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The challenges of cultural competency among expatriate nurses working in Kingdom of Saudi Arabia

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There are thousands of expatriate nurses who work for the public and private health sectors in Saudi Arabia. These nurses have come to Saudi Arabia from different countries with different cultures. This has affected positively or negatively the provision of health care services to Saudi patients. The majority of nurses have not developed sufficient competence in understanding the sensitivity of Saudi culture, lack of training and orientation. Therefore, both Saudi patients and non-Muslim nurses face problems such as communication in Arabic, religious practices (i.e. prayer, fasting) and interference of Saudi families members in treatment plans of patients. This study aimed, to understand, from the perspective of non-Muslim nurses what it is like to care for Muslim patients in Saudi Arabia in terms of religion and culture; to explore from the perspective of the Muslim patients what it is like being cared for by non-Muslim nurses in terms of religion and culture. In order to address these objectives, the study used qualitative approach represented in hermeneutic phenomenology. The target groups in this study were Muslim patients and non-Muslim nurses who were interviewed using interview and focus group discussion approaches. The sample of patients accounted for 20 nurses and 20 patients. In addition to the interviews with nurses, four focus group discussions were conducted with them. The main purpose of that was to back up the results of interviews and enhance the reliability and validity of results. The results of the study were subjected to all reliability and validity measurements which comprised of credibility, transferability, dependability, confirmability, subjectivity and reflexivity. In relation to data analysis, the study used thematic analysis and constant comparative approach that helped in comparing different views from different cultural backgrounds as well as comparing patients' views with non-Muslim nurses' viewpoints. There are several themes emerged from the transcripts of the interviews. These included understanding Islam, providing religiously congruent care, religious barriers, family members and people around patients, language barriers, lack of translation, lack of training and orientation on Saudi culture and workload. These main themes were used as a base of data analysis. It is indicated that non-Muslim nurses, to some extent, understood different aspects and practices of Islamic religion such as praying, fasting and spirituality. However, they did not understand the importance of religion and spirituality to Muslims in general and patients in particular. It is found that non-Muslim nurses still mix between Islam as a religion and local culture and do not distinguish between them. It is showed that non-Muslim nurses are not significantly confident in communication with Muslim patients due to language barrier. There was a lack of understanding of the main principles of transcultural care but they understood that from their local culture viewpoint which are not applicable to the Saudi context. Nurses were not subjected to sufficient training and orientation neither in their own countries nor when they joined the Saudi hospitals.

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