Investigation of Cultural, Social, and Religious Aspects of Saudi Arabia and Neighboring States and Implications for Best Practice in Health Education and Promotion

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Background

- Each society is marked by unique characteristics. Keeping in mind uniqueness will encourage us to consider the diversity and individuality of our target society (Meleis, 2012), while at the same time seeking to apply what we know from the body of knowledge which is based on evidence-based research to interpret what characterizes this particular society.
- Saudi Arabia and surrounding states form an area known simply as The Gulf. This comprises the Gulf Cooperative Council countries of Saudi Arabia, Bahrain, Kuwait, Qatar, United Arab Emirates, and Oman. Within this area a variety of subcultures can be observed, but the main lifeways form a single pattern (everyculture.com., retrieved 2014).

Methods

- Purnell's model for cultural competence was determined to be the most appropriate for analysis of social, religious, and cultural factors which influence health behaviors in The Gulf.
- Each concept in this framework was viewed through the lens of the healthcare practitioner in this area with recommended implications for caring based on these characteristics.

Results

- Analysis with the use of evidence based information concerning of the characteristics of the target society resulted in formulation of conclusions and recommendations for improvement and expansion of client care in all healthcare setting, and particularly in health education and promotion efforts.
- Important themes identified:
  - ➢ High levels of use of digital communication in a highly contextual society which uses highly stylized forms of communication; need for clarification in use of names, high levels of screen based entertainment.
  - ➢ Social and environmental conditions which negatively impact health behavior;
  - ➢ Low levels of health literacy, high risk pregnancies, multipara elderly obstetric, high levels of consanguinity;
  - ➢ Importance of tribal ,family relations, and religion which influence gender segregation, social stratification, consanguinity, health care, and dress;
  - ➢ High ratio of expatriate healthcare staff who are not culturally competent resulting in reduced success in client care and high levels of burnout and attrition.
  - ➢ A large migrant labor sector which primarily comes from poor countries in Asia and Africa who less than optimum baseline health.
  - ➢ Moderate levels of high risk behavior accompanied by severe social sanction. High rates of road traffic accidents.
  - ➢ Dominant role of religion in daily life based on high levels of spirituality, low levels of health care locus of control with dependence on traditional healing practices and negative attitudes toward mental health care.
  - ➢ High levels of availability of foodstuffs, high use of foods prepared outside the home accompanied by extremely low levels of physical activity and high rates of obesity among all age groups.

Overview/heritage

- The overwhelmingly strongest element of Gulf culture is the Islamic faith which is based on the tenets of the Holy Quran (Al-Dossary, While, & Barriball, 2008; al-Shahri, 2002; lamahakem.wordpress.com, 2012). There is a large expatriate community. Between the years 2000 and 2008 a total of 53,771 Philippine nurses began employment in Saudi Arabia. (abbaphilipines.com, retrieved 2014).
- Muslims are encouraged to seek treatment and medical care. Islamic teachings promote moderate eating, consumption of hygienically prepared foods, regular exercise, and avoidance of alcohol, tobacco, or recreational drug use. Strict standards for personal hygiene contribute to positive attitudes toward cleanliness.
- The three largest urban centers account for 85% of the population (nationmaster.com, 2004). Government sponsored health services are gratis. Private hospitals and clinics provide about 40% of health needs.
- This area of the world is strongly influenced by tribal origin (everyculture.com, op cit.). There is also a large group of immigrants and persons with obscure tribal origins (countrystudies.us, retrieved 2014). There are tribal and non-tribal citizens in every level of the social structure.
- Marriage within the tribe or to a member of another well regarded tribe is considered a desirable pattern. It is a civil contract rather than religious (countrystudies.us, retrieved 2014) and cousin marriage continues to be accepted by the majority of society as the most desirable. The ideal marriage is a life-long relationship although the divorce rate is 21% The most preferred residence is a detached or semi-detached villa. Traditional housing was designed around courtyards which often were surrounded by homes used by nuclear families (Sidawi, 2008; Glasze & Alkhayyal, 2002). Nowadays individual housing for nuclear families is the norm, leading to urban sprawl.
- In Gulf states participation in child education is nearly universal. The adult literacy rate in Saudi Arabia is 87% (UNICEF, retrieved 2014). Nearly 5 million students are enrolled in gender segregated Saudi schools and universities (saudiembassy.net, retrieved 2014).

Purnell, L. (2005). The Purnell model for cultural competence. Journal of multicultural Nursing and Health. 11 (2), 7-15.

Healthcare Practices

- Hadith by Prophet Mohammed (PBUH) "lead a simple life, adopt moderation, keep yourself away from living an easy life, because servants of the Almighty do not run after easy living". ~body cared for as repository of soul~ medical care encouraged ~most care curative, preventative care beginning. ~ Social stigma: examination by opposite sex, mental health
- **Traditional Healing Practices:** non-conventional care important ~ traditional healers - 42% of patients use healer ~ clientele elderly, female, illiterate ~ last resort - supplemental to conventional care ~ Zamzam water, honey, black seed, blessed water most popular ~ Qur'anic recitation 62% and 91% by overall and cancer clients respectively. Herbs, cautery, and cupping, massage, acupuncture less popular, high risk, not regulated. Attribution of illness to occult sources—sorcery, evil eye
- **Mental health:** Mental health care not popular ~ poor mental health attributed to stress, supernatural - witchcraft or evil eye. Most common treatment Qur'anic recitation ~ Psychotrophics available by prescription at restricted pharmacies.

Death

- Accepted as part of life cycle and faith
- Dying 3 dominant themes (faith and belief\ self-esteem and dignity /security and provision for family members). Client autonomy low. Conflict in disclosure of terminal status to client. Focus of care always curative, palliative caring not well developed. Expiation by suffering creates care conflict. Fear of addiction interferes with care. Care of remains major concern for client and family. Internment within 24 hours ideal, wake 3 days Wife – 4 month 10 day mourning. Other family members –normal routines.

Family Roles and Organization

- Patriarchal collectivistic social and legal system
- Senior male responsible welfare of extended group
- Women responsible for home, children, tutoring, discipline, 22% employment rate for women- working women double burden
- Non-conformity and individuality not valued
- Religion basis for family relationships, mothers honored, husband "shepherd of the flock"
- Polygamy estimated practiced by 15% of males, divorce rate 21%
- Tribal status higher than non-tribal
- Sexual segregation – all public facilities divided to male and female --complications in healthcare – many women refuse care by male, especially disrobement.

Communication

- Huge variety of information available
- 1.8 cellphones per capita, 66% internet penetration, 99% television penetration
- Chatting and internet popular leisure activities
- Interpersonal communication formal and stylized – especially between sexes
- Role of "face" in interpersonal communication – avoidance of overt confrontations
- Each person's name contains four parts: personal name, father's, Grandfather's, and tribe or last name. Much name duplication – many persons with same name – creates difficulty in healthcare situations.
- Concepts of shame and honor basic tenets social interaction and communication.

Spirituality

- Saudi Arabia 100% Muslim ~~~large multi faith expatriate group
- Expatriate nurses predominantly Christian
- Orientation of foreign nurses about religious practices and beliefs inadequate
- Individualized spiritual needs for clients and nurses
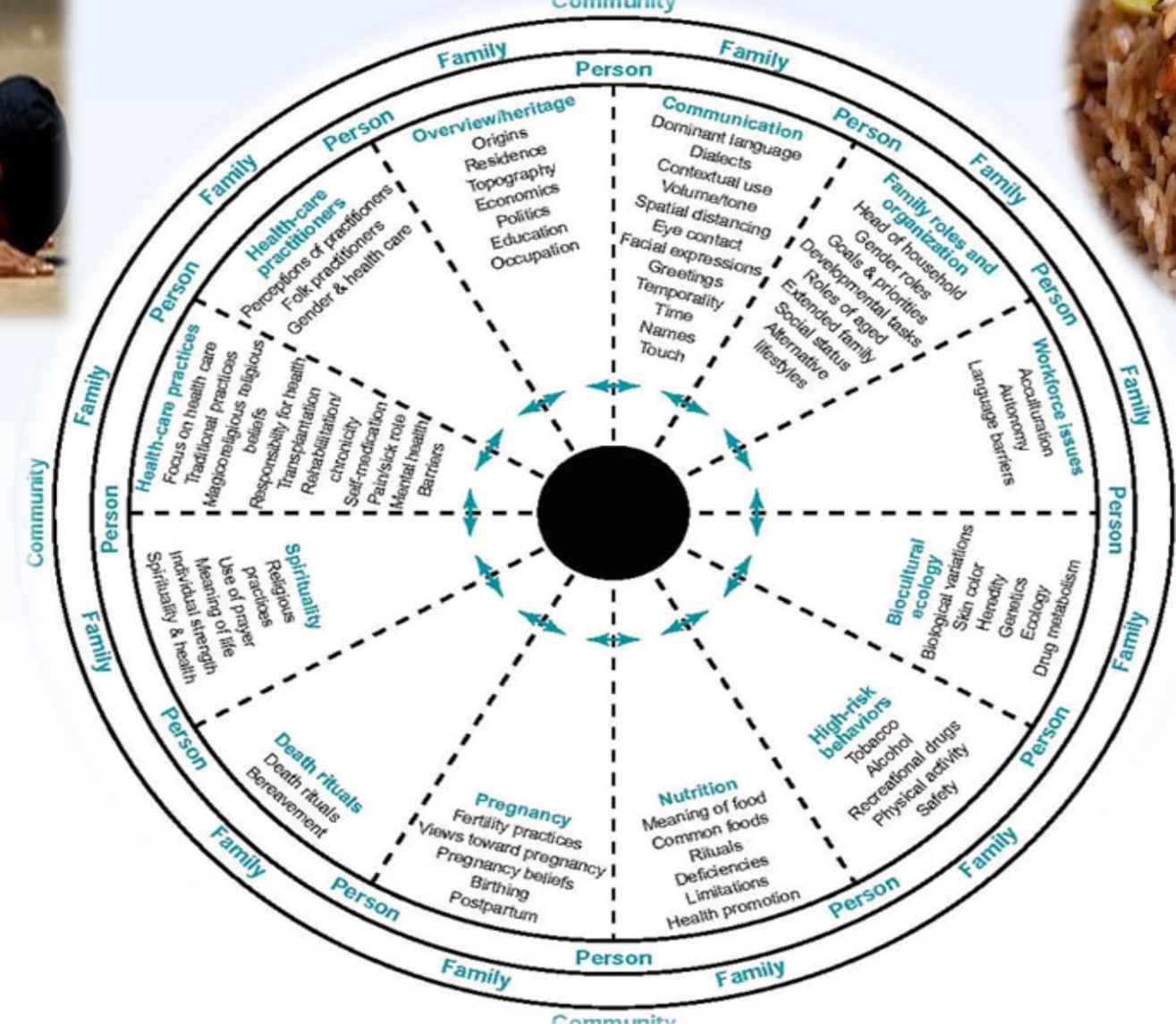
Recommendations and Practice Implications

- Approach to health education and promotion should be tailored to needs and interests, health literacy should be the first priority.
- Care plans consider religious and tribal based constructs.
- Access to target group uses information technology resources such as internet, SMS, communication software such as WhatsApp and Snapchat, Television programming, and shopping mall displays and informational kiosks.
- Accommodate client desires for examination and treatment by same-sex practitioners whenever possible. Clear policies about client interaction with healthcare staff in all settings.
- Record keeping needs to be monitored for errors based on ambiguous naming.
- Patients should be assisted in gaining access to resources which may not be available to them based on social or nationality status;
- Healthcare practitioners should individualize clients and avoid stereotyping. Careful gathering of histories, self-awareness, non-judgmental attitude, and encouragement of self-determination may create positive care outcomes;
- Healthcare practitioners should learn about their host country and region, especially caring needs.
- Local clients have individual interpretation of spirituality. Careful assessment by indigenous healthcare personnel should be used with care to respect autonomy and self-determination and non-judgmental attitude;
- Expatriate workers have a multiplicity of faiths and beliefs which need to be respected. Compatriots from countries of origin may be best in assisting in advising of culturally competent care;
- Expatriate healthcare professionals should receive adequate and compulsory orientation and continuing education. Curriculum may vary between countries of origin and tailored to felt needs. Instruction should employ local staff.
- Arabic language is a vital part of instruction.
- Health education and promotion should be undertaken by local indigenous healthcare professionals, not expatriates from neighboring locales.

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