

Integration amidst Diversity: Exploring Transcultural Nursing Experiences of Filipino Nurses Working in Saudi Arabia

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Abstract: The transcultural nursing experiences of Filipino nurses in Saudi Arabia reveal a complex landscape of challenges and adaptations. Despite their reputation for professionalism and high work ethics, these nurses often face significant barriers related to language, cultural differences, and varying patient expectations. We explored unique experiences of Filipino nurses as they navigate these challenges in their workplace interactions and patient care practices. To capture these experiences, we conducted in-depth interviews with Seven Filipino nurses currently employed in various healthcare institutions in Saudi Arabia. The interviews, conducted in either Filipino or English, were recorded, transcribed verbatim, and translated when necessary. Thematic analysis was carried out the identification of key themes that reflect the multifaceted aspects of transcultural nursing. To address these, Filipino nurses adopt strategies such as peer support, cultural immersion, and learning Arabic, which facilitate better workplace interactions. In patient care, Filipino nurses navigate cultural nuances, including norms around touch, eye contact, and varied beliefs about health and illness, adapting practices to meet patient expectations respectfully. The nurses actively pursue self-education, cultural competence training, and seek patient feedback to ensure culturally aligned care. Communication barriers with non-English-speaking patients further underscore the importance of interpreters for clear, respectful interactions. Additionally, the cultural norms around gender in Saudi Arabia influence patient interactions, requiring Filipino nurses to adjust their care sensitively to honor these expectations. Overall, this study reveals the complex interplay of Cultural hurdles and the self-management strategies and self-directed strategies that shape the transcultural nursing experiences of Filipino nurses in Saudi Arabia. By adopting patient-centered and culturally competent care practices, Filipino nurses can build trust and establish meaningful relationships with patients from diverse backgrounds. These findings underscore the importance of cultural awareness, supportive professional networks, and ongoing training in enhancing the adaptability and effectiveness of Filipino nurses in international healthcare settings.

Keywords: Transcultural Nursing Experiences, Self- Management Strategies, Self-Directed Strategies, Cultural Hurdles, Saudi Arabia, Cultural Adaptation, Patient-Centered Care.

Research Paper

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INTRODUCTION

In today's globalized world, the nursing profession has become more diverse, with healthcare professionals moving across borders to work in different cultural settings. Filipino nurses have been a significant

part of this trend, seeking professional growth and better opportunities abroad. The migration of Filipino nurses has not only helped meet the increasing demand for healthcare professionals in host countries but has also improved healthcare facilities worldwide. Their unwavering commitment, determination, and empathetic

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care have made them invaluable members of healthcare teams, promoting a collaborative and comprehensive approach to patient welfare on a global scale.

In 2023, about 130,000 Filipino nurses will be working in Saudi Arabia, according to some estimates. Data shared with Arab News by the Philippines' Department of Migrant Workers show that about 2,300 Filipino nurses have migrated to Saudi Arabia this year, making up 35 percent of nursing professionals who left the country in 2023. Nurses from the Philippines today have the reputation of being qualified and respected workers with high work ethics and are in high demand worldwide. Saudi Arabia is one of the countries wherein Filipino nurses seek opportunities (Alsulaimani, 2014).

However, these nurses often come with limited knowledge and face struggles related to language, culture, and communication. Thus, Filipino nurses, as expatriates need to be familiar with the diverse cultures of their patients to implement nursing care effectively (Elizabeth Culhane, 2012).

Transcultural nursing is an approach that acknowledges the diversity of healthcare providers and the patients. It involves healthcare professionals, particularly nurses, being culturally competent and sensitive to the needs of patients from different cultural backgrounds. Transcultural nursing aims to bridge the gap between varying cultural beliefs and healthcare practices, ensuring patient satisfaction, positive outcomes, and care that is respectful and relevant (Maier-Lorentz, 2008).

The complexity of transcultural nursing experiences among Filipino nurses presents a compelling research focus. As these healthcare professionals navigate unfamiliar cultural landscapes, they encounter unique challenges beyond clinical expertise. Issues such as language barriers, variations in healthcare practices, and the adjustment to diverse patient expectations pose potential hurdles to effective healthcare delivery. Existing literature has touched upon these challenges, highlighting the need for a more comprehensive understanding of the transcultural nursing experiences specific to the Filipino nursing diaspora.

Several related studies underscore the importance of cultural competence and adaptation among healthcare professionals in diverse settings. Reyes (2022) investigated the challenges faced by nurses from various cultural backgrounds in adapting to new

healthcare environments, emphasizing the need for targeted interventions to support successful transitions.

Similarly, the work of Garcia and Hernandez (2021) delved into the experiences of Filipino nurses working in the United States, shedding light on the complexities of assimilating into a different healthcare system. These studies provide valuable insights into the broader context of transcultural nursing but fall short of specifically addressing the unique experiences of Filipino nurses in diverse international settings, particularly in Saudi Arabia.

Building upon the existing body of knowledge, this research aimed to contribute a nuanced understanding of the transcultural nursing experiences of Filipino nurses working abroad.

By focusing on this specific demographic, the study seeks to identify the cultural, social, and professional factors that influence their adaptation and, subsequently, the quality of patient care they provide. The emphasis on continuous learning and adaptation reinforces nurses' ability to provide high-quality, culturally sensitive care, ultimately leading to improved healthcare outcomes.

Revealing the study's findings can benefit Filipino nurses in preparation for working abroad. This study aimed to address gaps in transcultural nursing practice in a diverse international setting, exploring challenges, and strategies, and recommending interventions for enhanced care deliver.

METHODS

This study intensively utilized a Qualitative Research Design – Thematic Analysis. This research was conducted at Isabela State University- Main Campus - Echague. In determining the setting of the study, the researchers considered the accessibility and practicability during the actual conduct of the study.

The researchers selected a total of 7 in-depth interviews who are currently working as nurse in Saudi Arabia. Also, key informants must have a minimum of 2 years of nursing experience in the Philippines and at least 5 years of experience working in the healthcare landscape of Saudi Arabia. The researchers used a non-probability sampling technique, specifically the Purposive sampling method in choosing the key informants. Therefore, the sampling method technique is considered appropriate by the researchers.

Table 1: Demographics of Key Informants

Key Informant's	Sex	Age	Specialty within the Field of Nursing	Years of experience in the Philippines	Years of experience in Saudi Arabia
1	Female	35	Pediatrics	2 yrs	12 yrs
2	Female	44	Operating Room / Theatre Nurse	7 yrs	8 yrs
3	Female	34	Medical Surgical Nurse	5 yrs	8 yrs
4	Female	39	Ambulatory care or Outpatient Care	3 yrs	8 yrs
5	Female	35	Ob Gyne ward Nurse	2yrs	11 yrs
6	Male	33	Ward Nurse	3yrs	9 yrs
7	Male	36	Operating Room	2 yrs	5 yrs

The study used Qualitative and Thematic Analysis research design which is needed to answer the problem raised. Also, using the purposive sampling approach to carry out our research objectives. The study used researchers-constructed open-ended questions as a guide in gathering information through zoom and google meet as data-gathering instruments and a method of In-Depth Interview.

Data Gathering Procedure

The researcher endured and underwent several processes to gather data pertinent to the study. The procedural approaches were enumerated as follows:

Formulate a Request Letter

The researcher sent a request letter to the Dean of the Department of Nursing to ask Formulate a request letter. The researcher sent a request letter to the Dean of the Department of Nursing to ask permission to allow the researchers to conduct the study.

Securing a Permit to Conduct the Study

After the approval of the request letter, a formal letter was approved by the Dean of the College of Nursing, the research coordinator, and the research adviser.

Preparation of the Instruments

The guide questions were the main instruments for gathering data. The researcher used open-ended questions designed and intended for students.

Conducting the Interview

During the interview, we asked Filipino nurses working in Saudi Arabia about their experiences working with patients from diverse cultural backgrounds. Our goal was to understand how cultural differences affect nursing practices, communication, and patient outcomes. The information shared by the key informants will be kept strictly confidential.

Analysis of the Data: The gathered data from the answered questions were checked, classified, interpreted, and analyzed by the researchers carefully.

RESULTS

I. Transcultural Experiences of the Filipino Nurses in Their Workplace Interactions with Co-Workers in Saudi Arabia:

A. Challenges in Workplace Interaction with Co-Workers in Saudi Arabia

The researchers present several topics and themes in this area that are relevant to the study. In this category, Filipino nurses share their personal experiences in challenges in workplace interaction.

The researcher categorized two themes that have been connected within the study namely, *Communication challenges* and *Covering for the work of others*.

I. Communication Challenges:

In Saudi Arabian hospitals, nurses from the Philippines face communication challenges. While they manage basic interactions with patients using limited Arabic, deeper conversations are difficult. Colleagues also struggle to communicate due to differences in English proficiency.

According to Almutairi, McCarthy, and Gardner (2014), they emphasize the importance of cultural competence in diverse nursing teams. Challenges such as Filipino nurses limited Arabic proficiency and varying English levels among Arab colleagues can hinder effective communication and teamwork. These issues may lead to miscommunications that could impact patient care and team unity.

Key Informant's Statement:

"Communication number one din yan ay.. isa rin yan sa factor din ahm... syempre kami personally sa operating room hindi kami ganong kabihasa sa salita ng arabic dahil ang communication namin is upon receiving a patient lang which is mga basic lang ang alam naming arabic like ma esmouki what your name tapos kung ilang taon sila or kung anong ano nararamdman nila yun lang mga kaya naming tanungin sakanila" as stated by key informant 2

Translation:

(communication, it is also the number one, that's also factor, of course, personally, in the operating

room, we're not very fluent in Arabic because our communication is only upon receiving a patient, which is just basic Arabic like 'ma esmouki' (what's your name, then how old they are or what they're feeling, those are the only questions we can ask them) as stated by key informant 2.

Key Informant's Statement:

"One major challenge I have encountered in working with my colleagues is Communication. I have worked with Arabs, Filipinos, and Indians. For Filipinos, I have no issues since we speak the same language. For Arabs, some of them don't speak English clearly and some do not speak English at all that's why it's difficult to communicate with them" as stated by key informant 4.

Translation:

(One major challenge I have encountered in working with my colleagues is communication. I have worked with Arabs, Filipinos, and Indians. For Filipinos, I have no issues since we speak the same language. For Arabs, of them don't speak English clearly and some do not speak English at all, so it's difficult to communicate with them) as stated by key informant 4.

Key Informant's Statement:

"sa mga colleagues ahh okay kasi sa work namin, ano kami filipino, Indians, ahm arab tsaka meron ding kaming mga kasamang Egyptians. Pero ang mga Indians tsaka mga Egyptian usually ahh marunong sila mag English so okay lang. pero yung mga arab namin na mga katrabaho, hindi lahat talaga marunong mag English so don, don kami nag kakaconflict" as stated by key informant 5.

Translation:

(With our colleagues, okay, because in our work, we are Filipinos, Indians, Arabs, and we also have Egyptians with us. But the Indians and Egyptians usually can speak English so it's okay. However, our Arab coworkers, do not all speak English, so there, we have conflicts) as stated by key informant 5.

Key Informant's Statement:

"Yung mahirap makipag communicate , yung doctors they know to speak English, meron parin yung ibang staffs na hind gaano" as stated by key informant 6.

Translation:

(It is difficult to communicate because, although the doctors speak English, some staff members do not speak it well, as noted by key informant 6.

Effective communication is crucial for fostering teamwork, ensuring patient safety, and promoting collaboration in multicultural work environments. However, differences in culture, language proficiency,

and dialects can create challenges in workplace interactions. Based on interviews, it is evident that there are several communication obstacles that the diverse workforce in Saudi Arabian hospitals, comprising individuals from various nations and linguistic backgrounds, must address when delivering patient care, particularly among nurses.

II. Covering for the Works of Others

Key Informant's Statement:

"We are very dedicated to work. We are very specific about punctuality. We come on time. For them kasi sometimes they are going to work late" as stated by key informant 1.

Translation:

(We are very dedicated to work. We are very specific about punctuality. We come on time. For them, sometimes they go to work late) as stated by key informant 1.

Key Informant's Statement:

"Usually may mga matitigas din ang ulo na mga colleague at may mga tamad din yun nga mga ibang lahi" as stated by key informant 2.

Translation:

(Usually, some colleagues are stubborn and lazy, they are from other nationalities) as stated by key informant 2.

Key Informant's Statement:

"So, I'm gonna be bluntly honest here no so minsan kase may pagka tamad din sila so lahat ng task lahat ng responsibility is napupunta sa aming mga pinoy kaya nga eto which may mga nangyayare e ano may mga ibang lahi lalo ng mga pasyente ano mas prefer nila yung mga expatriates kase nga mas masisipag" as stated by key informant 3.

Translation:

(so, I'm going to be bluntly honest here, sometimes they're a bit lazy, so all tasks, all responsibilities, are passed on to us Filipinos so here, which sometimes, there are, you know, other nationalities, especially patients, they prefer expatriates because they are more diligent) as stated by key informant 3.

Based on the interviewee's statements, it's evident that there are concerns regarding the diligence and work ethic of certain colleagues within the workplace. The data from key informants show that Filipino workers are seen as hardworking and punctual, always arriving on time and dedicated to their jobs. In contrast, colleagues from other nationalities are often viewed as stubborn and lazy, causing Filipinos to handle more work.

Key Informant's Statement:

"Lalo na sa arab, they have their time for prayer ganyan ganyan so sa isang 12-hour shift natin so mag peprayer sila so we need to respect it. Para sa amin siyempre yung time ng prayer nila from 5-10 minutes. So, we're the one who take prepare the patients, so you know what I mean. So, for example sa 12-hour shift 2-3 times sila nagpepray. So, kami na mga expatriates mga Christians, kami yung mag tetake over dun sa mga patients sila so nagkakaroon kami ng additional task so again we neeprd to respect that. So hindi naman siya in a way din naman siya challenging kase nga andito tayo sa bansa nila na kailangan din natin mag adjust. For example, again sa prayer time nila ay kelangan ko magbigay ng gamot so what I am going to do Is okay sige you have your time to pray and later on I will just come back and give medication that is really due this time so yung mga ganong strategy lang to avoid again conflict" as stated by key informant 3.

Translation:

(Especially with Arabs, they have their time for prayer and so on, so in a 12-hour shift, they will pray, so we need to respect it. For us, of course, their prayer time is from 5 to 10 minutes. So, we're the ones who prepare the patients, so you know what I mean. For example, in a 12-hour shift, they pray 2-3 times. So, we, as expatriates, as Christians, take over the patients, so we have additional tasks, so again we need to respect that. So, it's not challenging in a way, because we're here in their country so we also need to adjust. For example, during their prayer time when I need to give medication, what I am going to do is okay, you have your time to pray and later I will just come back and give medication that is due this time. So those are the strategies to avoid conflict) as stated by key informant 3.

Key Informant's Statement:

"For the Arab nationals, they need to pray. So in between the work they will pray because for them they need to pray 5 times in a day. So, mas marami silang is time to be out of the workplace because they need to pray. Yun lang naman yung mga struggles because sometimes you will be left behind and all the calls of the patients will be attended by you because of course, they will be having breaks. But in respect to them, we are agreeing to this one because it's part of their belief and their religion" as stated by key informant 1.

Translation:

(Arab nationals need to pray five times a day, so they take breaks from work to do so. This might lead to them being behind on patient calls, but we understand and respect their religious obligation.) as stated by key informant 1.

According to Diorinos (2021), work ethic encompasses an individual's attitudes towards work, including their commitment, dedication, and diligence in performing job responsibilities. The interviewees

expressed frustration over colleagues who exhibit a lack of punctuality, motivation, and efficiency in completing tasks.

A. Self-Directed Strategies in Workplace Interaction with Co-Workers in Saudi Arabia:

To manage the cultural challenges they encounter, Filipino nurses in Saudi Arabia implement various strategies. The researchers identified key themes.

I. Establishing Rapport with Co-Workers

The sense of community among nursing colleagues is built on solidarity, where the challenges and experiences of one nurse impact others. This solidarity is rooted in maintaining essential relationships by supporting and aiding colleagues, even in the absence of sympathy (Kristoffersen, M., 2021).

Key Informant Statement

"Sa atin kasi especially if we can see that our colleague or Filipino is already having a hard time, then we will top her out. O sige, ako na muna dyan. Dun ka muna." As stated by key informant 1.

Translation

(In our culture, especially when we see a colleague or fellow Filipino struggling, we step in to help. We say, "Okay, let me take care of that for now. You take a break.") As stated by key informant 1.

Key Informant Statement

"kailangan mo lang maging leader sakanila ipakita mo sakanila kung paano gawin at maging magandang halimbawa ka sakanila para hindi sila mahihiya silang ah...mag tamad tamaran or hindi sumunod sayo kasi ikaw mismo ginagawa mo yung ginagawa nila" As stated by key informant 2.

Translation

(You need to be a leader, show them how things are done, and set a good example so they won't feel embarrassed or lazy to follow you because you're doing the same things they are.) As stated by key informant 2.

Key Informant Statement

"At first, I was cautious and have to ask my tenured colleagues on how to approach them. I have to learn their language (at least the basic) for me to greet them, build rapport so that I will be able to gain their trust and confidence. we don't hesitate to ask help from our seniors" As stated by key informant 4.

Translation

Initially, I was careful and sought guidance from my more experienced colleagues on how to approach them. I had to learn their language, even just the basics, to greet them and build rapport, earning their

trust and confidence. We're not afraid to ask for help from our seniors. As stated by key informant 4.

II. Peer Support

Key Informant's Statement:

"So, I'm gonna talk about as a general so kumbaga so kase ako I am facilitating and supervising new staffs and so and mga bago naming mga staff dito kase mostly are Indians so nakikita ko yung gap yung problema talaga sa communication. again, sa Arabic tsaka sa English na lenggwahe so yung mga new staff that are coming kumbaga yung language talaga yung nagging problema sa pag dedeliver halimbawa meron kase kami dito na mga fault prevention management. So, we need to really communicate and to teach. We must teach we this patient education and relative education na ibibigay and ginagawa. Ineducate yung mga pasyente para maiwasan yung fall recurrence no so kung ang problema ay ang komunikasyon at hindi na rin siya masabi so magkakaroon talaga ng gap so hindi nila maintindihan because kunwari irelay sa kanila so kase nga again hindi lahat ng pasyente dito y nakakaadapt or nakakaalam ng english. So, the strategy that were doing is that we are asking our physicians for asking our patient and relation officers to relay the word in Arabic language para mas maintindihan so ayun lang naman." as stated by key informant 3.

Translation:

(So, I'm going to talk about a general issue. Since I am facilitating and supervising new staff, most of our new staff here are Indians, so I see the gap, the real problem in communication, again in Arabic and English languages. For the new staff that is coming, the language is a recurring problem in delivering, for example, we have fault prevention management here. So, we need to communicate and teach. We have to educate in patient education and the relative education that we provide. We educate the patients to avoid fall recurrence. So, if the problem is communication and it's not being conveyed properly, there will be a gap so they won't understand because when we try to relay it to them, not all patients here can adapt or know English. So, the strategy we're doing is that we are asking our physicians and our patient and relation officers to relay the word in the Arabic language, so it's better understood.) As stated by key informant 3.

Key Informant Statement

"Atleast meron kang knowledge about sa culture nila kung ano ang dapat, kung ano ang hindi. Hindi pwede yung desisyon mo lang. kailangan mor in aralin; ahh bawal pala to, ahh okay to sakanila. So ayun dapat ano knowledgeable ka, dapat may idea ka. Pwede ka rin naman magtanong sa mga colleague mo na arab." As stated by key informant 5

Translation

(It's important to know their culture—what's acceptable and what's not. You can't just rely on your own decisions; you need to study. "Oh, this is not allowed, but this is okay for them." So, you need to be knowledgeable and have an idea. You can also ask your Arab colleagues for guidance.) As stated by key informant 5.

Cultural mentorship programs promote supportive colleague dynamics by encouraging cultural understanding. Leaders need to set examples, learn about colleagues' cultures, and seek guidance from experienced peers to build trust and confidence. Being knowledgeable about cultural norms and consulting with colleagues can facilitate effective integration and collaboration.

B. Management Strategies in Workplace Interaction with Co workers

I. Management Orientation

In Saudi Arabia, the health system relies heavily on expatriate nurses from diverse cultural and linguistic backgrounds. The hospital incorporates aspects of Saudi culture into the orientation process, in addition to providing information about hospital policies and procedures. This approach ensures that the staff not only possess the necessary skills for their roles but also have an understanding of the cultural context in which they will be working. By taking this holistic approach to orientation, the hospital demonstrates its commitment to providing culturally sensitive and effective care to patients from diverse backgrounds. This also recognizes the importance of cultural awareness in fostering positive patient-provider relationships and improving overall healthcare outcomes.

Key Informants Statement:

"So, in-orient kami ng hospital regarding the hospital itself at kung ano ang mga do's and don'ts. So kasama na yan lahat because ang orientation phase namin it's usually lasting for 3 months. 3 months ang orientation phase namin sa workplace at siya sa hospital itself." As stated by key informant 1.

Translation:

(We undergo orientation in the hospital regarding the hospital itself and the do's and don'ts. This is all part of our orientation phase, which usually lasts for three months in the workplace and within the hospital itself.) As stated by key informant 1.

Key Informants Statement:

"Yes, lahat ng bago pa mag start ang trabaho sa hospital madaming training kang pagdadaan at madaming orientation kang pag dadaanan" As stated by key informant 2.

Translation:

(Yes, before starting work in the hospital, everyone went various training and orientations.) As stated by key informant 2.

Key informants statement:

“Binibigyan nila kami ng orientation, parang general orientation kung ano yung mga ahm policy at procedures tapos about sa culture ng Saudi’ As stated by key informant 5.

Translation:

(They provide us with orientation, like a general orientation about the policies and procedures, and about the culture of Saudi Arabia.) As stated by key informant 5.

These statements highlight the importance of cultural competence training in Saudi Arabian hospitals. New staff go through a 3-month orientation that includes not just hospital policies but also Saudi culture. This suggests the hospital recognizes the importance of cultural understanding for its staff to provide good care.

II. Transcultural Nursing Experience of Filipino Nurse in Terms of Patient Care in Saudi Arabia:

A. Cultural Challenges in Patient Care

In this category, Filipino nurses share their personal experiences in patient care. The researchers categorized (six) themes that have been connected within the study, namely, touch and eye contact, different religions, communication challenges, cultural practices of patients, struggles in establishing rapport, and gender roles. These cultural hurdles highlight the need for strategies that promote cultural sensitivity and effective communication to ensure high-quality patient care.

I. Touch and Eye Contact

Touch and eye contact present significant cultural challenges in transcultural nursing, as their interpretation varies across diverse cultural backgrounds, impacting communication and patient care. Lee, Green, and Nguyen's study in the *Journal of Cross-Cultural Psychology* (2014), illustrates how cultural norms shape views on touch in healthcare, noting that Hispanic and Arab cultures commonly limit opposite-gender physical examinations, while Asian Americans may find head touching sensitive due to spiritual beliefs.

Meanwhile, research by Kumar, Anderson, and Tsai (2015) in the *International Journal of Intercultural Relations* demonstrates that eye contact varies in interpretation across cultures, with many Asian, American Indian and Appalachian cultures viewing direct eye contact as disrespectful, contrasting with Western norms where it signifies respect and engagement.

Key Informant's Statement:

"For me, for the first time na nagencounter ako ng different ethnicity or different beliefs and tradition like for us Filipinos am hesitant, we are nervous and hesitant that maybe the way we are giving the care or yung gesture snapping towards care will be different from them. Because for example for Arab patients, touch is different. So, for us touch is a way of caring, diba? But for them maybe they will be misunderstood if they will touch. Then for us, we are starting our communication or rapport with the patients like having eye contact with them. Right? Para sa kanila, eye contact is different especially if you are handling a male patient or you're talking to the father of the patient because I handle babies. So, eye contact is different for them. They are not giving you direct eye contact especially if from a male or to a female. "as stated by key informant 1.

Translation:

(The first time I encountered people from different ethnicities and with different beliefs and traditions, like us Filipinos, I felt hesitant. I was nervous and unsure whether the way we show care, or our gestures of caring might be different from theirs. For example, touch is a way of showing care for us, but for Arab patients, touch might be interpreted differently. Similarly, we typically start our communication with patients by making eye contact, but for some cultures, especially when dealing with male patients or speaking to the fathers of the patients, making direct eye contact is not the norm.) as stated by key informant 1.

Key informant one provides insights into the cultural significance of eye contact, highlighting its varying interpretations across different cultural backgrounds, which is crucial for understanding the challenges faced by Filipino nurses in delivering transcultural patient care, as discussed in Chapter IV.

Key Informant's Statement:

"Since filipino tayo ah we are used to be caring. unang una nag wowork tayo sa saudi arabia so karamihan ng mga pasyente natin is ibang kultura muslim at tsaka masyado silang conservative.....silent..... so isang so isang halimbawa pag ineexamin ang pasyente kailangan mong iconsider ang kanilang ahm... kultura karamihan sakanila nakatakip kailangan naka cover ang kanilang buhok o yung iba nakacover pa ang mga mata pero since nasa operating room sila ipinapaliwanag namin na kailangan nilang tanggalin kasi papasok sila sa isang sterile area ayan ang mga halimbawa... as stated by key informant 2.

Translation:

(Since we're Filipinos, we're used to being caring... First of all, we work in Saudi Arabia so most of our patients are of a different culture, Muslim, and they are very conservative... [silent]... so for example, when examining a patient, you need to consider their culture,

most of them are covered, their hair needs to be covered, or some even cover their eyes, but since they're in the operating room, we explain to them that they need to remove it because they're entering a sterile area, those are the examples) as stated by key informant 2.

Key informant 1 highlighted the hesitation and nervousness in handling patients from different ethnicities due to differing interpretations of touch and eye contact, especially with Arab patients. Similarly, Key Informant 2 emphasized the need to consider cultural norms, such as covering hair and eyes, and the adjustments required in medical settings like the operating room.

Key Informant's Statement:

"I have encountered patients who are called Muttawa. These patients are very religious male Muslims. They don't look at women at eye level. They would look down when talking to female nurses. They don't like to be touched by women unless it's necessary like when taking vital signs. In our hospital, nurses are mostly females. Human touch is sometimes effective in providing comfort to patients that's why we have to adjust our approach to this type of patient." as stated by key informant 4.

Key informant 4 noted that very religious male Muslim patients, called Muttawa, avoid eye contact with female nurses and resist being touched by women unless necessary.

Key Informant's Statement:

One of the biggest things I noticed is they are too conservative in a way na they won't allow a male doctor to touch female patient, yung iba lang, even when a patient needs to be seen already. "as stated by key informant 6.

Translation:

(One of the biggest things I noticed is they are too conservative in a way they would not allow a male doctor to touch female patients, well some of the patients, even when patient needs to be seen already) as stated by key informant 6.

Key informant 6 observed the extreme conservativeness, where male doctors are often not allowed to touch female patients, even when medical attention is needed.

Based on key informants, touch and eye contact present significant challenges in transcultural nursing. Cultural norms shape views on touch, with Hispanic and Arab cultures often limiting opposite-gender physical examinations, while Asian Americans may find head touching sensitive. According to Uono (2015), eye contact varies in interpretation, with many Asian cultures viewing direct eye contact as disrespectful. Informants

expressed hesitation when providing care to patients from diverse cultural backgrounds and emphasized the importance of respecting cultural practices, such as covering hair or avoiding eye contact with certain patients, to ensure effective communication and patient comfort.

II. Different Religion

Caring for patients of diverse religions can be challenging due to potential misunderstandings or struggles in addressing beliefs that differ from our own. Based on a study published in the Journal of Transcultural Nursing by Maier-Lorentz MM, it's evident that cultural differences strongly shape how Christians and Muslims approach end-of-life care. This emphasizes the vital role of culturally sensitive nursing practices. Understanding and respecting patients' religious beliefs is crucial for delivering appropriate end-of-life care, pointing to the need for continued research in transcultural nursing to better address this challenge.

Key Informant's Statement:

"Yeah, first of yung kanilang ahh I would say religion no so they are muslim. So we are different when it comes to mga paniniwala natin. As a Christian kase we believe in Jesus Christ. So yung difference no kase um iba yung paniniwala nila when it comes to spiritual, so they are looking at Allah and Muhammad ganon and tayo naman diba we do recognize Jesus Christ, God the Father and the Holy Spirit. So we different talaga. But when it comes to religion, kase nan dun na yung mutual respect. Ayun naman yung naobserve naming ditto. Ah may respeto talaga between muslim and Christians so pag ngayon kase sa panahon ngayon na nararanasan ko unlike before na talagang very strict. Dapat ang mga worker noon is parang mga Muslims talaga. Hindi napapractice yung kanilang mga spiritual na belief so walang sharing ganyan like we're always concentrating on their beliefs yun lang yung pinag uusapan is about kay Allah whatever God there. Pero ngayon naman yung difference sa generation naming ngayon is that nagkakaroon na rin ng sharing when it comes to Jesus Christ, kumbaga we can voluntarily lesson him sa kanila din kase I believe ah when it comes to muslim beliefs ah ina acknowledge din naman nila si Jesus Christ as one of the prophet so yun lang naman yung mga spiritual side so sa cultural difference meron din naming different no. Sila kase um they are wearing hijab no di nila ineexpose yung hair kase, for them hindi, sacred yon, sacred yung kanila skin, yung kanilang buhok, so tinatakpan nila yung hijab tas nag kataha sila tas nag abaya sila wherein mga Christian mga expatriate so we're so open naman. So walang kaso sa atin magpakita ng skin but sa workplace hindi kami pwede din magpakita ng balat, so we respect din yung mga mahahabang mga, so mag iiner kami di pwede nag papakita ng mga skins din pero di kami nagtatakip ng buhok so ayun" as stated by key informant 3.

Translation:

(Yeah, first, their religion, they are Muslim. So, we're different when it comes to our beliefs. As Christians, we believe in Jesus Christ. So, the difference is, that their beliefs are different when it comes to spirituality, they look at Allah and Muhammad like that, and for us, we do recognize Jesus Christ, God the Father, and the Holy Spirit. So, we're different. But when it comes to religion there's mutual respect there. That's what we've observed here. There's respect between Muslims and Christians, so now, in this time that I'm experiencing, unlike before when it was strict, the workers back then should be like Muslims. They don't practice their spiritual beliefs so there's no sharing, like we're always concentrating on their beliefs, that's what we're talking about, Allah, whatever god there. But now, the difference in our generation is that there's also sharing when it comes to Jesus Christ, we can voluntarily teach him to them because I believe when it comes to Muslim beliefs, they also acknowledge Jesus Christ as one of the prophets, so those are just the spiritual sides, so in cultural difference, we also have differences. They wear hijab, they don't expose their hair because for them, it's sacred, their skin, their hair, so they cover it with hijab and they wear an abaya, whereas Christians, expatriates, we're so open. So, it's not a problem for us to show skin, but in the workplace, we can't show skin too, so we also respect the long ones, so we're inside, we can't show skin too, but we don't cover our hair, so that's it) as stated by key informant 3.

Key informant 3 emphasized differences between Muslims and Christians, noting mutual respect despite differing spiritual beliefs. They highlighted the significance of practices such as wearing hijabs and abayas for Muslims, compared to the more open dress norms of Christians.

Key Informant's Statement:

"Sa operating room kami madalas konti lang siguro ah mga pinanpanganak mga baby nila nasa may mga deliveries kami na mga belief nila kailangan nilang dasalan ang baby mga ah after birth kailangannaming dalhin yung baby sa tatay para ibigay yung first na prayer mga ganun isang mga kultura nila yung tinatawag nila na adan para sa baby nila. Kultura epekto ahmm wala namng actually hmmm masama sa mga kultura na pinapakita nila as long as ahmm nirerespeto lang natin ang kanilang kultura na hindi mahaharm ang baby mo pwede mo namn gawin yong pag bibigay mo ng prayer kailangan balutin ang baby which is kasi ang baby upon delivery kailangan hindi siya ma expose sa matagal sa lamig so kinicover namin siya properly bago namin siya dalhin sa tatay na nag request na kailangan ng ah first prayer nila" as stated by key informant 2.

Translation:

(In the operating room, there are usually only a few births. During deliveries, there is a belief that the baby needs to be prayed for after birth. It's part of their culture, known as 'Adan'. There's nothing harmful about the cultures they practice if we respect them. When performing the first prayer, make sure to wrap the baby properly because the baby shouldn't be exposed too cold for too long after delivery.) As stated by key informant 2.

Key informant 2 discussed the cultural practice of performing the 'Adan' prayer for newborns in the operating room, stressing the importance of respecting these practices while ensuring the baby's safety. Based on the statements from key informants, the differences in religion present significant challenges in healthcare settings. One of the interviewees brought up the differences between Muslim and Christian views, emphasizing mutual respect while respecting different spiritual perspectives. They saw that, while Muslims focus on Allah in prayer, there is a rising openness to share Christian views and recognize Jesus Christ as a prophet. Furthermore, cultural distinctions are visible in attire, with Muslims wearing hijabs and abayas for modesty, while Christians, particularly expatriates, dress more openly. Furthermore, religious customs, such as prayers for infants, are integrated into patient care, needing awareness and respect for local traditions to provide proper care.

III. Communication Challenges

Good communication is crucial for safe and effective nursing care and is necessary in building interpersonal relationships with patients. (Larsen, Mangrio, Persson, 2021). The risk of miscommunication, and the potential for resulting damage, increases considerably when the patient and caregiver do not speak the same language, or if other cultural or social barriers exist (Kaspar & Reddy, 2017).

Key Informant's Statement:

"When you don't speak the same language, for me that's the most challenging. Now, I don't do direct patient care, my work is focused on staff education, that's why I don't face these issues" as stated by key informant 3.

Translation:

(When you do not speak the same language, for me, that's the most challenging. Now, I don't do direct patient care; my work is focused on staff education. That is why I don't face these issues.) as stated by key informant 3.

Key Informant's Statement:

"When you don't speak the same language, it's difficult to express and understand what the patients need. There will be miscommunication hence will create

a negative emotion to patients and nurses." as stated by key informant 4.

Key Informant's Statement:

"ahh nung una, nung una mahirap kasi ano e, hindi lahat ng arabs fluent sila magsalita ng English so ako din hindi rin talaga ako marunong mag Arabic, so ang siguro yung mahirap is yung communication talaga. Pero eventually naman medyo na okay naman, na learn ko naman ang language nila atsaka meron din namang mga interpreters na available sa hospital namin, ahm pati yung mga colleagues namin pwede ka namang mag ask ng help just in case na hindi kayo magkaintindihan ng patient. Yun lang." as stated by key informant 5.

Translation:

(At first, it was difficult because not all Arabs are fluent in English, so I also really do not know Arabic, so what was difficult is communication. Eventually, it became okay, I learned their language and we also have interpreters available in our hospital, even our colleagues you can ask for help just in case you do not understand the patient. That is all) as stated by key informant 5.

Key Informant's Statement:

"One of the challenges I have encountered working abroad is language barrier. Hindi Madali mag provide ng 100% nursing care to a patient when you are unable to communicate fully. Nahirapan ako mag provide ng rationales so I try to explain it word by word and with action or hand gestures." as stated by key informant 6.

Translation:

(One of the challenges I have encountered working abroad is the language barrier. It can be difficult to provide 100% nursing care to a patient when there are communication barriers) as stated by key informant 6.

Key informants in healthcare settings reported challenges in giving instructions, patient education, and patient-nurse interactions due to language hurdles, particularly between Arabic and English. Strategies such as involving Arabic-speaking workers and using interpreters were used to improve comprehension and resolve disputes caused by language interpretation problems. Personnel gradually improved as they adjusted to linguistic variety and used available support services to communicate effectively. These findings highlight the importance of overcoming communication gaps to ensure the best possible healthcare service and patient satisfaction.

IV. Cultural Practices of Patients

Cultural practices of patients in Saudi Arabia present significant hurdles for Filipino nurses when providing care. Understanding and respecting these cultural differences is essential for effective patient care

(Alosaimi & Ahmad, 2016; Alshammari, Duff, & Guilhermino, 2019).

Key Informant's Statement:

"Sa akin kasi my patient is the baby, themselves so kaso nga lang when you are taking care of the baby you are also communicating with the parent because the sole decision makers are the parent for the baby. So sometimes lang meron silang care for the newborn na sa atin is routine. Routine sa atin ang pagbibigay ng vaccine, ang pagpapaligo ng bata. diba? That is para sa atin routine ang tutusukan mo ang bata for any blood investigation. Parang sa atin routine yun. Pero para sa kanila, there are some instances or there are some cultures na hindi yun magiging routine. For example, ang papapaligo sa bata. Some British, they don't want to give birth to the baby within 24 hours so you need to give birth for the babies after 24 hours. They are not believing in vaccine so we are not giving vaccine. Hindi kami nagbibigay ng vaccine. Like any blood investigations or any extractions, kailangan mo magpaalam sa kanila kasi hindi lahat umuoo sila." As stated by key informant 1.

Translation:

(For me, the patient is the baby. However, when caring for the baby, you are also communicating with the parents, who are the sole decision-makers. They sometimes have newborn care practices that we consider routine. Giving vaccines and bathing the baby. Right? That's normal for us. However, there are some instances or cultures where it is not the norm. For example, bathing a baby. Some British people prefer not to bathe the baby within 24 hours, so bathe the baby after 24 hours. They don't believe in vaccines, so we don't administer them. We do not give vaccines. As with any blood investigation or extraction, you must first obtain their permission because not everyone agrees.) as stated by key informant 1.

Key Informant's Statement:

"ofcourse yung beliefs nila tapos syempre diba pag sila yung , yuuung mga muslim. They are muslims kasi e. so masyado silang sensitive, masyado silang ahm ano ba to ahm pano ko ba sasabihin ahmm ano bang term doon bukod sa sensitive. Hindi sila liberated kasi e so for example yung mga patient kasi namin mga babae so for example ang consultant nila is male or yung healthcare provider kunyari kailangan silang ivisit ng mga HCP which is male, hindi siya basta basta pwedeng magsabi na maam ahm yung doctor nandito. Kailangan mo silang iprepare kasi for some womens kasi na mga pasyente namin na mga babae, kailangan nilang mag cover ng face nila, kailangan nilang mag cover ng hairs nila kasi bawal talaga minsan. Yun lang naman." As stated by key informant 5.

Translation:

(Of course, their beliefs, and of course, when they are, those Muslims. They are Muslims because... so

they are very sensitive, they're very, um, what's the term for that, um, how do I say it, um, what's the term for that aside from sensitive. They're not liberated because... so for example, our patients, women for example, if their consultant is male or the healthcare provider, for instance, if they need to be visited by male HCPs, he can't just say, 'Ma'am, the doctor is here.' You need to prepare them because for some women, our patients who are women, they need to cover their faces, they need to cover their hair because it's sometimes not allowed. That's all as stated by key informant 5.

Key Informant's Statement:

"Ahh okay before kasi hindi ko talaga alam, its just happen na may pasyente kami postpartum siya, ang nangyari kasi nursery staff na room in niya yung ibang baby doon sa mother, so siguro nagkamali ng identification. Then yung mother na yun, syempre baby pareparehas ang itsura, so maybe hindi na niya natignan ng maayos kung baby niya ba talaga yon or what. So napabreast feed niya yung baby. So sa culture pala nila once na napabreastfeed mo na yung baby, parang sobrang bawal. Bawal yun sakanila kasi ang sabi nila once na napa brestfeed mo yung baby na hindi mo anak, parang magiging anak mo na din siya ganon. Magiging consider as anak mo na rin siya. E diba dito sa Saudi arabia ang marriage nila usually arranged marriage. So what if daw balang araw yung na pa breastfeed mo na baby yun yung magiging asawa ng anak mo. Parang ganon. So dun ko lang nalaman na ahhh may ganon pala. parang napakalaking issue yun sa culture nila."

Translation:

(I didn't know before. We just happened to have a postpartum patient. What happened was that the nursery staff mistakenly roomed another baby with the mother, so there was likely a misidentification. The mother, well, the babies all looked similar, so maybe she didn't notice if that baby was hers or not. As a result, she breastfed the baby. So, in their culture, breastfeeding the baby is strictly prohibited. It is forbidden to them because they believe that if you breastfeed a baby who is not your own, they become your child. They will also be considered your children. And, as you may be aware, most marriages in Saudi Arabia are arranged. So that's where I discovered that, oh, there's a problem in their culture. It is a major issue for them) as stated by key informant 5.

The informant claims that cultural norms have a substantial impact on patient care strategies, affecting choices about regular medical care like immunizations and baths as well as contacts with medical professionals. For example, Muslim patients may have severe modesty standards during medical contact, and some British families postpone bathing their newborns for cultural reasons. Additionally, some behaviors—such as unintentionally nursing someone else's child—can have significant cultural repercussions, underscoring the

significance of cultural sensitivity in the provision of healthcare. Lee, Green, and Nguyen (2014) emphasize how cultural norms influence healthcare practices and point out how diverse cultural perspectives differ on standard medical treatments. This is supported by Kumar, Anderson, and Tsai (2015), who argue that cultural variations affect patient-provider interactions, especially about communication and respect for cultural customs.

V. Struggles in Establishing Rapport

Establishing a rapport with patients is crucial in healthcare, yet it can be hindered by cultural differences and misunderstandings. Furthermore, cultural differences might lead to misunderstandings, as proved by attempts to develop rapport through comedy that inadvertently upset a patient. These problems highlight the need for cultural competence and sensitivity to patient preferences in creating good patient-provider relationships, as indicated in studies on gender dynamics and power relations in healthcare interactions (Kitzinger & Willmott, 2002).

Key Informant's Statement:

"kase dito may mga pasyente kase na. we call them mga traditional kase diba kunware the encounter that I had is that may matanda akong lalaki na pasyente dati so parang kase ako may pagka iba yung personality so parang I am telling jokes like that sa kaniya pala hindi pala ano so parang offensive. So just to establish rapport, nagkakaroon ako ng medyo mataas na boses, and I am just telling jokes pero yun pala sabi ko offensive pala sa kaniya yun kaya pinagsabihan niya ako. Sabi niya na hindi lahat ng pasiyente e will take it in a good way yung mga sinasabi mo. So you need to be carefull. So yun lang naman kase sabi ko nga sila may pagka grumpy talaga so yun lang naman ang masasabi kong pinaka malaking challenge that I encounter is that medyo nagiging insensitive ako minsan sa mga nasasabi so dun naman na lelearn naman na yung mga lessons natin. So for big big challenge uhm kase for me kase for my own evaluation s atingin ko naman kase kaya ko naman makisama kumbaga makibagay sa ating mga pasyente. Yun lang" as stated by key informant 4.

Translation:

(I've had encounters with traditional patients. For example, I once had an elderly male patient and I tried to establish rapport by telling jokes, but it ended up offending him. He reprimanded me and reminded me that not all patients will take what I say in a good way. I need to be careful because some patients can be grumpy, and I sometimes become insensitive to what I say. This has been a big challenge for me, as I need to learn to adapt to our patients.) As stated by key informant 4.

According to the informants, creating relationships with patients presents major problems, especially when cultural differences or individual

preferences are involved. This emphasizes the significance of sensitivity and adaptation in healthcare interactions to prevent unwittingly offending or discomforting patients. The stated encounter underscores the complexities of patient-provider dynamics, emphasizing the importance of healthcare practitioners navigating these complexities with care and consideration. Patak (2009) concluded that patient-provider communication is important in developing rapport and increasing patient satisfaction, underlining the importance of healthcare practitioners being aware of their communication styles and adapting them to match the requirements of individual patients. Similarly, Tulane University (2021) found that recognizing and respecting diverse cultural viewpoints is essential for fostering effective patient-provider relationships.

VI. Gender Roles or Expectations

Gender dynamics play an important impact in patient care practices, notably the assignment of nurses to patients. The described cultural norms reveal a gender discrepancy in expectations for patient assignments between male and female nurses. While female nurses are unfettered in their patient assignments, male nurses encounter cultural constraints that limit their ability to care for female patients.

Key Informant's Statement:

"Dito wala. Because mostly most of the nurses here are females. Kasi ang culture nila is ang babae, it's okay para makakita ng lalaki na patient or babae na patient. Pero ang lalaki nurse, hindi siya pwedeng mag-handle ng babae na patient. Pero pag sa babae wala masyadong gender sensitive regarding sa pagiging nurse." as stated by key informant 1.

Translation:

(In this setting, there are mostly female nurses. It is culturally acceptable for female nurses to care for both male and female patients. However, male nurses are not permitted to care for female patients. Gender sensitivity is not as much of an issue for female nurses in this context.) as stated by key informant 1.

This gap emphasizes the impact of cultural ideas and gender norms on healthcare procedures, as well as the importance of being sensitive to and aware of these aspects in healthcare settings. Kitzinger and Willmott (2002) investigate gender and power dynamics in healthcare interactions, shedding light on the intricacies of gendered views and how they affect patient care.

The preference for healthcare providers based on gender reflects deeply ingrained cultural norms and gender roles, particularly clear in Saudi Arabia where female patients typically prefer female healthcare workers. This preference extends to touch and assessment, with female patients often expressing discomfort with male nurses.

Key Informant's Statement:

"Gender role kasi ako babae so usually okay lang s pasyente siguro kung ako okay lang sa pasyente pero siguro kung ako ay isang nurse na lalaki pero merong konting diperasyon ang mga babeng pasyente usually ayaw nilang mag pahawak sa lalake ina-assess ng lalaki so in that way ang kung baga kungkung sino yung theme ina arrange nila kung sino yung binibigay nilang nurse na mag mag care para sa pasyente." as stated by key informant 2.

Translation:

(Gender roles can affect patient preferences for their caregivers. As a female nurse, some patients may feel more comfortable with me, while they may prefer not to be treated by a male nurse. This can lead to discrimination based on gender, as female patients may not want to be touched or assessed by male nurses. As a result, hospitals may need to consider patient preferences when assigning nurses to care for them.) As stated by key informant 2.

Key Informant's Statement:

"So here in Saudi Arabia kase they preferred na babae na health care workers. Uhm dito kase ang mga babae dapat ang magtatouch lang sa kanila female din so hindi talaga sila pwede kahit Makita manlang ng mga lalaki na walang takip ang buhok kaya nga nakikita na nagtatakip sila ng buhok kase nga respeto nila yun sa asawa nila kase pag nakita sila ng ibang tao na di nila kalahi or kamag anak e bawal sa kanila yun that's why they are protecting their hair and skin kaya nga ang magiging challenge most likely ng mga lalaki is that di nila pwede ihandle ang mga female patient so male is to male female is to female. So when it comes to me as a female nurse naman, wala naman akong naencounter na challenge when it comes to my gender. While delivering care. Expectations, kase ang mga babae kase dito masasabi nating maarte, kase ang dami nilang mga kumbaga hindi sila pwedeng Makita. Ng kung sino man ng hindi relative sa kanila. Kaya every now and then pag papasok ka sa kanilang mga kwarto, you need to really knock and introduce yourself." as stated by key informant 3.

Translation:

(In Saudi Arabia, female healthcare workers are preferred to attend to female patients. According to cultural norms, women should only be treated by other women and must cover their hair and skin, especially in the presence of men who are not their relatives. This is done as a sign of respect for their husbands. Male healthcare workers may face challenges as they are not allowed to treat female patients. As a female nurse, I have not encountered any specific challenges related to my gender while providing care. It is important to be respectful and considerate of cultural expectations, such as knocking and introducing oneself before entering the patient's room.) as stated by key informant 3.

Key Informant statement:

Syempre lalaki ako... minsan pag may pasyente na babae I will first get permission, ah pero bago naman ako haharap I will check first kung muslim ba sila, pero syempre mapapansin mo agad. Pero yes, since lalaki ako may na encounter ako noon na husband na don't let their wife na ipahawak. "as stated by key informant 6.

Translation:

("Of course, I am a man. Sometimes, when there is a female patient, I will first ask for permission. Before I approach, I will check if they are Muslim, but usually, it's noticeable right away. As a man, I have encountered a situation where a husband did not allow his wife to be treated by me.") as stated by key informant 6.

Key Informant statement:

Oo meron dito, especially kaming mga lalaki pag arab yung patient hindi namin pwede hawakan, so kadalasan mga babae na nurse ang gumagawa non Hindi rin naming pwede tignan, bilang respect"as stated by key informant 7.

Translation

(Yes, there is, especially since I am a man and if the patient is Arab, we cannot touch them or handle them, so mostly women nurses are the ones doing it. We cannot also see them as a sign of respect) as stated by key informant 7.

Conversely, male nurses may face challenges in caring for female patients due to these preferences, resulting in a gender-based assignment of caregivers. Female nurses, however, generally do not encounter such challenges, as they align with the preferred gender for patient care in this cultural context. This shows the significance of respecting cultural expectations and gender preferences in healthcare delivery.

A. Self-Directed Strategies in Patient Care**I. Strategies to Ensure That Patients Understand and Adhere to Medical Instructions**

A study by Shiber *et al.*, (2018) assessed patient comprehension of care plans, but only relied on self-reported understanding, which can be inaccurate. Patients often say they understand medical information they do not, leading to an inflated view of how well they grasp the information. This highlights the need for better methods to assess true patient comprehension.

Key informants statement:

"What I will do is like I will let them, receptive verbalization, I will let them repeat what I'm telling them or what do they understand in regarding to the care or the education and giving them." As stated by key informant 1.

Translation:

(I will allow them to express themselves verbally, and then have them repeat or explain what I have communicated regarding their care or education..) As stated by key informant 1.

Key informants statement:

"So, at the end of the discussion, tatanungin naming kung ano yung natutunan nila ganon, yung teach back method. Yun yung effective strategy na nakikita naming para mabridge yung gap when it comes to communication and education." As stated by key informant 3.

Translation:

(So, at the end of the discussion, we ask them what they have learned, using the teach-back method. That's the effective strategy we see to bridge the gap when it comes to communication and education.) As stated by key informant 3.

Key informants' statement:

"We ask patients questions to evaluate their understanding of the instructions. We have interpreters to help us in translating the instructions." As stated by key informant 4.

Translation:

(We ask patients questions to evaluate their understanding of the instructions. We have interpreters to help us in translating the instructions.) As stated by key informant 4.

Key Informants Statement: *"You have to ask them to verbalize also yung understanding and feelings nila regarding sa situation" As stated by key informant 5.*

Translation: (You must ask them to verbalize their understanding and feelings regarding the situation.) As stated by key informant 5.

Healthcare providers want to make sure you understand your instructions. They do this by asking you to repeat things back (teach-back method) and answer questions. They also encourage you to ask questions and share your feelings. This helps avoid confusion and ensures you get the best possible care.

II. Learning Their Basic Language

The healthcare workers recognized that there was a language barrier with Arabic-speaking patients. They both agreed that learning basic Arabic would be a helpful strategy to bridge this gap. While one emphasized the importance of effective communication in general, the other offered a practical tip to focus on learning commonly used everyday phrases. This suggests that even basic Arabic knowledge can be a

valuable tool for healthcare workers to improve communication and better serve their patients.

Key Informants' Statement:

"So, my strategies to overcome or to kumbaga to face that challenge is that I learn basic arabic language for me to able to communicate specially with our patient" as stated by key informant 3.

Translation:

(So, my strategy to overcome that challenge is to learn the basic Arabic language so I can communicate effectively, especially with our patients.) as stated by key informant 3.

Key Informants Statement:

"So ayun. ahm yung strategies na ginawa ko noon, ahm yun nga ahh first yung inaral ko yung language nila, yung mga basic na language nila, yung sa everyday na ginagamit kasi paulit ulit lang din naman e" as stated by key informant 5.

Translation:

(So, the strategies I used before were, first, I learned their language, the basics they use every day, because it is often repetitive.) As stated by key informant 5.

III. Respecting and Understanding Cultural Beliefs and Practices

In Saudi Arabia, most nurses hired by the Ministry of Health Hospitals are from the Philippines. Since they may not be familiar with Saudi culture and Islam, adapting can be difficult, making it hard to meet patients' cultural needs (Alsulaimani and Adnan Amin) thus, respecting the cultural differences and religious beliefs of patients is crucial for effective care delivery. By recognizing and honoring these differences, nurses can build trust and understanding, which leads to better patient outcomes and satisfaction.

Key Informants' Statement:

"They do not believe in the vaccine so we are not giving vaccine. Hindi kami nagbibigay ng vaccine. Like any blood investigations or any extractions, kailangan mo magpaalam sa kanila kasi hindi lahat umuoo sila. But in respect to them we are agreeing to this one because it's part of their belief and their religion" As stated by key informant 1.

Translation

(They do not believe in vaccines, so we don't administer them. We don't give vaccines. For any blood investigations or extractions, you need to seek their permission because not everyone agrees. But out of respect for them, we agree to this because it's part of their belief and religion.) As stated by key informant 1.

Key Informants' Statement

"nirerespeto lang natin ang kanilang kultura na hindi mahaharm ang baby mo pwede mo namn gawin yong pag bibigay mo ng prayer kailangan balutin ang baby which is kasi ang baby upon delivery kailangan hindi siya ma expose sa matagal sa lamig so kinicover namin siya properly bago namin siya dalhin sa tatay na nag request na kailangan ng ah first prayer nila" As stated by key informant 2.

Translation

(We just respect their culture that the baby should not be harmed. You can offer prayers, and the baby needs to be wrapped because, after delivery, the baby shouldn't be exposed too cold for too long. So, we properly cover the baby before taking them to the father who requested their first prayer.) As stated by key informant 2.

Key Informant Statement

"What I am doing is I adapt I really respect kumbaga I go with the flow im go with what they are really asking of kung alam ko naman na in line naman sa kultura nila yon so im not kumbaga hindi ako nag reserist or I don't want to impose or for example again sa pryer time nila ay kelangan ko magbigay ng gamot so what I am going to do Is okay sige you have your time to pray and later on I will just come back and give medication that is really due this time so yung mga ganong strategy lang to avoid again conflict" As stated by key informant 3.

Translation

(I adapt and respect the cultural practices of the people I work with. For example, if someone needs to pray and needs medication, I will wait for them to finish their prayer before giving them the medication. This helps to avoid any potential conflicts.) As stated by key informant 3.

Key Informant Statement

"Respect and Kindness is a universal language to every culture. Once you carry that everywhere, everything and every situation would be easy to deal with." As stated by key informant 4.

Translation

(Respect and kindness are universal languages in every culture. Once you carry that everywhere, everything and every situation will be easy to deal with.) As stated by key informant 4.

Key Informant Statement 5

"So ikaw pa din ang mag aadjust, kailangan mo pa ring irectpect kung ano yung paniniwala nila pero kasi since nasa medical field tayo kailangan pa din nating ng colleague natin na mas makakapag explain sakanila regarding their situation pero I believed na kapag mas

inexplain sakanila in their own language mas maiintindihan nila yon' As stated by key informant 5.

Translation

(You still need to be considerate and respect their beliefs. In the medical field, it's important to have colleagues who can effectively explain the situation to patients. I believe that when information is presented in a way that they can understand, it will be more effective.) As stated by key informant 5.

These statements stress how important it is to respect and adapt to cultural differences in healthcare. By understanding and accepting patients' beliefs and practices, trust can be built, leading to better communication and care. It's also helpful to have colleagues who can explain medical situations in patients' native languages to improve understanding and cooperation.

IV. Obtaining Patient's Consent

Informed consent is one of the nine core principles of the American Medical Association's Code of Medical Ethics. Opinion 2.1.1 in the Code of Medical Ethics states, "Informed consent to medical treatment is fundamental in both ethics and law. Patients have the right to receive information and ask questions about recommended treatments so that they can make well-considered decisions about care."

Key Informant Statement:

"So, before the delivery itself, they are already deciding what to do. So, this is what we are doing, we don't like this. Especially for Arab nationals, they are very vocal of the things that they don't want to do, or they are very vocal of the care of the plan that they want to do for the baby. it's a lesson on our part that whenever we are giving vaccine or whenever we are rendering care or a procedure, a treatment for a patient, then we need to inform them. Okay. We need to take not even a written consent but even just verbal consent, asking them if they are willing to do it or asking them if this is like telling them that these are 1, 2, 3, 4, 5, we will do it for the patients. Are you agreeing with it or are you disagreeing with it? For non-invasive naman verbal consent is okay but for invasive like blood extraction kailangan natin ng written consent so after the doctor will explain the consent. Ang role lang ng nurse is a witness" As stated by key informant 1.

Translation:

(Before the actual delivery, decisions are already being made. This approach is not favorable to us. Arab nationals are quite assertive about their preferences regarding the care plan for the baby. It serves as a lesson for us that whenever we administer a vaccine or provide care, a procedure, or treatment to a patient, we must ensure that they are informed. It's important to obtain not only written consent but also verbal consent, by asking if

they are willing to proceed or if they agree with the plan. Verbal consent suffices for non-invasive procedures, but for invasive procedures such as blood extraction, written consent is necessary. After the doctor explains, the nurse's role is that of a witness..) As stated by key informant 1.

Key Informant Statement

" kinukuhanan namin sila ng consent for procedure meron mang silang concern or mga problema or mga ibang belief or culture kultura na gusto nilang ih ih.... incorporate sa procedure namin pinag uuspan nila yan with the doctors at ang doktor ang nag aapprove kung papayagan nila ang kanilang mga paniniwala or mga kultura" As stated by key informant 2.

Translation

(We obtain consent for procedures. If they have concerns, problems, or cultural beliefs they want to incorporate into the procedure, they discuss it with the doctors, and the doctor approves whether to allow their beliefs or culture.) As stated by key informant 2.

Key Informant Statement

"Right naman talaga ang patient mag refuse ng any treatment na makakaapekto sa religious or cultural beliefs nila. So kapag ka ganon, ahm, ang doctor ang mag eexplain sa kanila why is necessary pero kung kapag ang pt nag rerefuse talaga, right naman nila yon. Pero, I make sure lang talaga natin na mag sisign sila ng ahhh against medical advice. Para safe ang patient at ang healthcare provider." As stated by key informant 5.

Translation

(It is right for the patient to refuse any treatment that may affect their religious or cultural beliefs. If that happens, the doctor explains why it's necessary, but if the patient still refuses, it's their right. However, we ensure that they sign against medical advice to keep the patient and healthcare provider safe.) As stated by key informant 5.

These statements show how important it is to get permission from patients before medical procedures, especially when cultural or religious beliefs are involved. Verbal consent is okay for simple procedures, but written consent is needed for more invasive ones. Using the patient's language helps with understanding. Patients have the right to refuse treatment based on their beliefs, and doctors explain why it's needed and make sure the patient's decision is documented for safety.

V. Peer Support

Peer support networks play a crucial role in multicultural healthcare settings by bridging language and cultural gaps, ensuring that patients receive care that is both understandable and respectful of their cultural backgrounds. These networks leverage shared experiences and information exchange among peers to

provide support. According to the World Health Organization (WHO), strengthening social relations is a key strategy for promoting health and increasing support resources, such as mutual help (Carbone R, 2022). Peer support fosters personal growth, reflection, and the development of new meanings from lived experiences, contributing to a more inclusive and supportive healthcare environment.

Key Informant's Statement:

"For Arabs, some of them don't speak English clearly and some do not speak English at all that's why it's difficult to communicate with them. I need to ask a colleague to translate." As stated by key informant 4.

Key Informant's Statement:

"Pwede ka rin naman magtanong sa mga colleague mo na arab kunwari; is this one okay for your culture? Parang ganon. Kailangan mor in mag seek ng help from them para mabigay mo rin yung care na para doon sa pasyente." As stated by key informant 7.

Translation:

(You can also ask your Arab colleagues; is this one okay for your culture? Like that. You need to seek help from them so you can provide care that suits the patient.") As stated by key informant 7.

Key Informant Statement

"So, the strategy that were doing is that we are asking our physicians for asking our patient and relation officers to relay the word in Arabic language para mas maintindihan so ayun lang naman' As stated by key informant 3.

Translation

(So, the strategy we're using is asking our physicians or patient and relation officers to relay the word in the Arabic language so they can better understand.) As stated by key informant 3.

Key Informant's Statement:

"Since nasa medical field tayo kailangan pa din nating ng colleague natin na mas makakapag explain sakanila regarding their situation para maintindihan nila kasi pag ako lang mag eexplain, never yan sila maniniwala sayo. Kasi nga iba ang paniniwala nila, iba yung kultura nila, pero I believed na kapag mas inexplain sakanila in their own language mas maiintindihan nila yon." As stated by key informant 5.

Translation:

(In our medical field, it is important to have colleagues who can effectively explain the situation to patients. This is because patients may not believe me if I explain alone due to differences in beliefs and culture. I believe that when information is communicated in the patient's language, they will understand better.) As stated by key informant 5.

Key Informant's Statement:

"Halimbawa nagkakaroon sila ng patient and physician interaction. They are talking with the patient ganyan in Arabic language so kami di naming maintindihan kase we are not that good in Arabic no so yun lang naman pero in a way may mga doctor naman na nageexplain halimbawa after they talk to the patient e they explain eto yung pinagusapan namin" As stated by key informant 3.

Translation:

(For example, they have patient and physician interaction. They talk to the patient like that in Arabic language, so we don't understand because we are not that good in Arabic, so that's it but in a way, some doctors explain, for example, after they talk to the patient, they explain, this is what we discussed.) As stated by key informant 3.

Key Informant's Statement:

"If we are unable to effectively communicate with the patient, we consult our physicians. Our physicians are proficient in English and can explain things more clearly to the patient. In addition to physicians, we also have social workers and patient relations staff in the hospital who can effectively communicate with the patient and their family to ensure that they receive the information and care they need." As stated by key informant 3.

Key Informant's Statement:

"So hindi naman siya ganon kahirap kasi lahat naman saaming healthcare provider nagtutulungan naman din talaga para maexplain at ma understand talaga ng pasyente yung treatment or kung ano man ang medical condition nila, yun." As stated by key informant 5.

Translation:

(It is not that difficult because doctors also teach you how to explain things well to the patient. Even in the Philippines, if only the nurse explains, the patient won't immediately believe. But when the doctor explains, and they are right there beside you, the patient becomes more at ease. They believe more. So, it's not that difficult because all of us healthcare providers collaborate to explain and help the patient understand their treatment or whatever medical condition they have. As stated by key informant 5.

Key Informant's Statement:

"When we have downtimes at work or during breaks, we have small talks, we talk about our families, we throw jokes at each other sometimes. When there are difficult situations in terms of patient care, we don't hesitate to ask for help from our seniors." As stated by key informant 4.

According to the key informant statements, it underscores the significance of peer support networks in overcoming language and cultural barriers in healthcare settings. The reliance on peer support ensures that communication barriers are minimized, and cultural differences are respected.

A. Self-Management Strategies in Patient Care

I. Interpreters Facilitate Communication between Healthcare Providers and Patients

Utilization of interpreters to facilitate communication between health care providers and non-native speaking patients is essential to provide the best possible quality of care. The importance of successful communication between provider and patient is well-known (Stewart, 1995). Mismanaged language barriers may potentially exacerbate issues of poor communication and can lead to reduced quality of care for patients (Nam *et al.*, 2011).

Key Informant Statement:

"But rest assured naman in the hospital they are giving us like translators. You can call them and ask them to translate for you. This is one way of the hospital of giving help in order for us also to adapt the culture and the language itself" As stated by key informant 1.

Translation:

(But rest assured, the hospital provides translators. You can call them for translation, helping us adapt to the culture and language.) As stated by key informant 1.

Key Informant Statement:

"May nag pro provide kami sa hospital namin meron nman kaming translator na binibigay na binibigyan each lahat ng mga ahm.. ah ethnicity" As stated by key informant 2.

Translation:

(We have translators in our hospital assigned to each ethnicity to ensure effective communication.) As stated by key informant 2.

Key Informant Statement:

"May department kami wherein the interpreters ganyan from different languages especially the Arabic so the patient engagement so marami, maraming mga ayan biomedical team, sa mga equipments. Information, yeah may mga nursing education, marami tayong mga workshops mga seminars ganyan we have our platforms also in E platforms wherein yung mga webinar mga lecture, in a ganito mga online are being provided" As stated by key informant 3.

Translation:

(We have a department with interpreters fluent in various languages, particularly Arabic, to facilitate patient engagement. Our department offers a wide range of services including biomedical teams, equipment information, nursing education, workshops, seminars, and various platforms such as e-platforms, webinars, lectures, and online resources..) As stated by key informant 3.

Key Informant Statement

"We have interpreters available in the hospital to talk to the patient. I have colleagues who are fluent in speaking Arabic and I would ask them to talk to the patient." As stated by key informant 4.

Translation

(We have interpreters available in the hospital to talk to patients. I have colleagues fluent in Arabic whom I ask to communicate with patients.) As stated by key informant 4.

Key Informant Statement

"Ang maganda lang sa hospital namin, meron talaga kaming interpreter na available 24/7 pwede mong mahingan ng tulong. Everytime na na hindi mo talaga maintindihan yung mga pasyente" As stated by key informant 5.

Translation

(What's great about our hospital is that we have interpreters available 24/7 whom you can ask for help whenever you can't understand the patients.) As stated by key informant 5.

Key Informant's Statement:

*"Yung mga arab co-workers namin ang Interpreters. "*as stated by key informant 6.

Translation:

(Our Arabian co-workers as interpreters.) As stated by key informant 6.

These statements highlight the hospital's efforts to support cultural adaptation and language understanding. They provide translators for patients from various backgrounds, including those who speak Arabic. These translators help with communication between patients and healthcare providers, ensuring everyone understands each other. The availability of interpreters around the clock enhances communication between healthcare providers and patients, promoting better understanding and care delivery.

I. Training and Educational Support

Continuing professional development (CPD) is central to nurses' lifelong learning and constitutes a vital aspect of keeping nurses' knowledge and skills up-to-date. A meta-synthesis of how nurses experience and view continuing professional development may provide

a basis for planning future continuing professional development interventions more effectively and take advantage of different contexts. Continuing education, including free courses and opportunities for pursuing master's degrees, is provided to staff, with some requirements such as a commitment period. (Mlambo, M., Silén, C. & McGrath, 2021).

Key Informant Statement:

"We are taking continuous education, post-graduate courses. Sa amin kasi noong hospital nag-bibigay sila ng mga seminars. Pero sa unit ko itself, every 2 years meron kaming mga nire-renew ng mga license like for us, nang-renew kami ng aming neonatal resuscitation program and RP. Tapos nag-renew din kami ng aming breastfeeding and baby-friendly seminars. Tapos ano pa pa? Tapos yung iba naman is through workshops or through clinical teachings. "As stated by key informant 1.

Translation:

(We are continuously taking education and post-graduate courses. Our hospital provides seminars, and in our unit, we renew licenses every 2 years. Recently, we renewed our neonatal resuscitation program and RP, as well as our breastfeeding and baby-friendly seminars. Some of these renewals are completed through workshops or clinical teachings.) As stated by key informant 1.

Key Informant Statement:

"unang una sa orientation is ay laht ng procedure na gagwin mo sa pasyente mo h tinataackle yan sa orientation another thing maliban sa orientation meron silang mga basic life support training tapos advance life support training laht yan binibigay ng hospital para sa lahat ng mga bagong staff bago sila isabak sa kanilang mga pasyente" As stated by key informant 2.

Translation:

(First, in orientation, they cover all procedures you'll do with your patients. Besides orientation, they provide basic life support training and advanced life support training, all provided by the hospital for all new staff before they start with their patients.) As stated by key informant 2.

Key Informant Statement:

"Currently ngayon nagkakaroon kami ng mga skills workshop wherein lahat ng health workers ay binibigyan ng mga knowledge so dito pinag aaralan nila yung gender or cultural na kelangang I look out lalo pag dating sa pag care sa patient specially sa mga newly joined nurses or mga healthcare workers. Specially yung ating mga expatriates na hindi pa gaano kaalam sa mga

kultura ng mga arabo dito sa Saudi arabia." As stated by key informant 3.

Translation:

(Currently, we conduct skills workshops to provide health workers with knowledge. During these workshops, they learn about gender and cultural aspects to consider when caring for patients, particularly newly joined nurses or healthcare workers. This is especially important for our expatriates who may not be familiar with the Arab culture here in Saudi Arabia..) As stated by key informant 3.

Key Informant Statement:

"We follow a standard based on the policy and procedures of our hospital. It is universally applicable to all cultures and religion and I think classes about different culture would be beneficial to equip us with knowledge for us to know the dos and don'ts of cultures of patients we constantly provide care. This way we will be able to understand the patient and align the plan of care to their culture and belief."n As stated by key informant 4.

Translation:

(We adhere to a standard based on the policies and procedures of our hospital, which are universally applicable to all cultures and religions. I believe that classes about different cultures would be beneficial in equipping us with the knowledge to understand the customs and taboos of patients' cultures. This would enable us to better understand the patient and align the care plan with their cultural beliefs.) As stated by key informant 4.

Key Informant Statement:

"May continuing education po kami dito na prino provide ng hospital which is free naman. Meron din dito kung gusto mo kumuha ng masteral meron din dito saamin. Libre ang tuition wala kang babayaran pero mag stay ka ng 2 years, parang yun yung kapalit nung pinangpaaral nila sainyo. Required ka talagang kumuha ng short courses, may inooffer ang hospital namin na short courses. So for example, sakin as a charge nurse kailangan kong kumuha ng units sa leader management so ayun ahmm 2 years yun parang 3 months mo siyang aaralin tapos valid siya in 2 years." As stated by key informant 2.

Translation:

(Our hospital offers free continuing education and the opportunity to pursue a master's degree. The tuition for the master's degree is also free, but there is a requirement to commit to working at the hospital for 2 years as a condition for the scholarship. Additionally, the hospital offers short courses that are mandatory for certain roles. For example, as a charge nurse, I must take short courses in leadership management. These courses typically last for 3 months and are valid for 2 years.) As stated by key informant 5.

Key Informant Statement:

"Meron kaming language classes at malaking help talaga yun para samin" as stated by key informant 6.

Translation:

(We have language classes, and it would be a big help for us) as stated by key informant 6.

These statements highlight the importance of continuous education and training in healthcare, including topics such as basic life support, advanced life support, neonatal resuscitation, breastfeeding, and cultural sensitivity. The hospital provides various opportunities for staff to renew licenses, attend workshops, and even pursue higher education like master's degrees, with some requirements such as staying for a certain period or taking specific short courses. This ensures that healthcare workers stay updated and competent in their roles while also fostering cultural competence and sensitivity in patient care.

DISCUSSION

This section summarizes the key findings of the study's interpretation and thematic analysis. The study aimed to explore strategies Filipino nurses use to overcome cultural challenges in patient care in Saudi Arabia. The researchers identified two main categories for transcultural nursing experiences in the workplace: *Communication Challenges and Covering Work for Others*. For patient care, six themes emerged: *Touch and Eye Contact, Different Religion, Communication Challenges, Cultural Practices of Patients, Establishing Relationships with Patients, and Gender Roles and Expectations*.

Key informants used *Peer Support* and *Establishing Rapport with Co-workers* as self-directed strategies to address workplace challenges. *Training and Education Support and Management Orientation* were identified as management strategies. Additionally, *Cultural Competence Training, Training and Educational Support, and the use of Interpreters and Translators* were management strategies used to help Filipino nurses overcome difficulties in delivering patient care to diverse populations.

Self-directed strategies included *learning Basic Language, Peer Support, Respecting and Understanding Cultural Beliefs, ensuring patients understood their medical conditions, and Obtaining Patient Consent*. These findings highlight the essential strategies Filipino nurses use to navigate and manage cultural challenges in Saudi Arabia.

These findings highlight the essential strategies Filipino nurses use to navigate and manage cultural challenges in Saudi Arabia.

I. Transcultural Experiences of Filipino Nurses in their workplace interactions with co-workers in Saudi Arabia

The researchers found out that Filipino nurses faced several communication challenges in their workplace interactions with co-workers in Saudi Arabia. These challenges include language barriers that often lead to misunderstandings and miscommunications. Supporting this, Kourkouta and Papathanasiou (2014) emphasized that effective communication is essential in nursing practice to ensure teamwork, patient safety, and the delivery of quality care. To address these challenges, the researchers saw that Filipino nurses utilized strategies such as peer support and rapport-building with colleagues. Learning the Arabic language, engaging in cultural immersion, and fostering strong interpersonal relationships were found to effectively improve workplace interactions, aligning with the findings of Schwei *et al.*, (2016), which highlighted the importance of cultural competence and language skills in enhancing communication in multicultural healthcare settings.

The researchers also found out that Filipino nurses often had to cover for colleagues, increasing their workload and contributing to stress and job dissatisfaction. According to Almalki *et al.*, (2012), increased workloads and job stress are common issues faced by healthcare professionals in Saudi Arabia, often affecting their job performance and well-being. The researchers saw that open communication with colleagues helped Filipino nurses manage these challenges. By building a supportive network, they were able to distribute workloads more evenly and ensure tasks were completed efficiently.

The researchers highlighted that positive relationships among colleagues in healthcare settings play a crucial role. Filipino nurses showed their solidarity by assisting and supporting one another, especially those struggling to adjust to new cultures or languages. The development of supportive connections among healthcare professionals was emphasized as requiring leadership, cultural sensitivity, and guidance from seasoned peers. This is consistent with the study by Cai (2016), which stressed that fostering a supportive work environment enhances collaboration and promotes adaptability among culturally diverse nursing teams.

II. Transcultural Experiences of the Filipino Nurses in terms of Patient Care in Saudi Arabia

The researchers found out that different cultural norms regarding touch and eye contact can create discomfort and misunderstanding between nurses and patients. Filipino nurses need to navigate these sensitivities to provide respectful and effective care. To address this, the researchers saw that Filipino nurses

educate themselves about local customs, adjust their behavior to align with patient expectations, and seek feedback from patients to ensure culturally appropriate practices. Supporting this, Leininger's Theory of Cultural Care Diversity and Universality emphasizes that culturally competent care improves patient satisfaction and health outcomes (McFarland & Wehbe-Alamah, 2019). Cultural competence training and ongoing education about local customs and patient preferences were found to be essential in helping nurses respect and understand cultural differences related to touch and eye contact.

The researchers also found out that diverse cultural practices regarding health and illness require Filipino nurses to adapt their care approaches. Misunderstandings about these practices can hinder effective care delivery. The researchers saw that Filipino nurses immerse themselves in learning about the cultural practices of their patients through training and educational support. By respecting and integrating these practices into care plans, they build trust and rapport with patients. This aligns with findings by Campinha-Bacote (2002), who emphasized that cultural awareness and skill development are critical for addressing diverse patient needs. Training programs that emphasize patient-centered care and cultural competence were highlighted as equipping nurses with the skills needed to foster effective relationships.

The researchers revealed that building relationships with patients from diverse cultural backgrounds can be challenging due to varying

communication styles. Filipino nurses practice active listening and learn basic language skills to improve communication. The researchers emphasized that interpreters play a crucial role in facilitating communication between patients who do not speak English as their first language and healthcare professionals. Hospitals offering interpreter services help ensure clear and effective communication, consistent with recommendations from the World Health Organization (2021), which advocates for linguistic support in multicultural healthcare settings.

The researchers also found out that gender roles and expectations can significantly influence patient interactions and care practices. Filipino nurses educate themselves about gender norms and adjust their care practices accordingly, demonstrating respect and understanding of cultural beliefs and practices. By being mindful of these expectations, Filipino nurses ensure that patients feel respected and comfortable, which is in line with Purnell's Model for Cultural Competence, emphasizing the importance of understanding gender norms in healthcare (Purnell, 2018).

Lastly, the researchers highlighted the importance of patient-centered care, where medical professionals respect and value the cultural and religious views of their patients. Filipino nurses acknowledge that patients are free to decline medical treatment based on their beliefs. This finding is supported by Kleinman's Explanatory Model, which underscores the importance of respecting patients' cultural values to build trust and provide effective care (Kleinman & Benson, 2006).

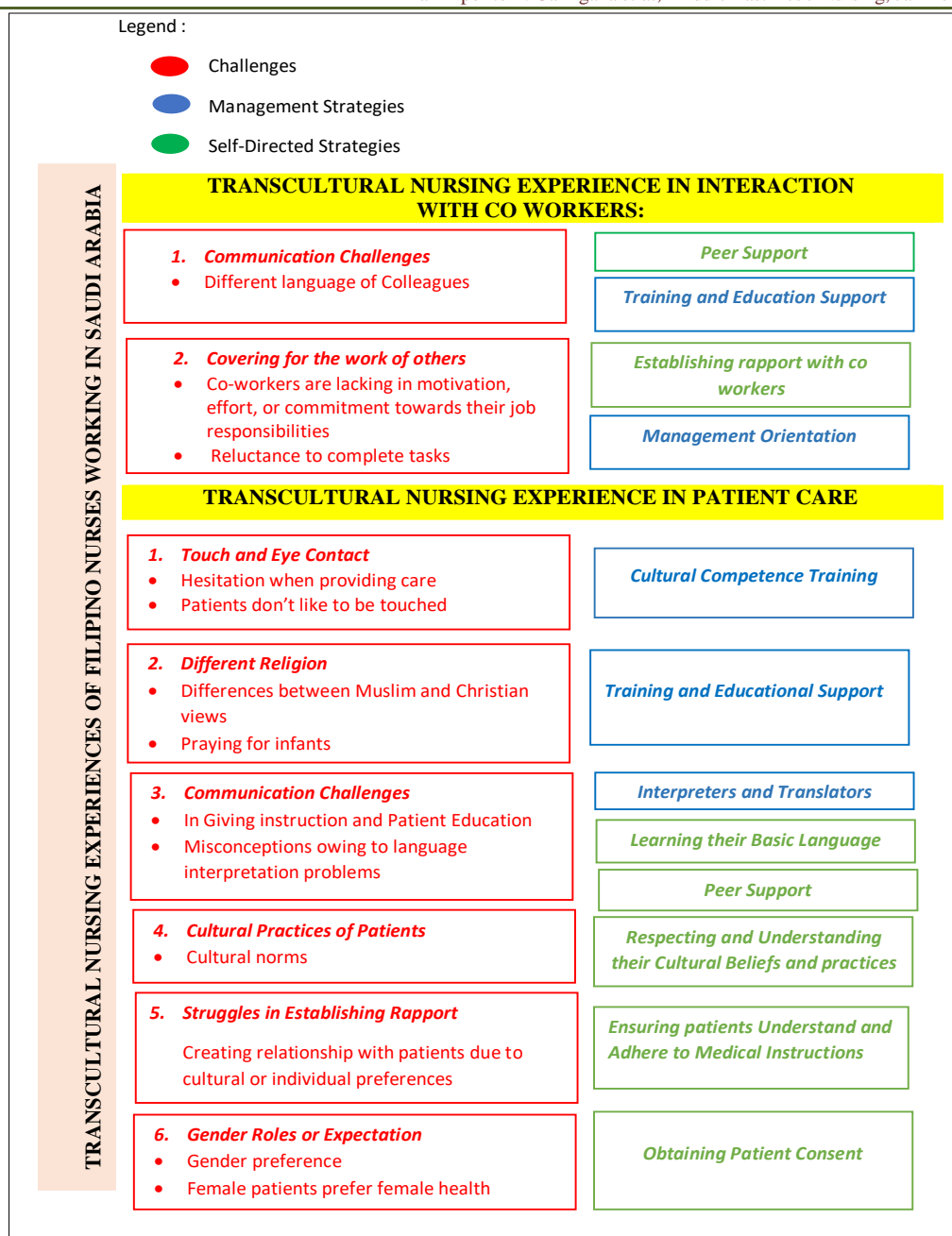


Figure 1: The Overall Thematic Analysis of the Study

CONCLUSION

The transcultural experiences of Filipino nurses in Saudi Arabia revealed various factors affecting their workplace interactions and patient care. In terms of workplace interactions, challenges include communication barriers caused by language differences and the additional workload of covering for colleagues. Filipino nurses overcome these through peer support, rapport building, cultural immersion, and learning basic Arabic. In terms of patient care, cultural norms regarding touch, eye contact, health practices, and gender roles significantly impact their approach. Filipino nurses address these by educating themselves on local customs, learning the basic language, and respecting cultural and

religious beliefs. The use of interpreters, cultural competence training, and patient-centered care were emphasized as essential strategies to foster effective communication and build trust with patients.

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