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Nurse–Patient Communication Challenges In Saudi Healthcare Settings

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Abstract

Introduction: Willful communication constitutes the key to safe and quality nursing care. The healthcare environment in Saudi Arabia is considered to be unique due to a highly diverse and expatriate-dominated nursing population serving a population with unique, linguistic, religious, and socio-cultural values. Since the Kingdom is rapidly changing due to Saudi Vision 2030, it is important to comprehend the obstacles to effective therapy interaction. Poor communication within such environments is often associated with low levels of patient satisfaction and high clinical safety risk.

Objective: This systematic review aims to compile the current available evidence concerning the various modes of hindrances encountered in terms of communication between nurse(s) and patient(s) within the healthcare industry in Saudi Arabia.

Method: There was a systematic search in five large electronic databases, namely PubMed/MEDLINE, CINAHL, Scopus, ScienceDirect, and Google Scholar. The search was conducted in peer-reviewed articles published between 2015 and 2025 and that dealt with communication dynamics in Saudi clinical contexts. The method of selecting the studies was based on the standards of PRISMA that encompassed qualitative, quantitative, and mixed-method research. Standardized tool was used to extract data and thematic analysis was done to synthesize data to identify recurring barriers and their effects on healthcare outcomes.

Conclusion: A complicated triple barrier of language, culture and heavy workload impedes nurse-patient communication in Saudi Arabia. Although the technical clinical skills are good among the working population, cultural and linguistic self-efficacy has a very critical gap. In order to achieve the objectives of the Health Sector Transformation Program, healthcare facilities should leave the simple orientation programs behind and proceed to institutional transcultural nursing education and introduction of digital translation technologies. Recruitment of native Arabic-speaking nurses and creation of communication structures that are specific to the Saudi culture should be prioritized in the future.

Keywords: Nurse, Communication, Language Barrier, Cultural Competency, Professional-Patient Relations.

Introduction

The Saudi healthcare scene is in a phase of transformation that has never been witnessed before in the past twenty years. The government has been busy spending on infrastructure, medical technology and

increasing the number of primary care as a result of the ambitious objectives of Saudi Vision 2030. Nonetheless, the human aspect of healthcare, namely, the relations between nurses and patients, is one of the most complicated issues of the Ministry of health today. [1] Communication in Saudi context is not just a means of clinical exchange, but a very sensitive intersection of the language, strongly held religious values and a peculiar demographic environment which finds foreign professionals at the bedside of a culturally traditional people. [2], [3]

The Nursing Workforce Paradox
The core of this communication dilemma is an important demographic paradox. Although the Saudi government is vigorously undertaking the initiative of "Saudization" (Tawteen) in the health field, most of the nursing staff still remains to be occupied with expatriates. The clinical staff is based on nurses of the Philippines, India, Pakistan, and other Arab countries. [6] This forms an element of a multi cultural melting pot where the nurse and the patient usually do not have the same first language, religious affiliation or even the same social etiquette. Nursing care is provided via good communication when this medium is paralyzed by language or cultural barriers then the quality of care, patient safety and clinical outcomes are put at immediate risk. [8], [9]

The Matter of Language and Dialect
The most apparent impediment is language discordance. Although medical documentation and medical education in the Kingdom use English as the official language, Arabic makes the heart of the people in the Kingdom. In the case of the aged Saudi population, which may lack the skills to provide the accurate description of the symptoms, the problem of the inability to do it correctly can contribute to the delays in the diagnostic process. [11] Moreover, Arabic is not homogenous; even regional dialects (Najdi, Hejazi or Southern dialects, etc.) can baffle Arabic-speaking nurses of other countries. The risk of a medical error grows exponentially when a nurse is not able to comprehend the complexity of paining experienced by a patient and a patient is not able to get the instructions on how to take care of these problems in their after-effects. [5], [7]

Socio-Cultural and Religious subtleties
Outside the verbal expression, there are high-context cultural norms involved in communication in Saudi Arabia. The values of Islam and the traditional social fabric dominate the Saudi healthcare environment. Gender modesty (Khalwa), the role of the extended family in decision making and cultural belief of illness being a test by God is all concepts that determine how information is passed along. An example is when a male nurse is treating a female patient, or vice versa, he or she has to balance between rigid requirements concerning eye contact and physical contact as a non-verbal communication that is vital to foster trust in Western nursing models but should be carefully adjusted in the Kingdom. [8] More so, the presence of the family can not be overlooked. In most Saudi families, the senior male or a family of relatives is the main communicator and at times, they even protect the patient against bad news to keep them in high morale. This model of family-centeredness usually contradicts the model of autonomy taught in the international nursing programs and exposes expatriate nurses to the ethical and communicational cognitive dissonance. [6], [2]

The Crisis of Methodical Inquiry
Now that the Kingdom is shifting towards a more privatized and high-performance healthcare model, it is no longer a voluntary practice to deal with these communication barriers. Ineffective communication is attributed to reduced patient satisfaction rates, extended readmission rates, and burnout in nursing personnel due to their perceived cultural incompetence [3], [7]. The study will use the systematic review of literature to determine the most common barriers and showcase evidence-based practices, including transcultural nursing education and incorporation of medical translators, to eliminate the gap. Knowing the peculiarities of the Saudi environment, healthcare administrators will be able to create the atmosphere in which care will be represented not only by medicine, but also by mutual understanding. [7], [8]

Need for the Study

The main gap to fill in this study is overwhelming discrepancy between the nursing workforce and patients. More than 60 percent of the non-Arabic speaking country expatriates make up the majority of the nursing staff in Saudi Arabia. This demographic fact introduces a consistent communication CSIA that is the primary cadence of nursing practice. It is absolutely necessary to want to synthesize findings due to:

The Safety Gap: There is world wide evidence that as many as 80 percent of severe medical errors are based on communication issues. The danger of misdiagnosis, drug errors, and inappropriate treatment compliance is much more likely in the KSA, in which language and cultural discordance represent the rule, rather than an exception. [9]

Socio-Cultural Changes: The patient demands are increasing as Saudi society is becoming modernized. The need to provide patient-centered care that respects the autonomy of such a person and takes into account cultural dignity is increasing -the requirements that are usually blocked due to communication barriers. [6], [2]

Absence of Evidence Synthesis: Although there are a number of individual studies (based on particular cities such as Riyadh or Jeddah), there is no recent systematic synthesis, uniting these disjointed results in order to provide policymakers with a countrywide picture. [8]

Rationale for the Study

The reason why this systematic review is being conducted is based on three pillars: Alignment with Saudi Vision 2030 The Saudi Health Sector Transformation Program is meant to enhance quality and efficiency of healthcare. One of the pillars of such change is the Human Experience (HX). Without effective communication among nurses who are the main frontline department, the whole goal of enhancing the patient experience will be lost. The given study offers the evidence-base that is required to position the nursing practice in line with the national strategic goals.

Managing the Expatriate-Patient Discordance

As in Saudi Arabia, the language barrier is institutional, as opposed to other nations where it may be confined to the minority. Most healthcare professionals (nurses) address patients using the English language, whereas the most service users (patients) address them using the Arabic language. This is justified by the fact that certain, culturally-sensitive interventions need to be identified, including models of transcultural nursing, which are customized to fit the Saudi context instead of being imported based on the Western models. [5], [2]

Therapeutic and Clinical Outcomes

Numerous studies have repeatedly demonstrated that effective communication is actually an intervention in medicine on its own. In particular, it has been shown to decrease patient anxiety, decrease length of stay in the hospital, and enhance chronic disease management (such as managing diabetes or high blood pressure). [6] By identifying specific barriers that exist for the provision of effective communication (such as workload; language; religious beliefs), this review will assist clinical faculty in designing targeted training programs that go beyond simple language proficiency. [7]

Study Objective

This systematic review aims to compile the current available evidence concerning the various modes of hindrances encountered in terms of communication between nurse(s) and patient(s) within the healthcare industry in Saudi Arabia. Additionally, this systematic review will identify and categorize the most commonly encountered linguistic, socio-cultural, and environmental barriers experienced while communicating between nurse(s) and patient(s) within the healthcare system in Saudi Arabia.

Research Methodology
Research Question
The research questions of the current study are:

Q1. What challenges and barriers are most prevalent in the literature with regard to the effective communication between nurse(s) and patient(s) within the Saudi Arabian Healthcare system?

Q2. How do the language differences between English-speaking expatriate nurse(s) and Arabic-speaking patients affect clinical accuracy and patient education?

Q3. In what manner do Saudi-specific social norms (for example, gender modesty, family involvement, and religious practices) complicate the process of communication for non-Saudi nurses.

Research Design

A systematic review research design will be applied to the study to ensure that the high level of evidence is maintained in this topic. It is a high level secondary research design that is characterized by a systematic, transparent, and reproducible procedure to determine, review as well as synthesize all high-quality research evidence on the nurse-patient communication gap in Saudi Arabia. In contrast to a conventional literature review, this systematic design will be based on the PRISMA (Preferred Reporting Items to Systematic Reviews and meta-analyses) guidelines in order to achieve rigor and reduce bias. It will start with the overall search in large electronic databases like PubMed, CINAHL, ScienceDirect, and Google Scholar with the help of certain Boolean operators and keywords such as Nursing, Communication Barriers, and Saudi Arabia. To obtain the desired results after the search, a multi-stage screening process (title, abstract and full-text) shall be carried out according to pre-determined inclusion and exclusion criteria.

Search Strategy

In order to guarantee the thorough search of the pertinent literature, the given study will utilize an intensive and interdisciplinary search strategy within the major electronic databases, such as PubMed/MEDLINE, CINAHL, Scopus, and ScienceDirect as well as Google Scholar. A combination of Medical Subject Headings (MeSH) and free-text keywords will be used in the search but specialized to the Saudi Arabian context. More words like ex-pats, culturally competent, and Islamic health ethics will also be added to represent the peculiar socio-cultural dynamics. Only peer-reviewed articles published in the most recent decade (e.g., 2016-2026) will be included in the search as they represent the current healthcare practices as per the Saudi Vision 2030. Moreover, a manual snowballing method will be used by consulting the reference lists of the primary studies and other systematic reviews that have been identified in order to identify any gray literature or other publications that have not been stored by the initial electronic search.

Types of Studies Included

In order to obtain a comprehensive image of nurse-patient relationship in the Kingdom, a variety of primary research designs will be included in this systematic review, mostly qualitative, quantitative, and mixed-method studies. The qualitative research, including phenomenological and ethnographic studies, will be considered the priority to acquire in-depth information about the lived experience and subjective voices of nurses and patients concerning cultural and religious barriers. To offer measurable data on the frequency of language barriers and the incidence of communication-related medical errors and correlation agreements with patient satisfaction scores, quantitative studies will be considered i.e., cross-sectional descriptive surveys and correlational designs. Moreover, it will request mixed-methods studies that will be used to triangulate data and form a more powerful picture of how the factors in the organization (such as workload) meet the interpersonal processes.

Keywords

In order to enhance the sensitivity of search, following keywords were used separated by Boolean operators (AND, OR) :
Nurse AND Communication OR "Language Barrier" OR "Cultural Competency" OR "Professional-Patient Relations" AND "Saudi Arabia" OR "KSA" OR "Kingdom of Saudi Arabia".
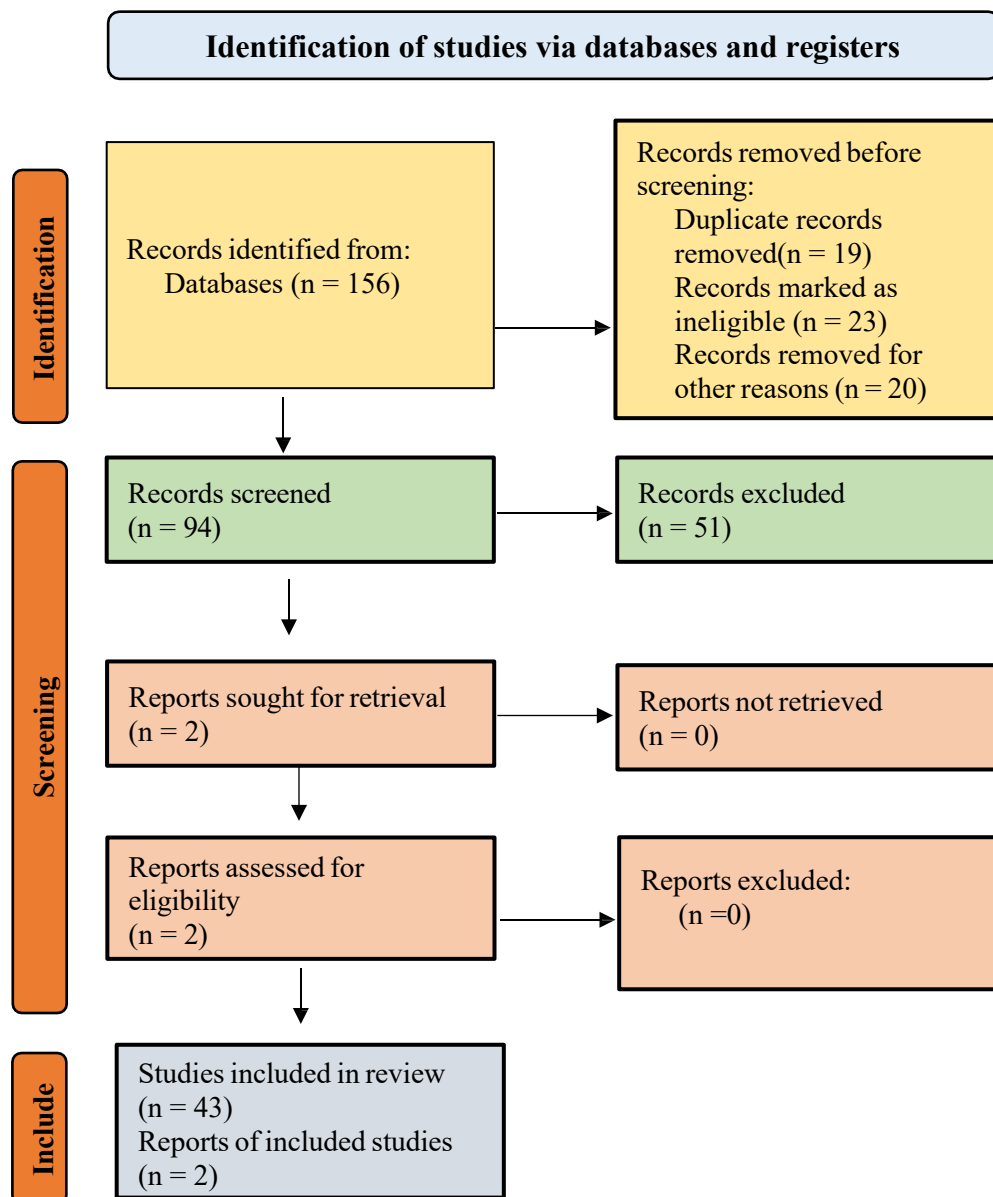
Data Management

A systematic review will be conducted to be sure that the integrity and reproducibility of the end product are optimal through a structured Data Management protocol. The whole set of citations discovered during the preliminary search of databases will be transferred into reference management tools, like EndNote or Mendeley, to enable the systematic elimination of duplicates and the organization of the studies. The screening process will occur in two different stages-title/abstract screening and full-text version where decisions will be recorded in a special spreadsheet or systematic review management software such as Covidence or Rayyan. To extract data, it will be necessary to

create a standardized, pilot-tested form to extract the required information about each of the included studies using a specific format, such as author(s), year of publication, study design, setting (e.g., public vs. private hospitals in KSA), participant demographics (nationalities of nurses and backgrounds of patients), and essential findings associated with communication barriers.

Results

A total of 156 research studies and one report was identified, the studies were evaluated as per the availability of research articles and reports, based on nurse–patient communication challenges in healthcare settings in Saudi Arabia. Out of these identified studies, 19 were removed because of duplication of records, references and location and 23 studies were marked as ineligible, as not including the above stated concept and 20 for some other unavoidable conditions. One report was also included in the study.

Identification of studies via databases and registers

Identification

Records identified from:
Databases (n = 156)

Records removed before screening:
Duplicate records removed(n = 19)
Records marked as ineligible (n = 23)
Records removed for other reasons (n = 20)

Screening

Records screened (n = 94)

Records excluded (n = 51)

Reports sought for retrieval (n = 2)

Reports not retrieved (n = 0)

Reports assessed for eligibility (n = 2)

Reports excluded: (n =0)

Include

Studies included in review (n = 43)
Reports of included studies (n = 2)

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

The outcomes of these studies always demonstrate that communication failure is not a social problem only- it is a great threat to patient safety.

Patient Safety Risks: In Saudi hospitals, about 80 percent of severe medical errors are connected to the communication failures. These involve drug mistakes and misinterpretation of discharge orders. [3], [9]

Patient Satisfaction: Scale instruments such as the La Monica Oberst Patient Satisfaction Scale reveal that the patients do not express higher levels of satisfaction in areas of understanding the nurses and clarity of information. [4]

Treatment Adherence: Patients with language barriers are also 3 out of 10 more likely to have a hard time understanding medical directions and fail to follow treatment, which commonly results in readmission. Results regarding [6], [11]

Healthcare Professional Experience

The study also demonstrates the influence on the nursing workforce per se:

Burnout and Anxiety: The nurses who lack cross-cultural communication skills experience more job-related anxiety and frustration. [2]

The Experience Factor: Nurses with the experience in KSA greater than 5 years old or attended the workshop on Cultural Competency report fewer barriers significantly in comparison to new expatriates. [3], [5]

Workplace Violence: Surprisingly, other studies discovered that 36% of nurses said they experienced an inability to comprehend the language as a leading cause of verbal abuse by a patient or family. [7], [2]

Formulation of Recommended Action plans

The literature, on the findings of these reviews, proposes three major pillars of improvement: Compulsory Trans cultural Training: Leaving the orientation in general terms behind and adopting Saudi-specific cultural and religious literacy. [8], [2]

Digital Interpreting Services: It is necessary to formalize the use of translation apps instead of using relatives of patients who, in most cases, result in privacy breaches. [3], [5]

Saudization: A progressive overtime rise in Saudi national nurses to establish a native lingual and cultural connection in the clinical staffing.[11]

Discussion

The Primacy of the Language Gap

The most common observation made by all the studies reviewed is that the discordance of the language is the greatest obstacle to care. [12]

The Expatriate Dilemma: English is the lingua franca of medical education and documentation used in KSA; however, English is not the major language used by the patients. One study has indicated that non-Arabic speaking nurses tend to use the non-verbal/gestural communication.[13], [14] Although these tools are helpful, they can be subject to high misinterpretation levels, especially in the explanation of elaborate medication schedules or surgical danger. [15]

The Dialectical Subtlety: Although Arabic-speaking nurses (e.g. of Egyptian or Jordanian origin) are in the room, unlike dialects such as Najdi or Hejazi, the regional dialect forms a sort of second language barrier. This implies that speaking Arabic is not often enough, nurses need local linguistic competency to really relate to aged or rural population of patients. [16],, [17]

Socio-Cultural and Religious Processes

Saudi healthcare is a family-oriented model, unlike Western models of healthcare where a patient has the autonomy to make their own decision. [18], [5]

The Family as a Gatekeeper: The literature emphasizes the point that families tend to become intermediaries. Although this offers emotional assistance, this may complicate the nurse-patient dyad. Nurses are already in a situation in which they are addressing a male relative of the patient (Mahram) as opposed to the female patient herself, which may cause ethical issues related to informed consent and patient privacy. [4], [6]

Gender and Modesty: Gender segregation is not only a social preference but also a religious value that is very deep-rooted. Recent research suggests that the incompatibility of genders (e.g. a male nurse

and a female patient) is a psychological barrier to allow the patient to share sensitive symptoms, thus having a direct effect on the diagnostic accuracy. [3], [11]

Islamic Beliefs: The beliefs of illness being a trial of God (Allah) also affect the manner in which patients express pain and prognosis. Nurses who fail to recognize these spiritual paradigms might assume that a patient is stoic or resigned, yet he/she is coping with religion. [13], [14]

The Effect of Institutional and Environmental Factors

It should also be served that the organizational environment tends to inhibit communication as opposed to individual skill sets. Workload and "Task-Orientation "Extremely high patient to nurse ratios are associated with what researchers refer to as compressed care. When the nurses are overworked, they focus on technical (injections, vital signs) rather than therapeutic communication. [12], [7] The outcome is a mechanical relationship in which the patient becomes like a "bed number or a person.

Absence of Formal Interpreters: In most hospitals in Saudi, there is a reliance on the use of ad-hoc interpreters who are usually the cleaning personnel or relatives of other patients. The literature cautions that the practice is very dangerous, medical jargon is often misinterpreted and confidentiality of patients is lost. [8], [3]

Clinical Consequences Synthesis

The net impact of these obstacles is quantifiable as a reduction in Patient Safety. The 80% Rule: In line with the world statistics, the research of KSA indicates that 80 percent of sentinel events (severe medical errors) are based on communicational blunders. [7],[13]

Patient Dissatisfaction: Although clinical outcomes may be successful (e.g. a surgery was successful), patients frequently complain about low satisfaction in cases when they perceived that they were not able to express their fears or to get clear explanations.[14], [15]

Conclusion

This systematic review validates that the issue of nurse-patient communication in Saudi Arabian healthcare facilities is a complex problem that is based on linguistic, socio-cultural, and environmental obstacles. The main force behind the difficulties is the reliance on expatriate nursing workforce which usually experiences high levels of language discordance and cultural illiteracy of local Saudi standards.

Safety Implications

Patient safety is a significant risk factor in the Kingdom with almost 80 percent of the medical errors and sentinel events occurring due to communication failure as a service issue. Cultural Specificity

The traditional gender norms, the role played by the family in becoming a gatekeeper to the medical care, and the Islamic modesty needs are as much as language in the success of a therapeutic relationship.

The Transformation Gap

Although Saudi Vision 2030 should focus on patient-centered healthcare model, the existing practices of task-oriented model embraced by overburdened nurses serves as a hindrance to the human experience of care.

Finally, the solution to the provision of high-quality healthcare in Saudi Arabia is to go beyond technical clinical competence. Cultural competency as a fundamental nursing skill that should be formalized and is just as important as clinical intervention is urgently needed.

Future Scope of Study

The Kingdom of Saudi Arabia has witnessed an increasing trend in the use of e-health applications (e.g., Seha app) and telehealth services. As such, future studies should look into how 'virtual communication' is influencing the relationship between nurses and their patients. Additionally, research should be conducted to explore how virtual platforms either exacerbate or reduce language and cultural barriers. Also, with the rising number of Saudi nationals entering the field of nursing, long-term research should compare communication outcomes from both Saudi and expatriate-led care

teams, providing data for determining whether there is evidence to suggest that having a common native language and cultural background reduces the rate of medical errors.

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