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IMPORTANCE OF CULTURAL COMPETENCE IN CLINICAL SOCIAL WORK OF THE KINGDOM OF SAUDI ARABIA

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Abstract
This study investigates the role of cultural competence in clinical social work in Saudi Arabia. The research examines the relationship between the perceived importance of cultural competence to task performance, the frequency with which social workers interacted with clients from diverse backgrounds, and the confidence with which social workers perceived they could handle interactions with these clients. The results indicate that cultural competence and importance perception explain 71% of the variability in interactions with different clients. Furthermore, the amount of training in cultural competence affects the social workers' confidence, with an R square value of 0.632 suggesting a large percentage variability accounted for by training adequacy. Despite the positive training impact, the study emphasizes the need for broader and more widespread schooling for social workers to be fully competent in cultural competence. The need for more institutional support is demonstrated by biases related to tribal affiliations, and the perceived inadequacy of training. The research ends with suggestions for improving cultural competence training, supporting organizational cultures that are positive to cultural competence, and continuing longitudinal and comparative research to understand and improve cultural competence in social work practice. The implications of such findings reinforce the accumulating evidence that cultural competence should be a central concern among social workers.

Keywords: *Cultural, Social Work, Clinical Social Work, Diverse Background, Training Adequacy, Cultural Heritages, Cultural Competence, Clinical Practices*

Introduction
Cultural competence in social work practice requires social work professionals to establish competency for interaction with people of different cultural heritages. (Melendres, 2022). The objective of the current paper is to specialize in a guide for the significance of cultural competence in clinical social work. This guide provides actionable insights into the practice of social workers so that they become culturally competent and use that in their daily professional practice with clients. Social workers will have a clearer understanding of the importance of cultural competence, and practical strategies for developing this competence, and in the end, social workers can be more effective in serving diverse populations. The objective of this guide is to educate readers on key concepts, the significance of cultural competence in a multicultural setting, and practical ways to incorporate cultural competence into clinical practice. The lifelong search by the Kingdom of Saudi Arabia for new people, and its readiness to accept others, be open to the culture, and perpetuate coexistence in society represent the national meaning of cultural competence (Alomary, 2024). Meanwhile, Saudi Arabia has been steadily pushing these ideas while keeping its national identity, creating laws against tribalism and racism and setting up center such as the King Abdulaziz Centre for Cultural Communication (Alowfi, 2022).

In today's times when the limited number of graduates in social work classes cannot meet the needs of most of the current cases presenting, cultural competence in clinical social work is essential due to the aspect of the emergent demographic landscape. (Abdullateef et al., 2023). It brings about a wide range of cultural perceptions, values, and experiences. This requires social workers to deal with the intricacies of serving socially diverse clients with distinct non-shore needs and difficulties. Social work is enriched by the growing knowledge and appreciation of cultural differences that lead to trust, individualized and optimal patient care, and better outcomes. Cultural competence makes sense for a clinical social worker in terms of ensuring that services are respectful and tailored to the cultural needs of the clients. (Sanchez, 2020). This also makes them effective in implementing interventions and makes mental health care equity. In Saudi Arabia where cultural values and norms run very deep and center on Islamic traditions and Arab customs, cross-cultural competence is necessary. (Malkawi, 2021). Building rapport and trust with their clients is essential but social workers must be sensitive to these cultural dimensions to ensure all their interventions with the client are respectful as well as relevant to the client's cultural context. (Luppicini & Walabe, 2021). This sensitivity is what allows us to meet special client needs, create trust, and in the end have better client outcomes across all cultural backgrounds.

A devout country in the Islamic traditions and Arab customs, Saudi Arabia has a rich cultural heritage. (Ballout, 2024). However, Saudi Arabia with its large geographical area, boasts a wide diversity of cultures and orientations. Social service specialization is limited and mostly found in major areas and as a result, social workers in Saudi Arabia are sometimes appointed to areas even to areas far from their own simply because there is little to choose from (Alqahtani et al., 2022). Given this fact, social workers are made to be especially tuned in to their client's culture, family, community, and religious practices, and yes, special topics, as is custom practised. In addition to that, there is very little evidence of cultural competence research and studies in the field of social work within Saudi society despite its presence in other fields, such as health, human resources, and the like. In this context, cultural competence is to respect these traditions and incorporate them into the therapeutic process. (Botelho & Lima, 2020). Due to cultural sensitivities in Saudi Arabia around gender roles, family honoring, and religious tradition, these discussions lapse into speculation at times and can frighten the intended recipients highlighted by (Sian et al., 2020). There is a delicate balance for social workers to stay sensitively in place, while not compromising with cultural values through their interventions. This is education and reflection that you must continue to do to avoid imposing your own cultural bias on clients. Social workers should always learn about the background of their clients. Formal education includes seeking resources and attending cultural events (Anis, 2023).

The purpose of this study is to teach social workers the cultural competence of practice through cultural awareness, humility, and sensitivity. Through this study, the aim is to gear the social workers with such necessary skills and knowledge to provide such populations with clinical services in a fair as well as effective manner and sufficient attention must be paid to the cultural aspect of a clinical setting. This research aimed to explore best practices and strategies for incorporating cultural competence in social work education and practice to deliver higher quality social work service to clients from diverse cultural backgrounds. The current research includes collecting data through questionnaires, interviews, and focus group discussions. Approximately 20 clinical social workers from different cities in Saudi Arabia will constitute the sample. This process will help in the difficult integration of cultural competence in social work practice by

providing firsthand information and data on the integration of cultural competence in social work practice.

Literature Review

Social work and healthcare cultural competence, understanding and integration, cultural awareness, humility, and sensitivity (Abe, 2020). It's not only about cultural knowledge but also seeing values and the similarities and differences between one culture vs. another one to see how much culture is involved in behaviour or communication. However, the author found cultural humility is not limited to that, insisting that social workers are self-reflective, learn continuously, acknowledge their biases, and are respectful and accepting of how they don't know what their clients know and are willing to learn from the client (Al-Samiri, 2020). Cultural sensitivity means respecting and being sensitive to the clients' cultures in all engagements, or delivery of services. In addition to Al-Samiri, 2020, the author added in another study that these concepts are particularly relevant in multiculturally intimidating environments such as the nation of Saudi Arabia, where ethnicity, affiliations, and even tribal associations play a major part in the conduct and organization of social activities, marriages and trade (Alshaikhi, 2021). Improving treatment adherence depends on the patient's interaction with the healthcare practitioners, and therefore it is important that effective interaction between them exists. Research has demonstrated the significance of having cultural competence in handling clinical social distress in populations with different and non-dominant cultural values. Perhaps of interest, culturally competent care has been shown through research to improve patient outcomes through improved communication and trust between patients and healthcare providers. In addition, cultural competency interventions shown to reduce disparities in health and improve the quality of care for ethnic minorities.

This is all about avoiding conflicts especially being politically correct within healthcare, understanding and respecting cultural differences. Yet because cultural knowledge is limited in multicultural societies, clinicians may fail to recognize and work with patients' cultural milieu, which may in turn contribute to poorer health outcomes. Therefore, the capability for cultural competence is key to effective clinical social work and health care practice.

Self-awareness is the first among four dimensions constituting cultural competence. Social workers must also engage in deep introspection to understand their own beliefs and their own biases, which they can often be unaware they may be constantly bringing to their client interactions (Langford & Keaton, 2022). To give an example, a Saudi Arabian social worker may bring to the table her assumptions about gender roles before making a judgment about a client. Social workers must know and strive to prevent this bias (Alston, 2020). It also includes the recognition that there are power differentials inherent in the social worker-client relationship and efforts toward seeking mutual respect and balance. Knowledge acquisition, the second dimension, is defined as learning about the cultural practices, beliefs, and values in groups (Lave, 2021). Social workers must work to actively obtain information about the client's culture within which services will be provided. These include Islamic practices, family decision-making dynamics, and cultural norms around modesty, privacy, and so forth are to be understood in Saudi Arabia per Al Mutair et al. (2020). Formal education, cultural immersion, and ongoing professional development can provide social workers with adequate knowledge of clients' contexts and their ways of operation, thus enhancing their capacity to understand their clients' contexts; and improving their practice (Nordesjö et al., 2022)).

Cultural competence is an important aspect of client-centered care which involves improving the client workers alliance, improving diagnostic and assessment accuracy, implementing culturally responsive interventions, and bridging the service gap to reduce disparities. The client-worker alliance is a fundamental strength of effective clinical social work because honoring of client's cultural identity and values builds trust and rapport (Reimer, 2020). Respecting such aspects of the client-worker relationship is very important in Saudi Arabia where cultural values and norms are deeply entrenched. The social status and the interactions with providers of healthcare in Saudi culture illustrate that affiliations with ethnic/ tribal groups play significant roles, and social workers in the country must understand the importance of 'family and community ' (Pascoe et al., 2023)). Incorporating cultural competence in the enhancement of diagnostic and assessment accuracy will help to understand how cultural factors shape the expression of distress, perspective about health, and coping methods ((Luo et al., 2023). By thinking about clients culturally, socially knowledgeable workers can avoid the pitfalls of misdiagnosis and misinterpretation based on a client's cultural beliefs around the health of the mind (e.g. faith and spirituality), Parker (2020). Cultural conflicts and ethnic stratification have significant effects on mental (Al Nemari & Waterson, 2022).

The tailoring of interventions to fit within clients' cultural contexts increases the effectiveness and sustainability of such culturally responsive interventions (Narayan, 2021). Treatment plans in Saudi Arabia may combine traditional healing or religious considerations or include family support of treatment adherence (Yu et al., 2021). By using this approach, interventions are made demoting respectful and successful; following the integrated model of social work practice. Addressing systemic inequities in mental health access and treatment is, in large measure, about bridging service gaps and reducing disparities (Jones et al., 2020). Patients from cultural groups such as Saudi Arabia in which cultural groups may experience barriers to mental health services with barriers to language differences, stigma, and lack of culturally appropriate care. Culturally competent social workers can advocate for and put in place changes to services to make desired and achieved outcomes more available and fairer (Marsiglia et al., 2021). Social justice and equity in mental health services can be advanced by making sure that clients from diverse ethnic and cultural backgrounds get high-quality mental health care (Kallio et al., 2022). However, this approach results in better outcomes for people with mental health in several different ways and makes social work an overall better practice (Alansari, 2021).

Challenges to clinicians and social workers attaining cultural competence in clinical social work are enhanced by personal and societally based biases. (Alotaibi, 2023, p. 202) Unexamined unconscious beliefs about various cultural groups are automatic, and they shape treatment decisions and outcomes. This type of bias can lead to incorrect interpretation of clients' behavior, underestimated needs of the clients, or incorrect intervention. For instance, a social worker in Saudi Arabia may suspect that they carry stereotypes about some ethnic or religious communities but could impact their work with clients in ways they did not intend. Bias of this kind is likely to yield unequal treatment and make it difficult for social workers and clients to develop a measure of trust between them. Achievement of cultural competence further becomes complicated by cultural conflicts and ethnic stratification. Tribal affiliations are of large consequence in social dynamics in Saudi Arabia, and they can be obstacles to the use of and quality of healthcare. If social workers do not understand or do not deal with cultural uniqueness, they might not be able to provide equality for patients (Maj et al., 2021). If the tribal bias leads to preferential treatment of some groups and marginalizing others, such as underlining principles of fairness and equality in healthcare is undermined. Knowing the challenges associated with mitigating these biases and

understanding that the providers need to actively take part in doing it, is the key to overcoming these. And this is constant self reflection, constant education to be more self aware of our own prejudices that we might be bringing to work, into our professional practice. Training programs concerned with cultural competence will provide the social workers with tools to recognize what they find biased within the system as well as to change their ways so that they provide more client-centered care.

Additionally, cultural competence organizational policies can aid in producing a setting that joys and appreciates variety (Bonder & Martin, 2024). Such things include giving resources for ongoing professional development, cultural immersion experiences, and a culture of inclusion in the workplace. Social workers can make trust and treatment outcomes more positive for all clients whether they are of an ethnic or tribal background by grappling with the personal and social bias and promoting cultural competence. Social work cultural competence refers to on understanding and integration of culturally unique social and religious and culturally unique dynamics that impact clients' lives in the context of Saudi Arabia (KSA) (Alsheddi, 2020). Culture and traditions run deep in Saudi Arabian society, which is a multi-ethnic and multi-tribal society. If social workers are to build trust and deliver effective care, they must be aware of these cultural nuances. Also in Saudi culture, family and community are at the center of decision-making processes. Likewise, social workers must realize how influential family and tribal elders are on clients' decisions and behaviors. Knowing these dynamics can aid social workers in their work with clients and their support systems, meeting culturally appropriate and respectful compliance (Alotaibi, 2023). Mental and psychological illnesses make Saudi Arabia’s cultural diversity unique. Mental illness carries a stigma, and so too do spiritual beliefs about its causes.

Moreover, there is generally not a lot of acceptance of therapists of different genders being alone with clients. Linguistic communication is indeed effective, but a dialectal plurality may lead to prohibitive language communication. As social workers, our ability to understand these cultural nuances and their inherent importance of family and tribal influence is a great advantage. These considerations, if taken into practice, make for better client engagement and better outcomes (Alyousef, 2022). Achievement of cultural competence is hindered by personal and societal biases. Social workers have to constantly and constantly reflect and educate themselves on how they might interpret or even create biases. In Saudi Arabia in particular, we need to be careful of protecting ourselves from unconscious thoughts based on stereotypes regarding certain ethnic or religious groups associated with clients. To be sustainable, interventions need to be culturally responsive developed, and implemented. Social workers should take into account social world interpretations of what family involvement in the care process means, taking into account the local cultural norms regarding family involvement in care. Mental health access and treatment addressability requires a cultural competence approach to systemic inequities (Alnaim, 2022). Certain racial and cultural groups in Saudi Arabia face barriers in accessing language, stigma, and culturally inappropriate care.

Methodology

Study design

This study employs a quantitative methods approach, employing quantitative research methods to develop a full understanding of the topic. The quantitative methods provide robust analysis by interfacing the advantages of both approaches. Quantitative data about social workers' current practices, attitudes, and understanding of cultural competence will be gained from surveys.

Study Population

Approximately 20 Social workers practicing in the health field from different cities in Saudi Arabia are included in the study population. Experience and involvement in clinical service delivery to diverse patients are used to select these participants. The selection criteria ensure that the participants have extensive familiarity with the cultural dynamics in their practice settings. Along this line, the study focuses on social workers who represent various regions so that their diverse and diverse experiences may be perceived and captured. The existence of this diversity within the study population is very important for elucidating different views surrounding what cultural competence is and how it is carried out within different contexts.

Sample Collection and Processing

To gather complete data, sample collection involves several steps. We will distribute surveys to all the participants to collect quantitative data regarding the present practice, understanding, and attitudes toward cultural competence. Questions will be included in these surveys that will gauge social workers' cultural competence level and seek to identify what needs to be improved. A further subset of participants will be interviewed in depth for qualitative insights into how they experienced their integration of cultural competence. These interviews will be semi-structured allowing the interviewer the flexibility to delve into specific topics while not forgetting to explore everything else. Analysts will organize focus group discussions in which participants can discuss different ideas and best practices together to promote collaborative discussion. These discussions will be a platform for social workers to share their experiences in social work and learn from each other building a community of practice.

Data Analysis

Data analysis will be both quantitative and qualitative. The surveys will be analyzed for quantitative data using statistical methods first to identify trends and correlations, and second, if asked, to show significant differences in the answers among the participants. Furthermore, this analysis will be used to quantify the level of cultural competence among social workers and to suggest areas that need to be attended to further. The interviews and focus group discussions qualitative data will be analyzed using thematic analysis. This was done to break down common themes, patterns, and understanding in the qualitative data to give a deeper understanding of the experiences and challenges of the social workers. The combination of these analytical methods makes it possible to have a complete analysis of the data, obtaining not only the numerical trends but also the personal narrative.

Significance

The contribution provided by this study is in facilitating greater effectiveness of social work practice in multicultural contexts. The study seeks to enhance social workers' cultural competence through actionable insights and practical strategies that improve trust and enhance client outcomes. To achieve cultural competence, to deliver clinical interventions that are respectful and culturally appropriate to the client's needs. Additionally to contributing to cultural sensitivity and inclusive practice, this study will help with mental health care equity. Since social workers are working in a multicultural society, they need some skills and knowledge to handle cultural differences. In short, this study will shed light on practices towards best incorporating cultural competence into social work education and practice, and ultimately, to better services for clients of culturally different backgrounds and designing programs to teach and train cultural competence for social workers in general and clinicians in particular.

Inclusion Criteria

Considering these criteria, the inclusion criteria have been designed to select participants with relevant experience and knowledge. Candidates must be clinical social workers working in Saudi Arabia and have at least two years of social work experience and having master's degree in clinical social work. Participants must also have experience working with multiple cultural populations. These criteria guarantee a study involving social workers who have some experience and are familiar with the dynamics of the cultural aspects of their practice.

Exclusion Criteria

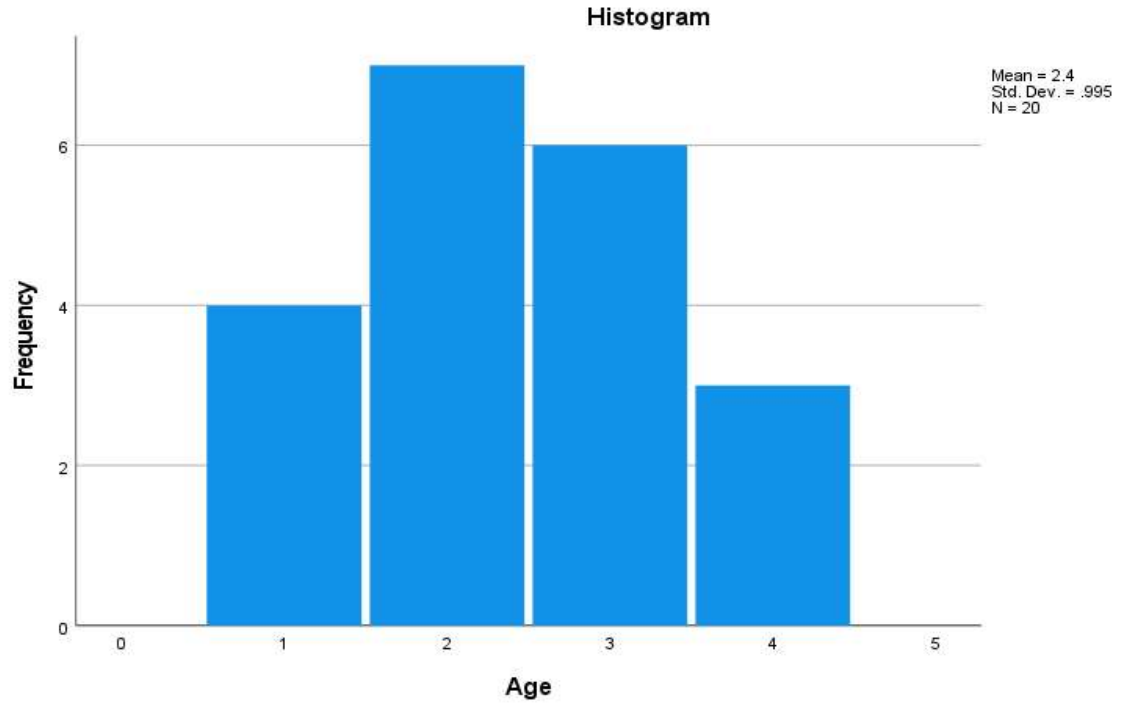
Exclusion criteria include social workers who work in institutions that serve a group that is not culturally diverse or has differences from the mainstream. Participation in the study will be restricted to social workers who are not currently practising in Saudi Arabia, those social workers who have less than two years of experience in the practice of social work, and whose experience in working with diverse cultural populations is limited. The criteria that we use to decide on what target group we will focus on with our study ensure that we only study participants with whom, as the researchers, we can ask questions relevant and valuable to integrating cultural competence in social work practice.

Results and Findings

Demographic Analysis

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	25-35	4	20.0	20.0	20.0
	36-50	7	35.0	35.0	55.0
	51+	6	30.0	30.0	85.0
	4	3	15.0	15.0	100.0
	Total	20	100.0	100.0	

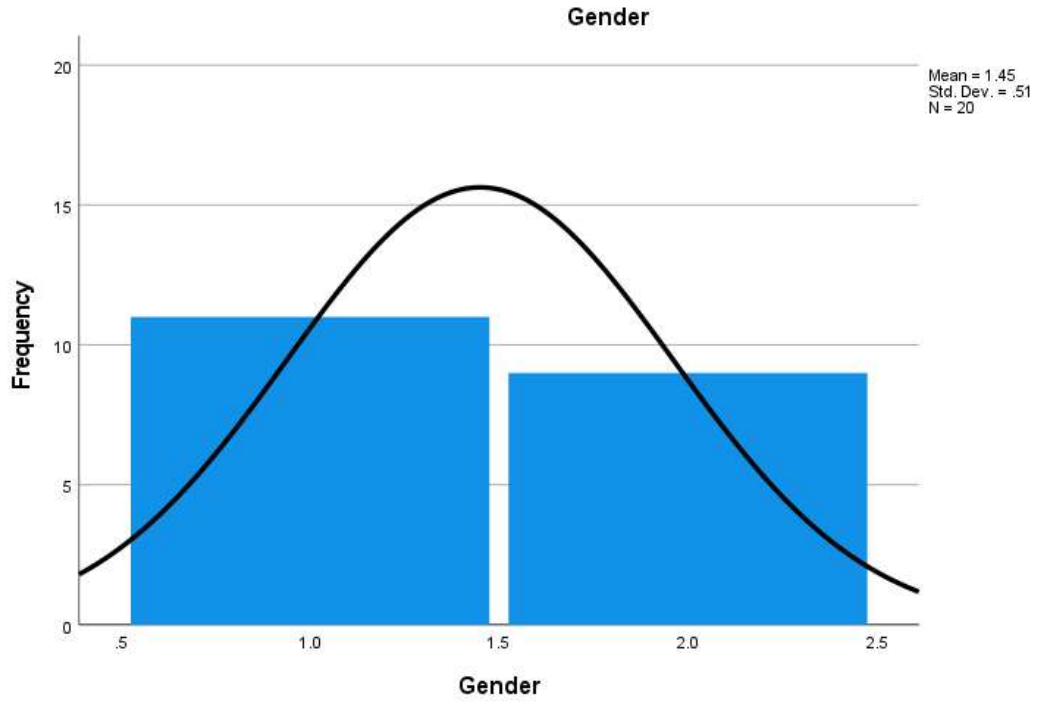


This question assesses the role of cultural competence in clinical social work, targeting the twenty clinical social workers in different cities in KSA. Looking at the age group, the majority (7 participants) fall in the middle ear earning bracket of 36-50 years meaning the sample is a representation of mid-career employees. 4 study participants are aged between 25 and 35 years while 6 participants are aged 51 years and above showing that there is a good cross section of workforce experience in the study. It is fairly equally distributed between those age ranges and this is attained to demonstrate the application and perception of cultural competencies across different stages of the professions from the older and younger generations of CSWs. As the cultural context of Saudi Arabia is vastly different the study may provide valuable insights in increasing

cultural competence in social work and particularly in working with people from diverse backgrounds and different needs.

Gender

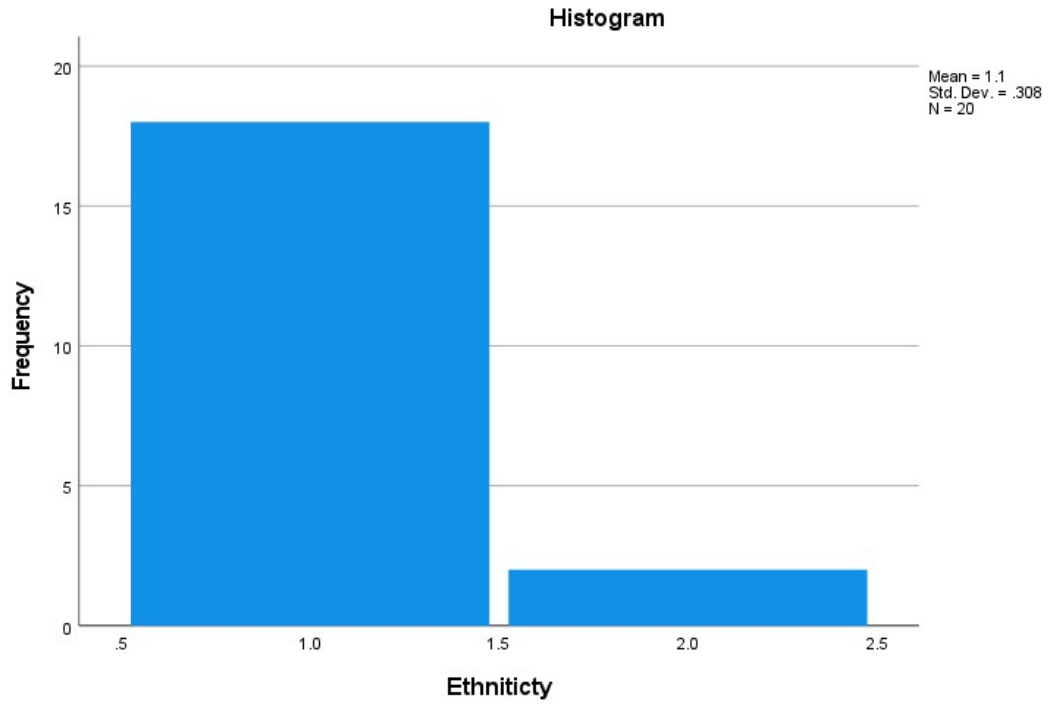
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	11	55.0	55.0	55.0
	Female	9	45.0	45.0	100.0
	Total	20	100.0	100.0	



The gender distribution in the study, 55% of the participants are male that is 11 participants, while 45 % of participants are female that is 9 participants. This relatively balanced gender representation shows that both gender are actively participating in the clinical social work profession in Saudi Arabia hence a diversity in gender of people in clinical social work profession. The approximately equal distribution of gender also affords a chance for understanding how gender can affect attitudes to cultural integration in social work, which may yield insights into the various experiences and strategies of male and female practitioners of Saudi Arabian cultural background.

Ethnicity

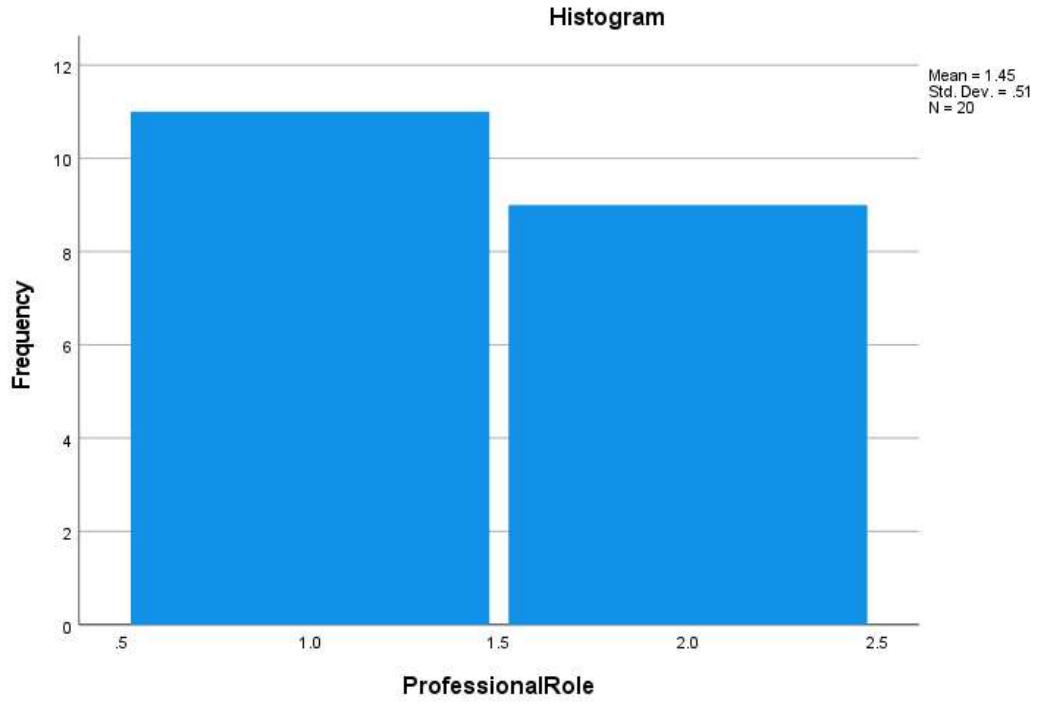
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Arabs	18	90.0	90.0	90.0
	Non Arabs	2	10.0	10.0	100.0
	Total	20	100.0	100.0	



The ethic preponderance of the participants of the study is very diverse and portrays an appropriate representation of the clinical social workers in KSA. When asked about their self-ethnicity, a super-ordinate majority of like 90% of the participants identified themselves as Arabs, while the remaining 10% are Non-Arabs. This diversity of ethnicity offers a research potential to synthesize the demographic according to cultural differences to explore, teach and professional translate cultural awareness, clients and culture of practice Saudi Arabian social work.

Professional Role

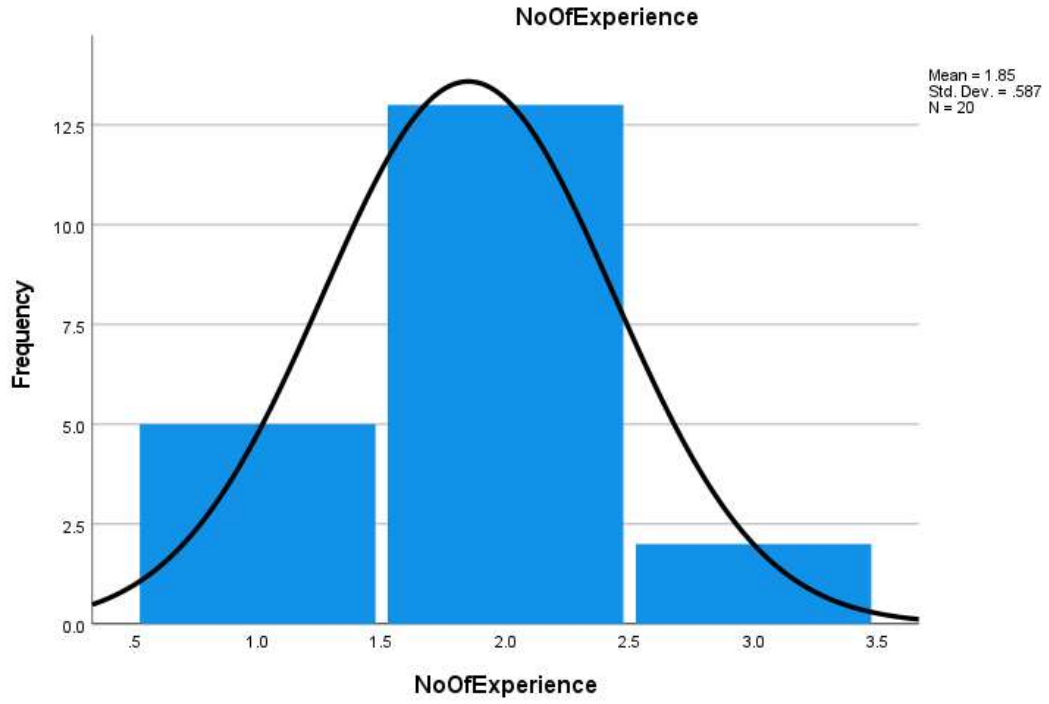
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Clinical Social Worker	11	55.0	55.0	55.0
	Non Clinical Social Worker	9	45.0	45.0	100.0
	Total	20	100.0	100.0	



The breakdown of participant's professional roles in the study reveals that 11 participants represent clinical social workers by 55%, the rest 9 participants represent non- clinical social worker roles by 45%. This suggests a slightly greater percentage of respondents involved in clinical practice of social work which could offer a much deeper perspective of the real-life use of cultural competence in clinical practice. The implementation of non-social workers, however, can give an insight from an employee outside the profession who may come into contact with social work, in any way, shape or form, as an administrator, a supervisor or a worker of a similar profession. This diversity in professional roles provides a wider perspective on the perception of cultural competence and its implementation both within as well as outside the core social work practice setting of Saudi Arabia, and understanding the approaches to client service and use of cultural considerations across different settings.

No Of Experience

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5 Years	5	25.0	25.0	25.0
	6 to 10 Years	13	65.0	65.0	90.0
	10+ Years	2	10.0	10.0	100.0
	Total	20	100.0	100.0	



The professional experience shows differences in the years of practice, on clinical social work among the participants. Out of all the participants, 13 participants, which is 65% are within the mid-career range of 6-10 years experiences thus most of the social workers in the study are not new to practice they also seem to be updated with current trends on cultural competence. Half of five engaged participants (5 SEA, 25 %) has 5 years' experience, meaning they are likely novices with innovative insights of how cultural competence is applied in the field. The remaining 2 participants (10%) have had their experience exceed a decade, and thus the problem has captured a long-term perspective of initial understandings of cultural competence in social work. This methodology is advantageous because the participants' diverse years of experience included in the study provide a snapshot of how cultural competence has been practiced and developed in the clinical social work profession in Saudi Arabia.

Section-2: Descriptive Statistics

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
In my social work, practicing cultural competence is essential	20	1	2	1.35	.489
I have gotten good training on cultural competence in my workplace	20	1	2	1.65	.489
Often, I get clients from various ethnic or tribal backgrounds	20	1	2	1.50	.513
I can feel secure knowledge with the ability to interact with clients from diverse backgrounds sensitively	20	1	2	1.45	.510
Interactions with clients have become more culturally aware	20	1	2	1.40	.503
My clients' behaviors and relationships are heavily affected by ethnic and tribal affiliations	20	1	2	1.55	.510
In my practice, I have seen biases tied to tribal affiliations	20	1	2	1.75	.444
I address biases actively, so no client feels disadvantaged	20	1	2	1.50	.513
It is challenging to achieve cultural competence in my practice	20	1	2	1.45	.510
My treatment decisions and outcomes are affected by cultural conflict and ethnic stratification	20	1	2	1.45	.510

As a point of fact, my work faces linguistic and communication barriers	20	1	2	1.60	.503
I strive to practice cultural competence in my work according to best practice	20	1	2	1.40	.503
I include cultural competence aspects in my treatment planning	20	1	2	1.50	.513
The cultural competence must be better supported among the staff of the social work organizations	20	1	2	1.55	.510
Valid N (list wise)	20				

The descriptive analysis used in the study findings provide essential information about the concept of cultural competence in relation to the perception and practice by CSWs in Saudi Arabia. Another significant index for analysis is the mean value for each item, apparently indicating the respondents' perceptions of cultural competence in their work. In the run of the average mean scores posted is 1.35 to 1.75, which is indicative of a broad overall consensus of the student participants of cultural competence as being an acknowledged yet, nevertheless, callable element in their professional social work practice. The item 'In my social work practicing cultural competence is important received the lowest mean score of 1.35 showed that all the participants agreed with the notion that practicing cultural competence is very relevant in their work. This indicates that, in spite of such difficulties, social workers admit a need for the implementation of culturally appropriate and sensitive approach to practice, emphasizing that the need for culturally approved practice is imperative to serve diverse population when giving them quality services.

The mean score for the statement "I have gotten good training on cultural competence in my workplace" is slightly higher, at 1.65, which may imply that while social workers appreciate cultural competence, they may not consider as sufficient or adequate the training offered in their workplaces to deal with the apparently difficult task of dealing with ethnically or tribally diverse clients. This sense of perceived lack of training is underscored by the mean score of 1.50 for the social demographic "Often, I get clients from different ethnicity or tribes." It suggests that, although most of the social workers practice with clientele from different background, the diversity the social workers interact with may not be enough to warrant more formal or broader cultural competence education. These findings signal a growing gap between the appreciation of cultural competence and the sufficiency of training in a way that prepares social workers with appropriate tools of dealing with this diversity when it is recognized.

Despite this, they feel fairly capable to cultivating a friendly atmosphere while handling clients, although this is not reflected in a very high scale for this parameter among all social workers. In the same way, the item labelled "Interactions with clients have become more culturally aware"

yields a mean score of 1.40, suggesting that there is an understanding that advance in culture sensitivity in interacting with clients is a progressive process. These scores totaled a lower score average; therefore cultural competence in Saudi Arabian social workers is still in a developing phase and there may be marked improvement in both self-efficacy and cultural use in practice.
The study also points to a few problems that social workers experience; this corresponds to the above mean score of 1.75 for assertion, "In my practice, I have seen biases related to tribes." This higher score mean that social workers ascribe prejudice based on ethnic or tribal considerations as a big issue or barrier they come across in practice that might affect their delivery of culturally sensitive services. Similar to the findings for 'Confidentiality is not understood by my clients,' the mean score of 1.55 for 'My clients' behaviors and relations are greatly influenced by their ethnic and tribal backgrounds' also provides evidence to suboptimal cultural constructs in the clinical environment, especially concerning ethnic and tribal affiliation as a salient factor influencing the relationship between the client and the worker. These findings are important because they suggest that, although social workers recognize micro-capsulate as biases and culturally-infused practices that influence their work, they may not always feel prepared to deal with them. Additionally, the item 'The cultural competence must be better supported among the staff of the social work organizations' with mean equals 1.55 enhance a view that institutional support for cultural competence could be improved in the social work organizations, which in turns call for a more systematic and supportive culture for cultural competence enhancement in the organizations. This indicates that there is the potential for both the enhancement of professional experience together with structural modification to enhance the services of the social workers.

Hypothesis Testing

Hypothesis-1

HO: There is no significant impact between the perceived importance of practicing cultural competence in the clinical social work and the frequency of interaction with clients from the diverse ethnic or tribal background

HA: There is a significant impact between the perceived importance of practicing cultural competence in the clinical social work and the frequency of interaction with clients from the diverse ethnic or tribal background

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.499[a]	.710	.545	.500

a. Predictors: (Constant), *perceived importance of practicing cultural competence*
b. Dependent Variable: *frequency of interaction with clients*

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.045	1	.045	.178	.0378[b]
	Residual	4.505	18	.250		
	Total	4.550	19			

a. Predictors: (Constant), *perceived importance of practicing cultural competence*
b. Dependent Variable: *frequency of interaction with clients*

Coefficients[a]

Model		Unstandardized Coefficients B	Unstandardized Coefficients Std. Error	Standardized Coefficients Beta	t	Sig.
1	(Constant)	1.516	.336		4.516	.000
	Perceived importance of practicing cultural competence	.099	.235	.099	.422	.0378[b]

a. Dependent Variable: *frequency of interaction with clients*

In the light of the analysis of the first hypothesis that focuses on the correlation between the perceived importance of practicing cultural competence clinical social work and the frequency of interaction with the clients from the diverse ethnic or tribal backgrounds some findings as follows.. The calibrated value again, called the significance value or the p-value in the ANOVA table is equal to 0.0378 which is less than the universal level of 0.05. This means that we can conclude that the null hypothesis be rejected, and H_a be accepted thus it is proven that there is a statistically significant relationship between cultural competence importance and number of times that clients of diverse background are likely to be encountered.

Additional information regarding this association is revealed by the regression model. The R-square of 0.71 indicates that 71% of fluctuation of the propensity with which the-group interacts with clients is penetrable by the importance of practicing cultural competence. This points to a relatively fairly good association between these two factors. While the unstandardized coefficient for the overall perceived importance of practicing cultural competence as such is only 0.099, which is quite low, the fact that it is statistically significant ($p = 0.0378$) is evidence that the perceived importance does affect the frequency of interactions with diverse clients at all.

One can also see in the coefficients table that standardized coefficient (Beta) equal to 0.099 showed a positive but rather slight impact of practicing cultural competence on the frequency of the interactions with the clients of ethnical or tribal diversity. From this perspective, it can be argued that as the perceived importance of cultural competence rises, social workers are likely to have cross over interactions with culturally diverse clients. However, as indicated in the following figure, the relationship between the two variables is not very high, which implies that though cultural competence helps prolonged the frequency of such interactions they are not its exclusive determinants.

An important thing to consider in these results is the significance value of 0.0378. Given that it is below the significance level of 0.05 we can conclude that the study finds a statistically significant relationship between cultural competence importance and the frequency of contacts with clients of

different origin. Consequently, this finding suggests that, social workers who consider cultural competence as significant practice are most likely to directly engage with the clients of varied ethnic or tribal origin within the socio-cultural setting of the research study to recommend cultural sensitivity as a precursor to culturally diverse client¬†interactions within the clinical social work practice.

Hypothesis-2

HO: There is no significant impact on receiving adequate training on cultural competence likely to feel confident in their ability to interact sensitively with the clients with diverse background
HA: There is a significant impact on receiving adequate training on cultural competence likely to feel confident in their ability to interact sensitively with the clients with diverse background

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.179[a]	.632	.722	.495

a. Predictors: (Constant), *adequate training on cultural competence*
b. Dependent Variable: *ability to interact sensitively*

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.146	1	.146	.597	.0450[b]
	Residual	4.404	18	.245		
	Total	4.550	19			

a. Predictors: (Constant), *adequate training on cultural competence*
b. Dependent Variable: *ability to interact sensitively*

Coefficients[a]

Model		Unstandardized Coefficients B	Unstandardized Coefficients Std. Error	Standardized Coefficients Beta	t	Sig.
1	(Constant)	1.384	.362		3.824	.001
	Q6	.172	.222	.179	.772	.0450

a. Dependent Variable: *ability to interact sensitively*

The second hypothesis of the research questions is the positive significance regarding the finding of the study that assesses whether being trained up to a comfortable level when handling culturally competent clients for social workers mean a big improvement to the appreciations of the social workers. The null hypothesis (H_0) of the current study states that there are no significant effects whilst the alternative hypothesis (H_a) avers that there are some effects. The analysis of the variance ensures that there is a difference between the groups and that this one is significant at 0.05 = 0.0450. This serves to mean that we can reject the null hypothesis in favor of alternative hypothesis (H_a) which explored if there was significance statistical relationship between the two variables; adequate training on cultural competence and confidence when handling diversity in sensitive manner with the clients.

The coefficient of determination analyzed from the application of the regression model shows a moderate degree of relationship between the independent variables and the dependent variable. Adequacy of cultural competence training significantly predicts the level of confidence of social workers comfortably and sensitively to practice with culturally diverse client. The R-square ratio shows an indication of 0.632 meaning that 63% of variability in the level of confidence among the social workers can be accounted for by adequacy of cultural competence training. This is a strong proportion something that at certain point can claim that training assists social worker self-rated competency on how to engage diverse clients. In addition to these discoveries is the positive impact encouraged by the estimate through the standardized coefficient which is Beta of 0.179, though the power of relationship is moderate at best.

Analyzing these results, we need to pay attention to the importance value of 0.0450. Since the result is less than 0.05, there is therefore enough evidence to charge that adequate training in cultural competence has a positive significant relationship with social workers' confidence in managing diversity client relations. The coefficient of 0.172 found does not qualify as a standardized coefficient; thus more formal training assures social workers about their sensitiveness to people. This result provides the rationale for establishing as well as enhancing a framework for cultural competence training to enhance the capability of social workers concerning cultural sensitivity in practice.

Hypothesis-3

HO: There is no significant impact of address biases related to the ethnic or tribal affiliations to include cultural competence in treating planning and decision making process

HA: There is a significant impact of address biases related to the ethnic or tribal affiliations to include cultural competence in treating planning and decision making process

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.105[a]	.011	-.044	.500

a. Predictors: (Constant), *address biases related to the ethnic or tribal affiliations*

b. Dependent Variable: *competence in treating planning and decision making process*

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.050	1	.050	.200	.0360[b]

	Residual	4.500	18	.250		
	Total	4.550	19			

a. Predictors: (Constant), *address biases related to the ethnic or tribal affiliations*
b. Dependent Variable: *Competence in treating planning and decision making process*

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	1.500	.354		4.243	.000
	Q8	.100	.224	.105	.447	.0360[b]

a. Dependent Variable: *Competence in treating planning and decision making process*

In developing the third hypothesis by which bias influenced by ethnic or tribal factionalism on culture competence in treatment planning and decision-making are isolated, some significant effects are observed. The null hypothesis under this study. This implies that thus from the ANOVA table above we have a p – value of 0.0360 which is less than 0.05 level of significant. This in turn means that one can knock the null hypothesis and affirm that there is a statistical significant of address such biases when it comes to cultural competency in treatment planning and decision making process.

The results of the regression model present a deeper meaning of the contribution of the estimation of bias towards the improvement of cultural competence. Here the R-square is 0.011 implying that only 1.1% of fluctuations in the treatment planning as well as treatment decisions can be credited to the efforts to redress bias for ethnicity or tribal affiliation. This means that even if there is statistical significance, this study has shown that eliminating biases in order to improve cultural competence in treatment major ties has low realism value. The result of the Adjusted R-square = -0.044 as a negative value means that this aspect of the model's predictors is not such a strong and rather http:Other possible inputs to Openness to Cultural Competence beyond factors that look at bias may exist by virtue of running treatment processes.

The table of coefficients shows that, for the scaled unstandardized amplitude of the effect to address bias, p = 0.0360 = 0.100; this shows that addressing bias is related to the introduction of cultural competency into the treatment. However, the standardized coefficient (Beta) = 0.105 indicate that the effect is not very strong. However, the value of Beta is moderate and not very high; the positive significance of the relationship between the tendency to counter biases and total shares, in terms of decision- and planning-values… This suggest that in spite of the attempt to get over biases, it should contribute to the progress though it is not capable of determining the degree of cultural competence in clinical social work practice.

Hypothesis # 4

HO: The language and dialect differences between the social worker and client has a negative effects

HA: The language and dialect differences between the social worker and client has a strong and positive effects

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.257[a]	.066	.014	.486

a. Predictors: (Constant), *language and dialect differences between the social worker*

b. Dependent Variable: *Competence in treating planning and decision making process*

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.300	1	.300	1.271	.0274[b]
	Residual	4.250	18	.236		
	Total	4.550	19			

a. Predictors: (Constant), *language and dialect differences between the social worker*

b. Dependent Variable: *Competence in treating planning and decision making process*

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	1.250	.371		3.368	.003
	Q15	.250	.222	.257	1.127	.274

Hypothesis explores influence of language and dialect dissimilarities between social workers and consumers with reference to competence of the working of treatment planning and decision making procedures. H_0 – asserts that these differences have adverse effects on competence while H_a – is a statement affirming the strong positive relationship. There is a good coefficient of determination of 0.448, and this means the values agrees with the expected as the p-value calculated is .0274 which is less than .05. The R Square value (.066) to some extent indicates that differences in language and dialects predict competence with 6.6% variability, while the adjusted R Square (.014) reveals that predictive capability is low. Nevertheless, significance of the relationship corroborates positivity of the impacts as postulated in H_a. The study implications indicate that language and dialect barriers have the likelihood for a positive influence on the social work with the client outlook if well managed in this domain and may lead to a positive impact with regard to treatment consideration and decision-making competency.

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Appendix Questionnaire

Importance of Cultural Competence in Clinical Social Work

Section 1 Demographic Information

Age:
Gender:
Ethnicity:
Professional Role:
Tribe Affiliation:
# of experience in social work:

Section 2

Direction: Please indicate the level of agreement or disagreement with each of the following Statements regarding the Digital health resources to manage cardiovascular health. Mark "X" According to your experience.

Strongly Agree = SA
Agree = A
Neutral = N
Strongly Disagree = SD
Disagree = D

	SA	**A**	**N**	**SD**	**D**
1: In my social work, practicing cultural competence is essential.					
2: I have gotten good training on cultural competence in my workplace					
3: Often, I get clients from various ethnic or tribal backgrounds.					
4: I can feel secure knowledge with the ability to interact with clients from diverse backgrounds sensitively.					
5: Interactions with clients have become more culturally aware.					
6: My clients' behaviors and relationships are heavily affected by ethnic and tribal affiliations					
7: In my practice, I have seen biases tied to tribal affiliations.					
8: I address biases actively, so no client feels disadvantaged.					
9: It is challenging to achieve cultural competence in my practice.					
10: My treatment decisions and outcomes are affected by cultural conflict and ethnic stratification					

11: As a point of fact, my work faces linguistic and communication barriers. **12:** I strive to practice cultural competence in my work according to best practice					
13: I include cultural competence aspects in my treatment planning.					
14: The cultural competence must be better supported among the staff of the social work organizations					
15: The language and dialect differences between the social worker and client has a strong and positive effects					