

Impediments to Nursing Profession in Najran-Saudi Arabia

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Abstract

Background: Traditionally nursing in Saudi Arabia (KSA) is one of unacceptable and less desirable professions for females. Nursing is hampered by many constraints that discourage women to join this vital profession.

Objective: The aim of this study is to identify impediments to nursing profession among Saudi female nurses in Najran city in south western region of KSA. Moreover the study highlights some points that might help the concerned authorities to solve these problems.

Methods: The study was undertaken in Najran hospitals, during the period of March - June 2014. The principal method of data collection was a semi structured, open-ended questionnaire and interview. The questionnaire was composed of two parts that are personal data beside 12 questions to be answered by nurses in addition to three questions to be answered by clients.

Results: The results of this study showed that the majority of the participated nurses (68%) were satisfied with their job and the role assigned respectively. Despite that some of them (32%) perceived negative attitudes from clients & doctors, in addition to the burden of social and family obligations. This paper also revealed that one of the most common contributing factors that influence nursing in KSA were the nature of their work that requires mingling with men beside long working hours. On the other hand 66% of clients prefer to deal with Saudi nurses due to language barriers and cultural diversity issues that lead to misunderstanding and possibly render their caring for patients problematic.

Conclusion & Recommendation: To bridge this gap, there is a need to improve social attitude towards nursing profession via various types of media beside that academic institutions, local and central authorities in health sector should pay attention in this matter.

Keyword: Impediments, Nursing profession, cultural diversity.

I. Introduction

Nurses are the nucleus of any health system, without the nucleus the cell will not survive. Nurses play a central role in delivering health care. Nurses provide direct care and assist in cure, advocate for health promotion, educate patients and the public on the prevention of illness and injuries, furthermore, provide support and participate in rehabilitation. No other health care professional has such a broad and far-reaching role.¹ Although nursing education for Saudi women is available and for free in the country, but the nursing needs of the country exceed the supply of Saudi nurses. Young Saudis (both males and females) choose careers other than nursing that offer higher financial rewards and greater prestige. Despite continued efforts to increase the number of Saudi nurses, but still there is remarkable nursing shortages in Najran due to some obstacles. The shortage of well-trained Saudi personnel and the reliance on non-Saudis make a comprehensive coverage of the population with health services even more difficult. In addition, Al-Omar reported that the prevailing opinion of Saudi's society that woman's place is in the home for taking care of her family and children reinforces the overall public perception and attitudes towards nursing profession.² These obstacles that facing nursing are due to many factors in terms of 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 Najran province. These issues constitute a serious challenge to the effectiveness of many health care delivery systems.³

Despite the fact that the proportion of Saudi nurses in Najran health facilities is very low in general, this rate is even lower in the private sector. Najran health system is mainly staffed by non-Saudi nurses the been recruited from all over the world. At times, inadequate cultural awareness by health professionals can render their caring for Saudi patients problematic.⁴

II. Materials And Methods

It was a qualitative descriptive phenomenological study that was carried out in Najran city which located in the Southern region of Kingdom of Saudi Arabia (KSA), along the border with Yemen, about 930 km Southwest of Riyadh (capital of KSA). It has an area of 119,000km² and the population is 500000 according to

2004 census.⁵ (see figure1). This approach was utilized the obstacles that facing Saudi female nurses (n=50) who are working in 6 hospitals in Najran city, as well as exploring the attitudes and perceptions of nursing profession among 30 males and females Saudi clients (n=50). The principal method of data collection was a semi structured, open interview plus questionnaire. The questionnaire was composed of two parts; section I focused on personal data of the study sample. While section II contained a number of closed ended questions that answered with yes or no.

Although individual participation in this study was voluntary, but ethical aspect was been carefully considered at the time of study, informed verbal consent was taken from the assigned hospitals, as well as from the participated nurses and clients and of course from Najran university for performing and publishing the study findings.

III. Results

A total number of 50 subjects were enrolled in our study, the overall response rate was 100%. Table (1) represents the personal characteristics of the surveyed sample (n=50) who had been interviewed and attended the discussions. Personal data indicated that the majority of the respondents (64%) were young and predominantly married. While table (2) shows the results of the assumption questions regarding the reasons behind choosing nursing profession which concluded that although the majority of the participated nurses (68%) were satisfied with their job and the role assigned respectively, and moreover they are proud to be nurses, but still a recognized number (32%) argued that they are not satisfied due to number of factors in terms of heavy workload, long working hours, social and cultural problems and lack of autonomy to make patient care decision (see figure 2). Moreover (34%) of the nurses feel that they are not respected and perceived negative attitudes from clients and other healthcare providers. This fact explains why 70% of the participated nurses don't prefer to deal with male patients as shown in figure 2. In addition to that 44% of the participated nurses argued that the doctors don't consider their opinions when treating patients in the hospitals as illustrated in table (3)> Accordingly the majority of the participated nurses (84%) preferred one-shift day duty because of social and family obligations. Furthermore as working mothers, majority of Saudi nurses are struggling to find safe, accessible and affordable child-care facilities for their young children. On the other hand a recognized number of the participated clients indicated that they don't know nursing was one of the academic programs at universities although 66% prefer to deal with Saudi nurses, they believe that there were many factors affecting their experience with non-Saudi nurses as shown in table (4), this finding explains why 66% of the clients prefer to deal with Saudi nurses. It is not surprising that some of these factors were the religious and cultural diversity issues beside language barriers among non-Saudi staff. It is obvious that the differences in language even in accent is considered as a barrier in communication. This sort of barriers may lead to misunderstanding of the messages given by nurses to clients in terms of patient education and counseling that might possibly render their caring for Saudi patients problematic. The most frequently cited suggestions among the participated nurses were to improve working conditions, working one-shift and fewer hours per day, beside no Thursday duties and availability of transportation and in-job training courses beside in-job continuing nursing education or training.

IV. Discussion

This study revealed some impediments and obstacles that facing female nurses in Najran such as job dissatisfaction, work-overload, poor fringe benefits, lack of respect, low salary, public image, cultural values, long working hours and mingling with men. Some authors (Mendez and Louis⁶, and El-Sanabary⁷) have linked the poor image and status to the type and level (diploma) of the early nursing programs. This study's result is in consistence with what Sahar and Hala reported that almost 25% believed that working as a nurse will conflict with the prevailing traditions.⁸ This explains that 52% of the participated nurses chose nursing career because there were no other options available, as they failed to enroll in their desired academic programs. Moreover these results go with what Tumulty who argued in his study that the strict segregation of men and women and restricted freedom of movement of women in Saudi Arabia is a new and unwelcome experience for most nurses.⁹ But this finding compares unfavorably with what Sana concluded in her study that more than 60% of the respondents reported that training to be a nurse was their first choice.¹⁰ This finding could be due to different populations or due to different areas (Riyadh & Najran).

Although nursing education for Saudi women is available in the country, the nursing needs of the country exceed the supply of Saudi nurses. Jackson and Gary conducted a health workforce study whose findings indicated that approximately 25,000 nurses were recruited in the Kingdom of Saudi Arabia of whom only 8.5% were Saudi nationals, with 91.5% being expatriates.¹¹ Young Saudis (both males and females) choose careers other than nursing profession which offer higher financial rewards and greater prestige. It was found that nursing is perceived to have a relatively low status in comparison to other occupations. Reluctance to choose nursing as a career in Saudi Arabia is based on the wrong perception of its low image and also the traditional and social values of the society. Same facts were reported by Al-Johari who reported that the Saudi society

looks at nurses with some suspicion and disrespect so that girls are afraid of joining nursing even if they like it.¹² Furthermore, it has been reported too by Jacson and Gary that 69% of secondary –school students indicated they would not marry a nurse. Social reasons were cited as one of the major deterrents in this choice.¹¹ This perhaps explains the proportion of single nurses (22%) in our study in a traditional community where female marriage at a young age is the norm which demonstrates that the societal perception of female nurses is that of unsuitable marriage partner. On the other hand one of the key findings in this paper that cited by most Saudi clients (66%) was that clients prefer to deal with Saudi nurses due to language barriers which may lead to misunderstanding, this fact is not far from what mentioned by Al-Johari who stated that limited knowledge and proficiency of the client's language can be dangerous in that the health care provider may assume they know the meaning of a word when they really do not understand what it is that the client is trying to tell them.¹² Also it goes with what El- Gilany's findings who highlighted the positive impact of using the Arabic language for communication between patients and local nurses in Arabic speaking countries. El-Gilany stated that speaking the same language increases the satisfaction of patients and their families as well as improving the outcome of nursing care.¹³ Religious and cultural diversity issues too had been discussed by the participated clients who argued that they don't feel comfortable when dealing with nurses from different religious and cultures. These findings had been concluded too by Torsvik and Hedlund.¹⁴ Moreover Abu – Zinadah reported that Saudi nurses are more eligible to work with local patients since they know their language (dialogue), culture and customs and are well versed in the common socioeconomic problems, without shared culture and language it will be difficult to deliver effective health education within nursing care to Saudi people.¹⁵ The most frequently cited suggestions that mentioned by the participated nurses were to improve working conditions, working for one shift duty and fewer hours per day, no Thursdays duties beside availability of transportation and training courses, moreover in-job continuous education. These suggestions too had been acknowledged in some articles such as that performed by Al-Malki et al who concluded that to overcome challenges facing nursing, hospitals need to develop personnel policies and benefits comparable to those in other lines of work. 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.¹⁶ These findings are not away from what reported by Nasrabadi and Emami who suggested that the workplace and working conditions are important variables for the improvement of professional identity in nursing. A more supportive and encouraging environment was believed to improve work conditions, enhance retention within and subsequently recruitment into nursing.¹⁷ Thus status of nursing in Saudi Arabia should be enhanced in order to make it a worthwhile career. Our study findings also highlighted an important issue that 44% of the participated nurses claimed that doctors and other health professionals in hospitals don't respect them and consequently they don't consider their opinions when treating patients, this finding had been concluded too by Pullon who suggested that postgraduate education for nurses is transformative both in developing clinical competence and increasing a sense of professional identity and confidence that end-up with more trust and respect.¹⁸ These results go in consistence with what Havens and Aiken who stated that the basis of the "equal power" working relationship is clinical competence, which enhance the concept of "different but equal knowledge base".¹⁹

Few limitations were observed in our study. For example the used questionnaire was the only instrument employed for recruitment of study participants. While, this may limit comparability of our results with that of other studies, also it is notable that some degree of validity was guaranteed by pre-testing the questionnaire on some subjects prior to study. As the study participants were chosen by non-probability sampling technique (convenience technique) so the findings of this study cannot be generalized. Despite these limitations, studies like this can highlights some useful points that can help authorized persons to overcome these problems and thus encourages more young Saudi females to enroll in such vital profession.

V. Conclusion And Recommendations

The status of nursing career in Najran area should be enhanced and reformed in order to make it a worthwhile career. Lack of awareness on nursing coupled with a preference for prestigious academic fields of study beside 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 of the participated clients (50%) believed that television, local newspapers and other sorts of media had a key role in constructing and reshaping the public image on nursing, it is known that most of the people's opinion can be influenced by what they hear or see on the screens.

To bridge this gap, local and central authorities in health sector beside the academic institutions should pay attention in this matter by reconsidering increasing the number of students that are enrolling in nursing education. Moreover 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 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.

Beside that hospitals need to develop personal policies and benefits comparable to those in other lines of work and businesses. These policies and benefits in terms of long-life professional development, opportunity for career advancement, flexible scheduling, and improved working conditions. In addition to reduce working hours and part-time contracts with increased salaries as well as provision of facilities such as private transportation and on-site child-care could attract more young women to the profession, moreover to reconsider their nature of work by allowing nurses to be off-duty during public holidays so that they can spend more time with their families compared to those employed in the teaching profession. Furthermore despite involving nursing and non-nursing groups, the Saudi studies focused mainly on the factors contributing to social images and professional status of nursing. In contrast, the Western studies have further examined the social and professional images and differentiated them as entry images, experience-acquired images and media images. Some Western studies also explored and discussed nursing students' occupational socialization. These areas need further attention in future Saudi nursing research. For instance, some Western studies highlighted the difference between nurses who make their career choice early in age and those who choose nursing later in life. Whether in relation to nursing or to any other occupational options. Saudi literature lacks this type of research.

Tables:

Table (1). Characteristics of the surveyed sample

Gender	No.	%
Female	50	100
Age in years	No.	%
≥ 35 years old	18	36%
< 35 years old	32	64%
Marital status	No.	%
Married	39	78%
Unmarried	11	22%

(n = 50)

Table (2): Reasons for choosing nursing profession

Questions	YES		NO		Total
	No.	%	No.	%	
I choose this job because salaries and financial allowances are attractive	14	28%	36	72%	50
I want to improve my social status	5	10%	45	90%	50
No other suitable options are available	26	52%	24	48%	50
I am satisfied with my profession	34	68%	16	32%	50
I prefer one-shift day duty	42	84%	8	16%	50
I think working hours and work-load are suitable for me	39	78%	11	22%	50
I don't prefer to work with male clients	35	70%	15	30%	50

(n=50)

Table (3): Doctors& other health care providers' attitudes towards nurses

Questions	YES		NO		Total
	No.	%	No.	%	
Doctors& other health care providers respect me	29	85%	21	42%	50
Doctors ignore my opinions when treating patients	22	44%	28	56%	50

(n=50)

Table (4): Clients' perception of nursing profession

Questions	YES		NO		Total
	No.	%	No.	%	
I think nursing profession is respectful as other health professions	33	66%	17	34%	50
I do prefer female nurses to serve me when admitted to hospital	43	86%	7	14%	50
I prefer Saudi national nurses to care for me in hospital	33	66%	17	34%	50

(n=50)

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