

## Overcoming The Severe Lack Of Saudi Nurses: Obstacles And Prospects

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### Abstract

*The serious lack of Saudi nurses in the healthcare sector is examined in this paper. Despite the fact that nurses are the backbone of the healthcare system, there is a severe shortage in Saudi Arabia because of a number of social, educational, and occupational issues. The following factors are examined in the paper: Low family support and unfavorable public reputation have resulted in low enrollment in nursing programs, High rates of attrition among practicing nurses due to excessive hours, poor compensation, and little prospects for professional progression, reliance on a sizable, potentially difficult-to-communicate foreign labor with a high turnover rate. The study suggests ways to improve the perception of nursing as a profession, enhance nurse education and working conditions, and give students more financial aid. Furthermore, encouraging cultural acceptance and raising public knowledge are essential to drawing more Saudis into the nursing profession.*

**Keywords:** *educational programs, work environment, cultural acceptance, nurse turnover, and Saudi Arabia .*

### Introduction

More over half of all workers are nurses, midwives, and other medical professionals (Al-Darazi 2008). The foundation of the health care system is the nurse. A cell cannot survive without its nucleus (Abu AlRub 2007). They are a potent force for enacting the reforms necessary to ensure everyone's health. A key component of providing healthcare is the job of nurses. In addition to providing care and aiding in the treatment, nurses also engage in rehabilitation, support patients and the public, and advocate for the promotion of health. There isn't another health care provider with such a comprehensive and extensive responsibility (Oulton 2006). Health care organizations face a severe scarcity of competent registered nurses, despite being the largest provider group. The rising demand for health care brought on by advancements in medical technology, population expansion, longer life expectancies, and a rise in the number of critically and chronically ill patients have all been linked to this shortfall (Abu-Zinadah 2005). Furthermore, a lot of duties that were formerly

completed by doctors have been added to the extensive role expansion that nurses now play (Coomber et al., 2007).

There is a global shortage of nurses. According to Villeneuve M and MacDonald (2006), there will be a 1.5 million registered nurse (RN) shortage in the USA by 2020. High turnover rates and a persistent lack of Saudi nurses plague Saudi Arabia (Abu-Zinadah 2005). In Saudi healthcare facilities, foreign nurses make up the majority of the nursing staff; Saudi nurses make up just 29.1% of the total. Most foreign workers use Saudi medical facilities as a short-term location for training and work experience. After that, they relocate to wealthy nations like the United States, the United Kingdom, Canada, and Australia with marketable talents (Alamri et al 2006, Alhusaini 2006). Sadly, no statistics have been released on this crucial matter, despite the fact that management of healthcare facilities are very concerned about expatriate turnover (Almalki et al 2011b).

Even while there aren't many Saudi nurses overall, the percentage is even smaller in the private health sector, where local nurses make up just 4.1% of the workforce (AL malki M 2012; Al Ahmadi 2006). The social, educational, systemic, and individual variables that contribute to the national nursing shortage make it a serious issue. Furthermore, the yearly intake of Saudi nursing graduates has not kept up with the growing need for healthcare services. Alongside this difficulty, there is a high turnover rate among registered nurses, which impedes organizational planning, creates significant administrative issues, and leads to subpar service delivery. The efficacy and efficiency of many health care delivery systems are seriously threatened by these problems (Miller 2007, Gifford et al 2002).

### **Is the Baccalaureate Degree the Future of Nursing Education? A Look at the Global Debate**

Nursing education continues to prepare nurses with diplomas and associate degrees on a global scale. A few Scholars have contended that the nursing profession has been limited by this educational system (Karaoz 2004, Whittock et al. 2002, Letvak 2001). Many nursing students in western nations have remarked that obtaining higher education and specialty is important since they are often associated with professionalism (Park et al., 2007). Rambur et al. (2005) contended that BSN nurses exhibit a higher level of professionalism compared to their associate degree-holding counterparts, and they proposed a correlation between BSN education and the social return on educational investment as part of their study on the work analysis and retention of registered nurses. Watson (2006) proposed three reasons why nursing is not seen as a profession: nurses are not educated or trained; nurses are primarily under the supervision of medicine; and nurses are ultimately not held responsible for their actions.

Watson also contended that character development, accountability preparedness, and training are the goals of higher education. Given the widespread belief that education at the diploma level is low-quality and technical (El-Sanabary 2003; Hamdi & Al-Hyder 1995), one may make the case for gradually raising the bar for nursing education at all levels to a minimum of BSN. For several years, the Ministry of Health has overseen diploma and associate degree programs in nursing education in Saudi Arabia, while the Ministry of Higher Education has overseen BSN programs. Careful, long-term planning that takes into account experiences from other nations would be necessary when considering either an upgrade or merging of the former programs with the latter. Furthermore, disparities in nursing education systems cause job descriptions at different levels to overlap. Gazzaz L. (2009).

Education centered on hospitals :The majority of participants (interns, staff nurses, and senior nurses) in a 2009 study by Gazzaz L. about Saudi nurses' perceptions of nursing as

an occupational choice cited inservice education and on-the-job training as factors influencing their decision to stay or leave a particular organization. They believed that chances for ongoing education and higher training were crucial to their motivation, contentment, and retention. They see possibilities for on-the-job training and education as ways to improve their professional practices and understanding. On-the-job services appeared to varied significantly throughout hospitals and industries, nevertheless. Staff nurses and senior nurses at government hospitals seemed more irritated and upset about having less opportunity to attend such services than their peers at other government sectors.

### **Long Hours, Low Recognition, and the Struggle for Work-Life Balance :**

These themes were linked to workplace variables that make nursing a socially taboo career choice, such as gender-mixing, long workdays, and rotating shifts. Due to the present nursing crisis, hospital nurses typically work more hours and see more patients. Saudi female school students were often reported as being discouraged from pursuing a career in nursing due to the demanding hours and shift work involved ( Al-Johari 2001, Mansour 1992). Nurses' worries about not receiving enough recognition and appreciation appear to have been compounded by an increase in workload, low pay, and a lack of financial incentives. This has led to feelings of frustration, disappointment, and regret, which has negatively impacted the nurses' job satisfaction and, consequently, their retention (Rothrock 2007). Staff nurses in certain hospitals, however, generally agreed that nursing and hospital administration do not pay attention to their concerns ( Gazzaz L 2009).

Furthermore, Saudi women are not allowed to drive, and getting to and from work has been described as difficult for Saudi female nurses due to the lack of safe and dependable public transit options. (El-Gilany & Al-Wehady 2001, Al-Rabiah 1994, El-Sanabary 2003). Additionally, El-Gilany & Al-Wehady (2001, Al-Rabiah 1994) report that Saudi Arabian nurses are not alone in their struggle to find safe, affordable, and accessible child-care facilities for their young children; nurses in other Arab countries (such as Egypt and Jordan), Turkey, and western nations (such as Canada and the United Kingdom) have expressed a similar concern. (Demir 2003; Stewart & Arklie 1994; Whittock et al. 2002; Ghazi et al. 1994). Saudi female nurses are heavily pressured to balance work and family obligations as a result of transportation and child care issues that exacerbate family tensions.

The Ministry of Health (MoH) is continuously losing married Saudi female nurses for the same social and professional reasons that lead to poor enrollment in nursing programs, according to Al-Rabiah (1994). According to Tumulty's (2001) assessment of the Ministry of Health's nursing service, Saudi female nurses believe that working in ambulatory clinics or primary healthcare facilities is more in line with their families' expectations than the round-the-clock care provided in hospitals. One of the biggest problems affecting the productivity and financial success of healthcare companies is nursing turnover. Organizations in the healthcare industry need a steady, highly skilled, and committed nursing staff. However, the rate of nurse turnover has been steadily rising due to an increasing shortage of competent nurses (Price C. 2007). As the healthcare business continues to develop faster than the supply of nurses, this turnover rate is probably going to get worse over the next years. By 2020, there is expected to be a shortage of around one million nurses in the US (Health Resources & Services Administration 2006).

The organization's remaining nurses are under more pressure to perform more work due to staffing shortages brought on by nurse turnover. This makes it more likely that the remaining nurses will leave because of an overwhelming workload. As a result, an organization experiences a "vicious cycle" of steadily rising nurse turnover (Anderson et al 2004). Furthermore, a rise in accident and absence rates among the remaining nurses may result from staffing shortages brought on by nurse turnover (Glass et al 1993).

Financially speaking, nurse turnover is expensive for healthcare organizations since it takes up resources that could be used for essential operations like staff development, quality improvement initiatives, and nurse retention campaigns. To replace nurses who resign, a significant investment in recruiting, hiring, and training new nurses is needed. Jones, 2004. Hospital staffing shortages brought on by nursing turnover are linked to dramatic declines in overall patient care quality, longer hospital stays for patients, and a rise in hospital-acquired infections (Dana, B. (2005).

### **How Support Systems and Work Environment Can Retain Saudi Nurses:**

Future Saudi research endeavors should continue to go further into the areas of examining the effects of support systems, such as organizational traits and nursing policies. Support systems came in a variety of forms, from the family's words of wisdom and inspiration to the employers' expressions of gratitude and their supporting policies. Support networks have been shown to improve satisfaction and retention while lowering stress and burnout (Shelton 2003, Ward et al. 2003, Mabel 2002). There are a variety of reasons why qualified nurses could quit, such as high levels of stress, low morale, and dissatisfaction with their jobs. According to Chen et al. (2008), an employee's level of job satisfaction is determined by how much they enjoy their work. It has often been noted that there is a direct correlation between a nurse's intention to stay in her position and her degree of job satisfaction. According to McCarthy et al. (2007), nurses' intentions to stay employed rise in tandem with an increase in overall job satisfaction. It was therefore not surprising that the most significant predictor of RNs' desire to leave their jobs is work unhappiness, according to research by Larrabee et al. (2003) and Cai and Zhou (2009).

They might also go for reasons related to their families, like child care or pregnancy. Several Arabic and Western studies have emphasized the significance of national rules and organizational policies that address nurses' concerns in order to overcome the obstacles associated with nursing recruitment and retention. (ICN 2007; Do H 2006). "Hospitals need to develop personnel policies and benefits comparable to those in other lines of work and businesses in order to retain qualified nurses in a competitive labour market." According to Aiken et al. (2001), these policies and benefits ought to provide for possibilities for career promotion, lifelong professional development, flexible scheduling, competitive pay, and enhanced work environment, job design, and workforce management.

Due to their reputation for drawing in and keeping nurses, hospitals in North America with organizational characteristics that are recognized to draw in newly graduated nurses and keep the qualified ones are referred to as magnet hospitals. Magnet hospitals are known for their competitive personnel policies, decentralized organizational structure, professional practice, and ongoing professional development. According to the results of interviews with Iranian registered nurses (RNs), the workplace and working environment play a significant role in the development of a nurse's professional identity (Huerta 2003; Nasrabadi & Emami 2006). It was thought that a more upbeat and encouraging atmosphere would improve working conditions, increase employee retention, and ultimately increase nursing recruitment. Saudi hospitals are not accredited, monitored, or evaluated based on

magnet qualities or classification. Saudis make up fewer than 5% of the nursing staff (Ministry of Health, 2006), and there is no evidence that hospitals in the private sector have looked into their Saudisation practices or reputation-building efforts.

Additionally, reducing the number of medical staff members results in longer hospital stays, increased readmissions, lower patient satisfaction, employee fatigue, and greater patient mortality rates (Gazzaz L 2009). Hendren (2011) makes the following suggestion: "Healthcare organizations need to adapt to changing economic realities and increases in patient population. Organizations can get more agile with staffing and scheduling and find creative ways to reduce cost while maximizing efficiency."

### **Nursing Recruitment: Social Stigma, Family Disapproval, and Language Barriers**

In nations where women's engagement in paid employment outside the home is strongly restricted by strong cultural traditions, the public perception of nurses looks to be negative. Thus, women from the lowest socioeconomic level carry out nursing duties in these nations (Pizurki 1987). According to an analysis of the female participants' interviews, they were under social pressure to perform lengthy hours of unpleasant night and weekend labor as well as to operate in socially unacceptable mixed-gender environments (Gazzaz L 2009). Even when females are fond of nursing, they are scared to pursue it because of the widespread mistrust and disdain directed towards nurses by society. Some ladies' families and husbands do not support nursing as a career, thus they had to stop their studies in order to be married. Certain families dislike it when women work late into the night, on the weekends, or both. They view nurses as a doctor's helper (Al-Sa'd 2007).

According to Moores et al. (1983), the certified female nurses who participated in their research were inspired by their acquaintances and relatives. In a similar vein, Ward et al. (2003) found that first-year nursing students received a lot of support and encouragement from their families to pursue a profession in nursing. The decision to pursue a career in nursing was also found to be influenced by supportive feedback from friends, family, and counselors (Mendez & Louis 1991).

From a Saudi standpoint, Hamdi and Al-Hyder (1995) contended that familial support and encouragement had a favorable impact on the decision to pursue a career in nursing. Some female students in Saudi high schools expressed interest in becoming nurses, but their families disapproved of this desire due to work-related concerns (Al-Johari 2001). In a similar vein, both male and female high school students' intentions to become nurses rated extremely low (Al-Omar 2004). These kids thought that their family wouldn't support them in making this choice. Saudi men who choose to become nurses, however, also encounter criticism from friends and family. A Saudi male nurse was quoted by Miller-Rosser et al. (2006) as claiming that his mother would not disclose to her friends that her son is a nurse.

According to a Saudi Arabian survey, there are several reasons why the general public is unaware of nursing as a career option. First, there are insufficient career counseling and advising services available in schools. The second issue is that academic institutions have not done enough to promote themselves. Third: the media's inaccurate portrayal of nursing and nurses. Lack of interest in nursing as a career choice can be explained by a lack of knowledge about the profession, a preference for esteemed academic fields of study, a lack of familial support, and other factors. Furthermore, the interviewees often mentioned the

media as a significant factor contributing to the bad perceptions about nursing that are currently prevalent. Of the participants, half said that the public's perception of nursing was created and shaped by television and local media. Gazzaz L. (2009).

One of the most important aspects of providing nursing care is the kind and intensity of communication (Mebrouk 2008). The majority of nurses and other health care professionals converse in English, despite the fact that the majority of patients and their families are Saudi nationals who speak Arabic as their first language. However, according to Simpson et al. (2006), a large number of foreign-born nurses are not fluent in Arabic or English. Mebrouk (2008) conducted a study which revealed the advantages of utilizing Arabic as a means of communication between Arabic-speaking nurses and patients. This improves the results of nursing care while also raising patient and family satisfaction. While some students are enthusiastic in nursing, others are apprehensive and fearful. Afraid of the way society views them, fearing failure and regrets, reluctant to take chances and face challenges. According to a 1995 study by Hamdi and Al-Hyder on the factors influencing Saudi women's career decisions, 33% of female high school students agreed that nursing is a suitable career for Saudi women; however, nearly 25% thought that becoming a nurse would go against the country's traditional norms.

### **summary**

To make nursing a desirable profession, the status of the profession in Saudi Arabia needs to be raised. In order to preserve competent and safe practice, the education sector should reevaluate the length of nursing training, which is currently five years as opposed to three years in many developed countries. More students would be encouraged if the financial strain placed on nursing students was lessened by the provision of additional financial support. Specifically, nurses ought to get full pay during their internship year, much like medical students do now (AL malki M 2012). The media ought to participate in fostering a favorable perception of the nursing field. The media must educate the public on the value of national nurses, and experts should conduct further study on this crucial topic to gather more unbiased information about how the general public views nurses. Long-term nursing and health plans are required to both retain the current foreign workforce and attract new local nurses. As a result of their familiarity with the local language, customs, and socioeconomic issues, Saudi nurses are actually better qualified to care for patients from the area (Abu-Zinadah 2006, Alamri et al 2006).

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