Contemporary public image of the nursing profession in Saudi Arabia

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Abstract

Background In the Kingdom of Saudi Arabia, the nursing profession faces significant challenges including failure to recruit high school students into nursing education; poor nursing identity, and lack of awareness about the nursing profession. Exploring the level of awareness about the nursing profession and Understanding factors that influence the nursing image is crucial for planning effective intervention programs to recruit and retain students into nursing education, and to improve nurses' sense of identity. **Methods** The purpose of the present study was to explore the public image of the nursing profession. A descriptive cross-sectional study included 502 adults; 106 males and 396 females, their mean age was 22.93 ± 6.76 years. Data collected included; socio-demographic data, gender preference in getting nursing care, knowledge, and perceived barriers to pursue a nursing career. Data were analyzed using SPSS version 21.0. **Results** Only 32.5% preferred to get nursing care by Saudis. The nursing profession was not viewed as a respected job as 71.5% of participants would be ashamed of having a nurse in their families. The study revealed a low median knowledge score (50.0, IQR: 50.0-66.7)). The study highlighted a number of sociocultural barriers to pursue a nursing career: the mixed working environment (35.9%), delayed marriage of female nurses (20.3%), and the negative effect of nursing profession on social life (64.5%). **Conclusion** Poor knowledge and sociocultural perceived barriers are the main factors contributing to the negative public image of the nursing profession in Saudi Arabia. The findings of our study will help to implement effective strategies to modify the negative perception and raise community awareness about the nursing profession.

Background

The shortage of nurses is a growing problem world-wide [1-4]. Many developed countries as Australia, Canada, the UK, and the USA have undergone cycles of nursing shortages [5]. The problem is predicted to reach a crisis with negative consequences on the health care systems and patients' safety [6, 7].

In view of the current situation of the nursing shortage, some countries have turned to international recruitment solutions. However, the international spatial movement of nursing labor may result in delivering inappropriate health care services. A wide variety of risky situations were attributed to the language barrier [8]. In the KSA, expatriates represent over 50% of the nursing staff in the kingdom [9]. In a study conducted in Riyadh-the capital of the Kingdom of Saudi Arabia (KSA), language barriers were perceived as a cause of workplace violence towards nurses [10].

Saudisation of all the workforce sectors including the health care is one of the 2030 goals in the KSA-that is increasing the percentage of Saudi nationals participating in the workforce and reducing of the percentage of expatriates. Despite the efforts to establish this goal, the nursing profession expatriate staff represents 50% of the nursing workforce [9]. Of note, the current situation reflects a significant increase in the proportion of Saudis in the nursing profession compared to the previous report which pointed out that Saudi nurses comprised only 29.1% of the total nursing workforce. But, the rate of Saudi nurses in private hospitals is remarkably low (4.1%) [11, 12].

Improving the public image of nursing is fundamental in adopting a favorable nursing identity [13], while the poor image is likely to limit the consideration of nursing as a career choice [14, 15]. In the UK, one report pointed to students' feelings of stress, not being valued, and having unmet expectations [16]. Cultural issues related to poor perception should be highlighted in order to implement focused intervention strategies to mitigate the consequences of this problem. For example, in the KSA one should consider that most Saudi families might discourage their daughters to enroll in jobs with gender-mixed working environment [17].

Negative public image is influential for considering the nursing career as well as for retention of nurses in the nursing profession. Numerous studies highlighted the direct effect of the negative public image on a nurse's sense of identity [18-21]. A study in Saudi Arabia revealed that satisfaction of nurses is linked to a favorable nursing image [22]. In addition, the role of nursing institutions is vital in shaping the nursing identity. Freshmen nursing students mainly reflect the general viewpoint of society as they only have a limited understanding about nursing [12, 23, 24]. A study conducted in Turkey demonstrated that students didn't have sufficient knowledge regarding nursing at the beginning of their education; while an introduction to a nursing course has improved the students' understanding of the nursing profession [24]. Also, media projection about nursing could play a fundamental role to influence the public image of nursing [19].

Most of the published studies in Saudi Arabia were focused on nursing students and graduates [17, 18, 21, 22], with very limited data about the public image which is crucial if missing in shaping the nursing identity in the KSA. Hence, the main objective of this study is to explore the public image of nursing, and to determine the underlying factors that influence knowledge about the nursing profession, preference of caregivers, and perceived barriers to engage in a nursing career. Results would help to formulate intervention programs to improve the public image of the nursing profession, which will then be reflected in nursing identity, recruitment, and retention of Saudi nurses.

Methods

Subjects: Adult Saudi individuals of both genders were invited to participate in the current study.

Study settings: Princess Nora bint Abdulrahman University campus in Riyadh city. To portray the majority of the Saudi community, we included students enrolled in non-health colleges only. Because the campus includes only females, malls in Riyadh city were also approached to recruit adult volunteers of both genders. The variability in the socioeconomic status, age, and educational levels in mall visitors might better represent the community.

Study design: A cross-sectional study design was conducted that included 502 volunteers of both genders. A post-hoc power analysis revealed that a study of at least this size, assuming a prevalence of 50% negative perception, 7% allowable error in the estimate and 95% confidence, could detect differences with a power of 0.85.

Ethical issues: The current study was conducted in accordance with the Declaration of Helsinki; the study protocol was approved by the Ethical Review Boards of Princess Nourah bint Abdulrahman University, Riyadh, KSA. Participants were consented verbally and were informed that their participation is voluntary, the data are confidentiality, and that they can withdraw from the study at any point.

Data Collection: The researchers developed the questionnaire after a thorough review of the literature. It included the following sections; 1- sociodemographic data such as age, gender, education, and having a nurse in the family. Sections 2-4 were included items which could affect the public image about the nursing profession. The second section inquired about the preference of caregivers according to gender and nationality, rating of Saudi nursing skills, and stigma of the nursing profession. The third section was focused on knowledge about nursing education and the nursing profession; it included six multiple response questions, the correct answer scored as 1, and the wrong answer scored as 0. The total knowledge score equaled 6. The fourth section addressed the perceived barriers to engage in a nursing career, and included seven questions structured on a Likert scales; the total perception score equaled 27. before application, the questionnaire was piloted on a sample of 20 individuals to determine the face validity, and necessary modifications were included. The final format was self-administered to volunteered participants.

Analysis of data: Data were checked for completeness and were analyzed using SPSS version 16.0. Percentages, mean, median, and interquartile range (IQR) were used to describe the data. Total score for knowledge and perceived barriers of data were calculated as a percentage of the maximum score. As the distribution of scores was not symmetric, so it was presented as median with inter-quartile-range (IQR). Group comparison in median score was performed using the nonparametric Mann-Whitney test for two groups and the Kruskal Wallis test for more than two groups. A p value <0.05 was considered significant.

Results

The study encompassed 502 adult Saudis: 106 males (21.1%) and 396 females (78.9%), their mean age was 22.93 ± 6.76 with a median of 20 years. The majority were unmarried (80.3%); overall, 74.3 % were university educated (Table1). In general, 81.5 % preferred female nurses, while only 32.5 % preferred Saudis to provide nursing care. Among those who experienced Saudi caregivers, only 40.8% rate the service as excellent. Less than half of male participants reported that they would marry a nurse, and as much as 71% of the total sample would be ashamed if they have a nurse in their family (Table 2).

Regarding Knowledge about the nursing profession, as Table 3 shows, 61% of participants consider nursing as a subordinate to physicians. Moreover, knowledge about nursing careers was poor, as much as 68.9% didn't know that nurses often achieve higher managerial positions. About one-third of participants do not know the exact job title of graduates from nursing collegiate or programs. They don't even know the length of time required to acquire a bachelor degree. In total, the median knowledge score was only 50.0% of the maximum score.

The median score of perceived barriers of the nursing profession was 52.38 ± 10.93 . Differences in Language, and culture were perceived as barriers to get engaged in the nursing profession by 12% and 31.7% respectively. More than one third participants reported that mixed working environment is a barrier for nursing practice, and about one-fifth consider that being a female nurse will delay marriage. In addition, 64.5% of participants claim that nursing profession affects female social life negatively (Table 4).

Table 5 demonstrates factors associated with knowledge and perceived barriers regarding the nursing profession. Higher level of education, having a nurse in the family, and marriage are associated with a higher knowledge score. The perceived barrier score was higher among more educated individuals: 55.6%, 51.9%, and 48.2% for graduates of high school, university versus those who just can read and write respectively. Also, the perceived barrier score was higher among those having a nurse in the family.

Discussion

The study revealed poor knowledge about the nursing profession and distrust in Saudi caregivers. Surprisingly, about one third only preferred to get the nursing care by Saudis. Moreover, the rating of Saudi caregivers was deemed excellent by only 40%. In addition, nearly three quarters would be ashamed if they have a nurse in the family, and less than 50% of males prefer to marry a nurse. Also, the study highlighted numerous barriers including; mixed working environment, the delayed marriage of female nurses, and the negative effect of the nursing profession on social life.

The low preference for Saudi caregivers might reflect poor image and distrust in the national caregivers; this would be very distressing and de-motivating for Saudi nurses and for those who might consider a nursing career in the future. In addition, nearly three-quarters of participant agreed that they would be ashamed of having a nurse among their families. In accordance with our results, a Study in Saudi Arabia revealed that nursing as a childhood dream was not appealing, nor family support was influential [17]. Similarly, a study in China demonstrated that parents would not encourage their children to enroll in nursing education [25]. The observed positive perception of Omani university students about the nursing profession might reflect the overweight number of the nursing students in the study compared to students from other disciplines [26]. Secondly, other factors concerning the health care policies to recruit nationals and media marketing of the nursing profession in Oman should not be ignored.

However, the preference of the study participants of females as caregivers stems from the perception that nursing is women's occupation. In addition, cultural norms reject getting care by opposite gender especially for females.

Regarding the level of knowledge about the nursing profession, it is striking that most of participants in the present study viewed the role of nursing in health care settings as complementary to physicians, and about one third do not know the exact job title of graduates from nursing college or institutes. Additionally, they don't know even the duration required to get a bachelor degree in nursing according to the Saudi nursing institutions. Previous studies confirmed the perceived attenuated role of nurses

compared to physicians. These negative stereotypes view nurses as having no status and describe them as physicians' assistants and ancillary workers [23, 25, 27]. A study from Iran view nurses as having no status and described them as physicians' assistants and auxiliary workers [19]. In this study, students emphasized that the social status of nurses is not desirable, as they are considered handmaidens of physicians and dutiful hospital employees. Another student mentioned: "although nurses are sometimes perceived as educated, their main task is to obey and follow physicians' orders and their caring skills are not appreciated" [19].

Similarly, a recent study in Saudi Arabia which included over 700 participants of both genders, revealed that more than one-third of participants perceive nursing as a profession that is auxiliary and subservient to physicians, and therefore no need for higher academic qualifications [17]. This means that the community in Saudi Arabia doesn't value the skills and competencies acquired through higher academic education.

Despite the sincere efforts of Saudization of the workforce in the KSA, expatriates remain to constitute a considerable proportion of the nursing workforce [22]. Saudi culture may regard the nursing profession unfavorable work atmosphere and hence discourage their children to pursue a nursing career. The present study revealed that a considerable proportion of the study sample (64.5%) claim negative consequences of nursing on social life probably because of long working hours and night shifts, other barriers include delayed marriage and gender-mixed working environment. The observation that the overall perceived barrier score was significantly lower among less educated must be interpreted with caution.

It is likely that the global image of the nursing profession is negative. Previous studies demonstrated that nursing is viewed as a less desirable profession because of difficult working conditions, inadequate financial compensation, low level of autonomy, limited career opportunities, and being viewed as ancillary members of the healthcare team [21, 28].

Finally, this study demonstrates the community level of knowledge about the nursing career and reflects the public image of the nursing profession. Such information is paramount for effective interventions to raise community awareness and modify the negative image of the nursing profession. Hopefully, the nursing identity will be improved leading to recruitment of high achievers and retention of candidates into the nursing career.

Limitations of the study

Limited generalizability of the study results because of the study settings, as the study was conducted in a big city-the capital of Saudi Arabia, while sub-urban and rural communities are not represented. The convenient sampling technique, and the unequal gender representation are another limitations.

Conclusions

The study revealed poor knowledge and misinformation about what nurses can do and what professional position they can achieve. In addition, the study highlighted a number of including working in a mixed working environment; delayed marriage of females, and poor social life. These findings from the stakeholders are crucial to implementing focused intervention strategies in the future to improve the public perception of nursing in the KSA.

Declarations

Acknowledgment

The authors acknowledge the study participants for their time and patience to volunteer in the study.

Authors contributions

HE Conceived the study idea and designed the study and drafted the manuscript. AO Collected the data and participated in the data entry and analysis. MH Contributed to the study design and analyzed the data. SA Critically reviewed and revised the manuscript. All authors read and approved the final manuscript.

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Conflict of interest

The authors declare that they have no competing interests.

Availability of data and materials

The datasets used analyzed during the current study are available from the corresponding author on reasonable request.

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Tables

Table 1. Distribution of the study sample according sociodemographic characteristics

Sociodemographic characteristics, n = 502		N	%
Sex	Male	106	21.1
	Female	396	78.9
Age	15-	166	33.1
	20-	223	44.4
	25+	113	22.5
	Mean $\pm$ SD	22.9 $\pm$ 6.8	-
Marital status	Married	99	19.7
	Unmarried	403	80.3
Education	Below secondary	23	4.6
	Secondary (High school)	106	21.1
	University or higher	373	74.3
House	Private	352	70.1
	Rented	150	29.9
Female nurse in the family	Yes	149	29.7
	No	353	70.3

SD: Standard deviation.

Table 2. Preferences of nursing care and stigma of the nursing profession (N = 502)

Question	Response	No.	%
Preference of care giver according to gender	Male nurse	93	18.5
	Female nurse	409	81.5
Preference of care giver according to nationality	Saudi	163	32.5
	Non-Saudi	102	20.3
	Never mind	237	47.2
Getting care by Saudi females	Yes	299	59.6
	No	203	40.4
Rating of Saudi female nursing care*	Excellent	122	40.8
	Very good	112	37.5
	Good	55	18.4
	Bad	10	3.3
Stigma of nursing (ashamed to have a nurse in my family)	Strongly agree	246	49.0
	Agree	113	22.5
	Neutral	84	16.7
	Disagree	36	7.2
	Strongly disagree	23	4.6
Preference to marry a female nurse**	Yes	46	43.4
	No	60	56.6

*Asked to those who received care by Saudi female nurses (299) **Asked to males only.

Table 3. Knowledge about the nursing profession (N = 502)

Knowledge Item		No.	%
Nursing duties	Provide medical care, follow-up and health education	196	39%
	Complementary to physician	306	61.0
Job title of graduates of nursing institutes	Nurse specialist	67	13.3
	Technical nurse	249	49.6
	Don't know	186	37.1
Job title of graduates of bachelor program	Nurse specialist	286	57.0
	Technical nurse	52	10.4
	Don't know	164	32.7
Duration of bachelor degree (Including internship)	Two years	22	4.4
	Three	54	10.8
	Four	97	19.3
	Five	152	30.3
	Don't know	177	35.3
Nursing has several specialties	Yes	387	77.1
	No	115	22.9
A nurse can be promoted to a hospital manager	Yes	156	31.1
	No	346	68.9
*Total score as % of maximum, median (IQR)		50.0 (50.0-66.7)	

*Score range 0-6 (0-100% of maximum), higher score indicates better knowledge

*IQR = inter-quartile-range

Table 4: Perceived barriers of public to engagement in the nursing profession, n = 502

Perceived barriers	Strongly agree		Agree		Neutral		Disagree		Strongly disagree		
	No.	%	No.	%	No.	%	No.	%	No.	%	
Communication with different language	9	1.8	51	10.2	100	19.9	148	29.5	194	38.6	
Communication with different culture	45	9.0	114	22.7	121	24.1	109	21.7	113	22.5	
Being Saudi is viewed as a skilled nurse*	9	1.8	32	6.4	179	35.7	150	29.9	132	26.3	
Poor public image of nursing profession	43	8.6	54	10.8	74	14.7	161	32.1	170	33.9	
Mixed working environment	60	12.0	120	23.9	55	11.0	118	23.5	149	29.7	
Delayed marriage of a female nurse	35	7.0	67	13.3	107	21.3	150	29.9	143	28.5	
Nursing profession affects female social life	Extremely		Moderately		Marginally			Not at all			
	84	16.7	240	47.8	128	25.5		50	10.0		
**Total score as % of maximum, median (IQR)					51.85 (44.44 - 59.26)						

*Reverse score order **Score range 0-27 **IQR: Interquartile range

Table 5. Association between sociodemographic characteristics, knowledge and perceived barriers of the nursing profession (N = 502)

Sample characteristics		knowledge		Perceived barriers	
		Median (IQR)	P ^f	Median (IQR)	P ^f
Sex	Male	66.7 (50.0-83.3)	0.126	51.9 (44.4-59.3)	0.863
	Female	50.0 (50.0-66.7)		51.9 (44.4-59.3)	
Age (years)	15-	50.0 (33.3-66.7)	0.069	51.9 (44.4-59.3)	0.881
	20-	50.0 (50.0-66.7)		51.9 (44.4-59.3)	
	25+	66.7 (50.0-83.3)		51.9 (44.4-59.3)	
Marital status	Married	66.7 (50.0-83.3)	0.001*	51.9 (44.4-59.3)	0.225
	Unmarried	50.0 (33.3-66.7)		51.9 (44.4-59.3)	
Education	Read & write	50.0 (33.3-66.7)	0.001*	48.2 (48.2-59.3)	0.043*
	High school	50.0 (33.3-66.7)		55.6 (48.2-63.0)	
	University and higher	66.7 (50.0-66.7)		51.9 (44.4-59.3)	
House	Private	50.0 (50.0-66.7)	0.541	51.9 (44.4-59.3)	0.704
	Rented	66.7 (33.3-66.7)		51.9 (44.4-59.3)	
Female nurse in the family	Yes	66.7 (50.0-66.7)	0.046*	55.6 (48.2-63.0)	0.032*

	No	50.0 (33.3-66.7)	51.9 (44.4-59.3)
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f Mann-Whitney test for two groups and Kruskal-Wallis test for more than two groups

*P < 0.05 (Significant)