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Cultural intelligence and the delivery of healthcare in the GCC countries

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Welcome to the first edition of *Avicenna*: an inter-disciplinary discourse on innovations in healthcare delivery. *Avicenna* seeks to publish original and innovative research, as well as scholarly debate and analysis, relating to the evolving and dynamic delivery of healthcare services throughout the Persian Gulf countries of Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates.

For the past 10 years, the health sector for each of the Gulf Cooperation Council (GCC) countries has undergone exponential growth and modernization. Instead of sending patients abroad to receive high quality patient care, governments are investing in the expansion and development of local excellence. Alpen Capital, the associate and investment banking arm of Bank Sarasin-Alpen (ME), a subsidiary of the Swiss private banking entity Bank Sarasin & Co, has been producing a series of reports focused on healthcare development in the GCC. The executive director and Head of Equity research services at Alpen, states:

“The GCC healthcare sector is on a growth trajectory. The industry is poised for unparallel and consistent growth accompanied by a fundamental shift in the industry structure, infrastructure quality, payer model and funding options. The GCC countries are likely to experience a sharp increase in healthcare needs primarily led by a growing and aging population and a rise in chronic non-communicable ‘lifestyle’ diseases. We expect the industry to reach a market size of about US\$47-55 billion by 2020 [1].

Currently, there are a total of 132 hospital projects underway in the GCC with a combined construction value of US\$17,917 million. The three largest projects under development are Sidra Medical & Research Center, Doha, Qatar (US\$2,300 million), Jaber Al Ahmed Al Sabah Hospital, Surra, Kuwait (US\$1,200 million) and 2000 health clinics throughout Saudi Arabia (US\$1,000 million) [2]. Each country has sought assistance from international experts and consultants in both the writing and realization of their strategic plans/visions for these projects. Some of the prestigious names attached to healthcare development are Weill Cornell, Cleveland Clinic, Johns Hopkins, Harvard, Imperial College and Toronto Hospital for Sick Children (SickKids). It is not difficult to identify the key elements that drive each of these strategic plans:

- Placing the patient at the centre of healthcare decision making.
- Efficient and effective care that reaches the majority of people the majority of the time.
- Investment in the education of competent, skilled professionals who have the ability to function in a team based, multidisciplinary environment of care.
- Timely translation of research into practice.
- Organizational systems and processes that enable safe patient care.
- Shifting the burden of care from a tertiary/hospital based system to a primary/community based service.

The rapid development and modernization of the healthcare sector throughout the GCC has led to greater demand for highly trained and versatile healthcare workers that continuously update their knowledge and skills to meet emerging healthcare needs. The majority of the healthcare workforce are expatriates who bring to the region knowledge of effective systems and processes unique to their

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home countries. However, because the Gulf region is a unique cultural environment in terms of both healthcare and workplace, any attempts to directly ‘transplant’ this outside knowledge into the GCC are highly susceptible to failure.

A vital ingredient missing in this healthcare reformation is shared knowledge about the successes and failures in the adaptation of the best available evidence to the cultural circumstances and peculiarities of the GCC countries. There is no peer reviewed journal that provides a scholarly forum for the constructive exchange and critique of healthcare development in this region. Without such a forum to draw upon culturally informed and embedded knowledge, the expatriate healthcare professionals working in the GCC are limited to using knowledge from their home countries, international journals or, at best, regional conferences. *Avicenna*’s primary aim is to enable this essential forum— one that will help build the cultural intelligence of healthcare professionals working throughout the GCC [3].

Manuscripts published by *Avicenna* will focus on sharing the *why* and *how* different organizations within the GCC adapted international standards and guidelines to their local settings. *Avicenna* will also be a rich repository of epidemiological research that provides vital statistics about health and disease trends of people living in the GCC region. The astounding economic development and modernization of the GCC over the past decade has brought equally alarming health concerns which need to be better understood and managed. Diseases of ‘affluence’ were the most frequently reported healthcare issues in the Gulf during 2009–10:

The prevalence of Type 2 diabetes in particular is already approaching epidemic proportions in the region, with 10.1% of adults in Kuwait suffering from the condition, 12.7% in Qatar, 13% in the United Arab Emirates and 14.3% in Bahrain. In fact, these countries now account for four of the top five countries in the world by the highest percentage of adult sufferers, and recent anecdotal reports suggest that around 90 diabetes-related emergency amputations are carried out in Riyadh’s hospitals each month. Meanwhile, cardiovascular disease has become the leading cause of death in both the United Arab Emirates— where it is responsible for 41% of all mortalities— and Oman, and the prevalence of hypertension in Kuwait and Qatar has reached 26.3% and 32.1% respectively [4].

All those working in healthcare— from CEOs to dieticians, nurses, physicians, social workers and radiographers— need to be informed about regional efforts to develop innovative, cost-effective solutions in their delivery of safe patient care. Such information is vital to direct policymakers within government and private healthcare organizations in their planning and provision of healthcare services. Academic studies that weigh the impact of healthcare initiatives on people, communities, nations, regions, industries, and business will also receive consideration. *Avicenna* will also invite submissions on global healthcare issues that reach across cultural and socio-economic boundaries such as healthcare compliance, drug addiction and the H1N1 pandemic.

Of particular interest to the editorial team of *Avicenna* are manuscripts that address the role of the interdisciplinary team in advancing excellence in patient care. Operational research has demonstrated time and again that inter-professional team work is central to successful implementation of all healthcare initiatives. *Avicenna*’s content will mirror the diverse interests and approaches of scholars involved with the development and delivery of health care, i.e. quality and patient safety specialists; healthcare economists, public health and epidemiologists; health administrators, ethicists and educationalists. Scholarly contributions from officials with government agencies, international agencies, and non-governmental organizations within the GCC region are also welcome.

Avicenna will also publish a special section entitled: “What’s New in GCC Healthcare?” This section is designed to present informed views on timely topics for a broad audience. Contributions to this section should be written for non-specialists and be relatively brief.

At the end of each editorial, a question or statement will be posed to stimulate submissions for *Avicenna*. Our next such topic should address the following topic:

Examples of adapting international standards in the Gulf region— focusing on strategies for success; how was their successful adaptation measured?

Submissions on this topic should be received by 15th May 2011.

On behalf of the whole editorial board, we hope you enjoy and will support this new forum for discussions of innovation in GCC healthcare delivery.

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