

Strategies of Improving the Nursing Practice in Saudi Arabia

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Introduction

In the Kingdom of Saudi Arabia (KSA), the Ministry of Health (MOH) is dedicated to provide free healthcare services in four levels of care, which include primary, secondary, tertiary [1]. The government plays a pivotal role in providing various health services, which constitutes more than 70% of the total expenditure in the healthcare sector of KSA; there are 244 hospitals (33,277 beds) and 2037 primary health care centres [2]. The total expenditure of MOH from 2007 to 2016 was more than SR 484 billion [3].

Recruitment in the healthcare sector in KSA still undergoes many challenges and obstacles that include religious, social, and increasingly complex ethical dilemmas. Socio-religious dilemmas such as women and men can only mix as husband and wife, or as family members even in healthcare institutions [4]. Thus, for all the tremendous amounts of budgets that the Saudi government spends on providing free healthcare it still has issues related to religious, social, etc. This is a particular issue in regards to the recruitment of the healthcare professionals.

In KSA, there are many factors which negatively impact the employment of the nursing workforce. Factors such as a preference for non-Saudi employees for financial considerations, women are paid less than the men, and male dominance ruling over their female family member preventing them to enrol in a healthcare school or work in a mixed or a closed environment [5]. Moreover, the impacts may include a lack of preference for night shifts for family and social considerations, lack of social equity, and the society's view that still sees female healthcare professionals violating the norms of the 'conservative' society [4,6,7]. In addition, a lack of a safe working environment for nurses from patients and their relatives assaults, especially in acute and critical care [8]. The nursing workforce in KSA relies heavily on expatriates who are recruited from many different countries; the majority of them come from are India or the Philippines [9]. Consequently, all of these negatives dramatically and significantly lead to an inability to retain national nurses for a long time, which then leads to an excessive increase in the recruitment of expatriate nurses.

The first step to improve the current situation and enhance the employment is raising the awareness of these issues to the Saudi Arabian society about the importance of the Saudi Arabian nurses' role in the healthcare sector. This will enhance the mutual trust between the Saudi nurse and their patients and will contribute positively in serving the patient in the optimal manner. This could be achieved through audio-visual and social media means and then raise the salaries, allowances and annual bonuses of the nurses, especially in the MOH and private health institutions. As well as, encourage the role of the Saudi Nursing Association as a key element in the education of a nurse's functional roles and rights. Moreover, providing a safe and comfortable environment for the nurses, especially the female will be reflected on the quality of the healthcare services provided to patients. Finally, bridge the gap between the academic sector, clinical work environments and the creation of research chairs with the participation and support of the private sector.

The Current Practical and Academic Nursing Situation and the Regulatory System

In KSA, the General Administration of Nursing (GAON) at the MOH in co-ordination with the Saudi Commission for Health Specialties holds the various roles, responsibilities and scopes of practice for nurses. It also creates the legislation, regulations and is the professional organization of the nursing profession within the Kingdom [10]. Multi-national nurses in the various Saudi health institutions are expected to perform independently and collaboratively when caring for individuals, families, and communities. Furthermore, their roles include the promotion of health, prevention of disease, and the holistic care for acute, chronic, disabled and dying people as well as advocacy for health and contribution to health policies in acute and ambulatory care settings [11].

Even though today there are 23 Saudi Arabian governmental universities and 13 private universities that offer a bachelor's degree in nursing science (see attached Appendix), expatriate registered nurses still constitute 78% of the total nursing workforce in the Kingdom [9,12]. There is however, a lack of trust between Saudi patients and expatriate nurse's due to the differences in the language, culture and religion [9,13]. In fact, the main obstacle that nurses face from both genders are cultural issues [14]. For instance, Saudi Arabian female patients cannot receive healthcare services or an intervention from a male healthcare provider. This is especially a problem during life-threatening situations as the delay of getting permission from her Mahram (i.e., a man who cannot marry her) can mean death for the female patient. In addition, there is also the discomfort of male patients receiving assistance from female nurses [14]. Likewise, according to Alboliteeh study on 741 Saudi Arabian nurses, he found that they were inexperienced, worked in a poor working environment, lacked motivation, and half of them intended to leave the profession.

Strategy of Applying the Electronic Training and Performance File in MOH Facilities of Saudi Arabia

Due to the large numbers of nurses working in the health facilities of the MOH (95,379 nurse), where the percentage of Saudi Arabian nurses were (60.1%) of the total nurses [15]; the importance of training and nursing education in the development and advancement of the nursing profession, which supported by the MOH in its logo, "Education is the language of development", is considerable substantial. However, a lack of experience and poor training for nursing staff, especially graduates,

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is a major challenge for clinical decision makers in the MOH. The main challenge is to add additional burdens that strain the ministry financially, and otherwise it could lead to major medical errors and poor satisfaction of services provided to patients [2,16]. Consequently, in order to achieve quality in the provision of comprehensive nursing healthcare services, it needs to be organized and accurate to achieve the desired training objectives according to scientific foundations, and this will be reflected into an electronic training and performance file containing skills training workshops or seminars for nurses that reflect the training needs of each general directorate of health in the Kingdom.

The training and performance file is an electronic content contains all the training activities approved by all the health institutions in the Kingdom. It also contains the nursing proficiency evaluation program [17,18].

The Future Benefits of Applying the Electronic Training and Performance File Mechanism

- More flexibility in attending training activities
- Easy access to the nursing training courses and workshops.
- Effective control of nursing courses based on the actual need for nursing manpower in each region.
- The possibility of nurses to attend training courses/workshops in any health facility in the kingdom while facilitating the process of acquiring information and flexibility in receiving information.
- Ensuring the presence of nursing staff for training courses to achieve the desired objectives of the GAON that are prepared in advance.
- Cover the educational weaknesses of the nursing staff by specialized skills training workshops and courses.

The Importance of Following Up the Educational File for MOH Nurses

It will be an essential part of the financial privileges offered by the MOH, such as excellence allowance, specialized postgraduate diplomas, scholarships and much more.

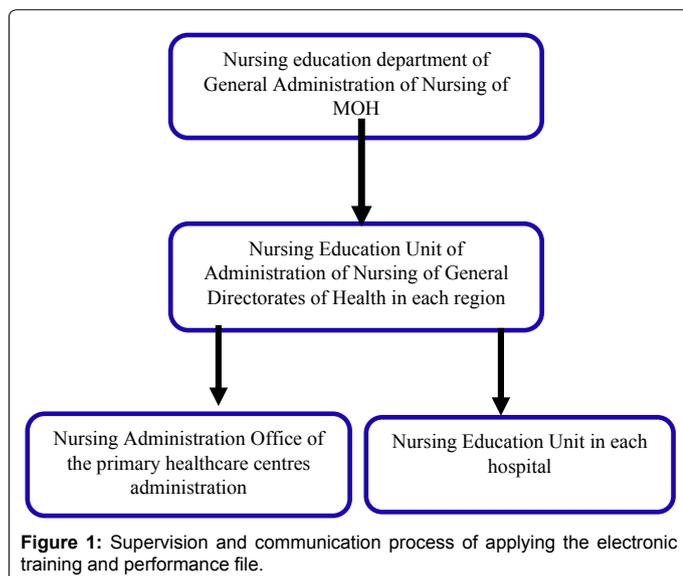


Figure 1: Supervision and communication process of applying the electronic training and performance file.

Training Activities Database

The electronic training and performance file for nurses of MOH will be linked electronically with the nurses' base of the MOH. An educational file will be included with the training activities that are conducted by the MOH institutions throughout the Kingdom. The database provides continuous access to the details and events of the training activities (Figure 1).

Suggested Stages for Creating an Electronic Training and Performance File

Stage 1: Collecting of training needs

The need of the training courses/workshops of the healthcare facilities in all regions, will be collected by the Units of Nursing Education in all General Directorates of Health from all Nursing Educational Units of each hospital and each will be responsible for registering all of the nurses working under its management according to its specialization and qualifications and the actual location of its work and to verify the accuracy of their data. Upon completion of the registration, in the nursing manpower database, they submit names to the training department of the GAON to issue magnetic training cards.

Stage 2: Consider training courses that might be implemented by GAON

After completion of the training needs collection from all regional health directorates, the training courses will be considered to see the possibility of implementation by GAON, and the extent of their feasibility. Furthermore, to find out which courses need high budgets, and direct coordination with the General Directorate of Training and Scholarship at the MOH to share experiences and give technical opinions. Courses that will be implemented by the GAON will be determined based on their annual financial allocations.

Stage 3: Consider training courses that might be implemented by regional administrative of nursing (RAON)

The Training and Scholarship Administration will be coordinated in each region with RAON to determine the number of nursing courses from the annual courses implemented by the Training and Scholarship Department.

Stage 4: Consider the final list of training courses

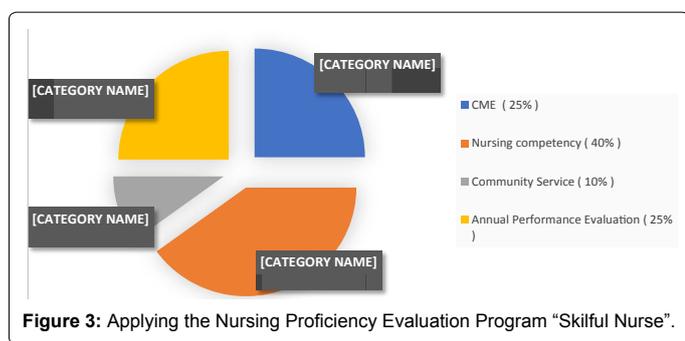
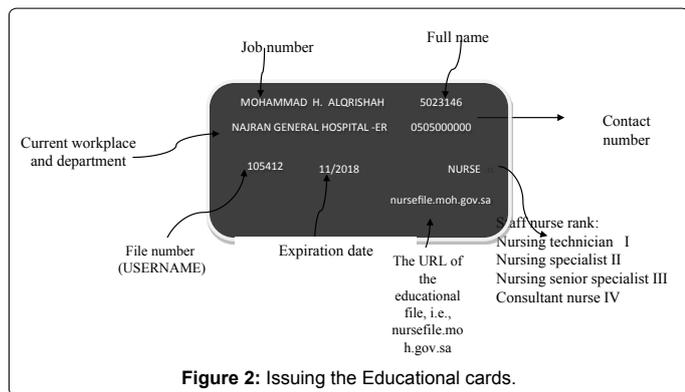
After the approval of the annual training courses in each region, the final list of courses/workshops will be sent to GAON. The list will contain all details of the courses/workshops (i.e., the name, date, place, target nurses and the size of participants). All of the training activities that were collected from all of the General Directorates of Health in the regions will be submitted in the electronic file of training and performance.

Stage 5: Approving the final list of educational activities

After the completion of reviewing all of the training activities throughout the Kingdom, activities will be confirmed and submitted at the site of the electronic training and performance file.

Issuing the Educational Cards

The training cards will be issued from RGONs to all employees of the MOH institutions and classified by the Saudi Commission for Health Specialties as nurses, whether in clinical, non-clinical or research fields.



The e-card will contain the job number, full name, current work place and department/ward, file number, expiration date, contact number, the URL of the electronic training and performance file, and the rank of the nurse (Figures 2 and 3).

Importance of the Training Card for New Graduate Nurses

The training card shall be one of the basic requirements for completion of the new graduate nurse file and shall not commence their actual practice in a health facility until it has been obtained. Moreover, they should be aware of the importance of continuous follow-up and attending the training activities and continuing medical education courses and workshops. This is regardless of whether compulsory or voluntary, and its importance to the financial benefits, allowances and financial compensation provided by the MOH.

Online Registration in Training Activities

Courses will appear automatically based on the information available about the nurse in the database. For instance, an emergency nurse will have training activities on emergency care, triage, levels of traumas, accidents, intensive care and related courses in all MOH healthcare facilities around the Kingdom. Registration is available on-site for all MOH nurses from all regions of the Kingdom. Moreover, the magnetic card is electronically linked to the training file of the nurse; so, during the course day registration, nurses just need to pass the card in front of the device.

Renewing or Updating of the Training Card

The card will be renewed or updated when expired, moving to another health facility, changing the current position from a specialist to a senior specialist or a consultant.

Applying the Nursing Proficiency Evaluation Program "Skilful Nurse"

Standards of nursing performance would play a significant role in improving and assuring the quality of nursing care through providing specific job-related performance requirements (Drake; Parand; Dopson; Renz and Vincent). The program consists of four main evaluation criteria: Continuous Medical Education (CME) activities, Nursing Competency, Community Service and Annual Performance Evaluation.

CME activities

The central aims are to expand the knowledge of the nurses, update their nursing and medical information, and to inform them of the new practice of nursing. 25 CME hours would be required annually. Each hour is equivalent to 4% of the final percentage (25%). The CME hours are in the field of nursing or related medical sciences and are accredited by the Saudi Commission for Health Specialties. This aims to motivate the employee to attend the largest number of education and training programs that will reflect positively on the nursing care provided, and their scientific and cognitive level.

Nursing competency

Thirty major skills in each department where the nurse currently works will be assessed to evaluate their competencies in providing quality levels of care to patients. The assessment form differs according to different medical departments. For instance, the skills assessment model in the paediatrics is different from the skills assessment model in the ICU because of the nature of work. Evaluation models for all departments are standardized from the GAON, each skill equivalent to 3.33% of the total of 45%.

Community service

There is no doubt that the effective educational message provided by the MOH in all visual, and audio media has an important impact in raising the level of awareness within the society. Thus, it is enough for the nurse to contribute to the effectiveness of a community service activity annually, and each contribution equivalent to the full percentage (15%), such as:

- Blood donation campaigns; organized by the MOH in cooperation with other government sectors (i.e., Red Crescent Authority).
- The annual assumptions that the civil defence assesses such as evacuation from floods or fires.
- Health education campaigns and lectures in schools, major commercial complexes and tourist festivals.
- Participation in major national events, such as the annual Janadriyah Festival.
- Temporary events of emerging diseases, such as H1N1 virus, and Severe Acute Respiratory Syndrome (SARS).

Annual performance evaluation

The annual performance evaluation of the nurse according to the Regulatory work rules of MOH, were promotions, bonuses and financial incentives. The full degree of evaluation (100%) is equivalent to 25 points and the aim would be to achieve the highest score possible.

Evaluation Mechanism

The evaluation process will be ongoing throughout the year (i.e., responsibility of the head of nursing education unit in each hospital and head nurses), and the final mark will be automatically released onto the nurse's electronic training and performance file annually by December each year. The original forms of the nurse will be kept in the nurse's file.

Future Benefits of the Program

- A fair scientific regulatory mechanism to know the real performance level of nurses and address errors.
- Knowing the distinguished nurses within the ministry.
- Aware of strengths and weaknesses of nurses and try to address specialized education activities dedicated to them.
- Helping in fairly selection of nurses for scholarships, specialized diploma programs and/or attending international conferences as awards.
- An appropriate standard in a scientific and thoughtful manner for selection of leadership positions.

References

1. Al-Jazairi AS, Al-Qadheeb NS, Ajan A (2011) Pharmacoeconomic analysis in Saudi Arabia: an overdue agenda item for action. *Ann Saudi Med* 31: 335-341.
2. Almalki M, Fitzgerald G, Clark M (2011) Health care system in Saudi Arabia: an overview. *East Mediterr Health J* 17: 784-793.
3. Ministry of Health (2017) The MOH Budget.
4. Mebrouk J (2008) Perception of nursing care: views of Saudi Arabian female nurses. *Contemp Nurse* 28: 149-161.
5. AlQuaiz AM, Siddiqui AR, Qureshi RH, Fouda MA, AlMuneef MA, et al. (2014) Women Health in Saudi Arabia: A review of non-communicable diseases and their risk factors. *Pak J Med Sci* 30: 422-431.
6. Felemban E, O'Connor M, McKenna L (2014) Cultural view of Nursing in Saudi Arabia. *Middle East Journal of Nursing* 8: 8-14.
7. Miller-Rosser K, Chapman Y, Francis K (2006) Historical, cultural, and contemporary influences on the status of women in nursing in Saudi Arabia. *Online J Issues Nurs* 11: 8.
8. Ashry GM (2002) Work-related assaults on nursing staff in Riyadh, Saudi Arabia. *J Family Community Med* 9: 51-56.
9. Aldossary A, While A, Barriball L (2008) Health care and nursing in Saudi Arabia. *Int Nurs Rev* 55: 125-128.
10. Aldossary AM (2013) The role legitimacy of nurses in Saudi Arabia. *Journal of Health Specialities* 1: 28-37.
11. Aldossary A, Barriball L, While A (2013) The perceived health promotion practice of nurses in Saudi Arabia. *Health Promot Int* 28: 431-441.
12. Ministry of Education (2015) Annual Statistical Report.
13. Mullen P, Spurgeon P (2012) Saudisation of the nursing workforce: Reality and Myths about planning Nurse Training in Saudi Arabia. *Journal of American Science* 8: 369-379.
14. Alsaqri S (2016) Patient Satisfaction with Quality of Nursing Care at Governmental Hospitals, Ha'il City, Saudi Arabia. *Journal of Biology* 6: 128-142.
15. Ministry of Health (2014) Annual Statistical Report.
16. Alamri AS, Rasheed MF, Alfawzan NM (2006) Reluctance of Saudi Youth Towards the Nursing Profession and the High Rate of Unemployment in Saudi Arabia: Causes and Effects. Riyadh: King Saud University.
17. Miler R, Drake M (1980) Standards of nursing performance. Tools for assuring quality care. *QRB Qual Rev Bull* 6: 16-19.
18. Parand A, Dopson S, Renz A, Vincent C (2014) The role of hospital managers in quality and patient safety: a systematic review. *BMJ Open* 4: 1-15.