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# NURSING PRACTICE COMPLIANCE AND SERVICE DELIVERY CHALLENGES AMONG HOME CARE NURSES IN THE KINGDOM OF SAUDI ARABIA: TOWARD THE DEVELOPMENT OF A MULTICULTURAL HOME CARE NURSING PRACTICE PROGRAM

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## ABSTRACT

This study, conducted from May to July 2026, examined nursing practice compliance, service delivery challenges, and cultural competence among home care nurses in the Kingdom of Saudi Arabia and explored the mediating role of cultural competence in the relationship between service delivery challenges and nursing practice compliance. An explanatory sequential mixed-methods design was used. The quantitative phase involved 112 home care nurses who completed a validated questionnaire measuring nursing practice compliance, service delivery challenges, and cultural competence. Descriptive statistics, Mann–Whitney U, Kruskal–Wallis, Pearson product-moment correlation, and hierarchical regression mediation analysis were employed. The qualitative phase involved eight purposively selected nurses who provided written narratives describing their lived experiences. Quantitative findings showed very high nursing practice compliance ($M = 4.29$, $SD = 1.13$), high service delivery challenges ($M = 3.94$, $SD = 0.87$), and high cultural competence ($M = 4.20$, $SD = 0.89$). Service delivery challenges were significantly related to cultural competence ($r = .766$, $p < .001$) and cultural competence was significantly related to nursing practice compliance ($r = .805$, $p < .001$). In the mediation model, service delivery challenges significantly predicted compliance before cultural competence was introduced ($\beta = .635$, $p < .001$); after cultural competence was entered, its effect became nonsignificant ($\beta = .045$, $p = .615$), while cultural competence remained significant ($\beta = .770$, $p < .001$). Qualitative findings described strong professional commitment, environmental and communication challenges, cultural adaptation, adaptive strategies, and emotional resilience. The integrated findings provide a basis for a Multicultural Home Care Nursing Practice Program focused on sustaining

compliance, strengthening cultural competence, improving communication, and supporting adaptive practice.

**Keywords:** *home care nursing*; *nursing practice compliance*; *service delivery challenges*; *cultural competence*; *mixed-methods*; *Saudi Arabia*; *multicultural nursing*

## INTRODUCTION

Home healthcare has become an increasingly important component of contemporary health systems as care shifts toward community-based and patient-centered models. Home care nurses provide medication administration, wound care, monitoring, education, documentation, and coordination in environments that differ substantially from hospitals. The home setting requires nurses to exercise autonomy, clinical judgment, flexibility, and adaptability because physical conditions, family dynamics, available resources, and levels of supervision vary across patients and households (Chen et al., 2022; Shahriari et al., 2024).

In the Kingdom of Saudi Arabia (KSA), the expansion of home healthcare has accompanied broader efforts to strengthen community-based services and respond to chronic and long-term care needs (Al-Anezi, 2025; Saudi Ministry of Health, n.d.). The multicultural composition of the nursing workforce adds another layer of complexity. Nurses may encounter differences in language, cultural beliefs, family participation, religious practices, and expectations concerning healthcare delivery. Previous research has identified cultural competence as an important component of effective nursing practice in multicultural settings (Almutairi et al., 2015; Červený et al., 2022).

Nursing practice compliance refers in this study to adherence to professional standards and clinical requirements in infection control, medication safety, patient safety, and documentation. Compliance is important for safe and continuous care, but maintaining standards in home settings may be difficult when nurses work independently and encounter environmental limitations, workload pressures, communication barriers, and organizational constraints. Literature on home care nursing has described challenges involving workload, travel, limited resources, communication, and unpredictable home environments (Fernández-Medina et al., 2021; Kurtzman et al., 2022; Rydenfält et al., 2023; Shahriari et al., 2024).

Cultural competence is particularly relevant to these challenges because it involves awareness, sensitivity, culturally appropriate communication, and responsive care. Leininger's Transcultural Nursing Theory (Leininger & McFarland, 2019) emphasizes culturally congruent care, while Antonovsky's Sense of Coherence Theory provides a perspective for understanding how home care nurses manage complex environments. Together, these perspectives provide a basis for examining how nurses maintain professional practice while responding to multicultural and operational demands.

Although studies have examined home care nursing, nursing safety, and cultural competence, fewer have integrated quantitative evidence on compliance and service delivery challenges with qualitative accounts of nurses' lived experiences in multicultural home care settings in Saudi Arabia. The present study therefore examined these variables using an explanatory sequential mixed-methods design and used the integrated findings as a basis for developing a Multicultural Home Care Nursing Practice Program.

### Research Questions

The study addressed the following questions:

1. What is the demographic profile of home care nurses in terms of age, sex, nationality, educational attainment, nursing experience, home care experience, work assignment, and relevant training?
2. What are the levels of nursing practice compliance, service delivery challenges, and cultural competence?
3. Are there significant differences in nursing practice compliance across demographic groups?
4. Are service delivery challenges related to nursing practice compliance and cultural competence?
5. Is cultural competence related to nursing practice compliance?
6. Does cultural competence mediate the relationship between service delivery challenges and nursing practice compliance?
7. What are the lived experiences of home care nurses in multicultural home care settings, and what program may be developed from the integrated findings?

## METHODOLOGY

### Research Design and Participants

An explanatory sequential mixed-methods design was employed. The quantitative strand used a descriptive-correlational design to describe the major variables and examine differences, relationships, and mediation. The qualitative strand used a phenomenological approach to explain and enrich the quantitative findings through participants' lived experiences. The quantitative phase included 112 home care nurses working in home healthcare settings in Saudi Arabia. Purposive sampling was used because participants were required to have direct experience in home care nursing. The qualitative phase involved eight nurses selected from the quantitative respondents using purposive, criterion-based selection.

### Instrument and Data Collection

A validated questionnaire measured nursing practice compliance, service delivery challenges, and cultural competence using Likert-type items. The study reported strong internal consistency for the major scales. The overall Cronbach's alpha for cultural

competence was .965; its subdomains ranged from .951 to .974. The service delivery challenge subdomains demonstrated good to excellent reliability, with alpha coefficients ranging from .883 to .935. Data were collected online through Google Forms after approvals and informed consent procedures were completed. Quantitative data collection lasted one month.

For the qualitative strand, a semi-structured guide with open-ended questions was used. Participants elected to provide written narrative responses rather than participate in live interviews. The responses were coded to protect identity and analyzed using the phenomenological procedures described in the thesis, including identification of significant statements, formulation of meanings, clustering of themes, development of an exhaustive description, formulation of the fundamental structure, and member checking.

### Data Analysis

Frequencies and percentages described demographic characteristics. Weighted means and standard deviations summarized nursing practice compliance, service delivery challenges, and cultural competence. The Mann–Whitney U test was used for sex-based comparisons, while Kruskal–Wallis tests were used for comparisons involving age, nationality, educational attainment, nursing experience, home care experience, work assignment, and relevant training. Pearson product-moment correlations examined relationships among the major variables. Hierarchical regression was used to test the mediating role of cultural competence. Hypotheses were tested at the 0.05 level of significance.

## RESULTS

### Participants and Descriptive Findings

The quantitative sample consisted of 112 home care nurses. The largest reported demographic groups included female nurses (104, 92.9%), Filipino nurses (48, 42.9%), nurses with a Bachelor of Science in Nursing degree (90, 80.4%), nurses with 1–5 years of nursing experience (41, 36.6%), and nurses with less than one year of home care nursing experience (36, 32.1%). A mixed service area was the most frequently reported work assignment (71, 63.4%).

***Table 1. Selected characteristics of the quantitative respondents.***

| Variable | Category | n | % |
|---|---|---|---|
| Sex | Female | 104 | 92.9 |
| Nationality | Filipino | 48 | 42.9 |
| Education | BS Nursing | 90 | 80.4 |
| Nursing experience | 1–5 years | 41 | 36.6 |
| Home care experience | < 1 year | 36 | 32.1 |
| Work assignment | Mixed service area | 71 | 63.4 |

### Levels of Nursing Practice Compliance, Service Delivery Challenges, and Cultural Competence

Nursing practice compliance was rated very high overall (M = 4.29, SD = 1.13). Medication safety had the highest mean (M = 4.35), followed by patient safety (M = 4.32), documentation practices (M = 4.27), and infection control practices (M = 4.21). Service delivery challenges were rated high overall (M = 3.94, SD = 0.87). Environmental challenges had the highest mean (M = 4.06), followed by organizational challenges (M = 3.92), workload and service coverage (M = 3.91), and communication barriers (M = 3.88). Cultural competence was rated high overall (M = 4.20, SD = 0.89), with cultural sensitivity highest (M = 4.31), followed by culturally responsive nursing care (M = 4.20), cultural communication (M = 4.16), and cultural awareness (M = 4.14).

***Table 2. Summary of major quantitative findings.***

| Major variable/dimension | Mean | SD | Interpretation |
|---|---|---|---|
| Nursing practice compliance | 4.29 | 1.13 | Very High |
| Medication safety | 4.35 | 1.13 | Very High |
| Patient safety | 4.32 | 1.10 | Very High |
| Documentation practices | 4.27 | 1.03 | Very High |
| Infection control practices | 4.21 | 1.25 | Very High |
| Service delivery challenges | 3.94 | 0.87 | High |
| Environmental challenges | 4.06 | 0.94 | High |
| Organizational challenges | 3.92 | 0.89 | High |
| Workload/service coverage | 3.91 | 0.92 | High |
| Communication barriers | 3.88 | 0.73 | High |
| Cultural competence | 4.20 | 0.89 | High |
| Cultural sensitivity | 4.31 | 0.95 | Very High |
| Culturally responsive care | 4.20 | 0.96 | High |
| Cultural communication | 4.16 | 0.94 | High |
| Cultural awareness | 4.14 | 0.94 | High |

## Relationships and Mediation

Service delivery challenges were significantly and positively related to cultural competence ($r = .766$, $p < .001$). Cultural competence was also significantly and positively related to nursing practice compliance ($r = .805$, $p < .001$). The mediation analysis showed that service delivery challenges significantly predicted nursing practice compliance in Model 1 ($\beta = .635$, $p < .001$). After cultural competence was entered in Model 2, the coefficient for service delivery challenges declined to $\beta = .045$ and became nonsignificant ($p = .615$), whereas cultural competence remained a significant predictor ($\beta = .770$, $p < .001$). Within the analytical framework used in the thesis, these results were interpreted as evidence of full mediation.

***Table 3. Correlation and hierarchical regression mediation results (N = 112).***

| Analysis | Statistic | p-value | Interpretation |
|---|---|---|---|
| Service delivery challenges ↔ cultural competence | r = .766 | < .001 | Significant |
| Cultural competence ↔ nursing practice compliance | r = .805 | < .001 | Significant |
| Model 1: service delivery challenges → compliance | β = .635 | < .001 | Significant |
| Model 2: service delivery challenges → compliance | β = .045 | .615 | Not significant |
| Model 2: cultural competence → compliance | β = .770 | < .001 | Significant |

## Qualitative Findings

Five themes emerged from the written narratives of the eight participants. Theme 1, Strong Commitment to Nursing Practice Compliance Despite Home Care Limitations, described adherence to infection control, medication safety, patient safety, and documentation even in non-hospital environments. Theme 2, Navigating Service Delivery Challenges in Home Care Settings, captured environmental limitations, family involvement, communication barriers, workload, travel, and scheduling difficulties. Theme 3, Cultural Competence as a Key Requirement in Multicultural Home Care, emphasized respect for cultural beliefs, gender preferences, religious practices, and communication differences. Theme 4, Adaptive Strategies in Managing Clinical and Environmental Challenges, described preparation, teamwork, escalation to supervisors, patient and family education, and flexible clinical decision-making. Theme 5, Emotional Resilience and Professional Growth in Home Care Nursing, reflected stress and fatigue alongside increasing confidence, independence, resilience, and professional fulfillment.

***Table 4. Joint display of quantitative and qualitative findings.***

| Quantitative finding | Qualitative explanation | Integrated interpretation |
|---|---|---|
| Very high nursing practice compliance | Strong professional commitment despite home care limitations | Compliance was maintained through preparation, vigilance, accountability, and adherence to protocols. |
| High service delivery challenges | Navigating environmental, workload, communication, and organizational difficulties | Challenges were multidimensional and required continuous adaptation. |
| High cultural competence | Cultural competence as a key requirement | Respect and communication adjustment supported trust and cooperation. |
| Significant relationships among variables | Adaptive strategies in managing challenges | Teamwork, escalation, education, and flexibility supported practice under constraints. |
| Significant mediation | Cultural competence and professional growth | Culturally responsive behaviors helped nurses manage challenges while maintaining standards. |

## DISCUSSION

The study found very high nursing practice compliance despite high levels of service delivery challenges. The compliance findings were consistent across infection control, medication safety, patient safety, and documentation. The qualitative narratives help explain this pattern: nurses described reviewing care plans, verifying orders, preparing equipment, maintaining infection control, documenting care, and using professional standards even when home environments were less controlled than hospitals. This finding is consistent with literature emphasizing adherence to patient safety principles and the importance of organizational and educational support for nursing compliance (Vaismoradi et al., 2020; Da'seh et al., 2023).

The high level of service delivery challenges is also consistent with previous research describing workload, travel, environmental limitations, resource constraints, and communication difficulties in home healthcare (Fernández-Medina et al., 2021; Kurtzman et al., 2022; Rydenfält et al., 2023; Shahriari et al., 2024). The present findings extend these observations to a multicultural Saudi home care context, where communication and family expectations interact with physical and organizational conditions.

Cultural competence was rated high, with cultural sensitivity receiving the highest dimension score. Qualitative narratives showed that nurses operationalized cultural

competence through respect for beliefs and practices, adjustment of communication, sensitivity to gender and religious preferences, and attention to family expectations. This aligns with research identifying cultural competence as important to communication, trust, and culturally responsive care in diverse nursing environments (Almutairi et al., 2015; Červený et al., 2022; Osmancevic et al., 2025).

The significant relationships among service delivery challenges, cultural competence, and nursing practice compliance should be interpreted within the study design and measurement framework. In particular, the mediation analysis showed that the service delivery challenge coefficient became nonsignificant after cultural competence was entered into the regression model. The thesis interprets this as full mediation. Because the study is observational and cross-sectional in its quantitative component, the mediation result demonstrates an indirect statistical pattern within the model rather than establishing temporal or causal effects.

The qualitative findings complement the statistical results by showing how nurses respond to challenging conditions. Participants described preparation, communication with supervisors, teamwork, patient and family education, and modification of techniques while maintaining safety requirements. These experiences are consistent with the adaptive and culturally responsive practice emphasized by Leininger's Transcultural Nursing Theory and with Antonovsky's emphasis on resources and manageability when confronting complex environments.

Taken together, the findings indicate a practice environment in which nurses report strong compliance and cultural competence while simultaneously encountering substantial service-delivery constraints. The integrated findings support the development of a structured program focused on sustaining professional standards, strengthening cultural competence, improving communication, and helping nurses manage environmental and organizational barriers.

## Conclusions

Among the 112 home care nurses included in the quantitative phase, nursing practice compliance was reported at a very high level, while service delivery challenges and cultural competence were reported at high levels. Service delivery challenges were significantly related to cultural competence, and cultural competence was significantly related to nursing practice compliance. In the hierarchical regression model, cultural competence accounted for the statistical pathway through which service delivery challenges were associated with compliance, as interpreted in the thesis. The qualitative findings further showed that nurses maintained professional standards through preparation, adaptability, communication, teamwork, patient and family education, and culturally responsive care. These integrated findings provide the empirical and experiential basis for a Multicultural Home Care Nursing Practice Program.

## Recommendations

Home care nursing management may adopt a structured continuing Multicultural Home Care Nursing Practice Program that integrates nursing practice compliance, service-delivery management, cultural competence, and adaptive clinical practice.

Nursing supervisors and clinical educators may provide competency-based sessions using home care scenarios covering infection control, medication safety, patient safety, documentation, multicultural communication, and culturally responsive care.

Home care agencies may strengthen mechanisms for home-environment assessment, workload and patient-assignment review, geographically appropriate scheduling, supervisory support, and resource provision.

Home care services may establish practical strategies for language and communication barriers and strengthen coordination among nurses, patients, families, and other healthcare professionals.

Organizations may monitor nursing compliance, service-delivery concerns, and cultural competence through periodic audits, supervisory feedback, incident review, and appropriate patient or family feedback.

Future researchers may use larger and more diverse samples, include multiple regions of Saudi Arabia, and consider longitudinal or intervention designs to examine changes in practice and outcomes over time.

## Compliance with Ethical Standards

Ethical principles were observed to protect participants' rights, dignity, privacy, and welfare. The study reports voluntary participation, informed consent, confidentiality and anonymity, secure data management, minimal risk, and honest reporting of findings. Participant identities were protected through coding in the qualitative phase. The approvals and consent procedures were completed before data collection. Artificial intelligence-assisted tools were used only as supplementary aids for language refinement, grammatical checking, organization, and presentation of the manuscript; they were not used to fabricate participants, generate survey responses, alter participant responses, or create empirical findings.

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