

Challenges Facing Nursing Profession in Saudi Arabia

Sahar Mansour Lamadah¹, Hala Yehia Sayed²

1. Lecturer of Obstetric and Gynecological Nursing, Faculty of Nursing, Alexandria University
Alexandria, Egypt
2. Lecturer of Nursing Administration, Faculty of Nursing, Cairo University, Cairo, Egypt

Abstract

Saudi Arabia, like many areas of the world, is challenged by a nursing shortage. The World Health Organization (2004), reported that there is only 40 nurses for every 10,000 of the Saudi Arabia population. In 2010, it was found that there is a chronic nursing shortage of 30% that is worsened by heavy migration of nurses. The Saudi literature links the shortage in Saudi nurses to socio-cultural factors found to influence the prevailing negative images and perceived low status of nursing. Community image, family disagreement, cultural and communal values, long working hours, mixing with members of the opposite gender, and the worry of not being a "marriageable" prospect were the main reasons why Saudi females did not choose nursing as a career (Miligi & Selim 2013). The Saudi Arabian government has committed enormous resources to improve health care, with the ultimate goal of providing free and accessible healthcare services for every Saudi national and expatriate working within the public sector (Al-Dossary et al., 2008). However, the nursing needs of Saudi Arabia far exceed the supply of Saudi nurses. Despite continued efforts to increase the number of Saudi nurses, by 2010, expatriate nurses still constituted 74% of the total nursing workforce in Saudi Arabia (Ministry of Health Annual Report 2010). In Saudi Arabia, nursing is a less desirable career choice for Saudi nationals in comparison to other professions. There are a number of challenges facing nurse practitioners (Tumulty 2001).

Keywords: Challenges, Nursing profession

1. Introduction

Nurses, midwives and other health personnel constitute more than 50% of the labour force (Al-Darazi 2008). Nurses are the nucleus of the health care system. Without the nucleus, the cell will not survive (Abu AlRub 2007). They represent a powerful force for bringing about the changes to meet the needs of health for all. Nurses play a central role in delivering health care. Nurses advocate for health promotion, educate patients and the public on the prevention of illness and injury, provide care and assist in cure, participate in rehabilitation, and provide support. No other health care professional has such a broad and far-reaching role (Oulton 2006). Despite being the largest provider group, health care organizations experience a severe shortage of qualified registered nurses. This shortage has been attributed to a number of factors including increased demand for health care due to advances in medical technology, increased population growth, increased life expectancy and increased numbers of chronically and critically ill patients (Abu-Zinadah 2005). Additionally, nurses' roles have expanded significantly to include a number of tasks previously performed by a physicians (Coomber et al., 2007). Shortage of nurses is a world-wide problem. In the USA, it has been estimated that the nursing deficit will be 1.5 Million registered nurses (RNs) by year 2020 (Villeneuve M and MacDonald 2006). Saudi Arabia is faced with a chronic shortage of Saudi nurses, accompanied by high rates of turnover (Abu-Zinadah 2005). Expatriate nurses form a large proportion of the nursing workforce in Saudi healthcare facilities, with Saudis comprising only 29.1% of the total nursing workforce. The majority of the expatriates use the Saudi health care facilities as a temporary location to obtain training and experience. Then, they move to a marketable skills to developed countries such as the USA, The UK, Canada and Australia (Alamri et al 2006, Alhusaini 2006). Unfortunately, there are no published statistics regarding this critical issue, although expatriate turnover is a major concern for managers of health care facilities (Almalki et al 2011b). Despite the fact that the proportion of Saudi nurses is very low in general, this rate is lower in the private health sector where local nurses comprise only 4.1% of the total (AL malki M 2012), Al Ahmadi 2006). This shortage of national nurses is a major problem due to many factors: social, educational, system and individual. Moreover, the annual supply of Saudi nursing graduates has been insufficient in meeting the demands of the expanding health care services. In tandem to this issue are the high rates of turnover among registered nurses which contributes to major administrative problems, interrupts organizational plans and results in poor service delivery. These issues constitute a serious challenge to the efficiency and effectiveness of many health care delivery systems (Miller 2007, Gifford et al 2002)

2. Challenges Facing Nursing Profession

2.1 Educational Challenges

2.1.1 Increased demand for nursing education and services

Internationally, nursing education continues to produce diploma and associate degree-prepared nurses. Some

researchers have argued that this pattern of education has restricted the process of nursing professionalism (Karaoz 2004, Whittock et al. 2002, Letvak 2001). Higher education and specialization were frequently linked to professionalism and have been reported as a priority for many nursing students in western countries (Park et al., 2007).

As part of the registered nurses job analysis and retention study, Rambur et al. (2005) argued that BSN nurses have high degree of professionalism than those with associate degree education and suggested that BSN education was associated with social return on educational investment. Arguing why nursing is not considered a profession, Watson (2006) suggested three reasons: Nurses are trained rather than educated; nurses are largely controlled by medicine; nurses, ultimately, are not accountable for what they do. Watson also argued that a university is for training people, formation of character and preparation for accountability. With a predominant perception that diploma level education is technical and low level (El-Sanabary 2003, Hamdi & Al-Hyder 1995), one might argue for gradual upgrade of all levels of nursing education to a minimum of BSN.

Nursing education in Saudi Arabia has, for a number of years, been either diploma and associate degree programmes managed by the Ministry of Health, or BSN programmes managed by Ministry of Higher Education. Considering either an upgrade or integration of the former programmes with the latter would require careful and long-term planning that takes into account experiences from other countries. In addition, different educational systems in nursing leads to overlapping in job description among different levels. (Gazzaz L 2009).

2.1.2 Hospital based education

In a study carried out by Gazzaz L (2009) about Saudi Nurses' Perceptions of Nursing as an Occupational Choice, she found that most participants (interns, staff nurses and senior nurses) cited inservice education and on-job training as factors influencing their decision to stay or leave a particular organization. They perceived opportunities for continuous education and advanced training as important aspects of their motivation, satisfaction and retention. For them, on-job education and training are opportunities which enhance their professional knowledge and practices. However, on-the-job services seemed to vary considerably across the different hospitals and sectors. Compared to their counterparts at the other-government sector, staff nurses and senior nurses working at the government hospitals sounded more frustrated and disappointed for having less opportunities for attending such services.

2.2 System Challenges

2.2.1 Poor working conditions

These themes were attributed to work-related factors such as gender-mixing, long working hours and rotating shifts which render nursing as socially unacceptable occupational choice. With the current shortage in nursing, hospital nurses are usually working longer hours with extra load of patients. The long hours and rotating shifts which characterize a career in nursing were frequently cited as major deterrents to the uptake of nursing by Saudi female school students (Al-Johari 2001, Mansour 1992).

Compounded by increased workload, low pay and lack of financial incentives, nurses' concerns about the lack of recognition and appreciation seem to have generated frustration, disappointment and regret which adversely influenced the nurses' work satisfaction and hence their retention (Rothrock 2007). However, in some hospitals, there was a consensus among staff nurses that nursing and hospital administration do not listen to their concerns (Gazzaz L 2009).

Moreover, Saudi women are not permitted to drive, transportation to and from their work place was reported as problematic for Saudi female nurses, as safe and reliable public transportation services are not available. (El-Sanabary 2003, El-Gilany & Al-Wehady 2001, Al-Rabiah 1994). Furthermore, as working mothers, nurses are struggling to find safe, accessible and affordable child-care facilities for their young children (El-Gilany & Al-Wehady 2001, Al-Rabiah 1994). This is not unique to Saudi Arabia, nurses from other Arab (Egypt and Jordan), Turkey and western countries (Canada and United Kingdom) have cited similar concern. (Demir 2003, Whittock et al. 2002, Ghazi et al. 1994, Stewart & Arklie 1994,). Problems with transportation and child care further stir family conflicts placing Saudi female nurses under heavy family-work pressure.

Al-Rabiah (1994) highlighted that the Ministry of Health (MoH) is constantly losing married Saudi female nurses for the same social and work-related reasons that cause low enrolment to nursing programmes. Evaluating the nursing service at the Ministry of Health, Tumulty (2001) reported that Saudi female nurses find working in primary healthcare or ambulatory clinics more compatible with their families' expectations than the 24-hour responsibility at the hospitals.

2.2.2 Nurse turnover

Nursing turnover is a major issue impacting the performance and profitability of healthcare organizations. Healthcare organizations require a stable, highly trained and fully engaged nursing staff. Yet a growing shortage of qualified nurses has led to a steady increase in the turnover rate among nurses (Price C. 2007). This turnover rate is likely to become even worse over the coming years as the growth of the healthcare industry continues to outstrip the available supply of nurses. It is predicted that there will be a shortage of nearly 1 million nurses in the United States by 2020 (Health Resources & Services Administration 2006).

Nurse turnover creates staffing shortages that increase the work demands placed on the organization's remaining nurses. This heightens the risk of the remaining nurses quitting due to excess workload. The result is a "vicious cycle" of constantly increasing nurse turnover within an organization (Anderson et al 2004). In addition, The staffing shortages caused by nurse turnover can lead to an increase in accident rates and absenteeism levels among the nurses who remain (Glass et al 1993).

In financial terms, nurse turnover is costly for health care organization as it consumes resources that could be directed at core business activities such as quality improvement programs, staff development and nurse retention activities. Considerable resources are required to recruit, hire, and train nurses to replace nurses who quit. (Jones 2004).

Staff shortages caused by nursing turnover are associated with significant decreases in the general quality of patient care, increases in the length of patient stays within hospitals, and greater numbers of hospital-acquired patient illnesses (Dana, B. (2005).

2.2. 3 Nursing policies and regulations

Examining the impact of support systems such as organizational characteristics and nursing policies continue to represent areas which need to be further explored by future Saudi research. Types of support systems ranged from encouragement and motivation offered by the family to appreciation, recognition and supportive policies practiced by the employing institutions. Sources of support were found to reduce stress and burnout and enhance satisfaction and retention (Shelton 2003, Ward et al. 2003, Mabel 2002).

Qualified nurses may leave for different reasons including increased stress, low morale, and lack of job satisfaction. (Chen et al 2008) stated that job satisfaction is the extent to which employees like their works. A direct relationship has frequently been reported between job satisfaction level and nurse intention to remain employed. As overall nurse-job satisfaction increases, so does nurse intention to remain employed increase and vice versa (McCarthy et al 2007). Thus, it was not surprising that Larrabee et al (2003) and Cai and Zhou (2009) found that job dissatisfaction is the most significant predictor of turnover intention among RNs. They may also leave for family reasons such as pregnancy and child care. National regulations and organizational policies addressing nurses' concerns were highlighted in several Arabic and western studies as important factors to overcome challenges facing nursing recruitment and retention. (Do H 2006, ICN 2007).

In order "to retain qualified nurses in a competitive labour market, hospitals need to develop personnel policies and benefits comparable to those in other lines of work and businesses". These policies and benefits should include: life-long professional development, opportunities for career advancement, flexible scheduling, competitive salaries and improved work design, work climate and workforce management (Aiken et al 2001).

In North America, hospitals that have organizational features known to attract new graduate nurses and retain the qualified ones are designated as magnet hospitals referring to their reputation for attracting and retaining nurses. Characteristics attributed to magnet hospitals are: an interactive management style, decentralized organizational structure, competitive personnel policies, professional practice and professional development. (Huerta 2003) Interview findings with Iranian registered nurses (RNs) suggested that the workplace and working conditions are important variables for the improvement of professional identity in nursing (Nasrabadi & Emami 2006). A more supportive and encouraging environment was believed to improve work conditions, enhance retention within and subsequently recruitment into nursing. Magnet characteristics and designation are not used to monitor, evaluate or accredit Saudi hospitals. With less than 5% of its nursing workforce as Saudis (Ministry of Health 2006), there is no record that hospitals under the private sector have attempted to examine its Saudisation policies and magnet reputation.

In addition, cutting medical staff also leads to employee burnout, higher patient mortality rates, lower patient satisfaction, higher readmissions and longer hospital stays (Gazzaz L 2009). Hendren (2011) suggests that, "Organizations can get more agile with staffing and scheduling and find creative ways to reduce cost while maximizing efficiency, healthcare organizations need to adapt to changing economic realities and increases in patient population.

2.3 Social Challenges

2.3.1 Social rejection of nursing.

The public image of the nurse appears to be negative in countries where strong cultural traditions severely restrict the participation of women in paid occupations outside the home. As a result, nursing functions in these countries are performed by women of the lowest social class" (Pizurki 1987). Analysis of interviews with the female participants suggested that they were experiencing social pressure associated with working in socially unacceptable mixed-gender settings and having to cover long hours of unfavorable night and weekend duties (Gazzaz L 2009). Society looks at nurses with some suspicion and disrespect so that girls are afraid of joining nursing even if they like it. Some girls had to terminate their study in order to get married because their husbands and their families do not accept nursing as a profession. Some families do not like women to work nights and to work late or long hours or to work weekends. They see nurses as an assistance of doctors., Al-Sa'd 2007).

Moore et al. (1983) found that the qualified female nurses involved in their study were encouraged by their

family and friends. Similarly, Ward et al. (2003) reported that family members played a significant role in supporting and encouraging first year nursing students to take up nursing as a career. Positive reinforcement from family, friends and counsellors was also found to influence the choice of nursing as a career (Mendez & Louis 1991).

From a Saudi perspective, Hamdi and Al-Hyder (1995) argued that encouragement and support from families have a positive influence on the uptake of nursing as a career. Some Saudi high school female students had interest in nursing; however, for work-related reasons this interest was opposed by their families (Al-Johari 2001). Similarly, high school students (males and females) have scored very low on the intention of becoming a nurse (Al-Omar 2004). These students believed that their families would not encourage such a decision. At the same time, Saudi men who choose nursing also face criticism from family and friends. Miller-Rosser et al. (2006) reported a Saudi male nurse as saying that his mother refused to tell her friends that her son is a nurse.

As reported in a study carried out in Saudi Arabia, lack of public awareness about nursing as an occupational choice refers to number of factors. First: a lack of career counseling and advisory services at schools' level. Second: inadequate marketing interventions on the part of academic institutions. Third: poorly represented media coverage on nursing and nurses.

Lack of awareness on nursing coupled with a preference for prestigious academic fields of study and a lack of family support explain lack of an interest in nursing as an occupational choice. In addition, media was frequently cited by the participants as having a major influence on the prevailing negative images of nursing. Half the participants believed that television and local newspapers had a role in constructing and shaping the public image of nursing. (Gazzaz L 2009).

2.3.2 Language of communication

The type and level of communication is an essential components of the provision of nursing care (Mebrouk 2008). Although the majority of patients and their families are Saudis with Arabic as their native language, most health care providers including nurses communicate in English. However, many expatriate nurses do not speak English as their first language nor are they competent in Arabic (Simpson et al 2006). Findings of a study conducted by Mebrouk (2008) highlighted the positive impact of using the Arabic language for communication between patients and local nurses. This increases the satisfaction of patients and their families as well as improving the outcome of nursing care.

2.3.3 Individual challenges

Some students are interested in nursing but afraid and hesitant. Afraid from society and its perception, afraid of failure and regrets, hesitant to take risks and to experience difficulties. Study of the factors influencing the choice of nursing as a career for Saudi women, Hamdi and Al-Hyder (1995) reported that 33% of the female high school students agreed that nursing is an appropriate career for Saudi women; however, almost 25% believed that working as a nurse will conflict with the prevailing traditions.

3. Conclusion

The status of nursing in Saudi Arabia should be enhanced in order to make it a worthwhile career. The education sector should reconsider the length of nursing training (5 years compared with 3 years in many developed countries) while maintaining competent and safe practice. Reducing the financial burden on the nursing student through provision of additional financial support would encourage more students. In particular, nurses should be paid a full salary during the intern year as currently occurs with medical students (AL malki M 2012). The media should engage in helping to promote a positive image of the nursing profession. Media has to play a role in educating society about the importance of national nurses while professionals should do more research on this important aspect to have more objective data on the public's perception of nurses. Health and nursing long term plans are needed to recruit more local nurses and to retain the current expatriate workforce. In fact, Saudi nurses are more eligible to work with local patients since they know the language, culture and customs and are well versed in the common socioeconomic problems (Abu-Zinadah 2006, Alamri et al 2006)

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