

Review Article

A multicultural nursing workforce and cultural perspectives in Saudi Arabia: An overview

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Abstract

This paper provides an overview of the cultural perspectives and practices in Saudi Arabia that could help expatriate health care providers to understand Saudi culture and enhance cultural competence. The healthcare system in Gulf countries, particularly, Saudi Arabia, is mainly staffed by expatriate nurses, who account for 67.7% of the total number of nurses. This gives rise to a multicultural environment in the hospital, where people of different cultures interact with each other and take care of Saudi patients who are from the dominant culture. In this scenario, a lack of knowledge of Saudi culture among nurses can lead to cultural conflicts and misunderstanding of some of the behaviours and practices of the indigenous Saudi people. Culture is a complex notion; however, being aware of cultural differences and having cultural knowledge can help people to interact safely. Educating expatriate nurses about the cultural heritage of the Saudi people, which is mainly influenced by Islamic teachings, is important to increase cultural harmony.

Introduction

In Saudi Arabia, nursing is a less desirable career choice for Saudi nationals in comparison to other professions. Several factors including the type of work, the working hours and perceptions of inadequate monetary compensation by nurses are responsible for this trend.¹ The poor image of nursing as a profession in the Middle East, the gender norms and the rapid population growth have contributed to the heavy reliance on expatriate nurses in health care organisations. In fact, population growth in Saudi Arabia is considered to be the highest in the world, at a rate of 3.3 %.² As a result, the majority of nurses working in Saudi hospitals are expatriates with different cultural backgrounds,³ comprising 67.7% of the total number of nurses.⁴ However, the presence of expatriate nurses in health care facilities is common to all Gulf countries. In the United Arab Emirates (UAE), for instance, indigenous nurses represent only 3% of the total number of nurses employed in the health industries.⁵

The majority of nurses recruited by the Ministry of Health hospitals in Saudi Arabia are from India and the Philippines. Others come from Malaysia, Australia, North America, the United Kingdom, South Africa and other Middle Eastern countries.⁶

The professional backgrounds of the non-Saudi nurses differ from each other; however, and their cultural backgrounds are very different

from those of the Saudi men and women they care for. These nursing professionals often come with limited knowledge about Saudi culture and Islam. As a result, studies in the literature indicated that expatriate nurses in Saudi Arabia are encountering difficulties in understanding and meeting their patients' cultural requirements.⁷⁻⁹

This paper, therefore, provides an overview of some Saudi cultural perspectives that could help the health care providers in understanding Saudi patients' culture. Such understanding can minimize the potential cultural conflicts arising from nurse-patient interaction that threaten the quality of care and patient safety.

Culture and historical background

Culture can be defined as the system of shared beliefs, behaviours, values, customs and symbols that are transmitted from one generation to another.^{10,11} Key factors, including religion, race, level of education, economic status and environmental factors can also shape the culture of a society.¹² The Saudi culture is Arabic with an Islamic influence spanning more than 1,400 years since the first emergence of Islam. The Saudi culture is a unique blend of Arabic tribal traditions and customs and the Islamic worldview, which shapes the mindset and behaviour of the Saudi people.

The Shariah law, which is based on the holy Qur'an and the Prophet's traditions (Sunnah),

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forms the constitution of Saudi Arabia.¹³ Jurisprudence in Islam is also based on the major elements of consensus (ijmaa), and analogy (qiyas). A further element (innovation and logical thinking or ijtehad), suggests that the Islamic scholars make Islamic decisions regarding the new events of the modern society, culture and technology, which is congruent with Islam and not mentioned in the Qur'an and Sunah. There is also significant consideration given to the local customary precedents (urf).¹⁴ Furthermore, the Shariah law covers all of the daily aspects of life such as politics, economics, banking, business, family, sexuality, hygiene, and social issues. Generally, it is concluded that Islam shapes all aspects of life in Saudi Arabia, including activities of daily living and the legal system.¹²

Family dynamic

Family is an important component of Saudi society. Each Saudi citizen has an extended network that includes parents, grandparents, siblings, aunts, uncles and cousins. Family is considered the basis of an individual's identity. Islam encourages Muslims to maintain relations with their family members by visiting them, celebrating with them, providing them with money, supporting them when in need, showing appropriate respect and practicing compassion.¹⁵ In large cities, relatives tend to live near each other, facilitating family interaction and socialisation.¹⁶ This demonstrates the strong ties and bonds that exist between extended and immediate family members.

In Saudi society, grandparents are held in high esteem and have a significant level of decision-making authority concerning family matters.¹⁶ This has implications for the delivery of nursing care. When the elderly are in hospital, they expect no change in the ways they are accustomed to being treated. To demonstrate this respect for older people, Al-Shaheri¹² argued that health care professionals need to be gentle, soft-spoken, patient and humble.

Gender

In Saudi culture, gender-based segregation is sanctioned by the society and enforced through government structures. In public areas, for example, there is no mixing of the sexes and there are different physical areas assigned for males, females and families. Women are not allowed to interact and work with unrelated men in most settings, unless out of necessity. Usually (though not exclusively), Saudi women work in universities, social work and development programs for women, banks, and in the health care sector. However, driving and riding bicycles in public places are forbidden for women. Saudi women depend on their close male relatives such as fathers, brothers and husbands to drive them around¹⁷. The men are responsible for bearing the family's financial burdens even if their wives are working, unless joint decisions are made on alternatives and the wives make concessions.¹⁶ In any case, Saudi women are allowed to build their own businesses, invest their money, and own property.¹⁷

In the nursing context, Tumulty¹ reported that around 25% of

nurses in Saudi Arabia are male. The educational system in Saudi Arabia is divided on the basis of gender. That is, the educational system designed for female students is different from that of male students; however, the content of the curricula are the same. This results in limited male and female interaction. Accordingly, based on cultural values, some Saudi female nurses prefer not to deal with male patients. These customs of Saudi Arabia have led to gender separation in nursing care, which means that male nurses provide care to male patients and female nurses look after female patients. However, if there is a shortage in staff, the male and female nurses may need to care for both genders.¹

Traditional practices and beliefs

Spiritual healing is widely practiced by Saudi people for many diseases, including diseases which can not be cured, poisonous stings, Jinn possession, and the negative effect of evil-eye. The treatment in such cases entails reading of the Noble Qur'an and sayings of Prophet Mohammad (peace be upon him), eating honey, black cumin and Zamzam water, which is obtained from the well in the Holy mosque.¹² Zamzam water is believed to cure many diseases.¹⁵ Nurses, when faced with such beliefs and behaviours, should show respect to build strong relationships with the patients and their families.¹²

Fasting month

Fasting during the Ramadan month (fasting month) is compulsory for all adult Muslims who have reached puberty. It is the ninth month on the lunar calendar, and is based on the sighting of moon and differs greatly from the Gregorian calendar. Hence, it does not necessarily fall at the same time each year. Ramadan lasts for 29 to 30 days, based on the moon cycle. Fasting starts from sunrise until sunset; therefore, during the day, Muslims abstain from eating, drinking and sexual intercourse. However, gargling is allowed, if no fluid reaches the throat. Temporary concessions from fasting are granted to some Muslims, including travellers, patients and pregnant, lactating and menstruating women. People who are travelling, menstruating and ill must resume fasting once the situation has changed. In fact, some patients prefer to fast, based on their condition and the physician's advice. There is also optional fasting which could be at a recommended day of the year.^{19, 20} After Ramadan, Muslims celebrate on the first day of the Eid (Eid Alfeter) by visiting and greeting each other, with the words 'Happy Eid' or 'Blessed Eid'. Nurses are expected to greet their patients as well.

Language

The official language of Saudi Arabia is Arabic, while English is the compulsory second language in schools. However, most people in Saudi cannot speak English, especially those who do not have a tertiary education.²¹ Some Saudi governmental hospitals therefore, provide translation services to overcome communication problems between non-Arabic speaking health care providers and patients, because language barriers adversely influence patient satisfaction and compliance

with medication.^{22, 23} Interpreters in Saudi hospitals only translate from the native language (Arabic) to English between the service provider (nurse, physician) and the service recipient (patient). El-Gilany and Al-Wehady²⁴ argued that the language barrier could be an obstacle to health care provision for Saudi people, as most of the nurses are expatriates who do not speak Arabic. Further, one of the consequences of employing expatriate nurses is that they only work for short periods of time, which diminishes the role they can play in health education and their ability to maintain good communication with patients.

Health and illness in Islam

Teachings in Islam address the well-being of the Muslim population. The holy Qur'an is not a book of medicine, but contains guidelines that focus on and promote health. The traditions of the Prophet inform the Muslim community about general well-being and the prevention of disease. Islam encourages constructive practices that promote health and well-being such as meditation, ablution and bathing, fasting, and breastfeeding. Islam is particularly concerned about cleanliness, which it considers a very important element.²⁵ The religion promotes the practice of certain behaviours among all Muslims, including cutting of nails, cleaning teeth, and depilation of auxiliary and pubic areas.¹² Additionally, Islam forbids influences that could be deleterious to health, including excessive eating, eating carrion, drinking alcohol, consuming blood and intoxicants, homosexuality and sexual promiscuity.^{25, 26}

Muslims do not view illness as a punishment from Allah (Almighty God), but see it as atonement for sins. Islam encourages Muslims to seek medical help and treatment. Muslim patients have to ask Allah for help and forgiveness by exercising patience and saying prayers. Charity is one of the good and recommended deeds of Islam; therefore, the patient is encouraged to donate to charity, increase remembrance of God, and spend time listening to or reading the holy Qur'an.²⁵⁻²⁷

Cultural attitudes

One of the main characteristics of people that exists in the Saudi context is shyness. This term in the Saudi context refers to a behavioural trait, demonstrated by exercising modesty and decency, especially in terms of personal appearance and the appropriate use of language. Shyness is expressed more commonly by women than by men, especially those women who are not yet married. It is demonstrated by dressing properly, not being too outgoing, and not embarrassing themselves or others by talking about things that cause embarrassment.²⁸

Honour and shame are two further concepts that influence modern Saudi culture; they have remained important for many years and are correlated with each other. Honour is about personal reputation, respect and the values individuals are to uphold, which acknowledged by others in the society.^{29,30} If the honour of an individual is tarnished, the individu-

al and family will both be shamed. Factors that can lead to feeling shame include (but are not limited to) meanness, mistreating older or weaker people, being passed over for special favours, and immoral sexual conduct of a female family member.³¹ Clear understanding of these concepts assists in the comprehension and appreciation of Saudi behaviours. Both honour and shame have wider significance outside the Saudi culture, having similar influences for many people in Middle Eastern, Asian and Latin American countries.^{32,33}

The early anthropologist, Hall³⁴ categorised culture as being either high or low context. This categorisation provides some insight into the differences between cultures. Context is the main factor in Hall's theory. In some cultures, context has a significant effect on people's behaviours and communication, while being minimal in others. Thus, a high context (HC) culture is defined as "one in which people are deeply involved with each other. As a result of intimate relationships among people, a structure of social hierarchy exists, individual inner feelings are kept under strong self-control, and information is widely shared through simple messages with deep meaning".³⁴ In contrast a low-context (LC) culture is "one in which people are highly individualised, somewhat alienated, and fragmented, and there is relatively little involvement with others"³⁴⁻³⁶. The high context culture is common in countries such as Asia, the Middle East (including the present Saudi context), Africa, and South America, whereas the low context culture is more easily discerned to the United States of America, Germany, Switzerland, and the Scandinavian countries.³⁶

In a high context culture such as encountered in Saudi Arabia, people tend to be indirect in their personal communication and use implicit messages, with the meaning being embedded in the socio-cultural context. In other words, this type of communication style uses a combination of verbal and non-verbal messages to convey the right meaning with the verbal component conveying only a part of the meaning.³⁷ Importantly, people who use this indirect communication style often avoid direct interactions that may involve conflict; such societies usually cope with conflict by exercising passive resistance by using a third party or discussing the issues privately.^{38,39} These people generally believe in saving face, which involves resolving problems in a way that avoids publicly embarrassing the one involved or avoids anything that might cause loss of respect in front of others.³⁹ In contrast, the low context culture allows people to be more direct in their interaction, preferring to use more explicit communication styles. In such societies, the words are able to convey the entire meaning of the message. This style of communication is more context-free, with the emphasis resting mainly on the literal and precise meaning of the stated words.³⁹ People who use a more direct communication style discuss conflicts candidly, usually through face to face encounters, in the belief that such discussions will resolve the problem.

Due to the dominance of the multicultural nursing workforce in Saudi Arabia, the understanding of high and low context cultures is relevant to this discussion, because it helps explain the cultural differences that exist among people.

Conclusion

The uniqueness of Saudi culture and the large number of expatriate nurses who have a limited knowledge of Saudi culture exacerbate the problem of providing culturally competent care. This paper therefore, presented an overview of significant cultural dimensions in Saudi Arabia. The Saudi culture is predominantly influenced by Islam. This paper offers an insight into the Shariah law, the constitution of Saudi Arabia, the Ramadan month, language, family ties, traditional practices, beliefs, cultural attitudes and Islamic teachings with regard to health and illness. Understanding and considering these cultural facets during health care delivery can assist the health care providers in building a strong relationship with their patients and avoiding potential cultural conflicts.

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