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Navigating Cultural Boundaries: A Comparative Analysis of Islamic and Anglo-American Nursing Administration in Saudi Arabia

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ABSTRACT

This study examines the cultural perceptions of Islamic and non-Islamic nurse leaders in Saudi Arabia's healthcare sector and their influence on administrative practices. Given the country's distinct socioreligious context, understanding how Islamic and Anglo-American (Western) administrative models are perceived and applied by nurse leaders is essential for effective management. Conducted at King Fahad Medical City, this research employed a cross-sectional, quantitative descriptive approach, analysing data from a purposive and random sample of 113 Islamic and non-Islamic nurse leaders. A structured questionnaire comprising 29 pretested items was used, with statistical analysis performed via SPSS 25.0, incorporating descriptive and inferential statistics. Findings revealed distinct leadership inclinations; Islamic nurse leaders aligned with Sharia-based principles emphasising collective welfare and ethical integrity, while non-Islamic leaders preferred Western administrative values centered on efficiency and individual accountability. These cultural distinctions underscore leadership complexities in a multicultural healthcare workforce. To foster administrative cohesion, integrating Islamic and Western leadership frameworks is recommended. Structured orientation programs and mentorship initiatives tailored to nonIslamic leaders can enhance cultural competence and align leadership practices with Saudi societal values, optimising decision-making and strengthening leadership effectiveness. Aligned with Vision 2030, this study highlights the need for culturally adaptive leadership, workforce Saudisation and modernisation of administrative practices. Findings provide evidence-based insights into governance strategies, aiding healthcare institutions in balancing Islamic values with global leadership standards to enhance leadership effectiveness in Saudi Arabia's evolving healthcare sector.

Keywords: cultural competence, cultural impact on healthcare management, cross-cultural management, nursing administration, administrative styles in healthcare, diversity in nursing

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Introduction

This study examines the intersection of Islamic and non-Islamic administrative frameworks in Saudi Arabia's healthcare sector, where cultural and religious beliefs fundamentally shape leadership styles and decision-making processes (Almayez, 2022). While prior research has explored cross-cultural management in Western contexts, limited empirical studies have examined how Islamic governance influences healthcare leadership within Saudi Arabia's evolving workforce. Vision 2030's emphasis on workforce diversification introduces additional challenges in aligning expatriate leadership with Islamic values while integrating Western efficiency (Alsadaan et al., 2021). This study fills this gap by examining key themes, including Sharia law's influence on professional ethics, adaptation challenges for non-Islamic leaders and the need for a balanced administrative model that fosters cohesive leadership in a multicultural healthcare environment. The findings contribute to the growing discourse on culturally adaptive leadership, offering insights into how leadership models can be optimised to align with both Islamic principles and global best practices.

1.1 Social Significance

Alkhamis and Miraj (2021) highlight that Sharia law shapes governance in Saudi Arabia's healthcare sector, influencing both public and private institutions. With Vision 2030 driving workforce diversification, nonIslamic professionals face challenges adapting to faith-based leadership expectations. Expatriate nurse leaders, in particular, must navigate a system prioritising ethical governance over Western efficiency-driven models, often creating tensions in decision-making and organisational cohesion. Understanding these contrasting administrative styles is crucial for developing an integrative leadership approach that balances religious values with global healthcare standards, ensuring effective cross-cultural administration.

1.2. Scientific Significance

The intersection of Islamic and non-Islamic administrative models in Saudi Arabia's

healthcare sector has received limited empirical attention, despite its critical influence on leadership effectiveness. Existing research acknowledges the challenges of merging Islamic and Western management styles (Flores et al., 2023), yet studies remain primarily theoretical, lacking practical insights into how leadership adapts within an Islamic governance framework. Alkhamis and Miraj (2021) note that existing studies largely focus on Western contexts, leaving a gap in understanding how nonIslamic nurse leaders navigate Sharia-based governance. Addressing this, the present study provides empirical insights into decision-making, administrative efficiency and leadership adaptation within a culturally complex system. By examining leadership perceptions and adaptive strategies, it offers a nuanced perspective on balancing religious obligations with global healthcare standards.

1.3. Conceptual Framework

This study is grounded in a cross-cultural leadership framework that integrates Islamic administrative principles with Anglo American leadership models. Islamic governance is centered on ethical stewardship, collective decision-making (shura) and social justice, deriving legitimacy from Sharia law, which dictates leadership as a moral and communal responsibility (Alsadaan et al., 2021). Conversely, Western administrative frameworks emphasise efficiency, accountability and performance-based leadership, often structured around hierarchical decision-making and data-driven management models (Flores et al., 2023). The integration of these frameworks aligns with Hofstede's cultural dimensions theory, which categorises Saudi Arabia as a high power-distance, collectivist society, contrasting with Western individualistic and low power-distance management structures. This study explores how these frameworks interact in nursing leadership, creating hybridised administrative models that blend religious, ethical and performance-based governance approaches. By analysing leadership adaptability and decision-making processes, this research provides insights into culturally responsive nursing administration in a globalised healthcare system.

Research Aim

The study aimed to assess the perceptions of business, Islamic, Anglo-American and nursing administration styles among Islamic and non-Islamic nurse leaders, examining how cultural values influenced administrative practices in Saudi Arabian healthcare.

Research Objectives

The objectives of this study were:

1. To analyse how Islamic and nonIslamic leaders perceive various administrative styles within the healthcare sector.
2. To evaluate the impact of cultural values on decision-making in nursing administration.
3. To identify challenges associated with integrating Islamic and Western administrative principles.
4. To provide recommendations for fostering cultural awareness and cohesion in nursing administration within Saudi Arabia's healthcare institutions.

Literature Review

A comprehensive understanding of leadership dynamics in Saudi Arabian healthcare necessitates an exploration of the existing body of knowledge on administrative styles, decision-making processes and cultural influences. Given the interplay between Islamic and Western frameworks, prior research provides valuable insights into how leadership models impact operational effectiveness and governance within nursing administration. This section critically examines the literature surrounding these themes, identifying gaps and contextualising the study's objectives within the broader scholarly discourse.

a. Islamic and Non-Islamic Leadership Perceptions in Healthcare

Leadership perceptions in healthcare administration are shaped by cultural and religious principles. Islamic leadership, rooted in Sharia law, prioritises ethical stewardship, collective welfare and consultation-based decision-making (AlKhunizi et al., 2021). In contrast, Western leadership models emphasise individualism, structured governance and

performance driven metrics (Halim and Osmani, 2023). The coexistence of these frameworks in Saudi Arabian healthcare presents challenges in aligning leadership expectations.

Flores et al. (2023) note that Islamic nurse leaders strongly adhere to collective welfare principles, while non-Islamic leaders exhibit moderate alignment, reflecting cultural distinctions in leadership styles. A hybrid model integrating Islamic ethical integrity with Western operational efficiency is essential for fostering effective multicultural leadership in Saudi healthcare. This balanced approach ensures administrative cohesion while respecting cultural values.

b. Impact of Cultural Values on Decision-Making in Nursing Administration

Cultural values play a crucial role in shaping decision-making within nursing administration. As Mohiuddin (2020) asserts, Islamic governance frameworks prioritise moral integrity, justice and collective wellbeing, creating a leadership environment deeply rooted in ethical and communal responsibilities. In contrast, Western administrative models, as noted by Manlangit et al. (2022), emphasise efficiency, competition and profitability, leading to distinct approaches in managerial decision making. These cultural influences are particularly evident in Saudi Arabian healthcare, where decision-making processes impact conflict resolution, professional conduct and patient care, often requiring a delicate balance between these differing administrative philosophies. A key challenge is the variance in decision making styles between Islamic and non- Islamic nurse leaders. Islamic leaders tend to prioritise consensus-building and ethical considerations over rigid administrative structures, whereas non-Islamic leaders lean towards standardised policies and procedural efficiency. This divergence can lead to operational inefficiencies and misalignment in healthcare delivery strategies. The literature suggests that structured training programs on cultural awareness can bridge these gaps and enhance decision-making effectiveness (Javed, et al., 2020).

c. Challenges in Integrating Islamic and Western Administrative Principles

The integration of Islamic and Western administrative models in nursing leadership presents various challenges. One major issue is the misalignment of expectations between nurse leaders from different cultural backgrounds. Islamic administration is deeply intertwined with religious principles, which influence ethical decision-making, employee management and patient care standards. Conversely, Western administrative models emphasise meritocracy, productivity and operational efficiency (Siddqiue, et al., 2023).

Gulati et al. (2020) note that administrative authority differs significantly between Islamic and Western leadership models, with the former emphasising hierarchy and moral responsibility, while the latter favours participatory governance and decentralisation. This divergence, as highlighted in their study, often creates tensions in multinational healthcare teams, underscoring the need for an adaptive leadership approach that balances both perspectives.

Halabi et al. (2020) highlight that Saudi Arabia's Sharia-influenced regulatory frameworks present operational challenges for non-Islamic leaders, necessitating adaptation to an unfamiliar administrative culture. Their research further suggests that mentorship programs and cultural competency training can ease this transition, fostering leadership cohesion in diverse healthcare environments.

d. Fostering Cultural Awareness and Cohesion in Nursing Administration

To ensure a harmonious working environment in Saudi Arabian healthcare, fostering cultural awareness among nurse leaders is imperative. The literature underscores the importance of structured orientation programs that educate nonIslamic leaders on Islamic administrative principles, ethical governance and professional expectations (Alsadaan et al., 2021). Such initiatives promote mutual understanding and help bridge administrative gaps between diverse leadership groups. Rosser et al. (2023) advocate for mentorship and professional development programs to

enhance cross-cultural competence in nursing administration. Pairing experienced Islamic leaders with non-Islamic administrators facilitates knowledge exchange, fostering leadership adaptability. Additionally, integrating Islamic and Western administrative best practices through formal policies promotes inclusivity and operational efficiency within healthcare institutions.

The literature review reveals a critical need for culturally responsive leadership models in Saudi Arabian nursing administration. Integrating Islamic ethical governance with Western administrative efficiency requires a balanced approach that acknowledges cultural diversity while ensuring operational effectiveness. Future research should explore innovative leadership training methods that enhance cross-cultural collaboration and improve healthcare outcomes in a multicultural workforce.

Methods/ Materials and Methods

a. Study Design

Guided by Bougie and Sekaran (2020), this study employed a quantitative descriptive approach with a cross-sectional design to examine leadership perceptions in Saudi Arabia's diverse healthcare sector. A structured questionnaire, comprising 29 pretested items across five dimensions, including business, Islamic and Western administrative models, captured insights from 113 nurse leaders, yielding a 79.6% response rate. Bell et al. (2022) emphasise the value of SPSS-driven analysis in cross-cultural research. This study utilised SPSS 25.0 for descriptive and inferential statistics, applying Mann-Whitney U tests to identify significant differences in leadership perceptions.

b. Setting

The research was conducted within a healthcare facility in (King Fahad Medical City), Riyadh, Saudi Arabia, focusing on nurse leaders in strategic and operational roles. This setting provided a representative understanding of administrative perspectives within the Islamic cultural context of healthcare delivery.

c. Study Population and Sampling Strategy

The study targeted nurse leaders within King Fahad Medical City, a major healthcare institution in Saudi Arabia, representing

both Islamic and non-Islamic backgrounds. This population was selected to capture a diverse range of administrative perceptions shaped by cultural and religious influences. A purposive sampling strategy was initially applied to ensure that only nurse leaders actively engaged in administrative decision-making were included. This approach guaranteed that participants possessed the necessary experience and expertise relevant to the study's objectives (Lohr, 2021). From the greater nursing body, 113 leaders were identified based on their leadership roles, which was a predefined inclusion criterion. Following this, random sampling was implemented within the selected group of leaders to minimise selection bias and enhance generalisability (Hair Jr. et al., 2019). This method ensured that all eligible nurse leaders had an equal chance of being included, reducing the risk of systematic bias in representation.

Lind et al. (2019) emphasise the importance of achieving high response rates in cross-cultural research and this study's 79.6% participation rate ensured that the sample was sufficiently representative for analysing administrative practices in healthcare. By combining purposive and random sampling, the study balanced targeted expertise with statistical representativeness, allowing for a comprehensive comparison of leadership perceptions between Islamic and non-Islamic nurse leaders.

d. Data Collection

The survey was administered in person, allowing participants to respond in a manner that suited their schedule and ensuring a response rate of 79.6%. Data collection was conducted in person, over a specified period, with measures taken to maintain confidentiality and encourage honest, reflective responses.

e. Data Analysis

Data analysis was conducted using SPSS IBM 25.0, applying descriptive and inferential statistics to compare Islamic and non-Islamic nurse leaders' perceptions across five administrative dimensions. Results were presented as frequencies, percentages and Mean ± SD, with statistical significance assessed where applicable (Pallant, 2020). Given the non-normal distribution of the dataset, Mann-Whitney U tests were employed instead of parametric tests (t-tests), which assume normally distributed continuous

data (Sharma, 2023). The MannWhitney U test is particularly effective for comparing differences in ordinal and nonnormally distributed continuous data between two independent groups, making it the most appropriate method for evaluating variations in leadership perceptions within this diverse participant sample (Field, 2017). This approach ensures statistical robustness, allowing for valid comparisons between Islamic and non-Islamic leadership styles without the restrictive assumptions required for parametric tests.

f. **Ethical Considerations**

Approval for this study was obtained from the Institutional Review Board (IRB) at King Fahad Medical City, with ethical clearance number *IRB Log Number: 18-185*.

Participants were informed about the study's purpose and provided informed consent before participation. Confidentiality was strictly maintained throughout the research process and participants had the right to withdraw at any time. Ethical practices were upheld to respect the cultural sensitivities associated with the Islamic context of the research (Stark, 2019)

Research Findings and Discussion

Research Findings

The results revealed that Islamic nurse leaders often lean towards a collaborative, community-oriented approach, reflecting cultural values that prioritise collective wellbeing. In contrast, non-Islamic nurse leaders displayed a preference for individualistic and efficiency-driven styles, highlighting a distinct cultural impact on administrative methods. Furthermore, decision-making patterns were found to diverge significantly: Islamic leaders preferred consultative processes that foster inclusivity and respect hierarchical norms, whereas non-Islamic leaders favoured direct, efficient decision-making, potentially at the expense of broader collaboration.

Socio-Demographic Insights

The demographic data reveals significant insights into the nurse leadership composition in Saudi Arabia’s healthcare sector, particularly across Islamic and nonIslamic backgrounds.

Table 1: Years of Experience in Nursing

Years of Experience in Nursing	Islamic (n=18)	Non-Islam
≤ 5	(0.0%)	(4.9%)
6-10	(5.6%)	(11.5%)
11-15	(55.6%)	(31.1%
16-20	(11.1%)	(27.9%
21-25	(11.1%)	(6.6%)
>25	(16.7%)	(18.0%

Table 1 presents the years of nursing experience among Islamic and non-Islamic nurse leaders. The majority of Islamic participants (55.6%) have 11-15 years of experience, while non-Islamic participants are more evenly distributed, with 31.1% in the same range and 27.9% having 16-20 years, compared to 11.1% of Islamic leaders. The p-value of 0.343 indicates no statistically significant difference in years of nursing experience between the groups. However, years in nursing do not necessarily equate to leadership experience, meaning that administrative perceptions are shaped more by cultural and governance models than by clinical tenure alone. This reinforces the idea that variations in leadership styles are more influenced by training, cultural expectations and administrative exposure rather than total years of nursing practice.

These findings underscore the importance of leadership development programs that focus on cultural competency and administrative training, ensuring that nurse leaders, regardless of their years in nursing, are equipped with the skills necessary for effective governance in Saudi Arabia's diverse healthcare sector.

Table 2: Years of Service in Leadership

Years of Service in Leadership	Saudi Nurse (n=16)	NonSaudi Nurse (n=53)	Total (n=69)	p value
≤ 5	4 (25.0%)	20 (37.7%)	24 (34.8%)	0.429
6-10	10 (62.5%)	19 (35.8%)	29 (42.0%)	
11-15	1 (6.3%)	8 (15.1%)	9 (13.0%)	
16-20	1 (6.3%)	5 (9.4%)	6 (8.7%)	
21-25	0 (0.0%)	1 (1.9%)	1 (1.4%)	
>25	0 (0.0%)	0 (0.0%)	0 (0.0%)	

Table 2 compares leadership experience between Saudi and non-Saudi nurse leaders. The majority of Saudi nurses (62.5%) have 6-10 years of leadership experience, while nonSaudi leaders are more evenly distributed, with 37.7% having ≤5 years and 35.8% in the 6-10 year range. Few leaders in either group have more than 15 years of experience, indicating a limited pool of highly experienced leadership.

The p-value of 0.429 suggests no statistically significant difference in leadership tenure between the groups. However, Saudi leaders, having a slightly higher concentration in the 6-10 year range, may hold more seniority in decision-making roles. This could reinforce Islamic governance principles, emphasising collective welfare, ethical leadership and faith-based decision-making. Conversely, non-Saudi leaders, with a broader distribution of experience levels, may introduce varied administrative perspectives influenced by Western efficiency-driven models.

These cultural differences shape decision-making, as Saudi leaders may prioritise organisational harmony and ethical governance, while non-Saudi leaders may favour structured policies and performance metrics. These dynamic highlights the need for leadership models that integrate both approaches to foster administrative cohesion in Saudi Arabia's multicultural healthcare environment.

Table 3: Role of Leadership

Role of Leadership	Islamic (n=18)	NonIslamic (n=48)	Total (n=66)	*p* value
Strategic	3 (16.7 %)	12 (25.0 %)	15 (22.7 %)	0.483
Operational	14 (77.8 %)	30 (62.5 %)	44 (66.7 %)	
Both Strategic and Operational	1 (5.6%)	6 (12.5 %)	7 (10.6 %)	

Table 3 presents the distribution of leadership roles among Islamic and non-Islamic nurse leaders. The majority in both groups hold operational roles (Islamic: 77.8%, NonIslamic: 62.5%), with a smaller proportion engaged in strategic leadership (Islamic:

16.7%, Non-Islamic: 25.0%). A limited number of leaders from both groups play dual strategic and operational roles (5.6% and 12.5%, respectively). The p-value of 0.483 indicates no statistically significant difference in leadership role distribution, suggesting that both groups occupy leadership positions at similar levels. However, the higher proportion of nonIslamic leaders in strategic roles (25%) could influence the administrative culture, particularly in decision-making frameworks. Since non-Islamic leaders tend to align with efficiency-driven, Western administrative models, their greater role in shaping strategy may lead to a workplace culture that emphasises structured governance, performance metrics and hierarchical decision-making.

In contrast, Islamic leaders, who predominantly hold operational roles, may focus on maintaining team cohesion, ethical leadership and collective well-being within daily administrative functions. The difference in strategic influence between the two groups may affect organisational priorities, requiring a balanced leadership model that integrates Islamic ethical considerations with Western efficiency to foster cohesive governance in Saudi Arabia's multicultural healthcare sector.

Conclusion of demographic data

The demographic analysis highlights cultural influences on leadership styles and decision-making within Saudi Arabia's healthcare sector. While Islamic and non-Islamic leaders have comparable years of nursing experience (p=0.343), years in nursing do not necessarily equate to leadership tenure. Leadership experience is similarly distributed between Saudi and non-Saudi leaders (p=0.429), though Saudi leaders are more concentrated in the 6-10 year range (62.5%), suggesting greater seniority in decision-making roles.

The distribution of leadership roles (p=0.483) shows that Islamic leaders predominantly hold operational positions (77.8%), emphasising collective welfare and ethical leadership, while non-Islamic leaders have greater representation in strategic roles (25%), potentially shaping decision-making through Western efficiency-driven models. These cultural distinctions influence governance approaches, with Saudi leaders prioritising ethical cohesion and non-Saudi leaders

favouring structured policies and performance metrics (Mohiuddin, 2020). leadership frameworks that integrate both approaches, ensuring administrative cohesion in Saudi Arabia's multicultural healthcare sector by balancing ethical governance with performance-driven leadership strategies.

ii. Perception of Islamic administration

Bodrick et al. (2022) recognise Kuaibah Bint Sa'ad Al-Aslamiyah, also known as Rufaidah Al-Aslamiyah, as the first Muslim nurse and a pioneer of nursing in the Islamic era. Her name, derived from the verb 'rafada,' signifies providing help and support, a principle she embodied through her extensive contributions to healthcare. Al-Khunizi et al. (2021) highlight her role beyond wartime, as she established a medical tent near the Prophet's Mosque in Al-Madinah with the permission of Prophet Mohammed (PBUH), where she treated the sick, trained nurses and addressed social issues. In a globalised business environment, Ratasuk and Charoensukmongkol (2020) emphasise that leaders in multinational organisations must remain culturally aware to effectively serve diverse populations. A lack of cultural intelligence (CQ) undermines organisational effectiveness, as failing to understand the cultural foundations of those they serve can hinder operational success.

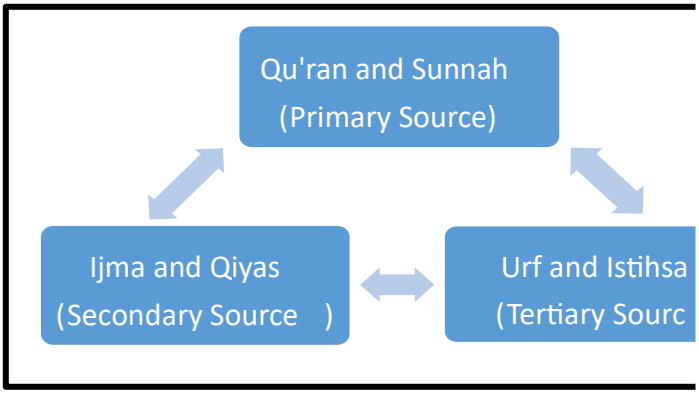

Figure 1: Source of Islamic Law and Administration

Ramaioli (2024) notes that while governance structures vary across nations, Saudi Arabia's administration is uniquely guided by Qur'anic teachings, as depicted in Figure 1. Salem (2019) further emphasises that the Qur'an and Sunnah provide a foundational framework for administration, advocating for resource efficiency, strategic planning and leadership qualities such as patience and self-discipline.

Figure 2: Comparative Analysis of Islamic and Non-Islamic Nurse Leaders on Islamic Administration

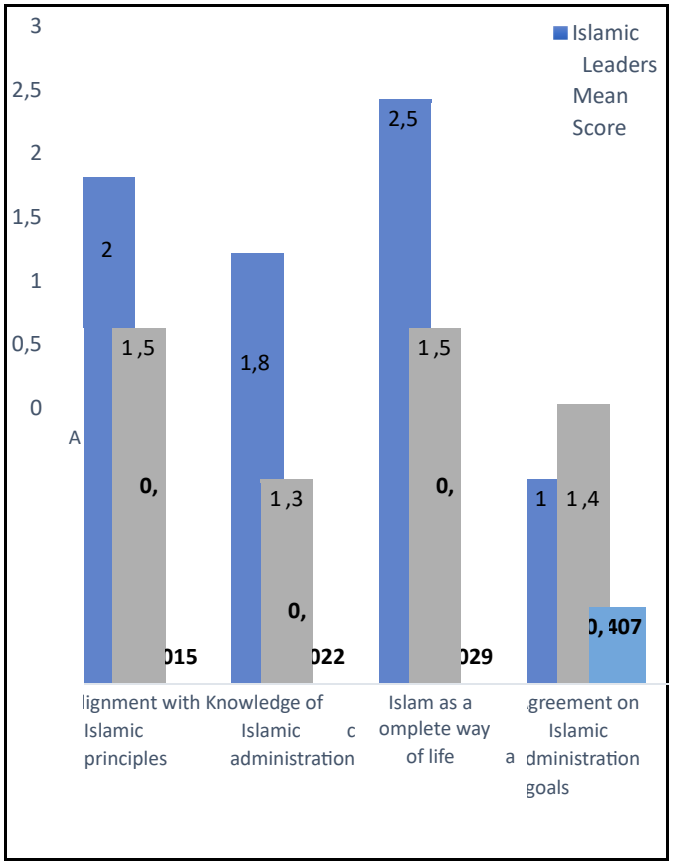

Figure 2 illustrates significant perception gaps between Islamic and non-Islamic nurse leaders regarding Islamic administration, governance frameworks and cultural integration in decision-making. Islamic leaders (mean 1.6 ± 0.5) demonstrate stronger alignment with Islamic administration compared to non-Islamic leaders (mean 2.07 ± 0.76, p=0.015), reflecting the influence of shared religious and cultural backgrounds (Ali and Mohsin, 2023). Similarly, Islamic leaders exhibit greater knowledge of Islamic administration (mean 2.00 ± 0.88) compared to non-Islamic leaders (mean 2.80 ± 1.29, p=0.022), with 37.5% of non-Islamic leaders expressing uncertainty, likely due to limited regional exposure.

The perception of Islam as a complete way of life also differs significantly, with Islamic leaders showing stronger agreement (mean 1.26 ± 0.65) than non-Islamic leaders (mean 1.84 ± 1.17, p=0.029), reinforcing expectations that healthcare administration should align with Islamic values. However, when considering agreement on the goals of Islamic administration, both groups demonstrated similar recognition (Islamic mean 1.63 ± 0.9, non-Islamic mean 1.81 ± 0.92, p=0.407), indicating a foundational understanding exists, but differences persist in practical application.

Leadership experience further shapes governance models and decision-making. Saudi leaders, concentrated in mid-level roles (62.5% with 6-10 years of leadership experience), reinforce Islamic ethical

governance, prioritising collective welfare and ethical integrity. In contrast, non-Saudi leaders, with broader leadership tenure, influence strategic frameworks favouring structured governance, performance metrics and Western efficiency-driven models.

Vision 2030's Saudisation efforts further emphasise the integration of Islamic governance principles, making it increasingly essential for non-Islamic leaders to bridge this knowledge gap (Alsadaan et al., 2021). These findings highlight the need for structured cultural training programs and leadership models that integrate Islamic values with Western administrative principles, fostering a culturally adaptive, cohesive governance framework in Saudi Arabia's evolving healthcare sector.

iii. Perception of Western administration amongst Islamic and non-Islamic nurse leaders.

The demographic data and findings illustrate how cultural backgrounds shape leadership perceptions and decision-making in Saudi Arabia's healthcare sector. Islamic and nonIslamic nurse leaders show similar views on Western administration (Islamic mean = 2.00 ± 0.82, non-Islamic mean = 2.05 ± 0.94, $p = 0.979$), yet 30.3% express uncertainty, likely due to limited exposure or a novice understanding. Additionally, Islamic leaders exhibit greater uncertainty (37.2%) toward Western corporate governance, reinforcing Islamic administration's communal, service-driven nature over Western models emphasising individualism and legalistic frameworks (Siddique et al., 2023).

With Saudi leaders concentrated in mid-level roles (62.5% in the 6-10 year range) and nonSaudi leaders influencing strategy, governance is shaped by Islamic ethical leadership on an operational level, while strategic policies lean toward Western efficiency-driven models. These findings emphasise the need for structured training programs to bridge administrative knowledge gaps, enhance cross-cultural cohesion and integrate governance models that balance both ethical integrity and operational efficiency in Saudi Arabia's evolving healthcare landscape.

iv. Perception of Nursing Administration

This section examines how cultural perceptions shape nursing administration

among Islamic and non-Islamic nurse leaders, highlighting differences in administrative alignment. Mohiuddin (2020) notes that variations in leadership perspectives can influence core operations and collective decision-making, as reflected in the Religious Attitude Score (RAS), where Islamic leaders (1.82 ± 0.63) scored higher than non-Islamic leaders (1.49 ± 0.59; p = 0.039). This gap suggests potential administrative discord, with non-Islamic leaders demonstrating stronger alignment with conventional nursing administration principles.

Figure 3: Cultural Perceptions in Nursing Administration

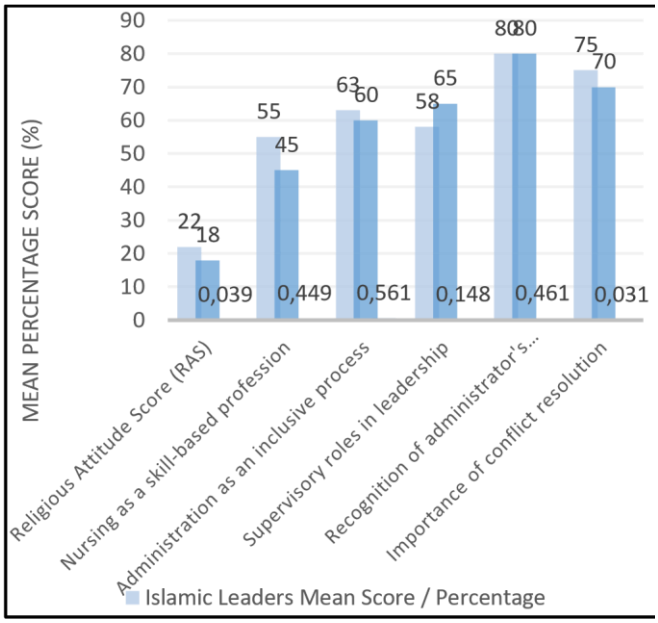

Figure 3 illustrates key cultural differences in nursing administration between Islamic and non-Islamic nurse leaders across six dimensions: religious attitude, perceptions of nursing as a skill, inclusivity in administration, supervisory roles, recognition of administrative responsibilities and conflict resolution. The p-values indicate statistical significance in religious attitude and conflict resolution, underscoring the impact of cultural perceptions on leadership styles and the need for structured training to enhance administrative cohesion.

Islamic leaders exhibit a stronger religious orientation (RAS: 1.82 ± 0.63) compared to non-Islamic leaders (1.49 ± 0.59, p = 0.039), suggesting that faith-based leadership approaches influence governance models and decision-making (Mohiuddin, 2020). While both groups recognise nursing as a skillbased profession (p = 0.449) and support inclusive administration (p = 0.561), uncertainty among a minority (12.4% and 27.2%, respectively) indicates gaps in professional identity reinforcement and inclusivity adoption (Currie et al., 2023). Non-Islamic leaders demonstrate

a stronger inclination toward supervisory roles (85.9% vs. 72.3%, p = 0.148) and greater acknowledgment of administrative versatility

(94.1% vs. 77.8%, p = 0.461), highlighting cultural variations in perceptions of leadership authority and decision-making autonomy (Aydogdu, 2022). The most significant disparity appears in conflict resolution (p = 0.031), where 83.1% of non- Islamic leaders recognise conflict management as a leadership function, compared to 61.1% of Islamic leaders (Siddqiue et al., 2023). This suggests potential gaps in conflict resolution integration among Islamic leaders, which could impact organisational cohesion and administrative effectiveness.

These findings highlight the need for leadership development programs focused on conflict resolution, administrative versatility and cultural competency training to foster a balanced, culturally adaptive and cohesive nursing administration in Saudi Arabia's evolving healthcare sector.

v. Perceptions of Influence of Islamic culture on Decisions

Al-Khunizi et al. (2021) highlight the complexities of nursing administration in Saudi Arabia's multicultural workforce, where Islamic culture plays a significant role in shaping decision-making processes. This study examines how these cultural underpinnings influence healthcare operations and leadership cohesion.

Figure 4: Cultural Influence in Nursing Administration

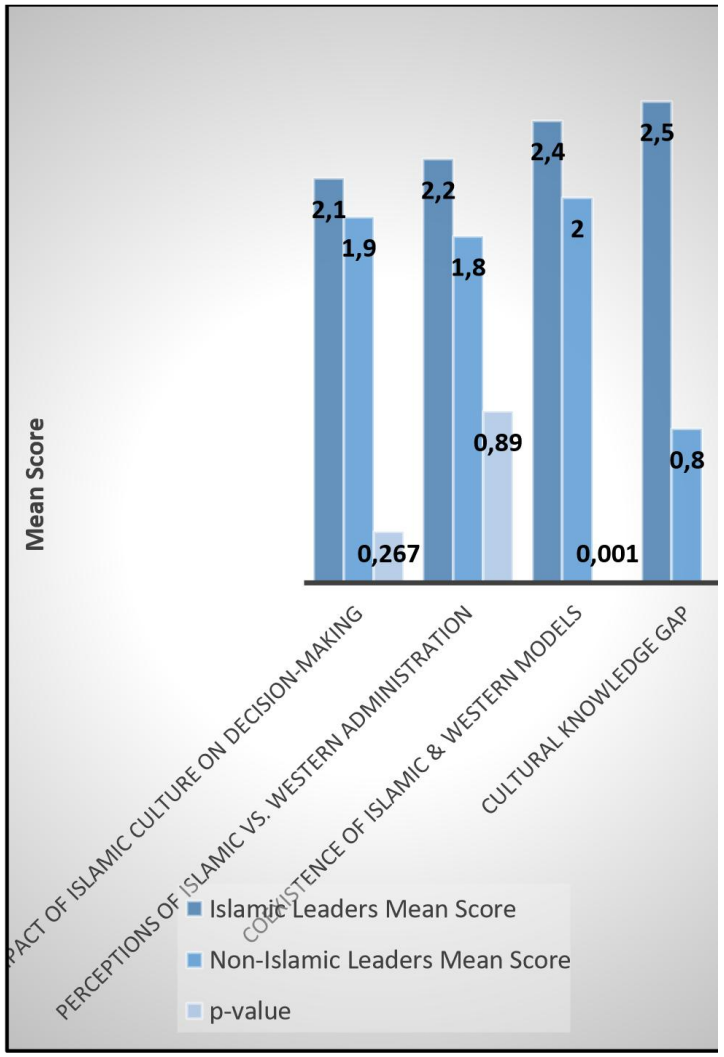

Figure 4 presents cultural perceptions of Islamic and non-Islamic nurse leaders across four key areas: Islamic cultural influence on decision-making, perceptions of Islamic versus Western administration, coexistence of administrative models and cultural knowledge gaps. While some differences in cultural influence and governance models were not statistically significant, the most pronounced gap appears in cultural knowledge (p=0.001), indicating Islamic leaders have significantly higher understanding compared to their non-Islamic counterparts. These findings reinforce the need for structured cultural training to enhance leadership effectiveness in diverse healthcare settings.

Islamic and non-Islamic leaders acknowledge the influence of Islamic culture on decision-making, yet the mean scores (Islamic: ~2.0, Non-Islamic: ~2.1, p=0.267) suggest cultural values are present but not consistently integrated into daily administration. The lack of significant differences in perceptions of Islamic and Western administrative models (p=0.89) aligns with a shift towards less centralised healthcare governance (Albougami and Alotaibi, 2020). However, Islamic leaders (mean 2.31 ± 1.08) were slightly more inclined to perceive differences than nonIslamic leaders (mean 2.75 ± 1.04), reflecting the complexities of blending governance frameworks (Halim & Osmani, 2023).

The most substantial gap lies in cultural knowledge (p=0.001), where Islamic leaders demonstrate greater familiarity (mean 1.39 ± 0.78) compared to non-Islamic leaders (mean 2.26 ± 1.09) (Flores et al., 2023). This disparity suggests that non-Islamic leaders may face challenges in aligning leadership practices with culturally ingrained expectations, leading to administrative inefficiencies and workplace conflicts (Alanazi and Alanazi, 2020). As Saudi Arabia's nursing workforce continues to diversify, structured cultural training programs are essential to equip non-Islamic leaders with critical knowledge for effective administration (Markey et al., 2021).

These findings underscore the need for leadership frameworks that integrate Islamic values with Western administrative principles, fostering a culturally adaptive and cohesive governance model within Saudi Arabia’s evolving healthcare system.

Discussion

The findings of this study provide critical insights into how cultural perceptions shape nursing administration within Saudi Arabia's diverse healthcare sector. By examining the intersection of Islamic and non-Islamic leadership perspectives, this research highlights the complexities of administrative decision-making, governance models and leadership adaptability in a culturally embedded healthcare system. Flores et al. (2023) and Alanazi and Alanazi (2020) underscore the influence of religious and cultural values on leadership styles, which aligns with this study's findings while also revealing gaps in cultural integration and knowledge among non-Islamic nurse leaders. Alsadaan et al. (2021) emphasise the importance of cultural adaptability in Vision 2030's workforce Saudisation policy, reinforcing the necessity for structured cultural training to enhance administrative cohesion and decision-making effectiveness.

i. Understanding Cultural Influences in Administration

The contrast between Islamic and Western administrative styles among Saudi Arabian nurse leaders reflects broader cultural influences on leadership adaptation. Halim and Osmani (2023) advocates that Islamic administration, grounded in Sharia law and the Qur'an, prioritises collective welfare, ethical integrity and a servant-leadership approach that emphasises moral responsibility. In contrast, Western models focus on individualism, shareholder interests and structured legal governance. This study reinforces these distinctions, as Islamic nurse leaders exhibit stronger adherence to Islamic administrative principles (mean score 1.6 ± 0.5) compared to non-Islamic leaders (mean score 2.07 ± 0.76), a reflection of their cultural background and professional exposure. The divergence in leadership alignment suggests the need for cross-cultural competency development. Mohiuddin (2020) highlights that integrating diverse leadership philosophies can ensure that administrative practices balance ethical governance with performance-driven strategies, optimising healthcare leadership in Saudi Arabia's evolving healthcare landscape. The study also reveals that 37.5% of nonIslamic leaders express uncertainty regarding Islamic administration (mean 2.80 ± 1.29, p=0.022), suggesting that cultural knowledge gaps may hinder effective

leadership adaptation. Similar trends are observed in the perception of Islam as a comprehensive governance framework, where Islamic leaders demonstrate significantly higher agreement (mean 1.26 ± 0.65) compared to non-Islamic leaders (mean 1.84 ± 1.17, p=0.029). These findings underscore the importance of integrating culturally adaptive leadership strategies that bridge knowledge disparities while fostering cohesion between Islamic and Western administrative practices.

ii. Variations in Administration Styles

Ali and Mohsin (2023) emphasise the importance of recognising the distinct foundations of Islamic and Western nurse leadership to enhance multicultural healthcare administration. Table 4 contrasts these models, illustrating how Sharia-based collective welfare differs from corporate-driven individual accountability. Understanding these differences fosters cross-cultural competence, enabling inclusive and collaborative leadership in diverse healthcare environments.

Table 4: Comparative Approaches to Nurse Leadership: Islamic and Western Perspectives:

Islamic Nurse Leadership Approach	Western Administrative Approach
Foundation: Sharia-based principles	**Foundation:** Legal and corporate frameworks
Core Values: Collective welfare, ethical responsibility,	**Core Values:** Efficiency, individual accountability,
community well-being	measurable results
Leadership Style: Servant leadership	**Leadership Style:** Hierarchical, results-driven
Decision-Making Focus: Social justice, mutual support, moral integrity	**DecisionMaking Focus**: Structured hierarchies, performance metrics
Key Outcomes: Societal harmony, emphasis on societal wellbeing over organisation	**Key Outcomes**: Innovation, competitive advantage, individual achievement

Overall Emphasis: Balancing professional and spiritual commitments for collective benefit	**Overall Emphasis**: Clear policies, competitiveness, individual recognition

Table 4 illustrates the distinct differences between Islamic and Western nursing administration approaches. Siddqiue et al. (2023) describe Islamic leadership as deeply rooted in ethical accountability and collective welfare, aligning with a servant-leadership model that prioritises moral integrity and societal harmony. Conversely, Minja and Barine (2023) highlight that Western administrative models emphasise hierarchical governance, structured decision-making and performance-based outcomes. This study further supports these distinctions, revealing that non-Islamic nurse leaders are more inclined to strategic leadership roles (25%) compared to their Islamic counterparts (16.7%), reinforcing their influence in shaping governance frameworks that prioritise efficiency and performance metrics.

The predominance of Islamic leaders in operational roles (77.8%) compared to nonIslamic leaders (62.5%) suggests a leadership model rooted in direct team management and ethical stewardship, whereas non-Islamic leaders, with greater representation in strategic roles, influence policy formulation and governance structures. This divergence reflects broader cultural leadership paradigms, where Islamic leaders prioritise collective welfare and relational leadership, while non-Islamic leaders integrate structured decision-making and performance-driven management (Ali and Mohsin, 2023). The findings underscore the need for leadership development programs that merge these approaches, fostering cross-cultural adaptability and enhancing institutional cohesion in Saudi Arabia's evolving healthcare sector.

iii. The Role of Islamic Values in Nursing Administration

Islamic values play a pivotal role in shaping nursing administration practices. The study highlights that while both groups acknowledge the ethical foundation of Islamic governance, non-Islamic leaders demonstrate gaps in cultural literacy, which may limit their ability to align with administrative expectations. This is reflected in the statistically significant difference in cultural knowledge scores (Islamic leaders mean = 1.39 ± 0.78, non-

Islamic leaders mean = 2.26 ± 1.09, p=0.001), reinforcing the need for structured educational programs to bridge these disparities (Markey et al., 2021). Moreover, the study finds that non-Islamic leaders recognise conflict resolution as a leadership function at a higher rate (83.1%) than Islamic leaders (61.1%, p=0.031), suggesting potential differences in approach to workplace disputes. Given the emphasis on ethical governance in Islamic administration, non-Islamic leaders may introduce structured conflict management frameworks that complement relationship-based resolution models within Islamic leadership (Siddqiue et al., 2023). This reinforces the need for cross-cultural competency training to enhance leadership effectiveness and workplace harmony.

iv. Limitations of the Study

While this study provides valuable insights, certain limitations must be acknowledged. First, the study was conducted within a single healthcare institution, King Fahad Medical City, which may limit the generalisability of findings to other healthcare settings in Saudi Arabia or internationally. Second, while the study employed a purposive and random sampling strategy to enhance representativeness, the relatively small sample size (113 nurse leaders) may not fully capture the complexity of leadership perceptions across a broader population. Third, the reliance on self-reported data through a structured questionnaire introduces the possibility of social desirability bias, where participants may have responded in a manner, they perceived to be favourable rather than entirely reflective of their true perceptions. Finally, the study focused on cross-sectional data, meaning it provides a snapshot of perceptions at a single point in time, without considering how leadership perceptions may evolve due to organisational or policy changes. Future research should consider longitudinal studies to track shifts in leadership perspectives and explore the impact of training interventions on administrative effectiveness.

Recommendations and Conclusion

The study has underscored how cultural perceptions shape nursing administration and leadership in Saudi Arabia's healthcare sector. The interplay between Islamic and Western

administrative frameworks influences governance structures, decision-making and leadership adaptability, highlighting the challenges of managing a multicultural workforce. Islamic nurse leaders predominantly adhere to Shariabased principles, while non-Islamic leaders align with efficiency-driven Western models, reflecting differences in strategic and operational leadership roles. With Vision 2030 emphasising Saudisation and leadership diversification, the need for culturally integrated leadership frameworks has become increasingly critical. This section outlines practical and evidence-based recommendations to address leadership challenges while ensuring that Saudi Arabia's healthcare administration remains ethically grounded and operationally effective.

Implications for Nursing Leadership and Administrative Practices

To enhance governance and decision-making in Saudi Arabia's diverse healthcare sector, leadership frameworks must integrate Islamic and Western administrative principles. Islamic nurse leaders exhibit strong alignment with Sharia-based principles (mean 1.6 ± 0.5), while nonIslamic leaders display moderate adherence (mean 2.07 ± 0.76), reinforcing the need for culturally adaptive leadership models (Ali and Mohsin, 2023). The necessity of integrating these frameworks is further highlighted by disparities in administrative approaches, with Islamic leaders prioritising collective welfare and ethical integrity, whereas non-Islamic leaders emphasise structured governance and performance metrics (Halim and Osmani, 2023).

Strategic and Operational Implications for Nursing Leadership

To enhance co-practice between Islamic and non-Islamic nurse leaders, healthcare organisations should implement structured leadership programs integrating Islamic governance with Western efficiency models (Halim and Osmani, 2023). The study's findings highlight the need for targeted cultural competency training to bridge administrative perception gaps (Flores et al., 2023). A mentorship framework pairing experienced Saudi leaders with non-Islamic counterparts can strengthen cross-cultural cohesion and facilitate knowledge transfer in ethical

leadership, governance adaptation and decision-making (Mohiuddin, 2020).

Standardised policies aligning Islamic ethical values with global best practices are essential, particularly as non-Islamic leaders demonstrate cultural literacy gaps (mean 2.26 ± 1.09, p=0.001) (Ali and Mohsin, 2023). Mandatory orientation on Islamic administration should be incorporated into leadership onboarding to enhance governance adaptability (Markey et al., 2021).

Operationally, addressing conflict resolution differences is crucial, as Islamic leaders (61.1%) are less inclined toward formal resolution strategies than non-Islamic leaders (83.1%, p=0.031) (Siddqiue et al., 2023). Integrating structured dispute resolution mechanisms that combine Islamic mediation principles with Western legal frameworks can improve workplace harmony and leadership effectiveness (Alanazi and Alanazi, 2020). Promoting inclusive decision-making structures that balance hierarchical governance with participatory leadership models will further enhance organisational cohesion in Saudi Arabia's diverse healthcare sector (Alsadaan et al., 2021).

Enhancing Leadership Development and Cross-Cultural Competency

Enhancing leadership development and cross-cultural competency is a strategic priority for balancing Islamic and Western administrative principles (Halim and Osmani, 2023). Non-Islamic nurse leaders demonstrate significant cultural knowledge gaps (mean 2.26 ± 1.09, p=0.001), necessitating structured leadership programs that integrate ethical governance with performance-driven management (Ali and Mohsin, 2023). Leadership training modules should incorporate Islamic administrative values, ethical leadership and culturally sensitive decision-making to bridge these gaps and align leadership practices with Saudi Arabia's evolving healthcare landscape (Markey et al., 2021).

Furthermore, fostering mentorship programs that pair experienced Saudi nurse leaders with non-Islamic counterparts can facilitate knowledge transfer, reinforcing leadership adaptability and strengthening administrative cohesion (Mohiuddin, 2020). The findings indicate that non-Islamic leaders assume a greater proportion of strategic roles (25%) compared to their Islamic peers (16.7%),

necessitating a deeper understanding of the socio-religious context that shapes governance structures (Flores et al., 2023). By embedding cultural literacy and conflict resolution strategies within professional development, nurse leaders can cultivate a more cohesive leadership model that integrates both ethical integrity and operational efficiency (Siddqiue et al., 2023).

This approach will not only enhance collaborative decision-making but also support the broader objectives of Vision 2030, which seeks to modernise healthcare administration while preserving its cultural foundations (Alsadaan et al., 2021).

Policy Implications and Governance Reform

Leadership development and cultural competency must be reinforced by policy reforms that align Islamic governance principles with contemporary healthcare administration (Halim and Osmani, 2023). Standardising leadership training programs that integrate ethical governance with performance-based management ensures a balanced administrative approach (Ali and Mohsin, 2023). Governance structures should incorporate policies that enhance cross-cultural adaptability, equipping nurse leaders from diverse backgrounds with the knowledge to navigate Saudi Arabia's complex healthcare system effectively (Markey et al., 2021). Vision 2030's workforce Saudisation initiatives necessitate regulatory frameworks that prioritise national representation while ensuring that expatriate professionals are culturally competent leaders (Alsadaan et al., 2021). Clear policy directives on administrative training, leadership succession and ethical decision-making will reinforce a governance model that balances Islamic values with global healthcare standards (Mohiuddin, 2020).

Future Research Directions

Expanding on governance reform, future research should explore the long-term effects of integrating Islamic and Western administrative principles in nursing leadership. Given the study's findings on cultural knowledge gaps and leadership alignment, further investigation into the effectiveness of structured training programs and mentorship initiatives is essential. Additionally, longitudinal studies examining how leadership perceptions evolve over time in response to Vision 2030's workforce Saudisation policies would provide deeper insights into the adaptability of non-Islamic leaders within the Saudi healthcare

system. Research focusing on strategic and operational leadership development, particularly in conflict resolution and decision-making frameworks, could offer practical recommendations for fostering culturally adaptive and resilient healthcare leadership. Addressing these research gaps will contribute to refining administrative policies that promote a cohesive and effective nursing leadership structure.

Conclusion

This study elucidates how cultural perceptions influence nursing administration, governance and leadership adaptability in Saudi Arabia's Islamic and multicultural healthcare environment. The findings demonstrate that Islamic nurse leaders exhibit strong alignment with Sharia-based governance, while non-Islamic leaders align moderately with these values but favour Western efficiency-driven models. The differences in administrative perspectives underscore the need for leadership development initiatives that integrate Islamic ethical governance and Western operational efficiency.

Summary of Key Findings

The study's findings provide a critical foundation for understanding the intersection of cultural perceptions and administrative practices in Saudi Arabia's nursing leadership. The results emphasise the influence of Islamic and Western leadership frameworks on decision-making, professional ethics and governance models. Islamic nurse leaders prioritise collective welfare and ethical responsibility, while nonIslamic leaders emphasise structured governance and performance metrics. Significant gaps in cultural knowledge among non-Islamic leaders may impact administrative cohesion and leadership adaptability. Differences in strategic and operational leadership roles highlight the necessity of leadership development programs that balance Islamic governance principles with Western administrative efficiency.

Vision 2030's Saudisation efforts reinforce the necessity of equipping nurse leaders with the cultural and administrative competencies required to navigate an evolving healthcare landscape. This study contributes to the discourse on culturally adaptive leadership, emphasising structured training, mentorship

and policy reforms to align leadership practices with Saudi Arabia's socio-cultural expectations. Future research should assess the long-term impact of leadership integration strategies on leadership effectiveness and organisational stability. By fostering a leadership model that harmonises Islamic and Western governance principles, healthcare institutions can enhance decision-making processes, improve cross-cultural collaboration and promote a cohesive nursing administration framework that aligns with both Islamic values and global best practices. The study underscores the urgency for culturally integrated leadership training, standardised governance policies and institutional support structures that foster collaborative, effective and ethically sound administration. As Saudi Arabia continues modernising its healthcare administration, ensuring that leadership practices reflect both Islamic values and Western managerial efficiency will be pivotal in sustaining a balanced, high-performing nursing workforce.

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