

Critical assessment of nursing profession in Saudi Arabia: With Reference to Work Environment

Abdulrahman ateah alzhahrani¹

Mohammed Awadh AlJuaid²

Ahmad Ayidh Al Salmi³

Naif khdran althobite⁴

Fahadabada LzIaz Alharthi⁵

1. Nursing, Children hospatil, Taif city
2. Nursing, Children hospatil, Taif city
3. Nursing, Kink Faisal Hospital, Taif
4. Nursing, Children hospatil, Taif city
5. Nursing, Children hospatil, Taif city

Abstract

In case of developing countries like Saudi Arabia, the government and private hospitals are facing a certain shortage of nurses in terms of qualification and experience. Then there is another issue that the hospitals can engage only registered nurses and deploy them for patient care. This shortage is caused by many factors, including increased demand for health care due to advances in medical technology, population growth, increased life expectancy, and an increasing number of patients with serious and critical illnesses. This present study will focus on the work environment of nurses in the hospitals and healthcare organizations of the country. Study is based on primary data and ANOVA (One Way) is used for data analysis.

Keywords: Work Environment, Challenges, Nurses, Saudi Arabia.

Introduction

In a developing country like Saudi Arabia health workers, including nurses, doctors and other related individuals constitute around 40% of the total workforce of the country. Then, this is one community of workers without which the survival of the society is not possible. Given a particular scenario, irrespective of spatial and temporal variations, nurses have remained in the center of overall health system, this again prevails in Saudi Arabia as well. **Al-Darazi (2008)**. The training of nurses is so that they can go to any extent to take care of the patients and promote health and health care system at all costs and in all conditions. In some of the cases nurses are engaged in health education and other related components. The main tasks may constitute prevention of patients from physical and mental ailments, healing of injuries, guide and assist the patients in reviving from illness, provide best available cure and even look for the moral support to the patients. This is not an easy task, as they are looking after all kind of patients and assisting the doctors and also looking after their own families as well; the kind of mental pressure they are dealing with is immense and not possible to bear for any given human being. **Oulton (2016)**.

As far as Saudi Arabia is concerned, the government and private hospitals are facing a certain shortage of nurses in terms of qualification and experience. Then there is another issue that the hospitals can engage only registered nurses and deploy them for patient care. This shortage is caused by many factors, including increased demand for health care due to advances in medical technology, population growth, increased life expectancy, and an increasing number of patients with serious and critical illnesses. In addition, the role of nursing staff has expanded to encompass many of the tasks previously performed by healthcare professionals. The nursing shortage is a global problem. The registered nurse (RN) shortage in the United States is estimated to reach 1.5 million by 2020 **Villeneuve et al (2018)**. Saudi Arabia is facing a shortage of Saudi physicians and high turnover rates **Abu et al (2019)**.

All nursing staff Many expatriates use medical facilities in Saudi Arabia as a temporary place to gain training and experience. They then transfer their work skills to developed countries such as the United States, the United Kingdom, Canada, and Australia. Unfortunately, although expatriate migration is a major concern for healthcare professionals, there is no published information on this important issue yet **Almalki et al (2011b)**. Although the percentage of physicians is lower in Saudi Arabia, it is lower in the private healthcare sector; local physicians constitute only 4.1% of the total. The shortage of nurses in the country is a significant problem resulting from many social, educational, workplace, and personal factors. In addition, the annual supply of medical graduates in Saudi Arabia is insufficient to meet the increasing demand for health services. This problem is further compounded by the high turnover rate among registered nurses, which creates significant management problems, disrupts work

schedules, and results in poor quality of care. These problems pose serious problems for the efficiency and effectiveness of many health systems.

Major Issues in Nursing Profession

1. Nursing Education

Like the process in western, professionalism is one of the major components of nursing education, but in Saudi Arabia, considering the shortage thrust is given more on producing degree and diplomas with adequate amount of training. This can be considered as on the shortcoming of the system but then again is good for most of the hospitals as they get helping hands for curing the patients. As a matter of fact, formation of character and self-motivation is something that a person has to achieve on his/her own. Nursing education in Saudi Arabia is generally linked with programs run by ministry of health or by the BSN controlled by Ministry of higher Education. In case of ministry of higher education there a need of long term planning and experience from other countries.

2. WorkingCondition

Due to the current shortage of nursing staff, nurses in hospitals often work longer hours, increasing the burden on patients. Long working hours and changes are characteristic features of nursing and are generally considered the main barriers to access for female students in Saudi Arabia. **Javahiri et al (2019)**. Financial support, rejection and praise concerns of nurses are seen to cause stress, frustration and sadness, while nursing jobs are seen to be satisfying for those who work and therefore stay in the job**Stanford Study (2021)**. However, in some hospitals, nurses agree that nursing staff and hospital administrators do not listen to their concerns. Nursing staff in Saudi Arabia, other Arab countries Greece and Jordan, Turkey, and Western countries (Canada and the United Kingdom) have expressed similar concerns.

3. Employee Turnover

In the profession of nursing, employee turnover is another big issue, and this is causing harm to the image of hospitals and even their commitment towards the patient care and related processes. This process of turnover and shortage of nurses is going to harm the overall system of healthcare in the country and severe damage can be made to the patients. Then this turnover of nurses can even contemplate the cost related issues, where the health organizations may not be able to divert their resources towards the other profitable ventures i.e., resources are used in recruiting and training nurses, which is again a costly affair.

4. Policy related issues

Hospitals are required to initiate proper policies in order to retain qualified nurses in a competitive environment. Benefits are comparable to those in other lines of work. There should be policies and benefits. Flexible scheduling, opportunities for career advancement, and life-long professional development are included. Work climate and workforce management can be improved. Hospitals with organizational features that attract new graduate nurses are common in North America. magnet hospitals have a reputation for attracting and retaining nurses. Magnet hospitals have Characteristics attributed to them. Professional practice and professional development are related. The workplace and working conditions were suggested by the findings of an interview with Iranian registered nurses. There are important variables for the improvement of professional identity. The supportive environment was believed to improve work conditions. recruitment into nursing.

5. Social Concerns

As per the cultural environment of the country, women in a paid profession is not considered good for the society; on the other hand hospitals may not have choices to engage more of male nurses because female patients must be attended by female nurses only. This is a kind dilemma and can be solved only by the way of social acceptance. Then odd hours of working, night duties, distances are some of the issues because of which people are not willing to send their girl child for nursing education. In such a scenario, family, society, people, doctors and nurses themselves have to take positive steps and make their points at open forum.

Objective

The main objective of the study is to evaluate the challenges in nursing profession and present a scenario for dealing with the issues related to the same.

Literature Review

Al-Bsheish et al (2021)stated that work environment is every important for the nursing profession and this is the duty of health care organizations to develop a conducive environment for the nurses to work. As a matter of fact, the work environment should be satisfying, empowering, conducive and supportive. Also this has to be kept in mind that social acceptance should be there for the nurses working in the hospitals, as in case of Saudi Arabia women in paid profession is not viewed positively and even the overall social acceptance is less in this regard.

Moisoglou et al (2020)the researchers worked on the perceived quality of work life of nurses in Saudi Arabia and concluded that rough working hours, night duty, minimum support for work life balance and distances are creating issues for the nurses working in medical colleges and hospitals. this scenario is required to be changed and revised

policy framework is needed to be deployed so that working conditions of the nurses are improved and on the other hand social acceptance is also increased. In many of the cases it is found that people are generally not willing to send their girl child for nursing education because of the above given issues.

Al-Dossary (2022) advocated the need of regular patient care and arrangement of nursing professionals for the same, this process is being followed from the time of Florence Nightingale i.e., great person to originate the system of nursing and engaging females in the same. the researchers stated that in the last few years the scenario has changed a lot and shortcomings in the patient care is increasing, yet there is possibility of improvement and development in near future. There study was based in Sudan and Qassim regions and primary data was used for the study.

Alkorashy et al (2022) Worked on the work environment of nurses in hospitals and healthcare organizations of Saudi Arabia. Findings of the study stated that in order to improve the quality of patient care it is necessary that nurses are trained on professional grounds in place of just producing degrees and diplomas. The nursing system has to be comparable with that of western countries where professionalism and social acceptance is high, because of this many of the 'well to do' patients are taking the benefits of medical tourism and taking the treatment from hospitals in USA. This scenario can be changed in near future but then again it depends on the will power of policy makers to install a system where nurses are given freedom on social grounds and work environment becomes more affirmative for them.

Hypothesis

H₀: Employee turnover of nurses and working environment are significantly related to each other for the nurses working in Saudi Arabia.

H₁: Employee turnover of nurses and working environment are not significantly related to each other for the nurses working in Saudi Arabia.

Research Methodology

Data Collection

This study is based on the challenges faced by nurses working in hospitals and healthcare organizations in Saudi Arabia. The mode of the study is descriptive statistics and based on finding the impact of work environment on the turnover of nurses and the effect of the same on the system of patient care. The researcher has tried to include all the components in the study, may be some of them would have been remained due to limitation of time and other resources.

Then on the other secondary data is being used to evaluate the previous studies in the respective research areas, some of which are stated in the above given matter in the form of literature review. Then some of the previous studies were also used to find the development in the area of study. many of the studies in the past have presented a clear view on the quality of work life of nurses and work environment but in the present study the researcher will try to evaluate the turnover of nurses in terms of work environment.

Looking at the basic nature of the study the researcher has considered Saudi Arabia as a place of study. Here the researcher has considered some of the hospitals and contacted the nurses working in different departments.

Data Taken from Other Sources

Most of the secondary data is taken from research papers from the journals of national and international repute, Newspaper articles, Various web resources, Some business Magazines, Previous studies in the same area.

Sample Selection

Total sample of the study is 150 respondents, although the nurses are chosen from different department but then again all of them are considered similar sample units. The researcher has considered the footfall of patients in a week's time and the number of nurses to attend them, then working hours of nurses and other components are added to the same.

Tools of Data Collection

Researcher has prepared a scale questionnaire to contact the nurses and the mode of contact was face to face. In order to save the time and get precise responses, objective of the study was made clear to the nurses before the start of survey.

Statistical Measure

- ANOVA (One Way).

Tools of Data Processing

- SPSS Ver. 24.0

Data Analysis and Interpretation**Summary of ANOVA test**

On the basis of Age	F	Sig.
Involved in Decision Making of the department	.891	.447
Doctors are having positive attitude	.827	.479
Communication among colleagues is good	.025	.381
Recognition and Appreciation is there	.446	.229
Conducive Environment for female workers	.655	.176
Scope of Personal growth is there	.733	.533
Behavior of Hospital staff is positive	.509	.676
Social barricades are there	.995	1.114
On the basis of Experience		
Involved in Decision Making of the department	.393	.814
Doctors are having positive attitude	.057	.377
Communication among colleagues is good	.343	.849
Recognition and Appreciation is there	1.498	.202
Conducive Environment for female workers	1.231	.297
Scope of Personal growth is there	.550	.699
Behavior of Hospital staff is positive	.898	.465
Social barricades are there	1.238	.294
On the basis of Salary		
Involved in Decision Making of the department	.838	.474
Doctors are having positive attitude	.579	.629
Communication among colleagues is good	1.144	.331
Recognition and Appreciation is there	1.422	.236
Conducive Environment for female workers	1.682	.170
Scope of Personal growth is there	.552	.647
Behavior of Hospital staff is positive	.394	.757
Social barricades are there	2.061	.104

Interpretation

As can be seen from the above table of data interpretation, it can be seen that on the basis of income, experience and age; most of the respondents were not positive about the point in question. For most of the cases the results are negative, although in some of the cases like behavior of doctors, rapport with colleagues, etc. the responses are positive for rest of the cases the respondents were not positive about the point in question.

This shows that the work environment is not good for the female nurses in the hospitals and health care organizations of Saudi Arabia. Most of the nurses stated that an opportunity is given they would like to discontinue their jobs and switch to other places.

Conclusion

In order to make nursing a worthwhile career in Saudi Arabia, the status of nursing should be enhanced. The education. The length of nursing training needs to be reconsidered. Maintaining competent and safe practice is part of the job. The nursing student has a financial burden. More students would be encouraged by the provision of additional financial support. It should be nurses. Currently, medical students are paid a full salary during the intern year. The thing. A positive image of the nursing profession should be promoted by the media. The media has to be involved. Professionals should do more research about the importance of national nurses. It's important to have more objective data on the public's perception of nurses. Health and nursing long term. To retain the current expatriate workforce, plans are needed to recruit more local nurses. Saudi nurses are in fact. Since they know the language, culture and customs of local patients, they are more qualified to work with them. versed in the problem of poverty.

References

- Al-Bsheish M, Jarrar MT, Mustafa M, et al. ICU nurses' safety performance related to respect for safety and management commitment: a cross-sectional study. *Contemp Nurse*. 2022;1–14. doi:10.1080/10376178.2022.2104740
- Rosa WE, Ferrell BR, Wiencek C. Increasing critical care nurse engagement of palliative care during the COVID-19 pandemic. *Crit Care Nurse*. 2020;40(6):e28–e36. doi:10.4037/ccn2020946

- Sumner S. Impact of the COVID-19 pandemic on the work environment and mental health of intensive care unit nurses: reflections from the United States. *Nurs Crit Care*. 2022. doi:10.1111/nicc.12759
- Nikbakht Nasrabadi A, Abbasi S, Mardani A, Maleki M, Vlasisavljevic Z. Experiences of intensive care unit nurses working with COVID-19 patients: a systematic review and meta-synthesis of qualitative studies. *Front Public Health*. 2022;10. doi:10.3389/fpubh.2022.1034624
- Ulrich B, Barden C, Cassidy L, Varn-Davis N. Critical care nurse work environments 2018: findings and implications. *Crit Care Nurse*. 2019;39 (2):67–84. doi:10.4037/ccn2019605
- Janíková E, Zeleníková R, Jarošová D, Plevová I, Mynaříková E. Work environment assessment instruments used in nursing. *Kontakt*. 2021;23 (4):263–273. doi:10.32725/kont.2021.041
- Efsthathiou G, Andreou C, Tsangari H, Dimitriadou M, Papastavrou E. Adaptation and validation of the cyprus version of the practice environment scale of the nursing work index: a methodological study. *BMC Res Notes*. 2018;11(1):791. doi:10.1186/s13104-018-3896-2
- Connor JA, Zinzel SI, Porter C, et al. Interprofessional use and validation of the AACN healthy work environment assessment tool. *Am J Crit Care*. 2018;27(5):363–371. doi:10.4037/ajcc2018179
- Institute of Medicine. Keeping Patients Safe: Transforming the Work Environment of Nurses. Washington (DC): National Academies Press (US); 2004.
- Jarrar M, Al-Bsheish M, Aldhadi B, et al. Effect of practice environment on nurse reported quality and patient safety: the mediation role of person-centeredness. *InHealthcare*. 2021;9:1578. doi:10.3390/healthcare9111578
- Nasirizad Moghadam K, Chehrzad MM, Reza Masouleh S, et al. Nursing physical workload and mental workload in intensive care units: are they related? *Nurs Open*. 2021;8(4):1625–1633. doi:10.1002/nop2.785
- Blake N, Sandoval R, Sangalang R, et al. Roadmap for improving nursing excellence using AACN's healthy work environment standards. *AACN Adv Crit Care*. 2022;33(2):208–211. doi:10.4037/aacnacc2022632
- Purdy N, Spence Laschinger HK, Finegan J, Kerr M, Olivera F. Effects of work environments on nurse and patient outcomes. *J Nurs Manag*. 2010;18(8):901–913. doi:10.1111/j.1365-2834.2010.01172.x
- Wei H, Sewell KA, Woody G, Rose MA. The state of the science of nurse work environments in the United States: a systematic review. *Int J NursSci*. 2018;5(3):287–300. doi:10.1016/j.ijnss.2018.04.010
- Moghadam KN, Chehrzad MM, Masouleh SR, et al. Nursing workload in intensive care units and the influence of patient and nurse characteristics. *Nurs Crit Care*. 2021;26(6):425–431. doi:10.1111/nicc.12548
- Faul F, Erdfelder E, Lang AG, Buchner A. G*Power s3: a flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behav Res Methods*. 2007;39(2):175–191. doi:10.3758/BF03193146
- Nayback-Beebe AM, Forsythe T, Funari T, et al. Using evidence-based leadership initiatives to create a healthy nursing work environment. *Dimens Crit Care Nurs*. 2013;32(4):166–173. doi:10.1097/DCC.0b013e3182998121
- Huddleston P, Gray J. Measuring nurse leaders' and direct care nurses' perceptions of a healthy work environment in an acute care setting, part 1: a pilot study. *J Nurs Adm*. 2016;46(7–8):373–378. doi:10.1097/NNA.0000000000000361
- Aboshaiqah AE. Nursing work environment in Saudi Arabia. *J Nurs Manag*. 2015;23(4):510–520. doi:10.1111/jonm.12164
- Jarrar M, Al-Bsheish M, Dardas L, Meri A, Minai MS. Adverse events in Malaysia: associations with nurse's ethnicity and experience, hospital size, accreditation, and teaching status. *Int J Health Plan Manag*. 2020;35:104–119. doi:10.1002/hpm.2822
- Henkin S, Chon TY, Christopherson ML, Halvorsen AJ, Worden LM, Ratelle JT. Improving nurse-physician teamwork through interprofessional bedside rounding. *J Multidiscip Healthc*. 2016;9:201–205. doi:10.2147/JMDH.S106644
- Haykal T, Al-Dulaimi R, Sidahmed S, et al. Understanding the means of communication between nurses and resident physicians in the modern world: a community-based university hospital survey results. *J Comm Hosp Intern Med Perspect*. 2020;10(2):107–110. doi:10.1080/20009666.2020.1751515
- Schwarzkopf D. Übertherapie – eine Belastung für Behandler und Angehörige [Nonbeneficial care-a burden for clinicians and relatives]. *Med KlinIntensivmed Notfmed*. 2019;114(3):222–228. German. doi:10.1007/s00063-019-0531-5