Each society is marked by unique characteristics. Keeping in mind uniqueness will create a foundation for family relationships, mothers honored, husband “shepherd of the family”. Social, cultural and religious beliefs create a sense of security (Malmur, 2012), while at the same time seeking to apply what we know from the body of knowledge which includes evidence-based research to interpret what characteristics this particular society.

Saudi Arabia and the Middle East are known traditionally as The Gulf. This comprises the Gulf Cooperative Council countries of Saudi Arabia, Bahrain, Kuwait, Qatar, United Arab Emirates, and Oman. Within the area of modern scholars, a variety of subcultures can be observed, but the main lifeways form a single pattern (everyculture.com, retrieved 2014).

**Background**

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- Social, cultural and religious beliefs create a sense of security.
- This comprises the Gulf Cooperative Council countries of Saudi Arabia, Bahrain, Kuwait, Qatar, United Arab Emirates, and Oman.
- Within the area of modern scholars, a variety of subcultures can be observed, but the main lifeways form a single pattern.

**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 formation of conditions and interventions for improvement and expansion of client care in all healthcare settings, and particularly in health education and promotion efforts.
- Important themes identified:
  - High levels of use of digital communications in a highly contextual society which uses highly stylized forms of communication; need for clarification in use of non.
  - High levels of contextual behaviors.
  - Social and environmental conditions which negatively impact health behavior.
  - Low levels of health literacy, high levels of contrary, metaphysical beliefs, high levels of consumption.
  - Importance of tribal values, traditions, and religions which influence gender segregation, social stratification, health care, and dress.
  - Higher rates of communicable health education who are culturally competent resulting in reduced success in client care and high levels of burnout and stress.
  - A large migrant labor sector which primarily comes from poor countries in Asia and Africa who live below subsistence levels.
  - Moderate levels of high-risk behavior accompanied by sexual social sanctions.
  - High levels of road traffic accidents.
  - Dominant role of religion in daily life based on high levels of spirituality, low levels of health care focus of control with dependence on supernatural healing practices and negative attitudes toward modern health care.
  - High levels of availability of substances, high levels of use prepared outside the home accompanied by extreme, low levels of physical activity and high rates of obesity among all age groups.

**Overview/heritage**

- The overwhelmingly diverse nations of Gulf cultures in the Islamic faith which is based on the tenets of the Holy Quran (All-Dosaic, White, & Barthe, 2006; al-Shuhri, 2008; lamahakem.wordpress.com, 2012). There is a large expatriate community between the years 2000 and 2008 of total 57,771 Philippine nurses began employment in Saudi Arabia (Purnell, 2005).
- Muslims are encouraged to seek treatment and medical care. Islamic teachings promote moderate eating, consumption of hypnotically prepared meals, regular exercise, and avoidance of alcohol, tobacco, or occasional drug use. Many Muslims for personal hygiene contribute to positive attitudes toward cleanliness.
- The absence of a doctor accounts for 9% of the population (mamooncom.com, 2004). Government sponsored health services are private. Hospice and clinics provide about 40% of health care.
- This area of the world is strongly influenced by tribal origin (everyculture.com, op cit). There is also a large group of immigrants with both tribal origins (counterexamples on 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 and marriage relationship although the divorce rate is 21%. The most preferred marriage is a distant or semi-related family. Traditional healers and doctors are highly sought after from the medical community and health care will be developed by nuclear families (Saidi, 2008; Glasse & Alkhayyal, 2002). Nowadays individualized care is encouraged and non-traditional care is the most preferred care.
- In Gulf states participation in child education is nearly universal. The adult literacy rate in Saudi Arabia is 47% (UNDES, retrieved 2014). Nearly 5% million people are enrolled in gender segregated Arabic schools and universities (sandbook.net, retrieved 2014).

**Healthcare Practices**

- Health by Prophet Muhammad (PBUH) “lead a simple, light moderation, keep your envy under control, the Almighty do not forgive anyone after easy living”, “body cared for by researcher of soil and medical care encouraged” – most χερεπερατορiales – socially χερεπερατορiales, “social stigma by cultural examination by opposite sex, most χερεπερατορiales,
- Traditional care – non-conventional care important – traditional healers - 45% of patients use healer - herbalist – cherelijk – felmale, difference – last report – superstition – Zantian water, honey, black used fluid water most popular – Quranic recitation 85% and 91% by overall and cancer clients, recitaiton of looks like no other can – meme spread, same – pattern less popular, high risk, not regulated. Attribution of illness to cracks –lor – nosey, evil eye.
- Mental illness – Moral level health, being caused by supernatural – witchcraft or evil – working women double burden. Most popular attribution to stress, supernatural – witch or evil eye. Most common treatment Quranic recitation – Psychophotolysis available by prescription at commercial pharmacies.

**Death**

- Accepted as part of life cycle and faith
- Burial in desert – tribe or last name. Much name duplication – tribal citizens in every level of the social structure.
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**Spirtuality**

- Approach to health education and promotion should be tailored to needs and intents, health literacy should be the first priority.
- Mind care plan should consider religious and tribal based constructs.
- Access to target group new information technology resources such as internet, SMS, communication software such as WhatsApp and Snapchat, Teleprogramming and shopping mall displays and informational brochures.
- Accommodate clientele desires for examination and treatment by same-sex practitioners whenever possible. Clear policies about client interaction with healthcare staff in all settings.
- Record keeping needed to be monitored for errors based on ambigious naming.
- Patients should be assisted in gaining access to resources which may not be available in their current society based on social incompatibility.
- Healthcare practitioners should individualize care and avoid stereotyping. Careful consideration of social and cultural behaviors for cultural competency and prevention of self-determination may create positive care outcomes. Healthcare practitioners should learn about their host country and region, especially caring needs.
- Local clergy can adapt individual interpretation of spirituality. Careful assessment by indigenous health care personnel should be used to care to respect autonomy and self determination and non indigenous attitudes.
- Expatriate workers have a multiplicity of faiths and beliefs which need to be respected. Comparisons from countries of origin may be sought in assisting in achieving cultural compatability care.
- Expatriate healthcare professionals should receive adequate and continuous orientation concerning cultural and gender specific differences between countries of origin and tailored to feel needs. Instruction should employ local staff.
- Texts, visual art, and cultural media should be integrated into the healthcare environment.
- Health education and promotion should be undertaken by local indigenous healthcare professionals, not expatriates from foreign cultures.

**Family Roles and Organization**

- Paternalistic-collaborative social and legal norms.
- Sexual behavior.
- Gender roles.
- Caregiving roles.
- Social and ceremonial functions.
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