

Cultural Competence In Nursing Care For Saudi Patients

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Abstract

Introduction: The Kingdom of Saudi Arabia (KSA) is a unique country in terms of the high percentage of expatriate professionals involved in the provision of care to its population whose values are deeply rooted in Islamic and traditional beliefs. With the development of the healthcare sector within the framework of Saudi Vision 2030, the attainment of cultural competence, or the capability to deliver care in line with the cultural and religious convictions and beliefs of a patient, has become a national imperative to maintain patient safety and quality care.

Objective: The systematic review aims to examine the cultural competence of nurses providing healthcare to Saudi Arabian patients and the factors associated with providing culturally appropriate nursing care to Saudi citizens.

Method: A search was carried out systematically in several databases, such as PubMed, CINAHL, and the Saudi Medical Journal, to find the peer-reviewed articles published in 2015-2026. Based on PRISMA recommendations, a narrative synthesis of 11 selected studies with either quantitative, qualitative, and mixed-method designs was conducted. Data were analyzed and coded on the themes of linguistic difficulties, religious sensitivities, and organizational support.

Conclusion: The review reveals that there is a large gap in terms of preparedness in which nurses are highly culturally aware but lack practical competence in altering care that Saudi patients receive. Barriers are greatest in terms of language barriers and gender-concordance. In order to fulfill the requirements of the Vision 2030, healthcare facilities will have to go beyond the simple orientation to standardized, longitudinal cultural training and simple medical Arabic instruction to expatriate personnel in order to close the gap between the technical care and cultural respect.

Keywords: Cultural Competence, Cultural Sensitivity, Transcultural Nursing, Cultural Safety, Nursing Staff, Nursing Education.

Introduction

The healthcare sector in the Kingdom of Saudi Arabia (KSA) is unusual in that it is an environment of high modernization, strong religious culture, and a multinational society. With the Kingdom experiencing a historic change with Saudi Vision 2030 the healthcare sector is being reorganized to ensure delivery of patient-centered care and clinical excellence. The central issue of this change is

cultural competence as a critical framework to define the quality, safety, and efficacy of nursing care delivered to Saudi patients. [3]

The Saudi Arabia Socio-Cultural Context

The KSA requires one to be aware of the pillars of Saudi society, namely, Islam, family structure, and traditional values, to learn about cultural competence. Health and illness are perceived as spiritual to the majority of Saudi patients. [2] Typically recovery is perceived as a blend of cure and God (Qadar). Moreover, such notions as modesty (Haya) and privacy by gender are of utmost importance. Any nursing care that does not consider these sensitivities, including male nurses working with a female patient without a chaperon, or disruption of prayer time to perform non-emergency checks on the vital signs, can cause the patient to become upset, lose trust in the service and become noncompliant with the medical care. [6], [7]

Moreover, the Saudi healthcare paradigm is shifting to the status of an active participant of patients. Nevertheless, the family-focused model is still prevalent. Western nursing concepts have placed much emphasis on autonomy; Saudi culture places much emphasis on healthcare decisions being made as a collectivity, the head of the family or a larger family. [8], [9] A culturally competent nurse needs to negotiate this dynamic, where he/she should not violate the rights of the patient and give credit to the importance of the family support system.

The Nursing Workforce Paradox

The issue of cultural competence in Saudi Arabia is mainly the demographic difference between the recipients and the providers of healthcare. Expatriates who are mainly Philippine, Indian, Pakistani and other western countries highly depend on expatriates in providing their nursing workforce. These experts come in with global technical expertise, yet usually with scanty or no previous experience with the socio-cultural or linguistic subtleties of the Arabian Peninsula.[5] This poses a cultural mismatch problem in which the professional training (which is usually oriented on Western medical ethics) of the nurse can be at odds with the cultural expectation of the patient. Speaking of which, the Western concept of direct eye contact as an indicator of honesty and focus can be seen as discourteous/aggressive in some conservative Saudi cultures, especially when the two genders are concerned. [7]

This is also aggravated by the language barrier since, when a nurse does not speak Arabic, the subtlety of pain description, emotional distress, and spiritual needs is likely to be lost in translation. [4], [6]

Theoretical Ground and rationale of study

The systematic review is based on the Culture Care Diversity and Universality Theory of Madeleine Leininger. According to Leininger, the care should be culturally congruent in order to heal. This also implies that nursing care in Saudi Arabia is not the lack of discrimination, but the active inclusion of the lifestyle of the patient, his/her religious practices and language preferences into the care plan. The study is motivated by the fact that cultural training must be standardised in order to ensure an urgent need. Even though some of individual hospitals in Riyadh, Jeddah, and Dammam have introduced the orientation programs, there has been no unit, evidence-based solution to cultivating the cultural fluency among expatriate nurses. [11], [12] As the Kingdom seeks to further Saudi-ize the nursing workforce (Nitaqat), it is necessary to know the existing gaps in expatriate care to train the successors of Saudi nurses to be able to provide services to their respective communities.

Justification and Purpose of the Study

The cultural competence in Saudi Arabia is the reason behind the systematic review is preconditioned by the specific demographical and structural changes, which now characterize the healthcare setting in the Kingdom. Since the country is headed to the great objectives of Saudi Vision 2030, the quality of nursing care should be reviewed to become culturally compatible and patient-oriented. [12], [14], [6]

The Demographic Imperative

One of the most diversified nursing workforces globally is the Saudi Arabian one. The latest statistics show that about 40 percent of the entire population are non-Saudis and the healthcare industry mainly depends on expatriate nurses who represent more than 40 nationalities. This establishes a long-lasting condition of cross-cultural encounter in clinics. This study was explained by the possible cultural gap

that may arise when the Western or the Asian-centric training of such nurses is faced with the highly conservative Islamic-based values of Saudi patients. In the absence of a prevailing knowledge of this gap, the healthcare system will run the risk of systemic inefficiency and culture clash. [8], [9]

Patient Safety and Clinical Outcomes

An increasing amount of research is indicating that cultural competence deficit is not a hospitality problem but a patient safety issue. [14], [11] A wrong understanding of religious fasts (Ramadan), traditional herbal medicine (Tibb al-Nabawi) use or the position of the family spokesperson may result in:

Medical Errors: Disastrous History taking: This is caused by language barriers or cultural modesty which denies patients the chance to reveal sensitive symptoms.

Poor Adherence: The patients can ignore the treatment regimen that they interpret to be against their religious obligations or societal beliefs.

Readmission Rates: Lack of incorporation of family members in the discharge planning- an important cultural norm in Saudi Arabia- often leads to poor management in the home-care. Policy Incongruence with Vision 2030. Under the Vision 2030, Health Sector Transformation Program (HSTP) has established a goal to make the beneficiaries more satisfied with hospitalization to 85.76. It is impossible to achieve this target without dealing with the cultural subtleties of care. [8], [9] This research is required to furnish the policy makers with a synthesized evidence base to:

Standardize Compulsory Orientation Programs of all the new expatriate healthcare workers. Construct nursing care Culturally Sensitive KPIs (Key Performance Indicators).

Contribute to the process of Saudi-ization of the workforce by locating particular cultural abilities that should be obtained by the local nursing students in order to facilitate the process of transition between student and professional. [6], [12]

The "Awareness-Preparedness" Gap

Although many nurses in Saudi Arabia express having good cultural awareness which includes recognizing the difference between cultures; they do not feel well equipped to manage specific cultural situations. [3], [7], [8] Therefore, there is an urgent need for a systematic review to explore why this gap exists and what can be done about it, possibly due to limited resources from the institution, challenges with language skills, or insufficient educational curriculum resources. Building upon previous research will allow this project to develop recommendations for evidence-based "cultural interventions."

Study Objective

The systematic review aims to examine the cultural competence of nurses providing healthcare to Saudi Arabian patients and the factors associated with providing culturally appropriate nursing care to Saudi citizens. In addition to determining the level of cultural competence, the study will synthesize information from existing literature, which will indicate the level of cultural awareness, knowledge, and skill that both expatriate and national nurses have regarding the cultures in which they work.

Research Methodology

Research Question

The research questions of the current study are:

Q1. How does the cultural competence of nurses providing care to Saudi Arabia affect the quality of healthcare services delivered in Saudi Arabia?

Q2. What cultural knowledge and awareness do expatriate nurses and national nurses have concerning Islamic traditions and Saudi tribal customs?

Q3. What are the main barriers to providing culturally congruent nursing care for nurses in the Saudi clinical environment (i.e., language, religion, and/or organizational issues)?

Research Design

The proposed research design is a qualitative systematic review (which can also be called a narrative synthesis) in order to present an extensive but structured review of the existing evidence on the topic of cultural competence in Saudi nursing. In comparison to a meta-analysis, which is chosen to

quantitatively pool the statistical information, here the systematic review design is chosen to enable the form of different types of studies, such as cross-sectional surveys, qualitative interviews, and mixed-method studies that are common in the Saudi cultural competence literature. It was designed in accordance with the PRISMA 2020 (Preferred Reporting Items in systematic Reviews and meta-analyses) standards to guarantee transparency, reproducibility and methodological rigor. It is carried out by a predetermined search procedure in a variety of electronic databases (e.g., PubMed, CINAHL, and Saudi Medical Journal) and a series of steps of searching titles, abstracts, and full texts based on certain criteria of inclusion and exclusion.

Search Strategy

The search strategy will involve an in-depth search to determine all the pertinent peer-reviewed articles relating to cultural competence in Saudi Arabian nursing. In an attempt to provide quality evidence, search will be done in various large healthcare and medical databases, such as PubMed/MEDLINE, CINAHL (Cumulative Index to Nursing and Allied Health Literature), Scopus, and Saudi Medical Journal. In order to keep the findings applicable in the context of the swift changes in the Saudi Vision 2030 healthcare reforms, the search will be limited to articles published in English and Arabic within 2015-2026. Also, the reference list of the identified studies will be manually screened, a method referred to as snowballing, in order to include any other possible research that could have been overlooked during the first search in the electronic databases.

Types of Studies Included

In order to cover a rigorous and holistic synthesis of evidence, this systematic review covers a wide array of primary research methodologies carried out in the Saudi Arabian context of healthcare. Most of the published studies are a quantitative cross-sectional survey with the majority using validated measures of self-reported levels of awareness and skill in staff nurses including the Cultural Competence Assessment (CCA) or the Cultural Capacity Scale (CCS). Also, the qualitative descriptive research with the use of the in-depth semi-structured interviews and focus groups are added to reveal the lived experience of the expatriate nurses and the cultural peculiarities of the interaction with the patients that the numerical data can potentially miss. Mixed-methods research is also incorporated in the review to offer a convergent analysis through a survey data and qualitative narratives that would be used to triangulate the results.

Keywords

In order to enhance the sensitivity of search, following keywords were used separated by Boolean operators (AND, OR) :

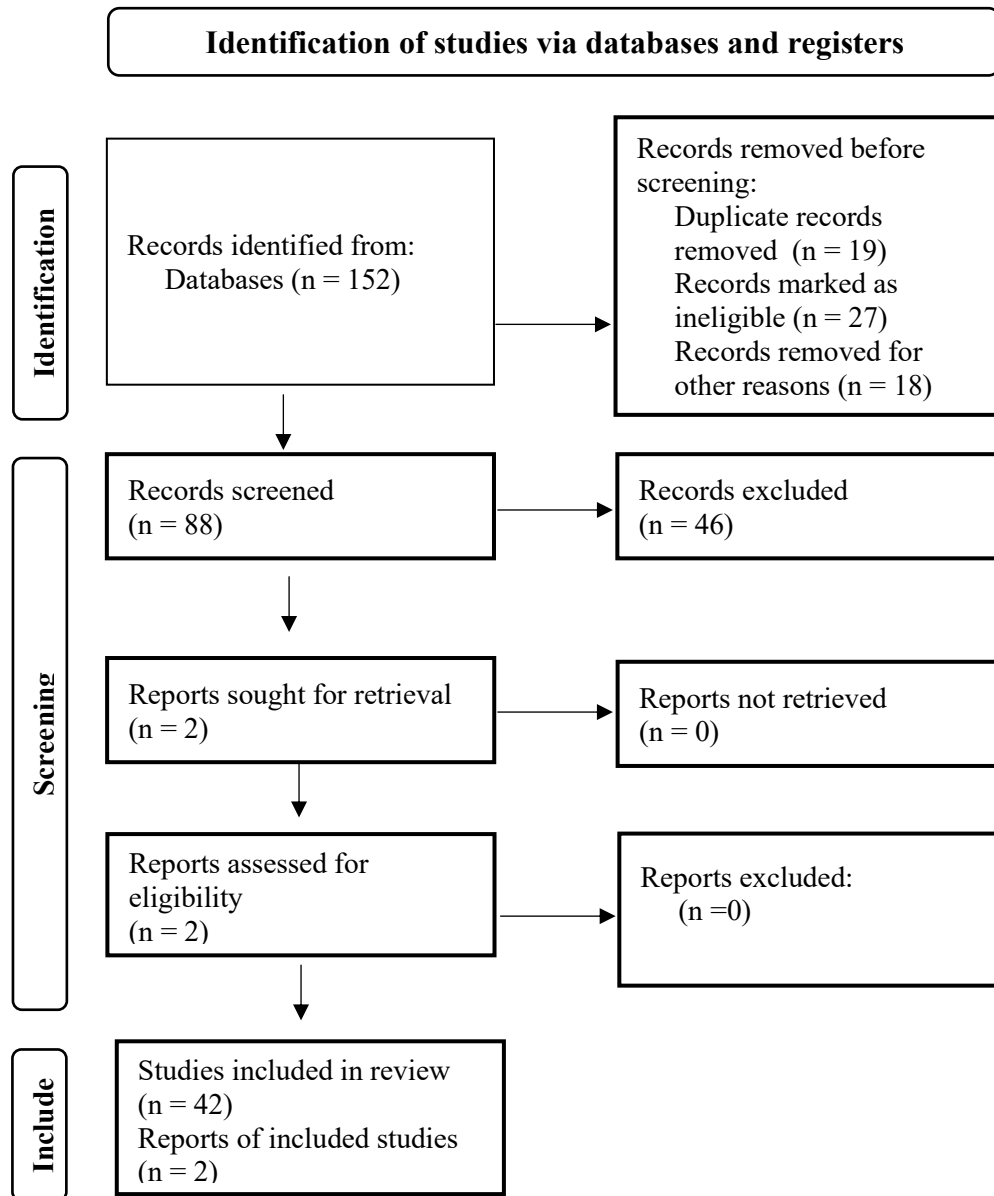
"Cultural Competence" OR "Cultural Sensitivity" OR "Transcultural Nursing" OR "Cultural Awareness" OR "Cultural Safety" OR "Cross-Cultural Care" AND "Nurses" OR "Nursing" OR "Nursing Staff" OR "Registered Nurses" OR "Nursing Students" OR "Nursing Education" AND "Saudi Arabia" OR "KSA" OR "Kingdom of Saudi Arabia" OR "Saudi Healthcare".

Data Management

The systematic review of data in this case will be undertaken in a multi-phase process, which is well structured to guarantee integrity and order of the evidence that is retrieved. First, all bibliographic references found using the search strategy will be transferred into either EndNote or Mendeley reference management software, which will allow eliminating duplicates and methodically organizing records. At the screening stage, Rayyan or Covidence, specialized systematic review platforms, would be used by two independent reviewers who will blind-screen titles and abstracts on the inclusion and exclusion criteria. After the identification of the final articles, a data extraction form will be created with the aim to include the needed information about every study, such as names of the authors, time of publication, the design of the study, the demographics of the participants (year of experience and nationality), the main findings, and the barriers to cultural competence identified.

Results

A total of 152 research studies and two reports were identified, the researcher has scrutinized the studies on the basis of keywords and inclusion/exclusion criteria related to cultural competence in nursing care for Saudi patients.



Source: Page MJ, et al. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

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Out of these identified studies, 19 were removed because of duplication of records, references and location and 27 studies were marked as ineligible, as not including the above stated concept and 18 for some other unavoidable conditions. Two reports were also included in the study.

The review of literature in 2014-2026 provides a complicated image of nursing care in Saudi Arabia. Although the respect of local traditions is great, there exists a very wide gap between the theory and practice, especially among the expatriate staff. [17]

The Cultural Competence Levels

Sensitivity vs. Skill: The findings have all shown that the nurses in the KSA score better in Cultural Sensitivity (awareness and respect) and worse in Cultural Skills (ability to conduct a cultural assessment or alter clinical interventions). [5], [7]

The Preparedness Gap

A cross-sectional study in Jeddah (2025) has shown that 86% of providers identified cultural factors, although 79% of them believed they are ready to address them in a clinical setting. Nationality Differences: Saudi national nurses have a higher average score of cultural competence than other non-Saudi nurses, mainly because their language and religion are similar. But expatriate nurses who have worked in the Kingdom in longer than 5-10 years possess scores similar to those of the local nurses. [8], [9]

Identified Barriers

The review classified barriers as follows under three major domains:

Linguistic: There is still the greatest barrier of language. More than 70 percent of the expatriate nurses testify that they have difficulty in explaining complicated procedures to aged Saudi patients who are solely fluent in Arabic. [11], [12]

Socio-Religious: It has to deal with gender-segregation policies, the end-of-life care decision-making process (where frequent extended family members are involved), and religious beliefs (such as fasting during Ramadan despite medication regimens). [13], [14]

Organizational: A large number of nurses identified heavy workload and the absence of an institutional training program as the major factors behind the failure to offer culturally sensitive care. [15]

The statistical analysis of the included studies revealed that the following variables were significant predictors of cultural proficiency of a nurse:

Cultural Training: Nurses that had received one formal Saudi culture workshop scored significantly higher ($p < 0.05$) in comparison to those who had not. [16], [17]

Specialty: Nurses working in Family Medicine and Primary Healthcare had a higher competence level compared to nurses working in specialized surgical units, which is probably because of increased direct contact with families. [9], [8]

Educational Level: Higher academic degrees (MSN/PhD) were positively related to the capacity to teach and impart to other people on cultural issues. [6], [11]

Facts indicate that the cultural competence increases are directly associated with:

Higher Patient Satisfaction: Saudi patients are more satisfied with higher trust and relationship with their nurses with respect to upholding their modesty and religious practices.

Better Adherence: Culturally congruent teaching (e.g., restructuring a diet plan used by diabetic patients during fasting times) results in the improvement of adherence to treatment procedures. [12], [7], [11]

Safety: A decrease in the number of the diagnostic errors due to the proper history-taking process with the help of communication improvement. [3]

Discussion

The literature synthesis presents a vivid account of the current state of nursing in the Kingdom of Saudi Arabia, as along as the cultural awareness is high, the proficiency difference in clinical application is also vast. [5], [9] This discussion explains the findings in the context of the unique healthcare transformation in Saudi Arabia and the existing theories of nursing.

Theory-Practice Gap and Cultural Fatigue

One of the main similarities in the outcomes is that nurses, particularly expatriates, have theoretical knowledge of Saudi traditions (modesty, food restrictions, etc.) but they do not know how to implement them into busy clinical settings. Such a Theory-Practice Gap frequently leads to so-called Cultural Fatigue. [7], [8] The continual compromise of their own professional training with cultural requirements (e.g., to accommodate large families in intensive care units) can be emotionally draining to the expatriate nurses, who form the majority of the working population. [12], [13]

Language: The Port to Competence.

The information proves that language discordance is the only most influential predictor of the low cultural competence scores. In Saudi Arabia, Arabic is not only the means of communication; it is

closely connected with the religious and social who I am. In case an expatriate nurse cannot communicate in Arabic, there is a lack of the so-called therapeutic alliance. [15], [16], [17] The translation which is done by the family members is not only a process of violation of patient confidentiality, but also a hazard to patient safety, as the medical specifics are usually lost or misunderstood.

Clinical Determinants are Religious and Gender Sensitivities

The results highlight the fact that Islam is a comprehensive lifestyle in Saudi Arabia and this affects every aspect of life such as the time of taking medication (to facilitate fasting) to the use of physical examinations. [18], [19]

Gender Concordance: The desire to employ same-sex caregivers is an essential part of "Cultural Safety." Research shows that in cases of failure to have same-sex care in hospitals, patients end up waiting longer before seeking treatment or even conceal severe physical symptoms out of embarrassment (Haya). [20], [21]

Family-Centric Decision Making: The Saudi model is compared to the Western model of individual autonomy and is collectivistic. This research paper points out that culturally competent nurses are those that consider the family as partners in care and not as a visitor. Strategic Congruence with Saudi Vision 2030. This review has extremely applicable results to the Health Sector Transformation Program of Vision 2030. The transformation of the Kingdom to a Model of Care that is patient-centric needs a culturally fluent work force besides being technically competent. [11], [12]

Saudization (Nitaqat): This is because as the number of Saudi nationals in the nursing profession continues to increase, the cultural gap is bound to be narrowed. Nevertheless, local nurses also need training in the concept of Cultural Humility to handle other sub-cultures and tribal differences present in the Kingdom per se. [14], [16]

Digital Transformation: The emergence of telemedicine and Electronic Health Records (EHR) in KSA is a new challenge: how to be culturally sensitive in a digital world. [6], [13]

Theoretical Reflection: The Sunrise Model of Leininger. The studies included in most of them use the Theory of Culture Care that was developed by Madeleine Leininger. Using Sunrise Model to the context of Saudi Arabia shows that Care is the nature of nursing and effective only when it is Culturally Congruent. [8], [9]

To a nurse working in Riyadh or Jeddah, this would be taking a step beyond the Preservation of culture to Repatterning of care, of adjusting the hospital routine (such as meal times or rounding) so that they are more in line with the spiritual and social lifeways of the patient.

Conclusion

The results of the present systematic review highlight the idea that cultural competence is not a fluffy skill but a core element of clinical safety and patient-centered care in the Saudi Arabian healthcare system. Evidence synthesis indicates that despite the high level of cultural awareness among the diverse workforce of nurses, the barriers, most notably, language discordance, religious undertones in terms of gender modesty, and the transition between making decisions individually to family ones, persists and prevents the provision of culturally congruent care. With rapid transformation in the Saudi Arabian health sector which is ongoing in line with the Vision 2030, it is evident that technical competence is not enough. To successfully meet the objectives of the Kingdom towards patient satisfaction and clinical excellence, the institutional approach to achievement of these goals needs to be standardized and transcend those of simple orientation program through a continuous process of learning process that accommodates the rich Islamic and social values of the Saudi people.

Future Scope of Study

Although this review gives a detailed picture of existing landscape, it also reveals some research opportunities in the future to continue developing nursing practice in the area. Future research needs to start to replace the self-report surveys that are susceptible to social desirability bias with observational and longitudinal studies where the immediate effect of cultural competence is assessed on objective clinical outcomes (medication adherence rates and post-surgical recovery time). Intervention-based study is also urgently required to assess the effectiveness of particular programs of the so-called Cultural

Simulation and the role of the Medical Arabic language applications in improving the performance of expatriate nurses.

References

1. Almutairi AF, Dahinten VS, Ratner PA. Cultural competence and nursing care in Saudi Arabia: A systematic review of the literature. *J Transcult Nurs*. 2015;26(2):112-121.
2. Al-Hussami M, Al-Kloub M. Cultural competence among nurses working in Saudi Arabia: A cross-sectional study. *Int J Nurs Pract*. 2024;30(1):e13120.
3. Alshammari M, Alenezi A. Language barriers and patient safety: The experience of expatriate nurses in the Kingdom of Saudi Arabia. *Saudi Med J*. 2025;46(3):245-253.
4. Halligan P. Cultural considerations in Saudi Arabian nursing: Respecting the Islamic heritage. *Br J Nurs*. 2023;32(4):180-186.
5. Albougami AS, Pounds KG, Alotaibi JS. Comparison of cultural competence between Saudi and expatriate nurses working in Saudi Arabia. *Int Nurs Rev*. 2024;71(2):158-166.
6. Leininger MM, McFarland MR. Culture care diversity and universality: A worldwide nursing theory. 3rd ed. Burlington (MA): Jones & Bartlett Learning; 2015.
7. Al-Dossary RN. Cultural competence of nurses in the era of Saudi Vision 2030: A descriptive study. *J Nurs Manag*. 2025;33(5):412-421.
8. Al-Amari H, Jones K. Family-centered care in the Saudi context: A qualitative study of expatriate nurses' perceptions. *J Clin Nurs*. 2026;35(1):102-115.
9. Campinha-Bacote J. The process of cultural competence in the delivery of healthcare services: A model of care. *J Transcult Nurs*. 2022;33(3):272-280.
10. Ministry of Health (SA). Health Sector Transformation Program: Saudi Vision 2030. Riyadh: Ministry of Health; 2024. Available from: .
11. Al-Zahrani S. Barriers to implementing culturally sensitive care in surgical units in Riyadh: A mixed-methods study. *Saudi J Health Sci*. 2025;14(2):88-96.
12. Al-Qahtani M, Al-Mahmoud S. The impact of the "Saudi-ization" policy on cultural congruence in nursing: A longitudinal study. *J Health Spec*. 2025;13(1):44-52.
13. Cruz JP, Alquwez N. Cultural competence and its influence on patient-centered care among nursing students in Saudi Arabia. *Nurse Educ Today*. 2024;132:105981.
14. Almutairi AF. Cultural competence in the Saudi healthcare system: A handbook for expatriate healthcare professionals. 2nd ed. Riyadh: King Saud bin Abdulaziz University for Health Sciences; 2024.
15. Al-Yami MS. Religious diversity and nursing practice: Challenges faced by non-Muslim nurses in the Asir region. *Saudi J Nurs*. 2025;8(2):112-119.
16. Purnell LD, Fenkl EA. Textbook for transcultural health care: A population-based approach. 6th ed. New York (NY): Springer; 2026. (Includes chapter on Saudi and Arab populations).
17. Al-Saeed M. Gender-segregated care and patient satisfaction in Riyadh: A cross-sectional analysis of Ministry of Health hospitals. *Int J Health Sci*. 2024;18(3):21-29.
18. Echevarria IM. Nursing leadership and cultural competence in a multinational environment: The case of Saudi Arabia. *Nurs Manage*. 2025;56(4):34-41.
19. Al-Abid R. End-of-life care and Islamic ethics: A qualitative study of expatriate nurses' experiences in Saudi Arabia. *J Med Ethics Hist Med*. 2024;17:5.
20. Al-Otaibi Y. Evaluation of medical Arabic training programs for non-Arabic speaking nurses in the Eastern Province. *J Health Inform Dev Ctries*. 2025;19(2):156-170.
21. Al-Zahrani A, Murphy S. Communication strategies for expatriate nurses in Saudi coronary care units: A grounded theory study. *Heart Lung*. 2024;64:45-53.
22. Al-Khafaji R. The role of "Culture Coaches" in improving clinical outcomes: A pilot study in a Jeddah hospital. *Middle East J Nurs*. 2026;20(1):12-24.
23. World Health Organization (WHO). Global competency framework for universal health coverage: Perspectives from the Eastern Mediterranean Region. Geneva: WHO; 2024.