



Choosing to Become a Nurse in Saudi Arabia and the Lived Experience of New Graduates: A Mixed Methods Study

Submitted by

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A thesis submitted as the requirement of the
Doctor of Philosophy Degree

Faculty of Health Sciences
School of Nursing

February 2015

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Statement

This work contains no material which has been accepted for the award of any other degree or diploma in my name, in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint-award of this degree.

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Acknowledgements

There are two important groups to whom due acknowledgement needs to be made. The first is formal and the second is informal. It is difficult to know which group is the most important because without either one, this thesis would never have been written and completed. Convention decrees that the formal acknowledgement be made first.

To my principle supervisor Associate Professor Judy Magarey, who always supported and encouraged me in every stage of my journey, thank you for your patient supervision during my journey and unwavering faith in my capacity to complete the thesis. To my co-supervisor Dr. Richard Wiechula who gave me valuable, skilled and thoughtful advice, encouragement and guidance. I am thankful for the valuable experience I gained from both of you during the last four years.

The informal group is much larger and there are too many to name. However, I wish to acknowledge my friend Mr Fahad Algahtani, for his considerate support and treasured friendship during the difficult and great times.

Finally thanks goes to my beloved wife and my daughters Nora, Dalal and Razan, my son Ibrahim, my mother and father, my brothers and sisters for their support, patience and encouragement during my study and stay in Australia. I am also thankful to all participants and to the hospitals and health administration for their participation in this study. Also, I would like to thank my sponsor the University of Ha'il for their valuable sponsorship and support during my study.

Abstract

Saudi Arabia has undergone rapid social and economic change in recent years. As one of the largest employers in the country, these changes have had a significant impact on the healthcare sector, in particular on the nursing workforce. In the past, Saudi Arabia relied almost exclusively upon expatriate nurses to meet the healthcare needs of its growing population. However, an increase in the Saudi population, high levels of Saudi unemployment, and a desire to redress the country's reliance on an expatriate workforce, led the Saudi government to implement a *Saudisation* program, an initiative to recruit, train and employ Saudi nationals throughout the workforce. As a result, approximately 50% of nurses are now of Saudi nationality.

This research is a mixed methods study. A quantitative study was undertaken to gain a description of the Saudi nursing workforce in Riyadh city; in particular their motivations, views of the profession and future plans. The initial aim of the quantitative study was to ascertain why high numbers of Saudi males were entering the nursing workforce in Saudi Arabia; however, female nurses were also surveyed in order to understand if there was a relationship between gender and motivations to undertake nursing, views of the profession and future plans. In this component of the study, a self-administered survey was distributed to all Saudi nurses working as registered nurses in Ministry of Health (MOH) hospitals in Riyadh. The results indicated that the Saudi Arabia nurses surveyed were young and inexperienced with a mean age of 27 years and with 80% having less than five years' experience in the nursing field. Other important issues emerged in this study, such as the nurses' desire for educational and professional development; poor working conditions in the sector; the low social status of the profession; difficulties associated with working in a mixed-gender environment; and cultural and communication problems. Significantly, just below half of all respondents intended leaving the profession.

These results informed the second, qualitative component of this study which sought to explore in more depth, some of the findings which emerged from the initial component of the study. The second study aimed to explore the lived experience of newly graduated Saudi Nurses. Twelve newly graduate nurses who had been working in Ministry of Health Hospitals in Riyadh five years or less were interviewed. In-depth interviews in the Arabic language were performed with the nurses, who had been working in the profession for five years or less.

Themes were identified from the data using van Manen's hermeneutic phenomenological approach. Six major themes emerged from analysis of the data. Firstly, nurses felt unprepared for nursing. They felt they lacked the educational and training support they required, had little knowledge of the profession before joining, and had rarely chosen the profession themselves. Secondly, nurses in the study felt they were not readily included in nursing teams and were marginalised and discriminated against by management and expatriate nurses. In addition, Saudi nurses suffered from the poor social status associated with the profession and were subject to criticism and poor treatment by family, other health professionals and society at large. Despite this, nurses in general had a positive attitude to their profession. Saudi nurses indicated that they believed Saudi nurses were vital to the profession; both male and female nurses considered male nurses of central importance to the profession to ensure that the cultural and religious needs of Saudi patients were met. Finally, Saudi nurses showed an awareness of social changes occurring in nursing and in society in general and expressed a desire to be part of this change.

This study offers important insights into a segment of the Saudi nursing workforce, which has not been the subject of intensive study. This new, emerging nursing workforce is making a mark on the Saudi healthcare sector. In order to prevent attrition in the nursing field, Saudi nurses need to be provided with appropriate education, training, respect and

working conditions. This study offers important recommendations and insights for the future of Saudi nursing.

Chapter One: Introduction

Introduction to the Study

In Saudi Arabia, unlike western countries, there has been a rapid increase in the number of men choosing nursing as a career. The extant literature deals with men in nursing as a minority; however, this is not the situation in Saudi Arabia. In the past 25 years in western countries there has been little change in the percentage of men in nursing, comprising only 8-10% (Evans, 2004). However, in Saudi Arabia the increase in the number of men in the nursing workforce has been rapid (MOH, 2009). It was in 2003 when the first data were published about the proportion of men in nursing and this indicated that at that time they comprised 13% of all nurses in Saudi Arabia (MOH, 2012). Presently in the Kingdom more than half of Saudi nurses and 25% of the total nursing workforce are Saudi men. Although achieving a more equitable gender balance may be seen as a very positive outcome, the rapidity of the change may have brought some unintended consequences. Therefore, one of the aims of this study was to explore this situation. The findings of this study will contribute to the emerging body of knowledge regarding this rapid change in the gender of the nursing workforce and this will help decision makers in Saudi Arabia better understand the issues relating to male nurses. In turn, this understanding will inform planning for the future of the nursing profession in Saudi Arabia and possibly have implications for other countries.

Saudi Arabia is investing significant resources in the national health care system, increasing considerably the number of hospital beds and health care facilities in both the government and private sectors. In line with this expansion there is also a need to expand the nursing workforce. The aim is not only to increase the numbers of nurses but

importantly, the proportion of Saudi nurses. This change is in keeping with the government's plans of 'Saudisation'. The term *Saudisation* is defined as replacing the expatriate workforce in Saudi Arabia with qualified national workers (Al-Mahmoud, Mullen, & Spurgeon, 2012; Madhi & Barrientos, 2003). As a result, there has been a significant increase in the overall number of Saudi nurses and notably the number of Saudi men in nursing is increasing against the global trend.

This study explored and investigated the nursing workforce in Ministry of Health (MOH) hospitals in Riyadh city, the capital of the Kingdom of Saudi Arabia. Exploring the Saudi nursing workforce answered the primary question of this research around the large number of Saudi men entering the nursing profession. This research comprised of two components. The first was a quantitative study. The aim of the first component was to explore and investigate the nursing workforce in Riyadh city in regard to the perceptions, motivations and the future plans of Saudi nurses. A self-administered survey was distributed to all Saudi nurses working as registered nurses in Ministry of Health hospitals in Riyadh. Although the study aimed to explore the phenomenon of the increasing numbers of men in the nursing profession, the views of Saudi female nurses were also sought to allow for comparison. The second was a qualitative investigation, which was informed by the results of the first study; this explored the lived experiences of newly graduated Saudi nurses in the same context. Details of both studies are discussed in separate chapters in this research.

Personal Interest in the Research

My interest in the phenomenon of large numbers of Saudi men becoming nurses came from my personal observation of the national nursing workforce. As a Saudi male who has worked in many nursing and health areas for two decades, for many years I was one

of the few male Saudi health professionals who worked in nursing alongside highly experienced Western nurses. I was first interested to investigate this phenomenon after I finished my master's degree, when I discovered that the number of men entering nursing in Saudi Arabia contrasted with the trend in western countries; however, the reasons for this had not been explored.

The Research

The Research Aim

This research utilized mixed methods to firstly explore the motivations of Saudis to become nurses and their future plans and then the lived experience of new graduates.

The Research Questions

The research questions were: 'Why are Saudi men entering nursing in large numbers?'; 'What motivates Saudis and in particular males to join nursing?'; 'What are Saudi Nurses perceptions of the profession and their future plans?'; and 'What is the lived experience of newly, graduated Saudi nurses?'

The Potential Significance of the Research

This research comprised two separate components. The first component is largely focused on the motivations, perceptions and future plans of Saudi nurses in the nursing profession in an attempt to understand why Saudi men are joining nursing in such large numbers. It was appropriate to use a large sample size to gain an overall picture of the situation. The results of this component informed the second, which explored the lived experience of new, graduate Saudi nurses. The second study was largely about the impact of nursing on newly graduated nurses. It was important to investigate these issues in greater depth using a qualitative approach. It is hoped that this research will

contribute positively to nursing practice in Saudi Arabia by filling a gap in the literature about nursing in Saudi Arabia and in particular, male Saudi nurses.

This study is particularly relevant at this time because of the rapidity of change that is occurring in Saudi Arabia. This rapid change has many potential consequences for education, recruitment and importantly the retention of Saudi nurses. There are concerns that although the education of nurses has increased recently, the number of places available in Saudi health services does not match the number of people graduating. In addition, retention of Saudi nurses appears to be an issue of concern. Moreover, the perceptions and experiences of Saudi nurses is yet relatively unexplored. An understanding of the experience of Saudi nurses may provide an insight into how the situation might be better managed.

Structure of the Thesis

In keeping with the principals of mixed methods this thesis reports the findings of the two components, but importantly, integrates those findings to give a comprehensive insight into contemporary Saudi Arabian nursing. The following outline of the thesis is provided.

Chapter One: *Introduction*. This chapter introduces the research and provides a brief overview of the chapters. It establishes the aim of the research project defining the main research questions.

Chapter Two: *Background*. The background describes relevant aspects of nursing in Saudi Arabia and Saudi nurses. It includes what is known about the history of nursing in the Kingdom and examines contemporary issues that have both informed and justified the conduct of this research.

Chapter Three: *Study design*. This chapter describes the overall research design and discusses the strategy of a mixed methods approach using a sequential explanatory design.

Chapter Four: *Component one*. This chapter contains four sections detailing the quantitative element of this research. This includes background, methods, results and discussion.

Chapter Five: *Component two*. This chapter contains five sections detailing the qualitative element of this research. Background is followed by a discussion of the methodology used, the methods used to conduct the research, the findings, and interpretation of the findings.

Chapter Six: *Integration*. Having reported the major findings of the individual components this chapter integrates the findings, exploring the issues of significance in contemporary Saudi nursing.

Chapter Seven: *Conclusion*. This chapter summaries the research and considers the implications of the findings and recommendations in regard to the Saudi nursing workforce.

Chapter Two: Background

Saudi Arabia

The Kingdom of Saudi Arabia (KSA) is a relatively young country that was unified by King Abdulaziz Al Saud, the founder of the country, in 1932 (Mufti, 2000). Islam is the official religion of Saudi Arabia and Saudis are 100% Muslim. The Kingdom of Saudi Arabia is located in the Middle East at the furthestmost part of south western Asia and is one of the largest countries in the region, occupying about 2,218,000 square kilometres (Ministry of Economy and Planning MOEP, 2013a). The Arabian Gulf, United Arab Emirates and Qatar border Saudi Arabia in the east; the Red Sea borders in the west; Kuwait, Iraq and Jordan border in the north; and Yemen and Oman border in the south (see Figure 1). The country is divided into 13 administrative regions, each of which contains a number of governorates and emirates (Ministry of Economy and Planning MOEP, 2013a).

In 1975 the first national census was conducted with the results published in 1977. It was estimated that the Saudi Arabia population was nearly 7 million. By 1985, the United Nations (UN) estimated the population of Saudi Arabia to be 12 million (Mufti, 2000). According to the most recent census from the Ministry of Economy and Planning, the population of Saudi Arabia in 2010 was just above 29 million, in which 55% were males and 45% females (Ministry of Economy and Planning MOEP, 2013b). The UN projections expect the Saudi population to reach 40 million by 2025 (Mufti, 2000). This rapid increase in population is attributed to the high birth rate among Saudis (Gallagher & Searle, 1985; Mufti, 2000).

Expatriates comprise nearly 8 million of the total population (Ministry of Economy and Planning MOEP, 2013a; The Saudi Arabia Information Resource, 2013). In contrast to

most Western Nations the percentage of Saudi people below 30 years of age is high at 75% of the total Saudi population, with those below 15 years of age constituting 45%. The annual population growth rate was estimated to be 2.3% in 2010 (Ministry of Economy and Planning MOEP, 2013a).



Figure 1: Map of the Kingdom of Saudi Arabia showing the bordering countries

Source: TSAIR, 2013.

Economic and Political Background

The most distinguishing characteristic of the Kingdom of Saudi Arabia's economy is the extent to which formal planning has determined its economic path (Bjerke & Al-Meer, 1993). Although the Kingdom's main source of income remains oil and gas, great efforts have been made to diversify the economy in order to reduce dependence on natural resources (Ministry of Economy and Planning MOEP, 2013a; The Saudi Arabia Information Resource, 2013). Petroleum resources were discovered in Saudi Arabia in 1938 by an American oil company; these resources have bolstered the economic power of the country and its dominance in the region. Saudi Arabia has the largest economy

within the Middle East and Arab World and is the world's largest exporter of oil (Ministry of Economy and Planning MOEP, 2013a; The Saudi Arabia Information Resource, 2013). As the oil industry evolved in Saudi Arabia, the economic situation and the standard of living developed significantly (Mufti, 2000). Saudi Arabia controls more than 20% of the world's oil reserves. The Kingdom's dependence on oil accounts for nearly 90% of its budget and income (Aldossary, While, & Barriball, 2008).

In order to diversify its sources of income, the government acted to promote economic growth by inviting private companies into industries like telecommunications, electricity and power (Tumulty, 2001a). Over the past few years Saudi Arabia has initiated several economic reforms in order to plan for diversification of the country's economy. For example, Saudi Arabia became a member of the World Trade Organization in 2005 (Ministry of Economy and Planning MOEP, 2013a). In recent years the Saudi Arabian economy has been stable and growing. As a result of recent economic growth and advancements, the Kingdom of Saudi Arabia is categorised as the best place to do business in the Middle East (Ministry of Economy and Planning MOEP, 2013a; The Saudi Arabia Information Resource, 2013).

The policies and constitution of Saudi Arabia are based on the teachings of the *Holy Qur'an* (The Holy Book of Islam) and *Sunnah Law* (the narratives of the prophet Mohammad). The executive and legislative branches of the Saudi Government are represented by the current King (known as the *Custodian of the Two Holy Mosques*) and the Council of the Ministers and the Consultative Council, which is called *Majlis Al Shura* (Majlis Al Shura, 2013). King Abdulaziz created and called for the application of *Shura* (consultation) soon after he arrived in Makkah before the unification of the country (Majlis Al Shura, 2013). He made *Shura* the foundation and legislature of his government and accomplished the divine order by applying *Shari'ah* and *Shura*. Since

then, government policy has been determined by the Majlis Al Shura. Government policy is implemented in order to maintain and conserve Islamic traditions and the teachings of Islam. All current members and future candidates of the Majlis Al Shura must be of good character, highly educated and of Saudi nationality by origin and birth (Majlis Al Shura, 2013; Mufti, 2000).

Cultural and Gender Issues

The local culture and traditions of the people of Saudi Arabia have been formed and generated from traditions and attitudes inherited from the old civilisation of the Arabian tribes and are mainly based on Islamic teachings (Gallagher & Searle, 1985). Islam is the religion of all Saudi Arabians, thus their culture is essentially derived from the Qur'an and the Sunnah (the narratives of the prophet Mohammad). In addition, Islamic tradition is central to the social structure of Saudi families. In Islamic religion, the fundamental obligation of each Muslim is to totally submit to Allah (God in English) and to give obedience to his law, as stated in the Qur'an and Sunnah (Bjerke & Al-Meer, 1993). All Muslims must believe that the Prophet Mohammad's main mission was to deliver Allah's message to mankind, which was also given to Abraham, Moses and Jesus (Omar & Allen, 1997).

Saudi Arabian traditional culture has much in common with neighbouring countries yet retains its own unique character and style, which distinguishes it from others and makes it exceptional (Bjerke & Al-Meer, 1993). Many factors have impacted on and shaped the lifestyle of Saudi people including those of politics and geography. Restrictions on foreigners entering the country, strong tribal and family bonds, and the strict adherence to religion have made Saudi Arabia a closed country in terms of cross-cultural interaction (Long, 2005; Searle & Gallagher, 1983; Vogel, 2000). This has also resulted in cultural conservatism in Saudi Arabia.

Environmental factors and economic status also play a part in shaping the culture of Saudis (Al-Shahri, 2002; Aldossary et al., 2008; Long, 2005; Searle & Gallagher, 1983). Hot desert weather for most of the year has also impacted on the daily lifestyle of Saudi people (Bjerke & Al-Meer, 1993). Hot weather, for almost eight months a year, forces Saudis to stay indoors for most of the day and become active after sunset, when the temperature cools down. In most Saudi Arabian cities, shopping centres and restaurants open until late at night.

Issues around gender in Saudi Arabian culture are complex and have been changing recently, in line with changes in lifestyle and modern technology. Religion and existing Saudi traditions and culture play a major role in the changing social attitudes and in shaping the lives of Saudi men and women. The issue of gender segregation between men and women is important to most Saudi people. Saudi society has struggled to accept working women, although this has started to change recently (Aldossary et al., 2008).

Despite Saudi women having already gained greater access to all levels of education, there are only a few gender segregated job opportunities in Saudi Arabia. Therefore, their participation in the workforce has been relatively low. In the past, women's participation in the Saudi labour market was as low as 4% of the total Saudi workforce (Fatany, 2004). Recent reports from The Ministry of Economics and Planning and The Ministry of Education show that women account for 55% of all Saudi graduates but constitute only 40% of the workforce (Fakkar, 2013; Ministry of Economy and Planning MOEP, 2013b).

Islamic teachings, however, do not prescribe any specific restriction on the education or employment of women (Haddad, 1984; Omar & Allen, 1997). In addition, legislation gives women and men equal opportunities in the workforce (Ministry of Economy and

Planning MOEP, 2013a). However, some Saudi families prefer women not to work in the same place as men. This is a perception of some families and has obvious implications for the Saudi nursing workforce.

Saudisation Plan

The term *Saudisation* is defined in the literature as replacing the expatriate workforce in Saudi Arabia with suitable national workers (Al-Mahmoud et al., 2012; Madhi & Barrientos, 2003). This policy, involving both the government and the private sector, was issued in 1992 by royal decree from the monarchy of Saudi Arabia. All sectors of the workforce would be subject to Saudisation, including nursing, to reduce reliance on the expatriate workforce and in response to their escalating salaries (Tumulty, 2001a). Saudisation also aims to reduce the unemployment rate of Saudi nationals by restricting employment of foreign workers, reserving some jobs for Saudi citizens only, and creating new jobs for Saudis (Al-Mahmoud et al., 2012).

The Saudisation plan highlighted the economic and social risks of relying heavily on a foreign workforce (Madhi & Barrientos, 2003). Nursing is one of the largest occupations in the country and is a key focus for Saudisation by the Ministry of Health (Al-Mahmoud et al., 2012). The Ministry of Health determined that achieving this objective would require training nearly 13,000 Saudi nurses in 2012 an increase from 6,000 in 2007 (MOH, 2012). This target was partially achieved but many obstacles still remain (Al-Mahmoud et al., 2012).

The challenges that may affect successful implementation of the Saudisation plan include the lack of fully accredited nursing education programs, the poor work environment, low staff retention rates and negative perceptions of the nursing profession (Abu-Zinadah, 2006). Rapid population growth is also an issue, with the

current population of 29 million expected to rise to 45 million by 2025 (Abu-Zinadah, 2006; Ministry of Economy and Planning MOEP, 2013a). These facts show the necessity of strategic planning for the nursing workforce to ensure new, graduate Saudi nurses make a smooth transition into the profession.

Healthcare in Saudi Arabia

Healthcare in the Kingdom of Saudi Arabia traces its history back to the year 1929 when King Abdulaziz established a system of medical care in the country by developing, a health department for the people of Saudi Arabia which later became the Ministry of Health (Mufti, 2000). Within the health department, a health council was created to improve standards of healthcare, especially during the Hajj (pilgrimage) season when hundreds of thousands of pilgrims come to Saudi Arabia, particularly to Makkah, to perform Hajj (Mufti, 2000).

Healthcare was provided free to all pilgrims and to citizens of Saudi Arabia but, in 1947, provision of healthcare and healthcare facilities were insufficient to cover all the geographical regions of the growing country (Gallagher & Searle, 1985; Mufti, 2000). A few years later, in 1950, the Saudi health sector witnessed rapid improvement, with more new hospitals and healthcare centres being established in most regions throughout the country. By 1960, the number of hospitals and hospital beds were doubled, due to the rapid socio-economic development of the country. They continued to grow, forming a modern healthcare system equipped with cutting edge technology (Al Yousuf, Akerele, & Al Mazrou, 2002; Mufti, 2000).

Both government and private sectors manage the current modern healthcare system for Saudi residents and visitors. The government health sector includes the Ministry of Health and other governmental healthcare providers such as military and teaching

hospitals. The Ministry of Health is the primary and original healthcare provider, controlling about 60% of health services and 65% (see Table 1) of the total number of hospital beds in Saudi Arabia (Al Yousuf et al., 2002; Mufti, 2000).

No	Sector	% of health care provided	% of the total number of hospital beds
1	Ministry of Health	59.7 %	65 %
2	Other Government	20.3 %	19 %
3	Private	20 %	16 %

Source: Ministry of Health 2012.

Table 1: The provision of healthcare in Saudi Arabia

The Ministry of Health in Saudi Arabia is the main government agency responsible for enacting health laws, regulations, policies and planning for health in the country. In Saudi Arabia there are 13 administrative regions, including 20 health regions administered by general directors who are responsible directly to the Minister for Health (Al Yousuf et al., 2002; MOH, 2012). In each region, the authority of the Directorate of Health Affairs is responsible for the operation and management of all hospitals, healthcare centres and human resources (MOH, 2012).

According to the Ministry of Health (2012), in 2012 the total number of Ministry hospitals was 225, of which 46 were in the Riyadh region. Further, the total number of Ministry hospital beds stood at 30,277, of which 8,981 were in Riyadh. The other government and private health sectors operated 127 hospitals (MOH, 2012). The total number of Ministry health professionals reached 123,143. The number of physicians

was 25,832, of which 22% were Saudis, and the number of nurses reached 63,297, of which 49.8% were Saudis. Other allied health professionals numbered 34,014, of which Saudis comprised 80.5% (MOH, 2012). Ministry of Health services are centred mainly in Riyadh due to the high population compared to other cities, and the rapid population growth in the city (Ministry of Economy and Planning MOEP, 2013a; MOH, 2012).

From the above figures it is apparent that the government's goal of remodeling the workforce, through the employment of Saudi nationals, is not reflected in the health sector, especially in nursing. However, massive changes in recent years indicate that the face of the nursing workforce is changing rapidly. In 2002, the total number of Saudi nurses working at Ministry of Health hospitals was 12,263, which comprised 22.3% of the total nursing workforce. However by 2012, the total nursing workforce had climbed to 63,297 nurses, of which 50% were Saudi (MOH, 2009, 2012). In addition, there was an increase in the total health workforce, including nurses, of 50.8% between the years 2010 and 2012. For the same period, the Saudi health workforce, including nurses, increased to 84.4% (MOH, 2012). Nursing in Saudi Arabia will be explored further in the next section.

Nursing in Saudi Arabia

The current nursing profession in Saudi Arabia is somewhat complex, especially as it is going through a period of rapid evolution. Many factors have impacted on the complexity of the current situation facing the profession such as the recent boom in the country's economy, rapid social change, and the rapidly growing local nursing workforce. Nursing in Saudi Arabia is considered a relatively new profession when compared to western countries. The profession is also relatively new to Saudi society. Since the establishment of health services, the country has relied heavily on expatriate

nurses, recruited from more than 40 countries (Aboul-Enein, 2002; Mufti, 2000). No literature on the subject was published prior to 1960 and little was written about nursing before the 1980s (Miller-Rosser, Chapman, & Francis, 2006; Mufti, 2000; Tumulty, 2001a).

According to Mufti (2000), healthcare in Saudi Arabia, prior to 1960, mainly relied on traditional forms of treatment and care. There were no nursing or medical schools and Saudi society had not participated in the nursing profession (El-Sanabary, 1993; Mufti, 2000). The first official public nursing school was established in 1959 in Riyadh (Tumulty, 2001b). Despite the establishment of formal nursing education and health services in Saudi Arabia, the nursing profession has depended heavily on expatriates from different countries and cultures (Almalki, FitzGerald, & Clark, 2011; Littlewood & Yousuf, 2000; Mufti, 2000).

The contemporary nursing profession in Saudi Arabia faces many challenges. For the past decade, the Saudi Arabian healthcare system has suffered severely from a shortage of qualified local nurses and health professionals in primary clinics and hospitals, in both the private and government sectors (Aboul-Enein, 2002; Al-Ahmadi, 2002). According to Al-Ahmadi (2002) evidence indicates that the nursing profession in Saudi Arabia has struggled to attract Saudi men and women due to long-term difficulties such as salaries, shift schedules and social perceptions of the profession. Furthermore, the problem has been exacerbated by the number of Saudi nurses not willing to accept difficult and unsatisfactory working conditions and duties (Al-Ahmadi, 2002). However, recently the number of Saudi nurses has risen significantly, to almost half of the total nursing workforce (MOH, 2012).

Cultural issues are another challenge facing the nursing profession in Saudi Arabia. Gender segregation is part of Saudi culture and religion. Literature shows that women

caring directly for male patients and sharing the same workplace with males is not socially and culturally acceptable in Saudi Arabia (Al-Ahmadi, 2002; Gazzaz, 2009). Another study, assessing the degree of satisfaction of female, Saudi nurses with their working conditions, found that the majority of female, Saudi nurses preferred not to provide care to male patients (El-Gilany & Al-Wehady, 2001). This may have led to a slowing down of the Saudisation of nursing and the recruitment of an increasing number of expatriates.

The nursing workforce in Saudi Arabia is a mixture of multinational nurses from about 40 countries from all around the world (Aboul-Enein, 2002; Abu-Zinadah, 2006; Marrone, 1999). This diversity of multinational professionals, with different religions, cultures and educational and ethnic backgrounds, has complicated the identity and quality of nursing care provided to Saudi patients. New, local nurses also struggle to work in this complex cultural and social environment. The nursing profession in Saudi Arabia has operated with a western workforce, framework and guidelines from its inception (Mufti, 2000; Tumulty, 2001a). The profession's identity has been *Western* since it was first established and has largely remained so until Saudis started to share expatriates' roles in management, policy revision and legislation.

Nursing Organisations

Nursing organisations usually regulate nursing practice and support the nursing profession in a country. They are an essential part of the nursing profession in most countries around the world, including Saudi Arabia. From the beginning, expatriate nurses participated strongly in the formation of the nursing profession in Saudi Arabia by developing nursing standards and clinical pathways for the profession. However, these standards are not consistent across the multicultural workforce (Almalki et al.,

2011; Brown & Busman, 2003). In addition, the multicultural ethnic mix of the nursing workforce and management, who created the initial foundation of legislation and regulations for the nursing profession, brought to the profession different cultural values, systems, languages, skill levels and educational backgrounds. Nurses of multicultural and diverse ethnic backgrounds also bring a range of life and learning experiences to the clinical setting of any work environment (Brown & Busman, 2003; Luna, 1998). However, when delivering health services, consideration needs to be given to a society's culture and the background of its patients.

In 1987, the Central Nursing Committee, whose members were Saudi nationals, was established at the Ministry of Health to regulate and revise nursing standards and advance the quality of nursing (Almalki et al., 2011). Prior to this, there was no representation or formal voice for Saudi nurses at the national level, as the profession was dominated totally by expatriate nurses (Aboul-Enein, 2002; Tumulty, 2001a). Later, the Division of Nursing was established within the Ministry of Health which was directed and managed by highly educated and experienced Saudi Arabian nurses (Tumulty, 2001a).

In 1993, the Saudi Commission for Health Specialties (SCHS) was officially established in Riyadh. It is a professional and scientific organisation with legal responsibility for health organisations in Saudi Arabia. The formal mission of the SCHS is to regulate health practice to ensure its compliance and consistency with the culture of Saudi Arabia and the needs of its people (Saudi Commission for Health Specialities, 2013). It also accredits and supports training programs for health professionals in Saudi Arabia and supervises the evaluation of health organisations and health professionals (SCHS, 2013). The SCHS provides licensing for members of the health professions including nursing (Tumulty, 2001b; Almalki, FitzGerald & Clark, 2011; SCHS, 2013).

Men in Nursing in Saudi Arabia

The large number of men in nursing is a relatively unique phenomenon in Saudi Arabia. Unlike other countries, men comprise 25% of the total nursing workforce and 50% of all Saudi nurses (MOH, 2012). Previously there have been few Saudi nurses, including males in the workforce, when compared with expatriates, until recently when Saudi nationals started to join the profession in large numbers; they now comprise half of the total nursing workforce (MOH, 2012). In the past there were few male Saudi nurses and new graduate male Saudi nurses did not practice nursing, but were rather engaged in administrative responsibilities (Ray, Turkel, & Marino, 2002). However, in the last few years, the number of men in nursing has increased significantly. When compared with the first available data, current data show a significant increase in the number of male, Saudi nurses (MOH, 2009; MOH, 2012). Today males comprise half of the total Saudi nursing workforce, and even more than this in Riyadh city (MOH, 2009, 2012).

Although men are also increasingly joining the nursing profession in Western countries, the numbers are not significant. For example, Europe has experienced only a 1.2% increase in male nurses in the ten years since 1999 (Duffin, 2009). This is not comparable to the situation in Saudi Arabia, which has experienced rapid change; half of all local nurses are now men (MOH, 2012).

Specific Saudi cultural requirements have resulted in a large number of males entering the profession. For example, every year, during the pilgrimage period, the government of Saudi Arabia provides health and medical services to approximately 3 million pilgrims from all around the world who converge on a small area in Makkah (the holy city of Islam), which is called in Islam *Hajj*. The Hajj lasts for 15 to 20 days and male Muslim nurses and nursing students are required to participate in providing nursing care

for religious and logistic reasons. Cultural and religious barriers limit the participation of female nurses in the Hajj.

There is a lack of specific literature on the subject of male nurses in Saudi Arabia. The limited existing literature focuses on Saudi nurses in general, concentrating on how nursing is multicultural in Saudi Arabia; this ignores the fact that half of the local nursing workforce is male. This phenomena needs to be researched and studied further. In Saudi Arabia research opportunities for Saudi nurses are limited. Nursing research studies are often conducted by Saudi nursing students who are studying overseas and remain largely unpublished. The little existing research by non-Saudis indicates that the entire nursing profession in Saudi Arabia needs to be further investigated and carefully analysed to better understand how Saudi culture affects nursing practice (Luna, 1998; Tumulty, 2001a). Nursing research conducted by either Saudis or expatriate nurses who have lived in Saudi Arabia has mostly not considered men in nursing.

The Current Situation of Men in Nursing

Globally, throughout the twentieth century the nursing profession has largely been a female-dominated profession for cultural and economic reasons (Mackintosh, 1997). Consequently, even today, fewer males enter the nursing profession. Traditionally, men were involved in nursing in certain areas such as military services and detention centres. Even in these situations they were in the minority (Mackintosh, 1997). In Australia, prior to 2001, over a 15-year period, the country experienced an 8% decrease in the number of Australian nurses in hospitals and a 22% decrease in aged care centres. Approximately 9% of all nurses were men (Australian Bureau Statistics, 2005). But from 2003 to 2007, the number of nurses employed in Australia increased by 11.3%, growing from 236,645 to 263,331; however, only 8.6% of nurses were male (Australian Institute of Health and Welfare, 2009).

Some male nurses find it difficult to work in a predominantly female profession in the Western world (Evans, 2002). For example, registered male nurses leave the nursing profession at a rate approximately four times higher than female registered nurses, due to gender issues related to providing close and intimate nursing care for female patients (Milligan, 2001). A study in Western Australia, examining the experience of male nurses providing care to female patients, found that male nurses find it challenging to care for female clients, while the clients experienced increased levels of stress (Inoue, Chapman, & Wynaden, 2006). However, a study conducted in 2002 exploring patients' preference for male or female nurses did not find a significant preference (Chur-Hansen, 2002).

According to Inoue et al. (2006), one of the main concerns and challenges male nurses faced on a daily basis was the use of the term *sister* when referring to nurses. A study conducted in Turkey evaluating the opinion of female nursing students to male nurses informed changes in the Turkish Nursing Law in 2007. The study determined that 49.8% of the students had negative attitudes toward male nurses working in certain areas, such as obstetrics or gynaecology, which led to restricting some disciplines to females (Saritas, Karadag, & Yildirim, 2009).

Worldwide, male nurses' experiences still remain relatively unexplored, making it difficult to present a detailed view of their professional lives in a traditionally female field. In terms of nursing education, it is important to explore gender issues as well as nursing retention and nursing practice (Milligan, 2001). An ontological hermeneutic approach was used in a UK study to explore the concept of care by male nurses. The results indicated that male nurses need support to settle into the profession; they may feel pressured and thus need to consult with someone. It is also important to consider the truism 'men do not cry' as men may not seek help or support (Milligan, 2001).

Thus, the experiences of male nurses, even in the delivery of care, need further study and exploration (Inoue et al., 2006).

Recruitment and Retention

As discussed previously, recruitment of nurses in Saudi Arabia has been difficult in the past, but the profession appears to have moved into a new era, with recent figures showing large numbers of Saudis entering the profession. Up until 2006, Saudi nurses comprised about 23% of the total nursing workforce (Abu-Zinadah, 2007; MOH, 2009). However, Saudisation plans appear to have been successful in the recruitment of Saudi nurses, with a 50% increase in the number of Saudis entering the nursing workforce and an 80% increase in the overall health workforce between the years 2009 to 2012 (MOH, 2012). The issue that the government is facing now is how to retain those nurses in the workforce.

It appears that nursing authorities in Saudi Arabia need to give retention of nurses more attention. The nursing profession in Saudi Arabia has been significantly influenced by traditional, cultural and socio-political factors, which may affect nurses understanding of the profession (Gazzaz, 2009). Ignoring these factors and their importance for Saudi nurses may create and increase the job dissatisfaction amongst Saudi nurses (Al-Omar, 2004; Gazzaz, 2009). Therefore, there is a risk that the nursing profession will not provide practising Saudi nurses with the job satisfaction necessary to keep them in the profession (Robinson, Murrells, & Clinton, 2006). Studies have shown that many nurses express dissatisfaction about their workplace and that decision makers are unable to meet their needs and therefore retain them (Phillips, 1989; Tumulty, 2001a).

Decision makers and managers in nursing need to promote research in the nursing field to uncover the issues and difficulties Saudi nurses encounter; without research and

appropriate interventions, the sector will not be able to retain this young nursing workforce. With many nurses leaving the profession, it is important to examine how nurses view themselves and their profession (Al-Omar, 2004). In Saudi Arabia, research in nursing to date has not thoroughly examined the view nurses have of their profession or whether their professional practice is affected by issues associated with cultural sensitivity. Researchers need to keep in mind that the workplace may produce patterns of social and cultural inequality (Costello, 2005). Nurses in Saudi Arabia face many challenges such as a lack of Saudi nursing research inadequate education and training opportunities, a lack of cultural understanding, and the misinformed attitudes of the Saudi population towards Saudi nurses (Tumulty, 2001a; Al-Omar, 2004; Gazzaz, 2009). Thus, in order to control attrition and retain local nurses, these difficulties and challenges need to be considered.

Image of Nursing in Saudi Arabia

Nursing as a profession in Saudi Arabia has always been perceived as a low status career and the cultural barriers associated with Saudi employment in nursing have contributed to the high reliance on expatriate nurses (Al-Omar, 2004; Brown & Busman, 2003; Tumulty, 2001a). Despite efforts by the government to recruit Saudi nationals, the social stigma attached to the nursing profession remains (Miller-Rosser, Chapman & Francis, 2006). The negative image and low status of nursing, inadequate nursing education, as well as traditional and cultural values, have been major factors inhibiting Saudi nationals from entering the nursing profession (Aboul-Enein, 2002; Al-Omar, 2004; Gazzaz, 2009; Tumulty, 2001a).

The literature indicates that the desire to promote professional competencies amongst nurses in developing countries stems from the unfortunate image of nursing within

society, and its poor image amongst health professionals (Khomeiran, Yekta, Kiger, & Ahmadi, 2006; Leach & McFarland, 2014; Schwirian, 1998). In Saudi Arabia, it is not only members of society who have a negative view of nurses, but also members of the health profession. According to El-Sanabary (1993), a former Dean of pharmacology at King Abdul-Aziz University stated that although medical and pharmacy students spend their first couple of academic years in classes with Saudi nursing students, they still considered them to be inferior, less intelligent and less capable.

Furthermore, the nurse's role has historically been viewed as an extension of the physician's role. This perception may still exist today. A significant concern is that those who graduate as nurses may not be proud of their profession and may not remain in the work force (Abu-Zinadah, 2006; Al-Omar, 2004). In the past Saudis have distanced themselves from nursing because, in addition to gender and family issues, nurses are viewed as subservient to the physician and as such are second class citizens in a culture where honour is strongly linked to status (Carty et al., 1998). In addition, Saudi Arabian society has a limited understanding of the role and skill level of a professional nurse and believe nurses merely attend to the 'ordinary' or 'basic' healthcare of patients. These tasks are considered to be menial and therefore nursing is viewed as an unsuitable career choice for Saudi people (Tumulty, 2001a).

This negative attitude of nursing in the community, has led to a view of nursing as a job for maids or uneducated women (Miller-Rosser et al., 2006). It has been estimated that half of all graduate nurses leave the profession due to social and professional issues (Abu-Zinadah, 2006). The environment in which a Saudi nurse works, may also affect how they view themselves as nurses and may influence their decision to leave the profession. However, despite the poor image of nursing, there are now large numbers of

Saudis entering nursing. The poor image is not stopping people going into the profession but is having an impact on whether they stay.

Nursing Education in Saudi Arabia

Education in Saudi Arabia has a number of unique characteristics since its origin; for example, there are still separate schools for males and females. Gender segregation has existed in Saudi education since the establishment of the country in 1932. In Saudi Arabia, from primary school to higher education, female schools are managed by female staff only and likewise for males. This includes all health education such as medicine, health sciences, public health and nursing education.

Nursing education in Saudi Arabia has gone through many different phases since it was established. The Ministry of Health began nursing education in the country by establishing a one-year program for males in 1960 in Riyadh (Tumulty, 2001b). Later in the same year, the one-year program was upgraded to three years for both males and females and was provided by a Health Institute (Miller-Rosser et al., 2006; Tumulty, 2001b). This was the first Health Institute program for Saudi nurses and only a few nurses enrolled and graduated in 1961. Males and females students were separated throughout the program. Upon completion, students were awarded a Diploma in Nursing, which was the equivalent of a licensed practical nurse in the United States of America (Miller-Rosser et al., 2006; Phillips, 1989).

As socio-economic development occurred throughout Saudi Arabia, the government realised that the needs of the nursing workforce exceeded the supply of Saudi nurses. Thus, the first Health College was established under the supervision of the Ministry of Health in 1972 to meet the demand for qualified health professionals and nurses (Miller-Rosser et al., 2006; Tumulty, 2001a). Later, in 1976, the Ministry of Higher Education

established the first two colleges for female nursing, at King Saud University in Riyadh and King Abdul-Aziz University in Jeddah. Both schools offered a Bachelor in Nursing (Tumulty, 2001a). In 1987, postgraduate courses were gradually established in these universities offering masters' degrees in nursing (Tumulty, 2001a). There was no PhD program in the country until 1995 when King Abdulaziz University started a cooperation program with a British university, offering a limited number of places for holders of a Master degree in Nursing (Abo-Zinadah, 2006).

About ten years later in 2006, the government, represented by the Ministry of Higher Education, launched a major revolution in public higher education in Saudi Arabia by establishing 18 new universities around the country, adding to the seven existing universities (Ministry of Higher Education, 2014). Each of these universities had either a school of health sciences or a school of nursing or both. In addition, the King Abdullah Overseas Scholarship Program was started at that time in order to fill the gap in academic and clinical places and to enhance educational outcomes. At this time, more than 150,000 Saudi students study all level of degrees in more than 25 countries around the world, in all specialties and fields including nursing (Ministry of Higher Education, 2014).

Conclusion

Saudi Arabia's unique history, culture, economy and demographic profile have all shaped the local nursing profession. Until the discovery of oil in the 1930s, Saudi Arabia had a small population and low levels of economic growth. Healthcare provision was relatively slow to take root in the country, was modeled on a western framework, and staffed by a predominantly expatriate staff. However, economic development has precipitated major change in the country and in the nursing profession since the 1950s.

The Ministry of Health now administers over 225 hospitals in 20 health regions, with an additional 127 hospitals administered by other government and private health providers; formal nursing education has grown, including limited opportunities for nursing research; representative nursing organisations have been developed, staffed by nursing experts; and professional and regulatory bodies such as the Saudi Commission for Health Specialties have been established. However, the composition of the healthcare workforce, which is predominantly expatriate, has remained a source of contention in the country and is only now being addressed. The nursing workforce also faces additional social, economic and cultural challenges, which are a focus of this research.

The Saudi government's plan to remodel its economy and redefine its workforce in recent years (known as the Saudisation plan) has had a significant impact upon the nursing profession, with a growth in Saudi nationals entering the profession; Saudis now represent 49.8% of the nursing workforce. However, the industry faces a number of challenges.

Attracting and keeping female staff in the profession has been difficult as gender segregation, a feature of Saudi society, makes it problematic for women to attend to male patients and to work in a non-segregated workplace, leading to a reliance on expatriate staff. The employment of male nurses has tended to be higher by western standards and has increased in recent years, but a lack of literature in this area has meant that little is known about the experiences of male, Saudi nurses.

The Saudi attitude towards nursing also remains a challenge; the profession has a low social status in the country, is considered akin to domestic servitude, and is associated with low education. Saudis tend to know little about the professional role played by nurses in a health setting or the skill level required to undertake the work.

The makeup of the nursing workforce also remains an additional challenge with the nursing profession staffed by multinationals from around 40 countries. Thus ensuring nursing in Saudi Arabia is conducted in a culturally sensitive manner, as well as eradicating any inequality faced by local nurses in the industry, are issues that need to be researched and resolved. Finally, there is a risk that new, Saudi nurses will not stay in the profession if these issues, as well as poor education and training, low salaries and poor working conditions, are not addressed by decision makers. This study into the working lives of Saudi nurses, with its particular focus on male nurses, will offer policy makers an insight into some of these problems and challenges and will also offer recommendations for the future.

Chapter Three: Research Design

Introduction

The aim of this research was to explore the status of the Saudi nursing workforce and then explain the lived experiences of newly graduated Saudi nurses. Saudi nurses and the nursing profession in Saudi Arabia in general are fairly new research areas, and limited studies have been conducted to investigate the local nursing workforce, despite considerable and rapid changes occurring in the health sector and nursing in the country. In addition to the limited literature on the nursing profession in Saudi Arabia, the issue of men in nursing in the Kingdom has not been researched.

A mixed methods design was selected to broadly investigate the identified questions. This type of design was considered to be appropriate as it provided a broad and holistic view of the nursing workforce in Saudi Arabia and allowed identified issues to be explored in depth. In addition, using a mixed methods design would strengthen the results and findings to ensuring rigour of the research. This study used descriptive quantitative and phenomenological qualitative approaches in order to first widely explore and then deeply investigate the research questions. The insights which arose from this study may assist decision makers to understand the local nursing workforce; only limited knowledge exists about this phenomenon, despite the rapid change occurring in healthcare in Saudi Arabia.

According to Andrew and Halcomb (2009), there is a need to use a mixed methods research design when the target of the enquiry is decidedly complex. It was apparent from the beginning that significant changes were occurring in the nursing workforce in Saudi Arabia, but these had not been investigated to any degree. The initial aim was to

provide a broad view of what was happening to determine what the major issues were. However, it was also recognized that the scope and rapidity of change in the workforce would likely result in considerable pressure on the workforce; therefore a more in-depth enquiry was envisaged to consider the impact of these changes. Hence a mixed methods design was considered appropriate for this research.

Research Strategy

This research was designed to explore the current situation facing the nursing workforce in Saudi Arabia and uncover the lived experiences of new, graduate nurses. The focus of the research was to explore local nursing in relation to motivation, perceptions of nursing, and whether nurses planned to remain in the profession in Saudi Arabia. In addition, the study was designed to deeply explore the lived experiences of those new to the nursing field. The research design for this study relied on a mixed methods approach, incorporating both quantitative and qualitative data collection methods, as such an approach would provide a comprehensive understanding of the visions and needs of Saudi nurses.

Research Design

The initial impetus for this research stemmed from rapid changes occurring in the Saudi Arabian nursing workforce, particularly the unusually large numbers of male Saudis entering the nursing profession. The aim of the first component was to investigate why this phenomenon was occurring and what had motivated Saudi males to join the nursing workforce in such large numbers. In planning the study, it became apparent that, in order to consider why Saudi males were joining the nursing workforce, it would be logical to explore why Saudis of both genders were being recruited in such large

numbers and to understand whether any differences or similarities existed between the genders. This resulted in the choice of a descriptive quantitative design.

Given the paucity of recent literature relating to the Saudi nursing workforce, it was anticipated that the results of the descriptive study would provide an overview of the Saudi nursing workforce. The results of the first study subsequently raised a number of significant issues that required further, in-depth investigation. Consequently, a decision was made to conduct a phenomenological qualitative investigation of new, graduate Saudi nurses.

The chosen design used for the first component was a quantitative cross-sectional design. This choice was initially guided by the aim and questions of the research, as previously stated. A self-administered questionnaire was used to collect the quantitative data, targeting only nurses of Saudi nationality. A descriptive statistical analysis was then employed to analyse the data. The results from this component informed the second qualitative component by identifying a sub-group of the Saudi nursing workforce (new graduates) whose issues needed to be further investigated. The second component employed a phenomenological qualitative design to explore the lived experiences of new, graduate Saudi nurses. Further details of both components are discussed in separate sections later in this project.

Polit and Beck (2004) clarify how a qualitative method can assess or refine the validity of results in mixed method research. A qualitative approach also plays an important role in highlighting the issues and problems that arise in studies where a quantitative approach is used. When used with quantitative data, qualitative data are sometimes used to further illustrate the meaning of constructs or relationship between the results. It clarifies important results of the quantitative study. In addition, qualitative methods

further illustrate aspects of statistical findings and provide a more dynamic view of the phenomena in the study (Polit & Beck, 2004).

The proportion of men entering the nursing profession has been researched in many jurisdictions; however, little data were available detailing the extent to which males were employed in the sector or to ascertain the number of males the nursing profession requires in Saudi Arabia. The intent of this research project was to examine both the patterns of employment and the factors that contribute to those patterns. The study also sought to understand the status of male Saudi nurses in Saudi Arabia, which has not yet been investigated and the reasons why men are entering the nursing profession. Although globally male participation in the nursing workforce has been investigated, the recent and significant changes in the gender balance among Saudi nurses had not. To understand these changes, the first component of this study examined the perceptions, motivations, and future plans of Saudi nurses. Although the researcher was primarily interested in identifying and understanding the perspectives of male Saudi nurses, it was also necessary to consider and compare those of female Saudi nurses. For this reason, it was decided to expand the scope of this study to include female Saudi nurses in the survey, in order to investigate the entire nursing workforce in Riyadh, the capital city of Saudi Arabia.

The first study found that almost 25% of the participants had less than one year of experience and 53% had fewer than five years of experience. It was apparent that over 75% of Saudi nurses surveyed were considered new nurses. Thus, in the second study, a qualitative phenomenological design was utilised to explore the lived experiences of these newly, graduate Saudi nurses. The reason for targeting newly graduated Saudi nurses in the second study was because they reflected the majority of respondents from the first study component. Exploring their experience helped the researcher to

understand Saudi nurses overall and how recruitment patterns in the industry have changed.

The purpose of implementing the qualitative second component was to explore and interpret the issues raised in the first quantitative survey. Semi-structured interviews were used in order to enable the researcher to gain in-depth information (Richards & Morse, 2012). Polit and Beck (2004) consider the use of semi-structured interviews in qualitative research as a type of self-report. According to Morse (2012), the semi-structured interview is appropriate when the researcher is familiar with the research topic. To ensure that the topic is sufficiently covered, researchers tend to develop specific questions to ask participants during the interviews.

Mixed Methods Research

According to Creswell (2002), mixed methods research is an approach used for collecting, analysing, and 'mixing' both quantitative and qualitative data in a single study to understand a research problem. Similarly, Leech and Onwuegbuzie (2009) state that a mixed methods approach involves the collection, analysis, and interpretation of quantitative and qualitative data in one study in order to investigate the same phenomenon.

Other researchers have argued that the mixed methods approach in research studies uses both qualitative and quantitative data, but this can occur in either 'parallel or sequential phases' of the data collection and analysis (Tashakkori & Teddlie, 2010, p. 11). Creswell and Plano Clark (2007, p. 5) define mixed methods as a 'research design that incorporates philosophical assumptions and methods of inquiry'. It is imperative to understand the concept of using both quantitative and qualitative methods in one study and to describe the mixed methods approach in a way that serves the needs of the study,

while also facilitating understanding of the research design. Mixed methods research is usually time-consuming because it requires extensive data collection and analysis.

A mixed methods design can be used in one study when it is apparent that neither quantitative nor qualitative methods in isolation are adequate for addressing the identified research questions (Ivankova, Creswell, & Stick, 2006; Leech & Onwuegbuzie, 2009). In research, collecting data using the quantitative approach produces statistical results such as numbers, frequencies, and magnitude of trends in order to offer meaningful and exact information, whereas the use of qualitative data may provide participants' experiences thereby leading to a richer picture of the situation under investigation.

The mixed methods design is more comprehensive than a single method design, because it can answer research questions that other methodologies cannot, provides stronger inferences to the study, and presents a greater diversity of differing views (Tashakkori & Teddlie, 2010). In addition, the mixed methods design can offset the disadvantages of certain other methods when used in a single approach (Creswell, 2014; Tashakkori & Teddlie, 2010). Other important methodological aspects of mixed methods design require consideration by the researcher, in particular the sequence and priority given to the quantitative and qualitative data collection and the integration of results (Creswell, 2014).

Furthermore, qualitative data can generate a better understanding of the context in order to help better explain the quantitative numerical findings (Creswell, 2002). In this research, the first component used a quantitative approach to explore the current Saudi nursing workforce and produced statistical results. The second component then gave a more in-depth understanding of the lived experiences of new, graduate Saudi nurses using a qualitative approach.

Sequence and Priority

Mixed methods design is concerned with the type of methods employed and their sequence within the research. A decision has to be made about whether these data should be collected sequentially and which component should be undertaken first. This study used sequential implementation of the quantitative data collected and analysed in the first stage, followed by qualitative data collected and analysed in the second stage. Conducting the study in this order allowed the researcher to build on the strengths of both quantitative and qualitative data. Quantitative data produce statistical results in the form of numbers and frequencies and offered broad, useful information; meanwhile, qualitative data provided the actual experiences of individuals in their own words and a richer picture of the situation emerged. In addition, qualitative interviews can define the context, thereby helping to clarify the quantitative statistical relationships and numerical findings (Creswell, 2002). Also, combining quantitative and qualitative methods helps produce comprehensive research outcomes, as well as providing a better prospect of answering research questions (Tashakkori & Teddlie, 2010).

The decision to use a quantitative method first stemmed from a lack of information about what has led Saudi men to join the nursing profession in large numbers. Information about men in the nursing field in Saudi Arabia and what motivates them to become nurses, as well as how they perceive the profession appears to be lacking; therefore, quantitative data was the key to gaining the necessary information in this research. This approach was then followed by gathering qualitative information to acquire a deeper understanding of the quantitative data. The use of both quantitative and qualitative methods in research constitutes a mixed method (Andrew & Halcomb, 2009; Creswell, 2013).

In mixed methods design, priority relates to the emphasis or the relative weighting given to either quantitative or qualitative components of the research. The priority or the weight could be equal or could lean towards one component over the other. For this research, both quantitative and qualitative approaches had equal weighting and priority and they both involved almost the same amount of planning, implementation and data analyses. In addition, both methods contributed equally to the findings of the research. In explanatory research, such as the current study, where qualitative methods are mostly used to substantiate findings generated in a survey study, priority is usually assigned to the quantitative study (Andrew & Halcomb, 2009).

Integration

For any research to be considered a true mixed methods design there must be legitimate integration of data at one or more stages in the process of research (Andrew & Halcomb, 2009; Tashakkori & Teddlie, 2010). This refers to mixing these data; the researcher needs to consider the interconnectivity between all results which might occur at any stage of the research project such as data collection, data analysis or at the end, during discussion of the results. In this research both quantitative and qualitative data were collected and analysed separately; the integration took place at the point of the discussion. It should be noted that the results of the first component informed the second component's data collection, which was considered an interaction rather than integration.

According to Andrew and Halcomb (2009), integration is a pivotal ingredient of mixed methods studies and should take place during the data collection, data analysis and/or data interpretation phases, but it may also take place in the discussion section of a thesis. The decision on when and how to integrate the results depends on the research question, including how it is formulated and whether secondary questions come up

during any stage of the research (Andrew and Halcomb, 2009). It is important for the researcher to specify how the different results inform one another and how they provide distinctive answers to the research questions. In this research project, results from the first study informed data collection of the second study. Integration of both results from the quantitative and qualitative studies will be discussed in detail in a later chapter.

Mixed Methods Study Types

Mixed methods research is classified into two main types: the basic mixed methods research design and the advanced or complex research design (Andrew & Halcomb, 2009; Creswell, 2014). There are three main mixed method research designs: the convergent, parallel mixed methods design; the exploratory, sequential mixed method design; and the explanatory, sequential mixed methods design.

Convergent Parallel Mixed Methods Design

The convergent, parallel mixed methods design is one of the most familiar designs in mixed methods (Creswell, 2014). This design is appropriate when using different methods to confirm that the obtained results are of greater applicability for a diverse population. In the convergent, parallel mixed methods design, different methods are used to complement each other using both quantitative and qualitative data collection and analyses related to the same dimensions occurring simultaneously (Andrew & Halcomb, 2009). The results of both sets of data are usually compared and confirmed, resulting in either convergences or divergences in the results.

Sequential Exploratory Mixed Methods Design

The sequential, exploratory mixed methods design is useful for developing more effective measurements by identifying the domains or factors that need to be measured

(Creswell, 2014). Its sequence starts with the collection and analysis of qualitative data, which subsequently influence the development of quantitative data collection and analysis. The sequential, exploratory mixed methods design is more applicable to research conducted in a relatively new field, where important issues need to be identified first. Although the results of both phases are integrated during the interpretation phase, they also connect at earlier stages as the results of the first phase inform data collection in the second phase.

Sequential Explanatory Mixed Methods Design

The sequential, explanatory mixed methods design is considered to be the most straightforward design of all the mixed methods designs (Andrew & Halcomb, 2009). It is characterised by the use of quantitative data collection and an analysis phase followed by an in-depth qualitative data collection and analysis phase. The qualitative phase is used to gain a more comprehensive explanation and understanding of the significant issues raised in the quantitative phase. The strength of this design is that it provides an in-depth understanding of unexpected issues or significant differences that result from and are raised by investigating the general population of the study, as in the case of this research. The results of the first phase inform the second one, and the main synthesis of the results and findings takes place in the integration phase. Creswell (2014) argued that this approach is applicable to fields dominated by quantitative approaches and methods. This is the design chosen for this study. The following is a further explanation of the research design used in this research.

Choice of the Design

Creswell and Plano Clark (2007) argue that mixed methods research is challenging; consequently, designs should be used based on their specific advantages for the

research. Prior to commencing the mixed methods study research, the priorities in the strategy design of this research need to be determined. The principle tool for collecting data in any research needs to be addressed as either quantitative or qualitative and may be of equal weight in the study (Creswell, 2002; Morgan, 1998). However, Andrew and Halcomb (2009) argue that the relative weight of each component does not have to be equal but must simply be decided. Therefore, for this study, a quantitative method was used first, followed by a qualitative approach. Further, the sequential, explanatory mixed methods design was selected to drive the research and answer the research questions. This design was utilised to guide the data collection and analysis process as well as present the results and findings.

This study employed the sequential, explanatory mixed methods design, as it is more applicable for fields initiated by quantitative research (Andrew & Halcomb, 2009). Creswell (2007) and Creswell and Plano Clark (2007) and Andrew and Halcomb (2009) argued that the sequential, explanatory design is one of the most popular forms of mixed methods design. However, despite its popularity, this design is not easy to implement (Ivankova et al., 2006). Some significant methodological aspects in a mixed methods explanatory study require consideration by the researcher such as the priority and sequence of the quantitative and qualitative data collection and analytical methods. In addition, the two sets of results are integrated and elaborated upon in order to answer the research questions (Creswell, 2014; Ivankova et al., 2006; Morgan, 1998).

In this project, a self-administered questionnaire was used to collect data, which were analysed, and results used to inform the second qualitative, phenomenological component. The significant results of the quantitative survey informed the orientation of the second qualitative element, where a deeper understanding of the phenomenon under investigation, was obtained using the hermeneutic phenomenological approach.

The sequential, explanatory mixed methods design is firstly deductive as it takes the approach of finding broad general information first, then moving to an inductive approach. The quantitative method was used, via the questionnaire, to explore the phenomena of Saudi men entering the nursing profession in large numbers, as well as gender issues in the Saudi nursing workforce, including what motivates Saudis to become nurses, how they perceive the nursing profession, and what their future plans are. A questionnaire was designed to obtain this information from participants using structured, closed-ended questions.

This type of mixed methods approach prioritises quantitative data collection and analysis followed by the collection of qualitative data to help explain, refine, and elaborate upon the quantitative results. The explanation and refinement in the qualitative results will help to probe the key quantitative results in greater detail (Creswell, 2002; Creswell & Clark, 2007; Tashakkori & Teddlie, 2010). A quantitative method was used first, due to the paucity of knowledge about gender issues in the nursing field in Saudi Arabia. Economic and demographic changes in Saudi Arabia are having a significant impact on all health sectors across the country, yet little research has captured these changes, particularly in terms of the effect on gender issues in nursing and the issues facing new graduates. Therefore, quantitative data are key to gaining information and knowledge about this phenomenon, followed by a qualitative study to interpret the data collected via in-depth interviews.

Andrew and Halcomb (2009) argue that the explanatory sequential mixed methods design consists of an initial quantitative method, followed by a qualitative method. Furthermore, they state that the results of the first study can be used to identify a subgroup of individuals for in-depth investigation in the qualitative study; this is the approach taken in this project. In this study, the quantitative data revealed as expected

that the Saudi nursing workforce is relatively young and inexperienced, which has led to a focus on newly graduated Saudi nurses in the second study.

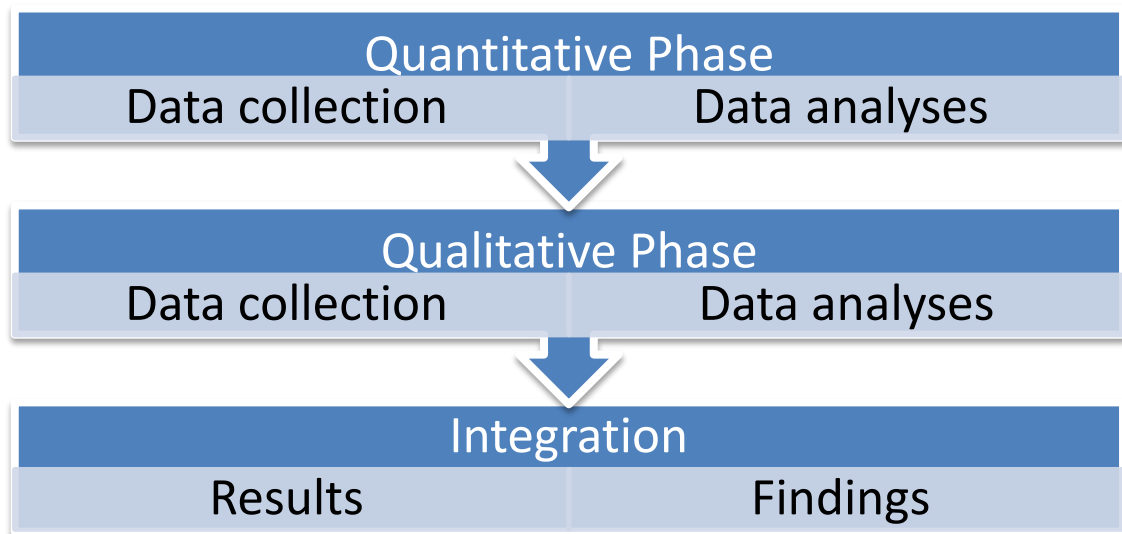


Figure 2: Study design using sequential explanatory mixed methods

Conclusion

A sequential, explanatory mixed methods design was used to undertake this research study; this research method involves undertaking a quantitative phase to gain an overview of a topic or general population, followed by an in-depth qualitative component of a sub-group of participants to gain a deeper understanding of a topic.

The quantitative component of this research was designed to gain an understanding of the current phenomenon of male nurses of Saudi nationality entering the profession. A self-administered questionnaire, characterized by closed-ended questions, was administered to Saudis of both genders working in nursing; the inclusion of both genders in the study enabled the researcher to compare the results in order to ascertain whether the responses of male nurses were gender-specific. The focus of the quantitative study was on what motivates Saudi nationals to become nurses, their perceptions of the profession and their intention to either leave or remain in the sector.

From this study the researcher was able to gain a broad overview of the current nursing profession from the perspective of Saudi nationals working in the field.

The qualitative component of the study emerged from the quantitative results; these results illustrated that a majority of Saudi nurses are young and inexperienced, with 75% having worked in the sector for less than five years. The lived experiences of this unique, emerging nursing workforce was the focus of the qualitative component of this research; semi-structured interviews were conducted in order to gain more information about their experience of working in the Saudi nursing profession.

In a sequential, explanatory mixed methods research study, results of the quantitative and qualitative components are analysed separately, with the data integrated at the discussion stage. The results in this study were weighted equally. An equivalent amount of time and effort was applied to planning and conducting both the self-administered questionnaire and the semi-structured interviews.

In the following chapters the results from the quantitative and qualitative components of this study will be presented. Each will first be considered separately; then the results of both elements will be combined and analyzed in the integration chapter.

Chapter Four: Study One

Introduction

This chapter focuses on the quantitative component of the study, the aim of which was to gain an overview of the Saudi nursing workforce by surveying both male and female nurses of Saudi nationality. The primary purpose of this study was to understand the factors that have led to an influx of male nurses into the sector, by comparing the views of both male and female nurses currently working in the field.

The first part of this chapter reviews the literature on the key issues explored in the quantitative component of the study: the motivation to become a nurse; nurses perceptions of the profession; and their plans for the future. Secondly, this chapter presents the study methods, setting, population, sample, recruitment process and ethical considerations associated with the study. In addition, this chapter outlines the development and composition of the self-administered questionnaire, which was used to collect data on the nursing workforce; a series of closed-ended questions were chosen, informed by literature on the topic. These were then translated into Arabic and validated and tested in consultation with an expert panel, prior to being administered to nurses working in MOH hospitals in Riyadh, the capital city of Saudi Arabia. The final sections of this chapter present the results of the study and the chapter concludes with a discussion of these important findings.

Background

There has been limited literature published on many issues related to the current study. These issues include nursing recruitment and retention in the Saudi Arabian context; what motivates Saudis to enter the nursing profession; how nursing is perceived in

Saudi society and by nursing graduates themselves; and the impact of gender issues on the form and composition of the nursing workforce, and on the satisfaction of both nurses and patients. This section reviews the literature on nursing in Saudi Arabia in these key areas. Some international literature is also drawn upon for comparison. While many of the difficulties facing the profession in Saudi Arabia are unique, other issues are common to nursing at a global level. The international literature offers insight into how educational opportunities, improved status and working conditions, may impact positively in the Saudi Arabian context.

Recruitment and Retention

Building and maintaining a quality nursing workforce with sufficient numbers to meet the needs of society, is a common global problem. The issues of recruitment and retention of the nursing workforce are complex and many countries struggle to overcome them (Almalki, FitzGerald & Clark, 2011). The requirements of the nursing workforce may change overtime and vary from nation to nation, depending on factors such as population growth, economic status and cultural changes within society. Recruitment alone may not meet society's needs and retention is an important concern.

Recruitment of sufficient nurses in Saudi Arabia has been a problematic issue for the government for a long time. There are many factors that have impacted on recruitment, both globally in terms of supply and demand, and locally in regard to the availability of Saudi nationals willing to become nurses. In the past this has resulted in a heavy reliance on expatriate nurses to meet workforce needs (Abu-Zinadah, 2006; Miller-Rosser et al., 2006; Gazzaz, 2009; Almalki, FitzGerald & Clark, 2011). It has been claimed that the high dependency on expatriate nurses however has not solved the nursing shortage in the country (Al-Ahmadi, 2009). Many expatriates use their time working in Saudi Arabia as a bridge to obtain training and experience; then they leave

with marketable skills to work in developed countries such as America, Europe and Australia (Alamri, Rasheed, & Alfawzan, 2006; Alhusaini, 2006). For many decades the resultant high turnover has been a major concern for health management in the country. If expatriate numbers are insufficient it would be logical to encourage Saudi nationals into nursing. A study conducted some time ago in 1989 proposed that Saudi nurses were in great demand because they speak Arabic, are aware of local conditions, and are sensitive to Saudi culture and the needs and concerns of Saudi patients (Phillips, 1989). Despite this, researchers have noted difficulties in recruitment of local nurses due to the negative image of nursing, the nature of nursing work, a lack of awareness about the nursing profession among young Saudis, lack of professional opportunities within the profession and a lack of support for working mothers (Abu-Zinadah, 2006; Al-Sa'd, 2007).

Recruitment of local nurses has not met the requirements of the health sector, even though Saudis employment in the sector has recently reached 50% of the total nursing workforce (MOH, 2012). In addition to the struggle in recruitment, nursing in Saudi Arabia is also facing the challenge of retaining its workforce, given that 50% of Saudis who graduate from nursing schools and work as nurses leave the profession due to professional and social issues (Abu-Zinadah, 2006). The rest of the world also has problems with recruitment and retention of nurses, and many countries around the globe are struggling to maintain a minimum level of staffing in the field (Buchan & Calman, 2004). In a study investigating nursing retention in Australia, it was found that improving the professional status of nurses is an important factor in nursing retention (Leanne Cowin, Johnson, Craven, & Marsh, 2008).

It has been argued that Saudi nursing shortages are mainly a matter of retaining new, graduate nurses. Researchers argue that nursing continues to struggle for professional

recognition and, if nursing retention is to be resolved, it is important for nurses to recognise their own significance and to fight for their profession (Leanne Cowin, 2002; Oweis, 2005; Twigg & McCullough, 2014). Nursing management and decision makers in health need to consider factors that may encourage new nurses to remain in the profession. For example, one reason behind the introduction of degree programs in the United Kingdom was to increase in the status of the nursing profession (Robinson et al., 2006).

Improving the work environment for nurses may have a positive impact on retention (Altier & Krsek, 2006; Bowles & Candela, 2005; Fisher & Connelly, 1989). A recent study found a link between a healthy work environment and nursing retention (Ritter, 2011). Creating a supportive practice environment and improving job satisfaction are central to the retention of nurses (Ritter, 2011). A study conducted by Smith et al. (2005 in Ritter 2011) reveals that nurses who worked in an environment that met their expectations upon graduation reported higher levels of job satisfaction and this was reflected in nursing retention. Further, those nurses whose expectations were not met in the work environment reported higher levels of work-related stress (Charnley, 1998; Duchscher, 2009).

Another study found that increasing the educational level of nurses is one of the main ways to enhance the process of professionalisation (Keogh, 1997) and to retain nurses. Providers of nursing education in Saudi Arabia were encouraged by government to increase recruitment of local nurses by enhancing educational levels (Abu-Zinadah, 2006; MOH, 2009; Tumulty, 2001a). Recent figures indicate that recruitment of local nurses in Saudi Arabia has improved slightly and that the total number of places offered by nursing education providers have increased due to the growth in nursing schools,

degrees and courses (Abu-Zinadah, 2006; MOH, 2009). However, retention of Saudi nurses is yet to be considered.

Motivation to become a Nurse

In considering the problem of recruitment it is important to consider what motivates an individual to become a nurse. In their study, Bègat, Ellefsen and Severinsson (2005) identify job motivation as an important factor that impacts on nurses' satisfaction with their work environment. In a study investigating the motives for younger people in Belgium to become nurses, altruism was ranked the highest. They also found that men were more attracted to nursing due to career opportunities than women (De Cooman et al., 2008). There is limited literature in the area of what motivates Saudis to become nurses. A few Saudi Arabian studies found that most Saudis are not motivated to join nursing due to cultural or social reasons (Aboul-Enein, 2002; Al-Ahmadi, 2002; Al-Omar, 2004). Saudis have a negative image of nursing and generally do not consider it as career choice, particularly as they do not feel comfortable mixing with the opposite gender in the workplace (Aboul-Enein, 2002; Al-Ahmadi, 2002; Al-Omar, 2004). Feeling culturally and socially accepted was found to have a direct impact on Saudi male and female nurses' job satisfaction (Gazzaz, 2009; Simpson, Butler, Al-Somali, & Courtney, 2006).

Nursing literature indicates that opportunities to access higher education and career improvement increase motivation to enter the nursing profession and also enhance nurses' control over the development of their field (Brown & Harvey, 2011). There is little motivation for Saudis to embark on a nursing career due to social and cultural obstacles. Therefore, university programs are having difficulty attracting men and women to nursing compared to other more prestigious careers. In the past few Saudi secondary school students were motivated to consider nursing as a possible future

career. This attitude of Saudi high school students towards the nursing profession is revealed in a study conducted by Al-Omar (2004) in a large number of high schools in Riyadh. The result of that study indicated that only 5% of respondents were interested in nursing as a future career and few Saudi females were motivated to choose nursing as a result of cultural values and the image of nursing within the community and their families. Saudi students are not choosing nursing as a primary choice of career. Many end up enrolling in nursing due to insufficient marks to get into other programs.

In 2001 Nursing was ranked last as an appropriate occupation for women in Saudi Arabia (Tumulty, 2001a). According to Tumulty (2001a), the type of work and long working hours were the reasons for this low ranking. For married Saudi women the working hours required in nursing are incompatible with their family obligations. Nursing suffers from a poor image in Saudi society, not just for women but also for Saudi men who face criticism from family and friends if they choose nursing (Miller-Rosser et al., 2006). This may explain why Saudis are not motivated to become nurses.

It was found in the literature that enthusiasm for working in a caring profession, and a wish to become a nurse, are often great motives for individuals to choose nursing as profession (Duffield, Aitken, O'Brien-Pallas, & Wise, 2004). In addition, other motivations for entering the nursing profession include, but are not limited to, job security, flexibility, salary, an interest in health care and science, and perceived opportunities for advancement (Duffield et al., 2004; Spouse, 2000; Yang, Gau, Shiau, Hu, & Shih, 2004). Further, a study investigating the relationship between the motives to become a nurse and the intention to leave (Gambino, 2010) found that feelings of obligation and loyalty play an integral part in nursing retention and that older nurses with high levels of normative commitment are also more likely to continue working in nursing.

In the past, it was difficult to attract Saudis to nursing because they were not motivated to join the profession. However, recently young Saudis are entering the profession in large numbers. It is believed that rapid development and fast population growth may have an impact on this but there is no evidence to support this. These changes, combined with lack of recent data, have created a gap in the literature on what motivates Saudis to become nurses.

Understanding of the Nursing Role

Nursing is a relatively new profession in the nation of Saudi Arabia. There is a lack of literature about what Saudi society knows about the nursing profession and the role of nurses. A study conducted in (1998) by Carty and colleagues noted that in Saudi Arabia the nurse's role has been mainly viewed as an extension of the physician's role. This misunderstanding and ignorance of the role of nurses has existed for many years. However, changes are taking place throughout Saudi society and this may change how Saudis understand the nursing role. This lack of understanding and information about the nursing profession and nursing role was found to be the main cause of the negative perceptions of nursing among high school students in Saudi Arabia (Al-Omar, 2004). It has been previously noted that in order to make the nursing profession more attractive, there is an urgent need to educate the public and especially young people, about the profession's changing role (Tumulty, 2001b; Al- Omar, 2004).

Lack of understanding of the nursing role not only exists among the general public, but also among newly graduated, Saudi nurses. A study investigating the benefits of developing a new graduate program for Saudi nurses at one hospital in Saudi Arabia, found that new Saudi graduates were confused about their nursing role (Fielden, 2012). Further, new Saudi nurses encountered difficulty thinking about and organising patient care in a holistic and systematic way. A lack of clinical exposure may account for

nurses feeling confused about their role. This remains a serious challenge for the Saudi nursing workforce and needs to be considered by Saudi Arabian nursing authorities (Fielden, 2012).

One aspect of the nursing role that causes confusion to newly graduated Saudi nurses is the use of Saudi nurses as interpreters. Many non-Arabic speaking nurses provide nursing care to Saudi patients who do not speak any language other than Arabic (Al-Omar, 2004; Al-Shahri, 2002). Therefore, Saudi nurses are often used in the workplace to interpret for expatriate nurses and Saudi patients (Brady & Arabi, 2005). Using Saudi nurses as interpreters has added confusion to the general public's understanding of the nurse's role and also that of the nurses themselves.

Gender Balance

Literature investigating the issue of gender balance in the nursing workforce in Saudi Arabia is sparse. However, with gender segregation in Saudi hospitals, combined with the cultural needs of Saudis, gender balance in the nursing workforce is a major challenge for health care providers in the country. Religion and culture in Saudi Arabia are intertwined. Thus, when dealing with such sensitive issues, religion cannot be ignored. Saudi Arabia is the birthplace of Islam and original, traditional Islamic values still shape Saudi culture (Littlewood & Yousuf, 2000; Al-Shahri, 2002; Long, 2005). Further, Saudi Arabians are 100% Muslim.

Bryant (2003) argues that many early Muslim scholars consider gender separation in daily life and the workplace as a fundamental Islamic requirement. In addition, contemporary conservative Muslim writers have published work extolling the virtue of women who choose to remain at home and they consider women's employment outside the home as responsible for breakdown Saudi values (Bryant, 2003; Miller-Rosser et al., 2006). Such ideas and thoughts have led many Saudi parents and some Saudi women to

consider nursing as an unsuitable career, particularly with regard to aspects of nursing that are quite intimate. Many Saudis prefer, and even insist on, single-gender nursing care (Al-Omar, 2004; Al-Ahmadi, 2002). In Saudi Arabian health care, single-gender care is highly preferred; it is not socially or culturally acceptable for women to care for male patients or to work with male staff (Al-Ahmadi, 2002; Gazzaz, 2009).

Neither the gender balance of the Saudi nursing workforce, nor working in a mixed gender workplace, have been intensively investigated. However, El-Gilany and Al-Wehady (2001) conducted a study in some Saudi hospitals to assess the degree of satisfaction of Saudi female nurses with their working conditions and found that the majority of female nurses preferred not to provide care for male patients. In a later study assessing the satisfaction of Saudi nurses in the work environment, it was argued that mixed gender staffing and caring for the opposite gender has caused dissatisfaction amongst many Saudi nurses (Almalki, FitzGerald, & Clark, 2012). Anecdotal evidence suggests Saudi nurses are given the option to choose to care for the opposite gender and if there are a lack of nurses to complete tasks, expatriates nurses cover the shortage. Further, in high dependency areas such as intensive care and emergency departments, gender segregation does not occur to the same extent.

Methods

Description of Research Design

The design employed for data collection in this study was a quantitative cross-sectional design using a questionnaire as the instrument. This choice was initially driven by the research questions and the study's aim. The cross-sectional design involves the collection of data once, at a certain point in time. Self-administered questionnaires have long been associated with quantitative designs and were employed for this study to

provide broad, detailed data. The quantitative approach is considered to be the best approach for comparing data and generalising findings within one specific population—in this case, Saudi nurses—or between two different populations (Creswell, 2002; De Vaus, 2001; J. Smith, 2007). When the phenomenon is generally known but needs to be assessed and further described in numbers and figures; when little is known about a topic, or when a broad picture of the views and background of this population is required it is best investigated using a quantitative approach (De Vaus, 2001).

The Setting of the Study

The study took place in hospitals of the Ministry of Health (MOH) in Riyadh city, Saudi Arabia. At the time of data collection for this study, three general hospitals and two medical cities (a group of specialist hospitals) in Riyadh city were being managed by the Ministry of Health (MOH, 2009). Each of these medical cities comprises different specialised hospitals.

Population and Sample

Researchers need to be cautious when selecting and recruiting the sample to avoid bias in their research. The sample used needs to be representative of the target population of the study. Therefore, before deciding on and choosing the sample, it was important to think about the population. The population of this study were all registered Saudi nurses; the sample comprised registered Saudi nurses working in MOH hospitals in Riyadh at the time of the study.

All hospitals managed and operated by the MOH in Riyadh at the time of the data collection were included. Healthcare services in Saudi Arabia are provided by three sectors: the MOH, other governmental sectors, and the private sector (Aboul-Enein, 2002). The MOH is the main health care provider in Saudi Arabia, providing 60% of health care to both Saudis and non-Saudis (Aboul-Enein, 2002; MOH, 2009). The MOH

is the largest health care provider in the country and its health facilities and activities are concentrated in Riyadh.

Large proportions of the Saudi nursing workforce, especially male employees, are centred in Riyadh city. Therefore, it was assumed that the sample would reasonably represent the population of the study. In addition, from the researcher's experience, a large number of Saudi nurses who work in Riyadh come from all over the country. According to the Statistical Book of the Ministry of Health, a large number of Saudi nurses are located in Riyadh rather than in other major cities in the country (MOH, 2012). In 2009, the total number of Saudi nurses working in Riyadh city equalled 4,778, with 2,873 male nurses (MOH, 2009). The decision to limit the study to Riyadh was also a pragmatic decision as it was not possible with the available time and resources to cover the whole country in this project.

Although the initial aim was to investigate issues affecting Saudi men in nursing, Saudi women were also included in the survey. By surveying Saudi women as well as men, we were able to compare the views of both genders to determine if the views of male nurses were uniquely related to gender.

Non-response is one of the biases that can occur in sampling which affects the external validity of studies (Bowling & Ebrahim, 2005; Nakash, Hutton, Jørstad-Stein, Gates, & Lamb, 2006). This bias occurs when participants refuse to or do not want to participate in the study. Another reason for bias is when the researcher fails to reach some participants due to communication barriers, such as language barriers (Bowling & Ebrahim, 2005). The main language of all Saudi nurses is Arabic. Therefore, the researcher chose to translate the questionnaire into Arabic to overcome participants' language barriers and increase the participation rate.

Inclusion/Exclusion Criteria

The participants of this study were Saudi nurses who held current nursing registration in MOH hospitals in Riyadh. The inclusion criteria included:

- Male and female participants
- Participants of Saudi nationality
- Registered nurses
- Participants who were 18 years of age and above.

Recruitment Strategies

The participants were recruited as follows:

- After obtaining the required ethics approval from each individual hospital, the study was presented in nursing departments, to all nursing managers (NM) and head nurses (HN) in each hospital.
- Questionnaires were handed to nursing department representatives in each hospital, who handed them to all NMs and HNs to distribute to the communication boxes of all Saudi nurses in their units.
- When convenient three-minute presentations were given to nursing staff during the morning staff meetings in some units.
- Labelled collection boxes were distributed to all units for the collection of the questionnaire.
- A first reminder, a colourful flyer in Arabic, was posted on the staff notice board of each unit throughout nursing departments in each hospital, four weeks after the initial distribution of the questionnaires.

- A second reminder flyer was posted for display two weeks after the first reminder.

Ethical Considerations

The study proposal was submitted for approval to the Human Research Ethics Committee at the University of Adelaide and the Department of Medical Research at the Ministry of Health in Saudi Arabia. In addition, ethical approval was sought from each of the individual hospitals included in the study. The study was conducted in an ethical fashion, and voluntary participation was ensured. Return of the completed questionnaire was considered to constitute consent. Moreover, the anonymity of the participants was protected. No information was collected that could identify any of the individuals who participated in the study. If such information was inadvertently collected, it was not recorded or reported. Furthermore, the data were stored in a locked cabinet and on a password-protected computer in the researcher's university study space.

Development of the Tool

The questionnaire (see Appendix 1) for the study was carefully developed and constructed in English, then translated into Arabic (see Appendix 2). The questionnaire consisted of four sections and one open-ended question, including demographic information, motivation to become a nurse, perceptions of the nursing field and future plans of the respondents. The researcher added a question at the beginning of the questionnaire asking participants to indicate whether they were of Saudi Arabian nationality to identify appropriate participants for inclusion in the sample for this study. The decision to add this question stemmed from the fact that other nurses from neighbouring Arabic-speaking countries share many cultural characteristics with Saudi nurses, but are not Saudi Arabian.

Section A of the questionnaire contained ten items related to demographic and occupational information. The questions were selected to collect basic demographic, social and occupational information such as age, gender, and marital status, the province of origin and area of nursing practice. Section B contained 17 items that were informed by previously published studies investigating the motivations for entry into the nursing profession. The researcher summarised into 17 items, the motivators previously identified in the literature as responsible for nurses and nursing students joining the profession. These 17 items were found to represent the most common motives for students and registered nurses to enter a range of healthcare settings (De Cooman et al., 2008; Gambino, 2010; Jirwe & Rudman, 2012; Miers, Rickaby, & Pollard, 2007; Newton, Kelly, Kremser, Jolly, & Billett, 2009; Rongstad, 2002). A 5-point Likert scale was designed for use in this section, enabling participants to describe their level of agreement from strongly agree to strongly disagree. Section C contained ten items informed by the results of published studies which investigated the perceptions of nursing (Brodie et al., 2004; Buerhaus et al., 2005; Harvey & McMurray, 1997; Hemsley-Brown & Foskett, 1999; Miers et al., 2007). The researcher summarised nurses' and nursing students' perceptions of the nursing profession from the literature into ten items. These ten items were measured using a 5-point Likert scale, enabling participants to describe their level of agreement from strongly agree to strongly disagree. Finally, Section D was designed to measure the future plans of Saudi nurses in terms of intention to leave the profession, preference to work part time and shorter shifts and the reasons they would leave if they intended to do so. At the end of this section, an open-ended question was included to allow respondents to write about the factors, which would encourage them to stay in the nursing profession.

Issues of Validity and Reliability

The questionnaire was developed to ensure the validity and reliability of the data collection methods. Face validity was checked to ensure questionnaire content matched the research question, which was why large numbers of Saudi men are becoming nurses. Measures were performed to ensure validity and reliability of the questionnaire, including peer review by an expert panel prior to translation, linguistic and content expert review during the translation process, and piloting following translation into Arabic.

Expert Panel

An expert panel was consulted before translating the questionnaire into Arabic to ensure that the questionnaire was able to measure what it was designed to measure, thereby ensuring face and content validity. The panel included:

- An expert in gender and nursing workforce studies
- Two academics in the field
- Experts in questionnaire design.

Minor comments on the questionnaire from the expert panel were discussed and considered.

Translation

The questionnaire was translated into Arabic to increase the response rate of participants. Initially it was not the intention of the researcher to collect the data using an Arabic questionnaire, as the language of practice in Saudi Arabia is English. However, after consulting with the medical research department in the MOH during the process of gaining ethical approval, translating the questionnaire into Arabic was strongly recommended to increase the response rate. The English version of the

questionnaire was translated into Arabic (see appendices 1&2) by the researcher. The Arabic version of the questionnaire was carefully checked and back translated to ensure face and content validity, using an expert panel comprising:

- A bilingual (Arabic and English) linguistic expert whose mother tongue is Arabic, to validate the translation
- Two Saudi academics with postgraduate qualifications, to assess face and content validity.

Some minor corrections to the questionnaire were made based on feedback from the linguistic expert. In addition, three minor comments from the Saudi academics with postgraduate qualifications were considered and taken into account.

Piloting

The questionnaire was piloted with a small group of targeted participants to ensure the effectiveness of the questionnaire. It was distributed to 15 Saudi nurses for testing in the actual environment to ensure the quality and efficiency of administration of the questionnaire. No comments emerged from the pilot study. The time required to complete the questionnaire was measured among the pilot participants as seven to ten minutes.

Data Analysis

Quantitative data were entered and analysed using the SPSS software (Version 18). Questionnaires were manually coded and numbered as soon as they were received from the collection boxes, and then the data were entered into the software. All data were double-checked after entry was completed. Descriptive statistics were used to analyse the demographic information. Chi squared was used to explore the relationships between categorical variables, primarily gender and other variables.

Results

Introduction

In the quantitative component of this study, a self-administered survey was distributed to all Saudi registered nurses in Ministry of Health's hospitals in Riyadh city. The total number of distributed questionnaires was 1,198 and 741 (61.2%) questionnaires were returned completed. This section presents the demographic characteristics of the respondents and describes results relating to their motivations to become a nurse, perceptions of nursing, and their plans for the future. The primary interest of the researcher was to investigate the views of Saudi male nurses in order to consider why there are such large numbers entering nursing currently. However, in doing so it is important to consider the similarities and differences in the views of Saudi female nurses.

Gender	Number of participants	Percentage
Male	187	25.2%
Female	554	74.8%
Total	741	

Table 2: Gender of respondents

Demographic Characteristics

Age and Gender

The mean age of the respondents was 27.1 years (SD, 4.84). The minimum age of the respondents was as young as 20 years and a maximum of 48 years (see Figure 3). Of the respondents in this study, 25% (n=187) were males with a mean age of 28 years (SD 4.5). The majority of the sample were female comprising 75% (n=554) with a mean age of 27 years (SD 4.8). There was no statistically significant difference between males and females in regard to age (Table 1).

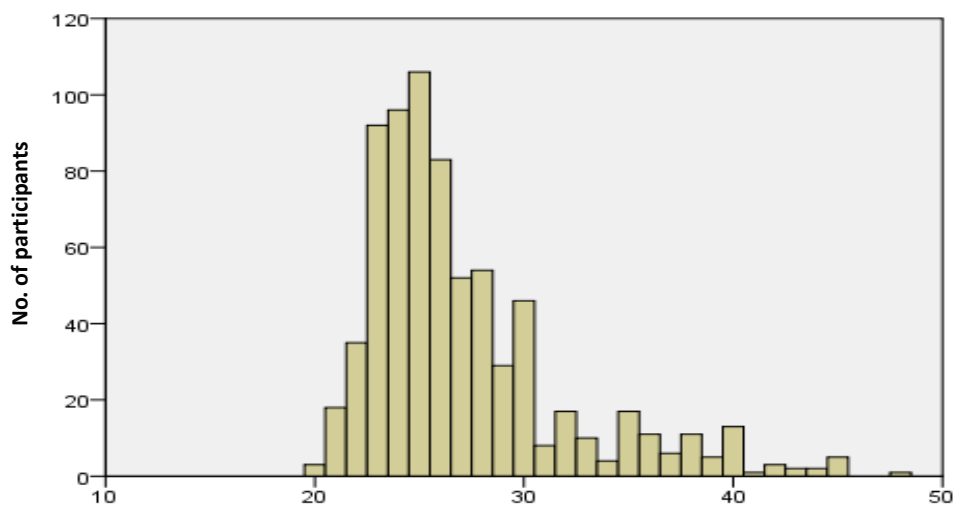


Figure 3: Age of respondents

Marital Status

There was an almost equal distribution amongst the respondents in regard to marital status; with 49.5% (n=366) married and 50.5% (n=374) single. Of the male respondents 55% (n=103) were married and 45% (n=84) were single. Of the female respondents 48% (n=263) were married and 52% (n=290) were single.

Dependents

The majority of respondents in this study, 64.4% (n=477) had no children whereas 25.2% (n=187) had one to two children and only 10.4% (n=77) had more than two children (see Figure 4). 61.5% (n=115) of males did not have dependants, 26% (n=49) had one to two children and 12% had more than two children. 65.3% (n=362) of the females did not have children, 25% (n=138) had one to two children and 9% of them had more than two children.

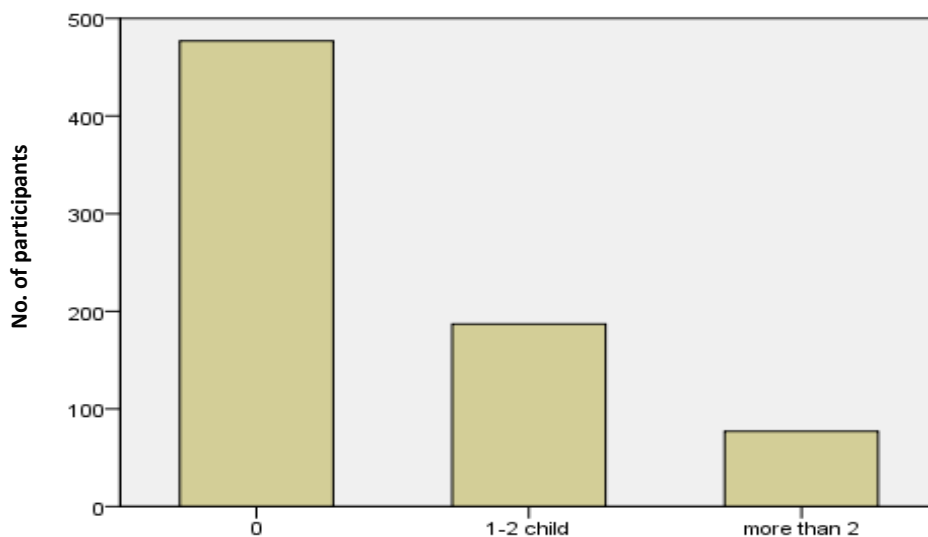


Figure 4: Number of dependents

Province of Origin

More than three quarters of the respondents were from the central region, 76.6 % (n=567), where Riyadh city is located. There were 6.3% (n=47) from eastern province, 4.6% (n=34) from western province, 3.9% (n=29) from the north of the country and about 9% (n=64) from the south (See Figure 5). Regarding the province of origin, almost three quarters of the males were from central region, 12% (n=23) were from the south, 6% from the east, 5% from the west and only 3% were from the north. Similar to males, over three quarters, 77% (n=429), of the females were from central region, 7%

(n=41) were from the south, 7% from the east, 4% from the west and only 4% were from the north.

In comparison, there were no statistically significant differences in marital status, dependents and province of origin between genders.

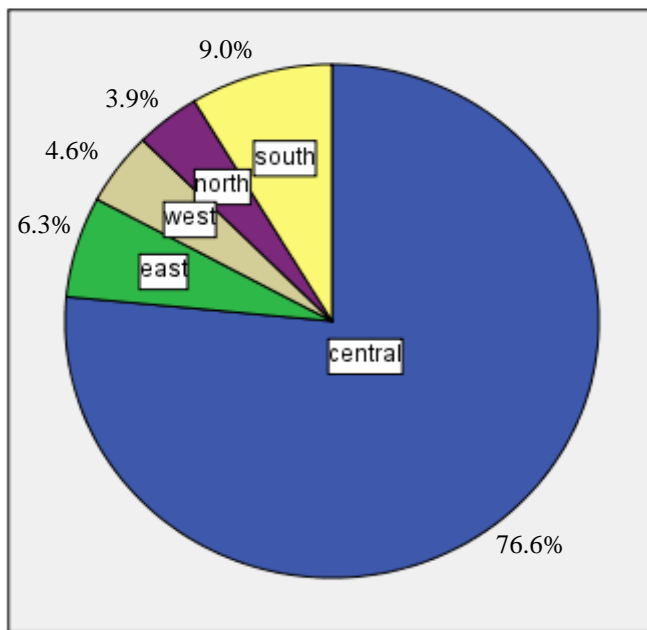


Figure 5: Respondents' province of origin

Highest Qualifications in Nursing

Of the respondents, 1.2% (n=9) had a certificate in nursing. The majority of respondents, 81.8% (n=606), had a diploma qualification. Of the respondents, 14.4% (n=107) held a bachelor degree and 2.4% (n=18) had a master's degree. Only 0.1% (n=1) held a PhD degree (see Figure 6). About three quarters, 73.8% (n=138), of male respondents had a diploma qualification. Seventeen percent (n=32) of males held a bachelor degree, 7.5% had a masters and only one male held a PhD. Of the female respondents, 85% (n=468) had a diploma qualification. Thirteen percent (n=75) of

females held a bachelor degree, 7% had a masters and none of the females who participated in this study held a PhD. In regard to nursing qualifications, it was found that there was a statistically significant difference ($p=0.001$) between males and female respondents, as females held fewer qualifications than males.

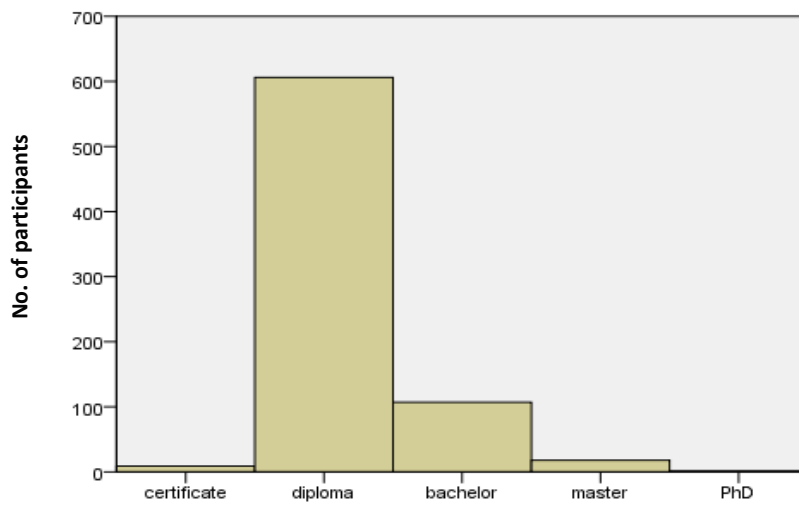


Figure 6: Highest qualification in nursing

Years of Experience in Nursing

There were 24.3 % ($n=180$) of respondents with less than one year experience and 53.1% ($n=393$) with one to five years of experience in nursing amongst the respondents. Of the remainder of the respondents, 12% ($n=89$) had six to ten years' of experience and 10.5 % ($n=78$) over 11 years of experience (see Figure 7). It appears from the sample that the Saudi male nurses are inexperienced workforce as 55.6% ($n=104$) have one to five years' experience in nursing. In addition, 16% ($n=30$) of males have less than one year of nursing experience. 18% have six to ten years of experience and 6% have more than ten years' experience. Similar to male respondents, results indicate that the Saudi female nurses are also largely inexperienced as 52.3% ($n=289$) have one to five years'

experience in nursing. In addition, 27% (n=150) of females have less than one year of nursing experience. 18% have six to ten years of experience and 6% have more than ten years of experience.

Experience	Number of participants	Percentage
Less than 1 year	180	24.3%
1-5	393	53.1%
6-10	89	12.0%
11-15	35	4.7%
More than 15	43	5.8%
Total	740	

Table 3: Years of experience in nursing

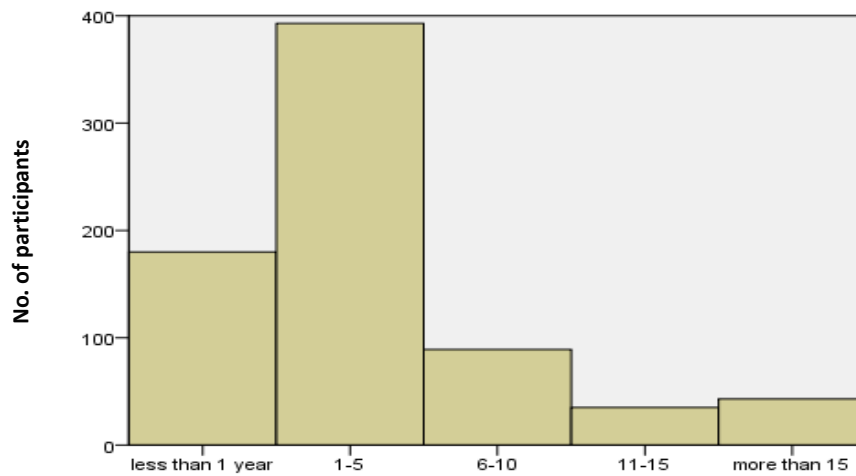


Figure 7: Years of experience in nursing

Position Held

The majority of respondents (86.8, % n=644), held a clinical position. Half of the remainder of the respondents (6.6 %, n= 49) held an educational position and the other half were in management positions (see Figure 8). There was no difference between genders in relation to positions held.

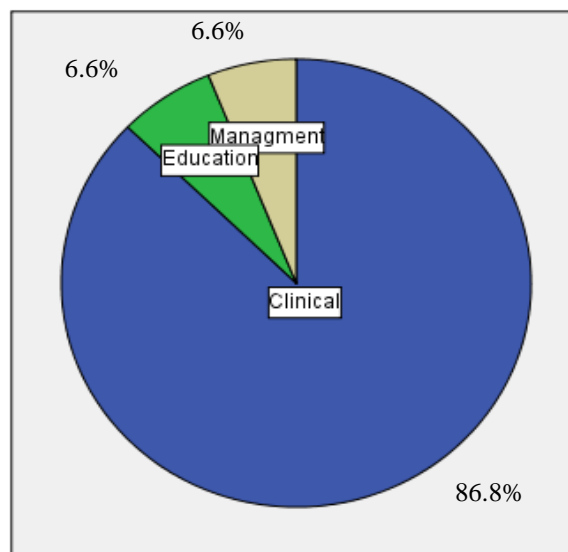


Figure 8: Type of position held

Area of Practice

The greatest proportion of respondents, 82% (n=600), were practicing nursing in medical, surgical, emergency, midwifery and out-patient departments. The remainder are practicing in other areas such as ICU, mental and paediatric care (see figure 9). There was no statistically significant difference between males and females in regards to area of practice.

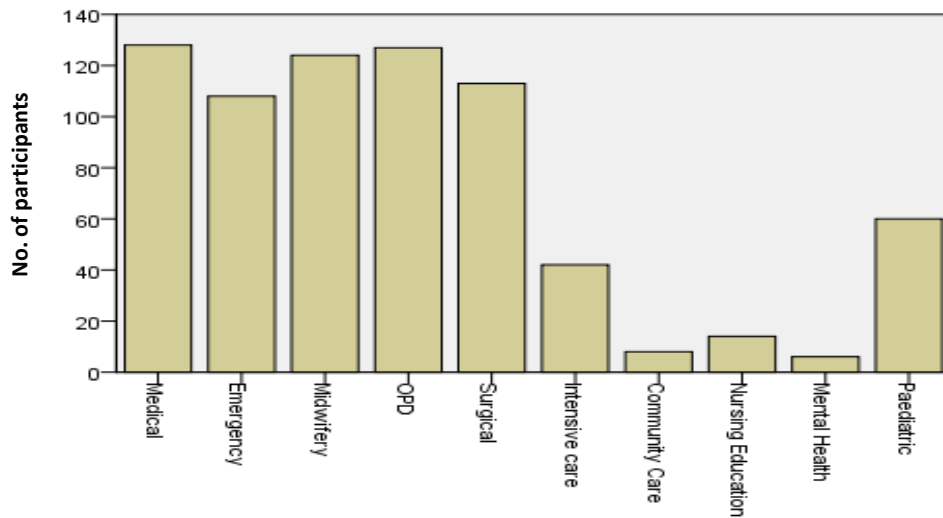


Figure 9: Area of nursing practice

Motivation to Become a Nurse

In section B of the survey, the respondents were asked to indicate their level of agreement on a five-point Likert scale for seventeen statements, beginning with the stem statement of ‘I became a nurse because’. This aimed to document what motivated the respondents to become nurses. The results of this section have been aggregated from the original five choices to three responses. Strongly agree and agree were combined as ‘agree’ and strongly disagree and disagree were combined as ‘disagree’. The reason for aggregating was to indicate ‘overall agreement’. Additionally when conducting analysis using Chi squared it was noted that for most responses the distribution resulted in too many cells below the expected count of five. It was therefore decided to combine the results into the three categories.

A great proportion of the respondents, 83% (n=591), agreed that the reason they became a nurse was that being altruistic (Ethar) is part of Islamic teachings. Six percent (n=44) disagreed with the statement and 10% of respondents were undecided. Eighty five percent (n=155) of male participants and 83% (n=436) of females agreed that they joined nursing because of altruism. Of the respondents, 93% (n= 682) agreed that they became a nurse because they wanted to work in a caring occupation. Only 4% (n=32)

disagreed and 3% were undecided (see Figure 10). For males, working in a caring occupation, achieved over 90% agreement. For females, 93% agreed that working in a caring occupation motivated them to become nurses.

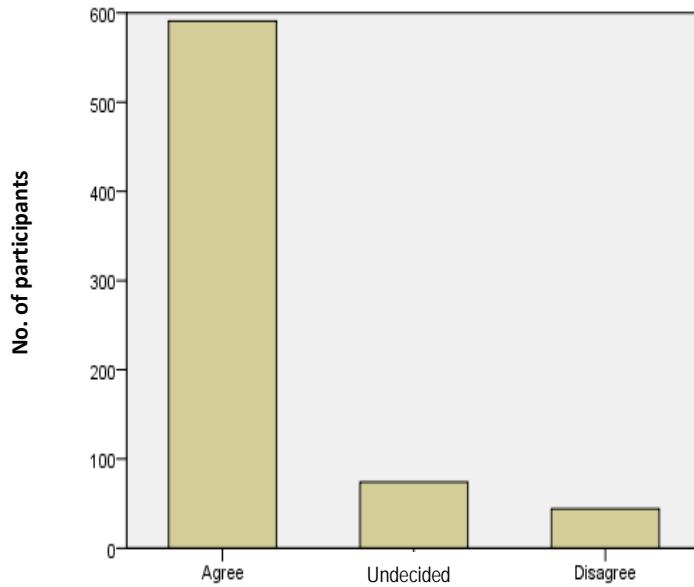


Figure 10: Motivation to become a nurse – altruism

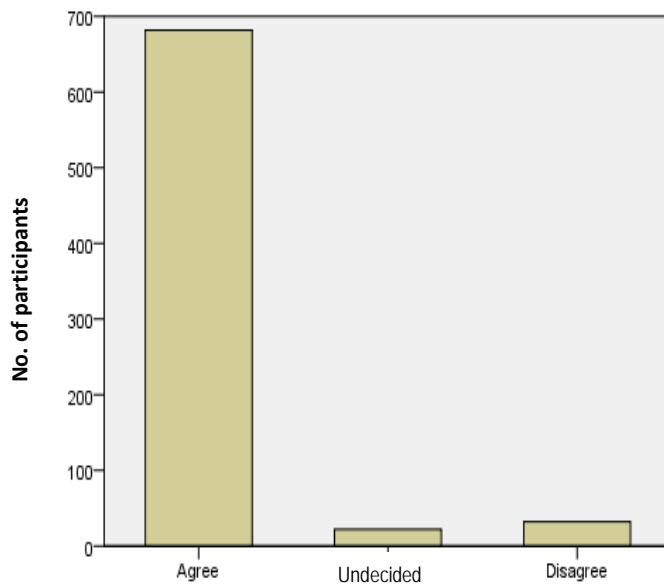


Figure 11: Motivation to become a nurse – a caring profession

When they were asked whether they became nurses because they wanted to help others to cope with illness, 95.5% (n=699) of respondents agreed, 2% disagreed and only

about 2% were undecided. Helping others to cope with illness was the second strongest motive for male respondents to join nursing, as 95% (n=176) agreed. It was also the second strongest motive for female respondents, rating 96% (n=523) agreement. Eighty six percent (n=630) of the respondents agreed that they became nurses because being a nurse would give their life a sense of meaning. Five percent disagreed and 9% (n=65) were undecided. Of male respondents, 82% (n=153) and of female respondents, 87% (n=477) agreed that joining nursing would give their life a sense of meaning.

For the statement '*I became a nurse because I wanted to help people*', 97.5% (n=716) agreed and only 1.8% disagreed. Overwhelmingly, 96% (n=179) of male respondents agreed that wanting to help people was the strongest motive for them to become nurses. Similar to males, 98% (n=537) of female respondents agreed that wanting to help people was the strongest motive for them to become nurses. For all of the above responses there was no statistically significant difference between the genders.

Quite a large proportion of the respondents 84% (n=617) agreed that they joined nursing because they felt it would provide an opportunity for career advancement, whereas 6.5% (n=48) disagreed and 9% were undecided. Of the males, 83% and of the females, 85% agreed that they became nurses because they felt it would provide an opportunity for career advancement.

Over three quarters, 78% (n=573), of the respondents agreed that they became a nurse because it offered job security, 9% disagreed and 12% were undecided (see Figure 12). There was no difference between the genders in regard to this statement. Interest in science as a reason to become a nurse had 86% (n=629) of the respondents in agreement. Males and females responded similarly, both with 86% agreement.

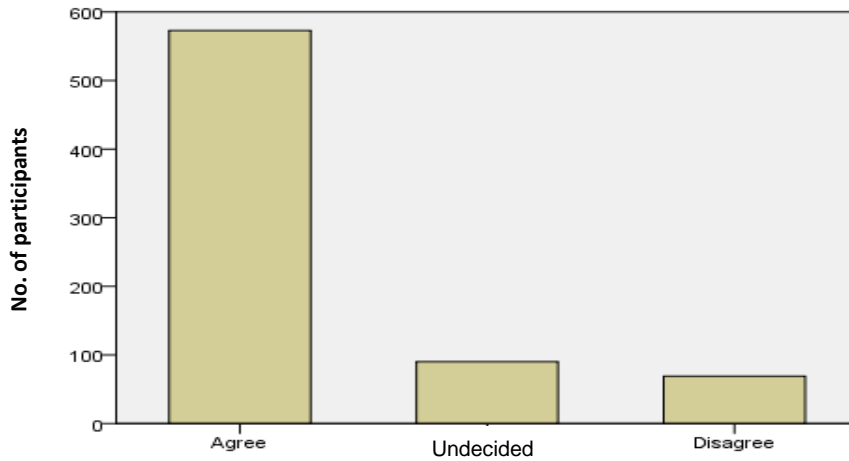


Figure 12: Motivation to become a nurse – job security

The majority, 75.4% (n=550), of respondents agreed, 13.2% (n=96) disagreed and 11.4% were undecided about the statement that they became nurses because it offered job flexibility. Males and females responded to this statement similarly. Sixty four percent (n=470) of the respondents agreed, 24.3% (n=178) disagreed and 11.5% were undecided on whether they became nurses because they could earn a good salary (see Figure 13). When both males and females were asked whether they joined nursing because they could earn a good salary, 65% (male n=122, female n=348) agreed.

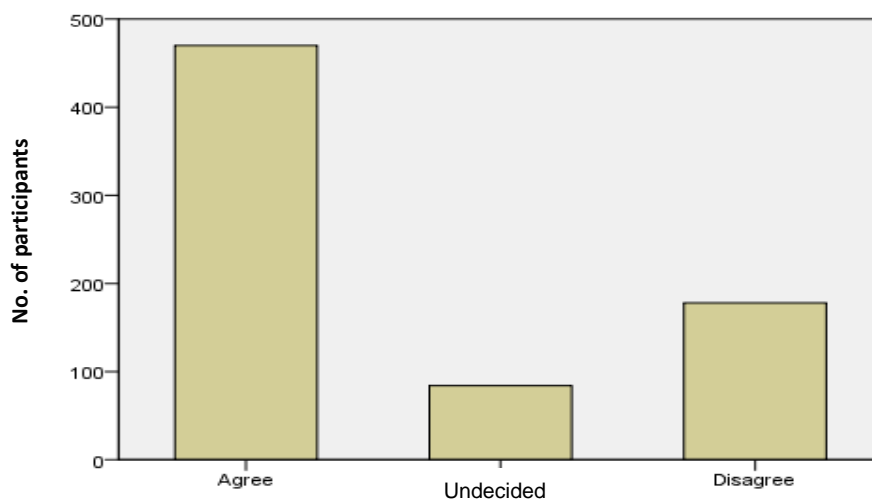


Figure 13: Motivation to become a nurse – a good salary

Of the respondents, 88.6% (n=642) agreed that they had chosen nursing as a career because they like working with people, 5% (n=37) disagreed and 6% were undecided. Of male respondents, 90% (n=166) agreed that they became nurses because they like working with people; the results were similar for female respondents. When respondents were asked if it was a childhood desire to become a nurse, 56.6% (n=414) agreed, 29% (n=255) disagreed and 14.5% (n=106) were undecided. There was a statistically significant difference ($p=0.00$) between male, 45%, and female, 60.7% (n=332), respondents for agreement in regard to this statement.

Of the respondents, 44.2% (n=323) agreed, 35% (n=254) disagreed and 21% (n=153) were undecided when they were asked if they became nurses because it was a family expectation (see Figure 14). For male respondents the rate of agreement, 33% (n=61), was much lower than for female respondents, 48% (n=262), in relation to family expectation and the difference was statistically significant ($p=0.01$).

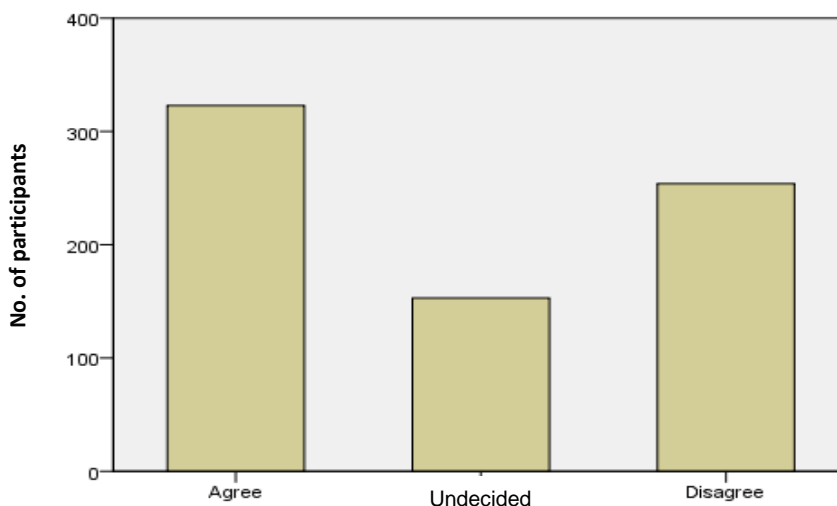


Figure 14: Motivation to become a nurse – family expectation

Similarly when they were asked if it was family advice that motivated them to become a nurse, 52.2% (n=378) of the respondents agreed, 36% (n=259) disagreed and 12%

(n=87) were undecided. When respondents were asked whether they were motivated to become a nurse based on advice from friends, 37% (n=270) agreed, 49% (n=358) disagreed and 14% were undecided. There were no differences between genders for this statement.

Over half of the respondents, 55.6% (n=399) disagreed, 30% (n=216) agreed and 14% (n=103) were undecided when they were asked if they became a nurse because of advice from a nurse (see Figure 15). For males, advice from family, friends and nurses all responded below 47% agreement. For females, family advice achieved 54% (n=292) agreement and advice from a friend and advice from a nurse achieved between 27-34% agreement.

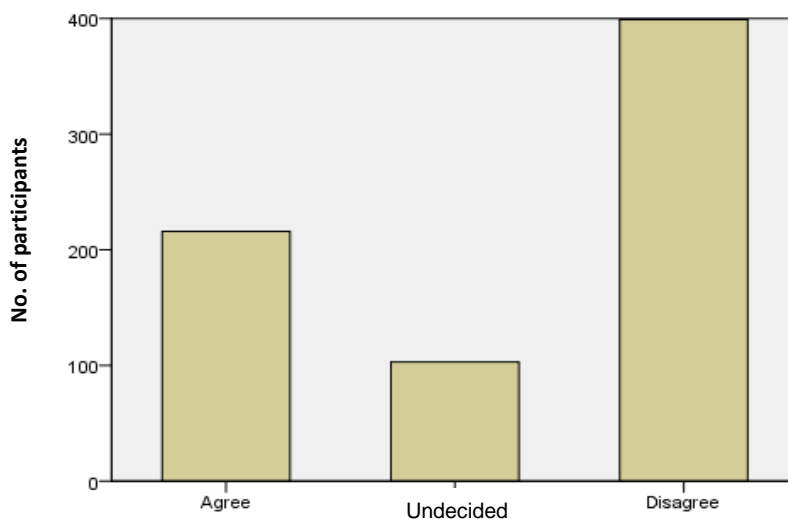


Figure 15: Motivation to become a nurse – advice from a nurse

Of the respondents 46% (n=331) agreed that they were motivated to become a nurse by their personal experience of healthcare, 40.1% (n=291) disagreed and 14% were undecided (See Figure 16). Thirty three percent (n=61) of male respondents and 48% (n=262) of females agreed that personal experience motivated them to become nurses.

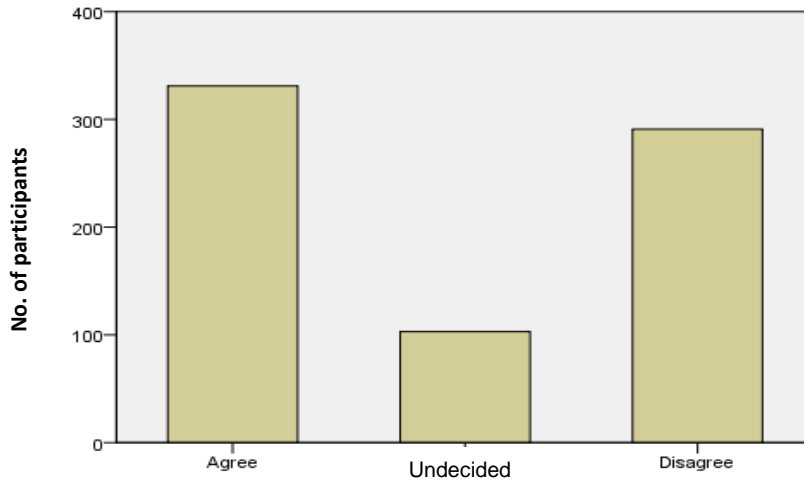


Figure 16: Motivation to become a nurse – personal experience of healthcare

A statistically significant difference between male and female respondents in regard to family advice was found ($p=0.001$). This result indicates that females were more motivated to join nursing based on family advice. In addition, there was a difference between males and females which was statistically significant in regard to gaining the advice of friends and nurses ($p=0.001$). Male respondents were more motivated to become nurses after gaining advice from friends and nurses than females. There was a statistically significant difference in personal experience as a motive for respondents ($p=0.01$) but overall the motivation was not strong for either gender.

Perceptions of Nursing

In this section, the respondents were asked to indicate their level of agreement in a five-point Likert scale for ten statements to indicate their perceptions of the nursing profession. The statements began with the stem, ‘In my opinion, nursing...’.

Overwhelmingly 97.1% ($n=710$) of respondents agreed that they perceived nursing as a caring profession, 1% ($n=7$) disagreed and 1.9% were undecided. The majority of male respondents, 94% ($n=174$), and an overwhelming percentage of females, 98% ($n=536$), perceived nursing as a caring profession; the difference was statistically significant

($p=0.001$). When respondents were asked to indicate their level of agreement for the statement ‘*In my opinion, nursing is for women*’, 37.5% ($n=275$) agreed, just over half, 54.4% ($n=399$), disagreed and 8% ($n=60$) were undecided (see Figure 17). Of the male respondents, 35% ($n=65$), perceived nursing as a career for women and 38% ($n=210$) of females participants had a similar perception. The difference between genders was not statistically significant.

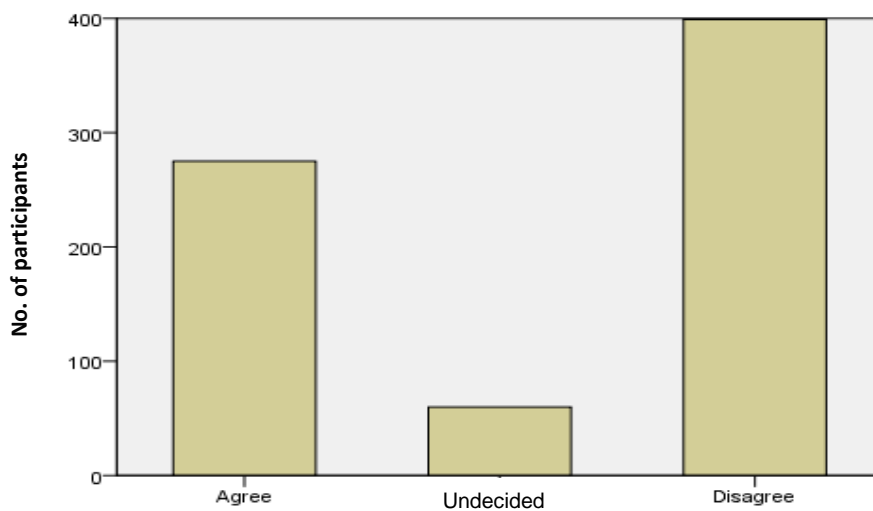


Figure 17: Perceptions – nursing is for women

Of the 741 respondents, 84% ($n=612$) agreed when they were asked whether nursing requires physical activity, 10.7% ($n=78$) disagreed and 5% were undecided. Of male respondents 81% ($n=150$) and 85% ($n=462$) of females believed that nursing requires physical activity; however, the difference was not found to be statistically significant between genders.

Thirty-nine percent of respondents ($n=288$) agreed that nurses are subservient to doctors, whereas 53.4% ($n=389$) disagreed and 8.5% were undecided. Forty-seven percent ($n=88$) of male respondents agreed that nurses are subservient to doctors. Of the

females, 40% (n=200) agreed that nurses are subservient to doctors. The difference between males and females was statistically significant (p=0.01).

When participants were asked to respond to the statement that nursing does not require high academic qualifications, 31% (n=224) agreed, 61% (n=443) disagreed and 8% (n=62) were undecided (see Figure 18). There was a statistically significant difference (p=0.002) between genders on the statement that nursing does not require high academic qualifications, with 38% (n=70) of males agreeing and 28% (n=154) of females agreeing.

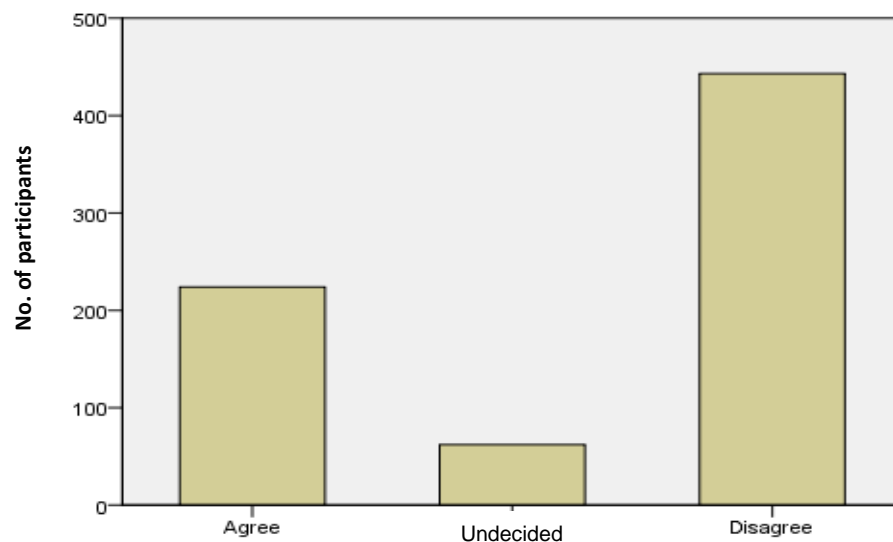


Figure 18: Perceptions – nursing does not require high academic qualifications

The majority of respondents, 87.3% (n=640), agreed that nursing is a stressful career, whereas 9.4% (n=69) disagreed and only 3% were undecided. Of male respondents, 86% (n=160), and of the female respondents, 88% (n=480), perceived nursing as a stressful career.

A large proportion of the respondents, 86.2% (n=631), agreed that nursing offers variety, while 7% (n=51) disagreed and 6.8% were undecided. Eighty-three percent (n=154) of males and 87% (n=477) of the females, think that nursing offers variety.

Forty-seven percent (n=344) of the respondents agreed that nursing is a respected profession, although 38.1% (n=281) disagreed and 15% were undecided (see Figure 19). Over half of males, 59% (n=111), and 42% (n=233) of females believe that nursing is a respected profession. The difference in agreement between the genders was statistically significant (p=0.001).

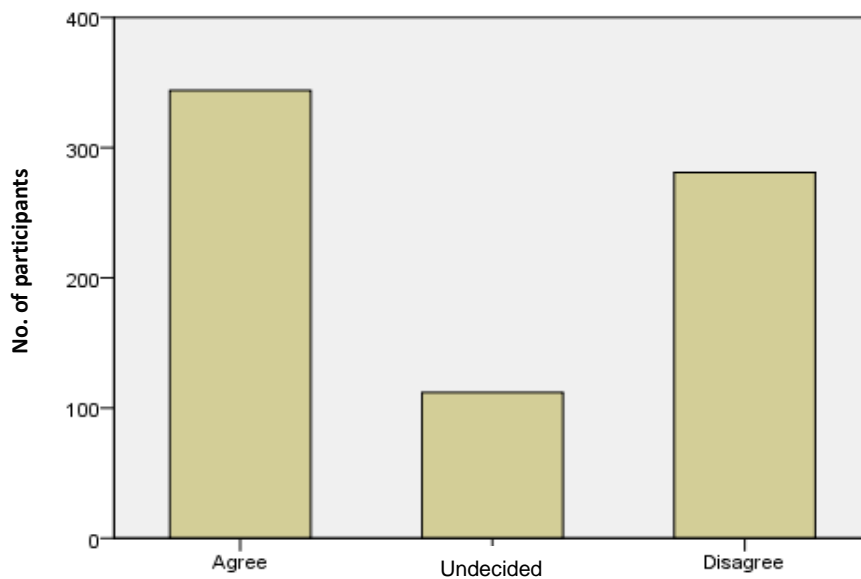


Figure 19: Perceptions – nursing is a respected profession

About three quarters of respondents 74.1% (n=544) agreed that nursing is well paid, 17% (n=121) disagreed and 9% were undecided. Sixty-three percent (n=118) of male respondents and 78% (n=426) of female respondents agreed that nursing is a well-paid profession. The difference between genders was statistically significant (p=0.001).

A large proportion of the respondents, 89% (n=656), agreed that nursing requires them to be away from home for long periods of time, 8.5% disagreed and 2% were undecided. Of male respondents, 85.6% (n=160), and 90.2% (n=496) of females perceived nursing as a career that keep them away from home for long periods of time.

It was found that there is a statistically significant difference ($p=0.04$) between male and female respondents in regards to this statement.

Future Plans

The final section of the survey asked respondents to consider their future plans with regard to their career. When respondents were asked whether they would prefer to work part time, almost half of the respondents, 49% ($n=356$), agreed. Although some respondents indicated that they still prefer to work five days a week, of those who prefer to work part time, 57% ($n=210$) would like to work four days a week, 28% ($n=102$) would like to work three days a week, and 6% would like to work one to two days per week.

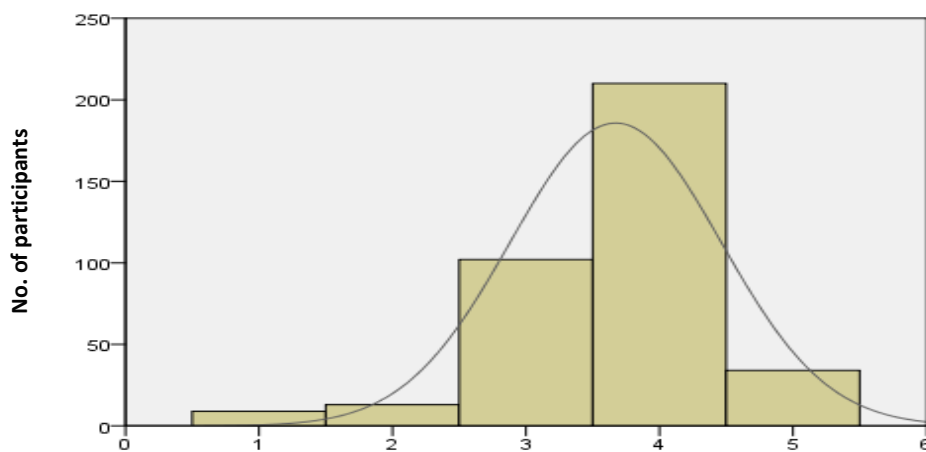


Figure 20: Number of days respondents would prefer to work

Over half, 53% ($n=98$), of males responded yes when they were asked whether they would prefer to work part time and 57% ($n=58$) of them would prefer to work four days a week. Of the females, slightly below half, 47% ($n=258$), would prefer to work part time and 57% ($n=152$) of them would prefer to work four days a week. There were no statistically significant differences between genders.

When respondents were asked whether they would like to work shorter shifts, 71.6% (n=525) answered yes and 28% responded no. Sixty-four percent (n=118) of male respondents and three quarters (n=407) of females would prefer to work shorter shifts. There was no difference between genders in regard to this question.

Nearly a quarter of the respondents, 23% (n=167), indicated they intended to leave nursing within two years (see Figure 21).

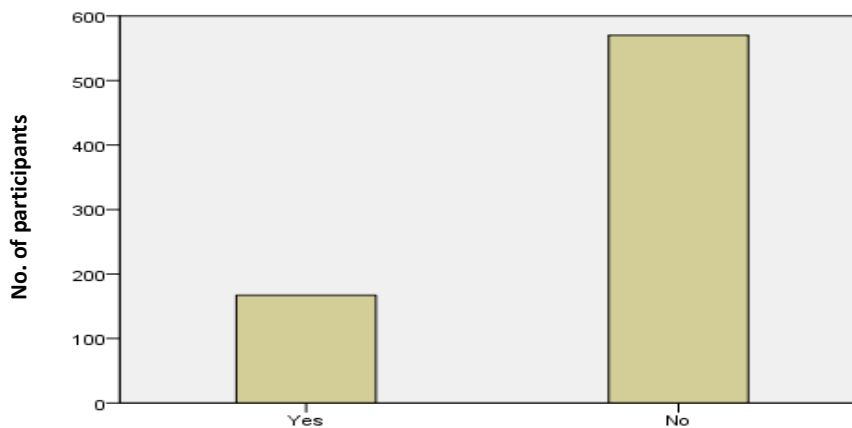


Figure 21: Intention to leave nursing

Respondents were asked if they did not intend to leave within two years would they still like to leave at some point in the future. Twenty percent (n=113) of the respondents indicated they would like to leave. Twenty-five percent (n=46) of males had the intention to leave nursing within two years. Of those males who were not intending to leave within two years, slightly more than 10% (n=19) would still like to leave the profession at some time in the future. In addition, 22% (n=121) of the female respondents intended to leave nursing within two years. Of those females who were not intending to leave within two years, 17% (n=94) would like to leave the profession at some time in the future. There were no significant differences between the responses of each gender.

The next group of questions explored the reasons why respondents were intending to or would like to leave nursing. Of the respondents who did intend or would like to leave nursing, 43.5% (n=114) indicated agreement with the statement that the reason for leaving nursing was their gender, with 47% disagreeing and 9% undecided (see Figure 22). Thirty-nine percent (n=24) of male respondents and 45% (n=92) of female respondents stated that their gender was the reason they were intending to leave nursing and this difference was statistically significant (p=0.02).

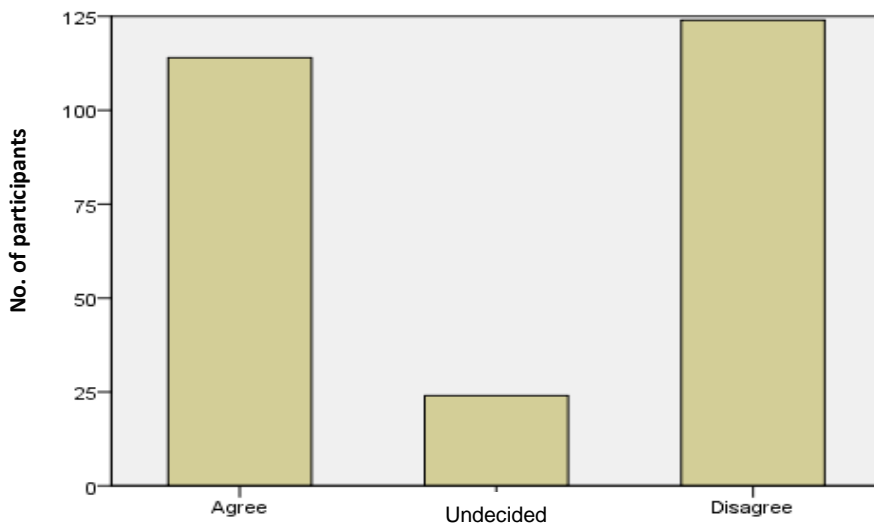


Figure 22: Reason to leave nursing – my gender

For those who have the intention or would like to leave nursing, dealing with the opposite sex in the work place was the reason they wished to leave for 50% of respondents. For males the rate of agreement was 60% (n=37) and for females 44% (n=91). The difference was statistically significant (p=0.01) between male and female respondents in regard to concerns about dealing with the opposite sex.

Of those who intended to leave, 22.3% (n=59) agreed that feeling that other nurses were not comfortable with them was a reason to leave. Thirty-three percent (n=90) of

respondents agreed that they would leave because they felt uncomfortable dealing with the opposite sex, while 56% (n=149) disagreed and there was an equal distribution amongst males and females.

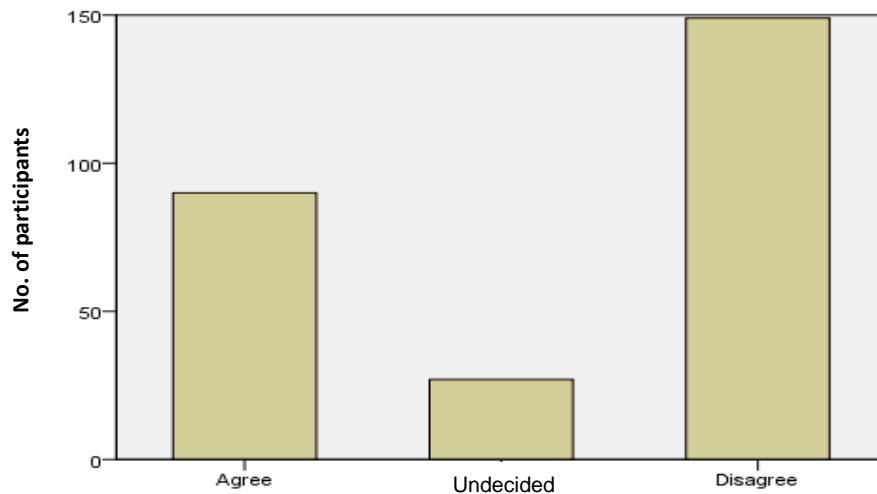


Figure 23: Reason to leave nursing – dealing with the opposite sex

The next group of statements were more specific in terms of participants' discomfort in dealing with the opposite sex. Of those who intend to leave, 37% (n=97) agreed that the reason they would leave was feeling uncomfortable dealing with nurses of the opposite sex, while 60% (n=154) disagreed and 6% were undecided. In addition, 40% (n=105) agreed that the reason for leaving would be dealing with patients of the opposite sex; however, 53% (n=141) disagreed and 6% were undecided. There was no difference in agreement between males and females on the issue of dealing with nurses and patients of the opposite sex.

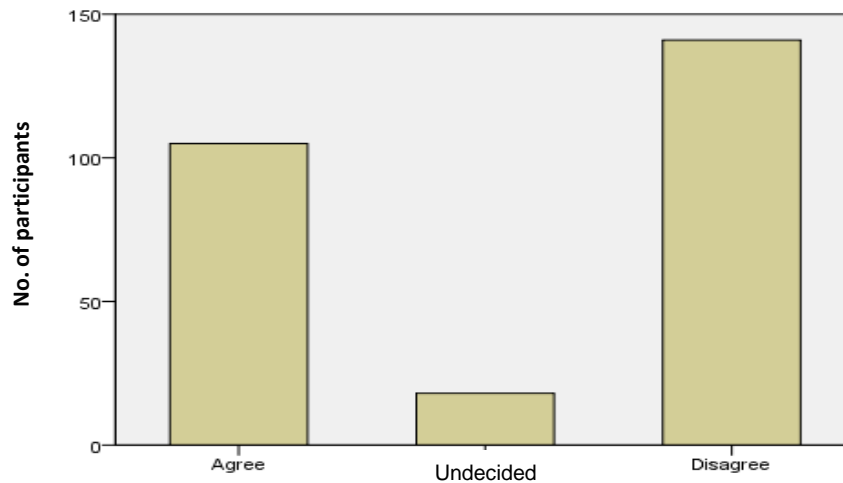


Figure 24: Reason to leave nursing – dealing with patients of the opposite sex

Dealing with doctors of the opposite sex was a reason 29% (n=105) of respondents would leave nursing. The proportion of both male and female respondents who agreed was equal for this topic.

Of those who intend to leave nursing, 46% (n=121) agreed that the reason they would leave was because they were required to move away from home to undertake their nursing career. Thirty-seven percent (n=97) disagreed and 17% were undecided. Fifty-six percent of males and 43% of females would leave the profession because they were required to move away from home to undertake their choice of career. Becoming a full-time student was the reason 59% (n=154) of respondents would leave nursing, with an equal distribution for male and female respondents.

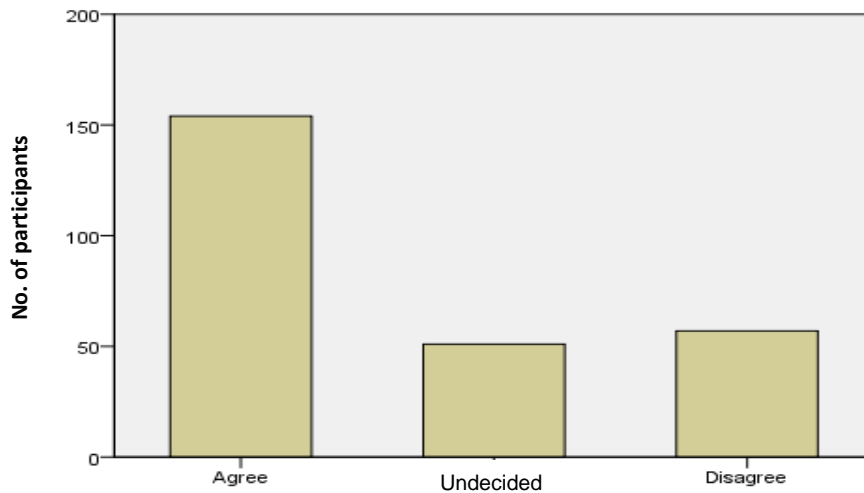


Figure 25: Reason to leave nursing – I will become a fulltime student

Of those who intended to leave, 59% (n=156) agreed that a reason they would leave was a lack of opportunities for promotion, with 26% (n=69) disagreeing and 14% undecided. Just below three quarters (69%) of male respondents and 55% of female respondents agreed that a lack of opportunities for promotion was a reason they would leave nursing. About 38% (n=100) agreed that they would leave if they found a better job, 43% (n=114) disagreed and 19% were undecided. The level of agreement was equivalent for male and female respondents.

Working long hours was a reason 86% (n=229) of respondents would leave nursing. This was the highest ranked reason for participants to consider leaving nursing with 84% (n=51) agreement amongst males and 87% (n=178) amongst females.

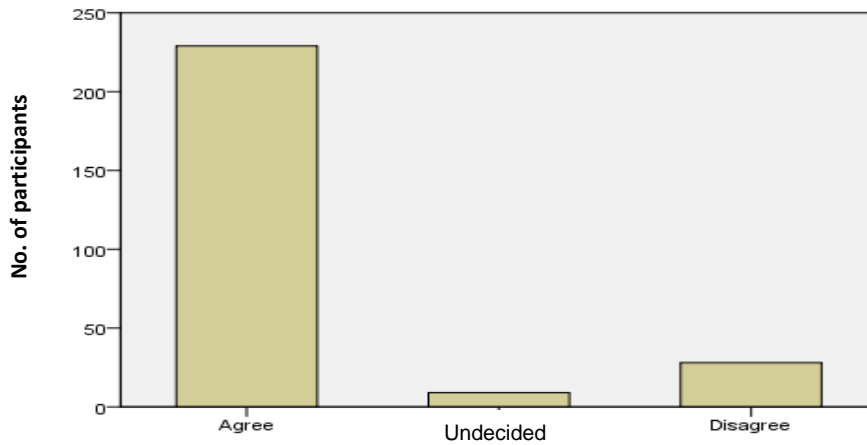


Figure 26: Reason to leave nursing – I have to work long hours

Of those who intend to leave, 36% (n=95) agreed that a reason they would leave was because they were having difficulty communicating in the English language, with 60% (n=159) disagreeing and 4% undecided. Forty-two percent (n=26) of males and 34% (n=69) of females stated that having difficulty communicating in English was the reason they would leave nursing. The difference was not statistically significant.

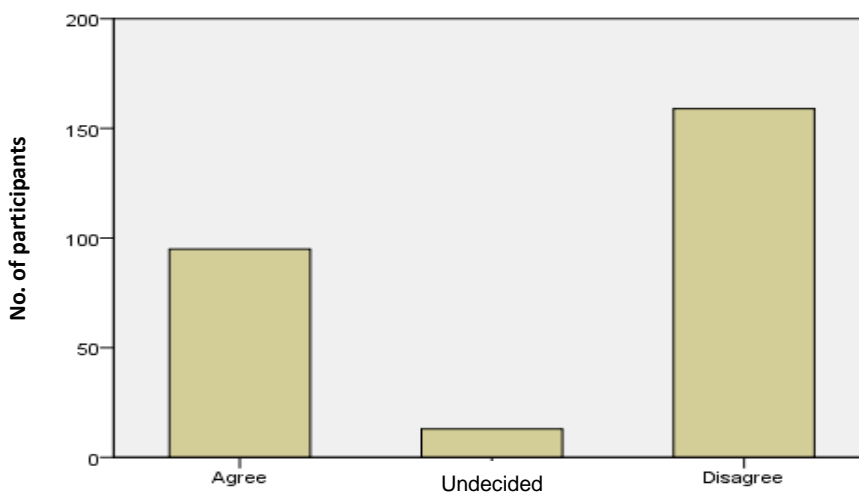


Figure 27: Reason to leave nursing– difficulty communicating in English

Open-Ended Question

The respondents to this study were asked at the end of the survey to recommend changes to nursing which would alter their decision to leave the profession. Out of 741 participants, only a small proportion, 10% (n=73), of the respondents answered this question. The comments from the respondents were analysed and the following themes emerged from their comments and are ranked in order of frequency:

Rank	Reason nurses would consider not leaving the profession	Frequency of responses
1	Decrease the working hours.	75
2	Access to continuing education and scholarships.	51
3	Improve the image of nursing and respect for nurses.	39
4	Salary increases.	38
5	Provide support services for nurses such as nursery and transport.	33
6	Decrease workload.	24
7	Improve the working environment.	14
9	Separate genders in the work place.	13
10	Facilitate transfer between departments and disciplines.	9

Table 4: Changes that would alter the decision to leave nursing

Conclusion

The results have described the profile of Saudi Arabian nurses from hospitals of the Ministry of Health in Riyadh city. There are a number of issues that have been highlighted in terms of their relative inexperience and educational preparation. Although the initial purpose of the survey was to consider issues around the large proportion of men entering the profession the survey has revealed that the motivations

to become a nurse, perceptions of nursing and future plans are reasonably consistent between the genders. What have emerged are some significant issues that may impact on the retention of Saudi nurses and these will be discussed in detail in the following section.

Discussion of Study One

Introduction

The overall aim of this research was to explore the phenomenon of the large numbers of Saudi men entering the nursing profession in Saudi Arabia. The survey was constructed to gain a detailed understanding of the rapidly changing nursing workforce in Saudi Arabia in terms of what motivated Saudi men to become nurses, how they perceived nursing and what their future plans were. However, to survey Saudi male nurses alone would provide only part of the picture. Saudi female nurses were also surveyed to consider if the motivations, perceptions and future plans of Saudi males were gender-related or the consequence of broader considerations.

The data collected in this survey were gathered to obtain essential social and demographic information about Saudi nurses working in all hospitals operated by the Ministry of Health in Riyadh. This information was necessary given the dearth of research and statistical information about Saudi nurses, such as gender, age, qualifications, and years of experience. There has been a paucity of research related specifically to men in the nursing field in Saudi Arabia and to gender issues in general; this component of the study provides a description of the motivations to become a nurse, perceptions of nursing and future plans of male, Saudi nurses and by necessity female, Saudi nurses also. What has emerged are a number of important issues that have significant implications both for the young Saudi nurses and for workforce planners. These are now discussed in detail.

Profile of Saudi Nurses Working in MOH Hospitals in Riyadh

The response rate for the survey was 61% and the profile of the respondents could be generalised to the broader population of Saudi nurses working within the hospitals in question. The demographic data collected on these nurses revealed a relatively unique profile. Saudi nurses responding to this survey were relatively young, inexperienced, and not highly educated, in contrast to nurses in Australia and most Western countries (Australian Institute of Health and Welfare, 2013; North, Leung, & Lee, 2014). Of the respondents to the survey, only 25% were males. This is because large numbers of Saudi male nurses are working in Primary Health Care Centres.

The most significant characteristic of the sample of the Saudi nursing workforce was their youth. The mean age of these Saudi nurses was 27 years, compared to the average age of nurses in Australia of 44.5 years (Australian Institute of Health and Welfare, 2013). The average age of registered nurses in other developed countries ranges from 35 years in Singapore to 44 years in Canada, the UK, and New Zealand; the average age of nurses in the United States is 47 years (American Association of Colleges of Nursing, 2010; International Council of Nurses, 2013).

The results of the current study show that 77% of Saudi nurses surveyed have been working in the field for fewer than five years. Eighty three percent of respondents held a Diploma or Certificate in Nursing as their highest qualification. This is in contrast to the qualifications held by Australian nurses, where 82% of registered nurses hold a bachelor degree and only 18% have a diploma qualification (Australian Institute of Health and Welfare, 2013). There were no significant differences in the study between genders in terms of age, years of experience, however the proportion of men with Bachelor degrees was greater than for women (17% compared to 13%). It must be noted that respondents to this study were only registered nurses of Saudi nationality. These

nurses have a very different profile from the expatriate nurses working within the Saudi system. The youth and inexperience of nurses in this study may be attributed to the Saudisation program that is now heavily targeting healthcare professions such as nursing. The move to establish a bachelor qualification as a prerequisite to entry into professional nursing in Saudi Arabia has been introduced relatively recently (Abo Zenadah, 2009).

Motivation for Becoming a Nurse

The results of this study indicate what motivated Saudi male nurses to join the field. It was important to compare the motives of both male and female nurses in order to understand why a large number of men have been entering the nursing field in recent years. However, overall the motivation to become a nurse was similar for Saudi men and women, with small differences emerging in areas such as gaining family advice or having a childhood desire to become a nurse.

In general, Saudis are motivated to join the nursing profession for reasons similar to those of other nurses around the world. Helping others to cope with illnesses, being in a caring occupation, and altruism were the strongest motivations for Saudi nurses to embark on a career in nursing. These results are supported by the literature. In Mebrouk's (2008) study, conducted in a similar context, investigating the perceptions of nursing care among female Saudi nurses, Saudi nurses were motivated to pursue a career in nursing based on their desire to help people. De Cooman et al.'s (2008) study investigated the motives driving younger people in Belgium to become nurses; they found that respondents intending to pursue a nursing career indicating altruism and helping people as their greatest motivators. Another study in Australia also found that individuals who chose to become nurses were motivated by working in a caring

profession and altruism (Duffield et al., 2004). In the UK, altruism also was the most frequently cited reason for joining the nursing profession (Miers et al., 2007).

Job security and job flexibility were also identified in this study as motivating Saudis to join the nursing field. These findings are supported by the results of other studies in different settings (Duffield et al., 2004; Spouse, 2000; Yang et al., 2004). However, other studies found that males were more motivated than females to pursue job security and flexibility (Boughn, 1994, 2001; Romem & Anson, 2005; Williams, 1995). The current study did not find any such differences between the genders.

In this study, the factors which motivated Saudis the least were family expectations and advice from friends. According to Tumulty (2001a), nursing ranked last as an appropriate occupation for Saudi Arabians. This is not surprising as it appears nursing suffers from a poor image in Saudi society; both men and women face criticism from family and friends if they choose nursing as a career (Miller-Rosser et al., 2006). This would also explain why family expectations were found to be the least motivating factor for Saudis nurses in this study.

The limited existing literature indicates that in general Saudis are not motivated to become nurses (Abu-Elenen, 2002; Al-Ahmadi, 2002; Al-Omar, 2014). A study conducted by Al-Omar (2004) in a large number of high schools in Riyadh found that only 5% of respondents were interested in nursing as a future career, and few Saudi females were motivated to choose the nursing profession. However, the significant increase in the number of Saudis, especially men, joining the nursing profession in recent years, as mentioned in previous chapters, indicates that a change is occurring within Saudi Arabia in terms of their motivation to become nurses.

Perceptions of Nursing

The majority of Saudi nurses who responded in this study view nursing as a caring profession, yet a stressful one that keeps them away from home for long hours. Caring is part of the culture of the Saudi community and is a central tenet of Islamic teachings (Al-Omar, 2004). In Saudi Arabia, as part of religion and culture influence, when parents age, children compete to care for them, motivated by religious and cultural imperatives. Saudi people prefer to care for their elderly relatives within the family; this might influence some Saudis to consider nursing an unsuitable profession. A previous study conducted in Saudi Arabia to investigate the perception of nursing care from the perspective of Saudi nurses revealed they were motivated by cultural and Islamic end-of-life rituals (Mebrouk, 2008).

As with the findings in the current study, the nursing profession has also been perceived as a caring profession in western culture. The literature illustrates that amongst nurses and in particular, new graduates, the general perception of nursing was as a caring profession (Bratt & Felzer, 2011; Brodie et al., 2004; Spouse, 2000) and that enthusiasm for working in a caring profession is often a strong motive for individuals to choose nursing (Duffield et al., 2004).

The respondents in this study considered nursing a stressful career; this is reflected in studies about stress in the nursing field throughout the world. Although there is limited data available about stress in nursing in Saudi Arabia, stress in the nursing profession has been explored globally, in studies of different cultures (Bratt, Broome, Kelber, & Lostocco, 2000; Hillhouse & Adler, 1997; Sarid, Berger, Eckshtein, & Segal-Engelchin, 2012). In particular a study investigating the perception of nursing amongst new nurses, found nursing practice to be extremely stressful (Brodie et al., 2004).

Youth and inexperience amongst respondents in the current study may account for their high levels of stress. Research indicates that nurses of all ages regard the profession as stressful and one which requires high levels of physical and emotional strength; however, this was felt more acutely, by younger nurses (Brodie et al., 2004; Spouse, 2000).

Historically in Saudi Arabia, nurses' roles have been viewed as an extension of or ancillary to the physicians' role (Carty et al., 1998). This finding concurs with the results of the current study, as a considerable proportion of the respondents agreed that nurses were subservient to doctors. This view, however, was not universal as more than half of the respondents did not agree with the proposition that nurses were subservient, suggesting a move away from the historical view. Further, in a study investigating the perceptions of nursing in Saudi Arabia, Al-Omar (2004) found that a lack of understanding of and information about nursing roles was the main cause of negative views about the profession amongst young Saudis. Anecdotally, young Saudis, who comprise the majority of the nursing work force in the country, know almost nothing about the role played by nurses because they do not speak about nursing, the media does not promote the profession, and many families do not consider nursing as a suitable future career for their sons or daughters.

Gender Issues and Nursing

The number of male respondents in this study represents nearly 25% (n = 187) of the total sample. Gender issues in the nursing profession have been fairly extensively investigated in the literature, although not in Saudi Arabia. Historically, the military have used male nurses as caregivers (Anthony, 2004; O'Lynn & Krautscheid, 2011). Anthony (2004) argued that men in the nursing field were driven to the profession by altruism, morality and love of humanity. Religious and cultural demand for appropriate

and professional healthcare with respect to gender may account for the large number of men entering the nursing field in Saudi Arabia. The separation of genders in the healthcare setting, according to Anthony (2004), highlights the need for male nurses to gain appropriate training in order to care for male patients.

In Saudi Arabia, the segregation of the genders occurs in many ways; for example, female patients prefer to receive care from female nurses and in most cases do not accept care provided by men, whether they are nurses or physicians. In addition, female patients admitted to hospitals are placed in designated female wards staffed exclusively by female nurses, although they can include physicians of both genders. Previous studies illustrate that there is a high demand for male nurses, but these studies do not address whether male nurses can be supplied in the required numbers.

Indeed, men comprise 25% of the total nursing workforce and 50% of all Saudi nurses (MOH, 2012). Similar to Saudi Arabia, Jordan has a reasonably balanced gender distribution in nursing. In Jordan, workforce statistics in 2006 showed that approximately 40% of nurses were male (Shuriquie, While, & Fitzpatrick, 2008). This proportion is significantly different from gender distribution in the nursing profession in Western countries. For example, 8.9% of the Australian nursing and midwifery workforce were male in 2005 and 10.1% were male in 2012 (Australian Bureau Statistics, 2005; Australian Institute of Health and Welfare, 2013). The number of men entering the nursing profession in Saudi Arabia has been increasing rapidly, whereas male employment in nursing has remained fairly static in other countries. This more balanced pattern of gender distribution in nursing in Saudi Arabia, compared to many Western countries, may be due to cultural, religious, and healthcare demands.

The latest nursing workforce statistics published by the Ministry of Health for all health sectors in Saudi Arabian hospitals in 2012 showed that Saudi male nurses slightly

outnumbered Saudi female nurses. In 2002, the total number of Saudi nurses working at Ministry of Health hospitals was 12,263, accounting for 22.3% of the total nursing workforce. In 2012, this number increased to 63,297 nurses, of whom 50% were Saudi (MOH, 2009; MOH, 2012). In addition, the total health workforce, including nurses, increased by 50.8% between 2010 and 2012. For the same period, the rate of increase of Saudi nationals in the health workforce, including nurses, was 84.4% (MOH, 2012).

Historically and globally, the nursing profession has been considered by many to be a woman's career (Shuriquie, While, & Fitzpatrick, 2008). In Saudi Arabia this perception is not prevalent. Anthony (2004) argued that both males and females have taken on the role of being caregivers. However, it has been argued that the role played by women in nursing and women's social position in Saudi culture, are linked. A woman's role in Saudi Arabia is restricted to wife, mother, and caregiver of the family (El-Sanabary, 1993; Miller-Rosser, Chapman, & Francis, 2006; Shuriquie et al., 2008; Tumulty, 2001b). The results in this study showed that even though over half of the respondents disagreed with the statement that '*nursing is for women*', approximately 40% agreed. Curiously, the results of male and female respondents were not statistically different.

Recruitment and Retention

Recruitment and retention of nurses are global dilemmas. Since the 1980s, the nursing field has faced international recruitment and retention difficulties (Ritter, 2011; Roberts, 1988). The Saudi healthcare system is no different. The recruitment of nurses in Saudi Arabia has long been problematic for government and has been largely dependent on global supply and demand (Abu-Zinadah, 2006; Almalki, FitzGerald & Clark, 2011; Gazzaz, 2009; Miller-Rosser et al., 2006). To overcome this difficulty, the Saudi healthcare system introduced the Saudisation program, which aimed to replace

expatriates with qualified Saudi nurses. However, it is apparent that the Saudi healthcare system is finding it difficult to retain Saudi nurses.

The results of this study indicate that a significantly large proportion of the respondents intend to leave the nursing profession in the near future. This is supported by the findings of another Saudi study which demonstrated that 50% of Saudis who graduate as nurses leave the profession soon after graduation, due to social and professional issues (Abu-Zinadah, 2006). In comparison, only 9% of nurses, in a study across ten European countries, intended to leave the profession (Heinen et al., 2013). There has not been extensive research about attrition rates in local nursing in Saudi Arabia. However, a number of factors affecting the recruitment and retention of local nurses have been noted in the literature; these factors include the negative social image associated with nursing, the nature of nursing work in Saudi hospitals, a lack of awareness about the nursing profession among young Saudis, the absence of professional development opportunities, and a lack of support for working mothers (Abu-Zinadah, 2004; Al-Sa'd, 2007).

The results of the study also indicate that Saudi nurses intend to leave the profession due to poor working conditions and a desire to undertake further education. The government in Saudi Arabia has recently made improvements to nursing education by increasing the number of nursing schools and places for Saudis in higher education. However, this study suggests that a poor work environment and the absence of adequate education are still factors that impact on nurses' satisfaction. This has implications in regard to retaining nurses in the Saudi workforce.

Despite a significant increase in Saudis entering the nursing field, the profession still suffers from a shortage of Saudi nurses. The recruitment of Saudi nurses has not met demand in the health sector, even though Saudis now comprise 50% of the total nursing

workforce (MOH, 2012). In addition to the struggle in recruitment, the nursing profession in Saudi Arabia faces the challenges of retaining its workforce, particularly given that approximately 50% of the Saudi nurses in this study indicated their intention to leave the profession. Saudi Arabia is not alone in its quest to improve recruitment and retention in the nursing field; many countries around the globe are struggling to meet the minimum workforce levels (Buchan & Calman, 2004). The Saudisation program has dramatically raised the number of Saudis entering the workforce, but the situation is complex and recruitment is only one half of the equation.

There is a high demand for Saudi nationals in the healthcare sector in order to overcome nursing shortages and to service the cultural needs of the Saudi population. For instance, Phillips (1989) claimed that Saudi nurses were needed because they speak Arabic, are aware of local conditions, and are sensitive to Saudi patients' needs and concerns. However, these expectations are currently not being met, as half of all graduates will leave the profession. The government needs to consider implementing strategies to retain Saudi nurses in the profession. The retention of highly qualified and skilled professional nurses is a key factor in ensuring a sustainable nursing workforce for the future (Al-Ahmadi, 2009; Tumulty, 2001b).

The need to attract and retain Saudi nurses in Saudi Arabia is similar to the challenges faced by other health organisations worldwide; nursing shortages are a global issue. However, recruiting and retaining Saudi nurses requires consideration of the unique requirements of nursing care in Saudi Arabia. Differences in culture, professional skills, and language can have an impact on recruitment and retention in nursing care (Brown & Busman, 2003). Therefore, strategies must be implemented that address both the recruitment and retention of Saudi nurses.

Limitations

The limitations of the study are that it was only conducted in Riyadh and only within MOH hospitals. It may therefore not be generalizable to the entire Saudi nursing workforce. There may be differences particularly in regard to patterns of recruitment and retention of Saudi nurses within the public sector and between public and private sectors. This is further hampered by a lack of detailed description of the Saudi nursing workforce. The available information indicates that nationally 50% of Saudi nurses are female but whether this distribution is reasonably uniform is not known (MOH, 2012). The other limitation is that the survey did not access those nurses who have left the profession or work in Primary Health Centers. It is one thing to intend to leave and another to actually do it. However, it was not feasible within the scope of this study to survey those who had left nursing although this would have provided valuable insight.

Conclusion

The number of Saudi men entering the nursing profession in Saudi Arabia has been increasing significantly, resulting in a balanced gender distribution across the nursing workforce. The results of this study provide some insights into why Saudis become nurses, their perceptions of the profession and their future plans. Saudi men and women are motivated to become nurses for similar reasons. These motivations can be divided into three main groups. The first group of motivations may be considered idealistic; these motivations include altruism, caring for others and wanting to help others. This group of motives ranks highly and there was little difference between genders. The second group of motivations are more pragmatic and are centred on issues such as job security, flexibility and career advancement. This group ranked lower than the first and again there were few gender differences. The last group of motivations are associated with the perceptions of others or external influences such as family expectations, the

advice of friends and advice from practicing nurses. This group of motivations did not rank highly and there were some gender differences in the responses.

The majority of respondents in this study agreed that nursing was a stressful profession that required you to be away from home for long periods of time. On the other hand it was perceived to be a caring profession. Less than half of the respondents perceived nursing as inferior to the work of physicians and considered the profession a women's job. Interestingly, the results of this study indicate that a significantly large proportion of the respondents intend to leave the nursing profession in the near future, which may cause the Saudi healthcare system difficulty in the future.

The initial question that instigated this study was why Saudi Arabia was able to recruit such large numbers of males into nursing in contrast to many western countries. Clearly there are a number of cultural issues that create the very strong demand for gender balance in nursing. The results indicate that an increase in the recruitment of Saudi males may simply reflect the Saudisation program's non-discriminatory approach that has encouraged the employment of both genders into nursing. This is supported by results of the current study that indicate reasonably uniform motivations for entering and perceptions of nursing by both genders. The definitive influence of the Saudisation program would require further investigation however the survey has highlighted a number of important issues that face Saudi nurses and those who are required to manage this workforce. The youth, inexperience and desire of many Saudis to leave the nursing profession are concerns raised by this research. Saudi nurses contemplate leaving the profession due to issues such as a poor work environment and because they have to work with or care for members of the opposite sex. Successful recruitment without the corresponding appropriate level of retention indicates that achieving the required nursing workforce in Saudi Arabia is still some way off. For this reason it is important

to explore these issues in greater depth, particularly by focusing on recent nursing graduates of Saudi nationality.

Chapter Five: Study Two

Introduction

This chapter outlines details of the second, qualitative component of the study. The qualitative component arose as a direct consequence of findings which emerged in the first quantitative component, which was focused on why large numbers of male Saudis were entering the nursing field, but included a survey of both male and female Saudi nurses, who now comprise around half of the nursing workforce in Saudi Arabia. The demographic results in the survey showed that the Saudi nurses responding were young and relatively inexperienced. The reasonable response rate, representing a large proportion of Saudi nurses working at MoH hospitals in the city of Riyadh raises some significant concerns around many intending to leave the profession, Results revealed that nearly a quarter of nurses of both genders indicated a desire to leave the profession within two years. Other issues raised in the first study included negative perceptions of the profession, poor working conditions, a desire for educational improvement amongst Saudi nurses, and issues associated with nursing Saudi patients under a model established on Western values and practices. This prompted the researcher to probe these results in more detail by undertaking a qualitative study. This involved conducting in-depth interviews with a number of newly graduated Saudi nurses, twelve participants in total. As the survey component of this study raised issues in regard to a very young and inexperienced workforce of Saudi nationals it was decided that this second component would focus on the experience of newly graduated nurses. This chapter focuses on a number of key areas: the literature associated with the issues raised in this research; the methodology informing the study; and the methods and approach the researcher took to data collection and analysis. This chapter then presents and explores

the findings that arose from the interviews and concludes with an interpretation of the revelations which emerged from this project.

Background

Although there is a paucity of Saudi literature in regard to newly graduated Saudi nurses, some key themes have been addressed. These themes include: the educational and practical preparation offered to Saudi nursing students; how Saudi nurses are assisted to transition from study to work; the importance of cultural competence in the nursing profession for both Saudi nationals and expatriates; the significance of language and communication in nursing and the difficulties faced by Saudi nationals in a workforce dominated by use of the English language; and the impact of the low social status of nursing in Saudi Arabia on both male and female nursing recruits. The literature in this section offers insights into the profession from both Saudi and international researchers which provide a framework for the current study.

Preparation of Nurses in Saudi Arabia

Nursing education for Saudis starts after secondary school when students join government nursing colleges or private nursing institutions (Al-Omar, 2004). Both government and private nursing education provides mainly diploma and bachelor of nursing courses to Saudi students. Master degrees in nursing were only offered in the late 1980s by some nursing colleges in government universities such as King Saud University in Riyadh and King Abdulaziz University in Jeddah. The nursing diploma is a two-year program, mainly offered by private nursing institutions, whereas the bachelor degree is a five-year program provided by nursing colleges in universities, including one year of foundation studies (Abu-Zinadah, 2006; Almalki, 2011).

Despite the recommendations from the World Health Organisation (WHO) and the Saudi Health Committee for Health Specialists (SHCHS) that the Bachelor of Science in Nursing should be the minimum entry qualification for the nursing profession in Saudi Arabia, nurses with diploma qualifications are still graduating every year from private health institutes (Abu-Zinadah, 2006). Limiting professional entry to people with bachelor level qualifications is considered to be a vital step towards developing safe, quality nursing care in Saudi Arabia (Abu-Zinadah, 2006). However, the country suffers from a severe shortage of nurses due to rapidly increasing demand in its health system (Abu-Zinadah, 2006).

Up until 2006, diploma holders who graduated from nursing institutes represented 97% of the workforce and Bachelor of Science Nursing (BSN) graduates representing only 3% (Abu-Zinadah, 2006; MOH, 2009). However, the number of bachelor degree graduates in nursing and other health professions is expected to increase rapidly as the number of nursing colleges increase and as university places and scholarships offered by the government also increase. The literature on nursing education in Saudi Arabia, although limited, does indicate some inadequacies in the preparation and professional development of Saudi nurses in the workforce (Tumulty, 2001a; Aboul-Enien, 2002; Almalki, 2011).

Transition into Practice

Transition is defined in the literature as a passage or movement from one condition or place to another (Chick & Meleis, 1986). Transition from being a nursing student to a registered nurse gives rise to unique issues and challenges for new nurses and health organisations (Godinez, Schweiger, Gruver, & Ryan, 1999). A study conducted by Santucci (2004) argues that the transition period requires effective training and orientation programs and that new nurses usually benefit from orientation programs

during the transition into practice. It was argued in a study investigating the perceptions of nursing student of their preceptorship during clinical practice that the participants were significantly more satisfied with the preceptorship where preceptors provide extensive mentoring through close guidance and assistance to students (Omer, Suliman, Thomas, & Joseph, 2013).

International nursing literature reinforces the importance of high-quality preparation of new graduates in effectively facilitating their transition into practice (Duchscher, 2009; Gerrish, 2000; Godinez et al., 1999). A study conducted by Bérubé and colleagues (2012) argued that transition programs, such as residency programs, may help to facilitate the smooth transition of new graduate nurses into nursing practice and to improve the quality of care provided. Other studies have claimed that transition programs for new nurses reduce turnover in the first year of practice, promote the professional competences of new graduates and have a positive impact on new graduate nurse retention and performance (Anderson, Linden, Allen, & Gibbs, 2009; Bratt, 2009; Halfer, Graf, & Sullivan, 2007; Kowalski & Cross, 2010; Olson-Sitki, Wendler, & Forbes, 2012; Valdez, 2008).

Saudi Arabia has undergone rapid social and economic transition over the past decade. This has had a marked impact on the provision of health services to Saudi people (Aldossary, While & Barriball, 2008). In 2004, more than 45% of the Saudi population were under 15 years of age and another 18% were aged between 15-24 years (MOH, 2009). In 2012, slightly over 30% of the population were under 15 years of age and 67 % were between 15 and 60 years of age (MOH, 2009; MOH, 2012). These figures may explain the recent rapid expansion of the general workforce including health. According to the statistical book of the Ministry of Health (2012), the health workforce increased between the years 2006 and 2012. There was a 20% increase in physicians, 45% in

dentists, 47% in pharmacists and 38% in nurses. Saudi nationals within the nursing workforce represented 22% in 2006 and now comprise about 50% of the total nursing workforce (Abu-Zinadah, 2006; MOH, 2012).

From the above figures it is obvious that the nursing workforce in Saudi Arabia is growing, with newly qualified nurses continuing to be a significant presence. The experience of those new nurses needs to be investigated to examine their transition into the field. However, there is a scarcity of literature about new, graduate Saudi nurses and particularly about their transition into the practice. An absence of graduate programs in Saudi hospitals was noted in a recent study at a Riyadh hospital; the importance of such programs for new, graduate Saudis nurses was also highlighted (Fielden, 2012). The study anticipated that over the coming years the number of new, graduate Saudi nurses will grow exponentially, highlighting the need for adequate transition programs.

Cultural Competence

Cultural competence is defined in the literature as having the knowledge, beliefs and skills necessary to work efficiently with others whose cultures are different from yours, knowing that these issues of cultural awareness cannot be ignored (Krentzman & Townsend, 2008; Leininger & McFarland, 2002). It has further been argued that it is necessary to achieve a certain level of cultural competence in order to be able to work professionally with others of differing cultural beliefs and values (Andrews & Boyle, 2008; Jeffreys, 2010). This is one of the challenges facing the nursing workforce in Saudi Arabia.

The Saudi nursing workforce is comprised of large numbers of expatriates from many nations, with different cultural backgrounds, in addition to newly qualified local nurses. Cultural issues in the Saudi nursing workforce are complex, involving nurses caring for

patients from different cultures, as well as the cultural differences between expatriate and local nurses.

Culture is an abstract concept that integrates patterns of different human behaviours including language, thought, communication, values and customs (Meleis & Lipson, 2004). Various cultural issues, especially in relation to language, religious practices and gender affect the nursing profession in Saudi Arabia. Saudi Arabian culture is one of the most conservative amongst Middle Eastern societies and the gap between Saudi and Western cultures is also wide (Long, 2005). Thus, it may take some time for expatriate nurses to adapt to the Saudi culture in order to provide adequate care to Saudi patients. New Saudi nurses should also be aware of the cultural needs of their patients.

Johnstone (2008) argued that nurses and health professionals need to develop better cultural awareness and understand the link between the respective cultures of nurses and patients; in addition they need to familiarise themselves with the way nursing care is provided in particular cultural contexts. Both Saudi nurses and expatriate nurses need to know what constitutes appropriate and ethical care of their clients, according to their cultural needs and values. In addition, nursing management, educators and researchers also need to consider cultural issues pertaining to the education and training of nurses (Johnstone, 2008; Leininger, 1991; Littlewood & Yousuf, 2000). An issue of cultural concern in the nursing workforce in Saudi Arabia is language, as it is crucial to all forms of communication within the profession. The level of English language skills is important and should be considered for entry to nursing.

Language and Communication

Communication amongst health professionals and between themselves and their patients is a key to providing appropriate care (American Association of Colleges of Nursing, 2008). It has been argued by researchers that verbal communication is fundamental to

understanding other cultures (Brady & Arabi, 2005; Milton, Entekin, & Stening, 1984). If we can speak and understand the language of others we will be better able to understand their culture and, from a phenomenological perspective, verbal communication is important for understanding the intentional meaning of cultural concepts (Husserl, 1970; van Manen, 2000). In health care, professionals must communicate effectively, both verbally and in writing, in order to provide their patients with safe, high quality care (American Association of Colleges of Nursing, 2008).

According to the American Association of Colleges of Nursing, nurses must have a high level of both communication and clinical skills (2008). However, many Saudi nurses, even those in managerial positions, do not have adequate English skills (Tumulty, 2001b). The English language is the accepted written and spoken language of health care in Saudi Arabia (Mufti, 2000). With poor language skills, Saudi nurses lack the ability to communicate professionally with other nurses and to improve their skills and provide best patient care. Language proficiency is central to the transmission and reception of all kinds of information and knowledge (Brown & Harvey, 2011; Jagtenberg & D'Alton, 1992). Therefore, only Saudi nurses who are fluent in English have a chance to gain knowledge and update their clinical practice, because so much nursing knowledge is published in English language.

Many Saudi nurses, especially novices, they are not proficient in the language that is used for communication in the workplace, which is English (Al-Ahmadi, 2010). This may affect their ability to provide care to patients and their family members and may also narrow their knowledge and clinical skills because they are not benefiting from the expertise of other nurses (Al-Shahri, 2002). Even if the communication and clinical skills of expatriate nurses are exceptional, this does not absolve the nursing authorities in Saudi Arabia from the responsibility of supporting the cultural and social wellbeing

of Saudi nurses and patients; a gap still remains between expatriate nurses and both local nurses and patients (Al-Shahri, 2002; Al-Ahmadi, 2010).

Miscommunication, language, and cultural difficulties are of particular concern to expatriate nurses and Saudi patients. Brady and Arabi (2005) point out that the language barrier is an obstacle for optimal communication between patients, family members and expatriate nurses, who do not speak Arabic. Confusion, misinterpretation and conflict are likely to occur among nurses and between expatriate nurses and patients in Saudi hospitals due to language differences. Given that large numbers of nurses working in hospitals in Saudi Arabia are non-Arabic speaking, patients' needs are often misunderstood (Al-Shahri, 2002; MOH, 2012). Meeting Saudi patients' needs also requires nurses to understand their culture and religion. In a study investigating the satisfaction levels of Saudi patients with nursing care delivered by expatriate non-Arabic speaking nurses, it was found that most Saudi patients were not satisfied with that care. Further, results from this study showed that there was a lack of trust between patients and expatriate nurses due to language barriers (Al-Khathami, Kojan, Aljumah, Alqahtani, & Alrwaili, 2010).

The Image of Nursing

The poor image of the nursing profession, coupled with traditional and social values in Saudi Arabia, have been identified as major factors affecting the employment of Saudis in the nursing profession (Tumulty, 2001a). This, together with the cultural opposition to female employment, has contributed to a continuing reliance on expatriate nurses (Brown & Busman, 2003; Tumulty, 2001a). Saudi nationals, both male and female, face many cultural and social barriers in choosing nursing as a career (Tumulty, 2001a; Miller-Rosser et al., 2006; Gazzaz, 2009). Culturally, the perception of nurses in Saudi Arabia in the past was that nurses undertook menial tasks and only provided basic care.

These tasks were viewed as having low status and Saudis had difficulty accepting nursing as a professional career (Tumulty, 2001a). More particularly, many Saudis view nursing as a job for maids or uneducated people (Miller-Rosser et al., 2006).

Many Saudi secondary school students have not considered nursing as a possible career. In a study conducted by Al-Omar (2004) to assess the attitude of high school students towards the nursing profession in Saudi Arabia, only 5% of a large sample were interested in nursing and would possibly consider it as a future career. Literature showed that some major reasons that Saudis did not choose nursing as a career included the low social status of nursing within society, the poor perception of nursing within many families, cultural and community values, an aversion to mixing with the opposite sex in the workplace, and long working hours (Tumulty, 2001a; El-Sanabary, 1993; Brown & Busman, 2003; Miller-Rosser et al., 2006).

As the nursing profession suffers from a lack of prominence and social prestige, Saudi men who choose nursing as a career often face criticism from family and friends (Miller-Rosser et al., 2006). Saudi health professionals and medical staff also have a negative view of the nursing profession and nurses. El-Sanabary (1993) pointed out that many Saudi medical and pharmacy students view Saudi nurses as being of low status and consider them to be less intelligent and less capable of working in the health profession. Despite a lack of literature investigating the social status of nursing in Saudi Arabia, it is possible that this poor view of the profession may have changed, especially given significant change and development in the Saudi health sector in recent years, including the nursing workforce.

Methodology

Introduction

As this study aimed to explore the lived experience of newly graduated Saudi nurses, a qualitative approach was considered the most appropriate. Given the stated aims of this study, the researcher chose phenomenology. The main goal of this approach is to describe the various ways in which individuals experience, perceive, and conceptualise a particular phenomenon (Creswell, 2014).

van Manen (1990) combined features of descriptive phenomenology (Husserl's perspective) and interpretive phenomenology (Heidegger's view) to develop hermeneutic phenomenology. According to van Manen (1990), the purpose of phenomenology is to explicate, through the analysis of text, 'the meaning embedded in the lived experience' (p. 100). Phenomenology helps the researcher understand the uniqueness of any phenomenon (van Manen, 1990). The approach chosen for this study is an interpretive phenomenology, an approach informed by Heidegger (Heidegger, Macquarrie, & Robinson, 1962). Hermeneutic phenomenology is in the interpretive paradigm; this approach tries not only to describe, but also to interpret the actual stories and experiences of participants.

Phenomenology as a research approach intends to provide answers to important questions and deep human concerns (Cohen, 1987). Phenomenological beliefs are critical truths about reality and are grounded in people's daily life experiences (Polit & Beck, 2006). Phenomenology is useful in exploring and investigating an issue that has already been studied, but where a different context is to be considered (Polit & Beck, 2006) such as studying a phenomenon in a different culture (Cohen, Kahn, & Steeves, 2000). The lived experience of new, graduate nurses has been explored in different

countries and cultures, but has not been addressed in Saudi Arabia; therefore, phenomenology offers the best approach for the proposed study.

Philosophy and Phenomenology

The history of philosophy goes back to ancient Greek times and is derived from the work of philosophers such as Socrates, Aristotle, and Plato. Plato (428 - 354 BC) is reportedly the first philosopher to have explained and defined what it means to exist (Hughes, 2001). Descartes (1596-1650) developed a model of the mind and notion of the mind-body split, known as Cartesian duality (Koch, 1995).

The certainty of knowing requires classifying ideas into abstract ones verified to be true. Objects only exist if we see them; they do not exist if we do not see them (Kellett, 1997; Sharfi, 2007). This rational thought, termed 'rationalism', asserts that reason is the basis of all knowledge in this world.

Rationalism as a philosophical point of view (rooted in the 17th century) was criticised early in the 18th century by empiricist philosophers such as Locke (1632-1776), Berkeley (1685-1753) and Hume (1711-1776) (Smith, 2007). In criticising rationalism, empiricists argued that reason builds on the evidence of the senses; they claimed that sensory perception is the basis of a human's knowledge of the world (Smith, 2007). Early philosophers merged the argument between the rationalist and empirical viewpoints at the end of the 18th century by proposing a synthesis of rationalist and empiricist theory. This exploration of early modern philosophy, of both empiricism and rationalism, serves as the foundation of our knowledge and became a principle explored by Edmund Husserl, shaping his deliberations on phenomenology (Peucker, 2007; Sharfi, 2007).

Emergence of Phenomenology

The term *phenomenology* has had several meanings and has been used in religion, philosophy, and physics and was first used as a concept in 1764 (Cohen, 1987). Phenomenology was also used in the philosophical texts of Lambert, Herder, Fichte, and Hegel in the 18th century (Moran, 2000). The Arabic scholar Ibn al Haytham, recognised as the first scientist and whose work on optics, mathematics, and philosophy is recognised in both Arabic and Western cultures, is credited as authoring the first phenomenological thoughts as early as the beginning of the 11th century (Steffens, 2007). Interestingly, most modern texts only consider the roots of phenomenology from a Western perspective.

Phenomenological philosophical roots seek to understand human existence. Spiegelberg (1984) described the philosophical movement as being made up of three phases: the preparatory phase, the German phase, and the French phase (Spiegelberg, 1984). The preparatory phase included the pioneers of phenomenology such as Franz Brentano (1838–1917) and Carl Stumpf (1848–1936). The modern phenomenological movement began in Germany prior to World War One (Walters, 1995) during what is referred to as the German phase. Edmund Husserl (1859–1938) formalised and developed phenomenology from Brentano's descriptive psychology; this descriptive analysis distinguished genetic psychology from descriptive psychology and led Husserl to develop further the concept of phenomenology (Rapport & Wainwright, 2006). However, Martin Heidegger (1889–1976) who was Husserl's student and assistant disagreed with many of his teacher's views. Heidegger modified Husserl's phenomenology to take account of ontology and developed philosophical hermeneutics phenomenology. However, the two forms of phenomenology proposed by Husserl (Husserlain) and Heidegger (Heideggerain) vary in the way in which philosophical principles are applied to develop scientific methods (Rapport & Wainwright, 2006).

Phenomenology of Husserl

Husserl (1859-1938) was the founder of modern phenomenology and is, therefore, usually cited in the literature as the father of phenomenology (Cohen, 1987; Koch, 1995). Husserl's phenomenology has been initiated and developed from Brentano's descriptive psychology, distinguishing genetic psychology from descriptive psychology. This led Husserl to further develop the concept of phenomenology (Smith, 2007). Husserl argued that only through meaning does consciousness present us with a world and the organised structure of things around us, including ourselves (Moran, 2000). According to Husserl, any act by itself is intentional to the object; he viewed intentionality as the structural core of consciousness (Husserl, 1913). In addition, intentionality is a process where the mind is directed toward the objects of study (Moran, 2000). Husserl's phenomenological approach was descriptive.

Phenomenology of Heidegger

Heidegger, (1889-1976) as stated, was German and a student of Husserl, who trained him in the process of phenomenological intentionality and reduction (Lavery, 2003). Inspired by Husserl, Heidegger's phenomenology shifted the process of the truth in phenomenology as well as insisting on *being* as the source of knowledge (Lavery, 2003). Heideggerian phenomenology shifted from the epistemological emphasis of Husserl's phenomenology to the ontological establishment of understanding questions of experience in which, 'What does it mean to be a person?' (Heidegger et al., 1962) considers the question of the meaning of *being* (D. Moran & Mooney, 2002, p. 246) and explores the relationship between human thought and human existence (Koch, 1995; Moran & Mooney, 2002).

Being refers to human existence, which he called 'meaning existence'. Heidegger's notion of human existence is essentially 'being-in-the-world' (Moran & Mooney, 2002).

Human existence was derived from being in the physical world with others in the context of existence itself. For Heidegger, the understanding was an essential feature of our being in the world (Moran, 2000). Heidegger used the phrase 'being-in-the-world' to highlight the ability of human existence to recognise the potential of self-existence in the context of a person's life and his existence in the world.

Heidegger viewed the relationship between human notion and human existence as mainly existing in the world; therefore, the concerns of human beings were historically situated along a range of perceptions involving their worlds (Inwood, 2000). He believed that it is impossible to imagine existence outside the world because humans' perception emanated from being in the world, thus making it impossible for humans to deal with the outside world objectively (Koch, 1995). Heidegger aimed to go further than plain description to a theory of interpretation of meaning (Holloway & Wheeler, 2002). He argued that it is impossible to be in a world or to live in a culture lacking the act of interpretation, which is influenced by the history and background of a person (Heidegger et al., 1962). Heidegger's ideas have resulted in the development of phenomenology, serving as the foundation of the process of interpretation. In addition, Gadamer made an outstanding contribution by introducing the hermeneutical method of inquiry (1988).

Hermeneutic Phenomenology

In the literature a number of authors have recommended methods to carry out phenomenological hermeneutic studies (Fleming, Gaidys, & Robb, 2003). van Manen (1997), pointed out the requirement of establishing an approach that enables the researcher to conduct research. His work on hermeneutics stated that a range of suggestions on the choice of method are needed in order to find the approaches that best facilitate the progress of interpretation (van Manen, 1997). van Manen (1990) also

developed a phenomenological method that included aspects from Husserl's and Heidegger's philosophies and demonstrated two approaches: hermeneutics and phenomenology (Peyrovi, Yadavar-Nikraves, Oskouie, & Berterö, 2005). As a methodology, hermeneutic phenomenology values the ability of the person to self-know and allows participants to give voice to their experiences in a free manner (Robertson-Malt, 1999).

The use of hermeneutics in the social sciences and nursing has been increasing (Draper, 1996). van Manen's (1990) methodology is popular with nurse researchers; based on a framework of phenomenological research, van Manen managed to combine all aspects of interpretation and to develop a methodical structure of hermeneutic phenomenological research by noting that there is one lived experience and that it is unique. Nurse researchers have acknowledged the value of phenomenology as an approach that can provide an understanding of individuals' reality and experience (Koch, 1995; Van der Zalm & Bergum, 2000; Walters, 1995). Hermeneutic phenomenology helps express the knowledge which is embedded in nursing practice and amongst nurses (Van der Zalm & Bergum, 2000).

In his work, van Manen (1997) described the 'doing' of phenomenological research and writing as a dynamic interplay between six research activities (p. 31). These activities facilitate the alliance of description and interpretation (Dowling, 2004; van der Zalm & Bergman, 2000). Thus, van Manen's six-step design relates to lived experiences. By following these six steps, the lived experiences of graduate Saudi nurses and their perceptions have been uncovered. These six research activities that van Manen (1997) identified as providing a methodical structure for using a hermeneutic approach are:

- Turning to a phenomenon which seriously interests us and commits us to the world;

- Investigating experience as we live it rather than as we conceptualise it;
- Reflection on the essential themes which characterise the phenomenon;
- Describing the phenomenon through the art of writing and rewriting;
- Maintaining a strong and oriented pedagogical relation to the phenomenon; and
- Balancing the research context by considering parts and whole.

These six activities guided the researcher through this qualitative component of the research.

Hermeneutic Phenomenology: An Interpretative Approach

The hermeneutic phenomenological approach is used in this study to facilitate an interpretive method of phenomenology. In the human sciences, researchers and philosophers generally seek to understand the actions of people through dialogue, with their words being understood as the words of self-discovery, motivated by reason (Scruton, 2004). However, for the hermeneutic inquiry, two central issues concerning the theory of textual interpretation are considered: the text (its meaning) and the interpretation (the understanding).

Hermeneutics is concerned generally with the way we come to understand. It explores and involves all the processes of communication used, including reading, writing and listening (Thiselton, 2009; van Manen, 1997). It has been argued that data in the social sciences is already partially interpreted and that the role of the researcher is to identify the meaning of an action in terms of the role it plays in the social situation (Heil, 1983; Valentine, 2013). The emphasis is on structure and explanation of the parts by reference to the whole; explanation is nothing other than clarification of this structure, as a constituent element (Gadamer, 1975; Heil, 1983). This empathic understanding leads to a more modern form of research for the social sciences.

In his work on phenomenology, Gadamer (1975) initiated the concept of the hermeneutic circle through the original work of Schleiermacher and Dilthey (Annells, 1996). In addition, Gadamer's exploration of the theory of language places an emphasis on the language that we speak and its history as vital contributions to the hermeneutic circle (Fleming et al., 2003; Tina Koch, 1996; Lebech, 2006). In hermeneutic inquiry, three themes have always been present, including 'the inherent creativity of interpretation, the pivotal role of language in human understanding, and the interplay of part and whole in the process of interpretation' (Smith, 1991, p. 104).

Historical consciousness for Gadamer was a sympathetic form of knowledge and understanding (Gadamer, 1975). Gadamer argues that the task of hermeneutics is not to offer either a methodology or method of understanding, but rather it is to 'clarify the conditions in which understanding takes place' (Gadamer, 1975, p. 263). However, since our experience and knowledge are connected to phenomena, such phenomena are certainly things that appear in our consciousness. Hermeneutics as an interpretative method is recognised as a philosophy that emphasises an approach to health research that focuses on meaning and understanding in context (Gadamer, 1975; van Manen, 1997).

Hermeneutic Phenomenology as a Research Approach for this Study

van Manen (1990) developed a methodological structure for research that is both phenomenological (descriptive) and hermeneutic (interpretive). His approach stresses the importance of the relationship between phenomenology, hermeneutics and semiotics in research (Ray, 1994). According to van Manen (1997), hermeneutic phenomenology is described as a research methodology relevant to human science. He claims that, 'human science' is often used interchangeably with the terms 'phenomenology' or 'hermeneutics'.

Hermeneutic phenomenology represents the main theoretical assumptions about experience and ways of organising and analysing phenomenological data in research. It gives equal weight to both ontological and epistemological concerns and promotes the unity that must exist between the researcher as knower and the things or objects that the researcher comes to know (Moustakas, 1994). Such phenomenological research is theoretically designed to investigate the phenomenon of interest and analyse and interpret the essences without predetermined assumptions or hypotheses about problems or ideas that have no fixed, expressed value (Munhall, 1994; van Manen, 1997).

According to van Manen (1990) hermeneutic phenomenology is concerned with understanding texts and tends to focus more deeply on accounts of the phenomena obtained from written texts. In any search for the lived experience of participants, the hermeneutic approach requires reflective interpretation of a text to achieve a meaningful understanding of that experience (Moustakas, 1994). Therefore, it is important to complete all transcriptions before undertaking any theorising, which would be based only on partial facts about the lived experiences of recent, graduate Saudi nurses in this study.

Hermeneutic phenomenology as a research design theoretically fits this current study, since the interpretations must be understood in context (Ray, 1994; Sokolowski, 2000; van Manen, 1997). The everyday experiences of participants in this study and the researcher are part of this context (Ray, 1994; van Manen, 1990). In the search for the lived experiences of participants, the hermeneutic approach requires reflective interpretation of the experiential content to achieve a meaningful understanding (Moustakas, 1994). In this research study inquiry, the hidden meanings of phenomena in the lived experiences of new Saudi nurses are uncovered, so that they can be interpreted to reveal what being a new, graduate Saudi nurse means.

Methods

Research Question

The results from the first component of this study informed the phenomenological component. The first study indicated that most Saudi nurses in the sample were quite young and inexperienced, felt their preparation to practice was not adequate, and many were intending to leave the profession. To develop the research question for a phenomenological study, it is important to know what it is like for those who live the experience related to the phenomenon, in order to achieve reliable information about it (van Manen, 1997). This has implications not only for graduate nurses but for nursing and Saudi healthcare more generally. The focus of this study therefore was to explore the experiences of new, graduate Saudi nurses. The research question for this study was: What are the lived experiences of newly graduated Saudi nurses working in nursing practice in Riyadh, Saudi Arabia? To answer this question, in-depth, face-to-face interviews were conducted with newly graduated Saudi nurses in Arabic.

Research Process

Prior to the commencement of this research, ethical approval was obtained from The University of Adelaide's Human Research Ethics Committee (see Appendix 3). Additionally ethical approval from the Ethics Department of the Ministry of Health in Saudi Arabia was obtained (see Appendix 4). Documents about the research included an invitation flyer (see Appendix 5), an invitation sheet (See Appendix 6), the participants' information sheet (See Appendix 7), the consent form in English (see Appendix 8) and Arabic (See Appendix 9) and the complaint form (See Appendix 10). These tools were designed in English for the purpose of the study and then translated into Arabic to meet the needs of the participants. Translation of all documents was checked and approved by bilingual academics in the field.

Training and Preparation

Prior to conducting the interviews for this study, I received guidance and practical training on conducting interviews with my supervision team. The first step of this training involved a discussion around interviews and interviewing in phenomenological research; this was followed by practical training on how to conduct a phenomenological interview (Fleming, Gaidys, & Robb, 2003). I was required to practice interviewing with my supervision team, followed by an intensive discussion of the process, technique and body language used. This was repeated twice to ensure that I thoroughly understood the interview process (Minichiello, Sullivan, Greenwood, & Axford, 2004).

The next step in the training process was to practice my interview skills with my supervisors first, followed by intensive discussion and feedback from my supervision team. I later used a 'safe' topic to interview my wife about her experiences as a mother and her life in Australia; I also interviewed my eldest daughter about being a new student in high school in Australia. Finally, I interviewed a friend using my research question. As a novice researcher this process was helpful in understanding what would be required when conducting interviews with graduate Saudi nurses in Saudi Arabia.

Participant Selection

In order to explore the lived experiences of new, graduate Saudi nurses, it was important to select the most appropriate participants as well as determine how and where the interviews were best carried out.

The participants were current Saudi nurses in MOH hospitals in Riyadh who had been registered as a nurse for five years or less. This is in line with other studies of graduate nurses using a five-year time frame to examine their experiences through the transition period and into professional life (Wallin, Gustavsson, Ehrenberg, & Rudman, 2012). All nurses who met these criteria were considered possible participants. Expatriate nurses

and any Saudi nurses who had been working for more than five years in the nursing field were excluded from this research. To examine the phenomena, a purposeful sampling method was used. A mix of males and females of the appropriate level of experience were recruited. The profiles of the participants are provided in section titled Findings later in this chapter. The strategy of reaching saturation ultimately determined the number of participants to be included in the study (Minichiello, Sullivan, Greenwood, & Axford, 2004).

The Research Setting

The research was conducted at MOH hospitals in Riyadh city, Saudi Arabia. At the time of data collection, there were three hospitals and two medical cities operated and managed by the MOH in Riyadh city. Each of these medical cities is comprised of numerous hospitals, each directed towards particular medical specialties. The hospitals and cities included King Saud Medical City (KSMC), King Fahad Medical City (KFMC), Alyamamah Hospital, Aliman Hospital and Prince Salman Hospital.

Data Collection

Data for this study were collected through in-depth interviews, between August 2012 and November 2012. The interviews were conducted at a time and place appropriate for each participant. Participants in the study were Saudi males and females and from different sites and specialties in nursing practice.

Recruitment Process

Participants were initially recruited through the nursing department of each of the MOH hospitals in Riyadh city. The directors of nursing in each hospital were contacted personally and their support was sought to facilitate the data collection process in their departments. After being informed of the nature of the study, they were asked to distribute an invitation flyer and information sheet to all department heads and head

nurses as well as place them on the communication boards in each unit to invite the nurses to participate in the study. This resulted in a good response from potential participants. This approach allowed recruitment of nurses from different departments and educational backgrounds. Volunteer nurses who met the criteria were contacted by the researcher and a suitable time and place for the interview was arranged. A consent form accompanied with an information sheet was handed to each participant on the day of the interview. They were given enough time to read the consent form and the information sheet and to ask questions. In total, 12 newly graduated Saudi nurses were interviewed.

The Interviews

Upon receiving the signed consent form, the interviews commenced. The interview process was explained to participants, and they were informed that the interview would be recorded and that a copy of the transcript would be sent to them for verification. Individual in-depth semi-structured interviews were conducted in a quiet and private room at the participants' workplaces. Semi-structured interviews have been described as a common method of data collection in phenomenological research (Bowling, 2002; Wimpenny & Gass, 2000).

In-depth interviews were a suitable method for collecting data in this study as they enabled participants to describe and discuss their own experiences as well as explain what is meaningful to them in their own words. Semi-structured interviews allowed the researcher to fully understand the participants' experiences and concerns (Bowling, 2002; Wimpenny & Gass, 2000). The interview guide initially consisted of core, open-ended questions to allow respondents to explain their views and experiences freely.

Only one interview was conducted with each participant, as is common in phenomenological research, in order to preserve the pre-reflective nature of the

interview (Bowling, 2002; Wimpenny & Gass, 2000). The interviews were conducted face-to-face, and each lasted 45 minutes to one hour. Participants' demeanour (e.g. whether they were relaxed, not feeling well, nervous) were noted prior to and during the interviews for consideration by the researcher while analysing the data. Some participants became emotional during the interview and others were excited to talk about their experiences. When participants became upset or emotional, the researcher offered to suspend or stop the interview.

It was important to consider cultural sensitivities around gender during the interview process, as the researcher was male and some participants were female. All female participants were asked prior to interviews if they had any objection or concerns about being interviewed by a male researcher and there were no objections. A digital audio recording device was used to record the interviews, and a second recording device was used as a back-up. Transcripts were stored in a Microsoft Word file. The transcribed interviews were returned to participants for confirmation, and no comments or corrections were received. The interviews were terminated when it became apparent that no new information was emerging from interviews.

Translation and Language Issues

Interviews were conducted in the Arabic language, which is the mother tongue of the researcher and all potential participants. Collecting data in Arabic gave the participants the chance to speak naturally and freely. They were able to be exact about their experiences, instead of trying to find terms in English, which might alter the meaning of what they wanted to say. In addition, data were transcribed and analysed in Arabic to retain the meaning of the texts and to ensure they reflected the views of participants.

Conducting the interviews, transcribing them, and analysing the data in the original language was appropriate in terms of keeping the meaning of the data clear (Twinn,

1997). Translating the interviews into English in order to analyse them may have affected the intended meaning of the text, as it is difficult to find similar translations for some Arabic terms in English. There is a significant discrepancy between English and Arabic languages, and it is impossible to accurately translate some words into English.

In similar studies in Japan and China differences in the meaning of terms emerged when data were translated into English (Chang, Chau, & Holroyd, 1999; Tang & Dixon, 2002). Thus, all aspects of the current study were prepared and conducted in English, except collecting and analysing the data, as participants did not have English as their first language. The collected data were dealt with and analysed in the original language. The only parts of the data translated into English were the themes and individual quotes from interviews, cited in the research discussion.

Data Analyses

In this study, all electronic audio recorded interviews were transcribed into text and then coded and saved in Microsoft Word documents. The researcher read each transcript carefully while listening to its accompanying audio file. This process was useful for identifying initial themes from the raw data. As the process of interpretive analysis of data rests with the researcher, this process was repeated many times, thereby ensuring immersion in the data; the researcher gradually became familiar with each interview. During this time, the themes began to emerge, and an initial impression of the experiences of new, graduate Saudi nurses began to form. The emerging themes and sub-themes were then highlighted in the transcribed texts and grouped to form major themes. This process was constantly and intensely discussed with the researcher's supervision team to ensure the validity of the analysis process. Sub-themes and themes were then translated into English for the purposes of the study.

Trustworthiness

In qualitative research, to establish trustworthiness, certain criteria are recommended to evaluate and support the validity of the research and justify its findings (Leininger, 1994). According to Leininger (1994), these criteria include credibility, dependability, transferability, and conformability. Sandelowski (2000) stated that the criteria and measures used to establish trustworthiness in qualitative research are complex, and researchers need to examine them carefully.

Credibility

Leininger (1994) defined credibility as an important measure of qualitative research that can be maintained by spending enough time with study participants to understand their lived experiences. She also argued that ideally emerging analyses of interviews in a qualitative study should be returned to and confirmed by study participants. In this study, before going further in the analysis, I returned the transcripts of the interviews to each participant and asked them to review and confirm that what was transcribed reflected what they had said in the interview. Allowing participants to review and confirm the transcripts is one of the reasons why I decided to analyse the data in its original Arabic form. Participants would not have been able to check the transcripts if interviews were translated into English. This was due to participants' poor English language skills and also the problem of meaning being altered when translated into English.

Dependability

The dependability of a study is generally related to credibility (Robson, 1993). In order to address dependability in qualitative research more directly, the processes within the study should be reported in detail, which also allow replication of the research later by other researchers (Shenton, 2004). The researcher has carefully examined and discussed with my supervision team the details of each step of my research, including the analysis

procedure to ensure that the process of analysis is compatible with the planned methodology, and to safeguard the credibility and dependability of the study. Every emerging theme was examined extensively and discussed in detail with the supervision team before further analysis proceeded. This careful step-by-step discussion through all phases of the study, including the data analysis, became a helpful checklist for ensuring the dependability of this study.

Transferability

Transferability is one of the criteria for establishing trustworthiness in qualitative research and focuses on the general similarities of findings of other studies carried out under similar conditions (Leininger, 1994). Participants in this study were characterised by differences in gender, level of education, reason for becoming a nurse, and social background. They represent a varied selection of graduate, Saudi nurses in terms of their thoughts and viewpoints. Thus, the mix of genders and other characteristics in the sample group suggest that the findings of this study may be generalised to other newly graduated Saudi nurses. Further studies might also support the findings of this study if carried out in similar situations and circumstances.

Confirmability

According to Koch (2006), confirmability is usually established with credibility, dependability and transformability and occurs when researchers show how they came to their findings in the inquiry under investigation. In this study, the researcher has taken all possible measures to ensure that all steps and processes have been logically carried out, recorded and confirmed with the supervision team. Hoskins and Mariano (2004) argue that to establish confirmability, the researcher needs to confirm that findings and conclusions are supported by the data, and that there is a concord between the interpretation of the researcher and real evidence.

The researcher has interpreted the collected data based on how participants expressed their ideas and from the researcher's understanding of the lived experiences of newly graduated Saudi nurses. The researcher's knowledge, as a professional nurse, provides a context in which to understand the experiences expressed by participants in this study. In addition, the use of illustrations as quotes from the text to support findings and the provision of those illustrations and themes in both English and Arabic was another strategy used.

Conclusion

The framework for the qualitative study is based on an interpretive phenomenological methodology, rooted in early Arabic thought and developed in a variety of directions by Western thinkers. The focus of this methodology, in particular hermeneutic phenomenology, which informs this project, is on the reflective interpretation of data, particularly textual data, as a key to understanding human existence. A number of processes were undertaken to gain approval for this research study, to train and prepare for the project and to recruit and collect data. Interviews were conducted in a respectful and culturally sensitive manner and were conducted in a language that enabled participants to express themselves without restriction. Data analysis was also conducted in a manner that preserves the credibility of the results and ensures they are trustworthy, dependable and transferable to other research settings. The final sections of this chapter present the findings of the qualitative study and interpret these results.

Findings

Participants

The participants in this study were keen to be heard and to divulge their views to the world. They all had personal experiences, which they thought were important to relate and this was clearly what motivated them to participate. In this chapter, participants in the study are introduced in detail and major themes and sub-themes are discussed. Interviews were completed in the workplace of each participant in Riyadh city and were performed in the Arabic language, as it is the mother tongue of all participants.

In this qualitative component of the research, twelve newly graduated Saudi nurses were interviewed. The participants shared many similar thoughts, perceptions and ideas, based on their shared cultural background and beliefs. Despite this, each participant's experience was unique. All participants in this study have been given pseudonyms to protect their identity.

All nurses working in Saudi hospitals must wear a uniform. The dress code for female nurses in Saudi Arabia has been designed uniquely to comply with the nature of the Saudi society and its culture and traditions. In the workplace female Saudi nurses must wear a white lab coat on top of a long-sleeved shirt and long white skirt. Head and hair must be covered with a scarf and if a nurse chooses to cover her face with veil, it needs to be black. The majority of Saudi female nurses wear a veil or cover their faces with surgical masks if they deal with males. Saudi female nurses are able to maintain their modesty with the option of covering their faces if they chose to. Male nurses wear white top and white pants in the workplace. It should be noted here that some female participants attended the interview covering their face with either a surgical mask or veil. The following section will introduce the reader to the participants.

Maha

Maha was in her early twenties and had graduated the previous year with a Diploma in Nursing. At the time of the interview she had one year of experience in the critical care area of one of the leading hospitals in Riyadh. She chose to cover her face with a veil during the interview. At the beginning of the interview, she looked uncomfortable as she was not making eye contact and was slightly hesitant to talk freely about her experience. In a short while, she became full of energy and was excited to talk about her experience in nursing. Maha said she was proud of herself and of the fact that she was the first in her family to work as a nurse.

Waleed

Waleed had completed a nursing diploma qualification from a government institute three years earlier and had been working as a nurse in a specialised area at the time of the interview. Before we started the interview, he was very quiet and said he was concerned about what to say. It was his first experience of being interviewed. Like most of the participants his English skills were relatively poor. Waleed was relieved when I told him that the interview would be in the Arabic language because he thought it would be difficult for him to do it in English. He was keen to talk about his experience in nursing and the issues he was facing as a new, graduate Saudi nurse.

Mohammad

Mohammad was in his late twenties; he graduated from King Saud University with a Bachelor of Nursing and had four years of experience as a nurse. King Saudi University is a leading university in Riyadh and one of the first universities in Saudi Arabia. Mohammad had worked previously in an Emergency Room and at the time of the interview was employed in an Intensive Care Unit. This is uncommon as not many new graduates get the chance to go into intensive care. He believed that holding a bachelor

degree gave him more confidence to do his nursing duties than his colleagues who have diploma qualifications. During the interview, it became clear that Mohammed was ambitious and revealed his desire to continue his education overseas to become a more competent expert in nursing.

Wiaam

At the time of the interview, Wiaam was in her mid-twenties and had been working as a nurse for one year. She graduated from the nursing collage at King Saud University with a Bachelor of Nursing and had immediately been recruited, as is the case with most Saudi Bachelor graduates. Wiaam wanted to participate in the study in order to express her opinions and experiences. She showed emotion when she talked about the way other nurses and health professionals treated her as a Saudi nurse and how she felt about being ignored in the workplace. Wiaam chose to wear a veil during the interview as she usually does in the workplace.

Dalia

Dalia was in her early twenties and had been working as a nurse for two years at the time of the interview. She is one of three nurses in her family as her father admired nursing and encouraged her to become a nurse like her older sisters. Like most Saudi nurses, Dalia graduated with a Diploma in Nursing and did not wait long to be recruited. Like Wiaam, she was very keen to participate in the study to express her views as a Saudi female nurse. Even though her face was concealed with a veil, she looked happy and full of ambition. However, she could not hide her unhappiness about some aspects of nursing in Saudi Arabia.

Norah

Norah came to nursing from a different path than the other participants. She decided to study a Diploma in Nursing after a few years of working in administrative positions in

different hospitals in Riyadh. She was in her early thirties and had been working as a registered nurse for two years at the time of the interview. She said that she wanted to participate in the study to try a new experience and to express her voice. At the beginning of the interview, she was calm and relaxed but when she spoke of her experiences she could not hide her emotions and at one point became tearful. She referred to the humanity of the profession, particularly how patients in Saudi Arabia need someone to take care of them in 'a good way'.

Abdullah

Abdullah completed a Diploma in Nursing from a private health institute. He had been working as a registered nurse for three years at the time of the interview. Abdullah focused strongly in the interview on the difficulties newly graduated Saudi nurses faced in the workplace, especially graduates from private nursing institutions. He felt unhappy about his situation, particularly that his voice was not heard regarding his educational needs.

Kholoud

Kholoud was in her early-twenties and graduated with a Diploma of Nursing from a private institute in Riyadh. She came to nursing with some previous knowledge about the nature of the profession from friends who worked as nurses. Kholoud had been working as a registered nurse in an Emergency Room for one year at the time of the interview. She wore a face veil during the interview. She was keen to participate in the study to reveal the problems she encountered in the field; she also exposed her own experience of the nursing profession. Like some of the other participants, she said that poor English language skills and the weakness of education in private institutes were the main issues facing newly graduated Saudis.

Noor

Noor was in her mid-twenties and had been working as a registered nurse in the surgical ward for three years at the time of the interview. She was keen to participate in the study in order to experience being interviewed; she was very curious about the process. She stressed that the main problem she encountered was that the education environment was completely female while the work environment was of mixed gender. She said it was difficult for her to familiarise herself quickly with this environment. She was wearing a veil during the interview.

Sarah

Sarah was in her mid-twenties and completed her Diploma in Nursing from a private health institute in Riyadh. At the time of the interview, Sarah had been working in an intensive care unit for four years. During the interview, Sarah covered her face with a veil and avoided eye contact during the interview. She felt that she and most of the newly graduated Saudi nurses had been thrown into the unknown and expressed the need for support from other Saudi nurses.

Mona

Mona was in her late-twenties and had graduated from King Faisal University in Dammam with a Bachelor of Nursing four years previously. Since then she had been working as a registered nurse in a medical ward in one of the leading hospitals in Riyadh. It was obvious that she was proud of being a Saudi nurse, but thought most Saudis and some physicians perceived nurses as house maids. She became tearful when she discussed the perceived inferiority of Saudi nurses in the workplace.

Danah

Like Mona, Danah was in her late twenties and held a Bachelor Degree in Nursing from King Saud University in Riyadh. She had been working for four years as a registered

nurse in a specialised unit in a main hospital in Riyadh. She volunteered to participate in the study to express her feelings and to experience being in a research study. She wanted to know about research with the ultimate aim of becoming a researcher. She chose to wear a veil during the interview. Danah likened the first day in hospital to a horror movie and talked about how she was not ready for her first experience in nursing.

Major Themes

The twelve participants of the study were willing to tell their stories of being newly graduated Saudi nurses. The six major themes that emerged from the analysis of the data included: *Not ready to nurse; not being part of the team; the view of nursing in the Saudi context; view of nursing from within; the need for Saudi nurses; and progressing Saudi nursing*. For each of these themes there are sub-themes. The themes and sub-themes are presented here in a linear fashion for pragmatic reasons but the experience of being a Saudi nurse is a complex phenomenon where the themes and sub-themes are intertwined and this complexity will be dealt with further in the interpretation chapter.

Not Ready to Nurse

This theme is concerned with how newly graduated Saudi nurses feel unprepared for the job, their lack of understanding about the nursing profession before joining and issues around their decision to become a nurse. The theme is about the path taken to become a nurse and how that path prepared participants to begin their nursing career. This theme is also concerned with education and how that education equipped participants to begin their nursing career. This theme also touches on the level of freedom participants had to make the decision to be a nurse. This includes the level of understanding about what nursing was and in a more direct sense, whether the decision to nurse was made freely. Three sub-themes were apparent from the *not ready to nurse* theme.

The first sub-theme, *poorly prepared*, describes that the participants felt their education had not given them the necessary knowledge and skills they needed as a novice nurses. The second sub-theme, *not understanding what it means to be a nurse*, describes what participants knew about nursing before joining the career and making an informed decision about what they were getting themselves into. The third sub-theme, *it was not my choice*, describes how some new, graduate Saudis felt the choice to become a nurse was not their own.

Poorly Prepared

This sub-theme concerns how Saudi nurses felt they were not well prepared for nursing and therefore not ready for their first experience in the profession. The participants spoke of the nursing education they received as undergraduates and interns and how they felt it did not meet their needs as novice nurses. They thought that their clinical practice was not comprehensive enough to prepare them for their first experience as registered nurses. Participants who had graduated or knew someone who had graduated from private nursing institutes spoke of the low quality of education, including English language skills. They felt this was a consequence of their education being conducted in Arabic. English is the language spoken in all hospitals in Saudi Arabia and all expatriate nurses are English speakers, but generally new, graduate Saudi nurses felt they did not speak English well enough and this was a great difficulty for them.

Mohammad spoke about his concern of being unprepared. He revealed that he felt he was not ready to nurse patients after graduation because, according to him, he did not get enough education and could not speak English well enough:

... I was not ready for work after graduation because our education was weak and we could not speak English well. There was a weakness of the clinical practice and English language during college. We were not equipped to work in

nursing and we could not communicate well with other nurses... After graduation, I thought I would change to an administration job like many of my colleagues but I said to myself I will learn, not only English, but nursing also.

(Mohammad, 3, 9)

Wiaam supported the above comments, adding that her internship was not effective enough for her to be ready for work. She said:

I was not prepared at all after graduation. There are differences between what we learned in nursing college, including [the] internship and reality. I was hardly speaking English. (Wiaam, 4,2)

Dalia agreed that she was not ready and could not communicate well with other nurses because her English skills were poor:

The worst thing one may face is not feeling ready for work...clinical practice and also my internship were bad experiences for me. I faced difficulties communicating with non-Arabic speaking nurses because my English and skills were so bad. (Dalia, 5,1)

Abdullah also agreed and added that most of his nursing education was in the Arabic language. He claimed that he had to teach himself while working:

There is a lot of pressure on us, because of our poor English and [because we are undertaking an] internship. Most of my nursing education was in Arabic which is different from what we are doing now, in the real world... I improved myself, by myself with some help from doctors and some nurses. (Abdullah, 7,1)

Norah's comments concur with Abdullah's. Norah claimed that like most new, graduate Saudi nurses she had to learn 'everything' again after graduation:

To be honest with you, I felt I was not ready for the first experience. I graduated from a private nursing institute, where there were poor education and facilities, particularly English education. I learned everything, not only me but almost all Saudi nurses, we learned everything after graduation from basic nursing practice to how to speak English. It was a nightmare. (Norah, 6,6)

It was apparent that private nursing colleges particularly were seen as not providing Saudis with what they need to prepare for nursing. According to Kholoud:

I was not ready for the job after graduation. It was my own efforts to learn everything after graduation. We had very poor education...Private nursing college graduates face difficulties becoming employed in Saudi Arabia because of low quality education and poor English language skills. Teaching in private and some government colleges is not strong enough, and is done in Arabic. (Kholoud, 8,9)

Noor stressed how severe this issue was when she said the following:

I was so scared at the beginning. We were not well equipped for work. There was no self-confidence...and fear because I was not ready ... we did not know what to do and we could not speak good English. I was not quite sure that I would survive. (Noor, 9,3)

Sarah supported the above comments and summarised her experience of not being ready as 'being thrown into the unknown'. She said:

We were thrown into the unknown. Imagine the first week, we had just started working as staff and no one explained the work to us. Everything was new for me. I did not know how to deal with patients or with doctors. What we knew were only theories; no idea about clinical or practice... I felt that I was lost

because I did not have enough education. Basically, I did not know anything and I did not know what nursing was. Oh my God, it was not easy. (Sarah, 10,7)

Not Understanding What it Means to Be a Nurse

This sub-theme is about the lack of understanding about the profession before the participants chose to become nurses. For many participants, they did not know what nursing was about before joining the profession. There was lack of understanding about nursing amongst most of participants. Some indicated they did not realise what nursing was about until their second year of college and others not until just before graduation.

Maha revealed that:

... I did not know anything about nursing before entering it. What I knew about it was just that they work in hospitals wearing white uniforms. (Maha, 1,7)

Similarly, Waleed agreed:

I did not know anything about nursing beforehand. Nursing for me was a good job like any other profession in health but I had no idea about what it was. (Waleed, 2,2)

Mohammad agreed that he joined nursing with a lack of understanding about the profession, adding:

At the beginning, before I entered nursing, I did not know anything about nursing; what is a nurse's duty in the hospital, what are the negatives and positives of the field? I joined it [because it was] a health profession. I was surprised by the real duties of the nurse. I did not imagine this.... I will tell you something, when I started to know about nursing, it was about two to three months after I started in the nursing school. Only at that time did I realise what nursing was about. (Mohammad, 3,1-9)

Norah needed longer to understand about the nursing profession. She said:

I did not know anything about nursing before. It wasn't until we started going for clinical practice that I started to know things about the field. (Norah, 6,2)

Abdullah added:

At the beginning, I did not understand anything about nursing. I was totally ignorant of this field when I joined. (Abdullah, 7,2)

Sarah expressed that:

When I was in high school, I had no idea about nursing. When I first joined nursing I was scared because I did not know what I would be facing... it took me a while to know what it was. (Sarah, 10,1)

It Was Not my Choice

Some participants had not actively chosen to become nurses. For some, they did not achieve the required grades in high school to study their desired course. For others, they did not want to become nurses; it was either by chance or their parents' preferences.

Clearly, nursing was not the choice of many participants. Maha expressed:

I did not plan to be a nurse. It was the only opportunity I had. I did not find any other option to help my people other than nursing. It was not the nursing field specifically that I wanted, but here I am now in nursing. (Maha, 1,1)

Mohammad expressed a similar view. He stated:

Actually, I did not intend to be a nurse but I joined nursing [because I wanted to be] a health field professional, not because I want to become a nurse. I liked the health professional field in general. This is why I embarked on nursing but it was unintentional. (Mohammad, 3,1)

Similarly, for Wiaam, it was not her choice to join nursing, but hers was a somewhat different story. She had no other choice:

I finished high school with high GPA which allowed me to apply for my dream field of study, in the school of dentistry. Unfortunately, there were many applicants, so there was an entry test and interviews which I did not pass... At that time, if you were not accepted in your choice the admissions computer system places you randomly in the school that matches your GPA and the interview results. When I found my name under nursing I felt so bad, but there was no other choice. I did not want to be a nurse. (Wiaam, 4,1)

Family advice was the reason that Waleed became a nurse. Waleed stated:

Nursing was not my choice, but my father wanted me to go to any health professional school ... I found myself applying for nursing because I was told that it would be easy to find a job. (Waleed, 2,1)

Even Dalia, who knew about nursing, did not want to become a nurse. She said:

I have loved nursing since I was little because three of my sisters were nurses, but it was not my desired career. It was not what I want to be. My father asked me to be a nurse and I am sure he had a view to the future. (Dalia, 5,1)

Similar to other participants, nursing was not the choice for Norah. She expressed the following view:

My view about nursing was that they only do cleaning jobs. When my friend told me, 'Let us go to nursing', straight away the picture of me cleaning floors and other things came to my mind. I said no, no, I am not going to nursing school. Then my friend convinced me that it was a great way to learn new things and it

is easy to find a job. Then I said, let me try it. Later on I found I was wrong. It is great job and I am happy to be here now. (Norah, 6, 1)

Abdullah summarised the reason to become a nurses as:

... I was just looking for an easy way to get a job (Abdullah, 7,2)

Nursing was the only option Noor had. She said:

You know, I became a nurse because of my GPA in the high school. It was the only chance I had. (Noor, 9,1)

Similar to Noor, Danah stated:

I wanted to be a pharmacist but my high school GPA only allowed me to go for nursing. I am not saying nursing is bad, but it was not my desired career. (Danah, 12,1)

Chance played a role in the choice of nursing for Mona. She did not plan or think to apply for nursing. Mona said:

After I finished high school, I applied for a laboratory major at the school of health and was accepted. When we started the semester, surprisingly I found that I was enrolled in the school of nursing. At that time I did not know that there was something called nursing at Uni. I did not know that nursing was being taught at our universities. (Mona, 11,1)

Not Being Part of the Team

This theme, *not being part of the team*, is concerned with the feelings that new, graduate Saudi nurses experience in the workplace. Participants felt very strongly about this issue. As new graduates they felt they were treated very harshly by expatriate nurses and other Saudi health professionals. They had a great sense of being treated unfairly and some were led to question themselves, their abilities, and even whether they should

remain in the profession. Most importantly, they expressed that this unfair treatment was due to their nationality, not because they were new to the profession.

The two sub-themes arising from this theme engendered strong negative feelings about the way they were treated. The first sub-theme is about a lack of support and a deep sense of being isolated. The participants spoke of *feeling marginalised*. The second sub-theme goes even further and the participants spoke of being singled out and actively *discriminated against* because they were Saudis.

Feeling Marginalised

Many participants felt they were not welcome in the workplace by both expatriates nurses and managers and were poorly supported. They felt that as new, graduate Saudi nurses they faced many difficulties because of the way other nurses treated them. They were ignored or delegated menial tasks such as cleaning and transferring patients. They also felt that the managers did not understand them and they had been thrown into the unknown. They felt no consideration was given to their cultural background and needs as Saudi nurses.

In the following statements, participants gave some strong indications of how they felt they were being marginalised in the work place. For example, Mohammad expressed his experience of being ignored and as a newly graduated Saudi nurse, being exposed to an environment without any kind of support. He said:

I feel marginalised, ignored in the ward...still new, Saudi graduates face difficulties from the way nurses ignore them. I am not exaggerating when I say that our survival here was because of our individual efforts. We did not get any help or support from nurses or doctors or even from the management...our voice is not heard at all. (Mohammad, 3,16)

Maha also stressed the lack of support in the workplace:

...it is only me who supported myself. I gave myself the support to survive and learn... I think the managers and supervisors here do not understand Saudi nurses, yes they do not understand us. (Maha, 1, 7)

Wiaam emphasised that newly graduated Saudi nurses are not housekeepers and should be supported and respected, not marginalised and ignored. She stated:

Nurses here asked us to do things that we should not do. They asked us to do only cleaning jobs and pushing patient's trolleys and translating for them. This is wrong; we need to learn nursing practice not housekeeping things. They keep saying to me you are not a doctor, so you do not need to know everything about the patient. We are still suffering from the way we are marginalised by nursing staff. (Wiaam, 4,11)

Dalia pointed out that expatriate nurses treated her as though she did not exist. She also expressed how hard it was for her to be ignored:

Many times I felt lonely and suffered a lot from dealing with overseas nurses. It is like they do not see me, and it is like I do not exist...I cried a lot from the pressure. There is no clear policy or a system that protects Saudi nurses. (Dalia, 5,11)

Danah likened her first day in hospital to a horror movie. She described how she was treated by other nurses:

The first day in hospital was like a horror movie. Patients, nurses, doctors and visitors were all new things to me. I was alone and lost. It was a huge thing. The thing that made me feel bad and ignored was when I went to check the vital signs of a patient, that was my first day, I got the blood pressure monitor from

the store room and started to check the poor patient. He was quiet and was just smiling at me. The cuff did not inflate so I went to get another one, but this also did not work. I went again and got another one and also it did not work. Two of the senior nurses were looking at me and did not say anything. I was getting things and running in and out from a store room assigned for the broken equipment that would be returned to the biomedical department. They did not care. It was an embarrassing situation and I felt bad from the way I was ignored and marginalised. (Danah, 12,1)

Sarah highlighted a similar experience. She said that at one time she hated being a Saudi nurse. She stated:

We have been thrown into the workplace and left alone and ignored. I was afraid of the reaction of others and of failure. Imagine doctors, consultants, patients, a new environment, nurses from many different nationalities and paper work. It was not easy. I was alone and no one even asked me if I was OK. I was frustrated and scared and I hated myself for being a Saudi nurse... I feel that we are marginalised because we are Saudis, we need someone to take care of us. You know, our success was from our own personal effort and without any support from any one. (Sarah, 10,4)

Discriminated Against

The majority of participants felt they were being discriminated against in the workplace because of being newly graduated Saudi nurses. They spoke of being maltreated, humiliated and neglected by staff nurses and expatriates nurses. Wiaam was one of the participants who said that there was discrimination toward Saudis by foreign nurses:

We have been abused, ignored and humiliated as new Saudi nurses by staff nurses, doing dirty things only, while new nurses from overseas get all of the

training, support and settlement programs. Also they were excused for their mistakes because they were new; I was also new...There is a differentiation between nurses. Management adore the foreigners. Everything is for non-Saudis, believe me it is obvious here.

She added:

I was happy to graduate and become a nurse, but my ambition was crushed because of the way other nurses treated us. I think they treat us badly because we are Saudis. (Wiaam, 4,5)

'If you are not with them, you are against them.' In these words, Dalia expressed her experience of dealing with nurses from other countries:

There is discrimination here. If you know someone with power, you will get what you want and you will be in the place you like. Life here is not easy for us as Saudi nurses. If you are not with the team, I mean non-Saudi nurses, you are against them. I will tell you something, when I just mentioned that I wanted to apply for a charge nurses position, oh my god, it was like it was the end of the world. Everyone here hated me and started a war against me...why, why? It is because I am a Saudi nurse? I think this is why.

Dalia concluded:

....we were treated according to our skin colour; isn't it discrimination? We need to get rid of this in our hospitals if we want to improve our nursing care. (Dalia, 5,6)

The following statement gives an indication of how one participant experienced how she felt in the workplace. According to Noor, newly graduated Saudi nurses are being discriminated against and are not welcome in Saudi hospitals:

...I remember the first year there were not many Saudi nurses. The head nurse would always allocate us to different wards; she never put two Saudi nurses on the same ward or shift. We needed to be together, to help each other, especially in terms of language. Our English was not that good so it would have been good to be together. On the other hand, when a group of overseas nurses arrived, they kept them together or at least two or three on the same shift. When I asked why, I was told it is because of the language and they are still new...This is happening in almost all departments and almost every Saudi nurse has experienced it, I am sure. I feel like we as Saudi nurses are persecuted and not welcome in nursing. Is it because they do not like us or do not want us to improve ourselves? (Noor, 9,9)

Sarah pointed out that she felt nurses were not treated equally. She said:

... you know, we are not treated equally here; for example, one of the difficulties we face as Saudi nurses is that when we are first employed, management and non-Saudi nurses did not treat us well, I mean not like overseas nurses are treated. There was a kind of inferiority in the way they treat us. I have experienced and witnessed the managers and non-Saudi nurses always being on the side of the foreigners. Foreign nurses are getting everything, bonuses, allowances, courses and promotions, but we do not. We need justice. (Sarah, 10, 1)

Mona expressed her experience working with foreign nurses, stating:

They are abusing new Saudi nurses, making us do the cleaning and basics only. I remember after finishing my degree, I was supposed to be a staff nurse. I was pregnant at that time, but they used to give me the detergent and a towel and ask me to go and clean patient's cupboards and bed side drawers and tables in the

ward. I swear to God, I was doing this every day with my abdomen hanging out. I was in my seventh month of pregnancy. We faced persecution as Saudi nurses, but the nursing profession has taught us patience and to struggle. (Mona, 11,5)

Danah felt that racism existed in Saudi hospitals against Saudi nurses. She said:

... I do not know what's going on. There is always a bad perception and pre-judgment about us as Saudi nurses that we cannot do the job. Even though we do great things and work hard, sometimes harder than the foreign nurses, but still we do not have blue eyes and blond hair [so we can't] get high positions. (Danah, 12,8)

The View of Nursing in the Saudi Context

The third theme and indeed the fourth relate to the image of nursing; how are nursing and Saudi nurses viewed? The participants spoke of their interactions with others and how they were presented with often negative views of nursing and Saudi nurses. They felt these views were shared by the non-Saudi nursing workforce as well as by Saudi Arabian society in general. Four sub-themes were apparent from this theme. These four sub-themes are all concerned with the participants' reflections on, the image Saudi people have of the nursing profession in general and specifically, how the non-Saudi nursing workforce perceives new, graduate Saudi nurses.

The first sub-theme, *not trusted or respected*, describes how participants perceive how others view them and the nursing profession in general. The second sub-theme, *servitude*, describes the sense that the participants felt they were treated as servants. The third sub-theme, *wrong for Saudi girls*, describes the difficulty female nurses face in dealing with traditional views of the place of women in the workforce. The fourth sub-

theme, *not for rich lazy girls*, describes how participants felt that non-Saudi nurses view them; participants felt they were viewed as spoiled and as being in an unsuitable career.

Not Trusted or Respected

The participants believe there is a negative perception of nursing profession amongst Saudi society in general. Many participants felt that most Saudi people, including some doctors, consider nursing to be an inferior profession. They also spoke of the fact that there is a lack of trust of Saudi nurses from patients and health professionals.

Mohammad felt that Saudi nurses were not trusted by other health professionals and were humiliated in the workplace. He said:

... I am talking about the difficulties we face as Saudi nurses. I mean, in addition to the work load we have, there is the reaction of both patients and their relatives. Whatever you do and [irrespective of] how good you are ... still when they know that you are a nurse they do not believe what you tell them about their condition and they do not respect you, even if you know more about the patient than the doctor. In the beginning they talk to you with a great deal of respect because they think you are a doctor, but once you say 'I am the nurse', oh my God, you can see the look on their faces, that you are inferior and they just walk away from you. (Mohammad, 3,11)

He added:

They do not yet accept Saudi males or females as nurses. I can say that our society is not yet equipped to respect nursing and accept local nurses. (Mohammad, 3,11)

Clearly, many young Saudis are joining the nursing profession and large numbers of nursing colleges have been established, but the participants felt that the old, negative

perception of the field still exists. Norah commented that, even though things are changing rapidly, nursing still suffers from a negative image:

I thought that the negative image of the nursing profession had changed when I saw the heavy turnout from nursing colleges and schools, so I decided to go for it, but in real life when you go to the workplace, things are different. People still have the old image. I know some of my colleagues still suffer [because the] bad image of the profession [still exists] even within their family. One of my friends told me the other day that her father will never allow her to do late or night shifts. Not only her, but many Saudi girls face this. (Norah, 6,5)

Kholoud revealed that:

Some male employees accept you as a female nurse. They look at you as a sister who is doing a great job, but on the other hand there are many Saudis who do not. They look at you as a girl who left home and works in a mixed gender environment. Okay she is a liberal girl, she is a bad girl. Yes, this is how many Saudi people look at us. Sometimes patients do this to us, even when we care for them, as they do not trust or respect us. Sometimes I feel regret for being a nurse because of the perception of inferiority from society. The perception of inferiority from society destroys us all the time. (Kholoud, 8,11)

Noor explained that the negative image of nursing resulted in a lack of self-confidence for newly graduated Saudi nurses. She said:

....we suffer from society's negative perception of nursing and nurses. Also, we are scared about making mistakes and that our family will reject us. We don't have self-confidence yet. Society's image of nursing affects our self-confidence so badly...also some doctors and consultants do not trust us. When they see a

Saudi nurse beside their patient, they ask for the head nurse or any other nurse.

This is just a little of what we are facing in nursing. (Noor, 9,5)

Further, Sarah worried that the negative image of nursing may affect relations with her family and the community. She said:

I was afraid to become a nurse because I know my community and what I will face both within the family and at hospitals. From the beginning, I had a fear of society's perception about the nature of the work, but I thought I would go for it. There is still conflict with ourselves about whether we will be accepted as nurses or not. Who will marry a nurse? (Sarah, 10,2)

Danah raised that:

....the issue is how to make people, I mean doctors, nurses and other health professionals, trust us as Saudi nurses. We are not bad, we are not careless, we can do the job like every nurse in the whole world.

I remember last year during the doctors round, I was doing something for my patient when the consultant came. When he looked at me I was surprised that he went out and called the Filipino nurse to ask her about my patient; that was really frustrating. He had a bad perception of Saudi nurses. (Danah, 12,6)

Servitude

The participants felt they were looked at and treated as maids or servants, not only by patients and the community but also by some health professionals. They contended that this perception is not new. They observed that house maids and servants were recruited from the same countries as some overseas nurses. Wiaam pointed out:

Nursing here is not how it should be, not only inside hospitals but even in the community where I live and in the whole of Saudi society. I think the whole

community perceives Saudi female nurse as house maids (servants). Do you know who created this bad perception? It is not our people but because in the past...the nursing profession started with and is still totally dependent on nurses from the Philippines and India where we also recruit house workers and servants. This was in the past but we still suffer from this negative image.
(Wiaam, 4,10)

She added that she has experienced this view from a family member. She said:

I will tell you something that happened to me last year during my internship. I was on the bus coming from the hospital when my brother called me and said 'How much detergent did you used with the linen today?' He said he was visiting his friend in hospital and watched the nurse collect the linen, change the bed for his friend and give him some Panadol. He asked me, 'Is this all that you have studied for? Is this what you will be doing in the future?' I cried a lot that day...so they look at me as a house maid and servant. But honestly I do not blame them. I witnessed myself a nurse from India making tea and coffee for the doctors.

Wiaam further stated:

Also one of my friends in another hospital told me that she witnessed a nurse from the Philippines doing a massage for one of the doctors. People and doctors are used to seeing them as servants in their houses and they see those nurses in hospitals. It is frustrating to see such behaviour from highly educated people like doctors, engineers and others. Nursing is still yet to be respected in Saudi Arabia. (Wiaam, 4,10)

Mona agreed with Wiaam's views:

The word 'nurse' for most people means servant. When I decided to do nursing I did not tell my mother I would be a nurse, but I told her I would be a doctor's assistant to get her approval. You know, this is what the society knows about nursing, especially older people... a nurse is a maid. (Mona, 11, 3)

Danah stated:

...people here look at nurses in general, both Saudis and overseas nurses, as inferiors, as house maids. Why only nurses? Why not other health workers? Why not doctors? They perceive us as servants. (Danah, 12,2)

Nursing is Wrong for Saudi Girls

The participants were concerned that society viewed working as a nurse as wrong for Saudi girls due to cultural expectations. Spending the night in a mixed gender work environment and providing nursing care for the opposite gender were not yet accepted by Saudi culture, especially if Saudi females were involved. Maha revealed that:

In the past, a Saudi girl could not participate in any work outside the house. She is doing everything inside the house only. They think that working is wrong for girls. Everyone thinks and believes that working as a nurse is wrong for girls. They think the nursing profession is not appropriate for us as girls. (Maha,1,4)

She also stated with some frustration:

Still there are families that consider this job [inappropriate] for Saudi girls. So, if I do not do nursing and your sister does not do nursing, if Saudi girls do not do nursing, who will do it? (Maha, 1, 4)

According to Mohammad, Saudi female nurses were not allowed to benefit from nursing as they should. Some Saudi families do not allow girls to work late shifts or night duty. Mohammad stated:

The girls, I mean some of the Saudi nurses are missing something from not working late and doing night shifts...they cannot do nights because their parents or husbands do not allow them. They think that it is wrong for them to do it. I am surprised that this idea still exists. (Mohammad, 3, 2)

Kholoud experienced the difficulty of being rejected by patients and health professionals. She expressed the following view:

It is fine with me to work in a mixed environment, but it is difficult sometimes. I find it difficult as a female to nurse a male patient. Some male patients reject Saudi female nurses. There are differences between the orientations and understanding of some patients regarding female nurses. For example, some religious men reject female Saudi nurses. Also some of the Saudi staff do this. Saudi female nurses suffer from being rejected by patients and staff; they think we are in the wrong place. (Kholoud, 8, 2)

Danah also encountered difficulties due to the perception of 'nursing being wrong for girls'. She stated:

...there is a change in the perception of the community towards nursing for Saudi girls, a little change, but still many families are not accepting this. They think it is wrong for girls to work in nursing. I think this is because of the nature of the job. It is not right for a girl to stay the whole night outside home alone. For me it is OK but sometimes I do care about how society looks at me. (Danah, 12, 3)

Not for Rich Lazy Girls

The participants were concerned that expatriate nurses and some Saudi health professionals think that Saudi girls cannot do nursing because they are lazy and spoiled. The previous sub-theme is about the job being not suitable for Saudi girls while here participants spoke of how they felt that expatriate nurses perceived Saudi girls as rich, spoiled girls, not capable of undertaking nursing duties and are not suitable for the nursing profession. Maha stated:

...whatever I do, work without breaks or even do some of their duties, foreign nurses look at me as a lazy, rich girl, and on some occasions they have said 'Nursing is not for rich, spoiled girls.' I have a great ambition to prove they are wrong. (Maha, 1,5)

Further, Dalia revealed that:

...foreign nurses and most of the doctors who I worked with look at Saudi nurses as though they are spoiled and lazy, and they are only here to waste time and have fun. (Dalia, 5,2)

Similarly, Danah stated:

Since I started working as nurse, I have been trying to gain their trust. I tried hard to change this perception about us as Saudi nurses. We are not lazy, we are not spoiled as they say, but the reason is that we are scared. The general perception of me amongst foreign nurses is that I am lazy and cannot do the job, but the truth is that I was scared and could not speak English in the beginning. (Danah, 12,6)

Sarah's experience is one of concern about the image of Saudi girls in the eyes of some expatriate nurses. She expressed the view that Saudi and non-Saudi nurses share the

same workplace and care for the same patients but it appeared that there was a gap between them. Sarah revealed:

One day at the beginning of my work in the hospital, I was sitting in the coffee room, scared and having a bad day. You know the first few weeks when you do not know anything and my English was horrible, and there were some nurses from other countries. They told me with mockery, 'Why don't you bring one of your servants to the job for you?' and they start laughing. Foreign nurses mock us and laugh at us and they think that nursing is not for 'rich, spoiled Saudi girls'. Also, managers and some head nurses think we are stupid and weak, but we are not. We were only scared and lost. (Sarah, 10,3)

View of Saudi Nursing from Within

The fourth theme is concerned with how Saudi nurses themselves perceive nursing. Their view of the nursing profession in Saudi Arabia was very different compared to how they felt it was viewed by Saudi society. For some of the participants, the perception of nursing changed after graduation; for most, nursing care is highly valued and fulfilling.

Three sub-themes were apparent from this theme. The first sub-theme, *nursing is not what I thought it would be*, describes how they felt about nursing after becoming registered nurses. The second sub-theme, *giving a gift*, is concerned with how providing nursing care for participants was viewed as giving patient's a gift. The third sub-theme, a *golden profession*, is about how the nursing profession is valued and loved by some participants as if it were gold.

Nursing is Not What I Thought it Would Be

This sub-theme concerns the change in the perceptions of Saudi nurses after practicing nursing. Although some participants said that they regretted becoming nurses and they

were now just doing their job, in contrast, many participants said that their views of nursing had changed significantly since graduating. Now they love nursing and have a very positive perception of nursing and would encourage all Saudi males and females to become nurses.

Norah revealed that her understanding of nursing had changed considerably. She said:

My knowledge and understanding about nursing has changed after becoming a nurse. [Previously] I thought it was just doing cleaning jobs and transferring patients...I have found great things in nursing. It is something more than job security and a high salary. Nursing is beyond description and imagination.

(Norah, 6,1)

Similarly, Kholoud and Danah expressed the same views:

My views of nursing have changed after becoming a nurse. Now I have a positive perception about nursing and I encourage all Saudi females to become nurses. (Kholoud, 8,10)

I hated nursing in the beginning, I only came to love nursing after graduation and becoming a registered nurse, I feel I am doing something valuable now.

(Danah, 12,3)

Maha revealed a different view from the above participants. She highlighted her disappointment about the profession:

My perceptions about nursing have changed after graduation. Now I am just doing my job and helping my patients to be well. I lost my ambition. Nursing is not what I thought it would be. (Maha, 1,1)

Giving a Gift

The participants expressed the view that providing nursing care in Saudi Arabia is about altruism. Some participants considered caring for patients as being humanistic, involving giving a gift to those in real need. Maha spoke of this valuable gift. She stated:

Providing nursing care for my patients makes me feel happy at the end of the day. I consider myself giving them a gift, an important gift that not anyone can give them, care with a touch of warm tenderness and mercy. (Maha, 1,3)

Waleed summarised his view of nursing as ‘giving that does not end’. He said:

....in my opinion, nursing is giving and giving that does not end. You are providing care to someone who has the need for it. As I said, it is giving that does not end, every day you are giving something to someone. I know my patients more than my family, I feel their suffering. They need me and I am giving them what they need. (Waleed, 2, 6)

Mohammad highlighted that:

I look to the patients like my family. Every day you meet them, talk to them, provide care for them, and importantly, you see the improvement day-by-day which makes me feel happy, makes me feel I did something good for them. I gave them something. It is a purely humanitarian profession. (Mohammad, 3,7)

A Golden Profession

The participants spoke of the spiritual values they see in the nursing profession. Although they do mention the pragmatic values of good wages and job security, there is a strong sense of satisfaction in doing something that is of great value to others that will be rewarded in non-material ways. Waleed spoke of this great value. He said:

I perceive nursing as a golden profession. It is like gold, always valuable, because nurses are rare everywhere. There is always a shortage of nurses all around the world. Also, it is flexible. I mean you can work anywhere inside or outside the country... the other thing is that I will be rewarded by Allah (God) if I do my job perfectly and care for those people who are in a need. (Waleed, 2,4)

Similarly, Dalia viewed nursing as the return to a useful and fulfilling life. She expressed:

This job has taught me the meaning of love. It is a great feeling when patients ask about you by name. My friend told me the other day, that patients asked about me, they wanted me. That means they like me, they love me, they feel good about me... Sometimes, I feel that nursing gave me back my life, gave me a feeling of importance. It gave me a feeling of self-importance and self-improvement. It is the return of life. (Dalia, 5, 7)

Abdullah had found job security and a good income in nursing but also much more. He stated:

I was recruited straight away after graduation. There was no way for something like this to happen if it was not nursing. Also, it is an honourable profession and I will be rewarded by Allah. I found great things in nursing like a good salary and job security. (Abdullah, 7,2)

The Need for Saudi Nurses

The fifth theme is concerned with the need for local nurses in Saudi society and in the nursing workforce. Saudi patients and nurses share the same beliefs and cultural values which the skilful overseas expert lacks. In addition to being few in the profession, participants spoke of not only the shortage of local nurses, but the recognition that they provide something unique to patients, being both Saudis and nurses. They felt strongly

about the value of cultural understanding and being able to provide culturally sensitive care. They felt it was also important to provide support to other Saudi nurses.

Two sub-themes were apparent from the *need for Saudi nurses* theme. The first sub-theme, *Saudi patients need Saudi nurses*, is concerned with the need for a local nursing workforce to support the Saudi healthcare system and patients. The second sub-theme, *we need male, Saudi nurses*, is about how female local nurses felt about the presence of Saudi male nurses.

Saudi Patients Need Saudi Nurses

The participants felt strongly that Saudi nurses are able to form closer relationships with patients than other nurses because of cultural and language similarities. Very few expatriate nurses speak Arabic and many lack a deep knowledge of Saudi culture. Participants felt that the cultural, religious and language differences between overseas nurses and Saudi patients may result in a lack of understanding between them and their patients. Maha expressed the need of Saudi nurses in the following way:

Saudi patients need me. I feel I understand them more. Many times I saw patients in real need for something but foreign nurses do not understand them. I could see in their eyes the unhappiness and anger when they talk to non-Arabic speaking nurses, especially new nurses, but I could not do anything about it. I had my own patients and my own duties [to attend to]. (Maha, 1,4)

Participants believed that Saudi patients needed, in addition to physical care, moral and psychological care which the foreign nurses could not adequately provide. Maha expressed the following view:

I think that there is a scarcity of patient care for those patients. It is not because overseas nurses cannot nurse, no, no, it is because they do not understand the patients' needs, especially cultural and religious needs. I am talking here about

not only giving medication and changing dressings. No, I mean the other things like the psychological and moral needs of Saudi patients and their special needs. As you know, all patients are Saudis here and yet the majority of nurses are expatriates. (Maha, 1,4)

According to Mohammad, the nursing profession in Saudi Arabia needs more Saudi nurses in order to properly meet its patients' needs. He said:

Some of my overseas colleagues called me many times to check with me how to do certain things for some patients. They do not want to do the wrong thing or do something that Saudi patients will not like. They are professional in their job, but they do not understand the culture and some of the needs of Saudis. There were some days when I could not have my break. It was not only nurses who call me, but patients also call me any time they see me, because I speak Arabic and also because I am Saudi. All the responsibility is on Saudi nurses because we speak Arabic and we understand patients and relatives. We need to recruit more Saudi nurses here. (Mohammad, 3,4)

The participants felt that care could be compromised by a lack of understanding. Wiaam pointed out this issue:

The gap between the overseas nurse and patients results in poor nursing care for patients. I have witnessed patients being left for hours and maybe days without changing their contaminated wound dressings because the nurses lack understanding of the unique cultural needs of their patients which may increase the risk of wound infection. Some overseas nurses are really experts but for example, they do not know that Saudi patients need to wash with water for prayer five times a day and wash after going to the toilet. There are special

needs for us as Saudis. I wish to see more Saudi nurses here; it is for patients' care. I am not against other nurses, no. (Wiaam,4,12)

Norah claimed that Saudi nurses understand Saudi patients better than expatriate nurses.

She said:

There are differences in the level of understanding of different patients; some are religious, some are from rural areas and some need to be treated in certain ways. It is easy for us as Saudi nurses to understand our patients, but foreign nurses cannot. If there is a shortage of Saudi nurses in a shift, this puts pressure on me. I have five or six patients and I can hardly do my duties because other nurses keep calling me to see what this patient wants or how to do this for that patient. I do not blame them; they do not understand the culture or the language. (Norah, 6,4)

She added:

Last week, a nurse from the Philippines was fighting with a patient and his watcher because he wanted her to disconnect the IV for a short time so he could go to the prayer room. She wanted him to wait to finish the bag because she had diluted an antibiotic in it; he thought that she did not want him to perform prayer so he called his watcher to help him go for his prayer. There are benefits in increasing the number of Saudi nurses for Saudi patients. I found it easy dealing with Saudi patients. We know and understand Saudi patients better. (Norah, 6,4)

We Need Male, Saudi nurses

Many participants raised the issue of needing Saudi males in nursing. Some of the female participants felt they would be more secure if there was a Saudi male nurse working on the shift, because they are not used to dealing with other male nurses or

male patients and visitors. More pragmatically, if there are more male Saudi nurses, female Saudi nurses will not have to do night shifts.

Because of the issues and difficulties that overseas nurses face in dealing with Saudi patients, especially on night shifts, head nurses and nursing supervisors allocate Saudi nurses on each shift equally, along with other nurses. However, most female Saudi nurses cannot do night shifts. Mohammad articulated this point:

We need more male, Saudi nurses to do night and day shifts...There is pressure on Saudi male nurses [in the workplace]. We do shifts that Saudi girls cannot do, and I remember I worked twenty consecutive nights because I was the only Saudi male nurse at that time. We, as male nurses, help female nurses to cope because we understand their situation and we want them to stay in nursing.
(Mohammad, 3,2)

Kholoud also expressed the need for male Saudi nurses. She stated:

We need to have more male Saudi nurses to work in male wards and also to do nights. We cannot do nights...not only me, I know many female, Saudi nurses who cannot do nights because of family reasons, but Saudi males can do them without any restrictions. It is not only nights, even during day shifts I need a male to talk to male patients and male visitors or watchers.... we, as Saudi females, are not used to dealing with male, non-relatives in daily life, so the presence of Saudi males is important. I [would] feel comfortable and have confidence if there were more Saudi male nurses on the shift so they could deal with male issues. The presence of Saudi male nurses makes me feel secure, you know. I am not used to working in a mixed environment and dealing with male patients and visitors. (Kholoud, 8,6)

Noor agreed:

I could not do night shifts, no way would my father accept this, and it was his condition before I entered nursing that there would be no night work. Night shift is difficult for us as females. Transportation is not easy at night but it is easy for the boys to do it. The presence of Saudi male nurses will keep us in nursing because of pressure from head nurses.[My head nurse] said as long as there are male, Saudi nurses doing nights you will do day shifts, otherwise you have to do [night shifts].... I know my father well, he will say, 'Stay home'. (Noor, 9,2)

Danah also agreed and added:

We need male nurses beside us to help in dealing with some male patients and for support also. I feel secure if they are around because they understand us more. We cannot handle heavy patients also and some other private, male issues. (Danah, 12,3)

Progressing Saudi Nursing

The sixth theme is concerned with the need of Saudi nurses to progress within the profession and for the profession to progress. Participants had a vision about the development of the Saudi nursing profession but were frustrated at what they see as a lack of support and recognition. Participants believed in order to achieve progression in the field, they needed to continue their education and to have the support and development they require. They felt that change was needed and they were willing to be part of the change.

Two sub-themes were apparent from the *progressing Saudi nursing* theme. The first sub-theme, *needing to go further*, is concerned with how respondents are concerned with how Saudi nurses feel the need for more support, encouragement and to continue

their education. In addition, the sub-theme, *we need to be part of the change*, was about how Saudi nurses want to participate in changing their profession.

Needing to Go Further

These young Saudi nurses were looking to the future and had ambitions to progress in their profession. They had hopes and dreams but were concerned that they would not get the necessary support and encouragement to progress. Many participants felt that they needed to gain additional qualifications and more support and appreciation from management. The new, graduate Saudi nurses expressed their enthusiasm and desire to go further professionally, but were facing difficulties in progressing.

Maha expressed a desire to progress professionally:

We need support and appreciation and to continue our education. You know if someone comes with enthusiasm and the desire to work and you give him the support and encouragement, he will give more and more but, if it is the opposite, what do you think he will be thinking? Talking about the support we need, for me, I managed to convince my family to support me to become a nurse but here in the hospital they have not, they are destroying our hopes and dreams by not supporting us to go further. I hope to see more support in the future for us to continue our education and gain some appreciation as Saudi nurses. (Maha, 1,8)

Waleed supported the above statement and pointed out how he wanted to improve himself but felt there was no support to do so. He said:

....still, nursing here needs more development. We, as Saudi nurses, need more support and a chance to improve our language and upgrade our qualifications. For example, I applied for a scholarship to do a degree and then they told me I need to have high English skills. OK, I applied to be given time off to do some

English studies, you know our English is not that good. They said there is a shortage [in nursing] and we cannot let you go. The shortage will never end, and if they supported me and developed me, I would be able to do better and serve my hospital and my country. (Waleed, 2, 5)

Mohammad expressed the need for Saudi nurses to keep pace with other developments in the country and changes in nursing internationally. He stated:

The things that we need at this stage are more development and incentives. We need more courses and lectures. You know, nursing care is changing all the time, every now and then new techniques are developed, so how do we know about them, especially with the workload? We need some time off to develop ourselves and update our knowledge. (Mohammad, 2,5)

This issue of lack of appreciation and incentives for Saudi nurses was also raised in Dalia's story. She stated that even though she had worked in a difficult situation, when a fire broke out on her ward, still her work was not appreciated or recognised. She said:

There is a lack of incentives for Saudi nurses here. Last year on night shift, I was the only Saudi nurse. A fire started in one of the wards and I was on duty. All the other nurses ran away [to save] themselves leaving patients behind. I rescued nine patients with the help of some patients' watchers before the fire workers arrived. I was running in and out, pushing some patients and carrying others. I was not thinking of myself at the time, I was thinking of saving my patients. The next day, in the media and on TV, the gratitude and thanks went to the hospital manager who was sleeping in his bed during the incident and to fire workers who came at the end of the rescue. I did not get appreciation or thanks, they did not even mention my name... I did not do what I did because I wanted

something, no. Honestly, I felt bad at that time, every one witnessed what I did but I did not get even a 'thank you' from any one. (Dalia, 5,2)

Similarly, others expressed their ambition and desire to continue their education but they hoped to get more support. Norah and Noor stated:

..... I have an ambition since I graduated, which I hope they will support me to achieve; it is to continue my education, to bridge my diploma to get a bachelor degree. I want to study nursing more. (Norah, 6, 7)

After three years in nursing, I think I have experience but I need to have qualifications. I wish to continue my education to get a degree. I really want to do this. (Noor, 9, 8)

Danah showed her desire to progress and frustration and a loss of hope from the lack of support. She said:

There isn't any kind of support for us to go further in [our] development and education. It is a bad feeling to feel that you are without support if you want to improve yourself. (Danah, 12,5)

The participants felt that the lack of support, low qualifications and poor education have significantly impacted on the performance of Saudi nurses and the quality of nursing care provided to Saudi patients. Wiaam revealed:

... I still suffer from being a diploma holder. I can do more but who will support me here? The weak education and the low level of qualifications is the reason why we are not performing well. We, as Saudi nurses, need a chance to improve and support to continue our education. (Wiaam, 4, 11)

We Need to Be Part of the Change

This sub-theme is about how participants perceived the need for change in the nursing profession and how they wanted to contribute to this change. Participants recognised that some changes were occurring and understood the potential for further positive change in the nursing profession, and were keen to embrace it and to be part of it. Maha related how she managed to convince her family to accept both nursing and change. In addition, she wants to expand this change to the whole of Saudi society. She expressed:

... It was a challenge for me to change the mind of my family and acquire the trust of my parents to do nursing. Nursing is something new for us, but I was trying to change society's perceptions by being a nurse and I will be part of this change in continuing in nursing. But you know something, in the future I will not be like I am today. I will be holding a high qualification and leading a nursing department. (Maha, 1,8)

Wiaam supported Maha's view and said she is proud to be part of the change in nursing:

Nursing is still new in this country and the changes have started, but they will need some time. Still many Saudis do not dare to try it, but they will do soon. I can see the change and am proud to be part of it. (Wiaam, 4,10)

Another participant pointed out that all Saudi nurses are part of the change that is occurring but perhaps did not understand their part in it. Dalia stated:

I think all Saudi nurses, especially new graduates realise that there is a huge change but they do not realise that they are part of it. Being a Saudi nurse is by itself participating in changing the current situation and the future of this profession. I am talking about myself. I have the ambition to change society's perception of nursing for the better. (Dalia, 5, 7)

Kholoud expressed her desire for a chance to be part of the change. She said:

I have a goal; I want to be in a leading position to change the negative image of Saudi nurses and lift the level of the local nursing workforce. I want to change many things. I am also trying to change society's perception of nursing. My happiness is that I will change something for the better in the future or at least be part of it. (Kholoud, 8,12)

Summary of the themes and sub-themes arising from participants experiences are presented in Table 5 (on the following page).

Themes	Sub-Themes	Text Examples
Not ready to nurse	Poorly prepared Not understanding what it means to be a nurse It was not my choice	I was not prepared at all after graduation. There are differences between what we learned in nursing college, including [during] the internship and in reality. I was hardly speaking English. (Wiaam) I did not know anything about nursing before. It wasn't until we started going for clinical practice that I started to know things about the field. (Norah) I wanted to be a pharmacist but my high school GPA only allowed me to go for nursing. I am not saying nursing is bad, but it was not my desired career. (Danah)
Not being part of the team	Feeling marginalised Discriminated against	Many times I felt lonely and suffered a lot from dealing with overseas nurses. It is like they do not see me, and it is like I do not exist... I cried a lot from the pressure. There is no clear policy or a system that protects Saudi nurses. (Dalia) ...you know, we are not treated equally here. For example, one of the difficulties we face as Saudi nurses is that when we were first employed, management and non-Saudi nurses did not treat us well, I mean not like overseas nurses are treated. There was a kind of inferiority in the way they treat us. (Sarah)
The view of nursing in the Saudi context	Not trusted or respected Servitude Nursing is wrong for Saudi girls Not for rich, lazy girls	Okay, she is a liberal girl, she is bad girl. Yes, this is how many Saudi people look at us. Sometimes patients do this to us, even when we care for them, as they do not trust or respect us. Sometimes I feel regret for being a nurse because of the perception of inferiority from society. The perception of inferiority from society destroys us all the time. (Kholoud) ...my brother called me and said 'How much detergent did you use with the linen today?...He asked me, 'Is this all that you have studied for? Is this what you will be doing in the future?' I cried a lot that day ... so they look at me as a house maid and servant. (Wiaam) They think that working is wrong for girls. Everyone thinks and believes that working as a nurse is wrong for girls. They think the nursing profession is not appropriate for us as girls... Still there are families that consider this job [inappropriate] for Saudi girls. (Maha) Foreign nurses mock us and laugh at us and they think that nursing is not for 'rich, spoiled Saudi girls'. (Sarah)
View of Saudi nursing from within	Nursing is not what I thought it would be Giving a gift A golden profession	My knowledge and understanding about nursing has changed after becoming a nurse. [Previously] I thought it was just doing cleaning jobs and transferring patients...I have found great things in nursing. It is something more than job security and a high salary. Nursing is beyond description and imagination. (Norah) ...in my opinion, nursing is giving and giving that does not end. You are providing care to someone who has the need for it. As I said, it is giving that does not end, every day you are giving something to someone. (Waleed) ...it is like gold, always valuable. This job has taught me the meaning of love. I feel that nursing gave me back my life, gave me a feeling of importance... it is the return of life. (Dalia)
The need for Saudi nurses	Saudi patients need Saudi nurses We need male, Saudi nurses	Some of my overseas colleagues called me many times to check with me how to do certain things for some patients. They do not want to do the wrong thing or do something that Saudi patients do not like.... they do not understand the culture and some of the needs of Saudis. (Mohammad) We, as Saudi females, are not used to dealing with male, non-relatives in daily life so the presence of males on duty is important. I [would] feel comfortable if there were more male nurses on the shift so they could deal with male issues. (Kholoud)
Progressing Saudi nursing	Needing to go further We need to be part of the change	There isn't any kind of support for us to go further in [our] development and education. It is a bad feeling to feel that you are without support if you want to improve yourself. (Danah) Nursing is still new in this country and the changes have started, but they will need some time. Still many Saudis do not dare to try it, but they will do soon. I can see the change and am proud to be part of it. (Wiaam)

Table 5: Examples of the themes and sub-themes

The themes and sub-themes presented earlier were derived from participants' comments. Although they have been presented in a linear fashion as discrete elements, there are many links between themes and sub-themes. The following chapter considers the themes and sub-themes and attempts to draw a cohesive picture of the lived experiences of these new, graduate Saudi nurses.

Interpretation

Introduction

The nursing profession in Saudi Arabia is considered relatively new when compared to the history of nursing in the West. Despite a relative lack of published literature about nursing in Saudi Arabia prior to the 1960s, experts have estimated that formal nursing was introduced in Saudi Arabia with the unification of the country in September 1932. At that time an international nursing workforce was recruited from other countries, given that there were few local nurses. The first nursing school in Saudi Arabia was opened by the Ministry of Health in 1958; it provided a one-year nursing program (Aldossary et al., 2008; Tumulty, 2001a). Since then, the number of Saudi nurses has gradually increased, particularly in recent decades (Tumulty, 2001a; MOH, 2009). Today Saudis comprise just under 50% of the total nursing workforce in Saudi Arabia (MOH, 2012).

The government also recently implemented a Saudisation plan for the nursing profession, and native Saudis started to join the nursing field in large numbers. This program aims to not only replace foreign nurses with an expert local workforce, but also fill significant shortages in the current nursing workforce which will assist in overcoming rising unemployment rates amongst Saudis (Looney, 2004). However, the situation is complex and although there is unprecedented growth in this field there are also large numbers of Saudi nurses leaving the profession every year (Abo-Zinadah, 2006). In the first component of this study approximately 50% of nurses surveyed indicated that they intend to leave the profession.

This situation is challenging for the Saudi government, especially in light of significant, ongoing growth and development in the health care system, particularly in regard to the

nursing profession. Saudi Arabia has initiated substantial changes to its health care system in terms of its workforce, infrastructure and education. The government recently allocated high levels of funding to the construction of new medical cities and hospitals; in 2011 alone, 40 billion Saudi Riyal was allocated to build new health facilities (Alhaider, 2011). Such development requires a much larger workforce and had resulted in an increased demand for nurses and other health care professionals. In order to meet the need, 17 new universities have been established in the country in the last few years, and each of these universities includes a school of nursing (Alhaider, 2011; Ministry of Higher Education, 2014).

In light of such challenges and rapid, extensive changes in the nursing profession generally and in Saudi nursing specifically, this phenomenological component of the study aimed to explore the experience of being a recently graduated Saudi nurse. As mentioned in the previous chapter, this study was informed by the results which emerged from the first descriptive component of this project. The findings of this study do not present an entirely promising picture of the nursing profession in Saudi Arabia. The newly graduated Saudi nurses felt they were not well prepared to practice nursing. They felt that they did not get the education necessary to practice as registered nurses, and lacked the English language skills required to communicate with expatriate nurses in the field. These factors led to a sense of isolation that impacted on their desire to work and master the job requirements.

Saudi nurses interviewed for the second research component lacked an understanding of the nursing role before and during their education and therefore came to practice, uncertain about their role. They did not feel welcome in the practice setting and felt as if they were foreigners in their own country; they also often encountered a lack of trust and respect in the workplace. The participants spoke of society's negative perceptions

of the nursing profession and Saudi nurses. Such issues have affected the experiences of the contemporary Saudi nursing workforce and shaped the current general picture of nursing in Saudi Arabia.

The current chapter provides an interpretation of the findings from the second component of the study. In this chapter, the process of interpreting the themes as well as interrelation between the themes will be discussed. An understanding of the findings of this study will be achieved by interpreting the themes and sub-themes that emerged from the interview texts and will provide a cohesive picture of the experience of being a new Saudi nurse

The Process of Interpretation

This study explored the lived experiences of 12 new, graduate Saudi nurses working in Riyadh, in order to illuminate their lived experiences. The interpretation of the themes was guided by a phenomenological-hermeneutic analysis. Participants' lived experiences were analysed using van Manen's (1997) hermeneutic approach, in which van Manen describes the interpretation of phenomenological data as a dynamic interplay amongst six research activities (p. 30). These six research activities were described in a previous chapter.

During the process of interpreting the themes, the researcher immersed himself in the transcripts until he believed he understood how the participants felt as newly graduated Saudi nurses. This gave the researcher a deep understanding of the meaning of their experiences. According to van Manen (1990, p. 180), in order to be able to interpret a text, it is important to know the possibilities revealed by that text.

van Manen also developed a phenomenological method that included aspects from both Husserl's and Heidegger's philosophies. Heidegger's ideas and thoughts have indeed influenced the development of phenomenology, ultimately serving as the foundation in

the process of interpreting phenomenological data. According to Heidegger, the phenomenology of *Dasein* (meaning existence) is hermeneutic in the primordial meaning of this word, thereby defining this work of interpretation as *being in the world* (van Manen, 1990).

In this study, the participants were interviewed about what it was like for them to be in the world and the experience of being newly graduated nurses in Saudi Arabia. They verbally and emotionally expressed their lived experiences in their own words, in their own language (i.e. Arabic) and the researcher too entered their world, as Arabic is also the researcher's mother tongue and he shares their culture.

Gadamer (1975) made an outstanding contribution to interpretation efforts by introducing the hermeneutical method of inquiry. In his philosophy, Gadamer focuses on the importance of language as a central concern of hermeneutic understanding and interpretation, not only as an instrument of communication, but as a means of transporting feelings, thoughts and traditions. Allowing participants to freely speak about their lived experiences in Arabic and then interpreting the texts in their original form and content enabled the researcher, by living and immersing himself in the texts, to grasp their meaning and interpret the findings from the text.

The challenge was then to translate into English the researcher's interpretations while staying true to the original Arabic text. The process of translating the themes and illustrations used in this study was explained in detail in a previous chapter. In addition, the original Arabic text of the quotations is provided under the English quote, to demonstrate the integrity of the translation for Arabic readers.

Being a New Saudi Arabian Nurse

When considering how these themes are connected and in order to find the relationships between them, three main areas of connectedness emerged: the level of preparation, the

view of nursing, and the day-to-day feelings. These areas will be discussed in the next section. All three broader themes have a relationship with the idea that new graduate Saudi nurses are still willing and enthusiastic about going further in their careers, not only recognising the need for change but being part of it.

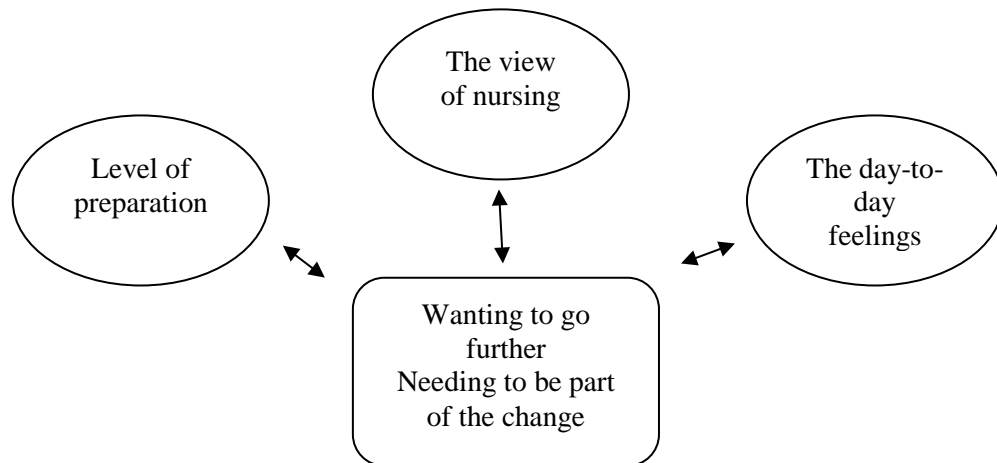


Figure 28: Interpretation of the experience of being a new graduate Saudi nurse

As shown in Figure 28, the level of preparation, the view of nursing, and day-to-day feelings helped shape the experience of new, graduate Saudi nurses. Although aspects of this experience are by their nature negative, they provide an impetus for participants to feel the need for change, not only for themselves but for future generations of Saudi nurses.

Preparation to Be a Saudi Nurse

It is apparent that young Saudi nurses felt they were not prepared to practice nursing in a professional manner. Most of the participants spoke clearly about being poorly equipped to perform the minimum nursing responsibilities. They claimed they had not received adequate education and training during schooling and their internship.

Mohammad and other participants could not hide their frustration with the level of education they had received; they believed that what they had learned was not adequate to enable them to be professional nurses.

The literature on how Saudi nurses perceive their level of nursing education is quite limited; however, others have noted that new, graduate Saudi nurses lack adequate education and need more assessment and supervision before they are allowed to practice nursing (Miller-Rosser et al., 2009).

Clinical practice and internships provide nurses with experience working with real patients, an important aspect of practical training. These educational approaches introduce students to the actual responsibilities of nurses in the workplace. However, internships for Saudi nursing students were felt to be unsuccessful as a final training phase prior to working as fully registered nurses. The Saudi nursing participants felt they had not acquired adequate clinical skills; the training was carried out in Arabic which was not the language they would be required to use once they graduated. Many participants claimed that they had not learnt anything in their clinical placement or during their internship that could help them cope. Kholoud said:

I was not ready for the job after graduation. It was my own efforts [which helped me] learn everything after graduation. We had a very poor education and internship.

لم اكن مستعد ابدا للعمل بعد ألتخرج كان كل شي من مجهودي الشخصي اني تعلمت كل شي بعد ألتخرج والله كان تعليمنا بالكلية وبعد تدريبنا في فترة الامتياز سيئ جدا.

Both government nursing colleges and private nursing institutions have participated extensively in nursing education in Saudi Arabia. It is the responsibility of not only government colleges, but also private nursing institutions to provide nursing students with adequate clinical practice. According to the participants, these institutions should

give more importance to this phase of education in meeting the interests and requirements of professionals in the nursing field. Participants highlighted the need to raise the standards of teaching and training in Saudi Arabia. Norah and Kholoud raised this issue:

...I felt I was not ready for the first experience; I graduated from a private nursing institute, where there was poor education and facilities, particularly English education. I learned everything, not only me but almost all Saudi nurses, we learned everything after graduation. (Norah)

.... فعلا حسيت اني مانيب مستعدة لتجربتي الأولى, انا تخرجت من معهد خاص واللي كان فيه التعليم سيئ والوسائل ضعيفة خصوصا تعليم اللغة الانجليزية. أنا وكذلك جميع المرضين السعوديين تعلمنا كل شي بعد التخرج.

I was not ready for the job after graduation. It was my own efforts [which helped me] to learn everything after graduation. We had a very poor education... Private nursing college graduates face difficulties being employed in Saudi Arabia because of low quality education and poor English language skills. (Kholoud)

ماكنت جاهزة أبدا للتجربة الأولى بالعكس كانت كلها مجهوداتي الشخصية اني تعلمت بعدما تخرجت.... ترا خريجين المعاهد الخاصة يواجهون صعوبات كثيرة في التوظيف وهالشئ بسبب ضعف تعليمهم وضعف مهاراتهم اللغوية في اللغة الانجليزية.

Many participants spoke of the absence of any effective residency programs in hospitals after they graduated. No literature was located about the presence or implementation and assessment of residency programs for newly graduate Saudi nurses. Globally, the importance of effective internship and residency programs and smooth transition phases for new graduate nurses has been highlighted in the literature (Altier & Krsek, 2006; G.

Anderson, Hair, & Todero, 2012; T. Anderson et al., 2009; Casey, Fink, Kurugman, & Propst, 2004; Kowalski & Cross, 2010; Olson et al., 2001).

Perceived weaknesses in curriculum are not the only concerns expressed by these Saudi nurses. Communication amongst nurses and with the other health care professionals in the workplace is vital in order to provide professional nursing care. Health education in Saudi universities, including nursing programs, is meant to be taught in English, the language used in hospitals, orally and for documentation. However, many participants stated that their nursing courses were actually taught in the Arabic language and that their nursing schools lacked adequate English education.

The participants stressed that English is the spoken and written language used in Saudi hospitals; therefore, nursing programs should be taught comprehensively in English. Abdullah expressed how poor English skills and a lack of appropriate clinical education affected his ability to practice nursing and added more pressure to his nursing experience:

There is a lot of pressure on us, because of our poor English and [because we are undertaking an] internship. Most of my nursing education was in Arabic which is different from what we are doing now, in the real world.

هناك ضغط كبير علينا وهذا بحكم ان لغتنا الانجليزية ضعيفة وكذلك ضعف فترة الامتياز. أغلب تعلمي في التمريض كان بالعربي واللي هو يختلف كلياً عن اللي قاعدين نسويه هنا وعن العالم الحقيقي.

If they fail to acquire adequate English skills, new Saudi nurses are unable to communicate effectively with their peers in the workplace, which in turn reflects on the level of nursing care they are able to provide to patients. Effective communication skills between patients and nurses, as well as amongst nurses, have been cited in the literature as a vital element of providing safe and effective nursing care (O'Hagan et al., 2014;

Wilkinson, Gambles, & Roberts, 2002). The participants really struggled with language in the work place and attributed this to the lack of preparation and education while they were students.

Perceptions of Nursing

The Saudi nurses interviewed were very concerned about how they were perceived by others which they felt was counter to how they perceived nursing themselves

The findings from this study showed that, prior to becoming nurses, many of the participants did not understand what nursing was and what it meant to be a nurse. Linked to this is the concern that for many participants it was not their choice to become a nurse.

Maha revealed that she did not know anything about nursing prior to entering the profession. She said:

I did not know anything about nursing before entering it. What I knew about it was just that they work in hospitals wearing white uniforms.

والله ما كنت اعرف أي شي عن التمريض قبل دخولي فيه. الشيء اللي اعرفه عن التمريض انهم يشتغلون بالمستشفيات ويلبسون لبس ابيض.

Abdullah concurred:

At the beginning, I did not understand anything about nursing. I was totally ignorant of this field when I joined.

في البداية فعلا ما كنت فاهم أي شي عن التمريض, كنت أجهل تماما عن هذا المجال يوم دخلت.

The findings indicated that, for some of the participants, in addition to a general lack of knowledge about nursing, there was a sense that nursing was a profession with low status. These findings are supported by the minimal extant literature about Saudi nurses (Miller-Rosser et al., 2006; Miller-Rosser, Chapman, & Francis, 2009; Tumulty,

2001a). This lack of understanding may lead to many individuals not considering nursing as an attractive future career. If new graduates have entered the profession without understanding the nature of nursing, there is great risk that they may choose to leave the profession. However, this was not the experience of the participants.

Many new, graduate Saudi nurses did not choose to be nurses because either they did not understand what nursing was or they viewed it as a low status profession. Although they did not have knowledge about what nursing means, some chose to study nursing as an easy way to find a job. For example, Abdullah summarised his reason for becoming a nurse: 'It was easy to be recruited by any hospital after graduation'. In other words, Abdullah and many other Saudis are nurses not because they chose to become nurses, but because they simply found themselves there for other reasons. Not understanding what nursing is or what it means to be a nurse leads young Saudis into the profession but not out of choice; once they have become nurses if they have entered the profession for the wrong reasons, the risk is that they will leave.

However, for participants in this study, once they became nurses and began their practise, the new, graduate Saudi nurses gained a clearer picture of what it meant to be a nurse. For those who had perceived nursing as merely a menial profession or for those who did not know anything about nursing, their views changed radically. What occurred was a change in perceptions that was very positive. For example, Noor stated:

I have found great things in nursing. It is something more than job security and a high salary. Nursing is beyond description and imagination.

لقيت اشياء رائعة في التمريض, التمريض شي أكبر كم انه أمان وضيافي وراتب عالي وبس.
هذي المهنة لا يمكن تخيلها او وصفها أبدا.

They were able to recognise the merits of the profession and had very positive perceptions of nursing to the point of encouraging other Saudis to become nurses. For example, Norah revealed that:

My knowledge and understanding about nursing has changed after becoming a nurse. I thought it was just doing cleaning jobs and transferring patients.

معلوماتي ومعرفتي عن التمريض تغيرت كلياً بعد ما صرت ممرضة, كنت احسبه تنظيف ونقل مرضى بين الأقسام.

Saudi nurses perceived caring for their patients as a gift. Some participants called nursing a 'golden profession'. In Arabic, equating something to gold or being golden indicates a high level of importance and describes its value as being equal to gold. Waleed spoke of this:

I perceive nursing as a golden profession. It is like gold, always valuable because nurses are rare everywhere. There is always a shortage of nurses all around the world. Also, it is flexible. I mean you can work anywhere, inside or outside the country.

أنا انظر للتمريض على انه وضيعة ذهبية. زي الذهب دائما عالي لأننا قليلين في كل مكان. شوف فيه دايمًا نقص في الممرضين على مستوى العالم. ايضاً فيه مرونة, أقصد انك ممكن تتوظف في أي مكان سواء داخل او خارج البلد.

This sense of providing valuable and worthy care to patients was specifically strong in regard to providing cultural appropriate care. The participants felt deeply that Saudi patients need them. They articulated that local patients and nurses share the same beliefs, religion and cultural values and they felt that skilled, expatriate nurses did not. Participants spoke of recognising that they provide something unique to patients by being Saudis and nurses. In this they referred to the value of cultural understanding and being able to provide culturally sensitive care in a responsible way.

Very few expatriate nurses speak Arabic, and many lack a deep knowledge of Saudi culture. As a result, Saudi nurses believe that cultural, religious and language differences between expatriate nurses and Saudi patients result in a lack of understanding between them which can impact on the care provided. In addition, they believe that Saudi patients needed moral and psychological care, in addition to physical care, which foreign nurses may not adequately provide. Saudi nurses felt they were able to develop a special relationship with patients, becoming almost like family members. They emphasised that an understanding of a patient's culture is imperative. According to Maha:

Saudi patients need me. I feel I understand them more. Many times I saw patients in real need for something but foreign nurses do not understand them. I could see in their eyes the unhappiness and anger when they talk to non-Arabic speaking nurses, especially new nurses...it is not because overseas nurses cannot nurse, no, no. It is because they do not understand the patients' needs, especially cultural and religious needs. I am talking here about not only giving medication and changing dressings. No, I mean the other things like the psychological and moral needs of Saudi patients and their special needs.

المرضى السعوديين يحتاجونني. أنا احس اني افهمهم أكثر من الاجانب وكم مرة كنت اشوف انهم يحتاجون اشياء مهمة لكن الممرضين الاجانب ما يفهمون عليهم. اشوف اغلب الأحيان في عيونهم الحزن والغضب اذا تكلموا لوحدة اجنبية خصوصا الجدد.... شوف هو مش عشان الاجنبيات ما يعرفون , لا , لا , السبب لأنهم ما يعرفون احتياجات المرضى خصوصا الدينية والاجتماعية. أنا أتكلم هنا مش عن انك تعطي الدواء أو تغير المفارش , لا أنا اقصد الاشياء الأخرى مثلا وضعهم النفسي وتلبية احتياجاتهم المعنوية والخصوصية.

Many participants, despite an initial lack of understanding of nursing and not choosing to become nurses, after they graduated had grown to love nursing and valued greatly

what they were doing. It appears that some young Saudis have been pushed into a profession that they neither desired or understood, but the positive outcome is that, once they graduated, they remained in that field because they had come to the conclusion that they would not only stay in nursing but would also promote it to others. It is important to consider participants' positive views of their work and their profession, despite the sense that they were not well prepared to nurse after graduation. Most participants, since passing the transition phase into practice, had come to appreciate and value nursing and were now advocates of the profession.

The central tenet of nursing is that it is meant to be a caring profession. Historically, nursing is meant to meet the needs of the physically and mentally ill in order to alleviate their suffering, help them heal and to facilitate their road to recovery. In Saudi Arabia, although the general perception of nursing amongst Saudis is that it is a caring profession, there is also apparently a negative image about the job. The following section deals with two closely related issues. Young Saudi nurses were concerned about the views others held about their profession and about Saudis who are nurses.

The Saudi nurses in this study felt they were not trusted or respected. They spoke of others viewing them as servants, and reported being told that nursing is 'not suitable for Saudi girls because they are rich, lazy girls who cannot do nursing'. Participants believed that Saudi society did not trust them to provide professional nursing care. Saudi nurses were lacking in confidence when they commenced practice because of their poor preparation and this was being further reinforced by this sense that they were not trusted to deliver care of sufficient quality. For example, Noor expressed this as:

Society's image of nursing affects our self-confidence so badly... also some doctors and consultants do not trust us. When they see a Saudi nurse beside

their patient, they ask for the head nurse or any other nurse. This is just a little of what we are facing in nursing.

نظرة المجتمع للتمريض أثرت علينا وعلى ثقافتنا بأنفسنا بشكل سيئ بعد بعض الدكاترة والاستشاريين ما يتقون فينا. أول ما يشوفون ممرضة سعودية بجانب المريض ينادون الهيد نيرس او أي ممرضة اجنبية. تراه هذا شيء بسيط بس من اللي نواجهه في التمريض هنا.

This sense of not being trusted to provide quality nursing care was incongruent with their own views of the value of the care they could provide. Parallel to the lack of trust was the belief that they were not respected in the workplace. Participants felt that this lack of respect led to being humiliated because they were nurses. Mohammad expressed his experience in this regard, stating that:

In the beginning they talk to you with a great deal of respect because they think you are a doctor but once you say 'I am the nurse', oh my God, you can see the look on their faces, that you are inferior and they just walk away from you.

شوف في البداية يتكلمون معك بكل احترام لأنهم يحسبونك دكتور ولكن أول ما تقول لهم انك ممرض يا الله, والله تشوف في عيونهم ووجوههم نظرات دونية ويروحون ويتركوك.

He added:

Whatever you do and [irrespective of] how good you are...still when they know that you are a nurse they do not believe what you tell them about their condition and they do not respect you, even if you know more about the patient than the doctor.

مهما تسوي ومهما كنت كويس, برضه أول ما يعرفون انك ممرض ما يصدقونك لو تقول لهم عن حالة المريض ولا حتى يحترمونك حتى لو انك تعرف عن المريض اكثر من الدكتور.

The participants indicated they were perceived as housemaids (servants) by both society and even some health care professionals who they had worked with. One of the

participants pointed out that nursing in Saudi Arabia is not how it should be as the nurses were treated like servants, not only inside hospitals, but also outside them. She asserted that many in the community perceived Saudi nurses as housemaids. This perception is not surprising given that for decades Saudi Arabia has recruited house servants from the same countries where the government later recruited nurses. Thus, Saudis have dealt with people from these cultures at home as servants for years and now when they are hospitalised themselves or visit the hospital, they see them again. This perception could also stem from the nature of some of the nursing roles, such as washing patients. The participants also indicated that some family members had the same perceptions. One of the female participants stated that:

I will tell you something that happened to me last year during my internship. I was in the bus coming from the hospital when my brother called me and said 'How much detergent did you use with the linen today? ... He asked me, 'Is this all that you have studied for? Is this what you will be doing in the future?' I cried a lot that day ...so they look at me as a house maid and servant.

راح اقول لك شي صار لي العام الماضي في فترة الامتياز. كنت بالباص حق الجامعة راجعة من المستشفى آخر النهار واتصل علي اخوي وقال عسى ما كثرتي الصابون اليوم يوم غسلتي الشراشف؟ والله انقهرت بعد يوم قال وهذا اللي تدرسين علشانه؟ وهذا اللي بتسوينه لين تخرجتي؟ والله بكيث هذالك اليوم , يعني يشوفني خدامة وعاملة منزلية.

Saudi nurses also voiced concern about the subservient manner of some of the junior expatriate nurses. They felt that giving physicians massages and accepting money from patients to undertake non-nursing activities was demeaning to the profession. Again these negative perceptions from others contrasted with the nurses views of themselves and their profession. As a result they took this as a challenge, wanting others to see nursing as they do, a profession to be valued.

Another issue raised by participants is the view that nursing is an inappropriate profession for Saudi girls because of cultural norms. Saudi families are not used to girls spending the whole night away from the family home for any reason, even for work. In addition, working in a mixed-gender environment is not acceptable for some families. Even with the impact of globalisation on the country, many parents still refuse to allow their daughters to work in mixed-gender workplaces or deal directly with males. Thus, for many, nursing is not perceived as a suitable career for Saudi girls (Miller-Rosser et al., 2009). One of the participants could not hide her frustration about this perception. She stated:

Still there are families that consider this job is [inappropriate] for Saudi girls. So, if I do not do nursing and your sister does not do nursing, if Saudi girls do not do nursing, who will do it? (Maha)

لسا فيه عائلات يعتبرون هالشغلة مش للبنات السعوديات. طيب إذا انا ما اشتغلت بالتمريض وإذا اختك ما اشتغلت بالتمريض, إذا البنات السعوديات ما صاروا ممرضات مين بيصير؟

Danah encountered the same difficulties stemming from the perception that nursing is 'wrong for girls'. She stated:

...there is a change in the perception of the community towards nursing for Saudi girls, a little change, but still many families are not accepting this. They think it is wrong for girls to work in nursing. I think this is because of the nature of the job. It is not right for a girl to stay the whole night outside home alone. For me it is OK but sometimes I do care about how society looks at me.

..... صحيح فيه تغيير في نظرة المجتمع للبنات السعودية في التمريض لكنه تغير بسيط, لكن لازال فيه عوائل كثير ما يتقبلون هالشيء ويعتقدون انه غلط ان البنات السعودية تكون ممرضة. اعتقد ان السبب هو طبيعة العمل لانه صعبة بنت تكون طول اليوم برا البيت. بالنسبة لي أنا اتقبل هالشيء لكن برضه أنا أهتم لنظرة المجتمع من حولي وكيف ينظرون لي.

Mixing genders in the workplace is usually seen by many Saudis as negative or at least a serious compromise. As nursing practice occurs in a mixed-gender environment, many Saudis perceive the nursing profession to be inappropriate for their female family members. Many women might avoid choosing nursing or leave the profession to avoid criticism from society.

Closely related to the position that nursing is not a suitable profession for girls is the view that Saudi girls are not suited to nursing. The participants indicated that some expatriate nurses expressed the view that new, graduate Saudi nurses believed that some nursing activities were beneath them. The participants felt they were unfairly judged as being rich or spoiled and as a result, considered lazy. Maha expressed her experience of this attitude. She said:

Whatever I do, work without breaks or even do some of their duties, foreign nurses look at me as a lazy rich girl, and on some occasions they said 'Nursing is not for rich, spoiled girls'. I have a great ambition to prove they are wrong.

مهما سويت لو اشتغلت بدون بريك او حتى سويت بعض اشغالهم لسا الممرضات الاجنبيات
ينظرون لنا على اننا بنات نعمة وكسولات, حتى انهم بعض الاحيان يقولون مهنة التمريض
مهيب للبنات الغنيات الدولوعات. أنا بصراحة عندي طموح اني اثبت لهم عكس هالشئيء.

The participants understood that the impact of this negative view made it more difficult to gain the trust of patients and expatriate nurses and that this was something that they had worked hard to do from the time they began working as registered nurses. Although there was at times obvious tension between Saudi nurses and their expatriate colleagues, study participants said they valued expatriate nurses and therefore wanted to change this view about Saudi nurses.

One of the participants pointed out:

Since I started working as nurse, I have been trying to gain their trust. I tried hard to change this perception about us as Saudi nurses. We are not lazy, we are not spoiled as they say, but the reason is that we are scared. The general perception of me amongst foreign nurses is that I am lazy and cannot do the job, but the truth is that I was scared and could not speak English in the beginning.

(Danah).

من أول ما اشتغلت بالتمريض وأنا احاول اكسب ثقتهم وحاولت كثير اني اغير هالنظرة عن البنات السعوديات بأننا مش كسولات ولا أغبياء. أحنا مش مدللات ودلوعات زي ما يقولون لكن احنا خايفين من الوضع بس. شوف النظرة الدائمة عني عند الاجنبيات اني كسولة وما اقدر اسوي الشغل لكن ترا السبب موب كذا, السبب اني كنت خائفة وما اعرف اتكلم انجليزي في البداية بس.

In Saudi Arabia, both local nurses and nurses from other countries share the same workplaces, carry out the same nursing duties and care for the same patients, but it appears that there is a gap between them. It is argued that this gap between local and expatriate nurses in Saudi Arabia is the result of many factors, including the differences between them in terms of their knowledge and experience. This gap could also stem from differences in their communication skills, as new Saudi nurses lack the ability to communicate in English effectively.

The presence of many Saudi nurses in the nursing field might pose a threat to expatriates, as they believe they are being replaced by local nurses. Finally, Saudi nurses' level of preparation is linked to how they are perceived in the Saudi context, which is similarly linked to what Saudi nurses believe others perceive about them. Saudi Nurses were very sensitive to the perceptions of others, but driven by a sense of their own worth, were willing to work to change these perceptions. They also felt this

was important because it impacted on the day-to-day experience of being a Saudi nurse which is further explored in the next section.

The Day-to-Day Feelings

The participants expressed many views about the day-to-day experience of being a Saudi nurse. This experience was drawn from expectations they have about being Saudi and being a nurse and the manner in which others interact with them. They cited many circumstances where they felt they were treated unfairly and this was a cause of great frustration which reflected a mismatch between expectations and the reality of day-to-day practice. What Saudi nurses feel and face is unique. In particular the participant nurses spoke of experiencing marginalisation and discrimination because they were Saudis caring for their own people. This treatment, according to the participants, comes from both expatriate nurses and management in the workplace where new Saudi nurses train and practice nursing. The new, graduate Saudi nurses felt humiliated and neglected in an environment where they believed they rightfully belonged.

There appears to be a gap in the relationship between the newly graduated Saudi nurses and other nurses which was central to the way these nurses felt about and experienced the workplace. For example, Wiaam expressed her feelings about this in the following way:

We have been abused, ignored and humiliated as new Saudi nurses by staff nurses, doing dirty things only, while new nurses from overseas get all of the training, support and settlement programs.

المرضات الأجنبيات والمشرفات استغلونا استغلال سيء وأهانونا اهانة بأنا فقط نسوي الاشياء
التنظيفية والقذرة مع أن المرضات الأجانب الجدد يدعمونهم ويعطونهم كورسات ودورات
ويعلمونهم لين يفهمون الشغل ويستقرون.

Saudi nurses felt this attitude towards them was related to their nationality. In other words, it was because they were *Saudis*. Dalia stated:

...we were treated according to our skin colour; isn't it discrimination? We need to get rid of this in our hospitals if we want to improve our nursing care.

..... يعاملوننا على حسب الوان بشرتنا , هذا وشو؟ ماهوب تفرقة عنصرية؟ اذا احنا فعلا نبي
نطور التمريض هنا لازم نتخلص من العنصرية في المستشفيات.

When participants discussed how they had been discriminated against, frustration and anger was clear on their faces and in the way that they spoke. They indicated that they admired the experience of the expert international nurses, but they could not believe they were facing such treatment in their own county. One of the participants said that she wished that she had 'blue eyes and blond hair' so she would be treated fairly, like expatriate nurses are treated.

This frustration is exacerbated by the illogical nature of the experience. Unfortunately many people experience discrimination when they are foreigners in another country. Saudi nurses, however, felt discrimination while at work in their own country, where Saudis comprise almost half of the nursing workforce. These experiences had an obvious impact on the Saudi nurses interviewed. It had clearly impacted on Saudi nurses' morale. There was also the sense that they had missed an opportunity to learn from the more experienced expatriate nurses and this had impacted on their ability to provide the care they believed they should be providing. All these experiences potentially influence a nurse's decision to stay or leave the profession.

The findings of this study reveal that these newly graduated Saudi nurses felt marginalised in the workplace. They reported being ignored and delegated to menial tasks such as cleaning jobs and transferring patients. This treatment did not come from expatriate nurses exclusively; other professionals in management positions who were

supposed to support new nurses and facilitate their transition from students to registered nurses also engaged in such treatment. It was also apparent that both Saudi and non-Saudi managers failed to provide them with the support they needed, thereby adding to the frustration that they experienced.

For example, one of the participants expressed his experience of feeling ignored in the workplace environment, without support from senior nurses or from nursing management. He spoke about his relationship with his colleagues and nursing management:

I feel marginalised, ignored in the ward... still new, Saudi graduates face difficulties from the way nurses ignore them. I am not exaggerating when I say that our survival here was because of our individual efforts. We did not get any help or support from nurses or doctors or even from the management...our voice is not heard at all. (Mohammad)

انا اشعر بأنني مهمش وأتعرض للتطيش والتجاهل في القسم..... ترا لسا الخريجين السعوديين الجدد يواجهون صعوبات من طريقة تجاهل الممرضات لهم. شوف ترا ما ابالغ اذا قلت لك ان وجودنا وبقائنا هنا هو بمجهودات فردية منا. ما لقينا أي دعم او مساعدة من الممرضات والدكاترة هنا ولا حتى من الادارة.... صوتنا محد يسمعه ابدأ (محمد).

There is a dual edge to this problem. Nurses are concerned about the fractured relationship with expatriate nurses and other healthcare professionals but they also feel let down by a system that appears not willing or able to deal with this situation. Fractured relationships with other nurses and management in the workplace have led some of the nurses to become isolated and suffer alone. Dalia stated:

Many times I felt lonely and suffered a lot from dealing with overseas nurses. It is like they do not see me, and it is like I do not exist....I cried a lot from the pressure. There is no clear policy or a system that protects Saudi nurses.

مرات كثيرة حسيت بالوحدة وعانيت كثيرا من التعامل مع الأجنييات كأنهم ما يشوفونني وكأنني
غير موجودة بالمرّة..... دائما ابكي من الضغط اللي اشوفه. حتى انه ما فيه قانون او نظام يحمينا
منهم (داليا).

According to their stories, some new, graduate Saudi nurses blamed expatriate nurses for ignoring and marginalising them; others blamed nursing management and other health care professionals for not being more supportive. This situation highlights the negative relationships which exist between new Saudi nurses and other professionals with whom they work.

These Saudi nurses appear to have found themselves in an environment where they are ill prepared educationally; they also work in a profession they are only now beginning to really comprehend. In general they feel that their profession and role as nurses is undervalued; they also feel discriminated against. This, however, only addresses one side of their experience and what follows is a very different view of the experience of being a Saudi nurse.

Wanting to Go Further and Being Part of the Change

The previous section outlined many negative aspects of the experience of being a new, graduate Saudi nurse but there were also many positives. The nurses interviewed could see the value of the nursing profession and the contribution they could make to the profession and society. The following section explores the reaction of Saudi nurses to the situation they have found themselves in. It addresses the very positive aspirations of these Saudi nurses. Despite all the challenges, obstacles and frustrations they faced, Saudi nurses in this study responded in a very positive way to their situation. They realised that they needed to ignore the negative aspects of their experience and look to the future with optimism. They were first and foremost committed to the notion that a strong and professional Saudi nursing workforce was something that would be greatly

valued. Secondly, they were determined to be part of developing that workforce, rather than turning away from the many challenges they faced.

Saudi nurses in this study concluded that if their preparation was not adequate, then they would undertake further education and training to get to a point where they would be respected and trusted. These young Saudi nurses have ignored the frustration and realised with insistence that they need to continue their education to be able to move themselves and their profession forward. They have the enthusiasm to deliver their voices to upper management in order to change the face of the nursing workforce in Saudi Arabia.

They also realise that they need to get more support to enhance their qualifications and improve themselves, in order to keep pace with developments in international nursing and to be able to change the current situation in the country. The findings showed that these Saudi nurses have the ambition to study nursing and succeed. Norah stated:

I have an ambition since I graduated, which I hope they will support me to achieve; it is to continue my education, to bridge my diploma to get a bachelor degree. I want to study nursing more.

أنا عندي طموح كبير جدا من أول ما تخرجت وأتمنى اني ألاقى الدعم الكافي. اتمنى اكمل دراستي واحصل على البكالوريوس. ابغى اتعلم التمريض بشكل اكثر.

Other participants pointed out the need for more education for Saudi nurses so they are better able to provide nursing care. Mohammad said:

The things that we need at this stage are more development and incentives. We need more courses and lectures. You know, nursing care is changing all the time, every now and then new techniques are developed, so how do we know about them, especially with the workload? We need some time off to develop ourselves and update our knowledge.

الأشياء التي فعلا احنا نحتاجها في المرحلة هي الدعم والتطوير للمرضين السعوديين الجدد. نحتاج دورات ومحاضرات. مثل ما تعرف انن التمريض يتطور ويتغير وكل شوي يطلع تكنيك جديد طيب احنا شلون بنعرف عنها خصوصا اننا مضغوطين بالشغل. نحتاج وقت كافي عشان نطور انفسنا ونحدث معلوماتنا اول بأول.

New, graduate Saudi nurses also sensed the need for ongoing change in the entire nursing profession in the country; therefore, they were keen to embrace it and be part of it and to expand this change throughout Saudi society. They have an understanding of what is going on around them, and see the need to participate in this change. They feel they are part of a changing nursing culture. They believed that Saudi nurses are the best equipped to lead the change because they have direct experience of the factors and influences that prevent progress in the profession.

They want to go further and to face the challenge of changing other people's views of the profession; they hope their own views will one day be reflected in Saudi culture. Some of the participants have started to lead the change from within their families. Maha realised that, in order for the change to succeed, it needs to start from within society. She has taken it upon herself to start initiating the change from her family, by encouraging them to accept nursing as a profession for Saudis. Maha stated:

It was a challenge for me to change the mind of my family and acquire the trust of my parents to do nursing. Nursing is something new for us, but I was trying to change society's perceptions by being a nurse and I will be part of this change in continuing in nursing.

كان تحدي كبير بالنسبة لي اني اغير تفكير اهلي واكسب ثقة امي وأبوي اني اكون ممرضة. التمريض جديد علينا وأنا غيرت نظرة اللي حولي بأني صرت ممرضة وراح اكون جزء من التغيير في المجتمع بأني راح استمر في التمريض.

It appears that these new nurses are willing to work to change the views of society. They have the desire to change what have been obstacles for them, in order to improve the path for future Saudi nurses. Facing challenges and obstacles immediately after graduation as well as frustrations in the workplace has not alienated them from nursing. For some, it seems the opposition actually provided motivation for them to work harder and try to change perceptions and behaviours. Kholoud explained how her experience helped her define an important professional goal. She said:

I have a goal. I want to be in a leading position to change the negative image of Saudi nurses and lift the level of the local nursing workforce. I want to change many things. I am also trying to change society's perception of nursing. My happiness is that I will change something for the better in the future or at least be part of it.

أنا عندي هدف اني اكون في منصب كبير وأغير نظرة المجتمع السيئة للتمريض السعودي وأرفع من مستواهم. أبغى اغير اشياء كثيرة وأحسن النظرة للتمريض. سعادتني تكمن اني اغير شي للأفضل في المستقبل أو على الأقل اشارك في التغيير.

New, graduate Saudi nurses realise that there is a need for local nurses if they are to achieve change in the profession. Increasing the number of Saudis in the nursing field will help them to influence the views of both expatriate nurses, service managers and authorities in the Ministry of Health, on a range of matters. Furthermore, they understand that patients genuinely need local nurses. Both Saudi patients and local nurses share the same religion, beliefs, culture and values. Saudi nurses believe that Saudi patients need them to provide personalised nursing care in such a way that expert expatriate nurses cannot.

Maha said:

Many times I saw patients in real need for something, but foreign nurses do not understand them. I could see in their eyes the unhappiness and anger when they talk to non-Arabic speaking nurses, especially new nurses, but I could not do anything about it.

أحيانا كثيرة اشوف مرضى سعوديين يحتاجون اشياء مهمة وضرورية لكن الممرضات الاجنبيات ما يفهمون عليهم. فعلا اشوف عدم الرضى والزعل على وجيهم إذا تكلموا مع الاجنبيات وما فهموا عليهم خصوصا الجدد. لكن ما اقدر اسوي شي.

Even international nurses highlighted the need for Saudi nurses to help them care for Saudi patients. One of the participants stated that expatriate nurses often called on local nurses to explain to patients what patients needed or to translate for them. The presence of local nurses on each shift is critical. Misunderstandings between nurses and patients can have devastating results. Norah shared a scenario that she witnessed:

A nurse from the Philippines was fighting with a patient and his watcher because he wanted her to disconnect the IV for a short time so he could go to the prayer room. She wanted him to wait to finish the bag because she had diluted an antibiotic in it; he thought that she did not want him to perform his prayer so he called his watcher to help him go for prayer.

ممرضة فلبينية كانت تتهاوش مع مريض والمرافق حقه لانه قال لها فكي المغذي الوريدي شوي علشان بيروح يصلي ويرجع وهي تقول له انتظر لين يخلص المغذي لانها خالطته بمضاد حيوي وتبي تتأكد انه خلص. طبعا هو يحسبها ما تبيه يصلي لأنها تقول له لا لا. علشان كذا قعد ينادي المرافق يساعده.

The lack of local nurses in Saudi Arabia can affect the nursing care provided to patients, particularly when practising nurses have an inadequate understanding of Saudi society's needs. Some of the new, graduate Saudi nurses understand this problem. They are aware of their importance and that expatriate nurses need them. This might be one of the

motives for them to improve the nursing profession. They know that they have to sacrifice their effort and time to reach their goals. Mohammad talked about his experiences in this regard. He said:

There were some days when I could not have my break. It was not only nurses who call me, but patients also call me any time they see me, because I speak Arabic and also because I am Saudi. All the responsibility is on Saudi nurses because we speak Arabic and we understand the patients and relatives. We need to recruit more Saudi nurses.

والله فيه اوقات كثيرة ما اقدر اخذ بريك او استراحة. مش بس الممرضات ينادونني حتى المرضى السعوديين ينادونني لما يشوفونني علشانني اتكلم عربي وافهم عليهم لاني سعودي. كل الجهد والتعب علينا يا الممرضين والممرضات السعوديين لأننا نتكلم عربي ونفهم على المرضى والمرافقين بعد. نحتاج سعوديين اكثر في التمريض.

Gender balance is also an important factor for Saudi nurses in terms of achieving their goals. Gender mixing in the workplace has generally been seen as unacceptable in the Saudi context and nursing practice in Saudi Arabia has traditionally been associated with separate genders: female nurses care for female patients, and male nurses care for male patients. Some female Saudi nurses prefer to work in a conservative environment and deal only with female patients and nurses (Al-Ahmadi, 2002; El-Gilany & Al-Wehady, 2001). Similarly, some male Saudi nurses share the same preference, but would not mind mixing with females in the workplace. However, this situation has changed as the perception of mixing amongst Saudis has changed to a certain degree, especially in hospitals. Some Saudis understand that mixing in hospitals is an exception to the general societal expectations, but this belief is still not the norm, and many Saudis still consider gender mixing wrong and unacceptable.

In particular, Saudi females are not used to dealing with the opposite gender, which falls in line with the expectations of Saudi culture. The mixing of genders is not allowed at any levels of education in Saudi Arabia, including at college. During nursing education, there are separate buildings for males and females; however, once they graduate, they have to work closely with each other. Many female participants stressed the importance of the presence of Saudi male nurses in the workplace. They said that they felt more comfortable and secure when there was a Saudi male nurse on the shift. When there are enough male Saudi nurses, in addition to feeling secure, female Saudi nurses do not have to care for male patients. Saudi females believe that male Saudi nurses understand them more than nurses from other nationalities. Danah stated:

We need male nurses beside us to help us deal with some male patients and for support also. I feel secure if they are around because they understand us more.

احنا يالبنات السعوديات نحتاج الممرض السعودي معنا علشان يساعدنا على التعامل مع المرضى الرجال وأيضا وجوده يعتبر دعم لنا. انا بصراحة احس بالأمان بوجودهم معنا لأنهم يفهمون طبيعتنا اكثر من غيرهم.

Furthermore, if there are enough male Saudi nurses, females do not have to work night shifts. In Saudi culture, it is difficult for Saudi females to spend a whole night outside of the home, even if it is for work. Saudi males understand this concept and often work night shifts so female nurses do not have to. Most female Saudi nurses want to work morning shifts due to family restrictions (El-Gilany & Al-Wehady, 2001; El-Sanabary, 1993). One male participant stated that he feels obligated to work nights for the female Saudi nurses because he understands that they cannot work those shifts. He said that he once had to work 20 consecutive nights because he was the only Saudi male at that time. Kholoud said:

We need to have more Saudi male nurses to work in male wards and also to do nights, we cannot do nights...Not only me, I know many Saudi female nurses cannot do nights because of family reasons, but Saudi males can do them without any restrictions.

احنا نحتاج ممرضين رجال علشان يشتغلون في الاجنحة الرجالية وأيضا يداومون بالليل عننا.
احنا صعبة نشتغل شفت الليل مش انا بلحالي اعرف كثير بنات اهلهم ما يسمحون لهم
يداومون شفت الليل لكن الشباب عادي ما عندهم مشكلة ولا عوائق.

She added:

We, as Saudi females, are not used to dealing with male, non-relatives in daily life, so the presence of Saudi males is important. I [would] feel comfortable and have confidence if there were more Saudi male nurses on the shift so they could deal with male issues. The presence of Saudi male nurses makes me feel secure. You know, I am not used to working in a mixed environment and dealing with male patients and visitors.

احنا يا البنات السعوديات مش متعودين نتعامل مع الرجال الأعراب في الحياة اليومية علشان كذا
وجود الممرضين الرجال السعوديين مهم في هالحالة. احس اني اشعر بالثقة والراحة اذا كان
معي بالداوم ممرض سعودي علشان يتولى الامور الرجالية عني. بصراحة وجود ممرض رجل
يحسنني بالأمان, انا موب متعودة اني اشتغل او اعيش ببيئة مختلطة سعودي معي بالداوم
وأتعامل مع رجال كثير من مرضى ومرافقين, صعبة شوي علي.

It is important to encourage and retain male Saudi nurses in order to retain female Saudi nurses in the nursing profession too. It is also important for educational institutions in Saudi Arabia to consider accepting more males into nursing colleges to meet the needs of the local nursing workforce.

Conclusion

In light of participants' comments, it may at first seem that the nursing profession in Saudi Arabia is not a promising choice for many young Saudis. This analysis of the lived experiences of new, graduate Saudi nurses has uncovered the situation faced by local nurses in Saudi Arabia. It appears some new Saudi nurses have not been prepared in terms of either adequate nursing knowledge or English language skills, making it challenging for them to practice nursing in a professional manner. The negative image of the nursing profession amongst Saudi society only exacerbates the pressure new Saudi nurses experience. They also feel a gap between themselves and expatriate nurses which has led them to become isolated and feel marginalised in the workplace. However, despite such challenges these Saudi nurses are ambitious about going further in their careers and initiating the change necessary to improve the profession for all Saudis. In other words, they want to be part of the solution to the problems they have themselves experienced, so that future generations of nurses are not subjected to such challenges.

Chapter Six: Integration

Introduction

Economic wealth, population growth and a high birth rate have increased the need for additional health facilities and new hospitals in Saudi Arabia. This need has outstripped the supply of expatriate nurses from other countries. The Kingdom has embarked upon an ambitious program of recruiting very large numbers of Saudis into the nursing profession. Along with the increase in new hospitals there has been a corresponding increase in nursing schools within universities. Clearly this is having a significant impact with large numbers of Saudis, male and female, now entering the profession. Rapid change however always has the potential for unintended consequences.

In consideration of these changes the findings of both components of this mixed methods study have been presented. In isolation they provide insight into the issues facing Saudi registered nurses and in particular those who are relatively young and inexperienced. In keeping with the sequential explanatory mixed methods design the final step is to integrate the findings of both components to arrive at a more complete understanding of that which is being investigated (Andrew & Halcomb, 2009). The integration of the findings of the two components in consideration of the context of the Saudi health and education systems is therefore presented in this chapter. The intent is to not simply describe the current situation for Saudi nurses through their voices, but to propose a path that fits with their optimism and passion.

Integration of Results

Drawing on the findings from both components of this study and considering the important contextual issues the following section looks in detail at the factors driving

change in the nursing profession as well as the challenges and opportunities these changes create. The factors driving change in the nursing field, resulting in large numbers of Saudi males and females entering the sector, include economic development, a high birth rate and government policies aimed at encouraging Saudis to enter nursing (the Saudisation program). Another important factor driving change in the industry is the need for nursing to reflect the cultural needs of the Saudi population. There are also challenges facing new nursing graduates; these include discrimination, public distrust of the profession and the poor social status of nursing. In spite of these challenges, both studies in this research project highlight opportunities for nursing to move forward; the gender balance of the profession, as well as the high level of care and cultural sensitivity offered to patients by Saudi nurses, are explored in the following sections.

Drivers of Change

The aim of this study was to explore the current situation of the Saudi nursing workforce and then to consider the lived experiences of newly graduated Saudi nurses. The initial research question focused on why so many Saudi men were entering the nursing profession. Clearly the goal for Saudi Arabia is to achieve a modern, efficient and well-resourced health care system; one that provides culturally appropriate nursing care. To realise this goal requires the recruitment of Saudis of both genders in large numbers. What is driving this strategy is the rapid economic development and population growth in the country. As a result the Saudi government implemented a number of Saudisation programs including a program to recruit nurses. This program seeks to not only to meet a growing demand for nurses but also to provide employment opportunities for a very young population. What is also clear from the findings of this study is the need for this nursing workforce to provide care that is sensitive to the

cultural needs of Saudi Arabian patients. These drivers are clearly having a great deal of impact but the question remains of whether the intended goals are being achieved.

As highlighted in earlier chapters, in 1975 the population of Saudi Arabia was nearly 7 million; however, by 1985, only 10 years later, the United Nations (UN) estimated the population of Saudi Arabia to be 12 million (Mufti, 2000). According to the most recent census from the Ministry of Economy and Planning, the population of Saudi Arabia in 2010 was just above 29 million, of which 55% were males and 45% females (Ministry of Economy and Planning MOEP, 2013a). The UN projections expect the Saudi population to reach 40 million by 2025 (Mufti, 2000). This rapid growth in population has been attributed to a high birth rate among Saudis (Gallagher & Searle, 1985; Mufti, 2000). In contrast to most Western countries, the percentage of Saudi people under 30 years of age is high, at 75% of the total Saudi population, while those under 15 years of age constitute 45% of the total population. The annual population growth rate was estimated to be 2.3% in 2010 (Ministry of Economy and Planning MOEP, 2013b). These significant demographic changes have created an increasing demand for both additional health care resources and also the need to provide employment for this young population.

This rapid development in Saudi Arabia has in many ways positively affected all sectors of the country, particularly in health and education. In recent years, Saudi Arabia has initiated substantial changes to its healthcare system in terms of its infrastructure, education and workforce. As a result of rapid economic development the Saudi Arabian government recently allocated substantial funding for the construction of new medical facilities and hospitals. For example, in 2011 alone, 40 billion Saudi Riyals (about 12.5 billion Australian dollars) was allocated to building new hospitals and health facilities (Alhaider, 2011).

This situation is challenging for the Saudi government, as such development requires a much larger workforce of nurses and other healthcare professionals. In order to meet this demand, 17 new universities have been established in the country in the last few years, and in each of these universities there is a school of nursing. The rapid development in health facilities and health education has resulted in the opportunity for large numbers of younger Saudis of both genders to become nurses. This has been reasonably successful in addressing the gender balance amongst Saudi nurses however it has also resulted in relatively young and largely inexperienced Saudi nursing workforce, which is borne out in the results of this study.

Challenges

Saudisation Program

The Saudisation plan is both commendable and challenging. The intention of this plan is to attract a high percentage of Saudi people into employment in all sectors of the country and to provide a self-sufficient workforce. The plan has started to have a clear impact in terms of replacing the expatriate workforce with Saudi nationals, yet its implementation still faces challenges and is proving difficult for a number of reasons. First, the population of the country is young, and the need for experience and training is immense. Developing an experienced workforce is time consuming, and cannot happen overnight. The great challenge, particularly in the healthcare system, is that the demand for nurses is so enormous that it is difficult for the country to keep pace with the provision of expert local nurses. Thus, there is currently a young and inexperienced local nursing workforce in Saudi Arabia which is significantly different from the nursing labour force in many countries in the West. For example, the Australia's national average among nurses is 44.5 years (Australian Institute of Health and Welfare,

2013). The average age of registered nurses in other developed countries ranges from 35 years in Singapore to 44 years in Canada, the UK, and New Zealand; the average age of all nurses in the United States is 47 years (International Council of Nurses, 2013).

The majority of respondents in the survey component of this study were young, predominantly had diploma qualifications, were inexperienced and significantly, a great proportion of them intended to leave the profession in the near future. These issues were explored in more depth in the phenomenological component of the study, which highlighted the frustrations felt by the Saudi nurses in regard to their professional preparation.

In Saudi Arabian health organisations, no expense has been spared, and in general the hospitals and health facilities are well resourced; the medical infrastructure is an asset to the country. Not many countries have achieved the same sort of health services as Saudi Arabia which has undergone rapid expansion and at the same time modernisation. Saudi Arabian health organisations and hospitals are well-developed and equipped with the latest medical technology. However, in reality these resources may not be having the necessary impact on training or clinical practice. The extensive training of health professionals is a government policy and a national target that all private and government sectors should be trying to fulfil. There is a great need for expert clinicians in Saudi Arabia not only infrastructure.

The Saudi Culture

Saudi Arabia has a unique culture despite its similarities with some other Arab cultures. It is one of the most conservative traditional societies in the Middle East (Long, 2005). Differences exist between Saudi and Western culture. According to Long (2005), Saudi culture is in constant flux, and the cultural gap between the West and Saudi Arabian culture is wide. This cultural disparity has affected nursing practice in Saudi Arabia as

nursing has been instituted by Western policies, legislation and an expatriate workforce. Nursing is an international discipline, and the system of nursing practice is something that most countries have in common. However, the foundations upon which nursing is based in Saudi Arabia have been largely imported from Western culture. Thus, the language of nursing in Saudi Arabia is English, not Arabic, and the nursing system and legislation is foreign, rather than designed to fit Saudi culture.

The results of this research revealed that Saudi nurses of both genders face difficulties in adapting to and functioning in a predominantly Western nursing model. A major contributing factor to this dilemma is that the nursing profession in Saudi Arabia has been established from a non-Saudi perspective and has not fully integrated Saudi culture or religious considerations into its development. The participant nurses in this study highlighted the need to provide patients with care that is more culturally appropriate. This relates to the use of the Arabic language of the patients being cared for by nurses of the same gender who understand fully cultural and religious needs.

Gender balance is strongly needed in Saudi healthcare and particularly in the nursing profession. Results of both studies stressed the need for Saudi men in nursing to overcome gender issues in nursing care in hospitals. They also indicated that some Saudi nurses are considering leaving the profession because they have had to work and care for people from the opposite gender. In addition, many Saudi patients find it difficult to accept health care services from nurses of the opposite gender. Therefore, more men are needed in nursing to ensure gender balance in the profession.

Considering and implementing changes to provide gender balance and make nursing in Saudi more culturally focused will strengthen the quality of care provided to patients; in addition, the status of Saudi nurses would be enhanced if they are able to provide this culturally appropriate care. However, in making changes, Saudi nurses should be

listened to and seen as professionals with rights that should be respected. This, of course, involves taking into account the cultural needs of Saudi nurses and they need to be specifically prepared. Saudi nurses work under a Western nursing model, one in which some aspects of practice are not compatible with their own culture such as non-segregated care.

Another challenge encountered by the study participants was Saudi society's negative perception of the nursing profession in general. Many participants felt that most Saudi people, including some doctors, consider nursing to be an inferior profession. They also spoke of the fact that there is a lack of trust of Saudi nurses among both patients and healthcare professionals. This negative image of nursing is a challenge to the retention of Saudi nurses in the profession. If the Saudi nurses are well prepared for and supported in clinical practice, this will improve competence and their self-confidence resulting in them being more respected in the workplace and in society.

Preparation for Practice

One significant challenge to the Saudi nursing workforce is the education and professional preparation they receive. Despite many improvements in nursing education in the Kingdom and the move to a Bachelor degree as the common entry point for practice this study indicates there may be some considerable way to go. Regardless of future changes in nurse education it is apparent from this study that many Saudi nurses have entered practice with less than an ideal preparation. Most of the nurses in the survey had only obtained a diploma and when this issue was further explored in the phenomenological study the impact of their educational preparation was felt acutely. It is of course very common for new graduates regardless of context to feel unsure and ill prepared for practice (Anderson et al., 2012; Kowalski & Cross, 2010). This study however revealed a very unique and additional element to feeling unprepared. In

addition to poor clinical skills and preparation, many of the Saudi nurses had only limited English language skills, as most of their nursing programs were taught in Arabic. English is the language of written and verbal communication in all hospitals in Saudi Arabia, and all expatriate nurses are English speakers. Saudi nurses are therefore distinctly disadvantaged in their own healthcare system, a problem potentially linked to attrition.

Attrition

Increasing the recruitment rate of Saudis to meet the demand for nurses in itself will not be sufficient to overcome the shortage. The issue of attrition rates must also be addressed. This study indicated that while Saudis are joining the profession in large numbers, many are considering leaving the profession.

The problem of retaining Saudi nurses has been addressed in the literature previously (Abu-Zinadah, 2006; Al-Ahmadi, 2002; AL-Dossary, Kitsantas, & Maddox, 2013; Alamri et al., 2006). What this study clarifies is some of the significant reasons why Saudi nurses would contemplate leaving the profession. In addition to the issues around culture, gender and educational preparation the Saudi nurses were particularly concerned about the environment they worked in. They felt they were not part of the nursing team and were discriminated against and marginalised in the workplace. The newly graduated Saudi nurses felt as if they were not trusted and were treated like servants in the workplace. All of these influences combined resulted in many of the Saudi nurses in this research thinking very seriously about leaving the profession.

These challenges to Saudi nurses, potentially may also affect the nursing care provided to patients. Patients may not be attended to by caring and understanding Saudi nurses. Instead, they may be cared for by stressed, distrusted, disappointed individuals who are eager to leave their profession.

As previously stated recruitment has been to a degree quite successful but the question of retention has two major implications. If a great many nurses are leaving the profession this represents a waste of resources and it would be far more effective retaining new graduate nurses and then needing to train less. The other important issue is that it will take much longer to achieve a mature experienced Saudi nursing workforce if the turnover of nurses remains high.

Opportunities

Despite all the challenges faced by Saudi nurses and workforce planners this study brought to light a great sense of optimism with the promise of many positive opportunities for the Saudi nursing profession and the patients they care for.

This study reinforced the immense value Saudi nurses have in being able to provide culturally sensitive and competent care. Saudi patients and nurses share the same beliefs and cultural values which skilled overseas expert nurses lack. Certainly the importance of this role was recognised by the Saudi nurses themselves particularly through positive interactions with patients who asked for Saudi nurses by name if they required nursing assistance. This was also reinforced by the requests from expatriate nurses to translate and assist with understanding of specific cultural and religious needs. Participants were proud of their ability to provide this care and felt it was something unique because they were both Saudis and nurses.

Gender is central to the Saudi culture and a number of issues related to gender were highlighted in this study. Results of both studies stressed the need for more Saudi men in nursing to overcome gender issues in nursing care in Saudi hospitals and to support Saudi female nurses. Cultural sensitivity in Saudi Arabia highlighted the great need for gender balance in the workplace. Quantitative results showed gender care was an

important aspect of Saudi nursing and the qualitative results also supported this view. Many Saudi patients find it difficult to accept health care from the opposite gender. In addition, many nurses do not feel comfortable nursing the opposite gender. Therefore, more men are needed in nursing to obtain gender balance in nursing in Saudi Arabia.

Results from the research showed that female nurses also placed a high value on the inclusion of male Saudi nurses in the nursing workforce. Some new, female nurses said they felt more secure if there was a Saudi male nurse working on the shift because they were not used to dealing with other male nurses, male patients, or visitors of the opposite gender. In addition, the analysis revealed the view that, if there were more Saudi male nurses, Saudi female nurses would not have to do night shifts. Because of the issues and difficulties that overseas nurses face in dealing with Saudi patients, especially during night shifts, head nurses and nursing supervisors schedule the equivalent number of Saudi nurses to each shift. However, most female Saudi nurses cannot work nights, so those shifts are given to male Saudi nurses.

The need for segregated care exists in Saudi healthcare. Although there is apparently equal numbers of male and female recruits, there may be problems of distribution. Anecdotally there appears to be a movement of male nurses out of the acute sector and in to the primary healthcare sector. However, because of the large numbers of males being recruited there is the potential to manage this issue. Other opportunities relate to non-segregated areas of care. In high dependency and emergency departments it is often not practical to provide segregated care. The participants in this study conceded that they and many of their fellow Saudi nurses are uncomfortable working with colleagues and patients of the opposite gender. They did also voice that if this must occur then it is much more preferable to have Saudi male nurses who are sensitive to their female colleagues' cultural needs when working in non-segregated units.

Another positive aspect identified from the results is that Saudi nurses valued themselves, and were also valued by their patients. In spite of all difficulties they face, some new Saudi nurses see a promising future. They felt that they were valued for the care they provide to their patients; in particular they were proud of their ability to offer cultural understanding and culturally appropriate care. One of the participants likened the nursing care they provide to patients to gold. Other participants indicated that providing nursing care is like giving a gift to others. The participants felt strongly that they are closer to patients than other nurses because of cultural and linguistic similarities. The nurses in this study recognised that there was a problem both with the image of nursing generally and with Saudi nurses specifically. The opportunity here is that Saudi nurses such as those in this study if given a voice would be ideal to promote nursing. One participant spoke about how proud she was when she convinced her family to accept nursing as her profession, and how she was ambitious to contribute to social change throughout society.

This research indicated that new Saudi nurses, despite their young age, want to be part of the change occurring both in Saudi society and in the nursing workforce generally. Participants have experienced the ongoing change in the nursing profession and are keen to embrace it, be part of it and to spread it throughout Saudi society.

Conclusion

This chapter identified some of the many challenges facing a new and largely inexperienced Saudi nursing workforce. Discrimination and marginalisation within the workforce were consistent themes, as were the problems of public distrust and the poor image of nursing in Saudi society. An additional issue for new Saudi nursing workforce was the requirement for nurses to operate in the workplace environment using a foreign

language (English), putting Saudi nurses at a disadvantage when compared with expatriate staff.

However, the study also highlighted some important opportunities for the emerging Saudi nursing workforce; these opportunities have been recognised and embraced with enthusiasm by young nurses. Research participants noted that they were highly valued by patients (and expatriate nurses) for their level of care in general, as well as their ability to provide culturally sensitive care. Other research participants welcomed an increase in male nurses for both cultural and practical reasons (i.e. the need for night shift nurses). Importantly, Saudi nurses reported being excited to be participating in the momentous social change occurring in Saudi society in general and in the nursing profession in particular. However, they are keen to be leading the changes in the nursing profession, being best placed to both understand the issues affecting the profession and to be part of change in the profession themselves.

Chapter Seven: Conclusion

Introduction

This study was conducted in Saudi Arabia, including all hospitals in Riyadh city managed by the Ministry of Health. It was designed to shed light on a situation where little data existed about the large numbers of Saudi men in nursing and the lived experiences of newly graduated Saudi nurses. This is the first study to investigate the current situation in Saudi Arabian nursing in relation to the issue of gender and one of only a few research studies carried out on the lived experiences of Saudi nurses in Saudi Arabia. As such, it is unique in its findings. A realistic picture of Saudi nursing has been provided and light has been shed on this young, promising workforce.

Results of both components of this study were summarised and integrated in the preceding chapters. The study unveiled what motivates Saudis of both genders to become nurses, how they perceive nursing as a profession and their intentions in the near future. In addition, the lived experiences of newly graduated Saudi nurses have been comprehensively investigated, uncovering the difficulties that these young nurses face in the Saudi health sector. The findings of both studies included in this research have been revealing; respondents and participants deserve appreciation for their valuable contribution as, without them, this research would not have been possible.

Implications and Recommendations

The findings of this research have uncovered many issues about the Saudi nursing workforce and have clearly depicted the many challenges facing young Saudi nurses. Of course there have been efforts to address these. The Saudisation program has meant large numbers of young Saudis are entering nursing. The move to Baccalaureate entry to

nursing has begun. Many Saudi registered nurses are now studying higher degrees all over the globe (Ministry of Higher Education, 2014). This last initiative recognises the need to have strong capable leadership in Saudi nursing. These initiatives must be applauded but workforce planning and the maturation of the Saudi nursing workforce is complex and will take time. This contrasts with the very rapidly increasing demands on the health sector. The youth and inexperience of the Saudi nursing workforce is an issue of concern. It can be argued that in time the workforce will mature and this will address many of the challenges but there is no certainty of this occurring. This study and others have highlighted that many Saudi nurses are unhappy with their educational preparation and the environment in which they work (Al-Ahmadi, 2002; AL-Dossary, Kitsantas, & Maddox, 2013). Attrition of Saudi nurses replaced with young new graduates will slow the maturation of the workforce, but much can be achieved with thoughtful consideration, planning and implementation of targeted strategies.

An enduring feature of the experience of the Saudi nurses in this study is their optimism, passion and willingness to see and be part of positive change in Saudi nursing. The next section offers suggestions and recommendations to improve the situation.

Nursing Education

Saudi Arabia requires a mature well-educated and competent nursing workforce to meet the health needs of a growing population. This requires effective education at the pre-registration and postgraduate levels not only within the universities but also in the workplace with continuing professional development for nurses within the profession (Gul, Paul, & Olson, 2009; Kuokkanen & Leino-Kilpi, 2000; Skår, 2010). For the nursing profession in Saudi Arabia to continue to develop, this will require effective cooperation between universities, nursing colleges, and institutes and healthcare

organisations throughout the country. In pre-registration programs the move to at Baccalaureate entry level needs to be standardised across the sector. The amount and quality of clinical placement for nursing students also needs to be considered with stronger cooperation between the tertiary sector and healthcare providers (Courtney-Pratt et al. 2011). This is the approach taken by programs in other developed countries such as the UK's British Nursing and Midwifery Council program, which comprises 50 per cent theoretical education and 50 per cent practical and hospital training (Nursing and Midwifery Council, 2004). Practical placement periods for Saudi nursing students should be longer and relate more to contemporary practice. Improving English language proficiency is a priority. It has long been argued that culturally competent healthcare is a challenge for the nursing profession in Saudi Arabia (Luna, 1998). Consideration needs to be given to preparing Saudi nurses to provide culturally sensitive care in an environment that is so strongly influenced by western culture (Krentzman & Townsend, 2008; Luna 1998). Inter-professional learning should be considered as this has the potential to raise greater awareness of the value of nursing amongst other health professional groups and improve teamwork and better collaboration in practice (Morrison et al.2004). .

Consideration must also be given to initiatives to improve transition into practice. Globally new graduates experience the shock of transition into their profession. Internship programs do exist but the nature and delivery of these programs requires review. The participants in this study voiced very strong concerns about the inadequacy of internship programs specifically and support generally when they began practice. Mentorship particularly by experienced Saudi nurses should be the long term goal. The participants in this study uniformly were concerned about ongoing professional development. There is considerable effort going into providing Saudi nurses with post-

graduate education in other countries but the longer term goal should be to provide high quality post-graduate education within the Kingdom.

In order to implement this, the following recommendations are suggested:

- Curriculum review to ensure relevant clinical experience should be provided in undergraduate programs through cooperation between universities and hospitals, combining education and practice;
- Undergraduate programs need to incorporate culturally competent care considering the strongly western influenced context in which care is provided;
- English language proficiency must be increased during undergraduate education. Courses should be introduced to improve the English skills of current Saudi nurses who have poor English skills; and
- Inter-professional learning opportunities should be considered in undergraduate programs. There should be a review of internships and transition programs to better support new graduates;

The Work Environment

The participants of this study perceived the working environment to be unsupportive and at times even hostile. There is an obvious link here between the working environment and the retention of staff (Almalki, FitzGerald & Clark, 2011). In the first instance managers need to consider the concerns of Saudi nurses. They should be carefully listened to, valued and seen as professionals with rights that should be respected; their needs and opinions must be made a priority. This involves taking into account the cultural needs of both Saudi nurses and patients.

The internal culture of hospitals in Saudi Arabia should be reformed to better meet the cultural needs of Saudi nurses and patients. Changes are required to introduce Saudi culture to the hospital environment; nursing practice should combine both cultures in the workplace. The cultural sensitivity of Saudi nurses should be considered when making policy changes, instituting mass recruitment and designing buildings or departments. Policies in regard to the nature of daily duties such as night shifts and missions outside hospitals should take Saudi culture into account.

Further, part-time jobs should be made available to Saudi nurses who cannot undertake full time duties. Recruitment of an international nursing workforce should involve the selection of nurses who have sufficient knowledge about Saudi culture. Courses in the Arabic language and Saudi culture should be provided to the current expatriate nurses. The needs of female Saudi nurses who have young children should be taken into account when new health facilities are built and hospital buildings designed; childcare centres should be provided at all hospitals for Saudi nursing staff.

It will be easier to retain Saudi nurses when job satisfaction improves. This means improving the working conditions of nurses as well as promoting an understanding of nursing practice that allows nurses to provide culturally appropriate care. In addition, a strategy needs to be developed to bring those young Saudi nurses who have left the profession, back into nursing. This strategy should involve a smooth return to nursing practice programs as well as attractive financial benefits. These should be offered throughout the country, as Saudi females in particular find it difficult to travel. Nurses who have left nursing and are now intending to return should be offered a plan that is flexible and which makes it attractive for them to return to the profession, such as offering shorter or flexible shifts.

The Image of Nursing

The rapid change in the health sector combined with the Saudisation plans has resulted in many young Saudi males and females being encouraged to engage in a profession which they are not sufficiently informed of. The status of nursing profession in Saudi Arabia should be enhanced by improving competence and education of nurses so that it is perceived to be a worthwhile career (Almalki et al., 2011).

The media is an important element in nursing organisations, and policymakers can use this to improve the image of the profession and educate the public. When the public recognises the value of local nursing, they will become more understanding and supportive and negative views will change. As a result, we will see nursing organisations that truly work for both nurses and the Saudi public; nursing in Saudi Arabia will be valued and nurtured as a caring profession that also produces highly skilled Saudi nurses. At the same time, job satisfaction will increase, and the problem of nursing attrition should decline.

Changing Saudi society's view of nursing will take time. However, media campaigns and working in schools will give young Saudis a better understanding of the nature of nursing profession. This should improve the image of the profession and result in more recruits that are purposefully seeking out the profession and therefore will be more likely to stay after graduating. At the same time improving the image of nursing will improve the work environment which may result in gaining respect from patients and other health professionals including expatriates. In particular it is these proud and optimistic Saudi nurses who should be used to promote their profession.

In order to implement this, the following recommendations need to be considered:

- Guidelines should be developed which detail the rights of all nurses, including Saudi nurses, to ensure that all nurses are treated fairly and equally;

- Policies and regulations must be developed in such a way as to be sensitive to the cultural needs of Saudi nurses and nursing practice in Saudi Arabia;
- Childcare facilities should be provided for Saudi nurses within hospital buildings;
- Broad media and public education campaigns need to be defined to enhance and improve the nursing status in the country;
- Job satisfaction in Saudi hospitals should be improved by enhancing the working conditions of Saudi nurses; and
- A public awareness program should be initiated throughout the media to educate the public about Saudi nursing, increase the public's understanding of the invaluable role Saudi nurses play in the health system and increase their prestige in the eyes of society;
- Increased support for transition to practice, taking into account cultural change in the workplace.

Urgent Need for Nursing Research

It became evidence whilst conducting this research that there is a dearth of literature about the nursing workforce and Saudi nurses in Saudi Arabia. Many issues and challenges about this young workforce have not been explored and need to be uncovered. It is obvious that only through research can nursing become a contemporary profession (Huber, 2013). Nurses globally, through nursing research and education, have created and voiced ideals for nursing and at the international level, they have taken responsibility for their own profession and the individuals within it. This has not yet happened in the Saudi nursing profession. Encouraging and supporting the educational development of Saudi nurses and promoting the importance of nursing research within

the profession and the broader community will assist the standing of the nursing profession in the county.

The nursing profession in Saudi Arabia has continued to rely heavily on international approaches to education and training, and practice. The culture of Saudi nurses and the context in which they practice requires further investigation. Saudi nurses will find it difficult to contribute to the body of nursing knowledge and to adapt it to their own cultural needs, without knowing and understanding the processes involved in nursing research. It is believed that most of Saudi nurses who hold diploma qualifications lack knowledge of the research process. In addition to a lack of knowledge and experience in nursing research among Saudi nurses, there are also few resources to support research by Saudi nurses (Tumulty, 2001a).

Providing nursing knowledge based on the best available evidence is a priority for nursing organisations and policymakers in Saudi Arabia. According to Harne-Britner and Schafer (2009), the importance of research in nursing practice is its useful approach to changing the culture. Furthermore, supporting nurses in using research in their profession can assist in developing and advancing nursing practice and enhancing the quality and efficiency of the care provided (Karkos & Peters, 2006). As more nurses gain knowledge of research processes, their self-efficacy in research increases (Harne-Britner & Schafer, 2009). Research by Saudi nurses would contribute to the development of a culturally appropriate nursing profession.

In order to implement this, the following recommendations should be considered:

- More research services should be provided to nursing education providers and nursing practitioners;
- Current nurses should be provided with the resources to learn about and apply research;

- Saudi nursing research should be provided with more funding; and
- Nursing research should be introduced during nursing training and involve Saudi nurses.
- There is a need for the Saudi Commission for Health Specialties (SCFHS) to consider the development and implementation of nurse's rights.
- A substantial mentoring program should be introduced to assist neophytes' introduction to nursing research.

Areas of Future Research

Nursing research in Saudi Arabia needs to be encouraged as it is the basis of the future development of the nursing profession in the country and involves sharing knowledge worldwide. There is a need for a National study of Saudi nurses in terms of the gender balance, the level of education, and the practices and challenges facing the nursing profession. There is also a need for further studies in relation to the job satisfaction of new, Saudi graduate nurses and the attrition of local nurses in Saudi Arabia's hospitals in all health sectors. The issues around support in the workplace also should be further explored.

Saudi nurses in this study were found to be young and not well prepared; they also felt ignored and unsupported in the workplace. It has been clearly shown that their profession carries a stigma that needs to be changed. Thus, these areas need to be further investigated. Overall, results have shown that continued research is necessary to assess factors which impact on rapid change in the Saudi nursing workforce. Investigations need to include both quantitative and qualitative approaches to uncover improvements in the performance of Saudi nurses in the workplace.

Limitations of this Research

In this research, the number of Saudi male nurses who participated in both the quantitative and qualitative studies were low when compared to the proportion of male nurses working in the profession, as shown by the Ministry of Health's statistics. This low participation rate is explained by the fact that many Saudi male nurses are working in managerial positions and primary healthcare clinics. A further limitation was not including primary healthcare in Riyadh and hospitals in other cities in this research; inclusion was not possible due to time constraints and a lack of resources.

Conclusion

The findings from this research have revealed some of the current realities facing the Saudi nursing workforce for both genders, and have revealed the lived experiences of newly graduated Saudi nurses. This research has revealed a clear distinction between being a nurse and being a Saudi nurse. Overall, the cultural context, rapid change, and poor levels of education and training contribute significantly to the perceived low quality and status of Saudi nurses. This affects the working conditions of Saudi nurses and their image.

Finally, this research has uncovered important issues about Saudi men in nursing and helped illuminate the difficulties faced by Saudi nurses generally, particularly new nurses. It might also encourage other Saudi academics to undertake further research. It is the honest wish of the researcher that the findings prompt changes nursing in Saudi Arabia and contribute to a better future for the Saudi nursing workforce and patients.

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Appendices

Appendix 1: The Questionnaire (English version)

A descriptive study of the Saudi nursing workforce in Riyadh, Saudi Arabia

Section A

Demographic Data:

Please tick the correct answer

1. Are you a Saudi Arabian nationality:

Yes No

2. Your age in years:

3. Gender:

Male Female

4. Marital status:

Married Single

5. Dependants:

No children 1-2 children More than 2

6. Province of origin:

Central East West North South

7. Highest nursing qualification:

Certificate Diploma Bachelor Master PhD

8. Years of nursing experience:

< 1 1-5 6-10 11-15 > 15

9. Position held:

Please indicate by ticking the position in which you are currently employed. If you hold more than one position, please tick the position in which you are predominantly employed.

Clinical	Education	Management	
Registered Nurse	<input type="checkbox"/> Nurse Academic	<input type="checkbox"/> Nursing Unit Manager	<input type="checkbox"/>
Clinical Nurse Specialist	<input type="checkbox"/> Clinical Nurse Educator	<input type="checkbox"/> Asst Director of Nursing	<input type="checkbox"/>
Midwife Nurse	<input type="checkbox"/> Educator	<input type="checkbox"/> Deputy Director of Nursing	<input type="checkbox"/>
Clinical Nurse Consultant	<input type="checkbox"/> Senior Nurse Educator	<input type="checkbox"/> Director of Nursing	<input type="checkbox"/>
	Staff Development	<input type="checkbox"/> Area DON	<input type="checkbox"/>
		Manager Nurse Education	<input type="checkbox"/>
		Area Manager Nurse Ed.	<input type="checkbox"/>

If 'Other' please specify

10. Principal Area of Nursing Practice

Please indicate by ticking the principal area of nursing practice in which you are currently employed. If you are currently working in more than one area of practice, please tick the area in which you are predominantly employed.

Medical	<input type="checkbox"/>	Surgical	<input type="checkbox"/>	Nursing Education	<input type="checkbox"/>
Emergency	<input type="checkbox"/>	Intensive care	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
Midwifery	<input type="checkbox"/>	Community Care	<input type="checkbox"/>	Paediatric	<input type="checkbox"/>
OPD	<input type="checkbox"/>				

If 'Other' please specify

Section B

Motivation to become a nurse:

Please respond to the statements by ticking the box that best describes your level of agreement.

I became a nurse because:	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. being altruistic " Ethar" is part of Islam teachings					
2. I wanted to work in a caring occupation					
3. I wanted to help others cope with illness					
4. it would give my life a sense of meaning					
5. I wanted to help people					
6. I felt that it would provide an opportunity for career advancement					
7. nursing offered job security					
8. I was always interested in science					
9. nursing offered job flexibility					
10. I could earn a good salary					
11. I like working with people					
12. it was a childhood desire					
13. it was a family expectation					
14. of advice from family					
15. of advice from friend					
16. of advice from nurse					
17. of personal experience of healthcare					

If other reason, please specify: _____

Section C

Perception of nursing:

Please respond to the statements by ticking the box that best describes your level of agreement.

In my opinion, nursing:	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. is caring profession					
2. is for women					
3. requires physical activity					
4. is a profession that is subservient to doctors					
5. does not require high academic qualifications					
6. is a stressful career					
7. offers variety					
8. is a respected profession					
9. is well paid					
10. requires you to be away from home for long time					

Section D

Future plans:

1. As a Saudi nurse, would you prefer to work part time

Yes No

2. If yes, how many days a week would you prefer to work?

Days

3. Would you prefer to work shorter shifts?

Yes No

4. Do you intend to leave nursing in the near future (< 2 years)?

Yes No

If **yes**, please go to Question (6), if **No**, please go to question (5).

5. If you are not intending to leave nursing in 2 years, would you like to leave nursing?

Yes No

If **yes**, please go to Question (6), if **No**, this is the **END** of the survey for you thanks for your time.

6. If it is likely that you will leave nursing, please indicate your level of agreement for the following statements:

The reason that I would leave is:	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. my gender.					
2. dealing with the opposite sex.					
3. I feel other nurses are not comfortable with me.					
4. I feel uncomfortable dealing with the opposite sex.					
5. I feel uncomfortable dealing with nurses from the opposite sex.					
6. I feel uncomfortable dealing with patient from the opposite sex.					
7. I feel uncomfortable dealing with physicians from the opposite sex.					
8. I am moving away.					
9. I will become a full time student.					
10. lack of promotion opportunities.					
11. I found a better job.					
12. I have to work long hours.					
13. I am having difficulties in communicating in English.					

If other reason, please specify: _____

7. Is there anything that could be changed which would influence your decision to leave nursing? Please write you answer below

End of the Survey

Thank you for participating in this study and for your time.

Mohammad Alboliteh

Appendix 2: The Questionnaire (Arabic version)



دراسة وصفية للقوى العاملة السعودية في مجال التمريض بمدينة الرياض، المملكة العربية السعودية

القسم الأول: البيانات الديمغرافية

الرجاء وضع علامة ✓ أمام الإجابة التي ترونها صحيحة

١. هل أنت سعودي الجنسية:

نعم لا

٢. العمر بالسنوات:

٣. الجنس:

ذكر أنثى

٤. الحالة الاجتماعية:

متزوج غير متزوج

٥. عدد الأطفال:

بدون ١-٢ طفل أكثر من طفلين

٦. المنطقة التي تنتمي لها (نشأت بها):

الوسطى الشرقية الغربية الشمالية الجنوبية

٧. أعلى مؤهل دراسي حصلت عليه في مجال التمريض:

دورة دبلوم بكالوريوس ماجستير دكتوراه

٨. عدد سنوات الخبرة في مجال التمريض:

أقل من سنة ١-٥ سنوات ٦-١٠ سنوات ١١-١٥ سنة أكثر من ١٥ سنة

بلحث درجة الدكتوراه

١

محمد إبراهيم البلطيج

٩. المنصب الوظيفي الحالي:

الرجاء وضع علامة ✓ أمام المنصب الذي تشغلونه حالياً. وفي حالة أنكم تشغلون أكثر من منصب فأرجو الإشارة إلى منصبكم حسب ملفكم الوظيفي.

المجال الإداري	المجال التعليمي	المجال السريري
<input type="checkbox"/> مدير وحدة تمريض	<input type="checkbox"/> ممرض أكاديمي	<input type="checkbox"/> ممرضة مسجل
<input type="checkbox"/> مساعد رئيس تمريض	<input type="checkbox"/> مدرب تمريض سريري	<input type="checkbox"/> ممرض/ ممرضة أخصائي
<input type="checkbox"/> نائب رئيس تمريض	<input type="checkbox"/> مدرب تمريض	<input type="checkbox"/> ممرضة قابلة
<input type="checkbox"/> رئيس التمريض	<input type="checkbox"/> رئيس تدريبي تمريض	<input type="checkbox"/> ممرضة استشاري
<input type="checkbox"/> رئيس منطقة تمريض	<input type="checkbox"/> مسئول تطوير المهارات	
<input type="checkbox"/> مدير تدريب التمريض		

إذا أخرى فأرجو التوضيح

١٠. المجال الرئيسي لممارسة التمريض:

الرجاء وضع علامة ✓ أمام الوحدة التي تعملون فيها حالياً. وفي حالة أنكم تعملون في أكثر من مجال أو قسم في وقت واحد فأرجو الإشارة إلى مجالكم الرئيسي حسب ملفكم الوظيفي.

<input type="checkbox"/> الرعاية الباطنية	<input type="checkbox"/> الرعاية الجراحية	<input type="checkbox"/> تعليم التمريض
<input type="checkbox"/> الطوارئ	<input type="checkbox"/> العناية المركزة	<input type="checkbox"/> الصحة النفسية
<input type="checkbox"/> النساء والولادة	<input type="checkbox"/> صحة المجتمع	<input type="checkbox"/> الأطفال وحديثي الولادة
<input type="checkbox"/> العيادات الخارجية		

إذا أخرى فأرجو التوضيح

القسم الثاني: الدوافع والمحفزات لالتحاق بمجال التمريض

الرجاء الإجابة على الجمل التالية بوضع علامة ✓ أمامها بما يتوافق مع مستوى موافقتكم عليها.

لقد انخرطت في مجال التمريض بسبب:

أوافق بشدة أوافق لا أعلم لا أوافق لا أوافق بشدة

					١. أنني أعتبر أن إيثار الغير على النفس من أهم تعاليم الإسلام
					٢. رغبتني في العمل في مهنة تهتم بالرعاية
					٣. رغبتني في مساعدة الآخرين على التغلب على المرض
					٤. أنني رأيت أن هذه المهنة سوف تعطي لحياتي معنى آخر
					٥. رغبتني في مساعدة الآخرين
					٦. شعوري بأنه سوف يمنحني فرصة للتقدم الوظيفي في المستقبل
					٧. أن مهنة التمريض تمنح أمان وظيفي
					٨. أنني كنت دائماً أرغب في العمل بالمجال العلمي
					٩. أن مهنة التمريض تقدم مرونة أكثر في العمل
					١٠. أنها مهنة تحقق لي راتب مغري
					١١. أنني أرغب في العمل مع الآخرين
					١٢. أنها كانت طموحي منذ صغري
					١٣. أنها طموح أسرتي
					١٤. أنها نصيحة من أسرتي
					١٥. أنها نصيحة من صديق
					١٦. أنها نصيحة من ممرض
					١٧. خبرة وتجربة شخصية في مجال العمل بالرعاية الصحية

لسبب آخر (وضح) _____

القسم الثالث: التصور والنظرة لمهنة التمريض

الرجاء الإجابة على الجمل التالية بوضع علامة ✓ أمامها بما يتوافق مع مستوى موافقتكم عليها.

أوافق بشدة	أوافق	لا أعلم	لا أوافق	لا أوافق بشدة	من وجهة نظري فإن مهنة التمريض:
					١. مهنة تعتمد على الرعاية والحماية
					٢. مهنة تخص النساء
					٣. مهنة تحتاج إلى قدرات بدنية
					٤. مهنة خاضعة لتنفيذ تعليمات وأوامر الأطباء فقط
					٥. مهنة لا تحتاج إلى مؤهلات أكاديمية عالية
					٦. مهنة فيها الكثير من الإرهاق
					٧. مهنة تمنح الكثير من التنوع العملي
					٨. مهنة يحترمها الجميع
					٩. مهنة راتبها جيد
					١٠. تتطلب الابتعاد عن المنزل والعائلة لفترات طويلة

القسم الرابع: الخطط المستقبلية

١. هل تفضل/ تفضلين العمل بطريقة الدوام الجزئي؟ (أيام متفرقة في الأسبوع وليس الأسبوع كاملاً)

نعم لا

٢. إذا كان الجواب نعم فكم يوماً تفضل/ تفضلين العمل في الأسبوع؟

يوم

٣. هل تفضل/ تفضلين العمل ساعات أقل مما هي عليه حالياً؟

نعم لا

٤. هل لديك النية (تخطط) لترك العمل في مجال التمريض في المستقبل القريب (أقل من سنتين)؟
 نعم لا

إذا كان الجواب نعم فأذهب إلى سؤال رقم (٦) ، وإذا كان الجواب لا فأذهب إلى سؤال رقم (٥)

٥. إذا لم تكن لديك النية لترك العمل في مجال التمريض ، فهل لديك الرغبة في (تتمنى) تركه؟
 نعم لا

إذا كان الجواب نعم فأذهب إلى سؤال رقم (٦) ، وإذا كان الجواب لا فهذه هي نهاية الاستبيان بالنسبة لك
 شكرا لك على وقتك.

٦. إذا كانت لديك النية/ الرغبة لترك التمريض فأرجو الإجابة على الجمل التالية بوضع علامة ✓ أمامها بما يتوافق مع مستوى موافقتكم عليها.

السبب في نيتي/ رغيتي ترك مهنة التمريض هو:

أوافق بشدة أوافق لا أعلم لا أوافق بشدة لا أوافق بشدة

					١. نوعية جنسي (كوني ذكر أو أنثى)
					٢. التعامل مع أشخاص من جنس مختلف
					٣. إحساسي بأن الآخرين لا يشعرون بالارتياح لي
					٤. أنني لا أحس بالارتياح في التعامل مع الجنس الآخر
					٥. عدم ارتياحي في التعامل مع ممرضين من الجنس الآخر
					٦. عدم ارتياحي في التعامل مع مرضى من الجنس الآخر
					٧. عدم ارتياحي في التعامل مع أطباء من الجنس الآخر
					٨. أنني سأنتقل لمكان آخر
					٩. أنني سأتفرغ للدراسة
					١٠. قلة فرص الترقية
					١١. لاني وجدت وظيفة أفضل من التمريض

بلحث درجة الدكتوراه

٥

محمد إبراهيم البليطح

تابع للسؤال رقم (٦)

السبب في نيتي / رغبتني لترك مهنة التمريض هو:

أوافق بشدة	أوافق	لا أعلم	لا أوافق	لا أوافق بشدة
------------	-------	---------	----------	---------------

					١٢. طول ساعات العمل في مجال التمريض
					١٣. أنني أواجه صعوبة في التعامل باللغة الإنجليزية

لسبب آخر (وضح) : _____

٧. هل هناك شيء يمكن فعله من شأنه أن يجعلك تغير قرارك لترك مهنة التمريض؟ نرجو كتابة إجابتك.

نهاية الاستبيان

أشكر لك وقتك وحسن استجابتك للمشاركة في ملئ الاستبيان.

محمد إبراهيم البليطح
جامعة أديلايد - أستراليا

Appendix 3: Ethical Approval from the University of Adelaide's Human Research Ethics Committee



RESEARCH BRANCH
RESEARCH ETHICS AND COMPLIANCE UNIT

BEVERLEY DOBBS
EXECUTIVE OFFICER
HUMAN RESEARCH ETHICS SUB-COMMITTEES
THE UNIVERSITY OF ADELAIDE
SA 5005
AUSTRALIA

TELEPHONE +61 8 8303 4725
FACSIMILE +61 8 8303 7325
email: beverley.dobbs@adelaide.edu.au
CRICOS Provider Number 00123M

8 September 2011

Associate Professor J Magarey
School of Nursing

Dear Associate Professor J Magarey

PROJECT NO: H-175-2011
TITLE: Against the global trend, male nursing in Saudi Arabia: A descriptive study

I write to advise you that on behalf of the Human Research Ethics Committee I have approved the above project. Please refer to the enclosed endorsement sheet for further details and conditions that may be applicable to this approval.

The ethics expiry date for this project is: 28 February 2012

Participants taking part in the study are to be given a copy of the Information Sheet and the signed Consent Form to retain.

Please note that any changes to the project which might affect its continued ethical acceptability will invalidate the project's approval. In such cases an amended protocol must be submitted to the Committee for further approval.


It is a condition of approval that you **immediately report** anything which might warrant review of ethical approval including:

- serious or unexpected adverse effects on participants
- proposed changes in the protocol; and
- unforeseen events that might affect continued ethical acceptability of the project.

It is also a condition of approval that you inform the Committee, giving reasons, if the project is discontinued before the expected date of completion.

A reporting form is available from the website at <http://www.adelaide.edu.au/ethics/human/guidelines/reporting>. This may be used to renew ethical approval or report on project status including completion.

Yours sincerely

 PROFESSOR GARRETT CULLITY
Convenor
Human Research Ethics Committee



RESEARCH BRANCH
RESEARCH ETHICS AND COMPLIANCE UNIT

BEVERLEY DOBBS
EXECUTIVE OFFICER
HUMAN RESEARCH ETHICS SUB-COMMITTEES
THE UNIVERSITY OF ADELAIDE
SA 5005
AUSTRALIA
TELEPHONE +61 8 8303 4725
FACSIMILE +61 8 8303 7325
email: beverley.dobbs@adelaide.edu.au
CRICOS Provider Number 00123M

Applicant: Associate Professor J Magarey

School: School of Nursing

Project Title: *Against the global trend, male nursing in Saudi Arabia: A descriptive study*

THE UNIVERSITY OF ADELAIDE HUMAN RESEARCH ETHICS COMMITTEE

Project No: H-175-2011 RM No: 0000012103

APPROVED for the period until: 28 February 2012

It is noted that this study is to be conducted by Mr Mohammed Alboliteeh, PhD Candidate.

Refer also to the accompanying letter setting out requirements applying to approval.

PROFESSOR GARRETT CULLITY
Convenor
Human Research Ethics Committee

Date: 28 JUL 2011

PROJECT NO: **H/175/2011**

8 SEP 2011
Rm: 12103
Revised

THE UNIVERSITY OF ADELAIDE HUMAN RESEARCH ETHICS COMMITTEE
ETHICS APPLICATION COVER SHEET

SUMMARISING THE PROTOCOL AND INCLUDING INVESTIGATORS' SIGNATURES

COVER SHEET AND APPLICATIONS MUST BE TYPED

Applications will be considered according to requirements of the National Statement on Ethical Conduct in Human Research (2007).

An application should include: (1) this **cover sheet**; (2) the proposal addressing the **list of headings**; (3) participant **information sheet**; (4) participant **consent form**, and (5) **independent complaints procedure statement** (please access these online at <http://www.adelaide.edu.au/ethics/human/guidelines/applications/>).

Submit **ELEVEN** copies of the application to the Secretary, Human Research Ethics Committee, Research Ethics and Compliance Unit, Research Branch, Level 7, 115 Grenfell Street, The University of Adelaide SA 5005 Ph. (08) 8303 6028, Fax (08) 8303 7325, email sabine.schreiber@adelaide.edu.au

Please attach this to the front of the application.

APPLICANT Name include title Professor/Dr/Ms/Mr and Position Associate Professor Judy Magarey Deputy Head of School of Nursing If this is a student project the principal supervisor is to be the applicant.
DEPARTMENT including campus/institution contact address School of nursing
Phone No and email address Ph : +61 8 8303 6055 Fax : +61 8 8303 3594 e-mail: judy.magarey@adelaide.edu.au
OTHERS INVOLVED Mohammed Alboliteeh, PhD student, school of nursing If this is a student project please indicate name/department/candidature
PROJECT TITLE Against the global trend, male nursing in Saudi Arabia: A descriptive study
LOCATION OF RESEARCH Saudi Arabia DATE PROJECT TO BEGIN 25 November, 2011 ESTIMATED DURATION OF PROJECT 3 Months SOURCE OF FUNDING The student has a scholarship from his government (Saudi Arabia)
AIMS OF PROJECT please give concise description in lay terms The aim of this study is to explore and investigate the perceptions and the experiences of Saudi male nurses in Saudi Arabia. In addition, it will also consider the rapid increase in the number of Saudi men entering nursing profession in Saudi Arabia. This study will be conducted in two stages, quantitative and qualitative. The first stage will explore the perceptions of Saudi nurses toward their profession using quantitative approach. A questionnaire will be distributed to all registered Saudi nurses in the main hospitals in Riyadh, the capital city of Saudi Arabia, under Ministry of Health. Saudi nurses will be approached through the nursing department in each hospital by distributing the questionnaires to head nurses who will deliver them to all Saudi nurses in their units.

8 SEP 2011
revised

PLAN/DESIGN OF PROJECT brief description in lay terms	
<p>The study will take place in the Ministry of Health (MOH) in Saudi Arabia. Thus, this study will be conducted in the Ministry of Health's Hospitals in Riyadh City, the capital of Saudi Arabia. There are 13 hospitals in Riyadh including general and specialised hospitals or part of large medical cities (Ministry of Health 2009).</p> <p>The employed design for the data collection of the study will be a Cross-sectional design. Cross-sectional design involves the collection of the data once at a certain point of a time. Self-administered questionnaires have long been associated with cross-sectional designs and will be employed for this study.</p>	
PARTICIPANTS	
<ul style="list-style-type: none"> • Source: All Saudi nurses who are registered and working in the Ministry of Health hospitals in Riyadh • Age range: Over 18 years • Selection criteria: Saudi nationality, Registered nurses and 18 years of age and above. • Exclusion criteria: Non Saudi nurses who work in Ministry of Health hospitals in Riyadh 	
ETHICAL IMPLICATIONS OF PROJECT	
<p>The study proposal will be submitted for approval by the Human Research Ethics Committee at the University of Adelaide and the Department of Medical Research at the Ministry of Health in Saudi Arabia. In addition, ethical approval will be sought from individual hospital if needed. The study will be conducted in an ethical fashion and voluntary participation will be ensured, this will be considered to constitute consent. Moreover, the anonymity of the participants will be protected. No information will be collected if it may identify any of individuals who participated in the study. If such information is inadvertently collected, it will not be recorded or reported. Furthermore, the data will be stored in a locked cabinet and on a password protected computer in the researcher's university study space.</p>	
DRUGS	
Will drugs be administered to participants?	YES / NO
• If so give name of drug(s)	
• Dosage:	
• Method of administration	
Is the administration for therapeutic purposes?	YES / NO
Will the project be conducted under the	
Clinical Trials Notification (CTN) Scheme?	YES / NO
Clinical Trials Exemption (CTX) Scheme?	YES / NO
Is Commonwealth Department of Health permission required?	YES / NO
If so, has permission been obtained?	YES / NO
SIGNATURE OF ALL INVESTIGATORS NAMED IN THE PROTOCOL	
Date	

PLAN/DESIGN OF PROJECT brief description in lay terms

The study will take place in the Ministry of Health (MOH) in Saudi Arabia. Thus, this study will be conducted in the Ministry of Health's Hospitals in Riyadh City, the capital of Saudi Arabia. There are 13 hospitals in Riyadh including general and specialised hospitals or part of large medical cities (Ministry of Health 2009).

The employed design for the data collection of the study will be a Cross-sectional design. Cross-sectional design involves the collection of the data once at a certain point of a time. Self-administered questionnaires have long been associated with cross-sectional designs and will be employed for this study.

PARTICIPANTS

- Source: All Saudi nurses who are registered and working in the Ministry of Health hospitals in Riyadh
- Age range: Over 18 years
- Selection criteria: ~~Males~~, Saudi nationality, Registered nurses and 18 years of age and above. *revised 8/9/11*
- Exclusion criteria: Non Saudi nurses who work in Ministry of Health hospitals in Riyadh

ETHICAL IMPLICATIONS OF PROJECT

The study proposal will be submitted for approval by the Human Research Ethics Committee at the University of Adelaide and the Department of Medical Research at the Ministry of Health in Saudi Arabia. In addition, ethical approval will be sought from individual hospital if needed. The study will be conducted in an ethical fashion and voluntary participation will be ensured, this will be considered to constitute consent. Moreover, the anonymity of the participants will be protected. No information will be collected if it may identify any of individuals who participated in the study. If such information is inadvertently collected, it will not be recorded or reported. Furthermore, the data will be stored in a locked cabinet and on a password protected computer in the researcher's university study space.

DRUGS

Will drugs be administered to participants?

YES / NO

- If so give name of drug(s)
- Dosage:
- Method of administration

Is the administration for therapeutic purposes?

YES / NO

Will the project be conducted under the
Clinical Trials Notification (CTN) Scheme?

YES / NO

Clinical Trials Exemption (CTX) Scheme?

YES / NO

Is Commonwealth Department of Health permission required?

YES / NO

If so, has permission been obtained?


YES / NO

SIGNATURE OF ALL INVESTIGATORS NAMED IN THE PROTOCOL

Date

Appendix 4: Ethical Approval from the Ethics Department of the Ministry of Health in Saudi Arabia

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



المملكة العربية السعودية
وزارة الصحة

الوكيل المساعد للتخطيط والبحوث
الرقم: القيد: ٣٣٦٥١١ / ٣٣٦٥١١ / ٣٣٦٥١١
التاريخ: ٢٠ / ٠٩ / ١٤٣٢ هـ
المرفقات: لا يوجد
المشروعات:
36-1-236511-04-2

الموضوع: تسهيل مهمة الطالب/ محمد البليطيج.

سعادة مدير عام الشؤون الصحية بمنطقة الرياض المحترم

السلام عليكم ورحمة الله وبركاته:

إشارة إلى موضوع رسالة الطالب / محمد بن إبراهيم البليطيج رقم السجل المدني (١٠١٥٠٥٦٠٩) لدراسة مرحلة الدكتوراه في تخصص التمريض بجامعة أدليد بأستراليا، رقم الطالب الاكاديمي (١٢٠٣٩٠٥)، وعنوان الرسالة:

" ضد الاتجاه العالمي: الرجال في التمريض في الرياض، المملكة العربية السعودية: دراسة وصفية "

"Against the global trend, male nursing in Riyadh, Saudi Arabia : A descriptive study"

وحيث استوفى المذكور كافة المستندات المطلوبة، وتمت مراجعتها من قبل اللجان المعنية بالإدارة العامة للبحوث الطبية، وتمت الموافقة على تسهيل مهمة إجراء هذا البحث.

وحيث أن المذكور عاليه سينفذ جزء من دراسته في مستشفيات مدينة الرياض، نأمل تسهيل مهمته بزيارة المستشفيات التالية:

- مستشفى الأمير سلمان
- مستشفى الإيمان
- مستشفى اليمامة

لجمع البيانات اللازمة بما يضمن أن لا يكون هناك أي تأثير على خدمة المراجعين والمرضى خلال قيامه بمهام بحثه، مع العلم بأن وزارة الصحة لا تتحمل أية أعباء مالية أو إدارية في البحث.

شاكرين لكم حسن تعاونكم.

وخاطب
٩٧ س

ولكم أطيب تحياتي

مطلوب متطوعين للمشاركة ببحث علمي

إذا كنت:

1. ممرضة / ممرض سعودي

2. لديك خبرة عملية في التمريض لمدة خمس سنوات أو أقل

فإني أدعوك للتطوع في بحث علمي لدراسة خبرات الممرضين والممرضات السعوديين حديثي التخرج

عند موافقتك سيقوم الباحث بإجراء مقابلة مطولة معك. وسوف يتم تسجيل المقابلة صوتياً لأغراض البحث. سيتم حفظ خصوصية المتطوعين في البحث.

في حال رغبتك بالمشاركة أرجو التكرم بالاتصال بالباحث/ محمد البليطح

جوال: 0505229861
إيميل: Alboliteeh@gmail.com

Appendix 6: Invitation Sheet

Dear Sir/ Madam,

I am a Doctor of Philosophy Candidate in the School of Nursing at the University of Adelaide and I am investigating the significant increase of Saudi men entering nursing and explore the perceptions of Saudi male nurses of nursing.

As you are a Saudi registered nurse, I would be very grateful if you could complete the attached questionnaire. The participation of the Saudi female nurses in this study is important to widen, enrichment and comparison of the collected data. The questionnaire should take between 10-15 minutes to complete. Your participation is voluntary and if you do not wish to participate your employment will not be affected in any way. If you complete the questionnaire, you are giving consent to participate in this study.

In the questionnaire you will be asked if you wish to provide contact details for a follow up study involving participation in an in-depth interview. This is also absolutely your choice and your decision will have no affect on your nursing registration or employment.

The results of the study or part of it will be published, but we aim not to collect any information that could identify you as an individual. However, if such information is collected, it will remain strictly confidential. Your participation will be anonymous and any possible identifying information you provide will not be published.

Thank you very much for your time and assistance in this study.

Regards

Mohammad Alboliteeh
Doctor of Philosophy Candidate
University of Adelaide, Australia
E-mail: mohammed.alboliteeh@adelaide.edu.au
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Appendix 7: Participants' Information Sheet



دراسة وصفية للقوى العاملة السعودية في مجال التمريض في المملكة العربية السعودية

أخي العزيز / أختي العزيزة

أنا باحث درجة الدكتوراه في جامعة أدليد بأستراليا ولدي اهتمام في دراسة أوضاع القوى العاملة السعودية في مجال التمريض في المملكة العربية السعودية. كذلك التحقق من الارتفاع الكبير في نسبة الممرضين (رجال) في سوق العمل المحلية واستكشاف تصورات الممرضين والممرضات السعوديين عن مهنة التمريض مما قد يساهم في تحسين وتطوير القوى العاملة الوطنية في مجال التمريض.

كممرض/ ممرضة سعوديين، أرجو ملئ الاستبيان المرفق. إن مشاركة الممرضات (نساء) والممرضين (رجال) على حد سواء في هذه الدراسة مهمة جدا لتوسيع وإثراء ومقارنة البيانات التي سوف يتم جمعها. هذا الاستبيان يتكون من ستة (٦) صفحات ويستغرق حوالي ١٠-١٥ دقيقة لإكماله. إن مشاركتكم في هذا الاستبيان هي اختيارية ولن يؤثر عدم المشاركة أو الانسحاب في أي وقت على وضعكم الوظيفي وفي حال إكمالكم الاستبيان فإن هذا يعتبر موافقة بالمشاركة في هذه الدراسة.

سوف يتم نشر نتائج هذه الدراسة ولكن لن يتم نشر أي معلومات شخصية قد تعرف بكم أو تدل على شخصيتكم حتى وإن تم جمع مثل هذه المعلومات. سوف تبقى جميع المعلومات التي تخص المشاركين في هذا الاستبيان سرية وسوف تحفظ حسب أنظمة وأخلاقيات البحث العلمي المتبعة.

هذه الدراسة متوافقة مع السلوك الأخلاقي للبحث العلمي من جامعة أدليد بأستراليا، ومع المبادئ التوجيهية الأخلاقية للبحوث العلمية بوزارة الصحة في المملكة العربية السعودية. يمكنكم مناقشة مشاركتكم مع الباحث في أي وقت إذا رغبت. إذا كان لديكم أي استفسار أو مشكلة أو ترغبون في مناقشة أي مسألة ذات صلة بهذه الدراسة، يرجى التواصل مع الباحث.

أشكر لكم وقتكم ومشاركتكم في هذه الدراسة

الباحث: محمد البليطيج

أيميل: Alboliteeh@gmail.com

جوال (السعودية): ٠٥٠٥٢٢٩٨٦٦

جوال (أستراليا): +٦١٤٣٢٤١٨٨٨٤

Appendix 8: Consent Form in English



CONSENT FORM

1. I have read the attached Information Sheet and agree to take part in the following research project:

Title:	A Hermeneutic Phenomenological Exploration of the Lived Experiences of newly graduated Saudi Nurses
Ethics Approval Number:	H - 175 - 2011

2. I have had the project, so far as it affects me, fully explained to my satisfaction by the researcher. My consent is given freely.
3. Although I understand the purpose of the research project it has also been explained that involvement may not be of any benefit to me.
4. I have been informed that, while information gained during the study may be published, I will not be identified and my personal results will not be divulged.
5. I understand that I am free to withdraw from the project at any time.
6. I agree to the interview being audio recorded. Yes No
7. I am aware that I should keep a copy of this Consent Form, when completed, and the attached Information Sheet.

Participant to complete:

Name: _____ Signature: _____ Date: _____

Researcher/Witness to complete:

I have described the nature of the research to _____
(Print name of participant)

and in my opinion she/he understood the explanation.

Signature: _____ Position: _____ Date: _____

Appendix 9: Consent Form in Arabic



موافقة مشتركة

1. لقد قرأت ورقة المعلومات المرفقة وأوافق على المشاركة في مشروع البحث التالي :

العنوان	دراسة تفسيرية لظاهرة تجارب وخبرات الممرضين والممرضات السعوديين حديثي التخرج
الرقم	H - 175 - 2011

2. لقد تم شرح تفاصيل مشروع هذا البحث لي بطريقة مقنعة وأنا بهذا اعطي موافقتي على جميع بنوده.

3. أنني أفهم الغرض من هذا المشروع أبحثي وقد تم الايضاح لي بأنه قد لا يكون لي أي فائدة من المشاركة.

4. لقد تم التوضيح لي بشكل كامل بأن البيانات المجمعمة في هذا البحث ربما تنشر لكنه لن يتم نشر أي معلومات شخصية ربما تدل على شخصيتي.

5. إنني افهم بأنه يحق لي الانسحاب من هذا البحث في أي وقت اريد .

6. إنني اوافق على ان يتم تسجيل هذه المقابلة صوتيا نعم لا

الموقع بما فيه

ألاسم _____ التوقيع _____ التاريخ: _____

الباحث

لقد قمت بشرح طبيعة هذا المشروع البحثي لـ _____
وفي رأبي فقد فهم / فهمت الشرح جيدا (أكتب الاسم كاملا)

التوقيع: _____ التاريخ: _____

Appendix 10: Complaint Form

THE UNIVERSITY OF ADELAIDE
HUMAN RESEARCH ETHICS COMMITTEE

CONTACTS FOR INFORMATION ON PROJECT AND INDEPENDENT COMPLAINTS PROCEDURE

The Human Research Ethics Committee is obliged to monitor approved research projects. In conjunction with other forms of monitoring it is necessary to provide an independent and confidential reporting mechanism to assure quality assurance of the institutional ethics committee system. This is done by providing research participants with an additional avenue for raising concerns regarding the conduct of any research in which they are involved.

The following study has been reviewed and approved by the University of Adelaide Human Research Ethics Committee:

Project title:

A Hermeneutic Phenomenological Exploration of the Lived Experiences of newly graduated Saudi Nurses

1. If you have questions or problems associated with the practical aspects of your participation in the project, or wish to raise a concern or complaint about the project, then you should consult the project co-ordinator:

Name: Dr. Richard (Rick) Wiechula

Telephone: +61 8 83033595

2. If you wish to discuss with an independent person matters related to
 - making a complaint, or

- raising concerns on the conduct of the project, or
- the University policy on research involving human participants, or
- your rights as a participant.

Contact the Human Research Ethics Committee's Secretary on phone (08) 8303 6028