EFFECT OF CULTURAL INTELLIGENCE (CI) ON PATIENT CARE SERVICES IN PRIVATE HOSPITALS
(With Special Reference to Qatar)

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ABSTRACT

The effect of cultural intelligence (CI) on patient care services is an important concept in which it was studied by many researchers. The purpose of this study is to examine the effect of Cultural Intelligence (CI) on patient care services in private hospitals at Qatar. Private hospitals in Qatar receive patients with diverse cultural backgrounds. Nurses have been having a challenge understanding the culture of various patients making it difficult to serve them in the best way possible. This is because patients from different cultures behave differently and also have a different perception on various issues making it difficult for nurses without knowledge about their culture to serve them appropriately. Nursing employees have interacted with patients despite their cultural differences with the patients which has been a challenge in understanding one another. This led to necessity of studying the effect of nurse's cultural intelligence on the patient care services in the private hospitals at Qatar.

KEY WORDS: *Cultural intelligence, Patient, nurses, Cognitive dimension, Metacognitive dimension, motivation dimension and Behavioral dimension.*

I.INTRODUCTION

Cultural intelligence is the skill and ability to work and relate effectively in places and situations which are culturally diverse. It is the ability to cross boundaries and ado well in multiple cultures. Cultural intelligence is the ability to understand and blend in various cultures. Having cultural intelligence helps in acquiring in depth understanding of the practices, beliefs and values of other cultures. At work, cultural intelligence helps a person understand each other which cultivates their relationship leading to better results. People are able to demonstrate better trust, tolerate as well as understanding of people from different cultural backgrounds. In its job of multiculturalism, Qatar is one of the effective countries in handling the good and bad timing of the financial instability situation. One of the examples is in the working environment where we see the opacity of the various foundations of cultures. Healthcare professionals and their personnel typically have one goal in mind: to provide the best and most comprehensive care for their patients. Nurses are regarded as an extremely important part of the hospital staff because they directly deal with the pain and recovery of patients[1].

II.STATEMENT OF THE PROBLEM

Private hospitals have given a priority to patient care services in Qatar Governorate. This is because it plays a significant role in ensuring the patients are comfortable and have a good environment as they recover. The hospital industry has grown tremendously as a result of increase in diseases as well as the population in the sultanate of Qatar. The increasing need for medical care has led to demand for private medical institutions which offer more personalized care. Most of the patients have grown to prefer private medical attention as compared to public medical care due to the better services offered. The nurses are responsible for taking care on the patients in the hospitals. Nurses play an important role in all health sectors because they provide essential pre-hospital and out-of-hospital care. Services can be provided in both emergency and non-emergency situations, and nurses in hospitals play important roles in terms of injury/illness prevention and determining patients' long-term outcomes because

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they are highly trained to provide healthcare directly to patients[2].

III. SIGNIFICANCE OF THE STUDY

Cultural intelligence plays a significant role in ensuring, whether nurses understand the cultures of their patients hence they are able to take care of them efficiently. Nurses in private hospitals have to learn, understand and accommodate the cultures of their patients in the hospital to be able to carry out their duties and responsibilities appropriately. Therefore, it is important to understand the various levels in the four dimensions of cultural intelligence which comprise of cognitive, metacognitive, behavioral and motivational dimension of cultural intelligence. This research is useful to health sector and patients for improving patients' relationship with nurses AlUbaidi (2020). When there is a better relationship between nurses and patients, the patient care services are better since both parties are satisfied. The health sector will also benefit from this research since it will be able to understand the impact that cultural intelligence of nurses has on patient care services in the private hospitals in the Governorate of Qatar. This will help in improving some aspects which will improve the efficiency of patient care services and also motivate the nurses to improve their services to their patients[3].

IV. OBJECTIVES OF THE STUDY

1. To find out the level of Cultural intelligence in four dimensions (cognitive dimension, metacognitive dimension, motivational dimension, behavioral dimension) among the nurses in private Hospitals at Qatar.
2. To examine the relationship between nurse's demographic factors and the level of cultural intelligence in private Hospitals at Qatar.
3. To evaluate the effect of nurse's cultural intelligence (cognitive dimension, metacognitive dimension, motivational dimension and behavioral dimension) on the patient care services in private hospitals at Qatar.

V. SCOPE OF THE STUDY

The scope of study focuses on the effects that cultural intelligence of nurses has on patients who are in private hospitals in Qatar. The level of nurses involved in this study comprises of certified nursing assistants, licensed practical nurses, registered nurses and advanced practice registered nurses. The research paper discusses the level of cultural intelligence which comprise of metacognitive dimension, cognitive dimension, motivational dimension and behavioral dimension. Also, it discusses the relationship between the demographic factors of nurses and their cultural intelligence in the private hospitals of Qatar[4].

VI. LIMITATION OF THE STUDY

- The private hospitals covered only in Qatar, due to time constraints remaining regions will not be involved.
- Getting permission from the hospitals, during this Covid is a problem to complete the questionnaire as per sample size decided.
- The respondents of this survey are nurses, who are in busy schedule. Getting complete data is a problem for this study.
- The research was only for private hospitals hence didn't include public hospitals.
- The study focus on the four dimensions of cultural intelligence hence omitting other parameters.

VII. RESEARCH METHODOLOGY

1) Research Design: Descriptive research design was used in the study and method used in this study is quantitative method

2) Research collection methods: Research instrument used is questionnaire; the questionnaire contains two section- one section covers the demographic details. Related to: Gender, Educational level, Age group, Experience, ward details and Department, and the second section covers statements related to four dimensions of Cultural intelligence and patient care services.

3) Research respondents: The researchers used a non-probability snowball sampling technique in this study. Study target respondents are nurses from Al-Khor Hospital, Al-Wakrah Hospital, Al-Ahli Hospital, Al-Emadi Hospital, Aster Hospital, Doha Clinic Hospital, Hazm Mebaireek General Hospital, Naseem Healthcare, Qatar Rehabiliation institute, Rumeilah Hospital.

4) Data collection: This study's primary data gathering method would be to distribute a questionnaire to respondents. The cooperation of the respondents.

5) Data analysis: SPSS V26 statistical software was used to examine the data collected using various methods which are: Quartile method, crosstab method, Chi square, means score and Multiple regression analysis to assess the relationship's strength and value, as well as illustrations and tables.

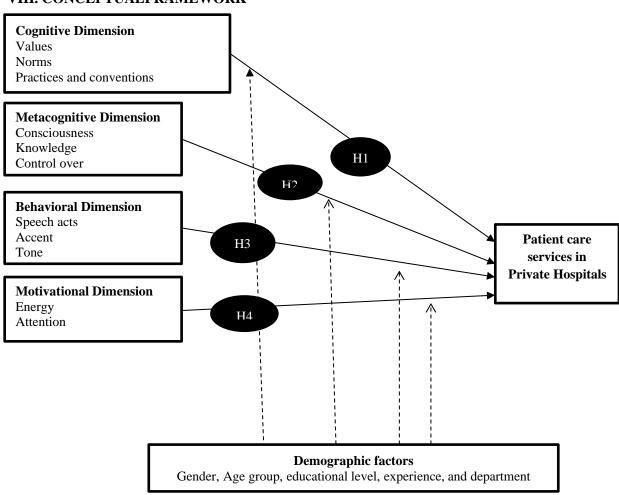[2] Al-Busaidi, I. S., Al Suleimani, S. Z., Dupo, J. U., Al Sulaimi, N. K., & Nair, V. G. (2019). Nurses' knowledge, attitudes, and implementation of evidence-based practice in Qatar: A multi-institutional, cross-sectional study. Qatar medical journal, 34(6), 521.

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VIII. CONCEPTUALFRAMEWORK

IX.ANALYSIS OF DATA

Table 1
Reliability Statistics - Cronbach's Alpha

Constructs	No. of Items	No. of respondents	Reliability Statistics (Cronbach's Alpha)
Cognitive Dimension	5	144	.948
Meta-Cognitive Dimension	5	144	.901
Motivation Dimension	5	144	.850
Behavior Dimension	5	144	.863
Patient Care Services	10	144	.942
Overall	30	144	.955

Source: Primary Data

Table 2
Demographic profile of respondents

Particulars	Variable	Frequency	Percentage
Gender	Female	87	60.4
	Male	57	39.6
	Total	**144**	**100.0**
Age	Below 25	22	15.3
	26 to 35	53	36.8
	36 to 45	35	24.3
	46 to 55	23	16.0
	Above 56	11	7.6
	Total	**144**	**100.0**
Educational level	Bachelor level	56	38.9
	Master level	42	29.2
	Others	46	31.9
	Total	**144**	**100.0**
Experience in Qatar	Less than 1 year	29	20.1
	1 to 5	45	31.3
	6 to 10	39	27.1
	Above 10 years	31	21.5
	Total	**144**	**100.0**
Ward details	Inpatient ward	78	54.2
	Outpatient ward	66	45.8
	Total	**144**	**100.0**
Department	ICU	21	14.6
	General medicine	27	18.8
	Dermatology	16	11.1
	Cardiology	17	11.8
	Pediatrics	24	16.7
	Psychiatry	15	10.4
	Others	24	16.7
	Total	144	100.0

Source: Primary Data

Table 3
Level of cultural intelligence in four dimensions

Dimensions	Level	Frequency	Percentage
Cognitive	Low	39	27.1
	Medium	45	31.3
	High	60	41.7
	Total	**144**	**100.0**
Meta-Cognitive	Low	38	26.4
	Medium	46	31.9
	High	60	41.7
	Total	**144**	**100.0**
Motivation	Low	50	**34.7**
	Medium	38	**26.4**
	High	56	**38.9**
	Total	**144**	**100.0**
Behavioural	Low	58	40.3
	Medium	29	20.1
	High	57	39.6
	Total	**144**	**100.0**

Overall cultural	Low	41	28.5
	Medium	55	38.2
	High	48	33.3
	Total	**144**	**100.0**

Source: Computed Data

Table 4
Level of cultural intelligence

P	Variables	Level			Total
		L	**M**	**H**	
Gender	Female	30	28	29	87
		20.8%	19.4%	20.1%	60.4%
	Male	11	27	19	57
		7.6%	18.8%	13.2%	39.6%
	Total	**41**	**55**	**48**	**144**
		28.5%	**38.2%**	**33.3%**	**100%**
Age	Below 25	4	9	9	22
		2.8%	6.3%	6.3%	15.3%
	26 to 35	21	20	12	53
		14.6%	13.9%	8.3%	36.8%
	36 to 45	11	15	9	35
		7.6%	10.4%	6.3%	24.3%
	46 to 55	3	9	11	23
		2.1%	6.3%	7.6%	16.0%
	Above 56	2	2	7	11
		1.4%	1.4%	4.9%	7.6%
	Total	**41**	**55**	**48**	**144**
		28.5%	**38.2%**	**33.3%**	**100%**
Educational level	Bachelor level	17	22	17	56
		11.8%	15.3%	11.8%	38.9%
	Master level	13	16	13	42
		9.0%	11.1%	9.0%	29.2%
	Others	11	17	18	46
		7.6%	11.8%	12.5%	31.9%
	Total	**41**	**55**	**48**	**144**
		28.5%	**38.2%**	**33.3%**	**100%**
Experience in Qatar	Less than 1 year	11	7	11	29
		7.6%	4.9%	7.6%	20.1%
	1 to 5	14	20	11	45
		9.7%	13.9%	7.6%	31.3%
	6 to 10	10	16	13	39
		6.9%	11.1%	9.0%	27.1%
	Above 10 years	6	12	13	31
		4.2%	8.3%	9.0%	21.5%
	Total	**41**	**55**	**48**	**144**
		28.5%	**38.2%**	**33.3%**	**100%**
Ward details	Inpatient ward	23	32	23	78
		16.0%	22.2%	16.0%	54.2%
	Outpatient ward	18	23	25	66
		12.5%	16.0%	17.4%	45.8%
	Total	**41**	**55**	**48**	**144**
		28.5%	**38.2%**	**33.3%**	**100%**

	ICU	3	10	8	21
		2.1%	6.9%	5.6%	14.6%
	General medicine	9	10	8	27
		6.3%	6.9%	5.6%	18.8%
	Dermatology	4	7	5	16
		2.8%	4.9%	3.5%	11.1%
	Cardiology	5	7	5	17
		3.5%	4.9%	3.5%	11.8%
	Pediatrics	8	5	11	24
		5.6%	3.5%	7.6%	16.7%
	Psychiatry	5	7	3	15
		3.5%	4.9%	2.1%	10.4%
	Others	7	9	8	24
		4.9%	6.3%	5.6%	16.7%
	Total	**41**	**55**	**48**	**144**
		28.5%	**38.2%**	**33.3%**	**100%**

Source: Computed Data

Table 5
Testing of hypothesis (chi-square)

Demographic Variable	Value	d.f	P Value	Significance at 5%
Gender	4.868	2	.088	Not significant
Age	14.261	8	.075	Not significant
Educational level	1.216	4	.875	Not significant
Experience in Qatar	6.019	6	.421	Not significant
Ward details	1.174	2	.556	Not significant
Department	7.233	12	.842	Not significant

Source: Computed Data

Table 6
Testing of hypothesis (multiple regression)

Dimension	Unstandardised coefficients		Standardised coefficients	t	Sig
	B	Std. Error	beta		
Constant	3.517	.406		8.667	.000
X1	.377	.062	.009	2.105	*
X2	.451	.053	.086	4.969	P<0.001
X3	.391	.066	.121	1.372	
X4	.262	.067	.081	5.928	*

a.Dependent Variable: Patient Care Services a Note: **sig. at 1% level

Source: Computed Data

Table 7
Descriptive statistics of all the statements

Statement	SDA	DA	NS	A	SA	Total	Mean Score
COGNITIVE DIMENSION							
1	3	7	2	47	5	144	4.42
2	6	5	5	60	69	144	4.24
3	4	7	2	57	74	144	4.32
4	2	2	3	62	75	144	4.43
5	4	4	4	64	68	144	4.31
META-COGNITIVE							
6	2	3	6	63	70	144	4.36
7	2	3	2	69	68	144	4.38
8	3	3	7	67	64	144	4.29

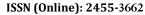|							
9	3	3	8	64	66	144	4.30
10	0	6	3	70	65	144	4.28
MOTIVATION							
11	0	1	3	58	82	144	4.53
12	3	5	6	66	64	144	4.27
13	3	3	5	61	72	144	4.36
14	2	3	6	60	73	144	4.38
15	2	4	3	70	65	144	4.36
BEHAVIOUR							
16	3	1	9	54	77	144	4.38
17	3	3	4	71	63	144	4.33
18	1	0	8	63	72	144	4.40
19	2	2	8	60	72	144	4.31
20	3	3	4	67	67	144	4.42
PATIENT CARE SERVICE							
21	0	3	3	60	78	144	4.38
22	1	2	4	59	78	144	4.33
23	2	2	3	64	73	144	4.48
24	2	2	5	68	67	144	4.36
25	1	2	10	56	75	144	4.40
26	1	3	4	55	81	144	4.47
27	2	1	3	59	79	144	4.47
28	2	2	4	64	72	144	4.40
29	1	0	6	58	79	144	4.49
30	3	4	5	54	78	144	4.38

Source: Computed Data

XI.FINDINGS OF THE STUDY

Data Reliability: The reliability of the statements used in the questionnaire concerning the dimensions of cultural intelligence and patient care services is calculated and presented in the table above, the total reliability score was (.955), indicating that the construct is highly reliable.

Demographic Details: The personal detail of respondents; the variables taken for the study are Gender, Age, Education level, Experience in Qatar, Ward detail and Department. Gender: 60.4% are female respondents and 39.6 % are male respondents, it means that most of the nursing respondents are female communal. Age: 15.3% of the respondents are below 25 years. Were 36.8% of the respondents are between 26 to 35 years. In addition, the age group from 36 to 45 years represents 24.3%. Remaining 16% of the respondents are from 46 to 55 years and only 7.6 percent of the respondents are above 55 years. It means the majority of nursing respondents are from 26 to 35 years. Educational level: majority of nurse respondents are holding bachelor level by 38.9% of the study and 29.2 per cent hold master level the remains 31.9% have others degrees. Experience in Qatar: 20.1% of nurse respondents have less than one year of experience in Qatar, whereas, 31.3% are with 1 to 5 years' of experience. Hence 27.1% are having experience from 6 to 10 years and the rest 21.5% of the respondents with more than 10 years of experience. Ward details: majority of the respondents are working in the inpatient ward

which are around 54.2% whereas, 45.8% are working in the outpatient ward. Department: 14.6% of the respondents are working in the ICU department, 18.8% in General department, 11.1% in Dermatology, 11.8% in Cardiology, 16.7% in Pediatrics, 10.4% in Psychiatry, 16.7% working in other departments.

Objective 1: To find out the level of Cultural intelligence in four dimensions (metacognitive CI, cognitive CI, motivational CI and behavioral CI) among the nurses in private Hospitals at Qatar. Cognitive: Nurses who are the respondents of this research having high level of cognitive dimension which is around 41.7% and 31.25% of nurses having medium level of cognitive dimension, the remaining 27.08% are having low level of cognitive dimension. Meta-Cognitive: 41.67% of the respondents having high level of cultural intelligence in the meta-cognitive dimension. In addition, 31.94% having medium level of meta-cognitive. On the other hand, the rest 26.39% of the respondents having low level of cultural intelligence in the meta-cognitive dimension. Motivation: The high level of motivational cultural dimension of nurse respondents by 38.89%, Medium level by 26.39%, Low level by 34.72%. Behavioural: 40.28% of the respondents are having low level of cultural intelligence in the behavioral dimension, 39.58% are having high level, and 20.14% are having medium level of cultural intelligence in the behavioral

dimension. The reason could be the nurses might feel difficult to speak the different languages of patients from diversified culture.

Overall Cultural: The majority of the respondents are having medium level of cultural intelligence in all the dimensions which is 38.19%. On the other hand, 33.33% respondents are having high level and 28.47% only having low level of cultural intelligence in all the dimensions.

Level of Cultural Intelligence
Gender: 20.8% of female respondents and 7.6% of the male respondents show up the low level of cultural intelligence. On the other hand, 20.1% of female respondents and 13.2% male respondents view the level of cultural intelligence are having high level. In addition, 19.4% of female respondents and 18.8% of male respondents are the highest percentage of the research respondent show up the level of cultural intelligence is having medium level. Age: Majority of respondents represents the level of age group and the level of cultural intelligence is having low level, by 14.6% of the respondent between 26 to 35 age group. In addition, only 1.4% of the age group above 55 years view the cultural intelligence is having both low and medium level. Educational level: majority of respondents the level of educational and the level of cultural intelligence are having medium level by 15.3% of the respondents holding bachelor level. On the other hand, only 7.6% of the respondents holding other level view the cultural intelligence having low level. Experience in Qatar: majority of nurses with 1 to 5 years experiences in the hospital having medium level, by 13.9% of the cultural intelligence, 6.9% of the respondents with 6 to 10 years. In addition, only 4.2% of the respondents with above 10 years having low level. Ward details: 22.2% of the respondents are having medium level of inpatient ward. On the other hand, 12.5% of the respondents having low level of outpatient ward. Department: most research nursing respondents view the level of cultural intelligence to be high, by 7.6% of the respondent works in the pediatrics department, 6.9% in General department, 3.5% in Dermatology, 4.9% in Cardiology, 16.7% in Pediatrics, 10.4% in Psychiatry. In addition, only 2.1% works in ICU and Psychiatry having low and high level.

Testing of hypothesis (Chi-Square): The p values (.088,.075,.875,.421,.556,.842) which are more than 0.05 (p>0.05), and the chi square (4.868,14.261,1.216,6.019,1.174,7.233a)respectively, suggest that there is no significant relationship between demographic variables and the level of cultural intelligence, hence the null hypothesis is accepted. It means there is no significant relation between the demographic variables of the respondents and the level of cultural intelligence.

Objective 3: To evaluate the effect of nurse's cultural intelligence (metacognitive CI, cognitive CI, motivational CI and behavioural CI) on the patient care services in private hospitals at Qatar.

Hypothesis (H01): "There is no significant relation between dimensions (cognitive, meta-cognitive, motivational, and behavioural) of cultural intelligence and the patient care service".

Testing of Hypothesis(Multi regression): The variable X1 representing the cognitive dimension of cultural intelligence and the p value is $p<0.001^{**}$, which is significant at 1% level, indicating that there is a relation between patient care services and the cognitive dimension of cultural intelligence. As well as X2 demonstrating the meta cognitive dimension of cultural intelligence and the p value is $p<0.001^{**}$, which is significant at 1% level, denoting that there is a relation between patient care services and the meta cognitive dimension of cultural intelligence. Also, the item X3 representing the motivation dimension of cultural intelligence and the p value is $p<0.001^{**}$, which is significant at 1% level, revealing that there is a relation between patient care services and the motivation dimension of cultural intelligence. The variable X4 signifying the behavioural dimension of cultural intelligence and the p value is $p<0.001^{**}$, which is significant at 1% level, representing that there is a relation between patient care services and the behavioural dimension of cultural intelligence. Hence, for the entire null hypothesis rejected and the alternative hypothesis accepted for all the four independent variables. It infers from this multiple regression analysis, that the four dimensions (Cognitive Dimension (X1), Meta Cognitive Dimension (X2), Motivation Dimension (X3), and Behaviour Dimension (X4)) of cultural intelligence are significantly related with the good patient care services.

XII.CONCLUSION
The impact of cultural intelligence on nursing is a vast topic that has been researched in various ways, with only a few academics looking into different aspects of cultural intelligence. The purpose of this study was to learn more about the impact of cultural intelligence (CI) on patient care services in private hospitals in Muscat, Qatar. Cognitive, metacognitive, motivational, and behavioral dimensions of cultural intelligence were determined through a literature analysis as the most important. The level of cultural intelligence was measured in all four dimensions in this comprehensive study. The research was carried out at private hospitals and focuses on nurses as they are the most important party in the healthcare industry as their day-to-day employment requires them to interact with a wide range of patients. As the questionnaire includes statements to test how these dimensions are impacting nursing personnel in their patient care services in the private sector, the study's findings reveal that there is a relationship between cultural intelligence and patient care services. The findings of the study reveal that the four aspects of cultural intelligence, cognitive dimension, metacognitive dimension, motivation dimension, and behavioral dimension are all linked to high-quality patient care. Furthermore, the demographic factors (age, gender, degree of experience and

education, department, and ward information) did not demonstrate that there is a significant relationship between level of cultural intelligence and demographic characteristics, and this implies that the null hypothesis was accepted in this research.

Moreover, the study discovered that among the four dimensions, the cognitive component had the greatest level. When it comes to total cultural intelligence, 38.19 percent of respondents have a medium degree of cultural intelligence across all domains. Based on the research findings, the alternative hypotheses were accepted in all four dimensions, meaning that cultural intelligence in cognitive, metacognitive, motivational, and behavioral dimensions is all strongly connected with patient care services. In light of these considerations, understanding the impact of cultural intelligence on nurses is crucial because it enhances nurses to improve their patient care services. With a better relationship between nurses and patients, the care services will be better managed, allowing both parties to be satisfied.

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