

The role of nursing in serving patients in Saudi Arabia

Mona Owaeed Mijwal Al_Saeedi¹, Aisha salem Alamri², Turki Saad Hamed Alsulaimani³, Mada Ateeq Saleh Al Lyheani⁴, Reema Mohammed balu Mohammed Taher⁵ Ayman Homaidi Abid Alqurashi⁶, Hasnah Abdullah Hamed Alzahrani⁷, Alyaa Abdulrazzaq Fatani⁸, Haneen Ali Barnawi⁹, Ali Mohammed Sendi¹⁰

1. *Specialist Nurse Makkah health cluster - PHC Sharaee almojahdeen*
2. *Specialist Nurse Makkah health cluster- PHC Al Rashidiya Health Center*
3. *Specialist Nurse Makkah Health Cluster - King Faisal Hospital*
4. *Specialist Nurse Makkah Health cluster - king Faisal hospital*
5. *Specialist Nurse Makkah Health Cluster - King Faisal Hospital*
6. *Nurse Technician Makkah health cluster- PHC alrashedia*
7. *Nurse Technician Makkah health cluster- PHC Alrashidiya Health center*
8. *Nursing Technician at Maternity and children's Hospital in Makkah*
9. *Nursing Technician at Maternity and children's Hospital in Makkah*
10. *Nursing Technician at Maternity and children's Hospital in Makkah*

Aims and Objectives

To promote professional growth, interdisciplinary cooperation, and patient-centered care while enhancing the quality of patient care and health education via skillful, culturally sensitive nursing practices.

Introduction

In Saudi Arabia's healthcare system, nursing is critical since it gives patients the care and assistance they need. The purpose of this study of the literature is to investigate the present situation of nursing practice in Saudi Arabia, as well as the difficulties and prospects for better patient care. As the foundation for providing high-quality patient care in a medical environment that is changing quickly, nursing is essential to Saudi Arabia's healthcare system. The importance of nursing is becoming more and more clear as the nation works to realize Vision 2030, which intends to improve healthcare services and raise the standard of living for its residents (Almalki, FitzGerald, & Clark, 2011). In addition to providing direct patient care, nurses in Saudi Arabia are essential in promoting health, preventing illness, and educating patients.

Advances in medical technology, shifting patient demographics, and rising healthcare needs are all contributing to the considerable evolution of the nursing profession. The Saudi Ministry of Health asserts that the nursing workforce is crucial to tackling the issues raised by chronic conditions and the requirement for all-encompassing patient care (Saudi Ministry of Health, 2020). Furthermore, in a multicultural culture where healthcare professionals must negotiate a range of cultural beliefs and customs, the emphasis on culturally competent care is essential (Alshahrani et al., 2019).

Additionally, incorporating nurses into multidisciplinary healthcare teams promotes a team-based approach to patient care, which enhances patient satisfaction and results (Alharbi et al., 2020). Nursing will play a critical part in accomplishing Saudi Arabia's healthcare infrastructure improvements, guaranteeing that patients receive thorough, superior treatment that is customized to meet their individual needs.

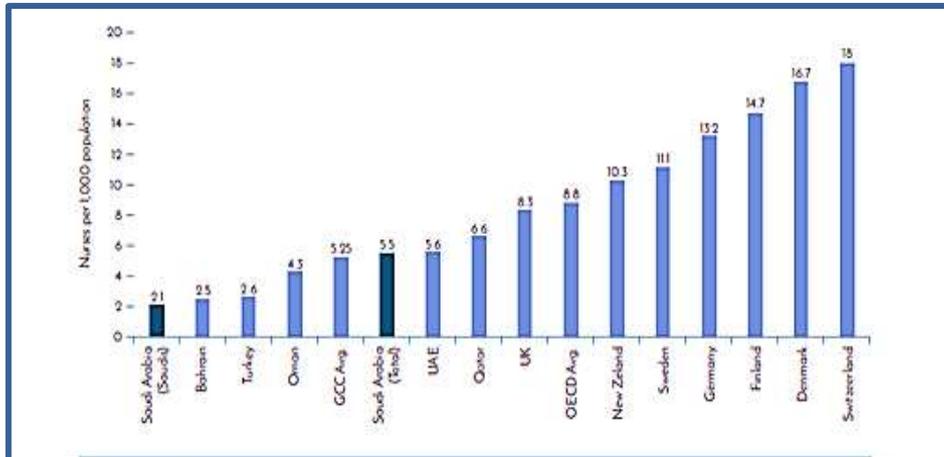
Literature Review

Assessment of Nurses

When considering all nurses, the percentage of Saudi nurses in the population is comparable to that of OECD nations; however, when considering exclusively Saudi

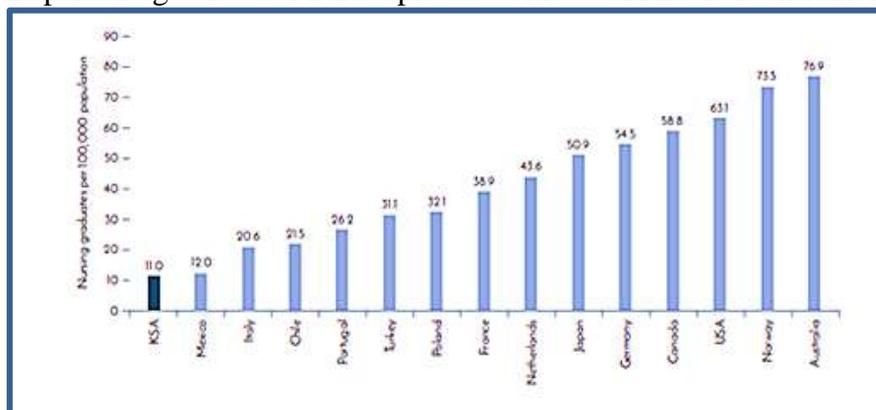
nurses, the percentage is extremely low. Foreign nationals make up the majority of KSA's nursing workforce. Of the 125,379 nurses in Saudi Arabia in 2018, only 12,607 (about 10%) were Saudi (SCFHS 2018). Considering population size, there are more than 5.5 Saudi foreign nurses per 1,000 people in Saudi Arabia. The ratio is 2.1 per 1,000 people when Saudi nurses are the only ones taken into account (Figure 1).

Fig. 1 shows the number of nurses per 1,000 people in the labor market (both Saudi and non-Saudi).



The OECD average of 8.8 nurses per 1,000 people is far higher than this. The bulk of Saudi nurses, over 70% are women, whilst 30% are men. Only a small number of countries make up foreign nurses, primarily Malaysian, Indian, and Philippine. This reliance on the labor market is dangerous since a shift in the political climate with these nations may cause a sharp exodus of nurses, making it difficult for the medical community to provide care. Additionally, nurses will be less inclined to go overseas and will probably demand higher pay if these nations' economies improve. KSA is expected to face more competition for the few available foreign nurses. Countries in the OECD will hire more immigrant nurses as their nursing shortage gets worse. The United Kingdom of Great Britain and Northern Ireland (UK), for instance, possesses, the application process has been simplified and the English language requirements for nursing license have been dropped. The recent introduction of minimum nursing staffing ratios in Germany is expected to significantly boost demand for and recruitment of international nurses. Generally speaking, international nurses favor nations with comparable cultures and where they have a better chance of becoming citizens. When compared to a few OECD nations, Saudi Arabia produces a remarkably small number of nurses. Saudi Arabia produces 10.8 nurses per 100,000 people, which is significantly less than that of nations like the US, Canada, and Germany (Figure 2).

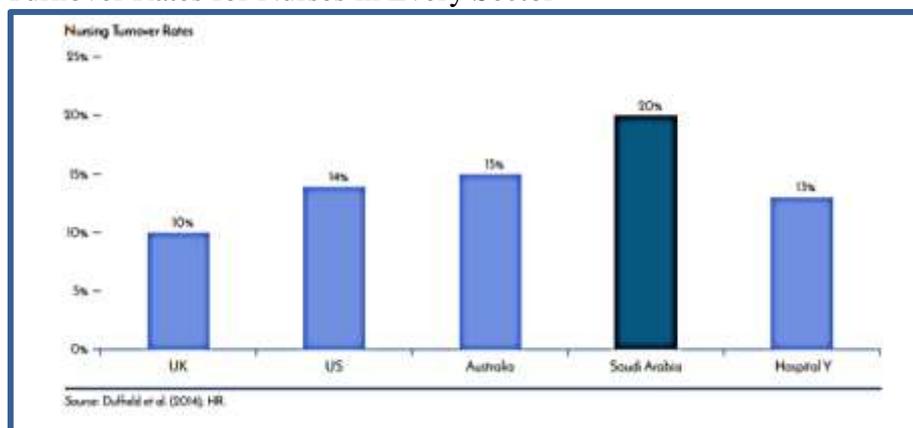
Fig. 2: The percentage of Saudi nurses produced in Saudi Arabia is extremely low.



The high percentage of foreign workers in the health industry is partly due to the low number of Saudi nursing school graduates. Additionally, Saudi Arabia has a comparatively high nursing turnover rate, greater than that of many other nations.

According to estimates, Saudi Arabia has twice the nursing turnover rate of nations like the United Kingdom, at about 20% (see Figure 3). In addition to reflecting a nurse's departure from the workforce, turnover is a major source of expense. In the United Kingdom, the turnover cost per nurse is \$15,000. In Australia, it is between \$20 and \$25,000. In the United States, it is \$50,000.

Fig. 3: Turnover Rates for Nurses in Every Sector



(Duffield et al., 2014) States. Nurse turnover is thought to cost the KSA health system close to SAR 2.6 billion a year, assuming that costs are comparable in the Kingdom and Saudi Arabia. Overall, the low number of nurses entering the workforce is primarily caused by the perception that nursing is not always a desirable career, that education cannot produce enough nurses, and that the poor clinical skills of nursing graduates (especially those from private sector schools) limit the labor market's ability to absorb new graduates. Second, a huge number of nurses are leaving the workforce, largely as a result of non-family-friendly work environments. Settings and workplace dangers (such as challenging work schedules, the possibility of infection, and orthopedic ailments including lower back discomfort). An outline of some of the chances to improve nursing availability by tackling these two primary overarching issues is given below.

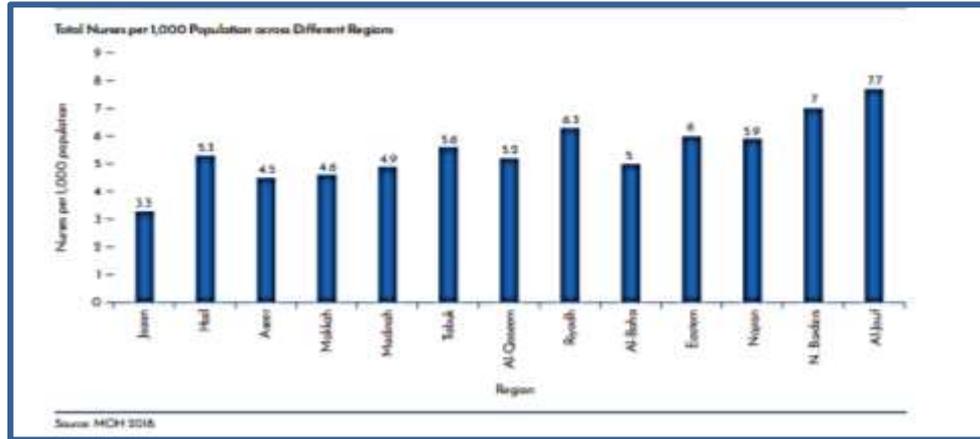
Possibilities to Increase Inflow

To boost the population's desire to pursue careers in nursing, targeted awareness campaigns and pipeline initiatives should be taken into account. Much of the literature currently in publication indicates that nursing does not rank highly among high school students' career choices, despite more recent anecdotal evidence that the low population demand to become a nurse is no longer a major bottleneck in Saudi Arabia (as evidenced by the large number of applicants to nursing schools) (Bagadood 2016).

Accessible NU

Saudi nursing needs to be positioned as a high-tech, science-based profession because it has long been seen as a job that hired helpers perform. Under the auspices of the SCFHS, which answers to a physician, the Saudi Professional Nursing Council and the Saudi Scientific Nursing Council currently serve as the primary national representatives for nurses. A nursing association was just formed in Saudi Arabia, but it needs additional funding. Advocating for the nursing profession, enhancing the profession's reputation, advancing ethical standards, providing educational programs, providing mentorship programs, assisting in the creation of nursing career pathways, and fostering enthusiasm and ideas about nursing in Saudi Arabia are all worthwhile endeavors that the Nursing Association could carry out with sufficient funding. Strengthening the national nursing leadership is another area of focus. For instance, a National Nursing Committee of nursing representatives from various KSA health sectors was recently formed by the SHC. This new committee will be able to highlight the problems facing Saudi nurses, or all Saudi nurses, and offer answers.

Fig.4: Nurses' Share of the Population by Region



Enhance the perception of nursing in Saudi Arabia

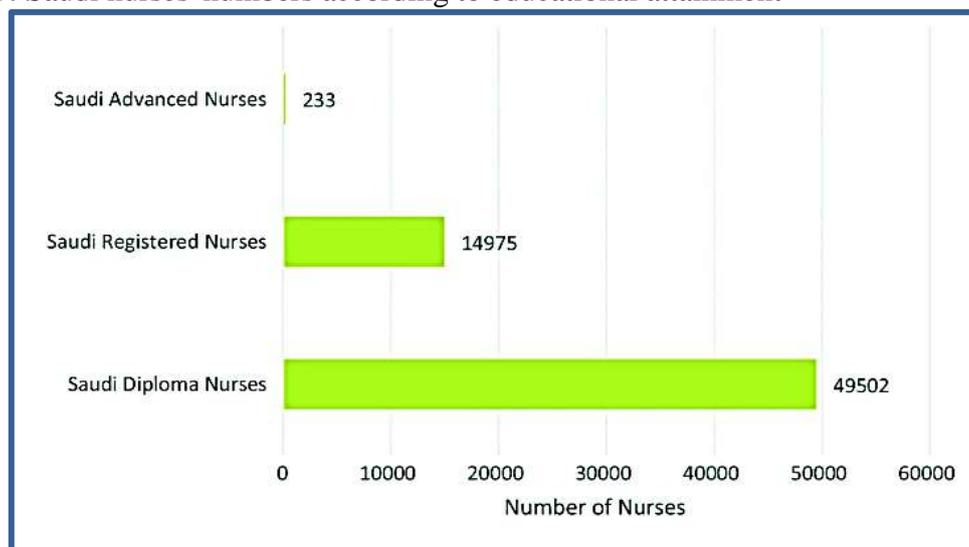
The government can extend and raise its incentives for healthcare providers to use rural health facilities in the near future. Rural areas might be more appealing to nurses if they offer incentives such better access to education and professional advancement, housing subsidies, and solutions for security issues.

In remote areas, telenursing can also assist in providing nursing care, especially for home-based care and the management of long-term illnesses like diabetes (Kamei et al.,2018).

In the medium and long term, the government ought to establish nursing education pipelines for students from rural areas. Evidence from around the world indicates that decentralizing nursing education in rural regions is a significant and economical way to staff rural facilities (Mbemba et al.,2013).

Students from rural places and receive their training in rural regions are frequently more inclined to work there. Outreach to middle and high schools, special summer programs, mentoring, bridge programs to help them get into nursing school, and designated scholarships are a few examples of these pipeline initiatives.

Fig.5: Saudi nurses' numbers according to educational attainment



The forthcoming corporatization of the MOH health system will solve some of the labor market rigidities that hinder nurses' ability to switch employers in Saudi Arabia. The MOH will be on par with the other sectors since each of the five corporates will be able to organize its workforce and hire personnel independently.

Attend to the requirements of regulations

although laws must be created and upheld to ensure proper quality in the nursing profession, it's crucial to avoid overregulating. It is evident in the HRH field as a whole that certain regulatory bodies act as "guilds" that protect and promote the profession more than they enhance the standard and efficiency of the healthcare system or patients' access to care. Unless it can be demonstrated that there will be a net positive impact on patients and the health system, we recommend against making any significant changes to HRH regulations. Given the growing clinical autonomy of nurses, KSA may require medical malpractice reform. Medical malpractice cases are currently uncommon in the Kingdom, and when they do occur, the nurse is rarely the subject of the case. But with more nurses Lawsuits involving nurses are likely to increase as autonomy and the number of advanced practice nurses expand. As a result, it might be necessary to change the laws governing nursing malpractice insurance and legal liability.

Saudi Arabia relies heavily on foreign nurses due to a severe scarcity of Saudi nurses (Almalki et al., 2018). The burden of nursing staff and the quality of patient care are impacted by this shortage.

Saudi nurses are unable to influence healthcare policy and practice due to obstacles in their path to senior positions (Al-Mohammadi et al., 2020).

When providing care for patients from different cultural backgrounds, communication problems can occur (Al-Omar et al., 2019).

Effective patient care and data management are hampered by the slow adoption of healthcare technology (Al-Omar et al., 2020).

According to Alzahrani et al. (2019), a high workload, a lack of autonomy, and a lack of resources all lead to nurse burnout.

Inadequate instruction and few possibilities for ongoing education in areas of expertise (Al-Ghamdi et al., 2019). Insufficient training on patient safety procedures and inadequate staffing ratios (Al-Mohammadi et al., 2018). According to Alzahrani et al. (2020), career advancement for female nurses is restricted by cultural and societal constraints.

Reforming nursing education to emphasize communication, critical thinking, and cultural competency (Al-Ghamdi et al., 2019). To empower Saudi nurses, funds should be allocated to leadership training programs (Al-Mohammadi et al., 2020). Using telemedicine, AI-powered tools, and electronic health records to enhance patient care (Al-Omar et al., 2020).

Continually teaching linguistic proficiency and cultural awareness (Al-Omar et al., 2019). Promoting nursing innovation and research to address regional difficulties in healthcare (Alzahrani et al., 2020).

To improve nursing practice, interdisciplinary cooperation and global partnerships should be promoted (Al-Mohammadi et al., 2018).

Pushing for modifications to policies to address issues with patient safety, leadership opportunities, and the scarcity of nurses in the profession (Almalki et al., 2018). Supporting certification, specialization, and continuing education programs is part of professional growth (Al-Ghamdi et al., 2019).

Discussion

The nursing profession in Saudi Arabia faces numerous obstacles, some of which are unique to our nation and others of which are shared by health systems worldwide. Due to its low number of educated nurses, heavy reliance on foreign labor, and the loss of many diploma nurses capable of direct patient care, Saudi Arabia's nursing workforce situation is problematic. Expanding the national workforce to meet growing demands is made more difficult by certain cultural elements, such as a significant emphasis on family obligations, particularly for women.

The ideas put forward here are meant to help the nursing profession in Saudi Arabia transition to a contemporary, self-sufficient workforce. For these planned improvements to succeed, the MOH's cooperation with partners from the private sector of the healthcare system in particular. Current reforms will help to make that cooperation possible. Better cross-sectoral collaboration is necessary, but it's unclear

what institutional structures can make this happen. Nursing care delivery, nursing education, and nursing research are currently viewed as completely distinct endeavors. Since the Ministry of Education will need to efficiently regulate an increasing number of nursing schools, including private ones, cooperation between health authorities and the ministry will be especially crucial.

The authors of this case study, who include people with experience and policy impact in the nursing and health systems of Saudi Arabia, thoroughly reviewed the current state of affairs. Among the knowledgeable informants on the authorship team are the The SHC's Secretary General, the General Director for Health Economics and Policy, the Dean of a College of Nursing, the President of the Saudi Nurses Association, the President of the Saudi Nursing Professional Council, and the President of the Saudi Nursing Scientific Council. Even if a more thorough analysis of the nursing labor market might be necessary, we are certain that the problems are clearly identified and hopeful that the solutions we provide are workable, in part because they have the backing of many different nursing stakeholders in Saudi Arabia.

Suggestions

1. Provide nurses with cultural competence training.
 2. Create procedures for pain management.
 3. Improve instruction in communication skills.
 4. Increase the ratio of nurses to patients.
 5. Make investments in hospital facilities and infrastructure.
 6. Encourage patient-focused treatment.
 7. Promote the handling of patient complaints and comments.
 8. Create rules and criteria for nurses.
2. **Prospects for the Future**
 1. Survey patient satisfaction on a regular basis.
 2. Create models of patient-centered treatment.
 3. Put evidence-based practice guidelines into action.
 4. Improve training and education for nurses.
 5. Encourage cross-disciplinary cooperation.
 6. Create initiatives for patient advocacy.
 7. Make an investment in medical technologies.
 8. Create procedures for patient safety.

Conclusion

Nursing is essential in Saudi Arabia for providing patients with high-quality care and meeting the population's changing healthcare needs. The nursing profession must continue to develop and adapt as the nation works toward its Vision 2030 goals, including cutting-edge techniques and cultural sensitivity to satisfy a range of patient needs. In addition to providing necessary medical care, nurses are crucial in promoting collaborative healthcare environments, preventing disease, and educating the public about health issues. Saudi Arabia can improve healthcare results and guarantee that patients receive thorough, empathetic care catered to their individual requirements by making investments in nursing education and professional development. The community's general well-being will be enhanced by the dedication to bolstering the nursing staff, which will ultimately lead to a more resilient healthcare system.

References

1. Al-Ghamdi, K. M., Al-Mohammadi, A. A., & Alzahrani, M. M. (2018). Pain management in Saudi Arabia: A review of the literature. *Journal of Pain and Symptom Management*, 55(4), 931-938.
2. Al-Ghamdi, K. M., Al-Mohammadi, A. A., & Alzahrani, M. M. (2019). Nursing education in Saudi Arabia: Challenges and opportunities. *Journal of Nursing Education*, 58(10), 559-566.

3. Alharbi, T. S., et al. (2020). The impact of nursing on patient outcomes in the Saudi healthcare system. *Journal of Nursing Management*, 28(2), 267-275.
4. Almalki, M., FitzGerald, G., & Clark, M. (2011). The nursing workforce in Saudi Arabia: A review of the literature. *International Nursing Review*, 58(3), 303-309.
5. Al-Mohammadi, A. A., Al-Ghamdi, K. M., & Alzahrani, M. M. (2018). Patient satisfaction with nursing care in Saudi Arabia. *Journal of Nursing Care Quality*, 33(2), 143-148.
6. Al-Mohammadi, A. A., Al-Ghamdi, K. M., & Alzahrani, M. M. (2020). Leadership and autonomy in nursing practice: A Saudi perspective. *Journal of Nursing Leadership*, 33(2), 71-78.
7. Al-Omar, B. A., Al-Ghamdi, K. M., & Alzahrani, M. M. (2019). Cultural competence in nursing practice: A Saudi perspective. *Journal of Transcultural Nursing*, 30(3), 231-238.
8. Alshahrani, M., et al. (2019). Cultural competence in nursing education in Saudi Arabia. *Nurse Education Today*, 79, 12-17.
9. Alzahrani, M. M., Al-Ghamdi, K. M., & Al-Mohammadi, A. A. (2019). Workload and stress among Saudi nurses. *Journal of Nursing Management*, 27(4), 531-538.
10. Alzahrani, M. M., Al-Ghamdi, K. M., & Al-Mohammadi, A. A. (2020). Baccalaureate nursing education in Saudi Arabia: A systematic review. *Journal of Nursing Education*, 59(5), 259-266.
11. Kamei T, Yamamoto Y, Kanamori T, Nakayama Y, Porter SE. Detection of early-stage changes in people with chronic diseases: a telehome monitoring-based telenursing feasibility study. *Nurs Health Sci*. 2018;20:313–22.
12. Mari, Mohammad, Aladeen Alloubani, Mohammad Alzaatreh, Hamzeh Abunab, Analita Gonzales, and Mohammad Almatari. 2018. "International Nursing: Job Satisfaction Among Critical Care Nurses in a Governmental Hospital in Saudi Arabia." *Nursing Administration Quarterly* 42 (3): E1–9. <https://doi.org/10.1097/NAQ.0000000000000304>.
13. Mbemba G, Gagnon M-P, Paré G, Côté J. Interventions for supporting nurse retention in rural and remote areas: an umbrella review. *Hum Res Health*. 2013;11:44.
14. Saudi Ministry of Health. (2020). Annual Health Report.
15. Shamian, Judith, Linda O'Brien-Pallas, Donna Thomson, Chris Alksnis, Michael Steven Kerr. 2003. "Nurse Absenteeism, Stress and Workplace Injury: What Are the Contributing Factors and What Can/Should Be Done about It?" *International Journal of Sociology and Social Policy*, 23 (8/9): 81–103. <https://doi.org/10.1108/01443330310790651>.
16. Stimpfel, Amy, Douglas M. Sloane, and Linda H. Aiken. 2012. "The Longer The Shifts For Hospital Nurses, The Higher The Levels Of Burnout And Patient Dissatisfaction." *Health Affairs (Project Hope)* 31 (11): 2501–9. <https://doi.org/10.1377/hlthaff.2011.1377>.
17. Taher, Saadi, Fayez Hejaili, Ayman Karkar, Faissal Shaheen, Majdah Barahmien, Khalid Al Saran, Mohamed Jondeby, Mohamed Suleiman, and Abdulla Ahmed Al Sayyari. 2014. "Safety Climate in Dialysis Centers in Saudi Arabia: A Multicenter Study." *Journal of Patient Safety* 10 (2): 101–4. <https://doi.org/10.1097/PTS.0000000000000111>.
18. Waschgler, Kathrin, José Antonio Ruiz-Hernández, Bartolomé Llor-Esteban, and José Antonio Jiménez-Barbero. 2013. "Vertical and Lateral Workplace Bullying in Nursing: Development of the Hospital Aggressive Behaviour Scale." *Journal of Interpersonal Violence* 28 (12): 2389–2412. <https://doi.org/10.1177/0886260513479027>.