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Cohesion Challenges in a Multicultural Nursing Team

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ABSTRACT

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

Background: The World Health Organization predicts a huge global shortage of nurses by 2030. Healthcare services will have to recruit nurses from other countries. Internationally recruited nurses' poor understanding of their colleagues' and patients' cultural backgrounds may lead to cohesive challenges in teams to the detriment of quality patient care.

Methods: A descriptive qualitative design was applied. Face-to-face interviews were done with 15 participants (five nurse managers and ten nurses), their ages ranging between 30 and 50 years. They were from different countries and cultural backgrounds. One open-ended question was used '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?' A thematic data analysis was done.

Results: Cohesion challenges were experienced due to poor communication, the exclusion of members in decision making, a lack of meaningful team-building events and limited introduction of newly appointed members. The diversity of the team led to the alienation of some members, and the internationally recruited nurses felt that they were expected to conform to the expectations of the Saudi members.

Conclusions: The participants did not appreciate the benefits of multicultural teams and only focussed on the challenges that they experienced to function as a cohesive unit. The participants wanted to be respected, acknowledged and valued as team members.

Implications for nursing and health policy: Managers should invest in cultural competence training, the enhancement of communication practices and the encouragement of trust among members to ultimately improve team cohesion.

1 | Background

As the World Health Organization predicts a global shortage of 5.7 million nurses by 2030 (World Health Organisation 2020), healthcare services will recruit nurses from other countries (Kamau et al. 2023), resulting in multicultural teams with challenges to develop cohesion (Shahzad et al. 2021). Internationally recruited nurses may not understand their colleagues' and patients' cultural backgrounds (Balante et al. 2021) and may find it challenging

to communicate with them to the detriment of quality patient care (Hari et al. 2021). Without understanding each other, team members cannot effectively deliver patient care (Oakley et al. 2020).

Language differences in nursing teams may contribute to misunderstandings and negatively impact team cohesion (Crawford et al. 2017), leading to mistrust between members, resulting in poor cooperation (Weston 2022). Team members are expected

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to understand one another in order to cooperatively plan and implement patient care (Oakley et al. 2020).

Collaboration challenges in multicultural nursing teams are not only caused by language differences. Nursing teams are often expected to communicate in English (Tie et al. 2019), and even when both the country's and the internationally recruited nurses are fluent in English, their different accents and pronunciation of words may lead to misunderstanding between members (Peasgood et al. 2023).

In multicultural nursing teams, both host and migrant nurses experience challenges to collaborate as they portray a diversity of culturally driven value-based beliefs about quality patient care (Brunton and Cook 2018). The teams should manage their own cultural differences and also acknowledge that patients' health-care needs are determined by unique cultural beliefs (Shepherd et al. 2019). Multicultural nursing teams have to meet hospital managers' expectations that their cumulative knowledge, skills and clinical experience are used to deliver safe, culturally appropriate patient care (Tie et al. 2019). The teams are also obliged to care for diverse patient populations (Sjöberg et al. 2023).

Migrant nurses are not familiar with the systems and processes in their new workplace (Crowder et al. 2022) and are dependent on the support of the host nurses and nursing management to adjust to the unfamiliar clinical environment (Weston 2022). It is primarily the nurse managers' responsibility to create working environments that enable culturally and linguistically diverse teams to overcome adjustment challenges and to deliver quality patient care (Loveday et al. 2021). Visionary leadership of the managers is required to enhance the cohesion of multicultural nursing teams (Van der Voet and Steijn 2021). Cohesion is a crucial requirement for team innovation, as a psychologically safe environment enables members to exchange innovative ideas (Marmarosh and Sproul 2021).

As the Saudi Arabian health system is mainly staffed by non-Saudi nurses who are recruited from all over the world (Saudi Health Council 2019), the aim of the study was to explore and describe the cohesion challenges the multicultural nursing team of a cardiac centre in a designated hospital in Saudi Arabia experienced.

2 | Methods

2.1 | Research Design

A descriptive qualitative study was done to describe (a) the challenges that the multicultural cardiac centre nurses experienced and (b) the challenges that the managers experienced to support them to function as a cohesive unit.

2.2 | Research Setting and Participants

The setting was the cardiac centre of the designated hospital, staffed at the time of the study with one director, 17 nurse managers, 17 clinical resource nurses (professional nurses responsible for continuous professional development and research) and

approximately 280 professional nurses. The team was multicultural, consisting of local nurses and nurses from South Africa, the Philippines, India, Singapore and Malaysia. The study population consisted of all the nurses and nurse managers, and purposive sampling was applied. Fifteen participants (five nurse managers and ten nurses) were included in the research. Their ages ranged between 30 and 55 years, and all were from different countries and cultural backgrounds. Data saturation was reached at the 13th participant, but two more interviews were conducted to ensure no new information emerged. Saturation of data refers to the collection of qualitative data to the point where a sense of closure is attained because new data yield redundant information (Polit and Beck 2022).

2.3 | Data Collection

Individual face-to-face interviews were conducted by the first author in a private venue in the cardiac centre that the participants preferred. Before each interview, she ensured that the participants had given informed consent to take part in the research and that the interviews could be audio recorded. 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?'* Probing questions were used to ensure that rich data were collected. Some nurse participants were emotional when they recalled painful experiences, but appreciated the opportunity to share them without any fear that these could be used against them in the work environment. The nurse managers were thankful that they could share their concerns about the multicultural team's cohesion. The participants in general hoped that the study would lead to greater awareness of the cohesion challenges that multicultural nursing teams experience. Field notes were compiled to reflect data that could not be captured through audio recording. Data were collected in May 2024.

2.4 | Data Analysis

A thematic analysis was done to understand the cohesion challenges that the nurses and managers of the multicultural team experienced (Caulfield 2022). The following steps were followed:

- Familiarization began with the first author familiarizing herself with the data collected, which helped her determine the types of themes that emerged from the data.
- Coding allowed the first author to read and re-read all transcripts and field notes to identify similar words and to attach codes to similar sets of words.
- Searching for themes began with the list of codes that emerged from the previous step to discover patterns and relationships across the data set.
- Reviewing themes helped the first author group themes so that they would be presented systematically.
- Defining and naming themes allowed the first author to refine them further by identifying their essence and determining what aspect of the data each theme captures.

- Involving a co-coder to ensure the trustworthiness of the themes. The first author involved one of her research supervisors (the second author) as a co-coder.

2.5 | Rigour of the Study

In this research, the Lincoln and Guba (1985) Strategies to ensure the trustworthiness of the findings were employed (Stahl and King 2020). To enhance the credibility of the study, interviews were conducted until saturation of data occurred, involving both nurse and nurse manager participants and using both interviews and field notes in data collection. As to the confirmability of the findings, the first author, as a member of the multicultural team, bracketed her perceptions of the team's cohesion challenges. She kept a reflexive journal to keep track of her own perceptions and a record of the ways in which she managed multicultural issues to avoid becoming too involved in order to prevent bias. An audit trail was kept to ensure dependability of the findings, and regarding the confirmability of the findings, a co-coder was used to ensure that the themes and subthemes reflected the participants' description of the challenges that they experienced. The participants' demographic information and the context of the study were thoroughly described to ensure the transferability of the findings.

2.6 | Ethical Considerations

Approval of the proposal was obtained from the Research Ethics Committee of the Faculty of Health Sciences of the University of Pretoria (reference number 710 of 2023) and the management gave written permission for the research to be conducted in the designated cardiac centre. The first author was open about her managerial position in the centre and ensured that her position did not coerce participants to partake in the study. The participants signed an informed consent letter before interview commencement. They could withdraw from the research at any time without negative consequences. Participants' personal information was kept confidential, and codes replaced their names in reports.

3 | Results

3.1 | Demographics and Characteristics of Participants

The sample comprised 15 participants; of them, five were nurse managers and 10 were nurses. Fourteen of them were females, and only one male participated. The sample was multicultural and included nurses from South Africa, Saudi Arabia, Malaysia, the Philippines, India and Singapore. Their age ranged between 30 and 55 (Table 1).

3.2 | Cohesion Challenges of a Multicultural Nursing Team

Five themes—'language barriers cause exclusion', 'diversity led to alienation', 'advantages of multi-national teams rejected',

'internationally recruited nurses obliged to conform' and 'unified teamwork jeopardized'—and 14 subthemes emerged (Table 2).

3.2.1 | Language Barriers Cause Exclusion

The participants agreed that poor communication was their main challenge in developing cohesion with colleagues. Although English was the mandated language in the cardiac centre, English was not always used, especially during patient rounds, causing some participants to feel excluded from conversations:

'...sometimes when we elaborate things to the Saudi patients, they don't trust what we were saying, and they would look for a Saudi nurse to re-explain the same thing.' (P4)

Misunderstanding among team members developed due to communication barriers:

'...the challenge is understanding...especially understanding the different cultures and practices...' (P13)

The internationally recruited nurses' previous clinical experience was not respected, and they were not asked for input in the planning of patient care:

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

3.2.2 | Diversity Led to Alienation

The internationally recruited nurse participants were capable and willing to contribute to the improvement of the quality of patient care; instead, they were expected to perform roles junior to that of the Saudi nurses:

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

According to the participants, the team's poor cultural competence contributed to cohesion challenges. They recommended that the team members should do their 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...' (P15)

Newly appointed nurses had to prove their skills before they get accepted in the team and were often discriminated against by colleagues and patients. Some patients preferred not to be treated

TABLE 1 | Demographic data of participants.

Participants	Age	Gender	Nationality	Title	Years of service at the cardiac centre
P1	39	Female	Czech	Nurse manager	14 years
P2	30	Female	Saudi Arabian	Nurse manager	12 years
P3	55	Female	South African	Staff nurse	2 years
P4	54	Female	Malaysian	Nurse manager	11 years
P5	32	Female	Malaysian	Clinical resource nurse	12 years
P6	40	Female	Malaysian	Nurse manager	15 years
P7	55	Female	South African	Nurse manager	2 years
P8	30	Female	Malaysian	Staff nurse	7 years
P9	30	Female	Philippines	Clinical resource nurse	14 years
P10	31	Female	Malaysian	Staff nurse	3 years
P11	35	Female	Indian	Clinical resource nurse	15 years
P12	55	Male	Philippines	Charge nurse	18 years
P13	35	Female	Singaporean	Clinical resource nurse	12 years
P14	52	Female	Philippines	Charge nurse	13 years
P15	35	Female	Malaysian	Charge nurse	9 years

TABLE 2 | Themes and subthemes of the study.

Themes	Subthemes
Language barriers cause exclusion	Limited proficiency in English as the mandated language Misunderstandings due to communication barriers Disrespecting others
Diversity led to alienation	Poor cultural competence and understanding Discrimination among team members
Advantages of multi-national teams rejected	Nurses' previous experiences were not appreciated Limited understanding of multicultural benefits Poor role clarification causing conflict
Internationally recruited nurses obliged to conform	Poor sensitivity to the needs of all team members Limited support from Saudi Arabian nurses Nurse managers ignorant of internationally recruited nurses' family concerns
Unified teamwork jeopardized	Remuneration differences limit teamwork Limited team-building due to cultural differences Nationality grouping of nurses

by internationally recruited nurses. Unfortunately, they got very little support from the nurse managers:

‘We need advocacy and fairness from our nurse managers so that we are accepted and respected for the skills and abilities we brought... managers maybe need to discourage alienation...’ (P13)

3.2.3 | Advantages of Multi-National Teams Rejected

The participants were convinced that the multicultural nursing team could contribute unique skills to the cardiac centre of the designated hospital. Not all team members appreciated the benefits of working in multicultural teams. They had no previous experience of working with nurses from diverse cultural

backgrounds and were therefore reluctant to have to adjust to multicultural team members:

‘Most of the nurses don’t know team cohesion can be improved when the different minds and skills come together and function as one for a common goal...’ (P15)

The focus should be on the advantages of multicultural teams, and measures should be in place to enable members to adjust to such teams easily:

‘...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’ (P2)

Due to poor role clarification, conflict in the team occurred. All the nurses had the same job description, but some of them were considered more competent than others, and they were therefore offered opportunities to become charge nurses:

‘...role clarification is a problem as some of us cannot understand how they make decisions in selecting people for appointment as charge nurses.’ (P10)

3.2.4 | Internationally Recruited Nurses Obligated to Conform

Some internationally recruited participants complained that there was not enough consideration towards their needs when they first joined the hospital. They were expected to deliver high-quality patient care without considering what they were going through mentally. They missed their families and struggled with adjusting to changes that they did not foresee:

‘Many newcomers struggle with balancing the pressure of familiarising themselves with a new system as well as coping with the absence of their families.’ (P14)

Some participants struggled with obtaining their Saudi Arabia Nursing Council licences. They had to obtain their licences within six months, but the process was extremely complicated and demanding:

‘...it took me a whole year to get my Saudi council license, and the pathway was not easy as I submitted all my documents online, but they kept rejecting it.’ (P8)

In addition to their struggle to get Saudi council licences, they could not improve their competencies through attending conferences and workshops:

‘I was shocked when we don’t even be given time to attend 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)

While the internationally recruited nurses wanted to get to know the local nurses, they were often ignored by them. At first, they perceived the local nurses as being threatened by them, but soon realized that cultural differences might have contributed to their behaviour:

‘It was so hard to even have a conversation with some of my Saudi colleagues as they would just keep quiet.’ (P10)

The internationally recruited nurse participants quickly learned that they had to conform to fit in the multicultural teams, as the local nurses were not willing to accommodate them:

‘I was having a family concern but being 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.’ (P11)

3.2.5 | Unified Teamwork Jeopardized

Manager participants raised the challenges they faced in promoting cohesion teams. They often had to address nurses’ unhappiness about different salary scales based on the strength of countries’ currencies. The nurses who received lower salaries felt that management did not appreciate their input to patient care:

‘I feel the compensation should be equal; if we want to promote equality between nurses, we should start with equal compensation and benefits; it should not matter which country they come from and what education level is achieved.’ (P12)

Due to budget constraints and in respect for the Saudi culture, the manager participants could not implement team-building events to improve group cohesion requested by nurses:

‘I raised this issue of team-building in our leadership forum...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...’ (P7)

The managers kept on motivating the nurses to integrate and form one team. Notwithstanding their efforts, some nurses still insisted on working the same shifts:

‘I have a problem with nurses from the same country as they always want to work the same shifts and go on the same time on leave.’ (P7)

4 | Discussion

Saudi Arabia relies on a predominantly internationally recruited nursing workforce (Felemban et al. 2014), causing possible cohesion challenges in multicultural teams to the detriment of quality patient care (Morley and Cunningham 2021). Internationally recruited nurses want to be acknowledged for their expertise and contribution to solve staff shortages (Tie et al. 2019), and local nurses often feel that their internationally recruited colleagues may threaten their career progression (Kamau et al. 2023). Cohesion challenges in multicultural nursing teams may be prevented by involving all members in the planning and execution of patient care (Oakley et al. 2020). Unfortunately, members' involvement is often dependent on effective communication in the team and optimal support from the managers of the team. According to the participants of the study, language challenges were often experienced, and they could not rely on support from management to help them to function as a cohesive team. Language challenges are often, according to Fiset et al. (2024), considered a major contributor to misunderstandings at work to the detriment of employees' performance.

The participants mentioned that the nationality grouping of team members challenged team cohesion. Nurses who speak the same language and share the same cultural background tend to prefer to work the same shifts. They not only favour arrangements to collaborate with similar colleagues but also exclude others from nursing teams, leading to team fragmentation (Uman et al. 2020; Zeng et al. 2022). Exclusion undermines team cohesion by reducing open communication, limiting collaboration, and increasing demotivation of members to the extent that the marginalized members resign, causing staff shortages and poor patient care (Baek et al. 2023).

A prerequisite for open communication and collaboration among team members is respect for others (Tingvold and Munkejord 2021). Mutual respect encourages team members to listen to each other, understand different perspectives, and be open to feedback from others. By fostering an environment of respect, nurse managers can promote open dialogue, reduce conflict and encourage teamwork, ultimately creating a cohesive and high-performance team (Markey et al. 2021). Open communication plays an important role in promoting cohesion as it enables the understanding of others and bridges gaps created by misunderstanding between team members. Nurses who are culturally competent and therefore appreciate the benefits of diverse nursing teams show more respect to colleagues and are usually prepared to learn how to communicate with nurses from diverse cultural backgrounds (Constantinou et al. 2022).

The participants expected managers' support to form cohesive teams. The contribution of nurse managers in preventing discrimination of team members could prevent conflict among them, contribute to group cohesion and ultimately to quality patient care (Watts et al. 2017). Nurse managers have a duty to promote team members' sense of belonging and to create a harmonious work environment. The participants recommended that nurse managers should be sensitive towards nurses' needs to work in an environment where all team members are respected and enabled to experience a sense of belonging. When nurse managers are

not sensitive to the needs of their staff, it can lead to a variety of problems such as nurses' increased stress levels and decreased job satisfaction, limiting team cohesion. Poor sensitivity to the needs of nurses can also contribute to a lack of collaboration in teams to the detriment of patient care (Turkson-Ocran et al. 2022). The participants were convinced that when nurse managers showed a lack of concern for nurses' personal lives and associated challenges, they did not promote trusting relationships between them and their teams which hindered cohesion. Addressing the belonging needs of nurses may, on the other hand, create an environment where mutual respect is experienced (Berhanu et al. 2024). Nurses tend to appreciate managers who create supportive work environments that enhance nurses' well-being, productivity and retention.

Managers should uphold recruitment promises, such as prioritizing newly appointed internationally recruited nurses' leave to visit their families. The first months in a new work environment are stressful. Nurses who are foreign to a country experience heightened stress when they are not allowed to return to their families within a reasonable time after their appointment. It is managers' responsibility to ensure fairness with planning leave schedules for staff to accommodate the needs of all team members while ensuring adequate coverage for quality patient care (Tingvold and Munkejord 2021).

Regularly reviewed and contextually applicable orientation programmes are required to support multicultural nurses to adjust to unfamiliar work environments and to become valued members of nursing teams (Lalithabai et al. 2021). According to the participants, comprehensive hospital and unit orientation programmes should be complemented with ongoing team-building opportunities. Team-building is essential in fostering cohesion among members. It can strengthen trusting team member relationships and improve communication within teams (Ozigbo et al. 2020). In essence, team-building lays the foundation for a cohesive work environment where members feel connected, communicate effectively and work together seamlessly to achieve common goals (Uman et al. 2020). During team-building the members could be introduced to the benefits of multicultural teams. According to Musheke and Phiri (2021), multicultural teams offer a wide range of benefits to organizations, patients and nurses themselves. Diverse teams better understand patients' cultural differences, which improves communication and contributes to the delivery of culturally appropriate care.

Cultural competence training of multicultural teams may equip members with skills and knowledge to collaborate effectively across cultural boundaries to the benefit of team dynamics and understanding of fellow nurses and patients (Aboshaiqah et al. 2023). Such education should be initiated during the orientation of newly appointed nurses, and reinforced regularly to ensure that team members respect and appreciate colleagues' and patients' cultural beliefs (Falatah et al. 2022). Organizations could empower multicultural nursing teams to effectively collaborate to deliver culturally congruent patient care (Alharbi et al. 2021).

According to the participants, internationally recruited nurses leave home countries to serve other populations and therefore deserve to be respected for their contribution to patient care. At

the same time, local nurses may feel threatened when internationally recruited nurses display knowledge and skills required for senior positions. Only when local nurses perceive their internationally recruited fellow nurses as being co-responsible for patient care and not as threats to their own future careers can they cooperate in the delivery of quality cultural congruent patient care (Kamau et al. 2023).

Salary differences between nurses can cause major tension and discrimination within teams. It can potentially disrupt cohesion as lower-paid members may experience feelings of resentment towards colleagues who receive higher salaries (Kakemam et al. 2021). The participants complained that due to differences in currencies, disparities in salaries existed that caused much conflict in the teams. Nurses who perceive that they are paid less than their peers for the same responsibilities may feel undervalued and therefore may experience frustration and resentment (World Health Organization 2020).

4.1 | Limitations

The study was limited to nurse managers and nurses of a designated cardiac centre at a hospital in Saudi Arabia. The researchers acknowledge that a sample of more nurses than nurse managers could be considered as a limitation of the study. Male nurses were also under-represented. Internationally recruited nurses and local nurses were interviewed, and data collection continued until saturation of data was observed. The findings might have differed if it had been done in another country.

5 | Conclusions

The participants 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 may encourage trust, understanding and acceptance of each other and ultimately lead to improved team cohesion.

6 | Implications for Nursing and Health Policy

Multicultural team managers should invest in the enhancement of communication practices and the encouragement of trust among members. Team-building events should be arranged to enable members to get to know each other, and the contribution that internationally recruited nurses make to solve staff shortages should be acknowledged. Managers should appreciate the input that host and internationally recruited nurses make to the team's delivery of quality patient care. Equal opportunities for promotion and remuneration of members may contribute to team cohesion.

Institutions employing internationally recruited nurses are obliged to develop appropriate integration strategies to enable team cohesion for quality patient care. Onboarding programmes for newly appointed nurses may help them to adjust to unfamiliar patient care practices. Leadership development of nurse managers to facilitate internationally recruited nurses' adjust-

ment to the cultural practices of the local community is highly recommended.

The designated cardiac centre in Saudi Arabia is dependent on internationally recruited nurses to render quality care to its patients. The management of the centre should not only acknowledge but also celebrate their contributions and enable them to adjust easily to the unfamiliar work environment. The nurses should be supported to obtain registration with the Saudi Arabia Nursing Council with the assistance of staff appointed by the centre management. Counselling services to help internationally recruited nurses to manage concerns about family members in home countries should be available.

Author Contributions

Study design: KG, NCvW, and MARdP. Data collection: KG. Data analysis: KG. Study supervision: NCvW and MARdP. Manuscript writing: KG and NCvW. Critical revision for important intellectual content: MARdP.

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Conflicts of Interest

The authors declare that they have no financial or personal relationships that may have inappropriately influenced them in writing this article.

Data Availability Statement

Due to the sensitive nature of the data, access to the data is restricted.

Disclaimer

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