



UNIVERSITEIT VAN PRETORIA
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**COHESION CHALLENGES IN A MULTICULTURAL TEAM:
A DESCRIPTIVE QUALITATIVE STUDY IN A CARDIAC CENTRE OF
A DESIGNATED HOSPITAL IN SAUDI ARABIA**

**A DISSERTATION SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR
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November 2024

DECLARATION PAGE

I, Kaminie Govender, declare that this dissertation “**Cohesion Challenges in a Multicultural Team: A Descriptive Qualitative Study in a Cardiac Centre of a Designated Hospital in Saudi Arabia**” is my original work. It has not been submitted to any other institution before for any degree or examination. All the sources used and quoted were acknowledged by means of complete references in the text and bibliography.

Kaminie Govender

26 November 2024

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K Govender

Date

DEDICATION

Firstly, I dedicate this study to the Almighty God, who has blessed me with the strength, courage, and wisdom to pursue this dream and improve the nursing profession globally. Thank you, Dear God.

This study is wholeheartedly dedicated to my parents for their hard work in ensuring I am educated. Mr George Govender and Mrs Dolly Govender have always been my pillars of strength and my source of inspiration to do good. Their unwavering love, support, prayers, and belief in my potential fuelled my determination to achieve this milestone. I thank you deeply. This dissertation is a testament to the power of your influence and upbringing.

To my brothers Marlin, Premlin, Neil, my sisters Tracy and Jayanthi, my dearest nephews Tryllin, Trynolin, Lerav and Lishalin, I also dedicate this achievement to you for all the support and love you always give to me. As much as I want to make all of you proud, I also want to inspire you to always reach for the stars and never give up. Thank you for always believing in me.

I dedicate this achievement to my late granny, Mrs Lutchmee Govender, and my late aunt, Sargonum Pillay. You played an instrumental part in my upbringing and career path. Your strength became my strength, and although you are no longer with me, I keep you close in my heart and will continue to see you as my motivation for success.

This dissertation represents a culmination of countless hours, late nights and moments of self-doubt. It's a testament to perseverance and the power of believing in oneself. I, therefore, dedicate this study to myself and make it my beginning and oath of commitment to improve the nursing practice throughout the world.

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ABSTRACT

INTRODUCTION

The World Health Organization predicts a global shortage of 5.7 million nurses by 2030. Many public and private healthcare services will experience shortages globally and will have to recruit nurses from other countries. Foreign nurses' poor understanding of their colleagues' and patients' cultural backgrounds may contribute to the teams' challenges to deliver quality care and promote team cohesion.

METHODS

The researcher opted to use a descriptive qualitative design, and the preferred data collection method was individual face-to-face interviews to explore and understand the participants' perceptions of the cohesion challenges that their multicultural nursing team experienced. The researcher led the interviews with the open-ended question, *'What cohesion challenges does the multicultural nursing team of the cardiac centre experience, and what support should they get from management to overcome these challenges?'* and also used probing questions that guided the participants' responses to enable a deeper understanding of their experiences. The interviews were audio-recorded as permitted by the participants. A thematic analysis was used to analyse the data.

RESULTS

Six categories with subcategories emerged. Cohesion in a multicultural nursing team requires good communication, the inclusion of all nurses in decision making, the prioritising of nurses' needs by managers and the need for meaningful team-building events. The participants highlighted a need to be given the opportunity to share their experiences and for the nurses to know and understand the benefits of multicultural teams.

CONCLUSION AND RECOMMENDATION

The study recommends a need for cultural competence training, effective communication practices and salary reviews that may encourage team cohesion.

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CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

The WHO predicts a global shortage of 5.7 million nurses by 2030 (WHO, 2020:17). Many public and private healthcare services will therefore globally experience shortages and will have to recruit nurses from other countries (Kamau, Koskenranta, Isakov, Kuivila, Oikarainen, Tomietto & Mikkonen, 2023:121) that may experience challenges to develop into cohesive patient care teams (Brunton & Cook, 2018:83). Foreign nurses' poor understanding of their colleagues' and patients' cultural backgrounds may contribute to the teams' challenges to deliver quality care (Balante, Van Den Broek & White, 2021:118; Crawford, Candlin & Roger, 2017:24).

1.2 BACKGROUND

Managers need to find innovative solutions to future nurse shortages (Morley & Cunningham, 2021:103). At the same time, nursing teams' demographics are rapidly changing as nurses emigrate to other countries for better working conditions, urging managers to create culturally sensitive teams (Sumo, Staffileno, Warner, Arrieta & Salinas, 2021:118). Cohesion challenges in multicultural nursing teams are to the detriment of quality patient care (Hari, Geraghty & Kumar, 2021:102).

Although a multicultural nursing team's cohesion could be enhanced through trusting authentic communication (Kurup, Burston & Miles, 2023:30; Deetz, Davidson, Daugherty, Graham & Carroll, 2020:55), the members' cultural differences may cause communication breakdowns and possible failure to achieve quality patient care (Hari, Geraghty & Kumar, 2021:3). Language differences can lead to misunderstandings that may seriously impact on teamwork (Crawford et al., 2017:24), increase mistrust within teams and hinder the delivery of quality care (Metzger, Dowling, Guinn & Wilson, 2020:5). Concise communication in multicultural nursing teams is a prerequisite for optimal cooperation (Weston, 2022:152). Team members are expected to understand one another in order to effectively cooperate in planning and implementing patient care

(Oakley, Grealish & Coyne, 2020:48). Nurses of multicultural backgrounds need to develop skills to understand their colleagues' and patients' behaviour and norms (Shepherd, Willis-Esqueda, Newton, Sivasubramaniam & Paradies, 2019:135).

Fostering effective communication among team members and between the team and patients is critical when multicultural nursing teams deliver care to diverse patient populations (Carbonell, Navarro-Perez & Mestre, 2022:1366; Sjoberg, Soderstrom, Larsson & Jildenstal, 2023:604). Unfortunately, communication failure remains an important reason for healthcare errors (Sumo et al., 2021:23). Additionally, when effective communication is paired with embracing diversity of thoughts, healthcare systems are more capable of enhancing cohesion in multicultural nursing teams that also lead to providing quality patient care (Nair & Adetayo, 2019:01).

In multicultural nursing teams, both host and migrant nurses experience challenges to collaborate. The findings of a study by Brunton and Cook (2018:83) on cohesion challenges of a team of multicultural nurses in New Zealand indicated that both the New Zealand and migrant nurses experienced major challenges to collaborate due to the diversity of culturally driven value-based beliefs about quality patient care. The study's findings also emphasised the importance of creating a welcoming environment for migrant nurses and the allocation of preceptors to assist them in adjusting to the policies and regulations of the foreign country's healthcare services (Brunton & Cook, 2018:86).

Nurses migrating to other countries may be unfamiliar with some or all systems and processes in their new workplace (Crowder, Tanner, Dawson, Felsman, Hassmiller, Miller, Reinhard & Toney, 2022:48). Australia is a multicultural country reliant on experienced international professional nurses to meet their shortfall in speciality care areas (Tie, Birks & Francis, 2019:470). Hospital managers often expect foreign nurses to understand the country's unique context in order to integrate into their local healthcare system and to utilise their knowledge, skills and experience to contribute to safe, culturally appropriate care (Tie, Birks & Francis, 2019:471). Although Australia is an English-speaking country, its international nursing workforce may understand and speak English. Still, for many, it's not their mother tongue, and due to this, their accent and different pronunciation of words, misunderstanding often occurs to the

detriment of all persons involved (Peasgood, Bourke, Nancy, Rowen, Yang & Dalziel, 2023:115). These are some of the challenges a multicultural team could experience that may lead to poor team cohesion.

Without sufficient support from hospital management, multicultural nursing teams' dysfunction may jeopardise patient safety (Weston, 2022:04) and cause frustration among the members of the team (Javanmard, Steen, Vernon & Newnham, 2017:95). Nurse managers form part of nursing teams. They have the responsibility to support their subordinates to overcome cohesion challenges to the benefit of patients (Tie, Birks & Francis, 2019:26). As important members of nursing teams, managers should foster working environments that enable culturally and linguistically diverse teams to feel comfortable to collaborate with colleagues to deliver quality care (Kamau et al., 2023:121). They can influence hospital management to adopt policies and programs to support multicultural nursing teams to overcome cohesion challenges (Sherman, 2022:109). As leaders of an organisation, nursing managers should cooperate with multicultural nursing teams to help them deal with challenges and strengthen cohesion (Loveday, Lord, Ellwood, Bonnici & Decker, 2020:1662).

Enabling interpersonal relationships in multicultural teams and between the teams and their managers may result in good communication practices, decreased stress, and improved teamwork for all involved (Reschke, Dawber, Millear & Medoro, 2021:66). The development of a sense of voluntary participation can enhance cohesion within multicultural nursing teams (Cohen, Griggs, Kanji, Cohen, Lazzara, Keebler & Gewertz, 2021:126).

The positive relationship between visionary leadership and team innovation is mediated by team cohesion but not team boundary management (Van der Voet & Steijn, 2021:1275). Cohesion is a crucial requirement for team innovation, as a cohesive team is a psychologically safe environment for multicultural team members to experiment, take risks and exchange ideas (Marmarosh & Sproul, 2021:169). Managers' visionary leadership can also strengthen team cohesion. A vision can be used as a shared frame of reference for the multicultural nursing team to enable them to work collaboratively towards reaching common goals (Van der Voet & Steijn, 2021:1278).

1.3 PROBLEM STATEMENT

The migration of nurses to foreign countries is expected to increase in the future. Nursing care will be rendered by multicultural teams (Shahzad, Ali, Younas & Tayaben, 2021:1119). At times, inadequate cultural awareness among nurses negatively influences their collaboration with foreign colleagues, which may be detrimental to the care that they as a team deliver to patients (Oakley, Grealish & Coyne, 2020:1).

The Saudi Arabian health system is mainly staffed by non-Saudi nurses who are recruited from all over the world (Saudi Health Council, 2019:1). The nurses, therefore, work in multicultural teams and, according to the experience of the researcher as a nursing manager, the teams are often confronted with challenges to become cohesive units. The host and migrant nurses often misunderstand their colleagues' cultural behaviour and experience communication challenges due to the variety of languages that are used. The nurses tend to group with their own kind and thereby minimise interaction and communication with nurses from other cultural backgrounds. The situation poses a problem as some important patient or administrative information is miscommunicated, not communicated at all or misunderstood, leading to conflict situations.

Despite available literature on the experiences and challenges faced by multicultural nursing teams, there is still a gap regarding cohesion in such teams that requires further exploration (Balante et al., 2021:118). An absence of knowledge still exists on the challenges experienced by multicultural nurses concerning their cultural norms and linguistic practices (Magi, Van Ham, Leetmaa & Tammaru, 2020:46). Further research is therefore required to enhance the understanding of the challenges that the nurses experience in order to promote cohesive multicultural nursing teams (Magi et al., 2020:46).

1.4 RESEARCH QUESTION, AIM AND OBJECTIVES:

1.4.1 Research question

What cohesion challenges did the multicultural nursing team of a cardiac centre in a designated hospital in Saudi Arabia experience?

1.4.2 Aim

The study aimed to explore and describe the cohesion challenges the multicultural nursing team of a cardiac centre in a designated hospital in Saudi Arabia experienced.

1.4.3 Objectives

The objectives of the study were to:

1. Explore and describe the challenges that the nurse managers of a cardiac centre in a designated hospital experienced in order to support the nurses to function as cohesive teams.
2. Explore and describe the challenges that cardiac centre nurses in a designated hospital faced in functioning as cohesive teams.
3. Integrate the data obtained from objectives 1 and 2 to describe the challenges that the multicultural nursing team (managers and nurses) of the cardiac centre in a designated hospital in Saudi Arabia experienced.

1.5 DEFINITIONS OF KEY TERMS/CONCEPTS

In this study, the following definitions applied:

MULTICULTURAL is a concept of multiple geographical interpretations referring specifically to the existence of different power relations amongst populations in terms of racial, ethnic and other cultural markers that deviate from dominant norms (Kamau et al., 2023:2). In this study, multicultural referred to nursing teams that consisted of host and migrant nurses that adhered to a variety of cultural, behavioural and language practices and who worked in the cardiac unit of a designated hospital.

COHESION: According to Weston (2022:04), cohesion means sticking together to strengthen relationships and improve the sense of solidarity amongst members of a team. Team cohesion's general purpose is to work towards the well-being of its members, fight exclusion and marginalisation and create a sense of belonging in order to promote trust and offer its members the opportunity towards upward mobility in the organisation (Kim, Heitkemper, Hebert, Hecht, Crawford, Nnaka, Hutson, Rhee & Radhakrishnan, 2022:70). In this study, cohesion referred to the ability of multicultural nurses working together in a nursing team, acknowledging and respecting all their differences and trying to understand and support each other in order to promote team cohesion.

NURSING TEAM: According to the World Health Organization (2020:27), a nursing team is a workforce comprised of nurses representing the world's largest single occupation in the healthcare sector. Nursing teams form part of interprofessional healthcare teams that work towards delivering on the promise of health for all. In this study, the nursing team referred to all the nurses, including the nurse managers, charge nurses, clinical resources nurses, primary nurses and patient care technicians. All the nurses are registered nurses in their countries and the designated hospital except for the patient care technicians. They functioned as assistants to the nurses. The nurse managers had to be specialised in management to be appointed. Nevertheless, all nurses had to be registered with the Saudi Commission for Health Specialities as nurses.

CHALLENGES refer to stepping outside comfort zones to take on new tasks as new goals have been set, being ready to work hard to achieve new goals, and, in this way, seeing challenges as something that teaches people to grow as it encourages personal development and self-improvement (Kurup, Burston & Miles, 2023: 358). In this study, the challenge referred to the stumbling blocks that the nurses experienced in forming cohesive teams.

1.6 CONTEXT/SETTING

The study was conducted in the cardiac centre of the designated hospital. The centre was staffed with one director of clinical nursing, 17 nurse managers, 17 clinical resource nurses (professional nurses responsible for continuous professional development and research) and approximately 280 professional nurses. The centre is a 121 bedded unit that includes ten wards, three clinics, three intensive care units and a Cath lab. The nursing team was multicultural, consisting of local nurses and nurses from South Africa, the Philippines, Portugal, India and Czechoslovakia.

1.7 ASSUMPTIONS

Assumptions are described by Polit and Beck (2022:376) as ideas that are accepted as being true depending on logic or reason without being scientifically proven. The assumptions in this study are discussed with regard to the constructivist paradigm that holds that there are multiple interpretations of reality and that the goal of research is to understand how individuals construct reality within their context. The researcher supported the constructivist paradigm as it allowed her to interact with the participants to gain an understanding of their life world.

The constructivist paradigm asserts that reality is a construct of the mind. Therefore, reality is subjective and is mostly associated with qualitative research (Polit & Beck, 2022:377). Furthermore, constructivist studies yield rich, in-depth knowledge that can potentially clarify the dimensions of a complicated phenomenon, and the findings are grounded in people's real-life experiences (Polit & Beck, 2022:8).

Ontological assumptions are based on the idea that our views can be defined based on the nature of reality (Pessu, 2019:38). In this study, the researcher answered the research question by exploring and describing the challenges that the multicultural nursing team of a cardiac centre in a designated hospital in Saudi Arabia experienced.

The epistemology of constructivism refers to exploring the nature of reality (Polit & Beck, 2022:8). The researcher co-created the data with the participants to explore and describe the challenges that they experience to function as a cohesive unit.

Methodology is a way of acquiring knowledge systematically, driven by the researcher's ontological and epistemological beliefs (Pessu, 2019:39). Therefore, in this study, the researcher used individual face-to-face interviews to explore the research question and a thematic analysis to analyse the data collected. She closely analysed the data to identify common ideas or patterns.

1.8 DELINEATION

The study was delineated to a cardiac centre of a designated hospital in Saudi Arabia, focusing on all nurses, including the nursing managers. It aimed to explore and describe the challenges that a multicultural team experienced in functioning cohesively. The study did not aim to explain the challenges nor to address them.

1.9 RESEARCH DESIGN

Research design refers to the overall plan for addressing a research question, which includes strategies for enhancing the study's integrity and the trustworthiness of the findings (Polit & Beck, 2022:399). The researcher did a descriptive qualitative study to answer the study's research question. Polit and Beck (2022:396) define descriptive qualitative research as an approach that yields rich descriptions of phenomena.

Descriptive qualitative research is common in nursing research due to its inherent simplicity, flexibility and utility in diverse healthcare contexts (Doyle, McCabe, Keogh, Brady & McCann, 2020:443). The most frequently used rationale for the use of a descriptive approach is to provide detailed descriptions of experiences and perceptions, particularly in areas where little is known about the topic under investigation (Doyle et al., 2020:444). Purposively sampled nurses and managers were interviewed until data saturation was reached about the cohesion challenges that they in a multicultural team experienced.

1.10 SUMMARY

This chapter described the study's background and problem statement, including its aim and objectives. It also defined the key terms and discussed the assumptions. The methodology of the study will be described in the next chapter.

CHAPTER 2

METHODOLOGY OF THE RESEARCH

2.1 INTRODUCTION

Research methodology helps systematically obtain knowledge in accordance with the researcher's ontological and epistemological beliefs (Pessu, 2019:39). This chapter describes the methodology used for sampling participants and data gathering and analysis.

2.2 RESEARCH DESIGN

Research design addresses the way in which the research question is answered (Polit & Beck, 2022:396), and in this study, the researcher opted to use a descriptive qualitative design. Descriptive qualitative research designs can be used in diverse settings and enable researchers to provide detailed descriptions of participants' life experiences and perceptions, specifically in areas where not much is known about the investigated topic (Doyle, McCabe, Keogh, Brady & McCann, 2020:443). Descriptive qualitative research is often done through interviews with participants to gain an understanding of their perspectives about the studied phenomenon (Akyildiz & Ahmed, 2021:2). A descriptive qualitative research design was deemed most appropriate for this study as it recognises the subjective nature of the problem and the different perspectives of the participants of the studied phenomenon (Doyle et al., 2020:44).

A crucial step in conducting a descriptive qualitative study is for the researcher to consider a tool for collecting and analysing data (Akyildiz & Ahmed, 2021:2). In this study, the preferred data collection method was individual face-to-face interviews to explore and understand the participants' perceptions of the cohesion challenges that their multicultural nursing team experienced.

2.3 METHODS

The methods will be described under the following headings:

2.3.1 Population

The study population consists of all the people who meet the inclusion criteria to be selected to take part in the study. They must all qualify to be included in the sample (Polit & Beck, 2022:249,250). In this study, the nurses and nurse managers of the cardiac centre at a designated hospital in Saudi Arabia at the time of the study qualified to form the study population. The study population consisted of approximately 300 nurses and nurse managers who all were part of the multicultural team and, therefore, experienced cohesion challenges. The following inclusion criteria applied:

- Nurse managers who manage multicultural nursing teams in the cardiac centre of the designated hospital.
- Nurses that are included in the multicultural nursing team in the cardiac centre of the designated hospital.

2.3.2 Sampling method and sample size

The researcher used purposive sampling to select a sample of participants. According to Shaheen, Pradhan and Ranajee (2021:28), it is used to select potential participants with a thorough understanding of the studied phenomenon. They should also be willing and capable of communicating their perspectives and experiences of the phenomenon, which in this study referred to the cohesion challenges of a multicultural nursing team.

Once the proposal had been approved by the Faculty of Health Sciences Research Ethics Committee (Refer to Annexure D) and with the permission of the hospital management to conduct the research in the designated hospital (Refer to Annexure E) the researcher introduced the planned study during meetings to the nurses and nurse managers of the cardiac centre. The researcher was transparent about her position in the cardiac centre so that potential participants could decide whether they preferred not to take part in the study due to the researcher's leadership role. The nurse managers were provided with copies of the proposal, and after that, the researcher invited them to take part in the interviews. All of them agreed and had been given participants information leaflets to study and to sign before the commencement

of the interviews. They were given ample time to think about their participation carefully before agreeing. To the researcher's surprise, all were very interested as they felt this study could bring positive change to team cohesion.

Thereafter the nurses who showed interest in the study and who had experienced challenges with the cohesion of the multicultural team were approached to participate. They received sufficient information about the study to make informed decisions about their participation. They got participants information leaflets to study to give informed consent to participation. Interviews were conducted until data saturation. The sample comprised 15 participants, five nurse managers and ten nurses. Their ages ranged between 30 to 55 years, and all were from different countries and cultural backgrounds. Saturation of data refers to the collection of qualitative data to the point where a sense of closure is attained because new data yields redundant information (Polit & Beck, 2022:381). Data saturation was reached at the 13th participant, but two more interviews were conducted to ensure no new information emerged.

2.3.3 Data Collection and Organisation

Individual face-to-face interviews were conducted in a secure and private venue in the cardiac centre that the participants preferred. The venue was accessible and convenient for all participants. It was a private, spacious room with adequate lighting, ventilation, and no noise. The researcher also provided bottles of water and a box of tissues in case any of the participants required them.

Before each interview, the researcher ensured that the participants had given informed consent to take part in the interviews. She also made sure that they had no objection to the audio recording of the interviews. The researcher informed the participants that she would be writing notes during the interviews about important information that would be shared with her. The participants were also informed that they could have stopped the interview at any time if they were not comfortable continuing. The researcher also explained that whatever was discussed and raised in the interviews would be kept highly confidential and would not be discussed with anyone.

Furthermore, all participants were assured that their names would not be revealed and would be replaced with numbers. Even in the dissertation, only participant numbers would be quoted, not their names. Participants were also informed that all interview information would be stored in a secure folder with a password to ensure confidentiality.

Data was collected during May 2024 with five nurse managers and ten nurses working in the cardiac centre of the designated hospital in Saudi Arabia. Their ages ranged between 30 and 55, and all were from different countries and cultures. The first interview was conducted on 01 May 2024, and the last interview took place on 30 May 2024.

The individual face-to-face interviews were semi-structured. The private individual face-to-face interviews enabled participants to share their thoughts freely without being heard by others. Only one question was asked to all participants: “What cohesion challenges does the multicultural nursing team of the cardiac centre experience, and what support should they get from management to overcome these challenges?” The researcher used probing questions to ensure that rich data was obtained (Refer to Annexure C).

During some interviews, participants became emotional when they expressed painful experiences. The interview was then paused, and the participant was reassured and comforted by the researcher, and the participant was given the option for rescheduling. However, all affected participants continued with the interviews after they became calm and relaxed with the assistance of the researcher’s reassurance. In these cases, the researcher also used her relevant personal experiences so that the participants realised that they were not alone in what they experienced, and this helped settle them. Participants were made to feel as if they were having a discussion instead of being interviewed. They appreciated this comfort as it allowed them to be more open about their experiences. Some interviews also gave the participants clarity about certain points they were unsure about, and most of the participants left the interview empowered and happy to express themselves. The nurse managers expressed their gratitude towards the researcher for allowing them to express their experiences and allowing them to be part of this study, which could lead to a positive change in the

team's cohesion. The nurses also expressed their sincere thanks to the researcher for allowing them to voice their challenges and hope that the study would bring a good change to the work culture in the organisation.

2.3.4 Data Preparation and Analysis

The audio-recorded interviews were transcribed using an app called 'Otter' which all participants consented to when they signed the consent to the audio recording. In this study, thematic data analysis was used. Thematic analysis is a good approach to analyse data when researchers are trying to understand people's views, experiences and knowledge of studied phenomena (Caulfield, 2022:2). The following steps below were followed:

- Step 1: **Familiarisation** began with the researcher familiarising herself with the data collected, which helped her determine the types of themes that emerged from the data.
- Step 2: **Coding** allowed the researcher to read and re-read all transcripts and field notes to identify similar words and to attach codes to similar sets of words.
- Step 3: **Searching for themes** began with the list of codes that emerged from the previous step to discover patterns and relationships across the data set.
- Step 4: **Reviewing themes** helped the researcher group themes so that they would be presented systematically.
- Step 5: **Defining and naming themes** allowed the researcher to refine them further by identifying their essence and determining what aspect of the data each theme captures.
- Step 6: **Involving a co-coder** to ensure the trustworthiness of the themes. The researcher involved one of her research supervisors as a co-coder.
- Step 7: **Writing a report** culminated in the dissertation.

2.4 RIGOUR

Qualitative research is uniquely positioned to provide researchers with narrated data that is closely related to human perspectives. However, the findings should be trustworthy. Therefore, in this study, certain strategies that ensure the trustworthiness

of the findings were employed, and these, according to Lincoln and Guba (1985), were credibility, transferability, dependability, confirmability, and authenticity (Stahl & King, 2020:26).

To ensure the **credibility of the study's findings**, the researcher conducted interviews until saturation of data occurred, involving both nurse and nurse manager participants. Individual interviews and field notes were used in data collection.

In **confirmability of the findings**, the researcher bracketed her own perceptions of the cohesion challenges as a member of the multicultural team in which she held a role at the time of the research leadership position. She was open about her position and all the participants were aware of her being part of the nursing team of the cardiac centre. She kept a reflexive journal to keep track of her own perceptions and opportunities where she was too involved in the interviews. She also kept a record of the ways in which she managed multicultural issues to avoid becoming too involved in order to prevent bias.

Dependability of the findings refers to the degree to which the findings are a true representation of data obtained from the participants of the studied phenomenon (Stahl & King, 2020:27). To ensure the dependability of the findings, the researcher provided a comprehensive description of the sampling, data collection, and analysis processes to enable other researchers to repeat the study. A co-coder was used to ensure that the categories and sub-categories reflected the participants' description of the phenomenon.

The **transferability of the findings** requires a thorough description of the research context to enable readers of the report to gain a good understanding of the demographic information of the participants and the context in which the data was collected (Stahl & King, 2020:29). In this study, the researcher thoroughly described the participants and the context of the study to ensure the transferability of the findings.

The **authenticity of the findings** refers to the degree to which researchers capture the multiple perspectives and values of the participants in the findings of the study (Amin, Norgaad, Cavaco, Witry, Hillman, Cernasev & Deselle, 2020:8). To ensure

authenticity, the researcher ensured that data collection and analysis were done reliably. The researcher has also ensured the transferability of the findings by ensuring the participants' voices are heard by using excerpts from the transcripts of the interviews in the description of the findings of the study. The researcher has also avoided all possible biases continuously.

2.5 ETHICAL CONSIDERATIONS

When it comes to research, ethics refers to the norms and values that guide decisions regarding the collection and analysis of data. Whenever researchers involve people in research, their well-being must be the top priority (Mirza, Bellalem & Mirza, 2023:442).

In this study, ethical principles supported by the Belmont Report, such as beneficence, non-maleficence, respect and justice, were maintained (Polit & Beck, 2017:139). The researcher committed herself to upholding these prescribed principles by ensuring that ethically sound research was conducted and that the rights of the participants were protected throughout.

The University of Pretoria Faculty of Health Sciences Research Ethics Committee approved the research proposal, and the applicable authorities granted permission to involve the employees of the designated hospital in Saudi Arabia.

2.5.1 Right to self-determination and full disclosure

The potential participants were approached individually, and information about the study was discussed with them. The information provided was easy to comprehend and the participants had the power of choice to decide freely if they wanted to partake in the study. All participants received an explanation ensuring them that their participation was voluntary and that they could refuse or withdraw from the study at any point. Informed consent was obtained from all participants before the study was conducted. The researcher assured all participants that their withdrawal or refusal to participate will not affect the co-worker relationship and will be respected.

The researcher was open about her managerial position in the cardiac centre of the designated hospital and ensured participants that her position did not coerce them to partake in the study. The researcher also assured all participants that she would not use any information that the participants shared with her to their benefit or detriment, and all information was treated confidentially. In the dissertation and article publication, no information was included that may lead to the identification of the participants.

2.5.2 Right to privacy

Confidentiality was ensured by concealing the participants' names and identities during data collection, analysis and the description of the research findings. Interviews were conducted in a private venue at the hospital, and permission to audio record during data collection was obtained in writing from the participants. Therefore, in this study, the researcher kept identifying information in locked files and used numbers to substitute the participant's names on the records.

2.5.3 Right to fair treatment

All participants partaking in the study were treated and respected in the same manner, no matter what their background or position was. They were treated in a respectful manner as well as the diversity of their contributions. The researcher anticipated that the participants might feel anxious and nervous before, during and after the interview. Therefore, she allowed them to set the pace for their interviews and made them feel comfortable to the maximum by providing water and tissues as well. The researcher also offered to discontinue or stop the interviews and commence once the participants were ready when necessary.

2.6 SUMMARY

This chapter described the research methodology, and the findings will be presented and discussed in the next chapter.

CHAPTER 3

PRESENTATION OF THE RESEARCH FINDINGS

3.1 INTRODUCTION

The study aimed to explore and describe the cohesion challenges experienced by the multicultural nursing team of a cardiac centre in a designated hospital in Saudi Arabia. The descriptions of the categories and sub-categories are supported by verbatim quotes from the participants' interview transcripts. The quotes are written in Italics, with each quote followed by the participant's number in brackets.

3.2 DEMOGRAPHIC PROFILE OF THE SAMPLE OF THE STUDY

Data was collected during May 2024 with nurse managers and nurses working in the hospital's cardiac centre. The sample comprised 15 participants, five of whom were nurse managers and 10 of whom were nurses. Fourteen of them were females, and only one male participated. Their age ranged between 30 and 55, and all were from different countries and cultures. The summary of the demographic profile is tabled under Table 3.1.

Table 3.1 Demographic data of participants

Participants	Age	Gender	Nationality	Title
P1	39	Female	Czech	Nurse manager
P2	30	Female	Saudi Arabian	Nurse manager
P3	55	Female	South African	Staff nurse
P4	54	Female	Malaysian	Nurse manager
P5	32	Female	Malaysian	Clinical resource nurse
P6	40	Female	Malaysian	Nurse manager
P7	55	Female	South African	Nurse manager
P8	30	Female	Malaysian	Staff nurse
P9	30	Female	Philippines	Clinical resource nurse
P10	31	Female	Malaysian	Staff nurse
P11	35	Female	Indian	Clinical resource nurse
P12	55	Male	Philippines	Charge nurse
P13	35	Female	Singaporean	Clinical resource nurse

Participants	Age	Gender	Nationality	Title
P14	52	Female	Philippines	Charge nurse
P15	35	Female	Malaysian	Charge nurse

3.3 DESCRIPTION OF THE CATEGORIES AND SUBCATEGORIES

The findings were derived from the participants' input during individual interviews. Six categories and 23 subcategories emerged respectively (Refer to Table 3.2).

Table 3.2 Categories and sub-categories of the study

Categories	Subcategories
1. Excluded from communication due to language barriers	1.1 English is not always used for communication 1.2 Misunderstandings due to communication barriers 1.3 Nationality grouping of nurses 1.4 Disrespect towards others
2. Difference in practical experiences leads to alienation	2.1 Exclusion of team members 2.2 Poor cultural competence and understanding 2.3 Unfairness and discrimination among team members 2.4 Multicultural nurses look down upon each other based on backgrounds.
3. Nurse managers struggling to meet the new staff needs	3.1 Nurse managers not sensitive to staff needs 3.2 Poor prioritising of leave arrangements 3.3 Nurse managers are not perceived as role models 3.4 Outdated orientation programs not meeting the newcomers' needs 3.5 Limited resources for team building
4. Advantages of multi-nationality nurses rejected	4.1 Nurses' previous experiences are not appreciated 4.2 Poor understanding of the benefits of multicultural teams 4.3 Minimal open communication between team members 4.4 Poor role clarification causing conflict

Categories	Subcategories
5. Foreign nurses are obliged to conform.	5.1 Poor sensitivity to the needs of all team members 5.2 There is little opportunity to contribute to the improvement of practice 5.3 Limited support from Saudi Arabian nurses 5.4 Nurse managers ignorant of foreign nurses' family concerns 5.5 Minimal agency support before the transition phase
6. Nurse managers struggling to promote unified teamwork	6.1 Nurses not helping each other due to salary differences based on nationality 6.2 Poor organisational support for meaningful team-building events 6.3 No training programs for cultural competence 6.4 Grouping of nurses

3.3.1 Category 1: Excluded from communication due to language barriers

The participants commonly stated that poor communication was their main challenge in developing cohesion with their colleagues. The first category refers to the exclusion of team members that resulted from the language barrier.

3.3.1.1 *Sub-category 1.1: English is not always used for communication*

The participants revealed that although English was a mandated language in the workplace, they often found themselves in situations where English was not used. They struggled to understand others, especially during patient rounds. It often led to them being excluded from conversations with patients and doctors and, ultimately also of discussions of treatment plans:

“Saudi doctors discussing patients among the multicultural nurses, but this audience is communicating in Arabic with their team...” (P8)

The participants wanted the doctors to know that they function in a multicultural multidisciplinary health team and that when discussing patient information, English should be the language medium to promote understanding and inclusion of all

involved. The participants wanted to ensure patient safety and trusting relationships and felt that the language difference was a big hindrance:

“...sometimes when we elaborate things to the Saudi patients, they don’t trust what we saying, and they look for a Saudi nurse to re-explain the same thing I said, then they believe it...” (P4)

The participants also felt excluded from conversations even within the nursing team as the nurses tended to communicate in their mother tongue in the presence of other nurses who did not understand their language. It caused them to remain quiet and thereby excluded from the conversations:

“I’ve noticed that people who speak the same languages tend to group together, and they don’t allow outsiders, like I speak only English, so I can’t understand what they say, so I can’t be a part of that conversation and felt excluded...” (P7)

Communication is a key element in understanding and promoting inclusion in teams and cohesion between members. Language and communication barriers can create cohesion challenges. To ensure quality patient care and safety, multicultural nursing teams should use a universal language. All members of a nursing team should feel included and welcome. Only then can cohesion in teams develop.

DISCUSSION

Historically, patients and nurses in Saudi Arabia come from different linguistic and cultural backgrounds with reliance on a predominantly foreign nursing workforce (Felemban, O’Connor & McKenna, 2014:8). Foreign nurses bring with them unique cultural persuasions and ideals. They would just like to be acknowledged and included for the expertise that they come with (Tie, Birks & Francis, 2019:470). Cohesion in a multicultural team can be achieved if communication and language practices are universal and set so that all are involved and included in discussions of treatment plans (Oakley, Grealish & Coyne, 2020:1). Promoting cohesion will also promote inclusion and unity amongst team members that will also be beneficial to the patients and the team members themselves (Morley & Cunningham, 2021:2). Communication failure

remains to be one of the key areas for healthcare errors. When effective communication is paired with embracing the diversity of thoughts and practices, healthcare systems are better able to provide safe and quality healthcare to patients (Sumo, Staffileno, Warner, Arrieta & Salinas, 2021:18).

3.3.1.2 Sub-category 1.2: Misunderstandings due to communication barriers

The participants felt that due to the communication barriers, they experienced many misunderstandings, which sometimes made it hard to function within the team. These misunderstandings also made it difficult to transition into the practical environment, which affected their adapting ability:

“...the challenge is understanding to me, especially understanding the different cultures and their practices...” (P13)

Some participants felt that not understanding nonverbal messages correctly was also creating misunderstandings that led to conflict:

“I think the body language is a big problem in this country because even the Saudi culture has a lot of gestures that I found offensive, like when the men snap their fingers to call someone; in my country, that’s very rude and disrespectful...” (P6)

The participants wished that they were given more opportunities to understand the different cultures they worked with and felt that the nurse managers should motivate more for meaningful team building events that would give them more insight into the different cultures and nationalities within the team:

“I think nurse managers should use team building as a foundation to actually bring cultures together. A simple event like a cooking challenge where staff must prepare a dish from their country and share it with their team members would bring the team together to actually share their differences, but they can still share a common feature with each other, and this can help also encourage cohesion...” (P7)

DISCUSSION

Demographic changes, technological developments, and global trends regarding the migration of workers have brought the language used at the workplace to the forefront, and a growing body of research reveals that poor language policies could result in misunderstanding at work and may influence employees' performance negatively (Fiset, Bhave & Nilotpal, 2024:347). Furthermore, body language can often be misinterpreted or perceived wrongly if one is not aware of the meaning, and this can lead to discomfort and hinder cohesion in a multicultural team (Lu, Zhang, Bundhun & Chen, 2021:703). Effective communication in global teams requires translating meaning across message, relationship, time, and space contexts characterised by members' distinct, culturally normative communication styles, and to communicate effectively, team members must realise that they are all different in the way they perceive the world and use this understanding as a guide to our communication with others (Adair, Buchan, Chen & Liu, 2024:45). Meaningful team building events that focus on educating people about each other and their backgrounds can promote the understanding and acceptance of differences within a multicultural team (Zhang, Raza, Khalid, Parveen & Ramirez-Asis, 2021:3).

3.3.1.3 Sub-category 1.3: Nationality grouping of nurses

In multicultural teams, members tend to group with those with whom they share similarities. Participants felt that if they were the minority in the team, the majority grouped with each other as they came from the same country and spoke the same language. Furthermore, some participants also felt that the same nationalities would tend to help each other more and would protect each other more than the others in the team. The nationality grouping frustrated participants as it made them feel excluded and unequal:

“They come with their own practice methods as they are from the same country, and they tend to not allow others to share their practice that they attained from their country, yet we all nurses and believe in science, and I had to adapt to their way of doing things whether I agreed or not with it...” (P3)

“The Malaysian nurses always want to take lunch breaks together, and the Filipino nurses will go the extra mile to help each other but not others...” (P13)

Nationality grouping can be a great challenge for cohesion in a multicultural team as not all nurses will feel part of the team holistically:

“Professional nurses can give us the platform to accept each other for who we are and where we come from, and when I suddenly change to my mother tongue, I do it without thinking and forget there are other nationalities amongst us, but now that I have been put in their shoes and know how they feel, I would not want to make others feel like that again...” (P10)

DISCUSSION

Internationally, nurses experience multidimensional challenges affecting their acculturation process in a foreign country (Balante, Van den Broek & White, 2021:3). According to Liang and Schartner (2020:10), culturally mixed group work can be beneficial and is an effective way to develop and increase intercultural awareness. Mixed group activities can also have a long-term positive effect on nurse’s open-mindedness. Nurse managers are important leaders who can foster culturally and linguistically diverse nurse’s competence development, ensure the efficient use of their specialised skills, and promote work well-being (Kamau, Koskenranta, Isakov, Kuivila, Oikarainen, Tomietto & Mikkonen, 2023:121). Nurse managers also have an important role in motivating nurses to accept each other and respect the different backgrounds and expertise that can help improve and add to better nursing practices (Brunton & Cook, 2018:18).

Nationality grouping of members can be challenging for team cohesion. It may be perceived as an opportunity for an unequal distribution of opportunities and, therefore, as a medium for the occurrence of favouritism among managers and nurses from the same nationality. When members perceive one group to be privileged and others to be undervalued, team cohesion gets jeopardised (Paunova & Li-Ying, 2023:269). Cliques can also arise from nationality grouping, and these cliques often reduce collaboration between different nationality groups which can further fragment teams

and reduce team cohesion (Uman, Edfors & Jakobsson, 2020:90). Nurses from different cultural backgrounds may have varying perspectives about the functioning of teams that may cause friction and misunderstandings between team members (Thrift, 2021:02). Nurse managers must ensure that nationality groupings do not lead to the exclusion of members from the team. They should encourage cross-cultural interaction to favour strong team cohesion (Urpo, Eskola, Suominen & Roos, 2021:430).

3.3.1.4 Sub-category 1.4: Disrespect towards others

The participants alluded that the working environment in the cardiac centre sometimes did not promote respect between the nurses. It often happened that the nurses' previous clinical experiences were not acknowledged. Newly appointed nurses complained that although they had many years of working experience, their experiences were ignored:

“So, it should be an environment such that it allows for me to grow and learn, and to build confidence in my skills...” (P3)

According to the participants, seniority in the teams was determined by the years of experience in the designated cardiac centre and not by the years of experience in patient care:

“We always had to respect the senior staff as they worked long in the organisation, but although I have more than 10 years of nursing experience, I was never respected for the skills I brought to the team...” (P12)

The participants recommended that their experience in taking care of patients of different backgrounds should be respected. It, unfortunately, did not happen. Only nurses' experience in patient care in the designated cardiac centre was acknowledged:

“...first and foremost, respect must always be there, especially when we have different cultures and backgrounds so that we can all work happily together and achieve the best for our patients...” (P14)

The participants were sad that their experience in patient care was not respected. Other nurses and also, in some cases, their managers did not respect them, although they got the posts due to their previous patient care experience:

“The benefits that multicultural nurses bring to a team should always be acknowledged and respected as they can improve nursing practice as they were appointed due to their vast experience in nursing...” (P7)

DISCUSSION

A respectful working environment is helpful in promoting a cohesive work culture and team. Multicultural nurses are diverse and open minded and accept the environment they choose if they are also accepted and respected. Multicultural nurses bring a range of problem-solving skills, viewpoints and working habits to their new working environment. This wealth of expertise can improve workflow and increase the performance of the nursing team (Wilbur, Snyder, Essary, Reddy, Will & Saxon, 2020:222). Furthermore, there is no limit to creativity as a diverse workforce comes with fresh ideas, new perspectives, experiences in improved practices and upgraded services (Kamau et al., 2023:40). When nurses are respected and allowed to share their experiences, they feel their uniqueness is celebrated instead of tolerated and feel a sense of belonging to the team and the organisation.

Respect among all members plays an important role in achieving cohesion in a multicultural team as it fosters trust, open communication, collaboration and a positive work environment (Tingvold & Munkejord, 2021:957). In a nursing team, where coordination, teamwork and mutual support are crucial, respect for others helps create a foundation for effective relationships and teamwork (Zhou, Sacramento & Martinaityte, 2023:163). Furthermore, mutual respect encourages team members to listen to each other, understand different perspectives and be open to feedback from others. It enables members to feel comfortable sharing ideas to the benefit of the team's functioning (Fernandez, Ahmad, Beach, Ward, Jean-Gilles, Ibanez, Ladner & Trepka, 2024:2). Respect is the cornerstone of team cohesion, particularly in healthcare settings where effective communication, trust and collaboration are essential for patient care. By fostering an environment of respect, nurse managers can

promote open dialogue, reduce conflict and encourage teamwork, ultimately creating a cohesive and high performing team (Markey, Prosen, Martin & Jamal, 2021:2724).

3.3.2 Category 2: Differences in practical experiences lead to alienation

The second category pertains to the differences in the nurses' practical experiences that may lead to their alienation in the multicultural team.

3.3.2.1 Sub-category 2.1: Exclusion of team members

This sub-category describes the ethical and moral values to uphold as supported by the participants. The participants experienced a lack of acknowledgement of their knowledge and previous experience in nursing from their fellows in the multicultural team. They indicated that although they had been capable and willing to contribute to the improvement of the quality of patient care, their input had not been valued:

"...because most of the time we get treated as though our opinions don't matter, so you get told, you get spoken onto, it's not on equal basis..." (P3)

Whereas another participant felt that their presence as essential team members in the clinical environment should be appreciated:

"The support from others to help me develop my professional dignity...being valued...being taken as an asset...as an essential worker...as a person who is professional." (P8)

Competency shows an individual's stance in the nursing profession. Developing competence is seen as an aspect of professional growth and ascertains a person's position in healthcare disciplines. The participants complained that the multicultural team does not acknowledge their competency:

"I would appreciate if the multicultural team recognised me as someone who is competent in what I am there for, what I was hired for and who is also able to execute tasks." (P3)

Acceptance of diverse cultural and religious beliefs should be emphasised in nursing curriculums and clinical practice. Due diligence should be given to include personal belief systems to avoid discrimination and violation of others' dignity:

"...there's a need for acknowledgement as fellow human beings to say, 'we accept you as a Muslim, we accept you as a Hindu...'" (P11)

Acknowledgement of multicultural nurses' backgrounds and being valued as human beings may enhance their development of dignity and promote the cohesion of the team members. There is a need for the recognition and upholding of professional dignity of professional nurses, and accepting cultural diversity forms part of the holistic embrace of nurses in multicultural teams.

DISCUSSION

The acceptance of team members' uniqueness, trusting them to be valuable parts of the healthcare team, supporting them to achieve their best performances and doing what they have been hired for are of utmost importance for the development of cohesion in multicultural teams. Acknowledging multicultural nurses as unique human beings is the value that nurses appreciate in their endeavours to promote quality and safe nursing practice (Rudolph, 2021:537). Abbasi, Khachian, Ebadi and Bagheri (2022:2) further affirm this statement by alluding that the nurses' professional dignity and development are enhanced when they are respected by fellow team members and their knowledge and skills are appreciated. When global multicultural nurses feel dignified, their self-pride is enhanced, coping strategies strengthened, and self-confidence improved (Rudolph, 2021:539). Nurses do not only have to respect patients' cultural beliefs. They should respect their fellow nurses' cultural beliefs. The participants wished that they could experience that team members accept them as valuable assets. They wished that their uniqueness could be celebrated.

The exclusion of members from a team, whether they are newly appointed or experienced, has a detrimental effect on team cohesion. Isolated and marginalised members are excluded from the team dynamics and are not allowed to work towards

the team's achievement. Mistrust and poor communication develop, and the team's functioning is jeopardised (Hassan, Fathy & Abdelghafar, 2021:136). When nurses are excluded from teams, they may withdraw from active participation in patient care. Without their input to team functioning, valuable patient information gets lost, and patient safety is compromised (Wang, Zou, Zheng & Chen, 2022:1). Excluded nurses may also feel undervalued and unappreciated. They may not feel free to contribute to the planning and execution of patient care (Paunova & Li-Ying, 2022:268). When there is any form of exclusion of team members, the work environment becomes hostile.

Team members get divided into in-groups and out-groups, and this division then fosters an atmosphere of competition and animosity rather than cooperation, which ends up negatively affecting patient care. Tension between team members may develop, resulting in interpersonal conflict and poor cohesion (Kristensen, Kristensen & Mikkelsen, 2023:2). Exclusion of members undermines team cohesion by reducing open communication, limiting collaboration and increasing demotivation of members to the extent that the marginalised members resign causing staff shortages and poor patient care (Bae, Kim & Myung, 2023:1). It is important that all team members should feel valued and respected by other members to the benefit of an inclusive working environment, strong team cohesion and quality patient care (Buljac-Samardzic, Doekhie & Van Wijngaarden, 2020:2).

3.3.2.2 Sub-category 2.2: Poor cultural competence and understanding

The participants indicated that the poor cultural competence of members of the multicultural team led to a lack of respect and understanding of colleagues' nursing capabilities. It contributed to the alienation of members of the team that reflected negatively on nurses' professional growth. They recommended that the members of the multicultural team should do their utmost best to understand others' backgrounds:

“First, we should get to know each other as we have different cultures and backgrounds...this will help us achieve and promote trust within the multicultural team...so from there, we can also understand how our colleagues work as individuals...” (P15)

Developing cultural competence helps people understand, communicate with and effectively interact with across cultures. People with cultural competence can compare different cultures with their own to understand the practices of others better. Unconsciously, team members bring their cultural frame of interpretation to patient care situations that may be detrimental to the functioning of multicultural teams:

“...and there is a lot of disrespect when it comes to being a new nurse in a multicultural team as you are expected to just do whatever everybody says...you are not given a chance to question anything as you are new, but others don’t realise I am not a new nurse just new in the organisation...” (P3)

Another participant indicated that if nurses were given opportunities to learn about cultural competence, they may be able to respect others’ cultural practices. With knowledge of and skills in cultural competency, it may be easy for them to accept colleagues’ cultural backgrounds and to cooperate with them to the benefit of quality patient care:

“Nurse managers should motivate for a course on cultural competence to be created...not only for new nurses but also for existing ones to develop their competence on the new nationalities that will be joining the team...often it’s the older ones that lack understanding of the new nurse’s cultures and backgrounds...” (P1)

Cultural competency breaks down barriers and enables improved communication between patients and nurses and between nurses and nurses. To improve the cultural competence of nursing teams, organisations should consider offering cultural competence training.

DISCUSSION

Cultural competence in healthcare generally refers to the knowledge of social and cultural factors that influence illness and related behaviour and actions taken to provide the best quality care. According to Constantinou, Andreou, Nikitara and Papageorgiou (2022:178) the healthcare team should have knowledge of and skills in cultural competency. Multicultural nursing teams should learn about the cultural

practices of their colleagues and that of their patients in order to function as a cohesive team and to deliver culturally congruent care to patients. Their relationship with one another and with patients should be characterised by trust and respect for others (Nair & Adetayo, 2019:5). A trusting relationship among multicultural nurses is essential in asserting role-taking and building confidence within the team (Ibrahimoglu, Mersin, Kilic & Kahraman, 2020:879). The participants highlighted their need to be understood and respected for their backgrounds. They wished that the nursing team would display cultural competence. All members of a culturally sensitive team are respected, notwithstanding their cultural backgrounds.

When nurses lack cultural competency, team cohesion is challenged. Often, nurses from diverse backgrounds are appointed to take care of patients collaboratively. When they find it difficult to understand and respect one another's background, tension may develop and effective collaboration gets jeopardised (Burt, Stone, Perkins & Polk, 2022:2). Historically, people from different cultures have varied approaches to both verbal and non-verbal communication. What is considered to be respectful in one culture may be seen as rude by people from another culture. People from a specific cultural group may value direct communication whilst others prefer a more indirect or subtle way of expressing concerns, and this should be respected and understood (Samadi & Nixon, 2024:2). Team members who speak the same language, may have different accents, idiomatic expressions or differing levels of fluency which can create confusion and misinterpretations and thereby may weaken team cohesion (Coleman, Holloman, Turner-Harper & Wan, 2021:28).

When a multicultural nursing team takes care of patients from cultural backgrounds foreign to them, misunderstanding of patients' needs may occur. People from different cultural backgrounds may have diverse views on patient care, such as family involvement in care or end-of-life care. These differences can create disagreements with patients (Dileo, 2023:2). Managers are therefore obliged to enable nurses to do cultural competence training in order to deliver care that fits patients' cultural backgrounds and to collaborate effectively with other members of multicultural teams. When the cultural diversity of patients and nursing team members is respected, quality patient care can be delivered (Shepherd, Willis-Esqueda, Newton, Sivasubramaniam & Paradies, 2019:2).

3.3.2.3 Sub-category 2.3: Unfairness and discrimination amongst team members

In this sub-category, participants felt that they were treated unfairly and discriminated against, especially when they were newly appointed, as they had to prove their abilities first before being accepted by the members of the multicultural nursing team. Some also felt that the team only supported nurses from designated countries. Individual nurses also preferred to work the same shifts as nurses from their home country. It unfortunately also happened that patients preferred to be treated by nurses from designated countries. The participants indicated that there is a need for more integration of team members from the nurse managers to avoid discrimination:

“We need advocacy and fairness from our nurse managers so that we are accepted and respected for the skills and abilities we were brought for...managers maybe need to encourage a more universal line and discourage alienation...” (P13)

The newly appointed staff from countries other than Saudi Arabia should be given priority for their vacation bookings. They should get the earliest vacation opportunity after their probation so that they can get a break to meet their families as stipulated in the leave policy. The arrangement is specified in the leave policy to support newcomers to visit their families soon after having been appointed. The management hoped that the arrangement would help newly appointed nurses overcome homesickness and enable them to emotionally support their families, whom they had left behind when they moved to Saudi Arabia. Some participants reflected on how they were made to wait for available slots while others were given vacation bookings before theirs. It caused them to feel that the leave arrangements were unfair and that they were discriminated against:

“...the issue is the vacation as I was supposed to be given priority because I was new... but I wasn't given that as I had to wait for an opening, but others that were here for longer got their leaves when they requested, which I felt was unfair towards me...”
(P3)

Discrimination can disintegrate a team permanently and managers must ensure that they prevent this at all times. When team members feel discriminated against, they may find it difficult to cooperate with others to the extent that conflict occurs. Discrimination against team members jeopardises group cohesion:

“I remember my colleague and I both came at the same time, but I was from Singapore, and she was from the Philippines...somehow she was trained more than I was, as the Philippines nurses would ensure they showed her everything and would explain in their mother tongue whereas I was only trained by the clinical resource nurse in English...then I was compared to her and was deemed as a slow nurse as it took longer for me to understand and grasp the new concepts and systems...” (P13)

DISCUSSION

Newly appointed nurses’ experience is often positively influenced by the support of their managers and fellow nurses (Vabo, Slettebo & Fossum, 2021:63). With limited support and, in some cases, discrimination, hostile working environments are created to the detriment of the newly appointed nurses’ adjustment. Unfairness can create hostile working environments that jeopardise cohesive teamwork and diminish trust and communication among the staff. It may impact negatively on the team’s ability to deliver quality patient care (Watts, Meiser, Zilliacus, Kaur, Taouk, Girgis, Butow, Goldstein, Hale, Perry, Aranda & Kissane, 2017:83).

The role of nurse managers in preventing discrimination is an important one as discrimination against some members can break a team and cause staff conflict as well as poor patient care (Watts et al., 2017:84). According to the American Nurses Association (2019:05) nurse managers have a duty to stop discrimination and unfairness amongst team members and to promote a sense of belonging and a harmonious working environment. They should also advocate for fair treatment of team members. Organisations also need to ensure that policies are created that show no tolerance against discrimination, especially when teams are formed by members from different cultural backgrounds (Mirani, Rohoojo, Sohu, Siddiqui & Channa, 2023:1122).

3.3.2.4 Sub-category 2.4: Multicultural nurses looking down upon each other based on backgrounds

Some participants raised the issue that due to their background and country's education system, they were looked down upon by other nurses. The participants felt that they were paid less because the status of their country's education program in nursing science was deemed lower than that of other countries. Some team members considered bachelor's degrees from designated countries as inferior in comparison to the same degrees in their own countries. Others felt that because their mother tongue was not English and they had a different accent, other team members and sometimes the English patients showed poor trust in them. Often English second language speakers were considered as poorly qualified. Team members who were English first language speakers often looked down on others:

“When I started in the organisation, my English was not good as I did not speak it often, and some nurses felt they were better and more educated than me due to this...they rarely spoke to me due to this as I had an accent and would not understand my English when I spoke.” (P1)

Some of the participants felt that they were paid less because their countries' education programs were deemed lower than those of other countries. Although the nurses shared the same responsibilities in the wards, some occupied higher positions in the cardiac centre and were also paid better salaries than others. The situation contributed to poor group cohesion:

“I have a Master's degree attained from a university in my country, but I still had the lowest starting salary in this organisation as my Master's was not good enough as it was from a university not seen as a western one...other nurses then thought they were higher than me because they earned more and had a higher title yet we did the same job.” (P12)

Factors that cause inequality in a multicultural team hinder cohesion and lead to poor trust and respect between members:

“I never felt part of the team as I was disrespected for the way I speak, and due to this, I did not feel comfortable having a conversation with my team members...so how could I have promoted cohesion when I did not have trust in them to try and understand that I speak differently because I have a different background than them...” (P1)

DISCUSSION

Multicultural nurses should be able to accept and respect each other’s backgrounds as it is not only professional but also part of humanity. A supportive attitude from multicultural nurses may create a welcoming clinical environment that fosters a sense of belonging for all nurses (Ergezen, Akcan & Kol, 2022:2). According to the American Nurses Association (2023:2), supporting diversity and promoting respect for different backgrounds in a multicultural team helps managers to promote an inclusive working environment that promotes teamwork and improves patient care. Furthermore, the inclusion of diverse voices in nursing teams also promotes a broad spectrum of perspectives and experiences, which in turn enhances critical thinking, problem-solving and innovation to support the delivery of culturally competent care, fostering trust and patient satisfaction (Uman, Edfors & Jakobsson, 2020:90).

In a multicultural team, nurses often look down upon each other due to stereotypes, cultural misunderstandings and power dynamics. Their behaviour may be unintentional and caused by a lack of understanding of others’ behaviour. It may also be due to ingrained prejudices. No matter what the reasons are, when members look down on other members, team cohesion is challenged (Saati, 2023:4). Often, when there is a difference in education and training, nurses may perceive others’ qualifications as inferior (Teresa-Morales, Rodriguez-Perez, Hernandez & FERIA-Ramirez, 2022:19). Perceptions that some nurses are either overqualified or underqualified may cause their team members to reject them. They are mistrusted, and their colleagues tend to isolate them to the detriment of collaboration and team cohesion (Dagus, Lacambra, Magalona & Mindanao, 2024:1).

Team members’ vast nursing experience or lack of experience may also negatively affect the cohesion of teams. Experienced nurses often tend to look down on less experienced nurses. When the less experienced nurses are from a different nationality

than the experienced nurses, the resentment of the less experienced nurses is worse than when both groups are from the same nationality. Such teams are often characterised by poor collaboration and cohesion to the detriment of quality patient care (Godsey, Houghton & Hayes, 2020:808). Looking down on others harms mutual trust, respect among team members and poor collaboration. According to Nuuyoma, Muvumwaeni and Chihururu (2024:2), nurse managers should actively work to dismantle prejudices, promote open communication and provide opportunities for team members to understand and appreciate each other's backgrounds in order to ensure team cohesion.

3.3.3 Category 3: Nurse managers struggling to meet the new staff needs

In this category, the importance of nurse managers meeting staff needs was highlighted by the participants. The participants indicated that some managers struggled to understand and meet the newly appointed nurses' needs. A reason for the poor understanding of their subordinates' circumstances may be that they do not know the nurses' cultures and backgrounds. Some managers viewed all newly appointed nurses as novices to the profession and treated them accordingly. They did not acknowledge their previous experiences in nursing and did not appreciate their capabilities to contribute to quality patient care. According to them, they were inexperienced, and they therefore treated them as novice nurses. The onus was on the newly appointed nurses to prove to others that they were knowledgeable and skilled in nursing science and practice.

3.3.3.1 Sub-category 3.1: Nurse managers not sensitive to staff needs

In this sub-category, the participants indicated that some managers did not give a thorough introduction of newly appointed nurses that included a brief description of their background, values or history leading the members to view the newcomers as strangers. The new staff members are also not given the opportunity to introduce themselves on their first day in the unit, and due to this, the new staff often felt isolated from the team until they proved themselves and gained the trust of the team:

“I thought that when I got to the unit, the nurse manager would get the staff together and introduce me using my country and add my knowledge and experience to her introduction so that the team sees that I’m a new staff in the organisation but not in nursing and perhaps add that due to my experience to allow and value my input as I am a team member now...if she couldn’t then at least give me at least 5 to 10 minutes to introduce myself so that others in the unit have a better understanding of where I come from and who I am...in my opinion this introduction would have prevented me from being isolated as a new staff ” (P3)

The participants highlighted that the nurse managers did not create opportunities for interpersonal support of newly appointed nurses. Multicultural global nurses left their families and countries to pursue a career in another country, and some managers did not understand that they require support and time to adjust to the new environment:

“I was missing my family, and it was an emotional detachment, so I just needed time to get used to the new environment, the people, the different cultures and the routine of the unit, but my manager thought I was not coping and thought I needed extra orientation...” (P3)

Participants also brought up the need for and importance of nurse managers to discourage the alienation of team members. Nurse managers have a lot of authority and are the voices and advocates for their staff. They are capable of creating a work culture of inclusion of all team members despite their backgrounds, language, gender and cultures:

“So, nurse managers should have the ability to explain to the team about acceptance and understanding of multicultural nurses because if it comes from the manager, our leader, then all will execute, but if she keeps quiet to alienation, then her silence can mean acceptance...nurse managers must encourage more of a universal line and discourage alienation...” (P5)

DISCUSSION

Nurse managers play a pivotal role in setting the tone for the work environment. When they are not sensitive to the needs of their staff, it can lead to a variety of problems, such as increased stress, decreased job satisfaction, poor communication and limited team cohesion (Nurmeksela, Mikkonen, Kinnunen & Kvist, 2021:21). Therefore, nurse managers are responsible for leading their teams to deliver quality patient care in an environment conducive for nurses' job satisfaction (Allah, Elshrief & Agiez, 2020:178). It is thus important for nurse managers to discourage alienation, ensure the inclusion of all team members, and give all nurses a sense of belonging to the organisation in order to achieve goals for high-quality patient care. Without group cohesion, quality patient care is not possible (Nurmeksela et al., 2021:22).

Furthermore, on a global note, hospitals are confronted with major challenges with staff turnover. Initiatives to retain nurses and avoid toxic management styles are required. Nurse managers should recognise the value of empowering leadership and make use of structured training programmes for their own professional development to enable them to build cohesive nursing teams to the benefit of quality patient care (Ofei, Poku, Paarima, Barnes & Kwashie, 2023:22).

3.3.3.2 Sub-category 3.2: Poor prioritising of leave arrangements

Some participants raised complaints that when they were newly appointed, they had not been granted leave soon after the appointment to visit their families. They felt that it was insensitive towards them, knowing that they had left their families and country and just needed a break to ease the adaptation process. The arrangement that newly appointed nurses' leave requests should be prioritised by managers was neglected, leading the participants to feel that the managers did not care for their well-being:

"I had an issue with my vacation as I was supposed to be given priority as I was new, but I wasn't as I had to wait for an opening, and the ones that have been here longer got their leaves when requested... I was not happy with that because I was made to swap around with people just to be given a break, yet it was my first time taking vacation..." (P3)

The participants complained that their managers favoured some nurses. They were unhappy as their managers did not treat all nurses equally. Some got leave after four months, and others only after six months:

“... my leave planning was always a challenge from the beginning, and I fought many times with my manager as I felt she was not fair...some staff could get leave every 4 months whilst others waited 6 months...my manager would promise me to leave in December then when I put the request in, it’s declined as she has given it to someone else...this was when I really felt the unfairness...” (P11)

The participants expected to get time to visit their families directly after the probation period, but it unfortunately did not happen:

“I always ensure that my new staff are sent home soon after probation just for a small break as they experience a culture and technology shock, and some of them really struggle in the beginning as they are missing their families and are trying to adapt to the new environment at the same time without any family support and when they return after that vacation, it’s like they are refreshed and they even cope better...” (P7)

DISCUSSION

Prioritising leave for new staff can be a strategy to promote team cohesion. Such an arrangement makes newly appointed staff feel valued members of teams. It contributes to team cohesion (Munkejord & Tingvold, 2019:230). Nurse managers must ensure fairness with their leave schedules as they play key roles in creating balanced schedules that accommodate the needs of all team members while ensuring adequate coverage of the units for patient care (Tingvold & Munkejord, 2021:957). Fair leave planning is critical in ensuring both staff well-being and maintaining the quality of patient care. Autocratic leadership styles should be replaced with democratic leadership style and nurses should have a say in their leave planning and not be expected to settle for what is given to them (Flores, Dator, Olivar & Gaballah, 2023:342). Reduced team cohesion is not the only challenge that an organisation can face due to unfair leave scheduling. It can also contribute to job dissatisfaction, which can result in high staff turnover rates. When nurses feel that their needs and

preferences are consistently disregarded, they may seek employment elsewhere (Albougami, Almazan, Cruz, Alquwez, Alamri, Adolfo & Roque, 2020:33). Staff conflict can also arise from unfair leave prioritisation as it can create tension amongst team members as the ones that consistently receive favourable leave requests may be resented by their colleagues. Such a breakdown in team cohesion may impact negatively on nurses' job satisfaction and quality of patient care (Albougami et al., 2020:24).

3.3.3.3 Sub-category 3.3: Nurse managers not perceived as role models

The sub-category describes how important it is for nurse managers to keep subordinates' personal information confidential. It should never be discussed with other nurses and managers. A nurse manager's role in keeping information confidential is a prerequisite for building trust within teams. Maintaining confidentiality helps preserve the integrity of the organisation and is vital for nurse managers so that their subordinates trust them and each other. It enables teams to fulfil legal and ethical obligations towards its members:

“The nurse manager must maintain confidentiality as a professional and a leader...unfortunately, some staff don't have trust in our manager as their personal issues are discussed with other staff. Those staff go and ask them about their personal issue...now the staff do not say anything as they have lost their trust...this is a very bad role model for me.” (P13)

Using leadership styles appropriate to contain challenging situations and not worsen them is required. Situational leadership styles apply, and one style for all situations does not work. Some participants stated that their managers did not know how to assess challenging situations and use applicable leadership styles to deal with specific situations:

“...when my manager must be democratic, they are autocratic, and then I realised that they only know how to practice the autocratic leadership style and many staff are unhappy and we have many resignations...there is no shared governance in my unit, and we feel like we have no say...this is not the leader I want to be one day...” (P13)

Participants felt that some managers were only office-bound. They would not integrate themselves into the team, like doing rounds with staff and checking up on the patients every morning. The participants felt that they would never be leaders like that who limit themselves to the office and do not even take the time to check up on their team members:

“I remember we had a code blue (emergency situation) in the unit, and instead of our leader ensuring the code was running smoothly, they remained in their office and continued with whatever they were doing...at least in an emergency situation, your leader must be there to support and motivate the team as I have seen other managers do and that’s when I realised, I never want to be a manager like that...” (P5)

DISCUSSION

Nurses expect their managers to lead their teams in such a way that it is easy to follow their example and to look up to them. They want their managers to be role models that cultivate trust between team members. Nurses prefer managers to be loyal to the team, to keep personal information shared with them confidential, to be reliable at all times and to genuinely care for the team’s wellbeing (Arakelian & Rudolfsson, 2021:117). Nurse managers must create safe and stable work environments where nurses can feel that they are supported and that their well-being is in good hands. Under such circumstances, nurses are enabled to deliver quality patient care (Wei, Sewell, Woody & Rose, 2018:287).

Nurse managers must promote confidentiality within their teams, and it begins with them as the team interprets their actions as appropriate and correct (Roshanzadeh, Vanaki & Sadooghiasl, 2020: 1174). To lead a nursing team successfully, managers must inspire the team with strong interpersonal skills such as effective communication, applicable leadership styles and their ability to empower the nurses. They should be supportive towards the nurses to help them develop into cohesive teams that focus on excellence in patient care (Arakelian & Rudolfsson, 2021:118). By being role models, nurse managers not only lead by example but also create positive, productive and professional work environments that enhance quality patient care and support the

growth and well-being of each team member (Perkins, Bamgbade & Bourdeanu, 2023:15).

3.3.3.4 Sub-category 3.4: Outdated orientation programmes not meeting the newcomers' needs

The participants indicated that the current orientation programme for newly appointed nurses does not cover all aspects of the organisation's functioning:

"I was surprised when I first came to the Kingdom; I was only given one orientation, which was a general hospital one using a presentation of about 30 minutes that does not explain the culture in depth...I learnt more after orientation when I started working as a nurse..." (P5)

Some participants felt it could have helped if they had received a brief introduction about the organisation and its policies before they departed their countries. It could have helped them to get a clear understanding of the organisation. They would have known what to expect, and it could have prevented the culture shock that many of them experienced within the first week of employment. A proper preparation could have helped them to adjust to the new work environment:

"If my agency gave me even a pamphlet that entailed information about the job, culture or country, this would have so much in preparing my mindset to expect what I faced...I really struggled in the beginning as my agency gave me a totally different picture than what I experienced...I think the orientation should start with the agency before we leave our countries..." (P14)

Some participants wished the orientation was longer for the documentation system as it was entirely paperless. Some came from countries that still used paper documentation and did not have much computer experience. They felt that if they knew this before they left their countries, they could have done computer courses before departing. It would have made it a little easier for them to adjust to the electronic medical record system. Team members often got frustrated with them when they were

slow in doing electronic documentation due to their lack of experience working with computers. It humiliated them and made them feel inferior to the other nurses:

“I came from a country where we only used paper to record on, and I also am not technology friendly as I am of the older generation, but I was expected to understand the electronic recording system as if I used it before...even the Human Resource system is fully online...so my adjustment and pace was slower than normal and not many understood this...as much as they were frustrated, I was more as I not only experienced a culture shock but also a technology shock...” (P14)

DISCUSSION

Nurses are a crucial part of healthcare systems around the world. They fulfil a key role in health promotion, disease prevention and the provision of patient care in a variety of healthcare settings (World Health Organization, 2020:56). Good orientation programmes that address the needs of multicultural nurses not only help in their adjustment but also help them to fit into healthcare teams. A well-structured orientation programme can inspire a positive attitude and help newly appointed nurses demonstrate competence in patient care. Hospitals need to have their orientation programmes for nurses reviewed regularly so that they meet generational changes to achieve job satisfaction (Lalithabai, Ammar, Alghamdi & Aboshaiqah, 2021:181).

Orientation programmes play an essential role in preparing newly appointed nurses for challenges in clinical practice and have the potential to positively impact novice nurses' adjustment to a new work environment (Ernawaty, Hariati & Saleh, 2024:10). Newly appointed nurses need comprehensive orientation before they are expected to deliver patient care. Ongoing support can be rendered by preceptors when clinical challenges are encountered. It is required that the preceptors are culturally competent when nurses from a variety of cultural backgrounds require their support. Multicultural nursing teams could be assisted to communicate freely about the challenges that they experience to form cohesive teams (Paatela, Pohjamies, Kanste, Haapa, Oikarainen, Kaariainen & Mikkonen, 2024:707).

3.3.3.5 Sub-category 3.5: Limited resources for team building

Some participants complained about a lack of team building in the cardiac centre of the designated hospital. They mentioned that they missed the team building events in their previous jobs as that gave them opportunities to get to know the people they worked with. It also enabled them to understand the background and lifestyles of team members. They recommended that the managers should arrange team building events to bring the members together for social events outside the cardiac centre. Some participants appreciated the small events that the managers arranged for them in the centre but wished that they could have taken place outside the work environment. Participants also felt that if that had been more of a meaningful team-building event that promoted trust and acceptance of each other, then team members would also be more unified, and conflicts may also reduce:

“I think if meaningful team building events were created at least twice a year, like get the team together to prepare food from their home country and then share it with everyone, that would promote understanding trust of team members and bring more cohesion...” (P7)

Team building is important for team cohesion, and some participants felt that although their teamwork was not bad, it would have improved if they had some team building events:

“During an all-staff meeting, I asked about having a possible team-building event. Even if we just went to a restaurant to have dinner together, I was told that the staff shortage does not allow and the night duty will not be able to join, and this was after being in the unit for more than 2 years...I just could not understand that team building was never promoted in this organisation to bring the team outside of the workplace...” (P6)

Some expressed how they enjoyed it in their previous jobs and how it really strengthened the team dynamics. They felt it was an ideal solution to understand each other more on a personal level and just to get a social break with each other, which is something different than just working with each other:

“...in my previous job, I would look forward to the team building events as I saw how after the event people would understand each other better, there was open communication and team members began to trust each other more...here I haven’t even been out to a coffee shop with my team members as team building is just not a priority here...” (P11)

DISCUSSION

Team building is essential in fostering cohesion. It may strengthen trusting relationships and improve communication, encourage collaboration, promote inclusivity and boost members’ morale. In essence, team building lays the foundation for a cohesive work environment where members feel connected, communicate effectively and work together seamlessly to achieve goals (Uman, Edfors & Jakobsson, 2020:90). In multicultural nursing teams, team building is helpful as it brings people from diverse backgrounds, experiences and communication styles together to help them to understand the other members’ perceptions about common challenges that the group experiences. Team building events may help them to bridge cultural gaps in informal settings outside the work environment. It may thereby promote inclusivity and a sense of belonging to the team (Kumra, Hsu, Cheng, Marsteller, McGuire & Cooper, 2024:20). Multicultural team members may feel isolated if they perceive themselves as different. Still, with inclusive team-building activities, all members may decide to cooperate and function as a unit. Members’ feelings of isolation may be prevented and team cohesion enhanced (Kumra et al., 2024:22).

Team building can also help eliminate stereotypes and biases in a multicultural team as members can share experiences and personal information, which will allow members to see each other as unique individuals rather than through the lens of cultural stereotypes (Teixeira, Cruchinho, Lucas & Gaspar, 2024:2). If nurse managers want to bring a multicultural team together quickly and efficiently, this can be achieved through team building and therefore nurse managers should persuade top management to arrange and fund team building opportunities for all staff. It needs to become part of institutional policies, especially when teams consist of multicultural members (Teixeira et al., 2024:2). In a multicultural nursing team, elements such as

building trust, reducing stereotypes, and enhancing communication are critically important to support team cohesion. Supportive work environments may enable nurses to deliver high-quality patient care, as effective teamwork directly impacts patient outcomes (American Nurses Association, 2023:59).

3.3.4 Category 4: Advantages of multi-nationality nurses rejected

In this category, participants raised the challenge of being heard and acknowledged for the expertise they brought to the team. They were not seen as assets and were often treated as if they had no previous experience as nurses. Just because they were newly employed did not mean that they were novice nurses. Nurses from other countries could contribute unique skills to the team in the cardiac centre of the designated hospital. All that they asked was an opportunity to use their knowledge and skills to the benefit of patients.

3.3.4.1 Sub-category 4.1: Nurses' previous experiences are not appreciated

The participants felt that the foreign nurses did not get chances to tell or show their team members their previous patient care experience. Their experience did not matter, and they have not been acknowledged as skilled nurses. It was, therefore, challenging to find their place in the nursing team. Nurses who do not feel welcome in teams find it difficult to commit to the endeavours of teams. The participants had to force themselves to understand and practice procedures not in the way they were taught but, in the way, the institutional policies required them to understand and perform them:

“They don't allow people like me to come with solutions...my input was not allowed...it's like they are stuck in a rut like a routine, and I have to adapt to them and their routine...if I have an easier solution to something, they did not allow me to share my opinion...I had to adapt to their way...” (P3)

According to the participants, their previous leadership experience was not acknowledged. The nurse managers did not allow them to be trained to function as

charge nurses as they were newly appointed in the centre, although they performed the duties of charge nurses in hospitals in their home countries:

“I was a charge nurse in my previous job, and after 6 months into the job here, when I asked to be trained as a charge nurse as I have previous experience, I was told that charge nurses are only chosen after 1 year and it’s based on their competence in this job, not on previous experience...yet the current charge nurses were not very competent...” (P8)

Some participants raised the issue that they were multi-skilled as that was part of their training in their country, but because this organisation is policy-driven they could not use their extra skills in the clinical area even if they knew very well how to do something. The participants felt that their previous knowledge and skills were not appreciated, valued or recognised:

“...here it’s all about policy and nursing a system, and unfortunately, the patient care is delayed due to this as nurses are restricted in certain practices even if they are skilled and trained in that procedure...it’s like skill mixing and task shifting is not even heard of in this environment...” (P7)

DISCUSSION

Nurses with backgrounds from various cultures and countries where they worked in a variety of healthcare settings offer numerous advantages such as cultural competence, diverse perspectives and broader patient understanding to their employers. These advantages should be used to the benefit of healthcare in general and, more specifically, to the patients allocated to them (Osmancevic, Grobschadi & Lohrmann, 2023:105). Acknowledging previous experiences of nurses can be very beneficial to patient care and teamwork as the nurses bring a wealth of clinical knowledge and practical skills from their past experiences. Acknowledging the contribution that they can make to the institution and the patients that are cared for in the institution may contribute to quality patient care (Rafii, Nasrabadi & Tehrani, 2021:139). Nurses with vast experience in patient care have advanced skills in decision-making and leadership and are able to function optimally in high-pressure

situations. They can improve team efficiency and guide nurses with less previous experience in patient care (Roos, Skaug & Helgesen, 2023:1742). Valuing nurses' previous patient care experience furthers their career development and professional growth. Ultimately, the job satisfaction of the nurses is improved, and they are retained by the institution (Shahoei, Nemati & Valiee, 2022:04). Recognising nurses' previous experiences shows the institution's respect for their professional contribution to patient care (Roos et al., 2023:1746).

3.3.4.2 Sub-category 4.2: Poor understanding of the benefits of multicultural teams

Participants felt that not all team members appreciated the benefits of working with multicultural teams. Most of the participants had no experience of working with nurses from diverse cultural backgrounds. They experienced the multicultural team as a change that they had to adjust to, and when new members joined the team, more adjustment was needed. As new members were constantly added to the team, all had to become used to a situation of ongoing changes and adjustments. Over time, the efforts to keep on adjusting to changes convinced them that working towards group cohesion was a challenge:

“When recruiting, it’s good to balance the recruitment as if too many nurses are hired from one country, they will tend to dominate the team, and the benefit of a multicultural team will not be seen or understood...” (P7)

Participants felt that if an organisation has a nursing workforce of global nurses, then they should promote the understanding of the functioning of multicultural nursing teams. The focus should be on the advantages of multicultural teams, and measures should be in place to enable members to adjust to multicultural teams easily:

“This is an organisation that is dominated by multicultural nursing teams, but there is no talk about it during orientation or even as an in-service in the clinical area...most of the nurses don’t know how patient care and team cohesion can be improved when the different minds and skills come together and function as one for a common goal...maybe this will also enhance the acceptance and adaptation process...” (P15)

The participants felt that the organisation should implement support for nurses who join multicultural teams. With the global nurse shortage that the whole world is facing, participants felt that the organisation needs to promote the need for multicultural teams, and this can be done by expressing the benefits of it. They should emphasise how it can improve patient care and address the nurse shortage:

“...during the hospital orientation, a presentation should be done on the benefits of multicultural nursing teams so that at the beginning of the newcomer's journey, they get prepared to function in this sort of team and not see it with a negative eye but accept it positively and possibly see it as an object for professional growth...” (P2)

DISCUSSION

A multicultural nursing team offers a wide range of benefits to healthcare organisations, patients and the nurses themselves as a diverse team better understands cultural differences, which improves communication and helps nurses deliver culturally sensitive care (Musheke & Phiri, 2021:659). Diverse perspectives about nursing care arise from multicultural teams, which enhance innovation and creativity in addressing patient care challenges. It may foster mutual respect and understanding among nurses, cultivating a work environment of empathy and compassionate care (Nair & Adetayo, 2019:5). When organisations publicly support and promote team multiculturalism, they are likely to attract a wide range of skilled professionals that foster an inclusive work environment and helps better serve their community. Organisations that provide training to nurses to appreciate this benefit can help the team come together and accept each other and the different expertise and skills the team offers (Schmidt, Steigenberger, Berndtson & Uman, 2023:311).

Nurse managers can be instrumental in promoting the benefits of multicultural teams by praising the success of the teams to show to the members that each member, with his or her unique cultural background and nursing experience, contributed to the success of the teams. Instead of focusing on the challenges that the teams experience, the successes should be emphasised to enhance team cohesion (So, Price, O'Mara & Rodrigues, 2024:13).

3.3.4.3 Sub-category 4.3: Minimal open communication between team members

The participants discussed the lack of open, honest communication between team members. The multicultural team did not feel free to discuss concerns that jeopardised the relationships between members. Some members were reluctant to take responsibility for their own mistakes but took part in discussions of others' mistakes. Others viewed all criticism as personal attacks and thereby discouraged communication:

"...some nurses never felt comfortable in being confronted or confronting...we are human and allowed to make mistakes, but some felt it was easier to discuss my wrongs with others than with me, and when they did wrong and was asked about it, would take it personal instead of seeing it as constructive criticism... he, therefore, made it uneasy for me to communicate openly..." (P13)

Participants raised the challenge of not being able to express themselves authentically as they were afraid, they would offend others or be misunderstood, so some would just keep quiet as they weren't comfortable expressing themselves openly:

"...my previous job thrived on open communication as that's how we were able to receive feedback either good or bad, and we would know that it wasn't anything personal, was given for praise or to improve...we also as the nursing team could raise our unhappiness openly with the manager as also give solutions to fix the problem...this is how open communication benefits a workplace...staff should always have a voice and freedom of speech..." (P3)

Some participants felt that they did not have freedom of speech as there was minimal open communication, and due to this, it was hard to make group decisions about issues and problems that the team was facing. The participants who were new in the organization felt there was no open communication as everyone was just focusing on work and not on getting to know their team members. This sometimes demotivated the newly appointed staff as they came from different backgrounds that encouraged open communication as that's how they also got constructive feedback to improve and

better themselves. As a result of these frustrations, some participants felt team cohesion was difficult to achieve or even be promoted within their nursing team:

“...when I just started in the organisation, I would share my experiences openly, thinking that I will also get others to share theirs and maybe I can also learn about their culture and experiences, but instead, I was judged based on the things I shared, and then I never felt comfortable opening up to anyone in the team...” (P1)

Open communication in multicultural teams is essential as this is how the team members get to know each other more and gain a better understanding of each other as well:

“Open communication is the key for managers to hear their staff out and also ensure the staff is comfortable to share anything with their leaders, and this is why it must be encouraged so that managers can be approached freely by their staff, especially when they in need of it...” (P7)

DISCUSSION

Open communication is crucial for group cohesion as it fosters trust, transparency and understanding within teams. When team members feel free to communicate openly, they can address misunderstandings, share ideas and work through conflicts effectively. These measures align everyone’s efforts towards common goals and strengthen collaboration in teams (Oh, 2023:01). When team members feel comfortable expressing their thoughts, ideas and concerns. It leads to better decision-making, improved problem solving and a more positive work environment, which eventually enhances the cohesion of teams (Isaikina & Navalna, 2022:59). Open communication is also found to promote inclusivity, ensuring that all voices are heard, which further enhances team solidarity and cooperation (Musheke & Phiri, 2021:660).

In multicultural teams open communication plays an even more vital role in promoting cohesion because it helps bridge cultural differences and ensures that all members feel included and understood, thereby making cultural differences a strength rather than a barrier to cohesion (Szpilko, Szydlo & Samul, 2020:1). Open communication

between team members may reduce members' prejudices and biases, allowing members to share their personal experiences and backgrounds to promote an environment of acceptance and inclusion (Alkhaqani, 2022:1). Through open communication, nurse managers can instil trust and transparency in teams. Safe working environments are built, and team members are encouraged to share their thoughts and concerns freely (Tuohy, 2019:1). Open communication is required not only for team cohesion but also to ensure a harmonious work environment for all members (Wulandari, Asmaningrum & Ardiana, 2022:124).

3.3.4.4 Sub-category 4.4: Poor role clarification causing conflict

Participants raised the issue that the team's role clarification was sometimes conflicting. Although all nurses had the same job description, some of them were considered more competent than the other, and only some of them were given opportunities to become charge nurses:

"...role clarification is a problem as some of us cannot understand how they make decisions and solve problems in the role of charge nurse as it makes no difference and then the team members must figure it out for themselves...if a person has charge duties, they should have some leadership training as they are the guide for the team, not the team guiding them...role clarification is also important for team members to know what is expected of them and reduce burnout of others trying to fill in..." (P10)

Some participants were concerned that the roles were not clear as to who does what and when. For instance, nurses have to be trained as cardiac monitoring nurses, and this is usually done a year after they have been in the unit, but some nurses have been in the unit for almost two years and have received no training:

"...roles and responsibilities are important in holding a team together because if the team leader is not aware of their role, then other team members who are confident will step up and assume the role and that will cause conflict between the two individuals...therefore charge nurses need to be confident and assertive in their role so that the whole team knows what is expected of them..." (P8)

Participants also raised the issue of some charge nurses not being equipped academically. They were only promoted as they were long in the organisation, but they could transition from a staff nurse to a charge nurse as some of them would be more on the floor than actually leading the shift and then other charge nurses would be approached for direction. Due to these issues related to roles and responsibility, conflicts sometimes arise and affect teamwork:

“...when nurse managers train staff nurses to be charge nurses, which makes them the shift leaders, they need to pick those that have the ability to transition into a leader so that they can control that shift gracefully and professionally, but if they don’t know how to transition then the whole shift is a mess...” (P15)

DISCUSSION

Role clarification is crucial for the cohesion of nursing teams as it confirms the responsibilities of members of the teams. Each member must know what is expected of him or her in order to collaborate with other team members (Uman, Edfors & Jakobsson, 2020:90). Furthermore, unclear roles can lead to misunderstandings or conflicts over confusing responsibilities. When roles are clarified, disputes about who should handle certain tasks are prevented. Role clarity helps team members to trust each other (Teixeira, Lucas & Gaspar, 2024:1676). With role clarification, team members know their specific tasks, and confusion is eliminated. Without proper role clarification, group cohesion is jeopardised (Uman et al., 2020:92). In a nursing team, unclear decision-making roles can also cause tension between members (Elhamid, Mourad & Ahmed, 2021:739).

Role clarification is important in the profession because it ensures that all team members understand what is expected of them, and this is especially important in a multicultural context where differences in cultural norms, communication and work expectation challenges can lead to misunderstandings or conflict (Ejaz, Shafique & Qammar, 2024:1082). Furthermore, clear roles of team members ensure that tasks are assigned to appropriate people based on skills and qualifications, avoiding duplication of effort or gaps in care (Teixeira, Lucas & Gaspar, 2024:1677). When roles are clearly specified and allocated to team members, everyone is contributing

meaningfully, and no one feels overburdened or underutilised. With clear role clarification, team members develop a sense of equality and mutual respect for the team (Tingvold & Munkejord, 2020:957). Role clarification of team members improves patient care because it ensures that all aspects of patient care are covered without overlaps or gaps. It may also encourage team members to work more cohesively, ultimately leading to better patient outcomes (Stucky, Wymer & House, 2022:375). Therefore, role clarification can be seen as a cornerstone for team cohesion in multicultural nursing teams as it minimises conflict, enhances teamwork, and ensures that all the team members' contribution is understood and respected (Riisla, Wendt, Babalola & Euwema, 2021:8047).

3.3.5 Category 5: Foreign nurses obliged to conform

The participants claimed that they were expected to adjust and conform to the new work environment, although little support was given to help them. There was no sensitivity towards nurses who did not know the Saudi Arabian culture and who had left their countries and families to work in unfamiliar situations. Notwithstanding their challenges in adjusting to the centre in the designated hospital, they were expected to deliver quality patient care from the start and with limited support from team members. Some felt that even when they voiced their challenges and difficulties, they were ignored. This made it difficult for them to fit into the team and even see themselves as a unified team.

3.3.5.1 Sub-category 5.1: Poor sensitivity for the needs of all team members

Participants complained that there was not enough consideration towards their needs when they first joined the hospital. Management just expected them to produce optimal results without considering what they were going through mentally. They missed their families and struggled with adjusting to changes that they did not foresee. Some felt that they needed more training with the electronic medical record system, but this was not given. Participants also raised concerns about poor communication in the cardiac centre. They hoped that requests for more information would have been attended to, but unfortunately it was ignored. In their teams, they all knew English was the medium to communicate, but in the multi-disciplinary teams, some members did not

communicate in English. It often happened that when they greeted other members in English, they were ignored, which they considered as rudeness:

“...in my country, we are taught from a young age to always include others, and if you have to adjust yourself for that, then you should as it is not nice to make anyone feel excluded...so I struggled to accept when I greeted someone, I was just ignored...I struggled to understand that if we having a group discussion, it should be in a language that we all understand, not in one of your preference...all these struggles made me feel very negative and unwelcomed...” (P3).

“In an organisation, support must start from day one with a proper orientation that will give me the most support in understanding the system, and then when I move over to the clinical area, more support is added as many newcomers struggle with balancing the pressure of familiarising themselves with a new system as well as coping with the absence of their support system...” (P14)

Participants also described how they struggled with the technology and all the systems, and some staff were not very patient with them if they needed help, so the preceptors were expected to teach them everything about the workplace. They also had their own challenges to deal with:

“I mean, if you take a nurse from a third world country and bring them here to work, should expect them to have a technology shock as they have minimal technology use in their countries, so their struggle is not being a nurse, but more with the technology and this should be supported and given some consideration...” (P7).

Participants raised how they struggled with obtaining their Saudi council licenses when they started, and there was no resource person from the licensing body to assist staff. Staff had to get their licenses within six months, but the process was so complicated and demanding that the nurse managers were also not sure how to assist them:

“...it took me a whole year to get my Saudi council license, and the pathway was not easy as I had to submit all my documents online, but they kept rejecting it; eventually, my manager asked another manager to look at my application, and then we figured

out what they wanted and got it right...unfortunately when I had to write the exam, the hospital did not give any study material to prepare for the exam so I asked other people from my country who wrote the exam recently to help with study materials..." (P8).

DISCUSSION

Team members wanted management to help them to develop a sense of belonging. Clear communication from management and recognition of members' contributions to the team's functioning was required. Team members want to feel valued in order to cooperate with others in trusting relationships to the benefit of the organisation (Riisla, Wendt, Babalola & Euwema, 2021:13). Furthermore, the needs of an individual are an important factor related to their productivity. If organisations cannot meet their needs, their productivity may be negatively affected (Mueller, Matz, Damon, Naraine & Skinner, 2023:10). Nurse managers are responsible for their teams, and that includes each member of the team. They are instrumental in ensuring that their needs are attended to and that they feel valued and motivated to deliver quality patient care (Nurmeksela, Mikkonen, Kinnunen & Kvist, 2021:296). Nursing is a profession that is associated with challenges, and therefore, nurses need emotional support from their managers.

Open communication between managers and team members may create supportive work environments which are conducive to quality patient care (Vinnitha & Jenardhanan, 2022:22). According to Campos, Martins, Ribeiro, Robazzi, Galdino and Haddad (2019:862) the work environment should enhance team members' job satisfaction and professional growth. At the same time, it should prevent the occurrence of mental distress.

Poor sensitivity to the needs of a nursing team can create challenges that may affect cohesion of the team and may have negative effect on patient outcomes (Turkson-Ocran, Nkimheng, Erol, Hwang, Aryitey & Hughes, 2022:16). Addressing the needs of the nurses and giving support to the team may prevent stressful situations. It may help to create an environment where mutual respect and understanding flourish which are the seams for strong team cohesion (Berhanu, Golja, Gudeta, Feyisa, Rikitu & Bayane 2024:182).

3.3.5.2 Sub-category 5.2: Little opportunity to contribute to the improvement of practice

The participants mentioned that newly appointed nurses could not share the challenges that they experienced in adjusting to a foreign country and unfamiliar work circumstances. They could also not demand that they be treated as nurses with vast experience in patient care. They were treated as novice nurses and could not use their knowledge and skills to contribute to an improvement of care in the cardiac centre of the designated hospital. They wanted to be allowed to be valuable members of the nursing team:

“I am a registered nurse for 10 years, and I did not have much experience with computers, but I know I am a good nurse, but when I tried to add ideas to improve our practice, I was not heard as, according to them I was junior as I was only in the organisation for a year, but I was hired for my 10-year experience...so I was amazed that my knowledge is not considered but how long I have been in the organisation mattered more which saddened me...” (P3)

Participants complained about a lack of opportunities to attend workshops, conferences and symposiums to update their knowledge and skills to the benefit of the team’s functioning. The designated hospital also did not host workshops and in-service training that the participants could attend to develop professionally:

“I came from an organisation that ensured nurses would attend international events that focused on improvement practices, and I was shocked here when we don’t even have the time to attend other hosted events, nor does the organisation compensate nurses to attend...I think I expected this as a priority as we are an evidence-based organisation...” (P10).

Some participants raised that the team members did not know the benefits of a multicultural team; hence, they did not know how to accept their thoughts and ideas, too, failing to see that they could add to improvement practices. As much as the team was multicultural, they were also multigenerational, and sometimes the older generation team members could not adapt to see the positive change that the

newcomers came with; therefore, their ideas were not taken seriously as the perception was they had the least experience:

“I thought I left my country with the generational differences, but I found it here too...the older nurses felt I was too junior to come with improvement practices or to even accept it until I proved to them how my practice was improving patient care and then only, I was accepted more into the team, especially by the older ones...” (P15)

DISCUSSION

Nurse managers who allow foreign nurses to share their experience with members of the team ensure that best practices in patient care from a variety of settings are communicated to the team members, who then decide which ones to implement to improve the quality of patient care rendered by the team. The newly appointed nurses get opportunities to contribute to the teams’ performance, and an inclusive culture is created to benefit the team and all patients (Kaihlainen, Hietapakka & Heponiemi, 2019:2). In multicultural teams, nurses bring different cultural backgrounds, values and experiences that contribute unique solutions to complex healthcare challenges. When the nurses share their previous experiences with the teams, an inclusive work environment is created as all members’ voices are heard and cultural misunderstanding is prevented (Kamau, Oikarainen, Kiviniitty, Koskenranta, Kuivila, Tomietto, Kanste & Mikkonen, 2023:1).

Valuing global nurses’ input promotes a team’s cohesion and establishes work environments that enhance teams’ performance and benefit the quality of patient care (Brooks, Manias & Bloomer, 2019:516). Organisations that function on evidence-based practices should encourage nurses to attend conferences and workshops to improve patient care (Bloemhof et al., 2021:4920). If all team members are given the same opportunities, teams may experience group cohesion. Improvement practices are very beneficial to team dynamics. It may reduce challenges of teamwork and contribute to problem-solving, improved patient care and team resilience. Teams that regularly engage in improvement practices learn to navigate difficulties with a united approach, making them more cohesive in handling adversity (Besey & Sibel, 2021:54).

Improvement practices help ensure that all team members are working towards a common goal. They have a clear understanding of their objectives and are involved in collaboration leading to a sense of ownership and commitment to the team's success (Pitriani, Ibrahim & Pebrianti, 2020:131). Incorporating improvement practices ensures individual performance deepens and, at the same time, enhances the connection between the team members, leading to better cohesion and communication (Kaihlanen, Hietapakka & Heponiemi, 2019:3).

3.3.5.3 Sub-category 5.3: Limited support from Saudi Arabian nurses

The participants highlighted that some of the local nurses were not helpful in teaching them the culture of the people of Saudi Arabia as well as the organisational culture of the cardiac centre in the designated hospital. The participants felt that they would have adapted easier if the local nurses were of more help and accepted them as part of the team. The foreign nurses appreciated the support of the nurses from Saudi Arabia. According to them they appreciated it when the Saudi Arabian nurses helped them to adjust to the unfamiliar setting and organisational culture of the cardiac centre. The acceptance of the foreign nurses by the local nurses contributed to team cohesion. The participants wished that the local nurses would view them as necessary resources to meet the dire nurse shortages in the country.

The participants raised the issue that some local nurses saw them as sort of a threat as they thought the international nurses were there to take their promotional opportunities, especially if the nurses were highly skilled. Saudi nurses thrive on being promoted and recognised, and all want to be managers whether they are competent or not; it's more of a sense of entitlement and some foreign nurses would be very open and say that they were not there to take their positions:

"I do not see a Saudi nurse, I see a nurse that is a part of my team, and we all want to work for the goal of patient satisfaction and safety, so when the Arab nurses ask me to explain something in English to them, I do it as I know English is my strength and I want to help my colleagues but unfortunately I do not get the same thinking of the local nurses...when we make mistakes they laugh at us and talk behind our backs as if they are better than us yet I'm the one with the better English..." (P3)

Saudi people, especially women, are very reserved, so some would not speak to others unless you spoke to them, and some participants did not understand this as they saw each other as women working together in a nursing team and nothing more. The least they expected was some friendliness. Unfortunately, very few of the local nurses were this way, and the foreign nurses had to accept it, although sometimes it was not comfortable for them:

“I used to go for my break, and we would be so busy on the floor, but it was so hard to even have a conversation with some of my Saudi colleagues as they would just keep quiet, and, even if I spoke, would not converse much...I could not understand this in the beginning, but with time, I learnt to accept and understand the culture...” (P10)

Some participants also raised that Saudi nurses would not want to join in social events of the unit, and this made the nurses feel bad for leaving them out, but due to the strictness of the culture, this exclusion had to be understood:

“I tried to learn more of the culture from the Saudi nurses, but some were not very open to discuss their upbringing and life experiences, so I respected it, but for me, if some of the local nurses can give up knowledge about their culture and the permitted practices, working and living in Saudi would be easier as it is a very beautiful country and culture, but sometimes it’s better to get firsthand information than to read it in books...” (P12)

DISCUSSION

Acceptance of all members of multicultural teams fosters collaboration and promotes an inclusive environment, which can improve members’ morale and productivity (Tanaka & Yoshimura, 2024:228). Furthermore, local and foreign nurses can learn from each other’s experiences, may support all members’ professional growth and lead to innovative solutions to patient care challenges (Hirano, Tsubota & Ohno, 2020:2). Most countries have resorted to global recruitment to deal with a shortage of nurses. When nurses leave their countries to serve other countries’ people, they deserve equal respect and professional development opportunities as they did in their

own countries. When foreign nurses face challenges such as language barriers and adjustment obstacles, the best support they can get from local nurses is to help them integrate smoothly into the new hospital. Local nurses should support their foreign colleagues to fit into teams as it can benefit all team members and the patients of the designated hospital (Kamau, Koskenranta, Kuivila, Oikarainen, Tomietto, Juntunen, Tuomikoski & Mikkonen, 2022:2). By accepting foreign nurses, local nurses contribute to the harmonious and efficient functioning of the nursing teams ultimately improving patient care, contributing to nurses' workplace satisfaction and team cohesion (Ubah, Goldspink & Tsegay, 2024:1).

3.3.5.4 Sub-category 5.4: Nurse managers ignorant of foreign nurses' family concerns

The participants raised concerns about nurse managers who were not empathetic towards nurses who had to manage family challenges over distance. The managers did not understand that adaptation was two-sided, meaning on the nurses' and the families' sides, challenges had to be managed. The newly appointed nurses struggled with their adaptation to new working circumstances and the families had to cope without the support of their members who moved to Saudi Arabia for work opportunities. On both sides, challenges were experienced. Some managers forgot that the foreign nurses left their families behind and only perceived them as workers who relieved their shortages of nurses. The new staff may not be able to cope if they have family problems, and some can even resort to ending their contracts. This also adds stress and anxiety to individuals. Sometimes, newly appointed foreign nurses just needed to talk to someone like a wellness nurse, and in this organisation, no designated department was set up for staff wellness. There was a wellness nurse, but it was totally voluntary, so the wellness nurse would not be available immediately when you needed to talk. In an organisation that largely depends on a foreign nurse population, there should at least be a good and established staff wellness department that staff can turn to when they experiencing personal challenges. Participants were not always comfortable with confiding in their managers and would have felt better talking to a stranger:

“...when I first started in the organisation, I struggled to adapt as my family was not coping well with my absence as much as I prepared them before I left, and this made we worry and not concentrate on work as I should... so I approached my manager expecting her to be a bit more understanding but was told that I am there to work and that’s what matters and I’m still new to get a break to go home and this was after my 3 months of probation so I had to get external support from family members till I got the chance to go home...” (P10).

Participants raised that their family concerns made it difficult to concentrate at work, and sometimes, if they approached their managers to get some time off, it was not considered as it was short notice. Family concerns are like emergencies, and some situations require one to be immediately available to fix them. Still, some managers did not understand this and thought it was too minor to be an emergency. They also did not think about how an individual can function wholeheartedly at work when their mind is somewhere else; some participants felt this was a huge risk to patient safety.

Participants raised the issue that when nurses are serving probation, they could not be granted any leave so if they experience family issues that required them to go home for a short period, they could not. Participants felt the managers did not take their family concerns seriously due to the reactions they used to get when they would approach them. Therefore, some nurses even escalated their family matters to the director:

“I was having a family concern when I started as my son was struggling to adapt to my absence, and he was falling back in school, basically was just not coping...as I was in my probationary period, I could not get leave to go home, and when I approached my manager, I was just told that this is the policy and was expected to go on...eventually, I decided to bring my son to me till I could go home...” (P11)

“Family concerns must be taken seriously by the manager as everybody has different coping mechanisms, and if they have support from their leaders, then they will see that they are valued and would also want to work under their leadership...” (P1)

DISCUSSION

When nurse managers show a lack of concern for nurses' personal lives and associated challenges, they do not promote trusting relationships between them and their teams. Nurses appreciate managers who create supportive and flexible environments that enhance their well-being, productivity and retention (Cranley, Lam, Brennenstuhl, Kabir, Bostrom, Leung & Konradsen, 2022:70). Nurses who struggle to balance work and family responsibilities are more likely to miss shifts and make medical errors. When managers understand that nurses belong to families and that all families from time to time experience challenges and therefore allow the nurses to attend to such challenges, nurses' job satisfaction gets enhanced (Baljani, Moradali & Hajiabadi, 2023:499).

Nurse managers' role is to create trust and strong relationships between team members. They should be active members of the teams in order to improve the collaboration within teams to benefit team cohesion and improve patient care (Alreshidi & Alsharari, 2021:3201).

Nurses dealing with family stress can experience mental health challenges that affect their job performance. When managers are proactive in offering and giving their support, it helps them to cope with personal challenges and enables them to deliver quality patient care (Sahin, Adegbite & Sen, 2021:602; Becque, Rietjens, Van der Heide & Witkamp, 2021:2). It is also important for nurses to have psychological support resources such as supervisors who care for them and occupational health departments aimed at enabling nurses to cope with family concerns and to thrive in the workplace (Baljani, Moradali & Hajiabadi, 2023:500).

When nurse managers promote a hospital culture of support and understanding it may create a positive and collaborative work environment which may lead to team cohesion, trust and mutual respect amongst colleagues (Jeffery, Rogers, Redley & Searby, 2022:5713). When organisations support staff with family concerns, lower turnover rates may be experienced (Boitshwarelo, Koen & Rakhudu, 2020:02).

3.3.5.5 Sub-category 5.5: Minimal agency support before the transition phase

The participants reported that they did not get enough support from their agencies, who arranged their appointments at the designated hospital, especially after they had arrived in Saudi Arabia. Some agencies also gave them false information about what to expect when they arrived and about the accommodation. Participants felt that if they were properly prepared before leaving their countries, it would have made their adjustment easier:

“I think the agency is not preparing the staff correctly as they only talk about the foreign country, but they don’t tell the staff about the multicultural nursing teams...maybe some agencies don’t understand the diversity...the agencies don’t follow up on their candidates after placement...” (P1)

Some participants felt that the agencies were interested in their company more than in the well-being of the nurses. No follow-up was done after they arrived in Saudi Arabia. Some participants raised the issue that the agency started their Saudi nursing license process by processing the dataflow. Still, once the candidate arrived at their posting, no follow-up was done to check on the progress. They had to find their own way and figure out the license process:

“...it’s like once you arrive at the post, the agency doesn’t care anymore, and this makes it harder to transition and settle in...” (P7)

Participants felt that the fees asked to process their applications were overly rated for the services they would cover as the nurses still had to pay out of their pockets for some expenses. The agencies also don’t take time to have a pre-departure briefing of what to expect when they arrive; they just receive a letter, and nothing is explained.

The participants felt that the agencies were not fully equipped to do international recruitment as some would also mix up the visa appointments and would not supply the entire package required for the visa appointments. Participants also raised the concern that agencies would get multiple offers. Still, they would only choose the highest paid offer to the candidates instead of allowing the candidate to choose the

best option for them as the agency would receive a higher commission after the candidate passes their probationary period, from the hospital.

Agencies should take the time out to get all the details about the offers made so that the candidates can make informed decisions and choices as this is their future career path:

“...agencies should do their own research about the hospital, unit and work culture before giving false information to candidates...even if they create a pamphlet, it will help... at least they should have a post-transition interview so I can give them first-hand information that they can use to share with others that is organic and authentic and also evaluate their service and improve where possible...” (P3)

“Agencies should have the most in-depth knowledge about the company they are recruiting for...if they know an organisation is highly technology driven and when they review a candidate’s CV, should be able to advise the candidate on adding more computer experience like a short computer course if need in order to prepare the candidate in areas they may struggle with especially when candidates come from rural areas in their countries which does not have much technology...this should be part of the transition process before departure...” (P14)

DISCUSSION

Agency support is essential when placing nurses in foreign countries in multicultural teams. Agencies fulfil an important role as they initiate the transfers, and they are responsible for ensuring that both the nurses and the management of the healthcare facilities can effectively navigate the complexities of multicultural teams (Sahay, Willis, Kerr & Rasmussen, 2022:644). Foreign nurses should be placed in settings where their skills are required and where their qualifications address skills shortages. Without sufficient communication between the nurses and the hospital management, mismatches occur, and misunderstandings regarding responsibilities are common to the detriment of the satisfaction of all involved (Alreshidi & Alsharari, 2021:3202).

Nurses working in unfamiliar cultural environments may experience isolation or cultural shock, and that is when agencies can help by providing social and emotional support, which may help the newly appointed nurses to adapt to unfamiliar work environments (Jomaa, Dubois, Caron & Prud'Homme, 2022:2015).

Post-placement evaluations enable agencies to continuously improve their services to ensure the success of global nurse placement programmes. They are responsible for the ongoing support of nurses placed at hospitals in foreign countries (Balushi, Yoon & Risch, 2024:2). Agencies play an important role in the entire transition process from beginning to end when global nurses are placed in foreign countries. The agencies are obliged to do final transition interviews with placed candidates to give them ample opportunity to voice their concerns. It is their responsibility to improve practice continuously and to ensure that nurses are satisfied with their placements (Rovito, Kless & Constantini, 2022:28).

3.3.6 Category 6: Nurse managers struggling to promote unified teamwork

Nurse manager participants raised the challenges they faced in promoting a unified team. Factors such as differences in salaries and strained communication between nurses of different cultural backgrounds contributed to the challenge. As much as the nurse managers wanted to address the challenge, they could not due to limited organisational support.

Some nurse manager participants reflected on how the staff shortages and high staff turnover created challenges in unifying teams. The manager participants also mentioned their own exhaustion due to high administrative workloads, leaving them with less time to devote to staff appreciation. With no training in cultural competence, nurse managers found themselves trying to boost the multicultural nurses' knowledge about their different cultural backgrounds in meetings to encourage acceptance of all team members.

3.3.6.1 *Sub-category 6.1: Nurses not helping each other due to salary differences based on nationality*

The participants raised concerns about salary differences between nurses who share the same job descriptions. Some participants found the arrangement discriminating and believed that the hospital management assumed that the level of nurse training differs according to whether countries are considered 'non-western' or 'Western'. Nurses who were registered with nursing boards in 'non-western' countries received lower salaries than their fellow nurses who were registered with nursing boards in Western countries:

"...when I started, some nurses were more concerned about how much I was earning and when they found out that it was higher than others, then they set up like a barrier between me and them, and this issue is actually causing a rift in the nursing teams because they sort of draw a line and say I'm not going to help her because she earns more than me and has better accommodation as well...I think nurse managers should also intervene and ensure salaries are kept confidential or explain why there is a difference like the different currency rate between all countries as this hinders them from seeing as a nurse that is a part of their team..." (P3)

The nurses who received lower salaries felt that management did not appreciate their input to patient care in the designated hospital. These differences in salaries jeopardised group cohesion and caused conflicts between those who got higher salaries and others who got lower salaries. Those with the lower salaries felt that the arrangement was unfair, and they, therefore, often resisted helping the higher-paid nurses, with a detrimental effect on team cohesion:

"I feel the compensation should be equal; if we want to promote equality between nurses, we should start with the compensation and benefits; it should not matter which country I come from and what education level I achieved; I was hired to do the same job a western nurse was hired to do..." (P12)

Nurse manager participants raised the challenge of how staff hesitated to help the higher-paid nurses as they felt that they earned more and did not need the help, and this directly affected team cohesion and patient care. They tried their best to explain the different currencies that each country held and tried to make nurses understand that it was only due to the currency strength that led to the different salaries. Still, in

the end, they all are nurses and serve the same purpose of patient care and patient safety. Some nurses unconsciously created this rift, and some consciously. Some participants also identified that due to the salary differences, the team effort was not entirely the same among all the nurses. Some felt the lower-paid nurses did not help them as much as they helped the ones on their salary level. This also made some nurses feel they were not valued and it sometimes created conflict among the nursing team:

“I have tried to explain the salary difference numerous times during all staff meetings, but it is taken in at that moment but later forgotten...I even questioned how they know the differences as they shouldn't be discussing their salaries with anyone...some replied they were happy sharing...” (P1)

“I have also raised this issue numerous times in our leadership forums but just get told it's an organisational and government thing and cannot be changed...unfortunately top leadership do not feel the indifference that the nurses feel...so to make things equal, we created a staff appreciation committee that collects a set amount every month to appreciate all staff equally...” (P7)

DISCUSSION

Salary differences between nurses can cause major tension within teams and potentially disrupt cohesion as some members may experience feelings of resentment and frustration (Kakemam, Hajizadeh, Azarmi, Gholizadeh & Roh, 2021:1189). Nurses who perceive that they are being paid less than their peers for similar responsibilities may feel undervalued, and this can lead to frustration and resentment, especially if they feel their contributions to quality patient care are being overlooked despite the equal effort (WHO, 2022:4). When salary disparities exist, some nurses may withdraw from collaborative efforts resulting in decreases in the quality of patient care and team cohesion (Kohanova, Hrbkova & Ziakova, 2024:1031).

Salary differences in a team may cause suspicions of favouritism, which can lead to mistrust between members (Gil, Hernandez, Ibanez-Lopez, Llor, Valcarcel, Mikla & Montesinos, 2022:1). Therefore, to prevent or address these issues, nurse managers

should advocate for fair salary structures and open communication of remuneration policies. It is also important to ensure that nurses from all nationalities feel valued (Soh, Japar, Soh & Tsujita, 2023:28).

Conducting routine salary reviews may ensure that remuneration stays competitive and consistent with market rates. By proactively doing this, nurse managers can prevent disparities (Schilling, Armaou, Morrison, Carding, Bricknell & Connelly, 2022:2). Measures to promote the team's sense of shared purpose and emphasise that every member plays a vital role in assuring quality patient care regardless of differences in remuneration may contribute to team cohesion (West, Bailey & Williams, 2020:14).

3.3.6.2 Sub-category 6.2: Poor organisational support for meaningful team building events

In this subcategory, nurse manager participants raised the challenge they had in trying to hold meaningful team-building events. They did it on their own without the support of the hospital management. Due to staff shortages, not all nurses could attend the events. Some participants elaborated that the organisation is so quality-driven about patient care, but they forgot to consider staff appreciation. The participants raised the issue in their leadership forums but were told blatantly that it's up to them as nurse managers to try and create their own events as the organisation does not see how it will benefit patient care. The participants felt that if they had the organisational support then nurses would also avail themselves and participate in these events. It could also promote more teamwork as they all can come together and plan for the event.

Organisational support of team building events is important as such events may ultimately better the quality of patient care as the multicultural team may feel appreciated and valued by management. Nurse managers felt that teams would be able to share successes through team building, and this would strengthen the bonds between members:

"I raised this issue of team building in our leadership forum, and I even gave an idea of having like a food preparation event to promote our multicultural nursing workforce"

so that they can understand that they are nurses first before they are someone from a specific country, but I was not supported as some felt the Arabian culture does not favour mixed gender events so the Saudi nurses would not attend if there were males there so this is why it is not supported by the organisation...I fully respect the culture and restrictions as I am a Muslim, too, but this is where the organisation must take a stand and say this is a work event. We require all staff to participate as these nurses are working with the same males in the work environment, and there is no issue when they work together in one nursing team...I feel if the organisation formalises it, it won't be seen as a social event but as part of a work requirement and then other units will also be keen on supporting each other with coverage..." (P7)

International nurse manager participants shared their previous experiences of team building and how important it was to promote teamwork. They emphasised how team-building events could help promote team cohesion. Team building can also help in enabling nurses to develop cultural competency which would inadeptly promote trust and understanding amongst the multicultural team members. Nurse manager participants expressed the importance of making team building an organisational requirement and adding it as a policy event so that this could also help in promoting job satisfaction:

"I came from an organisation that thrived on staff appreciation, and nurse managers were encouraged to hold team building events at least once a month...we all had to submit an event at the beginning of the month with a date and idea to the staff appreciation department as the organisation felt that this would improve staff turnover and appreciation...but here it's so hard to even have a lunch together outside the workplace as the shortage is too much and other units are not keen on covering each other as staff are too tired due to the high amounts of overtime they have to work to replace the shortages...it's like I'm in a work environment that can only focus on work and nothing else. Therefore, I felt I would hold one small event during my all-staff meetings even if I just have coffee and doughnuts with everyone just to break the stressful work requirements and get to know the staff more personally, I will do so..." (P4)

Nurse manager participants were convinced that team-building events could enhance communication within teams. Conflicts between team members were often due to miscommunication and misunderstanding. Team building activities may encourage open dialogues between nurses and their managers, which can help break down barriers and enable the sharing of ideas, concerns and feedback. Nurse manager participants felt that the challenge of miscommunication could improve if they held team-building events for the entire team regularly:

“...in my unit, I had many staff conflicts almost every week, and it became draining and demotivating for the whole team, not just the ones having the conflict, so I decided to investigate and find the root cause of the conflict and discovered that it was due to poor communication that led to a misunderstanding that would cause these conflicts so I shared this with other nurse managers to get an idea on how to solve it, and then I was told about team building...so as a Saudi manager I was not sure how to carry it out, and then I decided to include it in my all-staff meeting as well...” (P2).

“I did an exercise with all staff and showed them what poor communication leads to, and this is what has been helping me in promoting good communication in the workplace, and the conflict has minimized...this is when I saw the importance of team building events and the positive impact it can have on multicultural teams...” (P4)

DISCUSSION

Team building plays a pivotal role in promoting trust between nurses and their managers as it improves collaboration, promotes mutual understanding, enhances problem-solving and enables staff recognition (American Organization for Nursing Leadership, 2023/2024:1). Through team building events, nurses and their managers learn to rely on each other’s strengths to get work done. They also learn to collaborate as it builds mutual trust (Hadi-Moghaddam, Karimollahi & Aghamohammadi, 2021:132).

Team building events help managers and staff understand each other’s roles, challenges and perspectives, especially when all are multicultural. Mutual understanding fosters empathy, reduces potential conflicts and builds a stronger, more

trusting team (Loveday, Lord, Ellwood, Bonnici, Decker & Fernandez, 2021:263). Holding meaningful team-building events may help with problem-solving. When the team comes together to solve problems in a non-work setting, it can transfer into a more collaborative problem-solving approach in the workplace (Bragadottir, Kalisch, Flygenring & Tryggvadottir, 2023:9). Nurse managers can use team building activities and events to promote recognition and support of members as they can recognise nurses' efforts in a relaxed and informal environment. Such recognition can help strengthen trust and commitment. It may show that managers value and support team members. It may result in the team members' sense of being appreciated to the benefit of group cohesion (Bhowmik, 2021:195).

It is important for organisations to recognise the value of meaningful team building as it may directly positively impact on the functioning of teams (Ozigbo, Maryam & Donatus, 2020:184). Furthermore, when employees feel connected to their teams and the organisation through team building, their loyalty and commitment increase and retention rates improve. Through team building nurses and managers may develop a sense of belonging to the organisation, and employee wellbeing may be improved (Nauman, Musawir, Munir & Rasheed, 2022:423).

Nurse managers can play a key role in convincing organisations to promote meaningful team building by demonstrating its value and aligning it with the organisational goals by linking it to the organisational outcomes. It may help to present evidence on how meaningful team building can improve key performance indicators such as patient care, staff retention and job satisfaction (Baek, Han, Cho & Ju, 2023:2). Data can be used from within the organisation such as case studies and sharing personal experiences to illustrate how team building has positively impacted staff relationships in similar healthcare settings (Nauman, Musawir, Munir & Rasheed, 2022:424).

Nurse managers can start with small, measurable team-building activities and showcase their success to the hospital management to convince them to support comprehensive team-building events (Flores, Dator, Olivar & Gaballah, 2023:342). By framing team building as a strategic investment that directly benefits the organisational goals, nurse managers can effectively convince decision-makers to prioritise these

initiatives, thereby helping them with their challenges in promoting a cohesive work environment (Jelica, Damir & Mitar, 2024:93)

3.3.6.3 Sub-category 6.3: No training programmes for cultural competence

Participants referred to the importance of having an educational programme that helps nurses to develop cultural competence skills. They felt that culturally competent nurses would understand and accept each other better and view all team members as valuable contributors to quality patient care:

“...our nurses are from all over the world, and some are in the Kingdom for the first time and are meeting other nurses from other countries also for the first time, so it’s truly a culture shock for them and some struggle to adapt due to this but if we have a cultural competence training program that explained the different countries and their cultures and showed these nurses about their cultural backgrounds and what is good and bad for them then they would have a better understanding and would be more accepting of each other...there are many hospitals now that rely on global nursing workforces that have introduced this program as it helps with the transition and adaptation...” (P1)

The participants felt that if there was a mandatory education programme to enhance nurses’ cultural competency, multicultural nurses would join the teams with the right mindset, and team dynamics might be strengthened. It would also broaden their knowledge base about other cultural groups:

“...investing in a cultural competence training program can help staff with the adjustment and acceptance of the new work environment...they will also see that the organisation is promoting their wellbeing and is concerned about their professional development and in a country that has a large global workforce this is very much needed as there are many different cultures in the work setting and nurse managers do not have the time to take the staff and explain it broadly but if there is a mandated training program then managers can also have peace of mind that the transition and adaptation is enhanced...” (P6)

DISCUSSION

Cultural competence training programmes are essential for a multicultural team because they equip members with the skills and knowledge to collaborate effectively across cultural boundaries to the benefit of team dynamics and understanding of fellow nurses and patients (Aboshaiqah, Alabdahai, Alkhaleedi & Alyasin, 2023:3). Promoting cultural competency can further reduce stereotyping amongst nurses. Such education should be initiated at the onset of employment to provide nurses with the necessary knowledge and skills to offer culturally acceptable patient-centred care (Falatah, Alharbi & Alhalal, 2022:281).

Cultural diversity among the members of the nursing team can improve their performance. The opposite can also happen. It is the managers' responsibility to manage cultural diversity to prevent communication problems and compromised patient safety (Aboshaiqah et al., 2023:4). Therefore, healthcare systems should be structured in such a way that it encourages the empowerment of nurses from different nationalities through effective communication policies and measures to improve the nurses' skills in cultural congruent care (Alharbi, Alhamlan & Aboshaiqah, 2020:10).

Multicultural nursing teams should be empowered to deliver culturally sensitive care to patients and family members (Cervený, Kratochvilova, Hellerova & Tothova, 2022:13). Working in a culturally diverse environment entails a moral and professional responsibility to provide care to patients from different backgrounds in order to reduce healthcare inequalities, improve the quality of care of all people and to increase patient satisfaction (Hickson, 2022:1).

The role of the nurse manager in convincing top management to adopt a cultural competence training programme for multicultural nurses is important as they are responsible for their nurses' well-being and the care delivered to patients (Teixeira, Gaspar & Lucas, 2022:01). Nurse managers should use the outcome of cultural competence training at other institutions to convince the hospital management to support such training of the nurses under their supervision (Berie, Salih & Abate, 2021:55).

In multicultural nursing teams, listening to staff feedback can also help as a motivation for the training especially if they have expressed concerns about cultural barriers or challenges in providing care to diverse patients as this will be firsthand information of difficulties due to poor cultural competence (Soleimani & Yarahmadi, 2023:113). By presenting cultural competence training as a strategic initiative that benefits patient care, staff well-being and organisational performance, nurse managers can create a persuasive case that resonates with management's priorities and long-term goals, especially as there is a global shortage of nurses and countries are now forced to rely heavily on multicultural and multinational nursing workforces (Filomeno, Feller, Raimondi & Di Mario, 2024:214).

3.3.6.4 Sub-category 6.4: Grouping of nurses

Nurse manager participants expressed concerns about nurses who form groups due to similarities such as language, backgrounds, training and nationality. These groups tend to create conflict with and isolation of other team members. As much as the nurse managers raise it in staff meetings and when resolving conflicts, somehow, the nurses kept on gravitating back to their grouping. Some nurse manager participants used role plays to show the effect of nurse grouping on teamwork. The nurse managers included the charge nurses and clinical resource nurses to stand together and promote one nursing team and to stop the process of forming groups:

"I noticed one group that was all young in an age, like in their late 20s and from the same country and called themselves the 'travel bugs' so they would request the same leaves and day offs so they could travel...however they were most active nurses in the clinical area as they would ensure all delegated assignments are completely timely and would also support the older ones if they were struggling with certain clinical practices, but they would be so upset if their leaves or day offs were not granted...I had to explain then that as their manager, I have to be fair to everyone, and sometimes their requests cannot be granted due to the shortage of staff and because other staff may need the same time off..." (P1)

The nurse managers kept on reminding and motivating the nurses to integrate and form one team as they all are professionals. Their focus must be on maintaining patient safety and quality patient care. The nurse managers reflected on how these groups are detrimental to quality patient care. Notwithstanding their efforts, the nurses still insisted on working the same shifts:

“I have a problem with the Saudi nurses as they always want to work the same shifts and go on the same leaves, so I asked them as to why they prefer this as they are part of a multinational team, and then some said that due to their English not being so good, when they work with certain people, then it’s easier as they will explain to them in Arabic the important updates...then some also said that they understand each other better and do not understand the other nationalities so this makes their work life easier...it’s not that they are being disrespectful or isolating themselves...” (P7)

Some nurse managers did not know there were groups in their teams until they investigated interpersonal conflicts and then realised that the same staff were involved all the time. These groupings have really been a challenge for the nurse managers to ensure team cohesion in the designated cardiac centre:

“I remember there was a staff conflict incident in the unit, and when I investigated, it was because the staff of one group wanted to go on the same break time as her group, which was not possible as the patient assignment did not allow it...then a conflict broke out as they were fighting with the charge nurse claiming that the patient assignment was done deliberately like that to ensure they are separated...this is when learnt that there is a groups in the team and other nurses also opened up as to how this group behaves and always wants things their way...” (P2)

DISCUSSION

Grouping nurses by nationality or cultural background can significantly affect team cohesion in both positive and negative ways, and by understanding these effects, nurse managers need to foster a harmonious and effective team environment (Gad, Safan, & Gaballah, 2021:131). Grouping of nurses can lead to the formation of cliques

where nurses of the same cultural background or age bond more closely with each other than with the broader team. These cliques can cause isolation of other team members, reduced overall collaboration and increased staff conflicts. Nurses outside the groups may feel marginalised, thereby eroding trust and creating a work environment where open communication and teamwork are diminished (Wei, Zhang, Qu, Liu, Yan & Luan, 2024:1). Furthermore, when nurses from the same nationality, cultural background and age are grouped together, they may resist integration into the broader team and group cohesion becomes jeopardised (Zeng, Kunaviktikul & Thungjaroenkul, 2022:01).

With the global shortage of nurses, multicultural nursing teams are the future. The diverse nursing team may offer unique opportunities for cross-cultural learning and thereby enhance the quality of culturally congruent patient care. Nursing managers should not allow nurses to form groups due to cultural differences as that will decrease opportunities for cross-cultural learning to prepare nurses to effectively attend to the healthcare needs of patients from diverse cultural backgrounds (Sundgren, Milliar, Dawber & Medoro, 2021:49). Staff conflict can be the major outcome of grouping especially when the group holds stereotyping assumptions about nurses with diverse backgrounds (Debesay, Arora & Fougner, 2022:1).

Grouping of nurses is detrimental to group cohesion, leading to cultural misunderstandings in the group, and minimising opportunities to learn about healthcare practice of cultural groups. Through efforts to collaborate and openly communicate with fellow nurses from diverse cultural groups, an inclusive working environment should be created to the benefit of all team members (Kourkouta, Kaptanoglu, Koukourikos, Iliadia, Ouzounakis & Tsaloglidou, 2021:1).

It is the managers' responsibility to ensure that nurses do not form groups and thereby exclude team members. They should address the reasons why nurses want to form groups and prefer to work the same shifts. The reason should be addressed, and the nurses should be supported to collaborate with all members of the team. Managers can assist newly appointed nurses in collaborating with all team members to develop a sense of shared identity (Elsaeed & Shaheen, 2021:102). Nurses should be encouraged to educate other team members about their cultures instead of grouping

with nurses with similar cultural backgrounds. The sharing of information may enable other members to do the same, and culturally sensitive cohesive nursing teams may result (Kourkouta et al., 2021:2).

Nurse managers must at all times work towards building cohesive teams. It is therefore also their responsibility to address groupings timeously before members get marginalised and isolated (Wang, Zou, Zheng, Chen, Teng & Lu, 2022:2). Through cultural competency, team building and open communication, nurse managers can create environments where all nurses from all backgrounds work together cohesively to ensure nurses' job satisfaction and quality patient care (Zajac, Woods, Tannenbaum, Salas & Holladay, 2021:2).

3.4 SUMMARY

In Chapter 3, the categories and sub-categories were described, and literature was used to discuss the sub-categories. In the next chapter, the conclusions and limitations of the research will be described, and recommendations will be made to improve group cohesion in multicultural teams.

CHAPTER 4

OVERVIEW OF THE STUDY, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

4.1 INTRODUCTION

In Chapter 3, the data was described and discussed with reference to the literature. The descriptions of the categories and subcategories were supported by verbatim quotes from the participants' interview transcripts. Chapter 4 will summarise the findings, specify the recommendations, state the limitations, and describe the study's conclusions.

4.2 SUMMARY OF THE STUDY

4.2.1 Research question

The research question that guided the study was ‘*What cohesion challenges did the multicultural nursing team of a cardiac centre in a designated hospital in Saudi Arabia experience?*’

4.2.2 Research objectives

The objectives of the study were to:

1. Explore and describe the challenges that the nurse managers of a cardiac centre in a designated hospital experienced in order to support the nurses to function as cohesive teams.
2. Explore and describe the challenges that cardiac centre nurses in a designated hospital face in functioning as cohesive teams.
3. Integrate the data obtained from objectives 1 and 2 to describe the challenges that the multicultural nursing team (managers and nurses) of the cardiac centre in a designated hospital in Saudi Arabia experienced.

4.3 RESEARCH METHODOLOGY

In this study, the researcher opted to use a descriptive qualitative design. A descriptive qualitative research design was deemed most appropriate for this study as it recognised the subjective nature of the problem and the different perspectives of the participants of the studied phenomenon. In this study, the preferred data collection method was individual semi-structured face-to-face interviews to explore and understand the participants' perceptions of the cohesion challenges that their multicultural nursing team experienced. The researcher used purposive sampling to select a sample of participants. The researcher led the interviews with the open-ended question, '*What cohesion challenges does the multicultural nursing team of the cardiac centre experience, and what support should they get from management to overcome these challenges?*' and also used probing questions that guided the participants' responses to enable a deeper understanding of the participants' perspectives of the studied phenomenon (refer to Annexure C for the interview guide). The interviews were audio-recorded as permitted by the participants. A thematic analysis was used to analyse the data.

4.4 SUMMARY OF RESEARCH FINDINGS

The findings were derived from the participants' input and the discussion of the categories with literature.

4.4.1 Category 1: Excluded from communication due to language barriers

The participants commonly raised that poor communication was their main challenge in developing cohesion with their colleagues. The participants revealed that although English was a mandated language in the workplace, they often found themselves in situations where English was not used. They struggled to understand others, especially during patient rounds. The participants wanted the doctors to know that they function in a multicultural multidisciplinary health team. When discussing patient information, English should be the language medium to promote understanding and inclusion of all involved. The participants wanted to ensure patient safety and trusting relationships in the multicultural team. The participants also felt excluded from

conversations even within the nursing team as the nurses tended to communicate in their mother tongue in the presence of other nurses who did not understand their language. Communication is a key element in understanding and promoting inclusion in teams and cohesion between members of teams therefore, cohesion challenges are bound to arise with language and communication barriers.

Misunderstandings due to communication barriers that they experienced made it hard for the participants to function effectively within the team. These misunderstandings also made it difficult to transition into the practical environment which also affected their adapting ability. Some participants felt that not understanding nonverbal messages correctly was also creating misunderstandings that led to conflict and wished that they were given more opportunities to understand the different cultures they worked. Meaningful team-building events could have contributed to the participants' understanding of colleagues' cultural backgrounds.

In multicultural teams, members tend to group with those with whom they share similarities. Participants felt that they were the minority in the team. The majority grouped with each other as they came from the same country and spoke the same language. Some participants also felt that nurses with the same nationalities tended to help each other more and would protect each other more than the others in the team. The nationality grouping could be a great challenge for cohesion in a multicultural team as not all nurses will feel part of the team holistically.

The participants alluded that the working environment sometimes did not promote respect between nurses, as it often happened that the nurses' previous nursing experiences were not acknowledged. The newly appointed nurses complained that although they had many years of working experience, it was ignored by others. They were still treated as junior nurses in the team. Furthermore, they expressed that the seniority in the teams was determined by the years of experience in the designated cardiac centre and not by the years of experience in patient care. Respect among all members plays an important role in achieving cohesion in a multicultural team, as it fosters trust, open communication, collaboration and a positive work environment.

4.4.2 Category 2: Differences in practical experiences lead to alienation

Multicultural nurses will always have different practical experiences as they come from different countries. The participants shared how these differences in the nurses' practical experiences led to their alienation from the multicultural team. They expressed how they were alienated because some did not understand their way of doing things that would also help to achieve the end goals. They indicated that although they had been capable and willing to contribute to the improvement of the quality of patient care, their input had not been valued. Therefore, acceptance of diverse cultural and religious beliefs should be emphasised in nursing curriculums and clinical practice. Due diligence should be given to include personal belief systems to avoid discrimination and violation of others' dignity. Acknowledging the multicultural nurses' background and being valued as human beings may enhance their development of dignity and promote cohesion of the team members. There is a need for the recognition and upholding of professional dignity of professional nurses, and accepting cultural diversity forms part of the holistic embrace of nurses in multicultural teams.

Poor cultural competence of members of the multicultural team led to a lack of respect and understanding of colleagues' nursing capabilities. It contributed to the alienation of members of the team that reflected negatively on nurses' professional growth. A participant indicated that if nurses were given opportunities to learn about cultural competence, they might be able to respect others' cultural practices. With knowledge of and skills in cultural competency, it may be easy for them to accept colleagues' cultural backgrounds and cooperate with them to the benefit of quality patient care. Cultural competency breaks down barriers and enables improved communication between patients and nurses and between nurses and nurses. Healthcare institutions should offer cultural competence training to improve the cooperation of multicultural nursing teams.

Being unfairly treated and discriminated against, especially when they were newly appointed, participants had to prove their abilities first before being accepted by the members of the multicultural team. Some also felt that the team only supported the nurses from designated countries. Some nurses also preferred to work the same shifts

as nurses from their home country. It unfortunately also happened that patients preferred to be treated by nurses from designated countries. Discrimination can disintegrate a team permanently and managers must ensure that they prevent this at all times. When team members feel discriminated against, they may find it difficult to cooperate with others, and conflict may occur. Discrimination against team members jeopardizes group cohesion.

Some participants raised the issue that due to their background and country's education system, they were looked down upon by other nurses. They felt that they were paid less because the status of their country's education programme in nursing science was deemed lower than that of other countries. Some team members considered bachelor's degrees from designated countries as inferior in comparison to the same degrees in their own countries. Others felt that because their mother tongue was not English and they had a different accent, other team members and sometimes the English patients showed poor trust in them. Some of the participants felt that they were paid less because their countries' education programmes were deemed lower than those of other countries. Although the nurses shared the same responsibilities in the wards, some occupied higher positions and were also paid better salaries than others.

Multicultural nurses should be able to accept and respect each other's backgrounds as it is not only professional but also part of humanity. A supportive attitude from multicultural nurses may create a welcoming clinical environment that fosters a sense of belonging for all.

4.4.3 Category 3: Nurse managers struggling to meet the new staff needs

The participants highlighted the importance of nurse managers meeting staff needs. The nurse participants indicated that some managers struggled to understand and meet the newly appointed nurses' needs. A reason for the poor understanding of their subordinates' circumstances may be that they do not know the nurses' cultures and backgrounds. Some managers viewed all newly appointed nurses as novices to the profession and treated them accordingly. They did not acknowledge their previous experiences in nursing and did not appreciate their capabilities to contribute to quality patient care. Some managers did not give a thorough introduction of newly appointed

nurses that included a brief description of their background, values or history leading the members to view the newcomers as strangers. The newly appointed nurses were also not given the opportunity to introduce themselves on their first day in the cardiac centre, and due to this, the new staff often felt isolated from the team until they proved themselves and gained the trust of the team. The importance of nurse managers to discourage the alienation of team members was raised as nurse managers have a lot of authority and are the voices and advocates for their staff. They are capable of creating a work culture of inclusion of all team members despite their backgrounds, languages, genders and cultures.

Some participants complained about the poor prioritising of the leave planning for the newly appointed staff. They felt that was insensitive towards them, knowing that they had left their families and country and just needed a break to ease the adaptation process. Managers should prioritise the arrangement that newly appointed nurses' leave requests were neglected, leading the participants to feel that the managers did not care for their wellbeing. They were unhappy as their managers did not treat all nurses equally. Some got leave after four months' appointment, and others only after six months. Prioritising leave for newly appointed nurses can be a strategy to promote team cohesion, and such an arrangement makes newly appointed nurses feel like valued members of the team. It contributes to team cohesion. Nurse managers must ensure fairness with their leave schedules as they play key roles in creating balanced schedules that accommodate the needs of all team members while ensuring adequate coverage of the units for patient care.

Some of the nurse managers could not be seen as role models due to not keeping nurses' personal information confidential and using inappropriate leadership styles. The participants described how important it is for nurse managers to keep subordinates' personal information confidential, and it should never be discussed with other nurses and managers. A nurse manager's role in keeping information confidential is a prerequisite for building trust within teams. Maintaining confidentiality helps preserve the integrity of the organisation. Furthermore, some participants stated that their managers did not know how to assess challenging situations and use applicable leadership styles to deal with specific challenges. Participants felt that some managers were only office-bound and would not integrate themselves into the team,

like doing rounds with the nurses and checking up on the patients every morning. Nurses expect their managers to lead their teams in such a way that it is easy to follow their example and to look up to them. They want their managers to be role models that cultivate trust between team members. Nurses prefer managers to be loyal to the team, to keep personal information shared with them confidential, to be reliable at all times and to care for the team's well-being genuinely.

Detailed orientation programmes are important for newly appointed nurses, especially when they are globally hired, as this will give them in-depth knowledge about the country and the culture. Participants indicated that the current orientation program for newly appointed nurses does not cover all aspects of the organisation's functioning. Some participants felt it could have helped if they had received a brief introduction about the organisation and its policies before they departed their countries. It could have helped them to get a clear understanding of the cardiac centre and hospital. They would have known what to expect, and it could have prevented the culture shock that many of them experienced within the first week of employment.

Some participants wished the orientation was longer for the documentation system as it was entirely paperless. Some came from countries that still used paper documentation and did not have much computer experience. They felt that if they knew this before they left their countries, they could have done computer courses before departing. It would have made it a little easier for them to adjust to the electronic medical record system. Orientation programmes that address the needs of multicultural nurses may not only help in their adjustment but also help them to fit into healthcare teams. A well-structured orientation programme can inspire a positive attitude and help newly appointed nurses demonstrate competence in patient care. Hospitals need to have their orientation programs for nurses reviewed regularly so that they meet generational changes to achieve job satisfaction.

Some participants complained about a lack of team building. They mentioned that they missed the team building events in their previous jobs as that gave them opportunities to get to know the people they worked with. It also enabled them to understand the background and lifestyles of the team members. They recommended that the managers should arrange team building events to bring the members together for

social events outside the cardiac centre. Some participants appreciated the small events that the managers arranged for them in the cardiac centre but wished that they could have taken place outside the work environment.

Team building is important for team cohesion, and some participants felt that although their teamwork was not bad, it would have improved if they had some team-building events. Team building is essential in fostering cohesion. It may strengthen trusting relationships and improve communication, encourage collaboration, promote inclusivity and boost members' morale. In essence, team building lays the foundation for a cohesive work environment where members feel connected, communicate effectively and work together seamlessly to achieve goals.

4.4.4 Category 4: Advantages of multi-nationality nurses rejected

Participants raised the challenge of being heard and acknowledged for the expertise they brought to the team. They were not seen as an asset and were often treated as if they had no previous experience as nurses. Just because they were newly employed did not mean that they were novice nurses. The participants felt that the foreign nurses did not get chances to tell or show their team members their previous patient care experience. Their experience did not matter, and they had not been acknowledged as skilled nurses. It was, therefore, challenging to find their place in the nursing team. According to the participants, their previous leadership experience was not acknowledged. The nurse managers did not allow them to be trained to function as charge nurses as they were newly appointed in the centre, although they performed the duties of charge nurses in hospitals in their home countries.

Participants felt that not all team members appreciated the benefits of working with multicultural teams. Most of the participants had no experience of working with nurses from diverse cultural backgrounds. They experienced the multicultural team as a challenge that they had to adjust to, and when new members joined the team, more adjustment was needed. Participants felt that if an organisation has a nursing workforce of global nurses, then they should promote the understanding of the functioning of multicultural nursing teams.

The participants discussed the lack of open, honest communication between team members. The multicultural team did not feel free to discuss concerns that jeopardised the relationships between members. Some members were reluctant to take responsibility for their own mistakes but took part in discussions of others' mistakes. Others viewed all criticism as personal attacks and thereby discouraged communication. Some participants felt that they did not have freedom of speech as there was minimal open communication, and due to this, it was hard to make group decisions about problems that the team was facing. Open communication in multicultural teams is essential as this is how the team members get to know each other and gain a better understanding of each other. Open communication is crucial for group cohesion as it fosters trust, transparency and understanding within teams.

Participants raised the issue that the role clarification was sometimes conflicting. Although all nurses had the same job description, some of them were considered more competent than the other and only some of them were given the opportunity to become charge nurses. Participants also raised the issue of some charge nurses not being equipped academically and were only promoted as they were long in the organisation. Due to these issues related to roles and responsibilities, conflicts sometimes arise and negatively affect teamwork. Role clarification is crucial for the cohesion of nursing teams as it confirms the responsibilities of members of the teams.

4.4.5 Category 5: Foreign nurses obliged to conform

Foreign nurse participants claimed that they were expected to adjust and conform to the new work environment, although little support was given to help them. There was no sensitivity towards nurses who did not know the Saudi Arabian culture and who had left their countries and families to work in unfamiliar situations. Some felt that even when they voiced their challenges and difficulties, they were ignored, and this made it difficult for them to fit into the team and even see themselves as a unified team.

The participants mentioned that newly appointed nurses could not share the challenges that they experienced in adjusting to a foreign country and unfamiliar work circumstances. They could also not demand that they be treated as nurses with vast experience in patient care. Some participants raised that the team members did not

know the benefits of a multicultural team; hence, they did not know how to accept their thoughts and ideas, too, failing to see that they could add to improvement practice. As much as the team was multicultural, they were also multigenerational and sometimes, the older generations could not adapt to see the positive change that the younger nurses came with. Their ideas about how to improve nursing were not taken seriously, as the perception was that they had the least experience.

Participants highlighted that some of the local nurses were not helpful in teaching them the culture of the people of Saudi Arabia as well as the organisational culture of the cardiac centre in the designated hospital. The participants felt that they would have adapted easier if the local nurses were of more help and accepted them as part of the team. According to them they appreciated it when the Saudi Arabian nurses helped them to adjust to the unfamiliar setting and organisational culture of the cardiac centre. The acceptance of the foreign nurses by the local nurses contributed to team cohesion.

The participants raised concerns about nurse managers who were not empathetic towards nurses who had to manage family challenges over distance. The managers did not understand that adaptation was two-sided, meaning on the nurses' and the families' sides, challenges had to be managed. The newly appointed nurses struggled with their adaptation to new working circumstances and the families had to cope without the support of their members. On both sides, challenges were experienced. Some managers forgot that the foreign nurses left their families behind and only perceived them as workers who relieved their shortages of nurses. With the new staff struggling to balance the work and home situation, some had to resort to ending their contracts in their probationary period.

Some participants reported that they did not get enough support from the agencies who arranged their appointments, especially after their arrival. Some agencies also gave them false information about what to expect when they arrived and about the accommodation. Participants felt that if they were properly prepared before leaving their countries, it would have made their adjustment easier. Some participants felt that the agencies were interested in their companies more than in the well-being of the nurses. Agency support is essential when placing nurses in foreign countries in

multicultural teams. Agencies fulfil an important role as they initiate the transfers, and they are responsible for ensuring that both the nurses and the staff of the healthcare facilities can effectively navigate the complexities of multicultural teams.

4.4.6 Category 6: Nurse managers struggling to promote unified teamwork

Manager participants raised the challenges they faced in promoting a unified team. Factors such as differences in salaries and strained communication between nurses of different cultural backgrounds contributed to the challenge. As much as the nurse managers wanted to address the challenges, they could not due to limited organisational support. Some manager participants reflected on how the nurse shortages and high nurse turnover created challenges in unifying teams. With no training in cultural competence, managers found themselves trying to boost the multicultural nurses' knowledge about their different cultural backgrounds in meetings to encourage acceptance of all team members.

Nurse manager participants raised the challenge of how nurses hesitated to help the higher-paid nurses as they felt that nurses who earned more did not need the help, and this directly affected team cohesion and the quality of patient care. They tried their best to explain the different currencies that each country held and tried to make nurses understand that it was only due to the currency strength that led to the different salaries. Still, in the end, they all are nurses and serve the same purpose of patient care and patient safety. Some nurses unconsciously created this rift, and some consciously. Some participants also identified that due to the salary differences, the team effort was not entirely the same among all the nurses. Some felt the lower-paid nurses did not help them as much as they helped the ones on their salary level. This also made some nurses feel they were not valued but undermined, and it sometimes created conflict between the nurses.

Managers raised the challenge they had in trying to hold meaningful team-building events. They did it on their own without the support of the hospital management. Due to nurse shortages, not all nurses could attend the events. Some participants elaborated that the organisation is so quality-driven about patient care, but they forgot to consider staff appreciation and development. The participants raised the issue in

their leadership forums but were told blatantly that it's up to them as managers to try and create their own events as the organisation does not see how it will benefit patient care. The participants felt that if they had the organisational support then nurses would also avail themselves and participate in these events. It could also promote more teamwork as they all can come together and plan for the event. Organisational support is pertinent as this will ultimately better the patient care as the multicultural team will be stronger and happier in the workplace. The international nurse managers shared their previous job experiences and how important it was to promote teamwork. They emphasised how team-building events could help promote cohesion.

The nurse managers shared their thoughts on the importance of having an educational program that helps nurses develop cultural competence skills. They felt that culturally competent nurses would better understand and accept each other and view all team members as valuable contributors to quality patient care. The participants felt that if there were a mandatory education program to enhance nurses' cultural competency, multicultural nurses would join the teams with the right mindset, and team dynamics may be strengthened. It would also broaden their knowledge base about other cultural groups.

Nurse manager participants expressed their concerns about nurses who form groups due to similarities such as language, background, training and nationality. These groups tend to create conflict with and isolation of other team members. As much as the nurse managers raise it in staff meetings and when resolving conflicts, somehow, the nurses kept on gravitating back to their grouping. Some nurse managers used role plays to show the effect of nurse grouping on teamwork. The managers included the charge nurses and clinical resource nurses to stand together and promote one nursing team and to stop the process of forming groups. The nurse managers further elaborated on how these groupings have really been a challenge for the nurse managers to ensure team cohesion in their units.

4.5 RECOMMENDATIONS

The study findings revealed that cohesion in a multicultural nursing team requires good communication, the inclusion of all nurses, the prioritising of nurses' needs by nurse

managers and the need for meaningful team-building events. The participants highlighted a need to be given the opportunity to share their experiences and for the nurses to know and understand the benefits of multicultural teams. Therefore, the following recommendations are made:

4.5.1 Creating an inclusive environment regardless of the team's diverse backgrounds, languages and communication styles

Creating an inclusive work environment can be instrumental in promoting team cohesion. Nurse managers and their teams must develop open communication channels to promote members' understanding and acceptance of others. Mixed group activities should be implemented to contribute to an inclusive work environment where differences are celebrated.

4.5.2 Appreciating the unique contributions of multicultural teams

Multicultural teams possess valuable experiences due to the members' different backgrounds, and if they are allowed to share their knowledge and skills with others, team cohesion may be improved. The acceptance of diverse cultural beliefs should be emphasised in nursing curriculums and clinical practice. Discrimination and violation of others' dignity should be avoided. The acceptance of team members' uniqueness, trusting them to be valuable parts of the nursing team, supporting them to achieve their best performances and doing what they have been hired for are of utmost importance for the development of cohesion in teams.

Multicultural nurses offer many benefits that can improve the quality of patient care. They offer diverse perspectives about patient care, which can enhance decision-making and problem-solving. Foreign nurses share best practices in nursing from their countries with local nurses, benefiting patients.

4.5.3 Enabling nurse managers to meet the multicultural teams' cohesion needs

Nurse managers play a pivotal role in setting the tone for the work environment. When they are not sensitive to the needs of the teams, this can lead to a variety of problems,

such as increased stress, decreased job satisfaction, poor communication, and limited team cohesion. Therefore, it is recommended that nurse managers be enabled to manage multicultural teams. Hospital management should provide them with the resources to build cohesive teams.

Meaningful team building can help foster cohesive teams. When newly appointed nurses join the teams, it is recommended that team-building opportunities be arranged. Managers should be supported in arranging team-building events.

4.5.4 Conducting salary reviews to ensure equality

In any professional field, salary levels are important as they portray equality and fairness. In multicultural teams, salary levels can negatively affect team cohesion as the lower-paid staff can feel they are treated unfairly and are not justly recognised for their hard work, which will eventually lead to negative comparisons between team members. Therefore, conducting routine salary reviews may ensure that remuneration stays competitive and consistent with market rates, and by proactively doing this, organisations can prevent disparities and their negative impact on team cohesion.

All nurses, regardless of nationality, should receive equal remuneration for their hard work and not be compared based on the country they come from.

4.6 IMPLICATIONS OF THE STUDY'S FINDINGS

The study's findings may help improve the cohesion in multicultural nursing teams and promote the inclusion and acceptance of all team members to maintain quality nursing practices.

4.7 LIMITATIONS OF THE STUDY

The study was limited to nurse managers and nurses of a designated cardiac centre at a hospital in Saudi Arabia. Foreign and local nurses were included in the study sample. Focus groups and individual interviews were conducted. The findings might have differed if other data collection methods had been used.

4.8 CONCLUSION

This study aimed to explore and describe the cohesion challenges experienced by the multicultural nursing team of a cardiac centre in a designated hospital in Saudi Arabia. According to the findings of the study, the nurses highlighted a need to be respected, acknowledged, and valued as members of the team. The study findings also highlighted a need for cultural competence training, effective communication practices and salary reviews that will encourage trust, understanding and acceptance of each other and ultimately lead to improved team cohesion. The study findings also highlighted the poor consideration and role modelling of nurse managers as a contributing aspect of poor team cohesion. However, the nurse manager's findings showed that the poor organisational support towards meaningful team-building events was also a challenge in promoting team cohesion. It is possible to conclude from the study findings that the study objectives were met and that the research question was answered. Recommendations were made based on the input of the participants.

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APPENDICES

ANNEXURE A: DECLARATION REGARDING PLAGIARISM

Name: Kaminie Govender

Student number: 11270480

Topic: Cohesion challenges in a multicultural team: A descriptive qualitative study in a cardiac centre of a designated hospital in Saudi Arabia.

1. I understand what plagiarism is and I am aware of the University policy in this regard.
2. I declare that this proposal is my own original work. Where other people's work has been used (either from a printed source, the Internet, or any other source), this has been acknowledged and referenced according to the department's requirements.
3. I have not used work previously produced by another student or any other person to hand in as my own.
4. I have not allowed or will not allow anyone to copy my work with the intention of passing it off as his/her own work.

Signature: **KAMINIE GOVENDER**

ANNEXURE B: INFORMED CONSENT

Topic: Cohesion challenges in a multicultural team: A descriptive qualitative study in a cardiac centre of a designated hospital in Saudi Arabia.

Researcher: Kaminie Govender

Institution: University of Pretoria

Contact details: +966566096876/ +27783445034

Supervisor: Prof NC Van Wyk

Institution: University of Pretoria

Contact details: + 27 82 776 1649

Dear Participant,

You are invited to participate in a research study titled '**Cohesion challenges in a multicultural team: A descriptive qualitative study in a cardiac centre of a designated hospital in Saudi Arabia.**

This information leaflet will provide you with the details on what the study entails so that you can make an informed decision about whether to participate. You are invited to participate as a volunteer. If you have any questions regarding the research study, please feel free to contact the researcher and/or the supervisor for clarification.

THE PURPOSE OF THE STUDY

The aim of this study will be to explore and describe the cohesion challenge of a multicultural nursing team. Your participation and input will shed a light to the study as you are regarded as a trustworthy source with a wealth of information. Your inputs and contributions are valuable to the study.

EXPLANATION OF THE PROCEDURES TO BE FOLLOWED

The methodology to be used is face-to-face individual interviews which will last for no longer than 1 hour. The researcher will ask you questions regarding your experience

and perspective as a nurse functioning in a multicultural team and if you experience any challenges in maintaining group cohesion. The interview will be audio-recorded and the researcher will also take some notes with your permission. Participation is voluntary. You can decide to withdraw at any time without explanation. The only people who will have access to the data will be the researcher and the research supervisors (Prof NC van Wyk and Dr VM Bhana-Pema).

POSSIBLE RISKS INVOLVED

There are no “foreseeable” risks involved in taking part in the study.

BENEFITS OF THIS STUDY

Multicultural nursing teams are increasing in the world. Nurses immigrate to countries where higher salaries are paid and therefore have to adjust to new working environments. Nurses from different cultures are obliged to function as teams. The researcher therefore hopes that the research findings may identify and describe the cohesion challenges that they experience and make managers aware of the challenges. The findings of the study may contribute to strengthened team work and to improved patient care.

COMPENSATION

There will be no monetary or any form of compensation for participating in the proposed study.

YOUR RIGHTS AS A PARTICIPANT

Your participation is voluntary. You can refuse to participate or withdraw at any time without explanation. Your withdrawal will not affect you in any way.

ETHICAL APPROVAL

The study has received written approval from the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria, Ministry of National Guard Nursing Education Department and the Ministry of National Guard International Research Institute. Copies of the letters are available should you require one. For any questions regarding ethics approval, please contact Research Ethics Committee of

Faculty of Health Sciences at University of Pretoria on +2712 356 3084 or +2712 356 3085.

INFORMATION

For any inquiry/queries or concerns regarding participation in the study, please feel free to contact my supervisor: Prof NC Van Wyk +27 82 776 1649.

CONFIDENTIALITY

All the information you provide will be kept confidential. No personal information will be included in the results, journals or reports that may identify you as a participant.

CONSENT FOR AUDIO RECORDING OF THE INTERVIEW

I, (name and surname) _____ hereby give consent for my interview to be audio recorded.

Participant's signature:

Date:

Witness's name: (Please print)

Witness's signature:

Date:

CONSENT TO PARTICIPATE IN THE STUDY

I confirm and acknowledge that the information regarding the study has been explained to me in detail. I understand the procedure to be followed and that there are no risks involved in participating in the study. I understand that there is no compensation offered for participating in the study. I have read and understood the above written information on the information leaflet and informed consent. I understand that I can withdraw at any time without penalties imposed on me. I understand that my personal information will not be divulged and will remain confidential and anonymous. I therefore, participate willingly.

Participant's name: (Please print)

Participant's signature:

Date:

Researcher's name: (Please print)

Researcher's signature:

Date:

Witness's name: (Please print)

Witness's signature:

Date:

ANNEXURE C: INTERVIEW GUIDE

Thank you for being willing to help me with my study to explore and describe what cohesion challenges the multicultural nursing team of our cardiac centre experience.

As a reminder of what is meant with multicultural nursing team cohesion, a nursing team should be solidified in order to offer continuous quality healthcare to ensure the healing and safety of a patient. Therefore, nurses must be able to function in a strong, cohesive team to achieve this no matter where they come from.

Main question: What cohesion challenges does the multicultural nursing team of the cardiac centre experience and what support should they get from management to overcome the challenges?"

Examples of probing questions:

1. What do you think should be done to support multicultural nurses when recruiting?
2. What support do you need think nurse managers can render to multicultural nurses to promote team cohesion?
3. What do you think is a challenge for the team to promote cohesion?
4. How can the nurses support each other to overcome these challenges?
5. What do you think will help in overcoming these challenges?
6. Where do you feel the support should start?
7. Do you believe that as a member of a multicultural team, you are getting enough support from your nurse managers? Please elaborate.

ANNEXURE D: UP ETHICS APPROVAL



Faculty of Health Sciences

Faculty of Health Sciences **Research Ethics Committee**

Verification: The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance:
• FHS 90002967, Approved dd 18 March 2022 and Expires 18 March 2027.
• ICRG R: ICRG0001762 CMB No. 0690-0279 Approved for use through June 30, 2025 and Expires 07/28/2026.

12 February 2024

Approval Certificate New Application

Dear Miss K Govender

Ethics Reference No.: 710/2023

Title: Cohesion challenges in a multicultural team: A descriptive qualitative study in a cardiac centre of a designated hospital in Saudi Arabia

The New Application as supported by documents received between 2024-01-03 and 2024-01-31 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on 2024-01-31 as resolved by its quorate meeting.

Please note the following about your ethics approval:

- Ethics Approval is valid for 1 year and needs to be renewed annually by 2025-02-12.
- The Research Ethics Committee (REC) must monitor your research continuously. To this end, you must submit as may be applicable for your kind of research:
 - a) annual reports;
 - b) reports requested *ad hoc* by the REC;
 - c) all visitation and audit reports by a regulatory body (e.g. the HPCSA, FDA, SAHPRA) within 10 days of receiving one;
 - d) all routine monitoring reports compiled by the Clinical Research Associate or Site Manager within 10 days of receiving one.
- The REC may select your research study for an audit or a site visitation by the REC.
- The REC may require that you make amendments and take corrective actions.
- The REC may suspend or withdraw approval.
- Please remember to use your protocol number (710/2023) on any documents or correspondence with the Research Ethics Committee regarding your research.

Ethics approval is subject to the following:

- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the Investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely

On behalf of the FHS REC, Dr R Sommers
MBCChB, MMed (Int), MPharmMed, PhD
Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2015 (Department of Health).

Research Ethics Committee
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ANNEXURE E: IRB APPROVAL MEMO



IRB Office

King Abdullah International Medical Research Center
(KAIMRC)
Tel: (+966) 94456 1515 | Email: ib@ngba.med.sa



National Committee of Bioethics
Registration No.: H-01-R-005

IRB Approval No.: 00000624
Study Number: SPR24/002/3
Study Title: Cohesion challenges in a multicultural team: A descriptive qualitative study in a cardiac center of a designated hospital in Saudi Arabia
Study Sponsor: Pending with finance
IRB Approval Date: 04/23/2024
IRB Review Type: Expedited
Study site(s): Riyadh

Dear GOVENDER, KAMINIE
NURSE MANAGER SPECIALITY-B
NURSING-ADULT CARDIOLOGY

Sub-Investigators :

After reviewing your submitted research proposal / protocol and related documents, the IRB has granted your submitted research project one year. The approval includes the following related documents:

Document Name	Version Number	Version Date
Research Proposal Research Proposal	01	04/23/2024
Data Collection ANNEXURE C-Interview guide.docx	01	04/23/2024

Terms of Approval:

- **Annual Reports:** Annual and final reports must be submitted to monitoring units for approval.
- **Retention of original data:** The PI is responsible for the storage and retention of original data pertaining to the project for a minimum of five years.
- **Reporting of adverse events or unanticipated problems:** The PI is responsible to report any serious or unexpected adverse events or unanticipated problems, which could involve any risk to participants or others, or any event or incidents that may have an impact on the research or participants.
- **Biological samples:** No biological samples are to be shipped out of the Kingdom of Saudi Arabia without prior IRB approval.
- **Participant Incentives:** No financial compensation or gifts to be given to participants without prior IRB approval.
- **Storage of biological samples:** All biological samples collected for the purpose of this research must be stored in the KAIMRC-related repository.
- **Adherence to rules and regulations:** This IRB-approved research study must not contradict any Saudi law including but not limited to the Saudi Law of Ethics of Research on Living Creatures and its Implementing Regulations.
- **Amendments to research proposal:** You will need to submit a request for project amendments to the IRB for review and re-approval.
- **Phone-based surveys:** Prior approval is required from the IRB
- **Bestcare access:** Prior approval is required from the IRB

Prof. Hamdan Al Jahdali
Chairman, Institutional Review Board (IRB)
Ministry of National Guard Health Affairs



ANNEXURE F: RESEARCH APPROVAL FORM - NED

<p>Kingdom of Saudi Arabia Ministry of National Guard - Health Affairs</p>		<p>المملكة العربية السعودية وزارة الحرس الوطني - الصحة</p>
<p>NURSING SERVICES Center of Nursing Education and Clinical Practice</p>		
<p>Date: 13 March 2024</p>		
<p><u>Permission to conduct nursing research at KAMC-R, Nursing Services</u></p>		
<p>Applicant Details:</p>	<p>Kaminie Govender IBN 5381702 Nurse manager Mobile No:- 0566096874 E-mail: govendekal@nmgha.med.sa</p>	
<p>Title of proposed research study:</p>	<p>Cohesion challenges of a multicultural team : A descriptive qualitative study in a cardiac center of a designated hospital in Saudi Arabia</p>	
<p>Subsequent to screening review by the Nursing Services Research Committee (NSRC), permission in principle is granted for you to conduct your nursing research study at KAMC-R Nursing Services pending scientific and ethical approval from KAIMRC Research office that is required before you commence data collection. Kindly submit the research project yourself directly to the KAIMRC Research office with this permission letter.</p>		
<p>Best wishes for successful completion.</p>		
<p>Permission recommended by:</p>	<p>Permission granted by:</p>	
		
<p>Dr. Rana Mulla Chairman, Nursing Services Research Committee Director, Nursing Education & Clinical Practice</p>	<p>Ms. Nabeeha Tashkandi Associate Executive Director Nursing Services, KAMC-R</p>	
<p>Date: <u>17 March 2024</u></p>	<p>Date: <u>19 MAR 2024</u></p>	
<p><small>Dr. Majeed Al-Nawaz, Chairman, Research Office KAIMRC (Missed only) KMSU/Del 2016 /Permission to conduct nursing research of KAMC-R, Nursing Services - Template B (without feedback)</small></p>		
<p>P.O. Box 22400, Riyadh 11426 Tel. 8011111 Telex : 403450 NGRMED SJ eORACLE 29795 HA - Printing Form 12 / 137</p>	<p>من.ب.د. 33150 الرياض 11426 تلفون : 8011111 تلكس : 403450</p>	