

Comparative Perceptions of Islamic and Anglo-American Nursing Administration Styles in Saudi Arabia's King Fahad Medical City

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ABSTRACT

This study underscores the critical role of cultural integration in leadership and administrative efficiency within multinational healthcare environments. The findings emphasise that differing perceptions of governance models and work values between Islamic and Anglo-American administrative styles can impact decision-making, team cohesion and operational effectiveness. By identifying these divergences, the research provides actionable insights for healthcare management, advocating for a hybrid administrative model that merges the ethical, community-oriented aspects of Islamic leadership with the structured, efficiency-driven approach of Anglo-American management. The study's recommendations, cultural competency training, collaborative decision-making and culturally adaptive conflict resolution, offer practical strategies for managers navigating diverse workplaces. These interventions are essential for fostering an inclusive leadership environment that enhances communication, reduces cultural friction and improves overall staff engagement. Moreover, the research contributes to strategic human resource planning by highlighting the necessity of culturally responsive leadership training, ensuring that nurse leaders are equipped to manage a diverse workforce effectively. By integrating culturally adaptive administrative practices, healthcare organisations can enhance productivity, employee satisfaction and patient care outcomes, ultimately aligning with broader organisational objectives and national workforce diversification goals under Saudi Vision 2030.

Keywords: Islamic administration, Anglo-American administration, nursing leadership, healthcare management, cultural integration, Saudi Arabia

Introduction

The globalisation of the workforce has introduced diverse administrative approaches into organisational cultures, particularly in multicultural environments (Mayhand, 2020). Saudi Arabia's healthcare sector, where expatriate professionals and Saudi nationals collaborate, exemplifies these cultural interactions. The government's Vision 2030 initiative, which prioritises workforce diversification, further amplifies the need to examine the cultural and professional differences between Islamic and non-Islamic nurse leaders. These differences shape leadership styles, managerial decision-making and overall organisational dynamics.

Islamic administration, deeply rooted in the Qur'an and Sunnah, fosters a community-oriented and ethically driven governance system that permeates all aspects of life, including professional environments (Mustapa and Ahinin, 2024). In contrast, Anglo-American administrative styles, widely regarded as individualistic and efficiency-focused, prioritise procedural adherence and often maintain a separation between personal values and professional conduct (Bayerlein and Knill, 2019). Within nursing administration, these distinct perspectives influence management

decisions, conflict resolution strategies and organisational cohesion.

This study aims to bridge the gap in understanding these cultural differences by examining the perceptions and interactions of Islamic and non-Islamic nurse leaders regarding Islamic and Anglo-American administrative principles within Saudi healthcare settings. The findings contribute to the ongoing discourse on cultural integration in healthcare management by informing policy strategies that support a balanced, culturally inclusive administrative framework. To achieve this, the study will explore key themes, including leadership perceptions, governance models, cultural influences on decision-making and conflict resolution mechanisms, providing a comprehensive analysis of how administrative styles converge or diverge in practice.

1.1 Social Significance

Saudi Arabia is undergoing a transformative period under Vision 2030, which includes a strategic focus on increasing local workforce participation, particularly within sectors historically dominated by expatriates, such as healthcare (Albejaidi and Nair, 2021). This

study on the perceptions of Islamic and non-Islamic administrative practices among nurse leaders in Saudi healthcare is highly relevant in this context. With more Saudi nationals joining the workforce, a need for culturally integrated administrative practices has emerged to promote cohesion and effectiveness in healthcare settings where Islamic and Anglo-American nursing leadership styles often converge.

The study addresses societal issues related to cultural integration, reflecting the tension between traditional Islamic values and Western business principles. This convergence is particularly relevant in Saudi Arabia, where healthcare administration is becoming increasingly multicultural. The significance of this research lies in its potential to foster mutual understanding and respect for diverse administrative styles, creating a more harmonious work environment. Furthermore, by recognising the Islamic administration model alongside the Anglo-American approach, the study advocates for a culturally inclusive framework that respects both local values and global standards, thus helping bridge cultural divides in healthcare leadership.

1.2 Scientific Significance

The study makes a novel contribution to the field of cross-cultural management by examining the intersection of Islamic and Western administrative frameworks within the healthcare sector. Scientifically, it highlights the need for a structured understanding of how different cultural values influence leadership and decision-making in a clinical setting. The research builds on existing theories of leadership and cultural dimensions, such as Hofstede's framework and investigates how these theories apply within an Islamic context, where values of servant leadership and community-oriented governance are prevalent (Qureshi, et al., 2023). This approach adds depth to the scientific understanding of leadership models by contextualising them within the unique cultural and religious landscape of Saudi Arabia.

Additionally, this study provides empirical data on the perceptions of nurse leaders, thus addressing a gap in literature related to the specific administrative challenges in culturally diverse healthcare organisations. The findings emphasise the importance of integrating cultural training and mentoring for non-Islamic leaders to improve their

understanding of Islamic administrative principles. This recommendation aligns with best practices in cross-cultural management and has implications for organisational policies aimed at enhancing cultural competency among healthcare leaders.

Research Aim

The primary aim is to determine the perceptions of Islamic and non-Islamic leaders regarding administrative styles and to understand the impact of culture on nursing administration.

Objectives

1. Assessing perceptions of Islamic and Anglo-American administration styles among nurse leaders.
2. Identify cultural influences on decision-making within nursing administration.
3. Offer recommendations for a culturally integrated leadership model.

Literature Review

In understanding the complexities of administrative practices within Saudi Arabia's healthcare sector, it is essential to explore the theoretical underpinnings that shape leadership and governance. The

coexistence of Islamic and Anglo-American administrative frameworks presents a unique intersection where cultural, ethical and operational principles converge. This literature review critically examines these two dominant administrative paradigms, contextualising their application within nursing leadership. By assessing key themes such as governance models, decision-making processes and cultural influences, this section provides a foundation for analysing how Islamic and Western administrative approaches impact the management of healthcare institutions. Furthermore, given the increasing push for workforce diversification under Saudi Vision 2030, it becomes imperative to explore hybrid administrative models that bridge these contrasting leadership styles. The review synthesises perspectives from Islamic governance principles, Western efficiency-driven administration and their practical implications in nursing leadership, ultimately offering insights into fostering a culturally integrated leadership framework that balances ethical governance with procedural effectiveness.

1.1 Conceptualising Business

Administration in Multicultural Healthcare Settings

Business administration in healthcare is a dynamic construct shaped by strategic planning, governance models and operational imperatives (Martínez et al., 2021). Within Saudi Arabia's healthcare sector, this complexity is further heightened by the coexistence of Islamic and Anglo-American administrative paradigms, each with distinct yet intersecting influences on leadership structures. Islamic administration, rooted in Sharia principles, prioritises ethical governance, collective responsibility and accountability to a higher moral authority, fostering a leadership approach that integrates moral and social obligations into managerial decision-making (Mohiya and Sulphey, 2021). This framework underscores the principles of Shura (consultation), Ihsan (benevolence) and Maslahah (public interest) as foundational to administrative practices.

Conversely, the Anglo-American model is firmly anchored in efficiency, procedural standardisation and hierarchical governance, wherein leadership is structured around codified legal frameworks, performance metrics and institutional accountability (Guy, 2021). The divergence between these systems

raises critical questions about how leadership expectations, managerial autonomy and ethical considerations are balanced within nursing administration. The resulting interplay between Islamic communal ethics and Western efficiency-driven policies requires a contextualised approach that aligns organisational objectives with culturally responsive leadership. Recognising this complexity is essential for developing hybrid administrative strategies that reconcile the moral imperatives of Islamic governance with the structured pragmatism of Anglo-American management, ensuring equitable, effective and culturally attuned leadership in Saudi Arabia's healthcare institutions.

1.2 Islamic Administration: Theoretical Underpinnings and Leadership Ethics

Islamic administration is deeply embedded in Qur'anic injunctions, the Sunnah and legal jurisprudence (Fiqh), framing leadership not merely as a functional role but as an Amanah (sacred trust) that demands ethical integrity and accountability (Gazi, 2020). Central to this governance model is the doctrine of Shura (consultation), which mandates participatory decision-making, ensuring that administrative processes are both collective and morally guided (Hassan and Noor, 2020). Within nursing leadership, this translates into

a servant-leadership paradigm, where the well-being of patients and staff is prioritised, aligning managerial responsibilities with compassion, equity and ethical stewardship.

Beyond its ethical orientation, Islamic administration incorporates *Maslahah* (public interest), underscoring the necessity for governance decisions that extend beyond institutional efficiency to encompass social justice, welfare and community-centric leadership (Attahiru, 2021). While these principles provide a robust ethical foundation, the lack of codified procedural frameworks presents challenges in structured healthcare environments, particularly where policy standardisation and regulatory compliance are critical (Mennella, et al., 2024). The inherent adaptability of Islamic administration, though rooted in divine guidance, often requires contextual interpretation to align with contemporary healthcare governance, necessitating frameworks that integrate both religious ethics and practical operational efficiency.

1.3 Anglo-American Administration: Strategic Governance and Efficiency Models

Anglo-American administrative frameworks are firmly rooted in bureaucratic efficiency,

strategic governance and performance-driven accountability, making them particularly suited to institutionalised healthcare systems (Persaud and Murphy, 2020). Influenced by Weberian bureaucratic principles, this model emphasises hierarchical authority, structured delegation and regulatory adherence, ensuring that administrative processes remain predictable, standardised and results-oriented (Oliveira, et al., 2020). Within nursing leadership, this translates into a system where efficiency, professional competency and data-driven decision-making guide operational frameworks.

A defining feature of Anglo-American healthcare administration is its reliance on quantifiable performance metrics, where quality assurance, legal compliance and financial sustainability serve as key indicators of success (Levesque and Sutherland, 2020). The emphasis on measurable outcomes enhances transparency and accountability, reinforcing structured leadership models that prioritise evidence-based decision-making and cost-effectiveness. However, while this approach offers operational rigor and efficiency, it can sometimes create rigid administrative structures that overlook the cultural and religious intricacies of a diverse workforce

(Fitzsimmons and Callan, 2020). In healthcare environments where multicultural interactions shape patient care and staff relations, the challenge lies in harmonising procedural uniformity with cultural adaptability, ensuring that governance frameworks remain both effective and inclusive.

1.4 Cultural Influences on Decision-Making in Nursing Administration

Decision-making in multicultural healthcare environments is deeply shaped by the cultural, ethical and administrative paradigms that define leadership structures. Within Islamic administration, decision-making is inherently collaborative, grounded in the principle of Shura (consultation), which ensures that governance is consensus-driven and ethically aligned with religious doctrines (Richard-Eaglin, 2021). This participatory approach emphasises collective responsibility, reinforcing leadership structures where decisions are morally and socially accountable. In contrast, Anglo-American administrative models prioritise individual autonomy and hierarchical accountability, wherein executive authority is centralised, and decision-making follows a linear chain of command (Dufty and Willia, 2021). This divergence in leadership

philosophy creates a complex governance landscape within Saudi Arabian nursing administration, where Islamic ethical imperatives interact with Western efficiency-driven mandates.

The juxtaposition of these administrative traditions frequently results in conflicting governance expectations, particularly in areas such as policy enforcement, leadership autonomy and staff engagement. Western-trained nurse leaders often emphasise efficiency, regulatory compliance and performance evaluation, while Saudi national nurse leaders, shaped by Islamic governance values, prioritise equity, social justice and religious adherence in managerial decisions (Al-Dossary, 2022). These differences become particularly pronounced in conflict resolution mechanisms, where Western approaches favour formalised procedural redress, whereas Islamic administration encourages reconciliation and mutual agreement based on religious and cultural tenets (Kasim and Nurdin, 2020). Recognising and integrating these diverse decision-making paradigms is essential for fostering an inclusive and adaptive leadership model that is both culturally coherent and operationally effective in Saudi Arabia's evolving healthcare sector.

1.5 Hybrid Administrative Models: Bridging Islamic and Anglo-American Leadership Approaches

The successful integration of Islamic and Western administrative practices in the Saudi Arabia healthcare sector necessitates the development of a hybrid governance model, one that harmonises the ethical foundations of Islamic leadership with the structured efficiency of Western administration (Alasiri and Mohammed, 2022). This balance requires a leadership approach that is culturally competent, strategically adaptive and ethically robust.

A key aspect of this integration is cultural competency training, which ensures that nurse leaders develop a nuanced understanding of Sharia-compliant leadership principles while also embracing the performance-driven expectations of Anglo-American governance (Manlangit, et al., 2022). Without this foundational knowledge, administrators may struggle to navigate the intersections between ethical obligations and institutional efficiency. Furthermore, collaborative decision-making frameworks, inspired by Shura (consultation), must be institutionalised to encourage inclusive governance while still aligning with the structured decision-making

protocols that define Western models (Neslinebi, 2024). This approach fosters a more participatory leadership style, ensuring that voices across cultural and professional spectrums contribute meaningfully to administrative decisions.

Balancing ethical imperatives with performance-driven outcomes is also critical, requiring policies that integrate Maslahah (public good) with evidence-based decision-making (Darus, et al., 2024). This ensures that governance structures remain socially responsible while upholding operational effectiveness, a necessary equilibrium in modern healthcare administration. Additionally, conflict resolution mechanisms must be flexible, respecting both Islamic ethical considerations and the legal frameworks inherent to Western administration (Ashraf-Khan and Hossain, 2021). The challenge lies in creating reconciliation-driven strategies that align with Islamic principles while maintaining the procedural clarity that Western governance systems demand.

The development of such a hybrid governance model requires a deliberate, contextually responsive approach that acknowledges the intricate interplay between culture, ethics and institutional effectiveness.

By integrating the strengths of both administrative paradigms, Saudi Arabia's healthcare sector can cultivate a leadership framework that is both culturally congruent and administratively efficient, ensuring sustainable and inclusive healthcare governance (Alasiri and Mohammed, 2022).

Conclusion

The complexities of business administration in multicultural healthcare settings necessitate a leadership approach that accommodates both Islamic ethical governance and Western efficiency models (Martínez, et al., 2021). Islamic administration, deeply rooted in Sharia principles, emphasises moral responsibility, collective decision-making and public interest, ensuring that leadership aligns with social justice and ethical integrity (Mustapa and Ahinin, 2024). Conversely, the Anglo-American model is characterised by bureaucratic efficiency, hierarchical governance and performance-driven accountability, promoting operational effectiveness and standardised decision-making. Within Saudi Arabian nursing administration, these contrasting paradigms intersect, shaping governance structures and influencing decision-making frameworks. While Islamic leadership prioritises equity

and ethical obligations, Western administration relies on quantifiable performance metrics and legal compliance, resulting in divergent leadership expectations (Levesque and Sutherland, 2020).

The cultural influences on decision-making further underscore these differences, where Shura-driven consultation contrasts with hierarchical autonomy in Western models. The challenge lies in harmonising these approaches to create a leadership structure that is both culturally responsive and operationally effective (Richard-Eaglin, 2021). The need for a hybrid administrative model is evident, integrating Islamic ethics with Western efficiency to foster culturally competent governance (Alasiri and Mohammed, 2022). Such a model necessitates cultural competency training, collaborative decision-making and flexible conflict resolution strategies, ensuring that nursing administration is both inclusive and adaptable (Manlangit, et al., 2022). By synthesising the moral imperatives of Islamic governance with the procedural rigor of Western administration, Saudi Arabia's healthcare sector can establish a balanced, resilient and ethically sound leadership framework, effectively bridging cultural

divides while upholding institutional excellence.

Research Design and Methodology

1.1 Research Design

This study employed a descriptive, quantitative research design, aimed at capturing the perceptions of Islamic and non-Islamic nurse leaders regarding administrative styles within a Saudi Arabian healthcare setting. Rooted in a positivist paradigm, this research sought to objectively measure variations in administrative preferences, utilising a structured approach that ensured replicability and reliability (Bougie and Sekaran, 2020). A descriptive approach was chosen as it effectively represents prevalent perceptions without manipulating variables, allowing for an accurate reflection of nurse leaders' viewpoints on Islamic and Anglo-American administrative frameworks. This design enabled the study to provide statistical insight into the leadership styles that influence nursing administration within multicultural healthcare environments in Saudi Arabia.

1.2 Study Setting

The study was conducted at King Fahad Medical City (KFMC), one of Saudi Arabia's

largest healthcare institutions. KFMC serves as a multicultural hub, with a workforce composed of Saudi nationals and expatriate professionals from diverse backgrounds. This heterogeneous environment provided an ideal setting to investigate how Islamic and Western administrative principles interact within nursing leadership. With Saudi Arabia's Vision 2030 emphasising workforce nationalisation, KFMC has witnessed an increase in Saudi nurses, prompting the need for effective integration of culturally distinct leadership models. The cultural complexity of KFMC allowed for an in-depth analysis of how nurse leaders interpret and apply administrative principles within a structured healthcare system.

1.3 Study Population and Sampling Strategy

The target population for this study comprised all nurse leaders currently employed within King Fahad Medical City (KFMC), one of the largest tertiary healthcare institutions in Saudi Arabia. This population includes a total of 113 individuals holding formal leadership positions, specifically Directors of Nursing, Nurse

Managers, and Unit Managers. These individuals were identified as the most appropriate representatives of the broader population of nurse leaders working in Saudi Arabian tertiary care settings due to their strategic, supervisory, and operational responsibilities within a multicultural and high-acuity healthcare environment.

A probability-based sampling strategy was adopted to ensure a representative sample and reduce selection bias. Inclusion criteria required participants to have a minimum of three years' leadership experience in a Saudi healthcare institution, guaranteeing that respondents had substantial exposure to and understanding of both Islamic and Anglo-American administrative practices. This criterion also ensured the relevance and depth of their insights regarding cultural dynamics in nursing leadership.

The study achieved an 80% response rate, with 90 of the 113 eligible nurse leaders completing the survey. This high response rate supports the statistical reliability of the findings and enables robust inferential analysis (Babbie, 2020).

1.4 Data Collection

Data collection employed a structured questionnaire with both Likert-scale closed-

ended questions and open-ended questions. The Likert scale facilitated quantitative analysis, while open-ended questions provided deeper insights into participants' knowledge of Islamic and Western administrative styles. The questionnaire was distributed through Nursing Directors and administered over a four-week period, ensuring that participants had sufficient time to respond thoughtfully.

The questionnaire covered five sections focused on various administrative dimensions, including cultural influences on decision-making. Distributed by Nursing Directors, the questionnaire had an 80% response rate (90 of 113), organised in Excel and analysed using SPSS for trends and comparisons.

To ensure the reliability of the instrument, a Cronbach's alpha coefficient ($\alpha > 0.70$) was used to assess internal consistency, confirming the robustness of the questionnaire (Hair et al., 2019). The data collection process was closely monitored to mitigate issues such as language barriers and interpretational differences, ensuring high response accuracy.

1.5 Data Analysis

The data analysis involved a structured, multi-phase approach integrating descriptive and inferential statistical techniques. Initially, raw data were coded and organised using Microsoft Excel, ensuring systematic data entry before being transferred to IBM SPSS 25.0 for analysis. Given the ordinal nature of Likert-scale responses, the study employed the Mann-Whitney U test, a non-parametric method used to compare perceptions of Islamic and non-Islamic nurse leaders regarding administrative frameworks (Stockemer, 2018).

Descriptive statistics, including frequency distributions, means and standard deviations, were used to summarise overall trends. Inferential analysis was conducted using a 95% confidence interval, with key findings presented through graphs and tables, showcasing statistically significant differences in leadership perceptions (Sharma, 2023). This rigorous approach ensured that the study's findings were both valid and generalisable within similar multicultural healthcare environments.

Ethical Considerations

This study was conducted in strict adherence to international research ethics protocols. Ethical approval was obtained from the King Fahad Medical City Institutional Review Board (IRB), with ethical clearance registered under IRB Log Number: 18-185. Prior to participation, informed consent was obtained from all respondents, ensuring they were fully aware of the study's objectives, procedures and any potential implications of their involvement. Participants were assured of their right to withdraw at any stage without consequences, reinforcing the principle of voluntary participation (DeRenzo et al., 2020).

Confidentiality and anonymity were rigorously maintained. All data were anonymised, excluding any identifying information from published results. Only aggregated findings were reported, ensuring individual responses remained undisclosed. Physical questionnaires were securely stored in a locked cabinet, accessible only to the primary researcher, safeguarding participant privacy (Polit and Beck, 2020). These measures upheld the integrity, transparency

and ethical rigor of the study throughout the data collection and analysis phases.

Results

The findings revealed statistically significant differences in perceptions between Islamic and non-Islamic nurse leaders regarding administrative approaches, underscoring the practical implications of cultural diversity in leadership. Islamic nurse leaders demonstrated a stronger alignment with Islamic administration values, emphasising servant leadership, community focus and ethical integrity. These values, deeply rooted in Islamic cultural principles, influenced both personal and professional conduct, fostering a relational and ethically driven approach to administration. This reliance on Islamic tenets in decision-making suggests a preference for collective governance, which may enhance team cohesion but could also present challenges in hierarchical, efficiency-driven structures.

Conversely, non-Islamic nurse leaders, predominantly influenced by Anglo-American administrative frameworks, exhibited a preference for procedural adherence, individual accountability and a clear separation of professional and personal

values. This approach reflected a secular, policy-driven administration style, which prioritises efficiency, legal compliance and standardised decision-making. A statistically

significant difference was observed in perceptions of Islamic administrative practices ($p = 0.015$), with Islamic nurse leaders demonstrating a higher level of agreement. This divergence highlights a cultural incongruence in administrative motivations, where Islamic leaders frequently consulted Islamic principles, while non-Islamic leaders emphasised Western professional standards. The impact of this difference on decision-making effectiveness remains critical; while Islamic leaders' ethically driven decision-making fosters moral accountability, non-Islamic leaders' standardised frameworks may enhance operational consistency.

In contrast, perceptions of Western administrative practices did not show a statistically significant overall difference ($p = 0.072$), though Islamic leaders exhibited slight discomfort with litigation-focused protocols compared to their non-Islamic counterparts. This subtle distinction suggests that while Western administrative

frameworks are broadly accepted, certain legalistic components may pose integration challenges for culturally embedded leadership philosophies. These findings

underscore the practical necessity of culturally adaptive leadership training, ensuring administrative harmony in diverse healthcare environments.

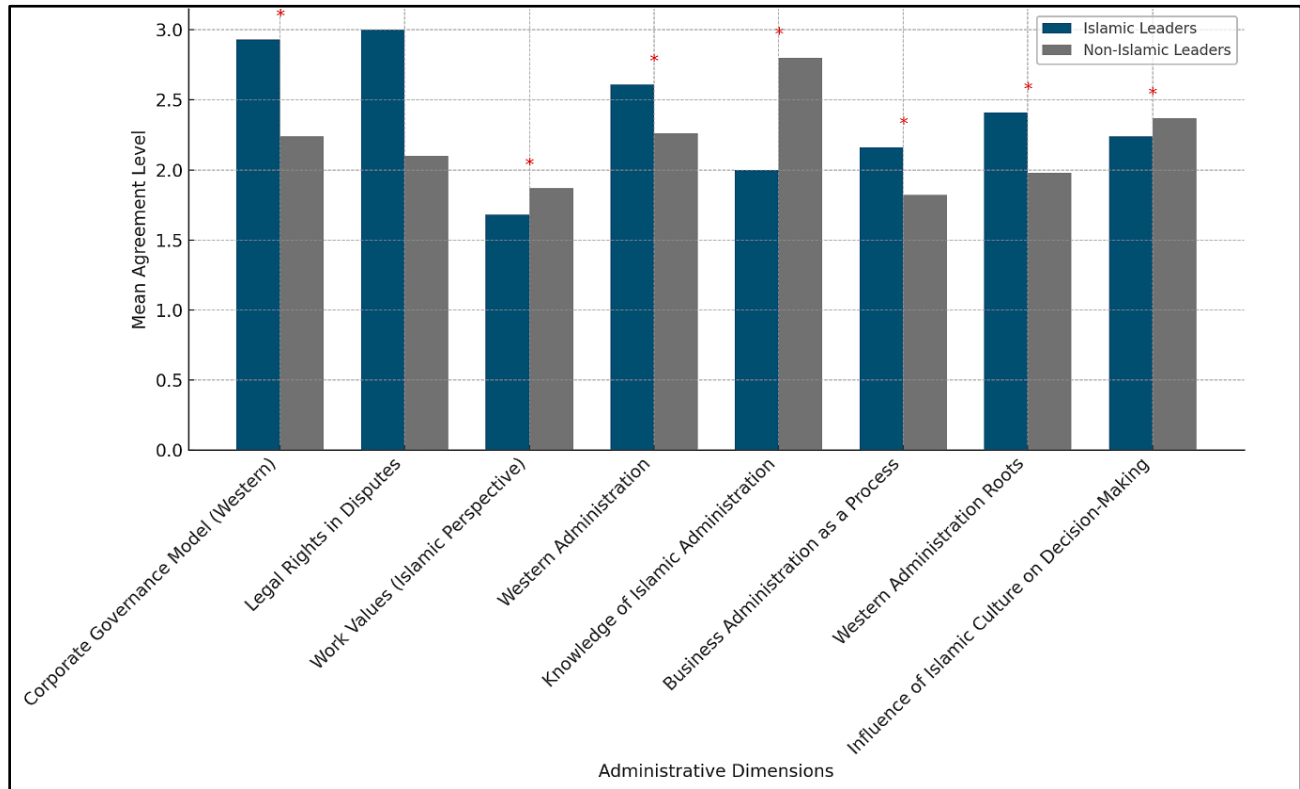


Figure 1: Comparison of Perceptions on Islamic and Anglo-American Administrative Styles

Figure 1 compares Islamic and non-Islamic leaders' perceptions on various administrative dimensions, highlighting both the mean levels of agreement and statistically significant differences. Each dimension, such as "Corporate Governance Model (Western)" and "Knowledge of Islamic Administration,"

provides insight into contrasting views on administration styles in Saudi healthcare.

Corporate Governance Model (Western): Islamic leaders show a higher mean agreement (2.93) than non-Islamic leaders (2.24), indicating a greater alignment with Western governance principles among Islamic leaders.

Legal Rights in Disputes: Islamic leaders (3.0) exhibit slightly more agreement than

non-Islamic leaders (2.1), signalling a stronger acceptance of structured legal frameworks.

Work Values (Islamic Perspective): Non-Islamic leaders (1.87) show more recognition than expected for work values tied to Islamic ethics, though Islamic leaders (1.68) remain slightly lower.

Influence of Islamic Culture on Decision-Making: The mean agreement of Islamic leaders (2.24) is close to non-Islamic leaders (2.37), indicating both groups' recognition of cultural influence in administration.

These mean values reflect differences in the acceptance of Islamic versus Western values in leadership, illustrating potential challenges in harmonising administrative approaches in Saudi Arabia's culturally diverse healthcare sector.

Key Findings

The findings of this study highlight substantial differences in the perceived roles and responsibilities of nurse leaders, directly addressing the research objectives. Regarding the assessment of perceptions of Islamic and Anglo-American administrative styles (Objective 1), Islamic nurse leaders demonstrated a strong preference for servant

leadership, prioritising ethical integrity, community engagement and relational governance. In contrast, non-Islamic leaders favoured a task-oriented, efficiency-driven model, emphasising hierarchical governance, procedural adherence and individual accountability (Qureshi, et al., 2023). These contrasting leadership paradigms illustrate the challenges of integrating culturally distinct administrative styles in a multicultural healthcare setting (Alasiri and Mohammed, 2022).

The presence of statistically significant differences in perceptions, as indicated by red asterisks (*) in Figure 1, reinforces the argument that cultural influences shape decision-making within nursing administration (Objective 2) (Richard-Eaglin, 2021). The Mann-Whitney U test results confirm that these differences are not random but rather reflective of diverging leadership philosophies. Notably, Islamic leaders placed a higher emphasis on legal rights in disputes, favouring conflict resolution grounded in Islamic legal principles, whereas non-Islamic leaders approached such issues through formalised, procedural frameworks. These findings suggest that cultural alignment challenges persist in key administrative dimensions,

potentially impacting organisational cohesion and operational efficiency.

The findings further indicate a clear need for tailored training and policies (Objective 3) to address areas where administrative perceptions diverge significantly. Dimensions with high statistical divergence reveal potential integration challenges, necessitating structured training programs and culturally inclusive administrative policies that bridge gaps between Islamic and Anglo-American leadership styles. The results suggest that implementing a hybrid administrative model could provide a balanced framework that accommodates both ethical governance and efficiency-driven decision-making. These insights reinforce the necessity for contextualised leadership training and adaptive policies, ensuring effective collaboration in Saudi Arabia's evolving healthcare landscape.

Discussion

In exploring perceptions of Islamic and Anglo-American administrative styles among nurse leaders at King Fahad Medical City (KFMC), the findings reveal both alignment and discordance, shaped by cultural influences and leadership expectations. The strong adherence of

Islamic nurse leaders to Islamic administration values reflects an embedded commitment to servant leadership, community engagement and ethical governance. These principles, deeply ingrained in Islamic culture, emphasise collective decision-making and moral accountability, consistent with prior research that highlights the role of religious ethics in leadership within Islamic societies (Ghafran and Yasmin, 2020). In contrast, non-Islamic nurse leaders demonstrated a clear preference for Anglo-American administrative frameworks, which prioritise procedural standardisation, individual autonomy and the detachment of personal values from professional responsibilities, aligning with research emphasising Western leadership's focus on efficiency and legal compliance (Peters, 2021).

The statistical significance of differences in perceptions regarding Islamic administrative practices ($p=0.015$) reinforces the existence of structural and ideological distinctions between these groups. This finding underscores the challenge of cultural incongruence, as Islamic leaders rely on ethical-religious justifications for decision-making, whereas non-Islamic leaders operate within a performance-driven paradigm

(Levesque and Sutherland, 2020). The lack of significant differences ($p=0.072$) in perceptions of Western administrative frameworks suggests that Western managerial principles are broadly accepted, albeit with nuanced areas of discomfort, particularly regarding litigation and legal dispute resolution mechanisms. Islamic nurse leaders exhibited hesitation in invoking legal remedies, contrasting with non-Islamic leaders who were more comfortable with litigation. This disparity suggests a fundamental difference in conflict resolution philosophy, where Islamic leaders may prefer mediation and reconciliation over adversarial legal proceedings. Such findings align with literature indicating a preference for Shura-based (consultative) conflict resolution in Islamic governance structures (Neslinebi, 2024; Hassan and Noor, 2020). From an organisational perspective, these differences have practical implications for administrative harmony. The uncertainty among Islamic nurse leaders regarding legal frameworks may indicate a need for targeted training to enhance their understanding of Western legal structures within healthcare management (Manlangit, et al., 2022). Additionally, the discrepancies in leadership approaches suggest a potential challenge in fostering a

unified leadership strategy in multicultural healthcare settings. While Islamic leadership prioritises ethical considerations, Western frameworks offer structured efficiency, emphasising the need for a hybrid model that integrates both ethical depth and procedural rigor (Alasiri and Mohammed, 2022). The findings call for further research into adaptive administrative strategies, particularly in ensuring cultural inclusivity without compromising operational efficiency. Ultimately, understanding these cultural administrative variances enables healthcare institutions to develop tailored leadership training and policies, bridging ideological gaps and fostering collaborative decision-making in diverse workforces.

Strengths and Limitations

The strengths of the study lie in its examination of cross-cultural administrative perceptions within a Saudi Arabian healthcare context, an area that remains relatively underexplored, particularly concerning the integration of Islamic and Anglo-American administrative frameworks. By assessing the perspectives of both Islamic and non-Islamic nurse leaders, the research provides critical insights into how cultural, religious and professional orientations influence leadership dynamics in

multicultural healthcare environments. Furthermore, the quantitative approach, supported by statistical validation, enhances the reliability of its findings, offering a data-driven exploration of administrative divergences in nursing leadership.

Several limitations must be acknowledged. The study was conducted within a single healthcare institution, King Fahad Medical City (KFMC), which may limit its generalisability to other settings with distinct organisational structures and demographic compositions. Additionally, while self-reported data provide direct insights into leaders' perceptions, they introduce potential biases, including social desirability effects and subjective interpretation. Workplace dynamics such as power structures, hierarchy and institutional norms may have also influenced responses, potentially shaping how participants framed their perceptions of administrative styles. Furthermore, the reliance on quantitative methods alone may not fully capture the nuances of leadership behaviours in practice, suggesting that a mixed-methods approach incorporating qualitative interviews or ethnographic observations could provide a more comprehensive understanding of cross-cultural leadership integration.

Future research should expand on these findings by examining multiple institutions across diverse healthcare settings, incorporating longitudinal studies to observe how administrative perceptions evolve over time. Additionally, integrating observational and interview-based methodologies would triangulate self-reported data with behavioural insights, strengthening the robustness of the conclusions and informing the development of culturally adaptive leadership models in globalised healthcare environments.

Recommendations

To effectively integrate Islamic and Anglo-American administrative styles within a culturally diverse healthcare setting like Saudi Arabia, several key recommendations have emerged from the study's findings. These recommendations seek to balance cultural values with operational efficiency, fostering cohesive leadership dynamics while maintaining productivity and institutional integrity.

The development of a hybrid administrative framework is essential to harmonising Islamic and Western governance models. This framework should codify precise, implementable policies that uphold Islamic

ethical values, such as justice, compassion and community-driven decision-making, while also integrating Western procedural efficiency and legal accountability. Halim and Osmani (2023) argue that such a hybrid strategy ensures decision-making processes resonate with both Islamic and non-Islamic leaders, fostering cultural cohesion without sacrificing administrative effectiveness.

Equally important is cultural competency training, which enhances leaders' nuanced understanding of both administrative traditions. Training programs should focus on critical domains such as conflict resolution, leadership ethics and policy development, where cultural misalignments are most evident. This structured training approach would cultivate intercultural empathy, mitigating potential miscommunications and reinforcing collaborative decision-making strategies (Bagasra et al., 2022).

To promote inclusivity, organisations should institutionalise collaborative decision-making models. By combining Shura (Islamic consultation) with participatory leadership techniques from Western governance, leaders from both traditions can engage in mutual decision-making processes that reflect their shared and distinct values. This approach is particularly vital for

strategic planning and dispute resolution, where diverse perspectives yield more comprehensive solutions (Selim, 2021).

In areas where cultural divergences are most pronounced, targeted policy adjustments should be implemented. For instance, a legal framework that integrates Sharia-based principles with Western procedural norms would provide an administrative structure that respects religious ethics while ensuring institutional accountability. Peletz (2020) suggests that by blending the rights-based approach of Western law with Islamic governance's emphasis on collective responsibility, policies could bridge perception gaps, ensuring operational methods are widely accepted across leadership groups.

Further strengthening cross-cultural leadership development, mentorship programs should be introduced to facilitate mutual learning between Islamic and non-Islamic leaders. Goodwin et al. (2022) emphasise that such mentorship initiatives enhance cultural adaptability, helping administrators develop the skills necessary to navigate complex, diverse leadership landscapes. These programs would not only build intercultural competency but also cultivate a new generation of leaders adept at

balancing ethical considerations with performance-driven governance.

A context-sensitive conflict resolution framework is also required to manage disputes in a manner that aligns with both Islamic and Western leadership principles. By integrating Islamic collective responsibility with Western notions of individual accountability, organisations can create more amicable, contextually relevant dispute-resolution mechanisms. Somaraju (2023) suggests that such a holistic approach to conflict resolution would facilitate long-term cohesion among culturally diverse teams.

Finally, to ensure the ongoing effectiveness of this hybrid governance model, continuous assessment and adaptation are essential. Establishing feedback loops, cultural audits and periodic evaluations would allow organisations to adapt administrative strategies in response to shifting workforce demographics and evolving employee expectations (Bryan and Zuva, 2021). This proactive monitoring approach would help maintain cultural inclusivity, ensuring that leadership frameworks remain dynamic and relevant.

By implementing these recommendations, healthcare institutions in Saudi Arabia can foster a harmonious, inclusive and high-performing leadership environment, where Islamic and non-Islamic leaders collaborate effectively, ensuring long-term sustainability and organisational excellence.

Conclusion

This study provides a critical examination of Islamic and Anglo-American administrative styles among nurse leaders at King Fahad Medical City, demonstrating how cultural and religious values fundamentally shape leadership perceptions in healthcare management. The findings highlight a distinct divide, Islamic nurse leaders exhibit a commitment to servant leadership, ethical governance and community-oriented decision-making, while non-Islamic leaders emphasise procedural adherence, individual accountability and the compartmentalisation of personal beliefs from professional responsibilities. These contrasting administrative paradigms underscore both challenges and opportunities in managing multicultural healthcare leadership within an institution operating under Islamic principles and globalised Western frameworks.

The study's findings reinforce the urgent need for a hybrid administrative model that integrates Islamic ethical values with Western procedural efficiencies, fostering a cohesive and adaptive leadership structure. Such an approach would enhance organisational alignment, promote inclusivity and support operational effectiveness. By institutionalising cultural competency training, collaborative decision-making mechanisms and policy frameworks that bridge governance discrepancies, healthcare institutions can strengthen leadership cohesion and optimise workforce engagement.

Future research should explore the practical implementation and evaluation of this hybrid model, extending its applicability beyond nursing leadership to broader healthcare management structures. Investigating longitudinal impacts on decision-making effectiveness, team cohesion and patient care outcomes would provide valuable insights into the long-term viability of culturally integrated leadership frameworks. As Saudi Arabia continues its Vision 2030 transformation, fostering a balance between cultural sensitivity and administrative efficiency will be crucial in ensuring that healthcare institutions navigate the

complexities of multicultural governance while upholding both ethical imperatives and operational excellence. Through such adaptive strategies, healthcare organisations in Saudi Arabia and beyond can cultivate more unified, culturally attuned and effective management practices, ultimately enhancing healthcare delivery and workforce sustainability.

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