

## The commitment of Saudi nursing students to nursing as a profession and as a career

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**Abstract: Background:** The dependency in Saudi Arabian hospitals on expatriate nurses from various nationalities can create barriers between patients and nurses because of differences in religion, culture, social values and relatively short-term commitments. **Objectives:** It is important to explore the motivation of Saudi nationals for entering nurse training and the attractiveness of nursing as a career for them. **Method:** In order to study potential barriers to achieving the Saudisation goal of increasing the number of Saudi nurses, a survey of first-year nursing students was carried out to explore their motivation for entering nurse training, their perceptions of the attractiveness of nursing as a career for Saudi nationals, their future aspirations and the reasons they considered might cause students to drop out of training. **Results:** It was found that training to be a nurse was the first choice for over 60% of the sample. Overall, the students in the survey were very positive about nursing with the vast majority claiming to have chosen it because they wanted to become a health professional. The statement that the Saudi community view nursing negatively as a low job elicited strong agreement from many respondents. Many responding students considered the heavy workload facing students, the theory part of the study and the difficulty of studying in English language, as important contributing factors in student dropout. **Conclusions & Recommendations:** It is concluded that students are generally positive about their commitment to become nursing students. It would be worth carrying out a similar study with school leavers in general. It is important to recognise that the Saudisation process needs to address attitudes in society to help remove barriers to nursing. Further study to determine actual career patterns and impact on Saudisation would be useful.

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### 1.Introduction

The Saudi Arabian government has committed enormous resources to improving 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). This dependency on expatriate nurses from various nationalities (Miller-Rosser *et al.*, 2006) can create barriers between patients and nurses because of differences in religion, culture, social values and relatively short-term commitments (El-Sanabary 1993). It also adds to the stress of nurses' professional work (Al-Turki *et al.*, 2010). By its nature, the hospital environment is complex, combining many different professional groups within an intricate administrative structure. In Saudi Arabian hospitals, relying as they do on a nursing workforce composed primarily of international expatriates, these complexities often lead to conflict (Zakari *et al.*, 2010).

A royal decree, issued by the monarchy of Saudi Arabia in 1992, called for the Saudisation of the workforce, including nursing, to replace the largely expatriate workforce and their escalating salaries (Tumulty, 2001). However, to achieve the ambitious target of the Saudi Fifth Development Plan (1990-1995) of one nurse per 225 inhabitants, 5880 nurses would need to be trained annually. At that time Saudi medical and nursing colleges and institutes trained only a small fraction of what is required (MOH 1997). Since then the number of nurse training places has increased rapidly to an estimated 5800 by 2005 (Al-Mahmoud 2007, Al-Mahmoud *et al.*, 2012). However, as not all places are filled, students drop out during their studies, some fail to enter nursing on graduation and others leave the profession shortly after entering, the target set in the Fifth Plan was still not being met (Al-Mahmoud 2007, Al-Mahmoud *et al.*, 2012).

Thus, in addition to looking at the provision of training, it is important to explore the motivation for entering nurse training and the attractiveness of nursing as a career for Saudi nationals. In 1999 Al-Hamadi noted that Saudi students tended to choose careers other than nursing which offer higher financial rewards and greater prestige. A further problem arises from the relatively limited participation of women in

the Saudi workforce, with particular problems relating to nursing. **Miller-Rosser et al. (2006)** state that traditionally, and largely because of cultural values, Saudi women have not undertaken employment. It is only recently and with limited relaxation of cultural beliefs that Saudi women have actively sought employment.

Despite nursing's long and respected history during the period of Prophet Mohammed (Peace Be Upon Him), it has not been considered a respectable profession for women in Saudi Arabia (**Mansour, 1994**). Many families in Saudi Arabia see nursing as an inappropriate area of study for women (**Phillips, 1989**). **El-Sanabary (1993)** reported that concern over their reputation and honour has limited participation of Saudi women in nursing. Many Saudi families have discouraged their daughters from studying or enrolling in the profession because they believe that the mixing of the sexes and fear that caring for male patients might expose their daughters to moral corruption (**Hamdi and AlHaidar, 1996**). However, **El-Sanabary (1993)** noted that, while sharing the same working conditions, other health professions, in particular medicine, have not been stigmatised in the same way as nursing.

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. When he was observed working in the hospital his mother claimed that he was a doctor.

Over the years there has been a substantial literature which discusses and provides evidence as to the impact of religious factors, socio-cultural attitudes, the poor image attached to nursing, unattractive working conditions and a lack of options for balancing work and family responsibilities on the perception of the role of nursing. (**Rehemi, 1986; Rawaf (1990); El-Sanabary, 1993; Tumulty, 2001; Al-Omar, 2003; Miller-Rosser et al. 2006**). On the other hand, there is anecdotal evidence that some potential applicants are deterred from nursing training because of the often very high GPA entry requirements, and **Al-Osaimy (2004)** has suggested that the use of English as the medium of study has had a deterrent effect. **Hamdi and AlHaidar (1996)** found evidence of uneven awareness and understanding between students from different Saudi regions of the possibilities offered by nurses.

In order to study potential barriers to achieving the Saudisation goal of increasing the number of Saudi nurses, a survey of first-year nursing students was carried out to explore their motivation for entering nurse training, their perceptions of the attractiveness of nursing as a career for Saudi nationals, their future aspirations and the reasons they considered might

cause students to drop out of training. An additional objective of the survey, not considered here, was to estimate the extent of multiple applications for nurse training.

## 2. Methodology

After considering the relative merits of alternative approaches to collecting information about students' motives and aspirations, a self-completion questionnaire was designed and administered by the researcher or her representative.

### Target Population:

Because of the need to estimate the extent of multiple applications, along with motivation for entering nurse training, it was decided that first-year students would be most appropriate as this would minimize the length of recall. As such students would be towards the end of their first year they would also already have some experience of nursing study. Thus, the population for this survey consists of all first-year nursing students from all institutions.

### Sample Selection:

By 2005 there were 109 institutions in KSA offering nurse training, with an estimated 5800 first-year places (**Al-Mahmoud, 2007**). Most are run by the Ministry of Health (MOH), the Ministry of Higher Education (MOHE) or the Military, with an increasing number run by the private sector (**Saudi Council for Health Specialties 2006**). Three types of nursing qualification are offered: the BSN degree, which involves five years nursing education, including a one-year internship or training in a university hospital; Higher Diplomas, which require three-and-a-half years nursing education including clinical practice; and Diplomas, awarded after two-and-a-half years nursing education including clinical practice (**MOH, 2005**). All institutions are single-sex with, in 2003, just over half the institutions catering for male students.

Because of the method of administration, which required visits, some form of sampling was required as it was not feasible to visit all 109 institutions. A form of cluster sampling with some stratification was used. First all institutions were grouped by type and gender. Then a number of institutions were selected from each group. However, further, constraints arose since, for cultural reasons, the female researcher was not allowed to visit male institutions and travel was difficult within regions and between regions because of restrictions on females travelling without a chaperone. Thus the institutions had to be selected as outlined below, rather than randomly as would have been desirable.

The director in the General Directorate of Health Affairs in Riyadh helped in selecting the MOH institutions according to the number of students, region, type and gender. The MOHE headquarters

official assisted in selecting the university with the highest number of students. For the private institutions, the selection was made with the assistance of the Saudi Council for Health Specialities for different institutions in different regions. Lastly, for military institutions, the only available male

institution was included; the female institutions were selected with the assistance of the Health Institutions coordinator. At least one institution from each of the five KSA regions was included (see Table 1). All first-year students in each of the selected institutions were included in the sample.

**Table 1: Institutions Included in the Survey of Students (2006)**

Name of institutes	Establish Year	Gender	Region	City	Institution type
University of Dammam	1988	Female	Eastern	Dammam	MOHE*
College of Nursing & Allied Medical Sciences	2002	Female	Middle	Riyadh	Military
King Fahd Military Medical Complex	2003	Female	Eastern	Dhahran	Military
AFH- Riyadh	1996	Male	Middle	Riyadh	Military
College of health sciences	1995	Male	Middle	Gasim	MOH
College of health sciences	1995	Female	Southern	Asir	MOH
Health institute	1979	Female	Eastern	Qatif	MOH
Health institute	1983	Male	Northern	Joaf	MOH
Private institution (A)	1995	Male	Eastern	Khobar	Private
Private institution (C)	2002	Male	Western	Jeddah	Private
Private institution (B)	2001	Female	Eastern	Dammam	Private
Private institution (D)	2001	Female	Middle	Riyadh	Private

**Sources: MOH, MOHE, Saudi Council for Health Specialities and Military official documents.**

**\*There were no male MOHE institutions**

### Questionnaire Design:

As noted above, a four-page self-completion questionnaire - in English as that is the medium of study - with some open but mostly closed-ended questions was employed. Ideas for wording of questions were adopted from studies conducted in Qatar, Jordan and Kuwait. Many studies in Arab countries and all over the world have explored the reasons behind national shortage and they focused on recruitment, retention and barriers to retention or dropout. Among the studies from which questions or ideas were drawn, was a study conducted in Qatar in 2001 by Okasha and Ziady. Another was conducted in Jordan in 2005 by Jrasat, Samawi and Wilson. Further, similar study was done in Kuwait in 1998 by Al-Kandari and Ajao.

The first question consisted of eight attitude statements, with respondents being invited to indicate the degree of important of each to them. These aimed to explore the views of students towards nursing as a career including whether they chose nursing because its humanitarian nature or because of the financial rewards they might get after graduation, in addition to determining which factors might influence their choice of nursing as a career.

Another question asked respondents to indicate their agreement or disagreement with a set of statements about nursing as a profession, which aimed to explore barriers to the retention of nurses. A further question asked students to rate the importance of each of a set of possible reasons for nursing students not completing their course of study, in order to explore some possible reasons that lead to dropout.

In order to explore respondents' commitment to nursing as a career, they were asked if training to be a nurse was their first choice, with a request to indicate their first choice if it was not nursing. Another question asked where they saw themselves five years after graduation. A further question asked for details of respondents' high school GPA to help determine whether that had any effect on students' career choice.

Information on age and marital status of respondents was sought and, finally, respondents were invited to add any comments they wished about their choice of nursing training, their future career and/or any views they had on nursing as a profession.

A cover letter outlined the title and the purpose of the study and brief note about the status of the researcher. It guaranteed that the questionnaire was completely anonymous, as it did not ask for name or identification of respondent, and that the presentation of results would ensure that no individual responses can be identified. It requested respondents to kindly help by filling in the attached questionnaire, and to return it either to the researcher or her delegate who would collect them on the spot

After feedback from a pilot study of 25 first-year students at King Fahd Hospital of the University, conducted by a delegate of the researcher, some modifications were made to the questionnaire.

### Administration of Questionnaires:

Having obtained the necessary approval for the field trip from the Ministry of Higher Education, the survey was conducted in the Kingdom of Saudi Arabia between April and May 2006 - a period selected to avoid examinations and holidays. The field trip coincided with international nursing day, which

caused some delays but had the advantage that the researcher was able to attend it and meet the authorised personnel in MOH and MOHE who facilitated the gathering of the data, especially in male institutions.

The deans of the selected institutions received letters from the Executive Hospital Director explaining the purpose of the study and asking them to facilitate the researcher's work and assist in data gathering. The researcher then contacted the institutions to explain the survey in greater depth, to arrange a visit to collect the data or, in the case of male institutions, to arrange to send a delegate.

Before meeting the students the researcher (or her male delegate in male institutions), requested from each institution's administration the number and a list of first-year nursing students. Prior to distribution, the researcher completed the table in the top of each questionnaire with the sex of the students, and the institution type. Questionnaires were given to first year nursing students, who were gathered together in one or more classrooms. The students were assured about the confidentiality of information they provided.

After completing the questionnaires, which took about 20 minutes, respondents were asked to stay in their classroom whilst the researcher (or delegate) collected the completed questionnaires. This ensured return of all questionnaires distributed. Four students, who were absent or sick, were given the questionnaire by the dean or administrator.

#### Analysis:

Data from the completed questionnaires were entered directly into the SPSS for analysis. Responses from the pilot study were not included as the questionnaire had been changed.

As the method of sample selection unavoidably resulted in a disproportionate sample of students by institution type and gender (see Table 2), where relevant during analysis findings were weighted to represent the proportions by type of institution and gender in the target population, based on the numbers of entrants in 2003, the latest information then available (**Al-Mahmoud 2007**). Limitations on the sample size prevented further weighting by type of qualification.

**Table 2. Sample Size by Institution Type and Gender**

Type of Institution	Males			Females			Total		
	Entrants 2003*	Sample Size	%	Entrants 2003*	Sample Size	%	Entrants 2003*	Sample Size	%
MOHE	0			223	114	51.1%	223	114	51.1%
MOH	1035	44	4.3%	1015	179	17.6%	2040	223	10.9%
Military	24	13	54.2%	270	33	12.2%	294	46	15.6%
Private	926	64	6.9%	211	51	24.2%	1137	115	10.1%
<b>Total</b>	<b>1985</b>	<b>121</b>	<b>6.1%</b>	<b>1719</b>	<b>377</b>	<b>21.9%</b>	<b>3704</b>	<b>498</b>	<b>13.4%</b>

\* (Al-Mahmoud, 2007)

### 3. Results

All 498 questionnaires distribution were completed and returned. As the response rate was 100%, the breakdown of respondents by institution and gender is as shown in Table 2.

#### Demographics

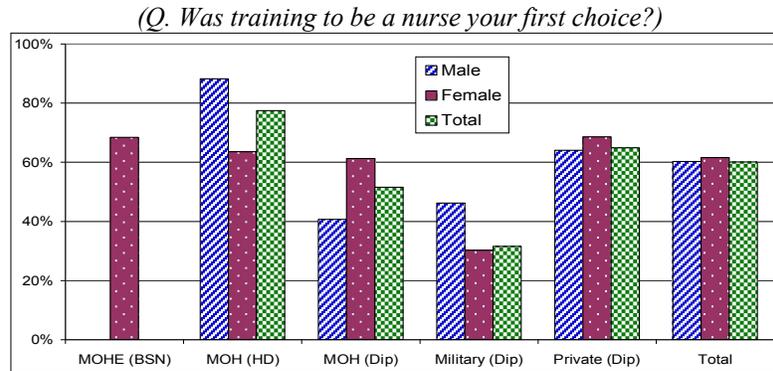
The weighted mean age of all respondents was just over 20 years, with male students slightly, but significantly, older at 20.65 years than female students at 19.44 years. This age difference is reflected in the fact that two-thirds of females, but only quarter of males are in their teens. Both male (mean age 21.34) and female (19.80) respondents at Private Institutions were slightly, but significantly older, than their counterparts at other institutions. 73 (14.7%) of respondents were married, with no significant difference between males at 16.5% and females and 14.1%.

#### Choice of Nursing as a Career

Just over 60% of respondents reported that training to be a nurse was their first choice of

training, with a slightly but not significantly higher percentage for females than males (Figure 1). Higher Diploma students and BSN students were significantly more likely to give a positive response than Diploma students, with 15 of the 17 male Higher Diploma respondents answering positively. Among Diploma students, a clear majority of both males and females at Private Institutions and of females studying at MOH institutions also stated nursing was their first choice. However, nursing was the first choice of fewer than half of students at military Institutions (46% males and 30% females) and of male students at MOH institutions (41%).

Of the 191 respondents who stated that nurse training was not their first choice, 164 gave details of their first choice. Of those, well over half (57% unweighted) specified doctor or dentist, with a significantly higher percentage among females (66%) than among males (27%) specifying those professions.



**Figure 1: % of Students stating that nurse training was their first choice**

### Reasons for Choosing Nursing as a Career:

Respondents' mean ratings of the importance to them of eight possible reasons for choosing nursing as a career are shown in Table 3. It can be seen that wishing to work as a health professional (1) and nursing being a humanitarian job focusing on people rather than money (2) received the highest importance scores, with very few respondents rating them as slightly or not important. These are followed by finding employment easily after graduation (7) and wishing to take part in the Saudisation process (8). For all four 'reasons' females recorded higher mean importance scores, significantly so in the case of wishing to work as a health professional and participate in the Saudisation process. The least important reasons are having their friends in nursing (5) and having a GPA too low for their first choice of profession (3), with nearly half of all respondents, and 80% of Higher Diploma students, selecting 'Not Important'. Although it had an overall means score of 1.55, reason 4 "My family encouraged me to study nursing" received significantly higher importance scores from females both overall (1.88 v 1.25) and within institution/certification groups, except for students at Private institutions, where males students rated it slight, but not sufficiently, more important than did female students.

### Effect of GPA on Choosing nursing as a Profession:

Almost four-fifths of respondents had high school GPA above 80%, with nearly half those having a score above 90%. As might be expected, there are significant differences by type of qualification, with well over 60% of BSN students and Higher Diploma students having a GPA above 90%, compared to 22% of Diploma students. Female respondents have significantly higher GPA scores than males but, whilst that might be expected because there are no male BSN students, female Diploma and HD students also have significantly higher GPA scores than their male counterparts. GPA by type of institution is, of course, affected by the type of qualification offered. However, Diploma students at private institutions had

significantly lower GPA scores than Diploma students at other types of institution, with over 60% (66% of males and 49% of females) having GPA below 80%, compared with 24% (33 % males and 12% of females) of Diploma students at other types of institutions.

Although overall having too low a GPA for their first choice of profession was not rated as important, as Figure 2 shows, the lower the GPA score achieved, the higher the rated importance of having too a low GPA score. The higher rating of importance by females for all levels of GPA achieved reflects the fact that all BSN students (who give the highest importance rating to this reason 1.47 compared with 0.33 by Higher Diploma and 1.10 by Diploma students) are females.

### Future Aspirations:

As Table 4 shows, nearly 55% of male and just over 60% of female respondents see themselves as working in health-care-related employment five years after graduation. However, a significantly higher percentage (43%) of female than male respondents (26%) see themselves as a staff nurse (in or outside a hospital), whilst a significantly higher percentage of the males (22%) than females (14%) see themselves as part of hospital or health service management at that stage. Respondents studying at Military Institution are significantly less likely (21%) than others to see themselves in clinical nursing after five years but significantly more likely (33%) to anticipate being in hospital or health service management. Indeed, none of the 13 male respondents studying at a Military Institution anticipate staying in clinical nursing, whilst 7 of the 13 (54%) see themselves in hospital or health service management. A significantly higher percentage (8%) of respondents from MOHE Institutions than others anticipate working as instructors or educators in nursing faculties. The 43% who do not anticipate working in health-related employment after 5-years include those who anticipate they will be continuing their students at that stage.

**Table 3: Reasons for Choosing Nursing as a Career: Mean Importance “Scores” by Institution and Gender**  
(Q. Please indicate the importance to you of the following reasons in choosing nursing as a career):

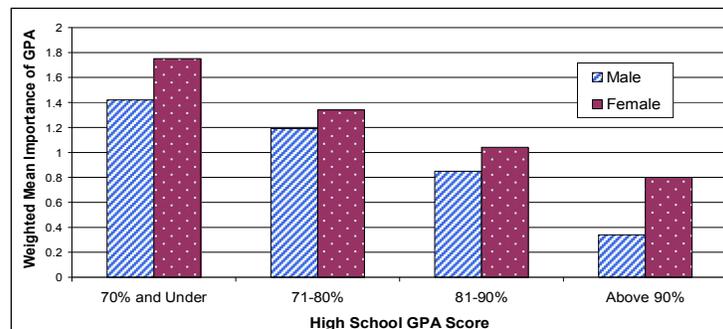
	Reason	Gender	Mean Importance ‘Score’					Weighted mean
			MOHE	MOH		Military	Private	
			BSN	Higher Diploma	Diploma	Diploma	Diploma	
1	I wish to work as a health professional	Male	-	2.65	1.89	1.92	2.36	2.26
		Female	2.65	2.46	2.60	2.58	2.18	2.52
		<b>W. Mean</b>	<b>2.70</b>	<b>2.57</b>	<b>2.26</b>	<b>2.52</b>	<b>2.33</b>	<b>2.38</b>
2	Nursing is a profession which focuses on people rather than money	Male	-	2.65	2.65	2.85	2.19	2.43
		Female	2.51	2.39	2.68	2.39	2.67	2.56
		<b>W. Mean</b>	<b>2.51</b>	<b>2.54</b>	<b>2.67</b>	<b>2.43</b>	<b>2.28</b>	<b>2.49</b>
3	My GPA in high school was too low for my first choice of profession	Male	-	0.41	1.00	1.08	1.19	0.97
		Female	1.47	0.21	0.91	1.58	1.00	0.98
		<b>W. Mean</b>	<b>1.47</b>	<b>0.33</b>	<b>0.95</b>	<b>1.53</b>	<b>1.16</b>	<b>0.97</b>
4	My family encouraged me to study nursing	Male	-	0.82	1.07	0.92	1.58	1.25
		Female	1.90	2.07	2.05	1.48	1.53	1.88
		<b>W. Mean</b>	<b>1.90</b>	<b>1.37</b>	<b>1.59</b>	<b>1.44</b>	<b>1.57</b>	<b>1.55</b>
5	My friends are also joining nursing profession	Male	-	0.88	0.43	1.08	1.21	0.90
		Female	1.17	0.08	1.46	1.00	0.67	1.01
		<b>W. Mean</b>	<b>1.17</b>	<b>0.52</b>	<b>1.00</b>	<b>1.01</b>	<b>1.12</b>	<b>0.95</b>
6	The salary and financial allowance during study are attractive	Male	-	0.31	1.92	2.23	1.42	1.36
		Female	1.53	0.24	2.28	1.56	1.04	1.58
		<b>W. Mean</b>	<b>1.53</b>	<b>0.28</b>	<b>2.11</b>	<b>1.62</b>	<b>1.35</b>	<b>1.47</b>
7	I can easily find employment after graduation	Male	-	2.47	2.18	2.54	1.95	2.14
		Female	2.36	2.45	2.23	2.44	1.81	2.28
		<b>W. Mean</b>	<b>2.36</b>	<b>2.46</b>	<b>2.21</b>	<b>2.45</b>	<b>1.92</b>	<b>2.21</b>
8	I want to participate in supporting the Saudisation process	Male	-	1.29	1.73	1.62	2.06	1.81
		Female	2.66	2.40	2.48	2.58	1.93	2.44
		<b>W. Mean</b>	<b>2.66</b>	<b>1.82</b>	<b>2.13</b>	<b>2.50</b>	<b>2.04</b>	<b>2.11</b>

- = No students Responses coded 0 = not important, 1 = strongly important, 2 = important, 3 = very important

**Table 4: Possible Jobs (Career) 5 Years after Graduation**

(Q. Where do you see yourself 5 years after graduation from nurse training?)

Response	Male		Female		Total	
	No.	Weighted %	No.	Weighted %	No.	Weighted %
◇ Staff nurse in hospital	28	22.7	150	40.4	178	30.9
◇ Nurse outside hospital	5	3.6	10	2.8	15	3.3
► Clinical Nursing	33	26.3	160	43.1	193	34.1
◇ Hospital or health service management	29	21.7	45	13.8	74	18.0
◇ Hospital but not as a nurse or management	5	4.1	5	1.0	10	2.7
◇ Nursing faculty as instructor/educator	4	2.3	13	2.4	17	2.3
► Other health-care related employment	38	28.1	63	17.2	101	23.1
<b>All health-care-related employment</b>	<b>71</b>	<b>54.4</b>	<b>223</b>	<b>60.3</b>	<b>294</b>	<b>57.2</b>
<b>Continuing Studies or working outside Health Care</b>	<b>50</b>	<b>45.6</b>	<b>154</b>	<b>39.7</b>	<b>204</b>	<b>42.8</b>
<b>Total</b>	<b>121</b>	<b>100</b>	<b>377</b>	<b>100</b>	<b>498</b>	<b>100</b>



**Figure 2: Mean Importance of GPA by Actual GPA Scores**

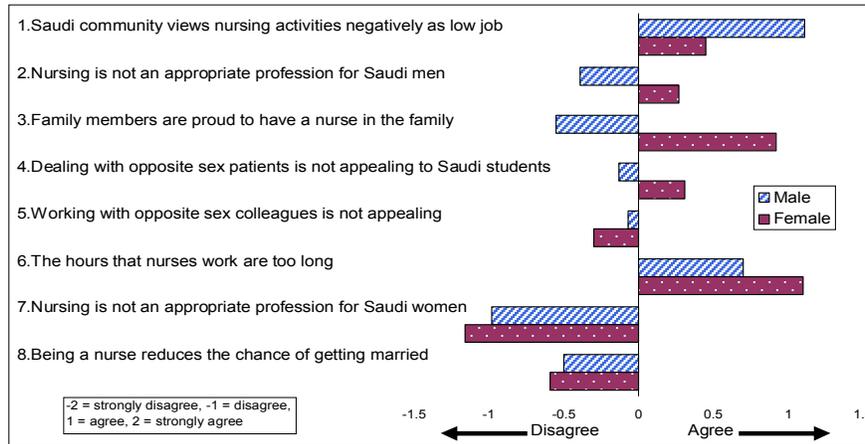
**Views of Nursing as a Profession**

Figure 3 shows the respondents’ degree of agreement or disagreement with eight statements

about nursing as a profession. The highest mean agreement scores were received by two negative statements (1) “Saudi community views nursing activities negatively as a low job”, where the agreement score for males is significantly higher than that for females, and (6) “The hours that nurses work are too long”, there the female agreement score is significantly higher than that for males. The highest mean disagreement was with another negative statement (7) “Nursing is not an appropriate

profession for Saudi women”, with over half the respondents strongly disagreement with the statement. The female mean disagreement score is slightly, but significantly, higher than the male score. Whilst overall the weighted mean score for the related statement (2) “Nursing is not an appropriate profession for Saudi men” is neutral, there is a significant difference between male and female responses with a slight disagreement by males (mean - 0.39) and a slight agreement by females (mean 0.27).

*(Q. Please indicate your agreement or disagreement with the following statements about nursing as profession)*



**Figure 3: Views of Nursing as Profession – mean Agreement/Disagreement Scores by Institution and Gender**

Another statement producing significant differences between males and females is (3) “Family members are proud to have a nurse in the family”, where an overall ‘neutral’ score conceals agreement by females but some degree of disagreement by males. On the other hand, there is little difference in response to the statement (8) “Being a nurse reduces the chance of getting married”, with both sexes recording slight disagreement overall, but with Higher Diploma students (both male and female) expressing a significantly higher degree of disagreement than others.

Overall the two statements (4 and 5) relating to working with members of the opposite sex drew fairly neutral responses. However, again Higher Diploma students’ responses differed significantly from the others, with males expressing disagreement (mean - 0.82) and females expressing agreement (mean +0.72) with statement (4) “Dealing with opposite sex patients is not appealing to Saudi students” and males expressing fairly strong disagreement (mean -1.16) and females expressing very slight agreement (mean +0.13) with Statement (5) “Working with opposite sex colleagues is not appealing”.

Possible Reasons for Dropping out of Nurse Training

Table 5 shows the importance accorded to possible reasons which might cause student dropout.

The highest overall mean importance is given to Reason 1 “Nursing students face a heavy workload”, with over 70% rating it as a very important or important factor in dropping out. Also judged important, but with significant differences between male and female respondents, are Reason 4 “The theory in the nursing curriculum is difficult.”, female overall mean = 2.02 (maximum possible = 3) and male overall mean = 1.58 and Reason 7 “Nursing students find it difficult to study English language”, which is judged ‘Very Important’ by 44% of male and 31% of female respondents. BSN students judge this as of significantly lower importance than do other female students, with only 6% judging it ‘Very Important’. The lowest levels of importance were accorded to external pressures to quit by family members (2) and friends and peer pressure (3).

None of the 17 Higher Diploma male respondents rated any of the reasons as “Important” or “Very Important” with most rating them all as “Not Important”, resulting in their mean scores being significantly lower than those for male Diploma student and for female Higher Diploma students.

**Table 5: Possible Reasons for Not Completing Nursing Studies - Mean “Importance” Scores by Institution and Gender** (Q. Unfortunately, some nursing students do not complete their course of study. Please indicate your view of the importance of the following possible reasons for non-completion)

	Reasons	Sex	Mean Importance Scores*					Weighted Mean score
			MOHE	MOH		Military	Private	
			BSN	Higher Diploma	Diploma	Diploma	Diploma	
1	Nursing students face a heavy workload	M	-	0.12	1.93	2.38	2.33	1.74
		F	1.84	2.49	2.07	2.06	2.06	2.12
		<b>W. Mean</b>	<b>1.84</b>	<b>1.16</b>	<b>2.00</b>	<b>2.09</b>	<b>2.28</b>	<b>1.92</b>
2	Family members pressure students not to complete	M	-	0.18	0.91	0.92	1.19	0.88
		F	1.28	0.93	0.84	1.43	0.39	0.95
		<b>W. Mean</b>	<b>1.28</b>	<b>0.50</b>	<b>0.87</b>	<b>1.39</b>	<b>1.04</b>	<b>0.91</b>
3	Friends and peers pressure student to quit	M	-	0.12	0.88	0.72	1.02	0.75
		F	0.75	0.64	0.65	0.53	0.38	0.61
		<b>W. Mean</b>	<b>0.75</b>	<b>0.34</b>	<b>0.73</b>	<b>0.55</b>	<b>0.90</b>	<b>0.68</b>
4	The theory in the nursing curriculum is difficult.	M	-	0.18	2.37	2.08	1.62	1.58
		F	1.87	2.09	2.24	1.47	1.98	2.02
		<b>W. Mean</b>	<b>1.87</b>	<b>1.01</b>	<b>2.30</b>	<b>1.52</b>	<b>1.69</b>	<b>1.78</b>
5	The practical aspects of the nursing curriculum are difficult.	M	-	0.00	1.05	1.17	1.51	1.03
		F	1.06	0.47	1.03	0.93	1.06	0.92
		<b>W. Mean</b>	<b>1.06</b>	<b>0.20</b>	<b>1.03</b>	<b>0.95</b>	<b>1.42</b>	<b>0.98</b>
6	Students find it difficult to balance the demands of social life and their education.	M	-	0.00	1.68	1.73	1.95	1.44
		F	1.86	2.13	1.42	1.39	1.65	1.63
		<b>W. Mean</b>	<b>1.86</b>	<b>0.96</b>	<b>1.52</b>	<b>1.41</b>	<b>1.89</b>	<b>1.53</b>
7	Nursing students find it difficult to study in English language	M	-	0.41	2.30	2.15	2.27	1.89
		F	1.25	1.63	1.95	1.55	1.96	1.74
		<b>W. Mean</b>	<b>1.25</b>	<b>0.94</b>	<b>2.12</b>	<b>1.60</b>	<b>2.21</b>	<b>1.82</b>

\* 0 = not important, 1 = strongly important, 2 = important, 3 = very important

#### Written-in Comments

Overall most of the written-in comments were very positive and the respondents were very enthusiastic about being involved in a research project. They were complimentary about the study, thanking the researcher, expressing their appreciation for such an “interesting” study, and commenting that the questionnaire was attractive, simple and covered very important points. However, on a more negative note, some were very concerned to ensure that their comments would be kept confidential.

A higher proportion of male than female respondents offered written-in comments. Most of them appreciated this study and were happy to be involved and to contribute with their opinions about nursing. They stated that they wished to have more appreciation from colleagues, authority and the community. Many expressed that they really wanted to study nursing. Some had paid a lot of money to study nursing when they were not able to get a place in a public institution, as they hoped to get jobs easily after graduation. Some expressed that they wanted to become nurses because, if they got sick or any of their male relatives got sick, they prefer to be cared for by Saudi nurses.

Some female respondents stated that they had been “dreaming to become nurses since they were children” while others stated that “we want to become nurses because we feel this profession teaches us many good activities that are useful for our daily lives even if we do not practice or work after graduation”. Many

students commented that they always wanted to work as a health professional or in a hospital. Some female respondents commented that they joined nursing because, when they or a member of their family had been hospitalized, they suffered from the barriers between non-Arabic and non-Muslim nurses and the patient in terms of language, communication, religion, and culture differences.

Many respondents suggested ways to improve the nursing profession in Saudi Arabia. Among these suggestions were: to recruit better nursing instructors and teachers; to decrease the number of theoretical lectures and replace them with more clinical and practical sessions; to provide nurseries for nurses’ children to allow them to take evening and night duties; to improve the salary scale after graduation; to get more support and appreciation from the government as well as from other health colleagues (female nurses, doctors, managers and other allied professionals).

#### 4. Discussion

Saudi Arabia, a country with vast economic resources, has traditionally relied on expatriates to provide nursing care for its citizens. The shortage of well-trained Saudi health personnel and the reliance on non-Saudis make comprehensive healthcare coverage of the population even more difficult. Moreover, non-Arabic-speaking nurses are at a disadvantage as care providers because of language barriers, cultural differences and their relatively short-term commitment. Saudi nurses are assumed to be able to

communicate more efficiently with patients and their families, which will be reflected in the quality of care and counselling provided. Thus, taking account also of the increased demand for health care personnel, there is need, not only to provide additional training places, but to pay more attention to attracting Saudi nationals to, and retaining them in, the nursing profession.

Despite the fact that the majority of expatriate nurses are female, in 2005 there were approximately equal numbers of nurse training places for males and females. This balance could influence the efficacy of Saudisation as **Al-Mahmoud (2007)** has estimated that a male:female nurse ratio of approximately 1:3 is needed to meet the requirements of the current population structure and cultural norms. Thus, it is important not only to study motivation and aspirations overall, but to identify any differences between male and female nursing students which might impact on the future of the nursing profession in KSA.

It is noted there should be caution in interpreting the findings here because of the inevitable clustering effect arising from the sample selection.

#### Nursing as a career:

Overall, the students in the survey were very positive about nursing with the vast majority claiming to have chosen it because they wanted to become a health professional and they see nursing as a profession which focuses on people rather than money. In addition, especially as expressed by female respondents, they wanted to support the Saudisation

policy. Even amongst the 40% for whom nursing was not their first choice ('non-first-choice' respondents), medicine and dentistry were the most popular first choices - overwhelmingly so among female respondents - which is line with the importance accorded to humanitarian motives. These motives are similar to those found in Qatar by **Okasha and Ziady (2001)**, where the most common motive of students for joining the nursing profession was the humanitarian or service nature of the profession. At the same time, the economic motive of ease of finding employment after graduation was, on average, rated as important, with over half the respondents rating it very important.

Those for whom nurse training was their first choice ('first-choice' respondents) rated the importance of some motives for choosing nursing as a profession significantly higher than 'non-first-choice' respondents (Figure 4). These include wishing to take part in the Saudisation process and, possibly unsurprisingly, wishing to work as a health profession, although the importance of both motives was still rated highly by 'non-first-choice' respondents. The other motives where 'first-choice' respondents give significantly higher importance scores are those relating to influence of family and friends – a finding consistent with the significantly higher importance attributed by 'non-first-choice' respondents to family pressure not to complete as a possible reason for dropping out of nurse training, also shown in Figure 4.

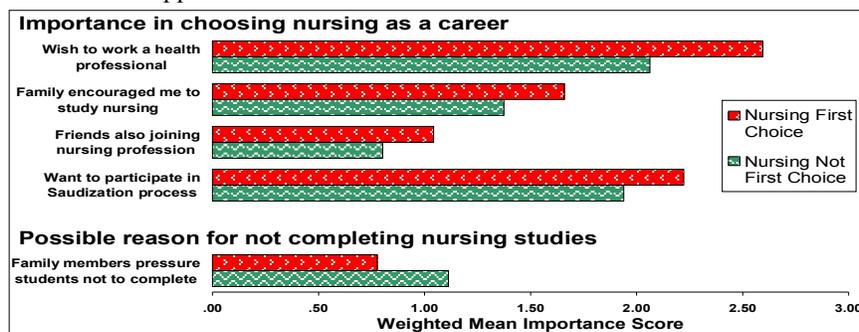
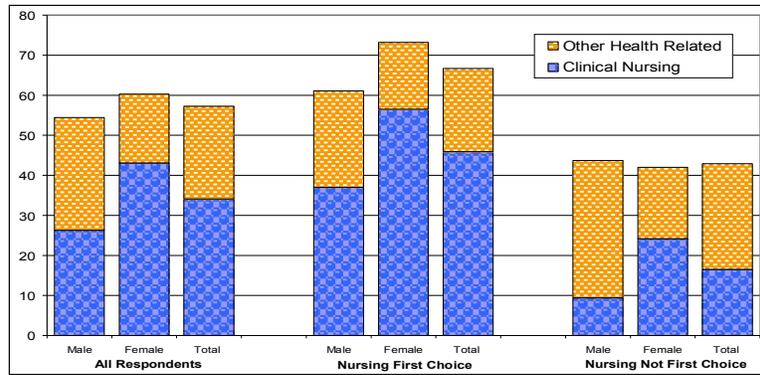


Figure 4 "First-choice" v "Non-First-Choice" Respondents' rating of Importance

Despite the fact that over 60% declared nursing was their first choice, with little difference between male and female respondents, overall under 40% (weighted) of respondents see themselves in clinical nursing five years after graduation, with the percentage of males (27%) significantly lower than that of females (43%) (Table 4 & Figure 5). On the other hand, male students were significantly less likely than females to consider that the hours nurses work are too long.

Figure 5 shows that both and female 'first-choice' respondents are significantly more likely than 'non-first-choice' respondents to see themselves

remaining in clinical nursing. However, among the 'non-first-choice' respondents a far greater percentage, especially males, see themselves in other health-related employment – much of the difference being accounted for by fact that nearly a third of the males, compared with only 13% of their female 'non-first-choice' counterparts, see themselves working in hospital or health-service management after five years. The reason for the gender differences in aspirations might be that many sectors, especially MOH, encourage male nurses to take managerial posts after six months of joining the workforce.



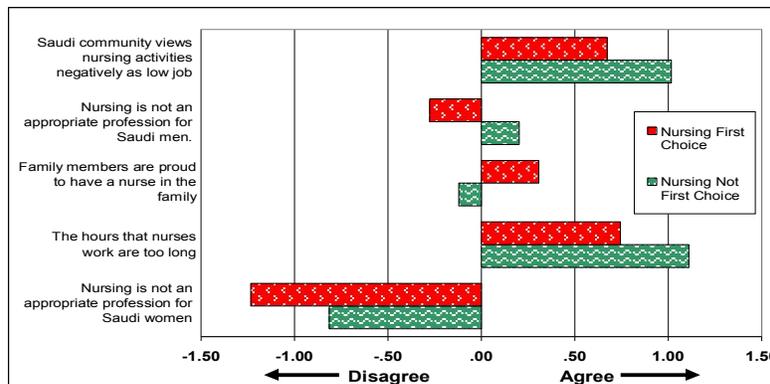
**Figure 5 Weighted % Respondents seeing themselves in clinical nursing or other health-related activity five years after graduation by gender and ‘first choice’**

These findings are consistent with those of Nasrabadi *et al.* (2004) in Iran which revealed that the social structure contributes to the rapid promotion of males to management and faculty positions that afford more respect and prestige and higher pay. However, whilst this low anticipated retention in clinical nursing of male students could have a negative impact on the Saudisation of the nursing workforce, it might have a positive effect in reducing the high dependency on expatriates in managerial posts.

The slightly higher percentage of ‘first-choice’ respondents among those studying at private institutions (65% compared with 58% overall at state institutions) might be related to the fact that such students are paying for their education. Further, nearly half of male respondents in private institutions agreed or strongly agreed that family members are proud to have a nurse in their family, compared to only just over a quarter of males at state institutions. These findings appear to be supported by the fact that 55% of private ‘first-choice’ respondents see themselves in nursing after five years, compared with 41% of ‘first-choice’ respondents studying at state institutions. For males the difference is far more

extreme, with 56% of ‘first choice’ males in private institutions seeing themselves in nursing after five years, compared with only 19% of those studying in state institutions. The 35% of ‘non-first-choice’ respondents in private institutions might include those wishing to work in other fields such as the business side of medicine or medical equipment, in banks or in private companies and other sectors where bilingual staff with post-school qualifications are required.

Perceptions of Nursing: The statement that the “Saudi community view nursing negatively as a low job” elicited strong agreement from many respondents, with males having a significantly higher mean agreement score than females, as do “non-first-choice” respondents compared to ‘first-choice’ respondents (Figure 6). In contrast, there was overall disagreement with the statement that nursing is not an appropriate profession for Saudi women, although the mean disagreement scores were significantly higher for females and for ‘first-choice’ respondents. This finding is supported by the relative neutrality accorded to statements relating to working with patients and colleagues of the opposite sex.



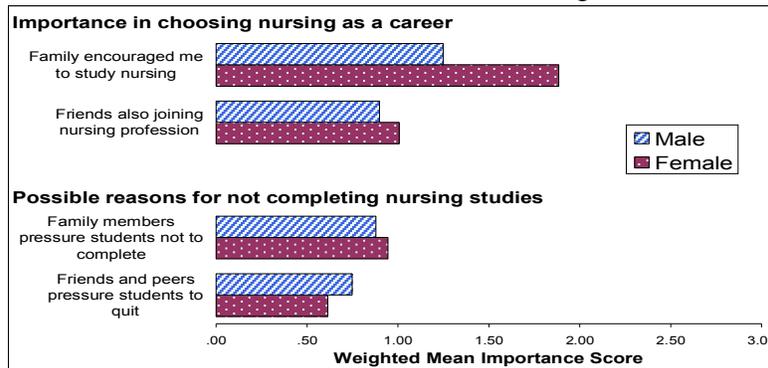
**Figure 6 Views of Nursing as a Profession “First-choice” v “Non-First-Choice” Respondents**

Views on the inappropriateness of nursing as a profession for Saudi males were mixed with large percentages of both strongly agree and strongly disagree, giving roughly neutral mean scores, with ‘first choice’ respondents and male respondents recording slight disagreement. This suggests some positive indications that the new male generation have started to see the appropriateness of the profession and this might gradually have a positive influence on the negative community view of nursing as a low status job. Unfortunately, however, views of nursing are passed on from one generation to another, including those relating to gender issues and the poor professional image, which remain in many countries especially Islamic ones. The fact that male

respondents, on average, disagree that family members are proud to have a nurse in the family reinforces this. These negative views are similar to those found in Iran, Pakistan, Jordan and many other Arabic and Islamic countries as noted by **Nasrabadi et al. (2004)**, **French et al. (1994)**, **Jrasat et al. (2005)** and **Al-Kandari and Lew (2005)**.

**Effect of family pressures:**

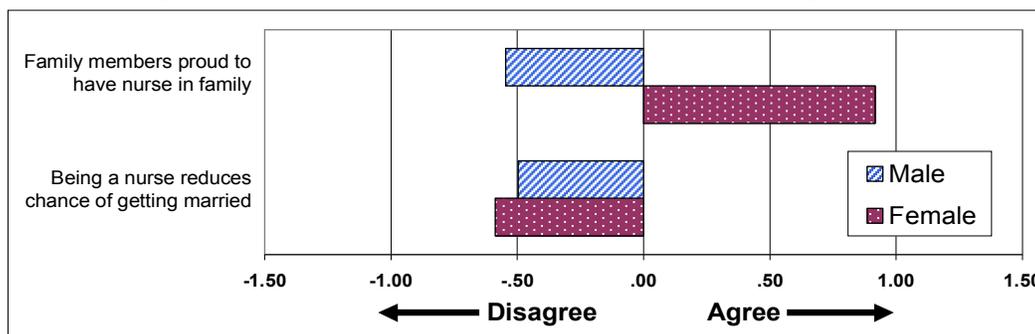
There is considerable attention in the literature on the effects of family pressures on women working in KSA. However, female respondents overall rated family encouragement as important in choosing nursing as a career, with over 40% rating it very important, with significantly lower importance to such encouragement accorded by males (Figure 7).



**Figure 7 Perceived importance of family pressures by Gender**

Consistent with this is the fact that females on average (with the exception of those studying in private institutions), agreed with the statement that ‘Family members are proud to have a nurse in the family’, whilst males on average from all types of institutions except Private disagreed (Figure 8). Whilst the positive responses from females might affect Saudisation positively, the responses from males suggest more focus might be needed on attitudes to

males entering nursing. **Shukri (2005)**, in Jordan, found that students’ families, especially mothers, encouraged both their daughters and their sons to study nursing which eventually affected positively the nationalisation in Jordan where only 4-6% of their nurses are expatriates. It is possible, however, that the absence of opportunity for males to study for a BSN might affect both their own attitude and that of their families towards nursing as a career.



**Figure 8 Social perceptions of Nursing by Gender**

Given the importance of marriage and the traditional expectations of married women to care not only for their husbands and children but often also for their parents and her in-laws, who are usually living

together in the same house, it is interesting to observe that, whilst the female respondents in this study were slightly, but significantly, younger than male respondents on average, there was no significant

difference in the percentage who were already married. Indeed, the fact that over 14% of the female respondents were married might appear a little surprising in a culture where there is resistance to married women studying or working because they will need to work evening and night shifts, and work during holidays and at weekends. Further, there was overall disagreement by both male and female respondents with the statement "Being a nurse reduces the chance of getting married".

These findings somewhat contradict those of **Okasha and Ziady (2001)**, in Qatar, that most common reason given for not joining nursing training and dropout during the course of study was because their husbands will not allow them to continue. Further, in that same study in Qatar, the majority of female students expressed that if they got engaged and their future husbands asked them to give up their study or choose another specialty they would obey without discussion.

#### Effect of Nursing Studies and GPA:

Whilst too low a GPA for their first choice was not, on average, rated important as a reason for choosing nursing, possibly unsurprisingly it was rated more important the lower the GPA actually achieved (Figure 2). However, the fact that nearly 30% of BSN students (all female and who have the highest GPAs) rated this as very important, almost half of whom were 'non-first-choice' respondents, suggests nursing was a second choice to medicine, dentistry and psychology. Whilst the absence of any opportunity for males to study for a BSN might account in part for the lower GPA scores overall achieved by male respondents, females have higher GPAs than males for all types of certificate reflecting, possibly, a greater range of

alternative careers for men or the fact that more women, not only BSN students, had originally been aiming for a career in medicine. However, a possible indication that the opportunity to study for a BSN might attract more highly qualified men to nursing is the fact that all 17 male respondents studying for the Higher Diploma had a GPA greater than 80%, with scores approaching those of female respondents, whilst only 44% of male Diploma students had a GPA exceeding 80%.

Many responding students considered the heavy workload facing students, the theory part of the study and the difficulty of studying in English language, as important contributing factors in student dropout. This is consistent with the finding of **Al-Kandari and Ajao's (1998)** study in Kuwait, where heavy student workload and focus on the theoretical part of nursing were considered to be barriers to retention. As Figure 9 indicates, there is a general pattern of higher importance being given to these reasons the lower the respondents' GPA, with significant differences between those with GPAs over 80% and 80% and under in their rating of importance of heavy workload, difficulty of studying in English and also in respect of practical aspects in the curriculum. However, possibly surprisingly little difference by GPA is observed in the rating of the theoretical aspects. Although these were presented as possible reasons for dropping out, it is likely that the ratings also reflect the respondents own concerns with nurse training.

Notwithstanding differences in GPA scores, the 17 male Higher Diploma respondents again responded significantly differently from all other respondent rating all of the possible reasons for dropping out listed in Figure 9 as not important.

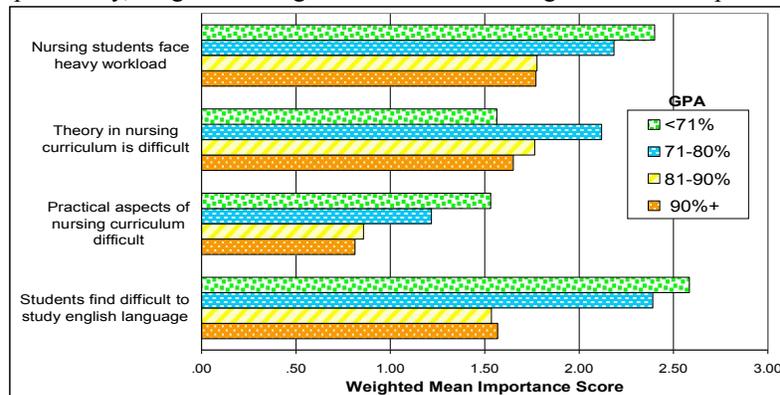


Figure 9 Importance of possible reasons for dropping out of nurse training by respondents' GPA

#### Conclusions and Recommendation

The fact that the respondents have made the commitment to become nursing students, even though for two-fifth it was not their first choice, could account for the generally positive views and perceptions of nursing, especially in respect of the

influence of family and friends found here. Thus it would be worth carrying out a similar study with school leavers in general. Further, the fact that a seventh of the female respondents were married suggests that attitudes towards females employment, including that of married women, in KSA might be

changing. Nevertheless the negative perceptions of others reported by some of the respondents, suggests that the Saudisation process does need to address attitudes in society to help remove barriers to nursing.

Recognising the limitation that the data here can report only on aspirations or expectations, it is potentially worrying how few see themselves remaining in nursing after five years, even if rather more see themselves working within healthcare. Further study to determine actual career patterns and impact on Saudisation would be useful. In addition, perhaps there should be special study concerning non-first-choice students, with their more negative attitudes to nursing and low anticipated retention levels. Of course, they will probably contribute to Saudisation in other ways but it could be questioned whether or not nurse training is the most appropriate route.

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