3	4	5
B05	I took into account their fears and anxieties.	1	2	3	4	5
B06	I took into account the way the illness/health condition has affected them.	1	2	3	4	5
B07	I took into account the meaning of the illness/health condition to the patient personally.	1	2	3	4	5
B08	I took into account their everyday activities (e.g. work, leisure activities) outside the hospital.	1	2	3	4	5
B09	I took into account their previous experiences of being in hospital.	1	2	3	4	5
B10	I took into account patients' everyday habits during their stay in hospital (e.g. personal hygiene).	1	2	3	4	5
B11	patients' families took part in their care if they wanted them to.	1	2	3	4	5
B12	I made sure that patients understood the instructions they received.	1	2	3	4	5
B13	I gave patients enough information about their illness/health condition.	1	2	3	4	5
B14	I took into account patients' wishes about their care.	1	2	3	4	5
B15	patients took part in decision-making concerning their care.	1	2	3	4	5
B16	I took into account the opinions patients expressed about their care.	1	2	3	4	5
B17	patients had the opportunity to make their own decisions on when to wash.	1	2	3	4	5

APPENDIX B

Hospital Institutional Review Board Ethical Approval

Prince Sultan Military Medical City
Scientific Research Center
P.O. Box 7897, Riyadh, 11159
Kingdom of Saudi Arabia

Institutional Review Board

HP-01-R079

Date 08/10/2023 Proposal ID: 431

JOYCE LYNN RIVERA OPINGA

PSMMC

RE: NURSE CULTURAL COMPETENCE AND PATIENT-CENTERED CARE IN A TERTIARY HOSPITAL IN SAUDI ARABIA

JOYCE LYNN RIVERA OPINGA

This is in reference to your submitted proposal, which has been reviewed by the appointed member(s) of the committee through an expedited review process. On the recommendation of the board of review in the ethical aspects of the proposal, Institutional Review Board(IRB) is pleased to approve and grant permission to conduct your study.
Your Research protocol has been documented under:

IRB Approval No : E-2174
Date Approved: 8th Oct
Series of : 2023

Kindly Quote the project number indicated herein in all transactions and communications. You are advised to submit a report in relation to this research scheme to update the committee of its progress. Additionally, changes in approved proposals(title, name(s) of the investigators, addition or deletion) is/are NOT allowed unless taken prior permission from IRB. Furthermore, minor adjustments in the title from approved proposal in manuscript for publication purposes must also be informed to the aforesaid office in writing prior to its submission.

Also, please note that this approval is valid only for ONE YEAR commencing from the date of issue of this letter I trust your research scheme provides fruitful and beneficial outcomes to the Prince Sultan Military Medical City and its affiliated health centers.

Best Regards,

Page # : 1 of 1