



Cultural Sensitivity in the Provision of Health Care Services: Perspectives of a Multidisciplinary Health Care Team from One Tertiary Hospital in Riyadh

Faisal M. Alshalawi¹, Rawan M. Alfuraidi², Eilaff A. Albowaidi³, Mohammed M. Al Almutairi⁴, Asma A. Alblaihed⁵, Teef F. Alshehri⁶, Abdulellah S. Almutairi⁷, Khalid A. Alenazi⁸

> ^{1, 2, 3, 5, 6, 7}Health Affairs at the Ministry of National Guard ^{4, 8}Prince Sultan Military Medical City

Abstract

Cultural sensitivity is a critical component of healthcare delivery, particularly in multicultural settings such as tertiary hospitals in Riyadh. This qualitative study explores the perspectives of multidisciplinary healthcare professionals, including occupational therapists, laboratory specialists, radiologists, pharmacists, and respiratory therapists, on cultural sensitivity in patient care. Data were collected through semi-structured interviews and focus group discussions with 25 healthcare professionals, and analyzed using thematic analysis. The findings highlight key themes such as the understanding of cultural sensitivity, challenges faced, strategies employed, and the impact on patient care. Challenges identified include language barriers, cultural beliefs influencing medical decisions, and institutional limitations. Participants emphasized the importance of cultural competence training, policy reforms, and collaborative strategies to enhance culturally sensitive care. The study underscores the need for institutional support to foster cultural competence among healthcare providers, ultimately improving patient trust and health outcomes.

Keywords: Cultural Sensitivity, Healthcare Delivery, Multidisciplinary Teams, Cultural Competence, Patient-Centered Care, Tertiary Hospital, Saudi Arabia

Introduction

The idea of culture as a component of patient care in regions such as tertiary hospitals in Riyadh is increasingly complex. The cultural sensitivity approach to healthcare delivery in Saudi Arabia must be realistic and practical, attented to the growing diversity in population as a result of globalization and migration (Campinha-Bacote, 2002). Failure to take into account and respect the patient's cultural beliefs, values, traditions, and preferences may lead to poor health outcomes, unanticipated patient dissatisfaction, and noncompliance to prescribed treatment regimens.



International Journal on Science and Technology (IJSAT)

E-ISSN: 2229-7677 • Website: <u>www.ijsat.org</u> • Email: editor@ijsat.org

Healthcare institutions must however respect and viably implement interdisciplinary and multidisciplinary approaches to addressing cultural diversity by incorporating occupational therapy, laboratory sciences, radiology, pharmacy and respiratory therapy (Arulogun et al, 2016). These approaches can also help overcome challenges identified such as language barriers, attitudes towards healthcare and different cultures, and norms related to specific illnesses among Taylor et al (2009).

Integrating cultural sensitivity to practice in tertiary health care institutions requires a methodical approach involving staff training, patient teaching, and specialized intervention at the cultural level. According to the World Health Organization (2018), continuity and coordination of care is crucial while attending to patients from different cultures, as these factors improve health equity and health outcomes. Moreover, Campinha-Bacote's framework and models of cultural competence serve as blueprints for developing skills, knowledge, and attitudes required of healthcare workers (Campinha-Bacote, 2002).

While the importance of cultural sensitivity is well established, healthcare personnel encounter barriers to providing culturally competent care, such as inadequate institutional backing, insufficient training, and the challenge of integrating culture and clinical practice (Grant et al., 2020). Likewise, Saudi Arabia's unique cultural setting that is heavily mongered by traditions and religion poses very specific challenges that are culture sensitive (Mansoor & Williams, 2018).

The goal of this research is to understand the views of multidisciplinary healthcare team members working at a tertiary hospital in Riyadh on cultural sensitivity as it relates to healthcare delivery. This study, by exploring their experiences, challenges, and strategies, hopes to shed light on enhanced cultural competence in the healthcare system, particularly in systems wherein patient-centered care is provided.

Literature Review

1. The Importance of Cultural Sensitivity in Healthcare Delivery

Cultural sensitivity in healthcare refers to the ability of healthcare providers to understand, respect, and respond to patients' cultural values and beliefs, ensuring the delivery of patient-centered care. Studies have shown that culturally competent healthcare improves patient satisfaction, enhances adherence to treatment plans, and leads to better health outcomes (Campinha-Bacote, 2002). The increasing cultural diversity within healthcare settings, particularly in tertiary hospitals, requires professionals to adopt culturally sensitive approaches to address patients' diverse needs effectively (Mansoor & Williams, 2018).

According to Taylor et al. (2009), healthcare disparities often arise due to a lack of cultural understanding by healthcare providers, which can result in miscommunication, decreased trust, and lower quality of care. In Saudi Arabia, the unique cultural and religious context presents specific challenges in healthcare delivery, necessitating culturally tailored interventions that align with Islamic values and social norms.

2. Cultural Sensitivity and Multidisciplinary Healthcare Teams



Multidisciplinary healthcare teams, comprising professionals such as occupational therapists, laboratory specialists, radiologists, pharmacists, and respiratory therapists, play a crucial role in ensuring culturally competent care. Research suggests that effective collaboration among these professionals can lead to improved communication, enhanced decision-making, and better coordination of culturally appropriate care (Arulogun et al., 2016).

A study by Andreatta (2010) highlights the importance of training healthcare teams to understand cultural nuances and incorporate culturally sensitive practices into their workflows. The findings indicate that a lack of cultural competence training within multidisciplinary teams can result in misinterpretations, inappropriate treatment plans, and increased patient dissatisfaction.

Moreover, the World Health Organization (2018) emphasizes the need for continuity and coordination of care across different cultural contexts. Healthcare teams in tertiary hospitals must be equipped with cultural competence skills to work collaboratively, ensuring that patients' cultural and linguistic needs are met throughout their healthcare journey.

3. Challenges in Implementing Cultural Sensitivity in Healthcare

Although there is a gradual shift towards appreciating cultural sensitivity in healthcare, effective implementation of culturally competent practices is still a daunting task for many practitioners. Some of the barriers identified in the literature include:

-Lack of Cultural Training: Most healthcare professionals lack formal education in ethnocultural competence and therefore struggle to process and manage cultural complexity as a problem (Grant et al. 2020).

-Language Barriers: Patients and healthcare providers may come from different language backgrounds, which makes it difficult to communicate effectively without using interpreters or culturally relevant communication methods (World Health Organization, 2018).

-Institutional Barriers: Organizational procedures and strict clinical protocols may not always permit the application of cultural sensitivity, making it difficult for the healthcare team to offer full scope care (Charani et al., 2019).

-Cultural Bias and Stereotyping: The attitudes and behaviors of medical practitioners and healthcare providers toward patients from other cultural settings is often influenced by Centra Kenya's cultural context, especially, in relation to the level of care these patients receive (Weller et al., 2014).

In the Saudi healthcare context, issues are compounded by the presence of foreign healthcare personnel who have insufficient understanding of domestic customs, religion, and social norms (Alqarni et al., 2023).



4. Strategies for Enhancing Cultural Sensitivity in Healthcare

Multiple measures are able to improve the cultural sensitivity of members in healthcare teams. In her model of cultural competence, Campinha-Bacote explains five domains cultural awareness, knowledge, skills, encounters, and desire to be essential for adequate culturally competent care (Campinha-Bacote, 2002).

Some other approaches that have been proposed are as follows:

-Cultural Competence Training Programs. It is suggested that healthcare institutions must frequently conduct training sessions for their employees in order to promote greater understanding of and sensitivity towards various cultures (Arulogun et al., 2016).

-Patient-Centered Care Approaches. Encouraging health professionals to use patient-centered approaches that respect and integrate patients 'cultures at the level of care planning (Grant et al., 2020).

-Multilingual Resources. The making of educational information and healthcare services available in other languages to enhance patient communication (Taylor et al., 2009).

-Community Engagement. Working with cultural community leaders and organizations to formulate cultural health beliefs and improve access to health care services (World Health Organization, 2018).

5.Cultural Sensitivity in the Saudi Healthcare Context

The coexistence of citizens, expats, and religiously motivated pilgrims allows Saudi Arabia's patient base to be multi-faceted in nature. Therefore, Saudi Arabia's healthcare system suffers from specific cultural dilemmas. The importance of delivering comfort and establishing trust with the patient has highlighted the need for integrating cultural and religious customaries within healthcare (Mansoor & Williams, 2018).

Healthcare providers working at Saudi tertiary hospitals often come across culture-based healthcare decisions such as, gendered caring, religiously inclined treatment, and folk medicine. These observations reinforce the need for culturally competent policies, alongside appropriate training, aimed at addressing the local healthcare context (Alqarni et al., 2023).

Healthcare systems, especially within tertiary hospitals of Riyadh, are highly multicultural, and as such, require cultural sensitivity when dealing with patients. In order to address and manage the diverse needs of the patients, various multidisciplinary teams must be well trained in cultural competence skills. Unfortunately, the implementation of culturally sensitive practices is obstructed by numerous factors such as inadequate training provisions, language differences, and other organizational barriers. Further studies are needed to construct and assess the interventions aimed at increasing the cultural sensitivity of healthcare workers, which would lead to better health results and greater patient contentment.

Methodology

Study Design



E-ISSN: 2229-7677 • Website: <u>www.ijsat.org</u> • Email: editor@ijsat.org

This study employed a qualitative research design to explore the perspectives of multidisciplinary healthcare professionals on cultural sensitivity in healthcare delivery at a tertiary hospital in Riyadh, Saudi Arabia. A phenomenological approach was used to gain in-depth insights into the lived experiences, perceptions, and challenges faced by healthcare providers in delivering culturally competent care. This approach allowed for an exploration of the complexities surrounding cultural sensitivity in a multicultural healthcare setting.

Study Setting

The research was conducted at Tertiary Hospital, a leading healthcare institution in Riyadh, which provides specialized medical services to a diverse patient population. The hospital employs a multidisciplinary team of healthcare professionals, including occupational therapists, laboratory specialists, radiologists, pharmacists, and respiratory therapists, who regularly encounter patients from various cultural backgrounds.

Participants and Sampling

A purposive sampling technique was used to recruit participants from different healthcare disciplines within the hospital. A total of 25 healthcare professionals participated in the study, representing the following fields:

- Occupational Therapy (n = 5)
- Laboratory Sciences (n = 5)
- Radiology (n = 5)
- Pharmacy (n = 5)
- Respiratory Therapy (n = 5)

Inclusion criteria for participants were:

- 1. A minimum of two years of clinical experience in the hospital.
- 2. Direct patient interaction in their respective roles.
- 3. Willingness to participate in an audio-recorded interview.

Exclusion criteria included administrative staff and those with limited patient contact.

Data Collection

Data were collected through semi-structured, in-depth interviews conducted between over three months. Each interview lasted approximately 45 to 60 minutes and was conducted in a private setting within the hospital to ensure confidentiality. An interview guide was developed based on the existing literature and included the following key topics:

- 1. Participants' understanding of cultural sensitivity in healthcare.
- 2. Challenges encountered in providing culturally competent care.
- 3. Strategies used to address cultural barriers in patient care.
- 4. The role of multidisciplinary collaboration in improving cultural sensitivity.
- 5. Suggestions for improving cultural competence in the hospital setting.



In addition to interviews, focus group discussions (FGDs) were conducted with representatives from each profession to facilitate cross-disciplinary dialogue and identify common challenges and solutions.

All interviews and focus group sessions were audio-recorded with participants' consent and later transcribed verbatim. Field notes were taken to capture non-verbal cues and contextual details.

Data Analysis

Thematic analysis was used to analyze the data, following Braun and Clarke's (2006) six-step framework:

1. Familiarization with Data: Transcripts were read multiple times to ensure deep understanding.

2.Initial Coding: Key phrases and patterns were identified and coded.

3. Theme Identification: Codes were categorized into overarching themes.

4. Reviewing Themes: Themes were refined and reviewed to ensure they accurately represented the data.

5.Defining and Naming Themes: Final themes were named to reflect their essence.

6.Reporting Findings: Themes were presented with supporting quotes from participants.

NVivo software was used to facilitate data management and coding, ensuring a systematic and rigorous approach to analysis.

Ethical Considerations

Ethical approval for the study was obtained from the ethics committee before data collection. Participants were informed about the study's purpose, confidentiality measures, and their right to withdraw at any time without consequences. Written informed consent was obtained from all participants before participation.

To maintain confidentiality, all identifying information was removed from transcripts, and participants were assigned unique identification codes. Data were securely stored in password-protected files accessible only to the research team.

Trustworthiness and Rigor

The study ensured trustworthiness by following Lincoln and Guba's (1985) criteria for qualitative research:

-Credibility: Prolonged engagement with participants and member-checking of findings to validate interpretations.

-Transferability: Providing detailed descriptions of the hospital context and participant characteristics.

-Dependability: An audit trail was maintained to document research decisions and processes.

-Confirmability: Researcher reflexivity was practiced to minimize bias.

Limitations

While the study provided valuable insights into cultural sensitivity in healthcare delivery, some limitations were acknowledged:



1. The study was conducted in a single tertiary hospital, which may limit generalizability to other healthcare settings.

2. Participants' self-reported experiences may be subject to social desirability bias.

3. Language barriers during interviews may have influenced the depth of responses despite the use of interpreters when necessary.

Conclusion

This methodology facilitated a comprehensive exploration of the perspectives of multidisciplinary healthcare professionals on cultural sensitivity in healthcare delivery within a tertiary hospital in Riyadh. The findings from this study provide valuable insights to inform future training programs and policies aimed at enhancing culturally competent healthcare practices.

Findings

The analysis of the data uncovered important themes and sub-themes comprising the views of multidisciplinary healthcare professionals regarding cultural sensitivity in a tertiary hospital. The results have been presented under the following themes:

Theme 1: Understanding of Cultural Sensitivity in Healthcare

Sub-theme 1.1: Definition and Importance of Cultural Sensitivity

The participants noted that having a cultural sensitivity means acknowledging and valuing the diverse cultural beliefs as well as values that patients hold. They noted that cultural sensitivity improved communication between patients and providers and the quality of care offered.

Participant Responses:

- "Cultural sensitivity acknowledges the patient as a whole and not just an illness; it respects the values and beliefs of that patient when caring for them." (Pharmacist, P3)

- "Patients seem to trust us and comply with treatment when we recognize their different cultural backgrounds." (Respiratory Therapist, P6)

Sub-theme 1.2: Cultural Sensitivity as a Professional Responsibility

Healthcare practitioners recognized that cultural competence is of great importance, arguing that care that is culturally insensitive would result in poor relations with patients and poor health results.

Responses of Participants:

- "We have to treat the complete picture, which includes cultural sensitivity. If cultures are ignored, health outcomes will suffer." (Occupational Therapist, P1)

- "Working in healthcare we ought to put effort to gain knowledge about other cultures, especially in Riyadh which is multi cultural." (Radiologist, P4)

Theme 2: Challenges in Providing Culturally Sensitive Care Sub-theme 2.1: Language Barriers



E-ISSN: 2229-7677 • Website: <u>www.ijsat.org</u> • Email: editor@ijsat.org

One of the most often noted issues was the challenge in proferring or receiving information from patients who do not speak either Arabic or English fluently.

Participant Responses:

- "Language is a big hurdle. At times, we need to depend on relatives and family members or even some translation programs, which is not the best thing to do." (Laboratory Specialist, P7)

- "The patient's language and culture is presentation dependent. Some of the medical jargon are really difficult to put across." (Pharmacist, P2)

Sub-theme 2.2: Cultural Beliefs Impacting Medical Decisions

Respondents described how cultural beliefs impacted patients 'readiness to accept medical interventions, especially in relation to gender-sensitive care and traditional healing practices.

Responses from Participants:

- "A lot of women have a preference to be examined by women which is difficult in situations of resource constraint." (Radiologist, P5)

- "Certain patients will decline some medicines over the fact that they believe in using herbs because it is their culture." (Occupational Therapist, P3)

Sub-theme 2.3: Institutional Barriers

A number of respondents noted the absence of institutional policies which would accommodate cultural diversity such as cultural competency training.

Responses of Participants:

- "Rather than learning on the job, we need training programs structured around cultural competence." (Respiratory Therapist, P8)

- "The policies of hospitals often neglect important aspects of culture which can be problematic for patients and their families." (Laboratory Specialist, P10)

Theme 3: Strategies Used to Address Cultural Sensitivity Challenges

Sub-theme 3.1: Adaptation of Communication Techniques

Healthcare personnel mentioned that visual materials, soft language, and culture-specific explanations were used to address communication barriers.

Participant Responses:

- "We can better assist the patients who have a problem with language by using materials that explain their medical issues in a visual format." (Radiologist, P9)

- "I break down the medical terms along with the relevant examples for the particular culture that I am dealing with." (Pharmacist, P4)



Sub-theme 3.2: Collaboration with Cultural Mediators

A few individuals pointed out recruiting help from family or social workers, who served as cultural mediators, to address cultural discrepancies.

Responses from Participants:

- "Cultural understanding has always been a challenge for us as occupational therapists, hence we always try to work together with the trained hospital social workers." (Occupational Therapist, P2)

- "Our relatives 'integration really helps in the care of the patients' health beliefs." (Respiratory Therapist, P1)

Sub-theme 3.3: Cultural Competence Training and Peer Learning

Respondents emphasized the importance of informal peer-to-peer learning while noting the lack of formal cultural competence training programs

Participant Responses:

- "We learn a lot from colleagues of diverse backgrounds. It plays a very salient role in our development." (Laboratory Specialist, P6)

- "Greater emphasis should be placed on training workshops for cultural diversity in healthcare. Every practitioner needs to be adequately equipped." (Radiologist, P7)

Theme 4: Impact of Cultural Sensitivity on Patient Care

Sub-theme 4.1: Improved Patient Trust and Compliance

Respondents noted that care with respect to culture built trust and improved adherence to treatment plans.

Responses Given By Participants:

- "They wish to be listened to and treated respectfully which in turn increases compliance with the recommendations given" (Pharmacist, P9).

- "Culturally competent care always leads to word of mouth referrals from patients in the community" (Occupational Therapist, P5).

Sub-theme 4.2: Enhanced Multidisciplinary Collaboration

Cultural competene was lauded as an aspect that enhanced collaboration between a range of healthcare practitioners.

Participant Responses:

- "By everyone showing respect for cultural diversity, it means that teamwork has improved as people understand each other better." (Respiratory Therapist, P3)



- "Every discipline brings their own component of cultural competence to the table, and it benefits our holistic care approach." (Radiologist, P8)

Theme 5: Recommendations for Enhancing Cultural Sensitivity Sub-theme 5.1: Institutional Policy Changes Respondents suggested implementing broader hospital policies that would incorporate on-going cultural competency training.

Interviews Extracts:

"The cultural sensitivity framework needs to be defined with particularity and observed by every worker in the healthcare sector." (P3, Laboratory Specialist)

"We need to have staff members who are culturally sensitive, and as such, staffing policies should reflect that." (P10, Respiratory Therapist)

Sub-theme 5.2: Continuous Education and Awareness Programs Healthcare professionals recommended continued educational programs to ensure cultural competence is maintained.

Participant Responses:

- "Frequent cultural sensitivity training can assist in keeping up with changing ethnic populations and cultural requirements." (Occupational Therapist, P7)

- "Cultural proficiency ought to be a prerequisite for all professional training activities." (Pharmacist, P2)

Discussion

The results from this investigation offer critical understanding of how cultural sensitivity is viewed by multdisciplinary healthcare teams within a tertiary hospital in Riyadh. The presentation of the discussion results has been placed within the framework of the operating literature to demonstrate practice, problems that are being encountered and ways of resolving them with regards to cultural competence of healthcare professionals.

1. Understanding of Cultural Sensitivity in Healthcare

The research found that healthcare practitioners appreciate cultural sensitivity as an important dimension in patient-centered care delivery. In their responses, participants stated that cultural sensitivity fosters trust, improves communication, and increases patient adherence to treatment. These results corroborate previous studies that suggest relations between culturally competent care and better health outcomes and satisfaction among patients (Campinha-Bacote, 2002).

Furthermore, participants regarded cultural competence as an important professional obligation which is inline with the idea that cultural competence is essential in addressing healthcare quality issues



(Betancourt et al., 2003). The study results also tend to indicate that practitioners acquire cultural competence more often through experience than through training programs which means that there is a gap that should be filled by educational programs aimed at improving their comprehension of these issues.

2. Challenges in Providing Culturally Sensitive Care

The issues identified in this study, such as language barriers, cultural belief systems that affect medical choices, and institution specific hurdles, corroborate many previous studies done in different healthcare settings. (Taylor et al., 2009; Arulogun et al., 2016). Communication barriers was one of the challenges that was more pronounced as it affects interaction between the patient and the healthcare provider, and if not addressed, there will be miscommunication along with futile care being offered. This is consistent with what the WHO (2018) reported regarding language barriers preventing adequate access and opportunities to healthcare.

Another cultural belief which was noted to influence medical decisions and practices was the tendency to refuse certain treatments on overtly religious or cultural grounds. Such issues have been noted widely in research looking at healthcare provision in multicultural settings and point out the necessity for health care system to have policies on how to deal with such differences. (Grant et al., 2020)

The absence of formalized policies and cultural competence training programs pose as institutional barriers. Some participants wanted top-level hospital initiatives as opposed to individual efforts towards systemic cultural competence. This finding highlights institutional factors as reconsolidating cultural competence, which has pre-OC policy-based recommendations to aid healthcare staff in providing culturally competent care (Mansoor & Williams, 2018).

3. Strategies Used to Address Cultural Sensitivity Challenges

In this study, participants utilized a range of methods to manage cultural hurdles, such as adjusting communication styles, working with cultural brokers, and participating in peer education. These methods reflect the literature on best practices which includes the employment of interpreters, culturally appropriate health education materials, and interprofessional teamwork to manage cultural issues (Charani et al., 2019).

Adjusting communication styles, for instance, the use of visuals and culturally appropriate illustrations, was identified as helpful in addressing a language problem. This is consistent with studies that found that healthcare providers need to employ appropriate communication methods in order to increase understanding by the patients (Weller et al., 2014). The collaboration with cultural mediators like social workers or even family members was reported to be a useful strategy for addressing the cultural gaps, which helps integrate community participants in healthcare delivery (Taylor et al., 2009).

What the study also unveiled is that informal peer education is vital in enhancing cultural competency within multidisciplinary healthcare teams. Participants appreciated the process of exchanging ideas and learning from each other's different cultural practices. This further develops the argument that integrated



E-ISSN: 2229-7677 • Website: <u>www.ijsat.org</u> • Email: editor@ijsat.org

collaborative teaching within health institutions enhances the cultural responsiveness of health professionals and improves team functioning (World Health Organization, 2018).

4. Impact of Cultural Sensitivity on Patient Care

The results indicate that triaging patients in a culturally sensitive manner enhances trust and compliance by linking the patient's culture with their health in a positive way. Comparatively, other studies have also reached similar conclusions which show that culture competent care improves the patient-provider relationship and healthcare experiences (Campinha-Bacote, 2002).

In addition, participants stated that cultural competence increased collaboration and teamwork in multidisciplined teams. In accepting cultural diversity, healthcare professionals show respect for each other, which improves commitment to quality, patient-centered care, and teamwork, which is very relevant to culturally competent health care (Betancourt et al, 2003).

5. Recommendations for Enhancing Cultural Sensitivity

The healthcare experts cited in this study argued for the need to change institutional policies and develop new training programs for improved cultural competence. These experts recommended that formal training programs be instituted so that personnel can properly manage cultural differences. These recommendations are in line with previous studies which indicated the need for healthcare institutions to incorporate cultural competence training within their professional development programs (Mansoor & Williams, 2018).

Moreover, participants pointed out the importance of having hospital policies on culturally sensitive staffing, including provisions for gender and religion. This is in tandem with global recommendations on the provision of culture sensitive health care to the entire population (World Health Organization, 2018).

6. Implications for Practice

The results of the research have important implications for health care providers and policy planners. Initially, it is recommended that all hospitals include sensitivity towards patients 'cultural diversity as a core value through face-to-face trainings with the intention of integrating it within other parts of the professional development programs' nursing staff. Secondly, clearly defined policies and procedures to be observed while providing health care services should be developed and implemented in all health care institutions. Last but not least, the approach of continuous professional development together with interprofessional learning activities was demonstrated to improve sensitivity towards culture among members of a multidisciplinary team.

7. Study Limitations

Some insights were made in the course of this study but there are limitations worth mentioning. First, the study was conducted in one tertiary hospital in Riyadh and this might affect the generalization of the findings to other contexts. Second, participants 'answers may have suffered from social desirability bias in that they provided responses which they assume were correct. Third, there are self-imposed restrictions in reporting data as they pertain to the scope of cultural sensitivity in health service provision.



8. Future Research Directions

Further investigations should consider the level of cultural engagement in health services across a wide of variety of institutions with the intent of getting deeper insight on the metrics of concern as well as the tactics employed by the professionals. Moreover, chronical studies can evaluate the effectiveness of such cultural competence training programs on patients and the experiences of the healthcare provider.

Conclusion

Ultimately, this research emphasizes the importance of cultural sensitivity when delivering care within the confines of a tertiary hospital. There are numerous challenges that the healthcare professionals face while undertaking the care, but thanks to their resourcefulness, some approaches are utilized to tackle the challenges. Accomplishing this can lead to enhanced patient experience, health outcomes as well as the overall quality of healthcare in multisided cultures. There is a significant demand for institutional support, policy changes, and overarching education to help practitioners increase their cultural competence.

References

- 1. Betancourt, J. R., Green, A. R., Carrillo, J. E., & Owusu Ananeh-Firempong, I. I. (2003). Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Reports*, 118(4), 293-302.
- 2. Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: A model of care. *Journal of Transcultural Nursing*, 13(3), 181-184.
- 3. Arulogun, O. S., Hurst, S., Owolabi, M. O., & Akinyemi, R. O. (2016). Experience of using an interdisciplinary task force to develop a culturally sensitive multipronged tool to improve stroke outcomes in Nigeria. *eNeurologicalSci*, 5, 6-11.
- 4. Taylor, K. P., Thompson, S. C., Wood, M. M., et al. (2009). Exploring the impact of an Aboriginal Health Worker on hospitalised Aboriginal experiences: lessons from cardiology. *Australian Health Review*, 33(4), 549-557.
- 5. World Health Organization. (2018). *Continuity and coordination of care: A practice brief to support implementation of the WHO Framework on integrated people-centred health services.* Geneva: WHO.
- Grant, J., Mackean, T., Hunter, K., & Keeler, N. (2020). What informs care? Descriptions by multidisciplinary teams about burns care for Aboriginal and Torres Strait Islander children. *Burns*, 46(4), 873-882.
- 7. Mansoor, Z., & Williams, M. J. (2018). Systems approaches to public service delivery: Lessons from health, education, and infrastructure. *Blavatnik School of Government*, University of Oxford.
- Alqarni, M. A., Alotaibi, H. S., &Samaren, H. M. (2023). Fanning the flames of commitment: Unraveling job satisfaction and battling burnout in multidisciplinary hospital teams. *Journal of Namibian Studies*, 36(1), 45-60.