

Cultural Competency of Family Medicine Practitioners Working in Saudi Arabia: A Review Article

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Abstract

Review Article

Background: Cultural Saudi Arabia's varied population, customary medical beliefs, religious customs, and a transforming healthcare environment create a multifaceted challenge for achieving cultural competency in healthcare. Cultural competency training can greatly influence healthcare since it relates to the knowledge, attitudes, and skills of healthcare workers, thereby impacting patient health outcomes. **Aim:** This review paper aims to examine the literature evaluating cultural competency among Family Medicine professionals in Saudi Arabia based on the healthcare workers reported barriers and training received. **Method:** A total of 7 relevant scientific articles were selected from various databases (such as Google Scholar, PubMed, and Science Direct) for this review, based on keywords such as "Culture Competency", "Family Medicine Practitioners", "Saudi Arabia" and "Healthcare Competency". **Results:** The results highlighted the challenges in achieving cultural competency, with confounding factors including healthcare provider's gender, age, and experience. Healthcare professionals also reported issues related to lack of sufficient training on cultural competency, and showed their preference and willingness to receive cultural competency education in their practice. Data examining the impact of health professionals' cultural biases and assumptions on patient care was not available, suggesting an area for further research. **Conclusion:** Delivering tailored culturally competent care to patients poses a significant challenge in Saudi Arabia. A thorough assessment of individual training programs to enhance cultural competence in relation to patient care must be prioritised. Incorporating a wider range of cultural viewpoints into future research is also essential, as well as measuring the level of cultural competency specifically among Family Medicine professionals.

Keywords: "Culture Competency", "Culture Training", "Family Medicine Practitioners", "Language Barriers" and "Saudi Arabia".

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INTRODUCTION

Culture is defined as the thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group [11]. Cultural competency in the context of healthcare is the specific cognitive and affective skills that are essential for building culturally relevant relationships between providers and patients [12]. Healthcare cultural competence has gained significant attention in recent years due to its potential to improve patient outcomes and enhance the quality of care [13]. An Organisation's cultural competence ensures healthcare provision meets the cultural, social, and linguistic needs of patients from

diverse backgrounds [1]. Five essential elements can contribute to an institution's or agency's ability to become more culturally competent [3]. These include: valuing diversity; having the capacity for cultural self-assessment; being conscious of the dynamics inherent when cultures interact; having institutionalised cultural knowledge; and having developed adaptations of service delivery reflecting an understanding of cultural diversity. These elements should be reflected in the attitudes, structures, policies, and services of the organisation and pervade throughout hierarchy. Inadequate cultural competency can adversely affect patient satisfaction, outcomes, and cause healthcare disparities [3].

Five essential elements that contribute to an institution's or agency's ability to become more culturally competent (3)
Valuing diversity
Capacity for cultural self-assessment
Being conscious of the dynamics inherent when cultures interact
Institutionalized cultural knowledge
Developed adaptations of service delivery reflecting an understanding of cultural diversity

Figure 1

Culturally competent healthcare providers must have the ability to successfully communicate and interact with patients despite cultural differences [1]. A collection of actions, mindsets and strategies are required by professionals to function efficiently in intercultural contexts [2]. Healthcare workers with different ethno-cultural values, traditions and rituals may affect a patient's healthcare outcomes [14]. Awareness of one's own cultural background and experiences can influence perceptions and interactions with patients; reflecting on and challenging these biases assist with increasing understanding and empathy towards patients from different cultural backgrounds [16]. In order to deliver high-quality healthcare, Family Medicine professionals need to consider cultural norms, language obstacles, linguistic beliefs and expectations surrounding healthcare [2]. This includes understanding the role of religion, spirituality, family and community in healthcare decision-making within the societal context [15]. Therefore healthcare professionals must be culturally competent to avoid disadvantaging patient-provider interactions, diminishing the quality of care and worsening health inequalities, leading to poorer health outcomes for patients from various cultural backgrounds [3].

Saudi Arabia is a country known for its rich cultural heritage and diversity. With a population of over 34 million people, the Kingdom of Saudi Arabia is home to a wide range of ethnicities, languages, and traditions [8]. It is also a country that has seen a dynamic interaction between its religious tradition and modernity, enabled by socio-political changes that have taken place over the past several decades [17]. Saudi Arabia has a significant number of expatriates, requiring the healthcare professional to consider cultural diversity among patients [4]. This cultural diversity has significant implications for healthcare in the country, as it poses unique challenges and opportunities for healthcare providers [8]. Vision 2030 targets a transformation of the healthcare sector in the Kingdom which aims to play a greater role in attracting more tourists and workforce in the healthcare field from across the globe. This is on a backdrop of a culture blends the Islamic faith with Saudi tribal traditions and customs, shaping and directing Saudi attitudes and behaviours [3-8]. Nearly 100% of the Saudi indigenous population embrace Islamic beliefs; the country's citizens are ruled by Islamic laws in all aspects of life, including economic, political, social and religious aspects, difficulties and obstacles with language and

cultural barriers due to Muslim pilgrims visiting from a variety of backgrounds [4-8]. The Islamic faith encourages its followers to seek medical treatment when they require it [8]. Cultural, religious and spiritual beliefs can affect a patient's perception of illness and how that patient approaches treatment [19]. Family is also very significant in Saudi Arabia, and remains at the core of Saudi society, with elder patriarchs often responsible for household and tribal decision-making [18]. Saudi customary dress is considered an outward expression of their values and morals, and the cultural aspects of Saudi Arabia, including its dress codes are directly linked to the Islamic faith [8]. The strict segregation of male and female non-relatives is widely accepted by society and is enforced by government authorities, although some exceptions are apparent in healthcare settings [8]. In this context the Saudi approach to healthcare provision is strongly influenced by deep-rooted religious and cultural convictions which shape their views on health and medical care [8]. It would be imperative for healthcare providers working in the region to be aware of Saudi cultural norms around communication, privacy, and touch, in particular as norms can vary significantly among cultures [15]. The purpose of this research is to examine the current literature available to assess the cultural competency of Family Medicine practitioners and the obstacles that impede effective service delivery.

METHODOLOGY

The current paper is a review article that evaluates the cultural competency of Family Medicine practitioners in Saudi Arabia to work with the different nationalities and cultural background in the Kingdom. Online medical databases such as Pubmed, Scopus, and Medline were examined using targeted keywords like "Culture Competency", "Culture Training", "Family Medicine Practitioners", "Language Barriers" and "Saudi Arabia". The search and data extraction were limited to papers published within the last ten years and papers that assessed the cultural competencies and barriers to competency in Saudi Arabia healthcare. Studies that were published more than ten years ago and measured cultural competency in specialities other than Family Medicine, and conducted in countries other than Saudi Arabia, were excluded.

RESULTS

The current study assessed cultural competency of healthcare practitioners based on their reported

barriers when dealing with patients from different cultures, as well as the training received. A total of seven papers that assessed cultural competencies among healthcare professionals were assessed in the review. The results from the current study indicate the growing multi-cultural workforce of healthcare professionals in Saudi Arabia presenting a major challenge in delivering personalised and comprehensive care to patients. Moreover, the existing literature is scarce when measuring the level of cultural competency specifically among Family Medicine professionals, with the majority focusing on Nursing specialities. The results also present conflicting results regarding the competency of Family Medicine practitioners in Saudi Arabia, with many professionals from different nationalities citing difficulties in language and grasping certain cultural meanings in Saudi Arabia. One study examined the obstacles, attitudes towards practice and understanding of Primary healthcare physicians and the skills required to communicate effectively in medical consultations [5]. The majority of Primary healthcare physicians (68.5%) reported a lack of adequate cultural training as a barrier to communication, despite receiving some diversity training [5]. Cultural differences also impeded patient communication, particularly due to gender disparity between the provider and the patient [5]. From the patients' perspective, a similar finding related to gender was reported in another qualitative study exploring physician professionalism when providing medical services in a Family Medicine centre [6]. The patients reported that the patriarchal society in Saudi Arabia had a stereotypical perception of male doctors having greater skills and experience than female doctors, as well as the perception of finding difficulties in asking private questions when dealing with the opposite gender, thus impacting the culture competency skills [6]. Arab culture may influence a patient's decision, whether a female or male, when choosing a treating physician, which may impact the ability of the physician to communicate specialised knowledge, understanding and feelings [6]. The study concluded Western medical professionalism frameworks do not fully resonate with Arab cultures, therefore, as part of the training of physicians, cultural competence and patient perceptions should ideally be incorporated within the healthcare environment in order to ensure a patient-centred approach [6]. The findings related to gender disparity is also purported in another study, which reported a significant difference in cultural competency related to gender factors, as well as other multiple factors such as age, education, years of work, and nationality [7]. Regarding primary care nursing competencies, cultural communication obstacles frequently arose from a lack of familiarity with the language or dialect and the generational divide, along with other notable factors such as gender disparities and burnout [8]. The absence of ongoing training in communication skills and Arabic language skills also influenced the situation, with survey responses indicating participants lacked an understanding of Saudi

culture, adversely affecting adequate cultural communication [8]. The researcher suggested and recommended that foreign nurses who want to work in Saudi Arabia should receive instruction in Islamic Arabic cultural concepts and communication strategies [8]. Lack of cultural orientation training, in addition to language barriers, as well as religious and cultural factors were also reported to prevent nurses from providing appropriate services [9]. The nurses highlighted differing cultural issues when providing care, such as the family involvement, as well as other religious factors related to fasting and prayers, which negatively influenced care from their viewpoint [9].

Some studies reported satisfactory general cultural competency levels among healthcare professionals. In one qualitative study, the assessment of cultural competencies of 584 expatriate nurses working at University Hospital in Kingdom of Saudi Arabia noted all were scored 'Competent' when evaluating cultural learning, using key words and colloquialisms from the patients' and families' native languages [7]. The study highlighted the importance of using various methods of communication, including written, verbal, visual, and diagrammatic, along with utilising interpreters for patients with a foreign language [7]. Another study evaluated the cultural competence of undergraduate nursing students, demonstrating exposure to various cultures and understanding past cultures significantly enhanced cultural competence [10]. The study also observed that the majority of students recognised cultural differences and could interact with individuals from diverse cultures, with almost a third of students interviewed favouring long-term training on culture, whereas fifty percent of the students preferred a specific course focused on interacting with individuals from various cultures [10]. A recent systematic review assessed the cultural competency of nurses in Saudi Arabia, recommending healthcare systems should function in a way that empowers nurses from various backgrounds, and effective communication strategies should be established to enhance their cultural competence [4]. Having cultural competence allows healthcare providers to recognise the influence of their own culture on their work [4]. In order to provide culturally competent care, healthcare professionals need to identify and understand how each individual categorises health and illness differently due to their personal beliefs [4]. Further Research is required to investigate cultural competence training and its impact on healthcare quality in order for healthcare organisations in Saudi Arabia to strengthen policies to encourage a culture of equality that support patients from different backgrounds [4].

Strength and Limitations:

This study highlights uneven cultural competencies within Family Medicine in Saudi Arabia which, if addressed, can enhance the quality of care and

ensure healthcare systems are more inclusive and of higher quality for the target population. The limitations are present considering the nature of review studies. The studies selected utilised different instruments and cultural competency measurements for assessment, which can impact the validity of study results. Furthermore, the studies were often undertaken in one healthcare setting within one province and focussed primarily on nursing training, affecting the ability to generalise any findings. Another limitation is the possible selection bias considering the review paper nature. It is recommended for future studies to focus on utilise different experimental designs and cover rural areas in the kingdom, as well as to rely on valid instruments for measuring cultural competency.

CONCLUSION

Training culturally competent health care professionals can contribute to patient-centred care that addresses patients' unique needs and reduces health disparities. The current literature shows disparities in healthcare professionals' cultural competencies in Saudi Arabia, where most professionals from other nationalities reported challenges in language, and understanding some of the Saudi culture meanings. The study also found a scarcity in research papers that address the level of cultural competency in Family Medicine and the role of the health professionals' own cultural ideas and assumptions when providing healthcare. More research papers are recommended cultural competency among Family Medicine professionals, with a focus on the both health care workers and patients' perceptions. Health care policy makers should consider providing comprehensive cultural courses, with measurable outcomes to monitor their effectiveness in improving healthcare quality.

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