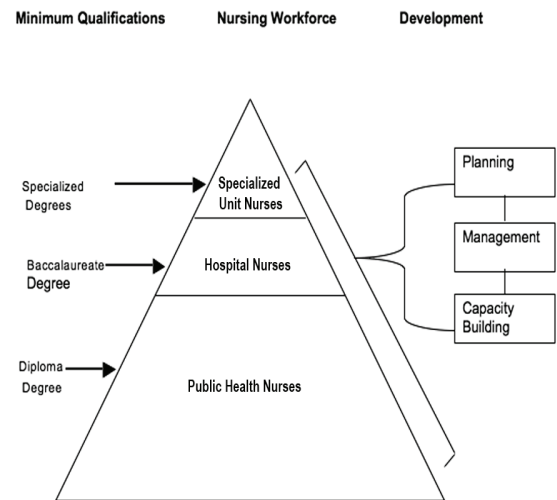


## A development model for nursing in the Kingdom of Saudi Arabia

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Nursing education in Kingdom of Saudi Arabia (KSA) goes back to 1958 when the first formal education for nurses was initiated as a collaborative effort between the Ministry of Health (MoH) and the World Health Organization.<sup>1</sup> For many years, the MoH conducted formal education for nurses at 2 levels: post intermediate school nursing institutes graduating diploma nurses after 3 years of studies and post-secondary school nursing colleges graduating diploma nurses but considered as a higher level of diploma holders. In a trial, to overcome the difficulties and criticism of the organization of these 2 levels of programs conducted in non-traditional academic organizations, the nursing colleges and institutes moved to become under the Ministry of Higher Education (MoHE).<sup>2,3</sup> This movement resulted in closing the institutes and maintaining the colleges under universities. However, universities were not well prepared to take over such colleges and many academicians perceive such colleges as lacking proper academic structure and organization. In a trial to make the best use of such movement, universities benefited from budgets allocated to such colleges and institutes without really paying much attention to the development of these new comers and their projected outcomes. Under the new arrangement, nursing colleges lost the MoH control and support, and could not gain the deserved support and attention of the academic universities due to the initial gap in planning a solid infrastructure to adopt such programs. This situation was compounded by a recent decision from the MoH to consider only “Baccalaureate holder” nurses for employment. Such a decision, disappointed graduates of institutes and colleges of nursing, raised another challenge of what to do with thousands diploma holders’ graduates. Fortunately, under the pressure of reality in the ground to accommodate them and insufficiency of baccalaureate holder nurses, the MoH reversed its decision and started to accept thousands of diploma graduates for employment.

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**Figure 1** - Three level nursing development model for Saudi nurses.

This back and forth swinging of decisions created major challenges for the MoH and other receiving organizations for such diploma holders for a number of reasons. First, the concern on the quality of education and training in these colleges was not sorted out completely; second, there are not enough budgeted positions to accommodate diploma holders’ graduates; third, most of them are not utilized or developed for clear purposes; and most of the employing health care organizations opt for expatriate Baccalaureate holder nurses to fit hospital based purposes.

From the above, one may claim a failure of our educational, organizational, and social structure to make the best use of our valuable emerging nursing work force.<sup>4</sup> To blame graduates of nursing programs for this failure in strategic planning is a typical victim-blaming. Thus, it is timely appropriate to stop and reflect at this serious human resources problem to avoid further damage and waste of a valuable nursing work force in KSA. A strategy that addresses current situation of Saudi nurses and projects future needs should be developed taking in consideration their present and future roles and services. A developmental model that takes into consideration, current issues and future aspirations is an essential step towards a comprehensive strategy for the nursing workforce in KSA. This paper proposes a basic and practical model for our nurses in facing the most important workforces in any health care system. The objective is to stimulate scientific discussion among healthcare professionals and decision makers to

learn from the past, deal with the present, and plan for the future.

**The model.** Drawing on a previous work,<sup>5</sup> literature review, and reality on the ground, a developmental model for nursing work force is shown below in the form of 3 level pyramid (Figure 1). The base of the pyramid is the public health nurses who must form not only the majority of nursing workforce, but also the strongest part to hold its power and functions. The second level is the hospital nurses, and the tip of the pyramid is the specialized nurses in the specialized units. To the left, minimum qualifications was indicated, and to the right the necessary stages of development that must be in place to ensure that nurses in each level are well planned, managed, and developed further for the job. For example, the current and future graduates of institutes and colleges holding diploma fit into the base of the model to form the majority of nursing work force. This will address the current social and political issues to accommodate and utilize thousands of unemployed diploma holder nurses. However, they must look at development plan in orienting them especially in dealing with the public health issues, which are the most common health care problem today.

The same can be said for hospital and specialized units. This order and levels of the model match the patterns of health care problems in our community where the majority of problems need to be managed in community rather than in hospitals and specialized care units. This also goes with global movement towards healthy people and healthy nations.

The most common health problems in KSA need to be managed in and with the community. For example, diabetes is prevalent in more than 25% of our population, and the most cost-effective way of dealing with it is not by building hospitals and training specialists and super specialists but rather educating the public on their life style behaviors in terms of diet and exercise as well as planning and executing community-based programs to prevent or at least limit diabetes and its complications. Public health nurses can play major role in this and achieve cost-effective outcomes. Another example, risk factors for heart disease, the most prevalent cause of death in KSA, need public health strategy and programs to reduce their impacts on people's health and nations cost. Public health nurses are in a unique position to play major role in preventing heart diseases and preventing underlying risk factors in the community. Road traffic accidents (RTAs) is another public health problem in KSA that can be better managed by introducing public health programs that prevent such drastic problem instead of concentrating on building high cost trauma

centers to treat consequences of RTAs. The success or failure of any health care organizations depends on its workforce. Nurses are fundamental to any health care services and deserve to be developed well. Saudi Arabia recognized its need for nursing education long time ago but unfortunately history shows lack of a clear development model that responds to current and future challenges facing the profession, the public, and the healthcare system. This resulted in the witnessed paradox of thousands of Saudi nurses unable to find jobs while there is a great shortage of nurses in the country.<sup>7</sup> Saudi nurses constitute only 29% of the nursing workforce in KSA and the majority of this small percentage is not well utilized and developed.<sup>3</sup> This is compounded by lack of clear vision and strategies for future planning on how to make the best use of nursing graduates of colleges and institutes among Saudi healthcare employers to the extent that the Custodian of the Holy Mosque directed all concerned ministers to solve the issue. Professionals and health care decisions makers must rise to the challenge and provide a clear strategic planning for nursing to be implemented to deal with current issues and future needs and demands. Hopefully, the model provided here is a first step towards addressing current challenges in terms of dealing with the most common health problems in our society in relation to public health while making the best use of current work force of nursing which has become an organizational, financial, and political issue.<sup>7</sup> The model has face validity as it reflects the commonality of health problems in our community: majority of health problems are in the community requiring public health approach while the minority of health problems requires services available in hospitals and specialized units. The model indicates that we need more nurses in public health to cover the needs in this field. Also the model tries to respond to the dilemma of what to do with the majority of current nurses who are diploma holders. This dilemma was created in the first place by not having a strategic planning for nurses' utilization and development on a national level and also by an upside down pyramid of our healthcare system that concentrates on hospital care and acute disease management more than the community and health protection and promotion.

However, for the model to work out properly, it has to be supported by a work force development plan for nurses at all its 3 levels: public health, hospitals, and specialized units. Work force development has been defined as "a holistic concept that integrates workforce analysis and planning, human resource management, and capability development to strengthen organization

success by aligning the workforce to both current and future service demands".<sup>8</sup> This means that whether this model is accepted as a strategic model or not there must be a nursing work force development in KSA. This requires planning and needs assessment of nursing supply on the basis of a clear conceptual model that responds to current and future challenges and needs. Current nursing workforce must be profiled in terms of demography, skills, and competencies with the aim of sorting current issues and planning for the future. Colleges of public health, scientific associations (namely, Saudi Association of Public Health) and other academic and training organizations can be utilized in assessing, planning and implementing the on-job training programs for public health nurses.

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