METHODS

**Design:** Correlational study with cross-sectional data.

**Setting:** A multi-specialty hospital in Riyadh, Saudi Arabia.

**Sample:** A convenience sample of 482 direct care nurses who had a minimum of one year of nursing experience at the hospital.

- 97% of the respondents in the larger study (Alharbi et al., 2020) reported that they had been educated in India or Pakistan (36.9%, n=178) or the Philippines (63.1%, n=304), and self-identified as non-Saudi; therefore, this study focused on these two groups of expatriate nurses.

**Measures and Data Collection:** Participants completed an online self-reported survey that assessed the following key variables:

- **Perceptions of safety culture:** 7 items from the AHRQ Hospital Survey on Patient Safety Culture, answered on 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). A total mean score was calculated.

- **Perceptions of Quality of care and Patient safety:** each were measured with a single item, answered on 6-point Likert scale ranging from 1 (very poor) to 6 (excellent). Binary variables were created with 1 = very good or excellent, 0 = less than very good.

- **Nurses’ work environment:** a control variable, was measured with the overall mean score of the PES-NWI (Lake, 2002).

- **Nationality:** Participants were asked about expatriate status and country where they had received their basic nursing education. Country where basic nursing education was received was used as a proxy for nationality of nurses who self-identified as expatriate.

**Data Analysis:** Chi-square and t-tests were used to assess mean differences in key study variables by nationality. Hierarchical logistic regression was conducted to examine the relationships between nationality, safety culture, and quality of care and patient safety, after controlling for other nurse characteristics and the nurses’ work environment.

**REFERENCES**


