

Cultural Awareness Tip Sheet

Caring for Patients from Saudi Arabia

For EMS & Emergency Department Staff

What to Expect

- **Formal, hierarchical communication style** — clinicians are viewed as authority figures.
- **Indirect expression of symptoms** - may understate pain or discomfort, especially in front of authority figures.
- **Strong family involvement** — family members are often present and highly influential in decision-making.
- **Gender considerations** — cultural norms may influence interactions between male and female staff and patients.
- **Arabic primary language** — English proficiency may vary, especially among older adults.

Gender Considerations

- **Segregation norms:** Saudi culture often prefers male and female patients to be cared for by staff of the same gender when possible, especially for physical exams, intimate procedures, or trauma care.
- **Privacy is highly valued:** Female patients may require a **same-gender clinician or chaperone** during assessments, particularly for chest, abdominal, or pelvic exams.
- **Family involvement differs by gender:** Male family members may advocate for female patients, while female family members may accompany female patients for support and communication.
- **Communication style:** Female patients may be more reserved with male clinicians and vice versa. Respectful introduction and explanation of care can improve comfort and cooperation.
- **Legal and institutional policies:** Some hospitals and EMS services have formal gender-matching policies; staff should be aware of these and comply whenever feasible.
- **Exceptions in emergencies:** Life-threatening situations override gender preferences; communicate clearly and respectfully when care must proceed with available staff.

Tips for Staff

- Always ask politely about **gender preference** for clinicians if feasible.
- Use **curtains, screens, or privacy measures** during exams.
- Include a **chaperone** if gender-sensitive care is needed and staff cannot match the patient's gender.

- Explain any deviation from preference clearly and respectfully:

“To provide urgent care, I will examine you now, but a female staff member is present to ensure privacy.”

Assessment

- Patients may **minimize pain or severity**, particularly in early encounters.
- Emotional distress may be expressed through family members rather than directly.
- Ask clear, specific questions and reassess frequently.

Communication

- Use **calm, respectful, and professional language**.
- Avoid rapid speech or overly casual tone.
- Check preferred language early and use interpreter services when needed.
- Be mindful of gender dynamics; ensure privacy and appropriate chaperones if necessary.

Treatment & Disposition

- Patients often expect **clear direction from clinicians**.
- Explain:
 - What is happening
 - Why tests or treatments are needed
 - What determines admission vs. discharge
- Reassurance should be factual and paired with explanation.

Consent & Understanding

- Patients may agree out of respect rather than comprehension.
- Use teach-back:
 - *“Please tell me what you understand about the plan.”*
- Confirm consent directly with the patient whenever possible.

Family & Support Persons

- Family presence is culturally important.
- Families may advocate strongly or speak on behalf of the patient.
- Address the patient first, then include family appropriately.

Do / Avoid

DO

- ✓ Show respect and maintain professional authority
- ✓ Explain clearly and confirm understanding
- ✓ Ask about language preference
- ✓ Include family appropriately
- ✓ Observe privacy and gender considerations

AVOID

- ✗ Rushing explanations
- ✗ Assuming agreement = understanding
- ✗ Speaking only to family unless requested
- ✗ Ignoring gender or privacy norms

Bottom Line

Patients from Saudi Arabia value **respect, clinician authority, family inclusion, and privacy considerations.**

Trust grows when care is structured, respectful, and culturally sensitive.

References

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