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The Lived Experience of Saudi Graduate Students Who Have Worked as Registered Nurses in Saudi Arabian Hospitals and Have Cared for Patients from Various Cultures

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Abstract
Care-giving that suits the culture has a particular relevance to daily nursing care. It was emphasized by Leininger and McFarland (2002) that care represents a focal factor of culture, and that the blending of culture and care together is a remarkable challenge for nurses trying to provide cross-cultural nursing care. The aim of this paper is to investigate and illustrate the lived experience of Saudi nurses enrolled in Saudi Arabian hospitals in providing care for patients from various cultures. A phenomenological qualitative approach was utilized that incorporated a face-to-face interview with open-ended. Also, content analysis was utilized to explain the data. The gathered data revealed three principle themes and one subtheme which are: (a) language and communication are obstacles of caregiving, (b) education is a key, and (c) absence of knowledge can influence patient outcomes with the subtheme of "Fear of making a mistake". It was concluded that the acquisition of diverse cultures' knowledge is necessary for all nurses enrolled in Saudi hospitals to help them in conveying care that is suitable with patient's culture and enhance patients' outcomes. The researcher recommended improving programs of diverse culture in Saudi Arabian nursing schools and hospitals, and called for further investigation of the lived experiences of Saudi enlisted nurses who have knowledge in diverse cultures and had provided care for different cultures' patients in Saudi Arabian hospitals.
Keywords: Saudi registered nurse, Patient's outcome, Diverse cultures.

1. Introduction

The interventions of health care providers' in health care settings will be improved by the understanding of patients' various cultures, especially in nations where patients originate from differing cultures such as Saudi Arabia. The number of diverse cultures' patients in Saudi Arabia is high and is continuing in its growth due to the increasing rate of immigration (Almalki, FitzGerald and Clark, 2011). Thus, it is essential for Saudi nurses to have a good knowledge about their patients' diverse cultures in a way that help them in providing suitable care that suits the believes of their patients (Leininger& McFarland, 2002).

Nurses are a gathering of experts whom a specific culture or society expect and believe in their quality of care providing that helps people in society to turn up good after a disease, and prevent future illness and sickness (Leininger& McFarland, 2002). Keeping in mind the achievement of expectation about the quality of care giving provided by this group of professionals, nurses are required to integrate patients' values and believes into their profession practices so that the care provided suits their cultures. The cultures with which Saudi nurses work with are often diverse.

Merging culture with care is recognized as a tool that enables nurses to build trusting relations with their patients and their relatives, which is vital due to the significant role of trust in enhancing the nursing interventions' outcomes (Garcia‐Gutierrez, Quintana, Aguire, Barrio, Hayas & Gonzalez, 2014).

Leininger& McFarland (2002) also indicated that in addition to the role of culture in building trusting relationships, a strong connection between diverse cultures of patients and their health issues is existed in a way that could affect their nursing care. This could be noticed from the acts of some patients that would use home and herbal therapies or eat particular foods that may lead to adverse drug interactions. This implies that patients' outcomes would be negatively affected if culture is disregarded.

As the effect of cultural variety on patients' results from the perspectives of Saudi nurses is not known with respect to how it can influence nursing interventions and patients' results, there is a critical necessity to conduct a study that investigate the lived experience of Saudi nurses worked in Saudi Arabian hospitals concerning care provided to diverse cultures' patients.

1.1 Purpose of study

This study aims to investigate and illustrate the lived experience of Saudi graduate students, enrolled as nurses in Saudi Arabian hospitals, in providing care for patients from various cultures.

1.2 Research question

This study has the following main question:
What is the lived experience of Saudi graduate students recruited as nurses in Saudi hospitals and have provided

care for diverse cultures' patients?

1.3 Significance

The results of this investigation may draw the attention of Saudi hospitals to promote cultural diversity educational programs for all registered nurses in Saudi Arabia. In addition to providing an explanation of how registered nurses in the Kingdom could provide culturally appropriate care that improves patient outcomes.

1.4 Limitations of study

Some of the limitations of this study are:

1. The sample size is small, which implies that sufficient data is not obtained to achieve saturation.
2. Qualitative approach's limited experience of the researcher. This issue was addressed by researcher's following up with thesis committee throughout the research's execution.
3. Research topic is relied upon the assumptions of researcher and will be shortened with bracketing.

2. Literature Review

This section reviews the literature based on diverse culture, patient, care and nurse's key terms obtained from PubMed and CINHAL databases. The following text represents the points of interest of the literary works led in various nations with respect to nurses' perceptions about various cultures in medicinal services settings.

Culture characterizes how people behave towards each other. Whenever patients and nurses belong to various cultures, the culture-based misunderstanding could impact the interactions and relationships between the patients and nurses negatively (Cang-Wong, Murphy & Adelman, 2009).

When starting to talk about the knowledge of non-Muslim nurses regarding the Islamic culture of practices during childbirth and pregnancy, the quantitative descriptive study of Sidumo, Ehlers & Hattingh (2010) is one of the most prominent studies in this field. This study that was conducted among a population of 67 nurses, only 50 nurses of them had complete the questionnaire , has shown that non-Muslim nurses needed to learn more about Muslim's breastfeeding practices, the "evil eye", Ko'hl , modesty, food and medicine taboos. They indicated that if those perspectives could be addressed through the enrollment and in-service education of non-Muslim nurses working in Muslim nations, an improvement in the quality of nursing transcultural care would occur.

Furthermore and utilizing an interpretive phenomenology configuration, Park, Chesla, Rhem and Chun (2011) have conducted a study in which they try to explore the manners by which mental healthcare providers made changes in accordance with the care provided by them to meet the Asian Americans' cultural needs. The examination that included face to face interviews with 20 mental healthcare providers who had given care to Asian Americans in previous five years in the San Francisco Bay Area has shown that there are three significant characteristics for Asian Americans' culturally proper care; those characteristics are: cultural brokering, supporting families in transition and using cultural knowledge to improve proficient care. It was also revealed that the cultural knowledge possessed by those health care providers expanded their compassion with patients and enabled them to make more grounded relations with patients and their families. Therefore, it was obvious that healthcare providers require specific approaches for dealing with diverse cultures' patients, which many of cultural competence theories fail to meet with it.

Another qualitative, descriptive, exploratory study that investigates nurses' experience in intensive care through conflict-related circumstances when they experience culturally various families of critically ill patients was conducted by (Hoye & Severinsson, 2010). This study was directed through multistage focus groups interviews with 16 nurses working in critical care, in which the data obtained from those interviews was analysed by content analysis. The analysed data has shown that the three conflicting themes that are related with the main theme which is the conflict between family diverse cultural manners and proficient nursing practices are: culturally based need to take part effectively in the care versus nurses' expert impression of themselves as aggregate care suppliers; nurses' expert commitment to provide comprehensible data versus culturally based correspondence problems and reactions to illness; and families' requirements for cultural standards and self‐determination versus nurses' expert responsibility regarding the clinical condition. They sum up with findings that nurses needed to negotiate with culturally various family members to deal with conflicts. Also, in confronting these families, they must make a balance between cultural sensitivity and ethnicity.

However, Wilson (2010) tends to explore the mental illness patients' perceptions about the effectiveness of their nursing care in meeting their cultural needs. He has conducted a qualitative multi method data collected study in which he interviewed 16 African Americans and conduct a questionnaire survey with 65 nurses. It was concluded that patient participants have a tendency towards reducing the significance of receiving health care that suits their diverse cultural requirements. The essential care services that interest them were: speaking on behalf of the patients, encouraging and reassuring and praying a lot for them. On the other hand, nurses recognized their mental nursing care to be culturally competent; nevertheless, few depicted particular strategies

for integrating cultural convictions and practices into nursing care. Nurses believed in their competency in providing qualified culturally care, however, they lack the skills and knowledge that are required to implement this effectively

Turning to Saudi Arabia studies and investigations, there was a notable lack in studies related to this field; Saati's (2013) study was a one of the rare Saudi studies conducted in this field, it was done utilizing a grounded theory in conducting qualitative investigation. The aim of this study was to investigate the Saudi cultural framework of women's experience of breast cancer treatment and diagnosis. The study was conducted upon 60 patients from late, middle and early treatment stages and recruiting 8 oncology nurses. The nurses have participated into two focus group discussions while the patients were interviewed through in-depth interviews. It was found that there are five themes related to this cultural diversity issue from nurses and patients perspective which are: acceptance, communication, knowledge and understanding, positive dimension of culture and limitations imposed by the culture. Eventually, it was concluded that if nurses and doctors have different cultural background that varies from their patients, the communication process will be effected which will result in difficulties in transforming proper information to the patients. Also, the faith of patients in Allah helped them to adapt to their condition and formed an essential factor in their culture. So, nurses can help patients from various cultures to cope with their treatment and diagnosis through making positive communication, showing empathy and empowering the participation of patients in health care decisions. This could be accomplished by appropriate patient education and helping patients to utilize their confidence in accepting their treatment and diagnosis. Patients' family support systems could be used by nurses in motivating and enhancing patients' adherence to the treatment plan.

Theoretical Framework

Madeleine Leininger's transcultural nursing theory was the guiding theoretical framework for the current researcher's study, which was established in the beginning of the 1950s. This theory enables the researcher to comprehend the idea of social cultural diversity and decide how to provide culturally sensitive care to patients keeping in mind the end goal which is the enhancing of nursing interventions and patients' outcomes.

Utilizing Leininger's theory, nurses are able to accept all of the patients' cultures that they deal with, regardless of whether they are from similar culture or another culture. Also, nurses will turn out to be less biased and non-judgmental and they will have the capacity to build trusting relationships with their patients. Through the execution of transcultural nursing theory, patients will feel that they are provided with an appropriate care in a non-threatening and accepted environment (Leininger & McFarland, 2002).

3. Methodology

The purpose of this study was to investigate the lived experience of Saudi Arabian graduate students who have been registered as nurses caring for patients from various cultures in Saudi Arabian hospitals. This purpose was achieved through the utilization of qualitative researching methodology.

3.1 Design

The purpose of qualitative research is to understand the human experience, beside the interactions and patterns of behavior (Speziale, Streubert & Carpenter, 2011). Therefore, a qualitative phenomenological design was utilized in this study in order to explore the Saudi Arabian nurses' perceptions working in Saudi hospitals with respect to the caring provided for culturally various patients, in addition to the purpose of providing a rich description of this phenomenon from the Saudi point of view. This type of researching methodology is appropriate for this study as long as it allows the obtaining of important and sufficient information regarding the experiences of Saudi nurses in dealing with patients from diverse cultures.

3.2 Setting

Interviews were utilized as an investigation instrument in this study in order to obtain relevant comprehensive data.to get significant information. These interviews have done in the participants' homes or somewhere else of the participants' decision where she/he felt comfort to discuss her/his experience in caring for patients from diverse cultures in Saudi Arabian hospitals. The choice of settings by the participants contributes to maintaining privacy and ensuring confidentiality. Moreover, choosing the appropriate setting for each participant by them will make them feel free to discuss the investigated issue truthfully and deeply, which will enhance the rich description of the collected data.

3.3 Participants

The examination's participants were enlisted at a private liberal arts college in New York State through the Nursing Department, which could reach the graduate Saudi students who have operated as enrolled nurse in Saudi Arabia hospitals. Participants were at least 18 years old and from the both genders. Another inclusion criterion that was applied in choosing participants was that participants must have worked for at least six months

as a registered nurse in Saudi hospitals. This criterion was in order to guarantee that participants could satisfactorily give insights about their caring experience for patients from different cultures.

3.4 Sampling

Four graduate students who met the research inclusion criteria's requirements were enlisted as participants for this investigation. Purposive sampling was utilized and open-ended questions were asked to those participants in order to obtain in-depth and comprehensive information. All participants were given data illuminating them of the reason and plan of the examination, after which their composed consent was achieved. Notification about the duration of the interviews, which was roughly between 40 minutes to 60 minutes, was given to the participants in this study. The Saudi participants were emailed by the Chairperson of the Nursing Department at Daemen College in which they were informed with the purpose, benefits and risks of the study, alongside with information in regards to the data collection instrument.

3.5 Data collection

The researcher was the main instrument throughout the interviews and data collection; this was due to the qualitative nature of the study (Polit & Beck, 2012). Therefore, it was necessary that the researcher should have a good background and awareness about her role in data collection. As long as this study intend to obtain a comprehensive data in regard with nurses' perceptions for taking care of culturally various patients, the interview was considered as the most appropriate tool. Moreover, the implementation of individual interviews was appropriate in enabling the researcher to achieve full experiences' discussions; in this manner diminishing the possibility of having meaningless responses (Speziale, Streubert & Carpenter, 2011). Face to face semi structured audiotaped interviews were completed with the purpose that Saudi nurses' experiences of taking care after culturally differing patients could be completely investigated. This type of interview was chosen because they are viewed as helpful in obtaining personal and fully detailed information from participants (Polit and Beck, 2012). The interview guide had been developed in which it involves an open ended introductory question, "Please describe for me what it was like for you to care for culturally diverse patients?", followed by a list of open ended questions made with the end goal of achieving the purpose of this examination .At the end of the interview, participants were given the chance to share any concerns they may possess in connection to their experiences with culturally various patients.

After the completion of interviews, the researcher had reviewed the audio recorded interviews in order to be sure that they were complete and audible. The interviews were then transliterated so that the researcher could ensure the accuracy of data (Polit & Beck, 2012).

3.6 Data Analysis

Analysis was done in both stages; while gathering the data and after the collection of data is finished when undertaking qualitative data examination (Sandelowski, 2000). This is because of the requirement for the researcher to consistently return to the way they are treating the data and the need to accommodate the new data. In this study, data were analyzed using the nine steps of Colaizzi's (1978) data analysis process which are: 1) "Describing the phenomena of interest", 2) " Collect the participants' description of the phenomenon", 3) "Read the participant' description of the phenomenon", 4) "Return the original transcripts and extract significant statements", 5)"Try to spell out the meaning of each significant statement", 6) "Organize the aggregate formalized meanings into clusters or themes", 7) " Write and exhaustive description" , 8) " Return to the participants for validation of the description" and 9) " If new data are revealed during the validation, incorporate them into the exhaustive description" (Speziale, Streubert & Carpenter, 2011, p.79). Following those steps of qualitative data analysis; emerging themes will be identified and the study's findings will be explained appropriately.

Furthermore, Lincoln and Guba's criteria: dependability, credibility, transferability and conformability were used to determine the trustworthiness of this qualitative research study (Polit & Beck, 2012). Through the utilization of this criteria rigor of the study was guaranteed which means that this study can be deemed credible.

4. Analysis of Data

The analysis of the descriptive data, a presentation of the research findings, and an examination of themes that emerged from this study are represented as in the following:

4.1 Descriptive Data

For this study, a total of four female Saudi graduate students who worked in Saudi hospitals as registered nurses dealing with culturally diverse patients, have participated in face to face interviews with the researcher. All participated nurses were ranged in age from 27 to 32 years. Three participants of the four students were studying nursing education at Daemen College; however, the last one was studying executive leadership of nursing. All

four nurses were registered with nearly two years' experience in working with culturally diverse patients.

4.2 Research Findings

Data findings uncovered three major themes associated with one subtheme. These themes were then imparted to the participants of this study to guarantee they were a true impression of their experiences. Through this phase, the participants all affirmed that the findings were in fact reflective of their experiences.

For the open ended introductory question, "Please describe for me what it was like for you to care for culturally diverse patients?", that is located at the beginning of the interview guide; the answers varied for example one said : " I was frustrated" , while another said :" It was challenging" . Another participant stated that she was "scared to make mistakes" and the last one claimed," It was helpful". The rest of the questions in the list of the interview guide were answered from the nurses' point of view and were different from one nurse to another one. After the analysis of the whole transcripts collected from the participants' interviews, the researcher obtained three main themes with a supplementary one which are: communication and language are barriers to care; lack of knowledge can affect patient outcomes; education is a key; with the subtheme of "fear of making a mistake".

4.3 Examination of Themes:

Theme One: "Communication and language are barriers to care" reveals the participants' perception that it is hard to speak with patients who do not speak English or Arabic, and that regardless of whether there are interpreters in the hospital, they are not accessible constantly. Regarding this theme; participant A stated that "I was trying to communicate with patients who don't speak English or Arabic but it was tough and difficult for me to understand them". However participant B stated that "I feel it was challenging to communicate with patients who don't speak English or Arabic and I have never seen even one interpreter in the hospital. Sometimes I called another nurse who is of the same nationality and who speaks the same language to translate for me to assess the patient". Moreover, participant C had expressed her feeling regarding this issue by saying:" Our hospital is huge and we have health care providers from different countries, so we can easily find someone to speak the same language with the foreign patients in the hospital; however, at the same time even though we have multinational health care providers sometimes it is difficult because we don't know if the interpreters deliver the same meaning or not, so we prefer direct communication with all the patients to feel comfortable and avoid any difficulties in caring for patients from diverse cultures". And lastly participant D stated that: "I was in the delivery room with a patient from South Africa and she didn't speak English, she just knew a few simple words such as yes, no, and calm down. I couldn't understand her language, and neither could the physician and all the health care providers. The patient was suffering, screaming, and anxious because she knew nobody could understand her and that could affect her outcomes, and we were really in a difficult situation to overcome the language barrier. We just told her to calm down and that she would be ok until she relaxed". Therefore, all of those statements reflect the truth of the concluded theme which is "communication and language are barriers to care".

Theme Two: "Lack of knowledge can affect patients' outcomes" developed from the responses of three participants. This was obtained from the participant's A statement in regard with this theme which is: "I have no idea what the patient's values and religion are. I don't know how much care she needs according to her/his culture", and from participant's B statement which is: "One day a patient refused to take her medication because she didn't believe in that medication. Then she agreed to leave the hospital, signing a paper that it was against medical advice. After talking with her about the reason, she said in her culture people believe in remedy treatment instead of medication. Then we called the social worker to talk with her about this issue", and lastly from participant's C statement which is " No nursing program prepared me to know anything about cultural diversity, but I remember my professor said that you are a nurse and you should take care of all patients, no matter where they are come from, even if they are a different color and a different religion". So, those statements emphasized on the truthiness of this theme which indicate that the absence of knowledge can influence patient outcomes.

Theme Three: "Education is a key", developed also from the responses of three participants, in which they indicated that education obtained from coordinated services and hospitals was helpful and vital in supporting positive outcomes for diverse cultural patients. This was obtained through what was stated by participant A , in which she explained that: "When I was in 4th year of my school, there was course called diverse culture in nursing and I gained a lot of knowledge about dealing with patients from different cultures and it was helpful when I worked in the hospital as a Saudi registered nurse working with patients from different cultures" , participant's C statement about a cultural diverse educational program that she had attended which is: "When I was in 4th year of my school, there was course called diverse culture in nursing and I gained a lot of knowledge about dealing with patients from different cultures and it was helpful when I worked in the hospital as a Saudi registered nurse working with patients from different cultures", and reflected also from the statement of participant D ' in which she explained the importance of her hospital orientation program in which they provide a

questionnaire about culture to be filled by the patients before the implementation of any procedure : " I gave this survey before examining my patients and those answers helped me to have some ideas about the patients before starting any procedures. I could then reach my goal of providing culturally sensitive care successfully".

Subtheme: "Fear of making a mistake". The participants stated that they were scared of making mistakes with their patients because they had lack of knowledge about the patients 'cultures. This could be concluded from participant's A statement: Sometimes I feel scared to provide care that doesn't fit with her/his culture while giving care because I don't know if this procedure will match with her/his culture", participant's B statement:" sometimes I had no idea about patient culture and need long time to talk with patients about their cultures and asked, when I was busy and didn't have time to talk with my patients, I felt scared of falling in something wrong with my patient cause her/his culture not accept that procedure" and participant's C statement: " Some women are not permitted to be examined by the opposite sex due to religious beliefs because in their religion women should only be examined by female health care providers".

4.4 Findings' Attachment with Literature

After obtaining the themes, the researcher reviewed the literature to check if her study's findings are supported by the previous literature and studies.

The first theme of this study which is "Communication and language are barriers to care" was supported by Seo, Kim and Dickerson's (2014) qualitative investigation of the Korean immigrants' experience who received care in the U.S. during childbirth, in which one of their four identified themes which is: "feeling lost because of difficulties in communicating with healthcare staff ", was similar to this first theme obtained through the current study.

For the second theme which is:" Lack of knowledge can affect patients' outcomes", it was supported by Debesay, Harslof, Rechel & Vike's (2014) qualitative investigation that was conducted upon community nurses during their provision of home healthcare to minorities living in Norway. They have found that there are number of issues related to lack of knowledge which can affect patients' outcomes such as, nurses touching a patient's shoulder during care, which is shown to be normal for some culture and upsetting for others' cultures.

Furthermore, the third theme "Education is a key" was found to be supported by Sidumo, Ehlers & Hattingh's (2010) investigation, which was conducted to investigate the knowledge that non-Muslim nurses' had of the cultural practices of Muslims during pregnancy and childbirth. It was found that 86% of respondents expressed interest in improving their knowledge of the cultural practices through educational programs that support the results of the current study.

5. Implications, Conclusions and Recommendations

5.1 Implications

The findings of this investigation might be utilized to increase awareness of Saudis about the importance of the enhancement of educational programs concentrating on cultural variety in Saudi Arabian nursing schools and hospitals. Likewise, the results show that it is critical for hospitals to overcome the communication obstacles amongst nurses and patients by increasing the number of interpreters available in each hospital's unit.

5.2 Conclusions

In conclusion, this paper investigated the lived experience of Saudi nurses enrolled in Saudi Arabian hospitals in providing care for patients from various cultures. It was concluded that the acquisition of diverse cultures' knowledge is necessary for all nurses enrolled in Saudi hospitals to help them in conveying care that is suitable with patient's culture and enhance patients' outcomes

5.3 Recommendations

The researcher recommended improving programs of diverse culture in Saudi Arabian nursing schools and hospitals, and called for further investigation utilizing a larger sample size for the lived experiences of Saudi enlisted nurses who have knowledge in diverse cultures and had provided care for different cultures' patients in Saudi Arabian hospitals, because the current study's small sample was not able to reach data saturation when exploring the lived experiences of Saudi registered nurses.

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