

Exploring the Perception of Non-Muslim Registered Professional Nurses in Saudi Arabia on the Influence of Muslim Faith in Their Professional Practice

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ABSTRACT

This study explored how non-Muslim registered professional nurses perceive the influence of the Muslim faith on their professional practice in Saudi Arabia. Guided by a qualitative descriptive phenomenological design, the study recruited fifteen non-Muslim nurses employed in both public and private hospitals through purposive sampling. Semi-structured interviews were conducted and analyzed using Colaizzi's method, ensuring rigor through strategies of trustworthiness and adherence to ethical protocols. Findings revealed five central themes: navigating religious practices in clinical settings such as prayer times, fasting, and modesty requirements; challenges arising from religious differences, particularly in decision-making and family involvement; adapting care delivery to align with Islamic values; developing cultural competence and sensitivity; and fostering respect, tolerance, and professional growth through interfaith experiences. These insights underscore the need for culturally responsive nursing practice and institutional support that enhances the integration of faith considerations into holistic patient care.

INTRODUCTION AND BACKGROUND OF THE STUDY

Saudi Arabia's healthcare system operates within a context strongly guided by Islamic values, which influence not only policies but also everyday clinical practices. The teachings of Islam emphasize modesty, prayer, fasting, dietary restrictions, gender roles, and the integration of faith into all aspects of life, including health and healing. In the hospital setting, these religious practices significantly affect patient care, shaping expectations for privacy, family involvement, timing of procedures, and the observance of rituals. Nurses working in this environment are expected to respect and adapt to these faith-based considerations while providing safe and professional care.

The nursing workforce in Saudi Arabia is composed largely of expatriates, many of whom are non-Muslims recruited from countries such as the Philippines, India, and other parts of Asia. These nurses enter a practice setting that is culturally and religiously distinct from their own backgrounds, and their ability to adapt is critical to the delivery of quality healthcare. While orientation and training are often provided, much of it focuses on technical protocols rather than deeper cultural and religious sensitivities. As a result, non-Muslim nurses may experience challenges in aligning their professional duties with expectations shaped by Islamic traditions.

Non-Muslim nurses in Saudi Arabia often encounter circumstances where clinical care intersects with religious obligations. For example, they must consider fasting during Ramadan when administering medications, provide privacy in accordance with Islamic modesty requirements, and respect prayer times even during urgent care situations. These intersections can present both challenges and opportunities. On the one hand, nurses may face difficulties in balancing clinical urgency with religious observances; on the other hand, they may develop cultural competence, sensitivity, and respect through these experiences.

Previous research has highlighted the importance of cultural competence in nursing practice, particularly in contexts where religion plays a central role in healthcare delivery. However, existing studies in the Middle East have often focused on Muslim patients and healthcare workers, with limited attention given to the

perceptions and experiences of non-Muslim nurses. This gap is important to address, as these nurses represent a significant proportion of the healthcare workforce and their perspectives provide valuable insight into the integration of professional nursing care with religious and cultural practices.

This study was therefore conducted to explore the perceptions of non-Muslim registered professional nurses working in Saudi Arabia regarding the influence of Muslim faith on their professional practice. By capturing their lived experiences, the research aims to identify the challenges they encounter, the strategies they employ to adapt, and the growth they achieve through interfaith exposure. Ultimately, the findings may guide the development of culturally responsive training, institutional support mechanisms, and policies that promote respect, tolerance, and holistic patient care in faith-oriented healthcare environments.

METHODOLOGY

This study utilized a qualitative descriptive phenomenological design to explore the perceptions of non-Muslim registered professional nurses regarding the influence of Muslim faith on their professional practice in Saudi Arabia. The phenomenological approach was chosen because it is particularly suited to understanding lived experiences and the meanings participants attach to them, which in this case involved the intersection of nursing practice with faith-based cultural norms. The research was conducted in selected hospitals and clinical facilities in Saudi Arabia where non-Muslim nurses are employed, as these sites represent a realistic context in which expatriate nurses deliver care within a system shaped by Islamic principles.

Participants were selected through purposive sampling according to specific criteria. Eligible participants were non-Muslim registered professional nurses, currently employed in Saudi Arabia, with at least one year of professional nursing experience in the country, and willing to share their experiences. A total of fifteen nurses took part in the study, representing a range of non-Muslim religious backgrounds, including Roman Catholic, Iglesia ni Cristo, and Jehovah's Witnesses. All participants were female, most were between twenty-five and thirty-five years of age, and the majority had been working in Saudi Arabia for two to five years. This number was considered sufficient to reach data saturation, as recurring themes emerged across the interviews without introducing new concepts.

Data collection was undertaken through semi-structured, in-depth interviews, which were guided by central and subsidiary questions prepared by the researcher. These questions focused on how the participants perceived the influence of Muslim faith in their professional practice, the challenges they encountered, and the ways they adapted to the expectations of the healthcare system. Interviews were conducted in English, recorded with the participants' consent, and later transcribed verbatim. To ensure accuracy, the transcripts were compared to the recordings, and participants were given the opportunity to review and validate the content of their interviews through member checking.

The data were analyzed using Colaizzi's method of phenomenological analysis. This involved repeated reading of the transcripts to gain a comprehensive understanding of the participants' experiences, extraction of significant statements, formulation of meanings, and clustering of these meanings into emerging themes. These themes were integrated into an exhaustive description of the phenomenon under study. To ensure rigor, the researcher returned the findings to participants for confirmation, thereby strengthening the validity of the interpretations.

Trustworthiness of the study was maintained by adhering to Lincoln and Guba's criteria. Credibility was ensured through member checking and peer debriefing, while dependability and confirmability were addressed through detailed audit trails and systematic documentation of the research process. Transferability was achieved by providing rich, descriptive accounts of the study setting, participant demographics, and contextual details that would allow readers to determine the applicability of the findings in similar settings.

Ethical considerations were observed throughout the research process. Approval to conduct the study was obtained from the appropriate institutional review body. All participants were provided with clear information about the purpose and procedures of the study and were assured of confidentiality and anonymity. Written informed consent was obtained prior to participation, and pseudonyms were used to protect identities.

Participants were also reminded that their involvement was voluntary and that they were free to withdraw from the study at any time without consequences.

RESULTS AND DISCUSSION

The findings of this study revealed five major themes that describe how non-Muslim nurses in Saudi Arabia perceive the influence of Muslim faith on their professional practice. These themes were: navigating religious practices in clinical settings, challenges due to religious differences, adaptation and cultural sensitivity, balancing professional duties with religious accommodations, and personal growth and professional development. Together, these themes provide a comprehensive picture of the ways in which faith and culture intersect with professional nursing care in the Saudi healthcare context.

Participants described how Muslim religious practices such as prayer, fasting during Ramadan, and modesty requirements strongly influenced their daily clinical routines. Adjustments in medication administration and patient care schedules were necessary to respect these practices. One nurse noted, "During Ramadan, we have to adjust medication times carefully because many patients fast from sunrise to sunset," reflecting the integration of faith observance into the clinical environment. Similarly, privacy considerations, especially for female patients, were emphasized, as another nurse explained, "I had to learn quickly how important privacy is, especially for female patients during examinations." These findings highlight how the daily rhythm of hospital care is aligned with religious obligations, requiring nurses to demonstrate flexibility and cultural awareness.

At the same time, challenges emerged from differences in religious beliefs and practices. Several participants reported difficulties when urgent medical needs coincided with prayer times, or when patients and families declined care in order to prioritize religious observances. One nurse expressed, "Even if a procedure is needed, a patient may decline it since it is prayer time. Choosing what to prioritize might be difficult." Such dilemmas illustrate the tension between delivering safe, timely medical care and respecting deeply held religious values. These experiences confirm that religious practices in Saudi hospitals are not peripheral but central to healthcare delivery, and they present nurses with situations that require both ethical sensitivity and clinical judgment.

Despite these challenges, many nurses reported positive experiences of adaptation and learning. Over time, they developed cultural sensitivity and communication strategies that helped them build rapport with patients and families. One participant shared, "I learned to greet patients with 'Assalamu Alaikum' and they really appreciated that. Small gestures made a big difference." Others explained that while gender separation rules initially felt restrictive, they eventually came to see these practices as expressions of respect for patients' values. These findings suggest that immersion in a faith-based healthcare environment enables non-Muslim nurses to expand their cultural competence, aligning with broader nursing literature that links intercultural exposure with professional growth.

Importantly, participants described their experiences as personally and professionally transformative. They reported becoming more empathetic, tolerant, and patient-centered as a result of working in an Islamic healthcare context. One nurse explained, "I've grown more flexible and sympathetic. I've become a better nurse overall because I respect other religions." Another emphasized that the experience broadened her worldview and strengthened her compassion. These reflections highlight how faith-oriented healthcare contexts can serve as catalysts for professional development, encouraging nurses to integrate respect for diversity into their practice.

Overall, the results of this study demonstrate that the influence of Muslim faith on healthcare delivery in Saudi Arabia is significant and multidimensional. While non-Muslim nurses encounter challenges related to religious observances and cultural differences, they also develop valuable skills in adaptation, respect, and cultural competence. The findings point to the importance of institutional support, such as structured orientation programs and the proposed Interfaith Cultural Competence and Integration Program (ICICP), to help non-Muslim nurses navigate these challenges effectively. Such initiatives could foster a more supportive

environment for nurses and promote holistic, culturally sensitive, and patient-centered care within the Kingdom's healthcare system.

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