

The Saudi Arabian 2030 vision and the nursing profession: the way forward

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Aim: To examine the outlook of the Saudi Arabian nursing profession in relation to the recently launched *Kingdom 2030 Vision*.

Introduction: Nursing in Saudi Arabia has advanced noticeably in education and clinical practice, but challenges remain in building and sustaining a Saudi nursing profession and workforce.

Background: Health care in Saudi Arabia is currently experiencing transformation because of population and economic growth. These transformations have been influenced by the Saudi Arabian 2030 Vision.

Sources of evidence: A literature review here examines the progress in transforming the nursing profession in Saudi Arabia. Relevant studies published between 2001 and 2017 were identified, using databases such as Medline, PubMed and PsychInfo.

Results: Nineteen studies reporting challenges and opportunities that the nursing profession faces in Saudi Arabia were included.

Discussion: The nursing profession in Saudi Arabia faces challenges from nursing shortages, underdeveloped nursing education and unclear scope of practice. However, the new 2030 Vision offers many opportunities for social and economic transformation.

Conclusion: Effective strategies must be implemented to accommodate the new outlook the 2030 Saudi Vision in order to advance the nursing profession and to improve healthcare delivery in Saudi Arabia.

Implications for nursing and nursing policy: Nursing policymakers urgently need to improve nursing care in Saudi Arabia by addressing the nursing shortage, generating strategies to improve nursing education and establishing scope of practice guidelines. These critical issues must be addressed with the context of the 2030 Vision.

Keywords: Kingdom's Vision 2030, nursing, nursing education, nursing scope, nursing workforce, Saudi Arabia

Introduction

Saudi Arabia, which occupies three-fourths of the Arabian Peninsula, has a population of 28 160 273, of whom 45.41%

are under the age of 18 (The World Factbook 2017). The Kingdom of Saudi Arabia, which possesses some of the most massive oil reserves in the world, has witnessed an economic

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boom in recent years owing to the unprecedented escalation in oil prices, which in turn has influenced the health and lifestyle of Saudi people.

In the healthcare sector, nurses make up the majority of healthcare providers (Almalki et al. 2011). Like the rest of the world, Saudi Arabia suffers from a chronic shortage of qualified nurses (World Health Organization (WHO) 2010) as well as high turnover rates among nurses, with consequent repercussions on the quality of care provided (Aboshaiqah 2016; AL-Dossary et al. 2016a). This shortage, combined with a vigorous development and expansion in governmental and private healthcare organizations, has created an acute need for expatriate nurses. In fact, Saudi hospitals depend mainly on an expatriate workforce of nurses (more than 60%) who come from more than 40 diverse countries, including the United States, Australia, the Philippines and India (AL-Dossary et al. 2016a,b; Hassan 2017).

Background

The Saudi Arabian healthcare sectors are currently undergoing major adjustments because of population and economic growth, as well as such patient-related factors as health awareness and prevalent diseases. Many of these adjustments are stemming from the 2030 Kingdom's Vision, which proposes that the quality of health care and education should improve to meet national needs and international accreditation standards (Kingdom of Saudi Arabia Vision 2030 2016; Saudi Arabia Vision 2030 2016; Saudi Vision 2030 2016). One of the major goals of the Kingdom's 2030 Vision is 'Caring for our health'. In order to achieve this goal, the health sectors are required to increase the capacity of their healthcare settings and to improve the efficiency and quality of the primary, secondary and tertiary healthcare services provided to Saudi citizens (Kingdom of Saudi Arabia Vision 2030 2016; National Transformation Program 2020 2015). Such major modifications are likely to impact on the nature and composition of both healthcare and educational systems.

In an obvious move towards a knowledge-driven economy, one of the goals of the Kingdom's 2030 Vision is 'an education that contributes to economic growth' (Kingdom of Saudi Arabia Vision 2030 2016; Saudi Arabia Vision 2030 2016; Saudi Vision 2030 2016). The top Saudi government expenditure in 2018 is for education and health care at \$192 billion, after defence sector spending of \$147 billion (Ministry of Finance 2017), demonstrating the Saudi Government is truly committed to achieving the 2030 Vision. The Kingdom's higher education institutions are required to forecast demand in the job market for different types of professionals in order to assist with adding, deleting or modifying programmes and

to help students make career decisions. By 2030, and as a performance indicator of the aforementioned goal, Saudi Arabia thus wishes to advance a minimum of five Saudi universities to be included in the top 200 universities in the world.

The Saudi Vision aims to privatize the healthcare sector and to establish partnerships between the public and private healthcare sectors (Saudi Vision 2030 2016), as well as to develop new national healthcare programmes and to encourage the Kingdom's international partners to invest in the national health care. The vision will also help to accomplish the Saudization (i.e. increasing the employment of Saudi citizens) of the healthcare sector especially, as the majority of healthcare providers are expatriates. Doing so would reduce the historic heavy reliance on foreign health practitioners by developing well-trained native healthcare practitioners, including nurses. Thus, the Kingdom has to consider the education standards for nursing degrees to help achieve this vision.

Expanding local industries, also an essential part of Saudi Vision 2030, will improve the quantity of manufactured healthcare products in Saudi Arabia. The Ministry of Health (MoH) and other entities are working together to attract leading global players in many healthcare products, such as pharmaceutical and medical equipment. These measures will create an attractive environment for both national and international investors, thus benefiting the Saudi economy and establishing control over the medicine supply chain to ensure a sufficient supply of basic medicines.

The 2030 Vision calls for a number of government endeavours to enhance the healthcare sector, including through information technology (IT) and digital transformation, along with a sophisticated IT infrastructure in primary care and improved access to public health services that focus on obesity and smoking, as these are major health issues in the Saudi community; and better services at emergency or urgent care (i.e. regarding admission/transfer/discharge) before hospitalization. All of these are meant to improve the quality of life for Saudi citizens, with some of them designed to take pressure off of acute care facilities.

Most important for the purpose of this study is the Vision's aim to address the problems in the nursing profession. Among other things, the 2030 Vision aims to increase the attractiveness of nursing and medical support staff as a preferred career path and to shed light on nursing and its essential role in the interdisciplinary healthcare team. Measures will be taken to raise awareness of nursing in the population; these include improving the nursing profession image in the Kingdom, which will ultimately help alleviate the nursing shortage at Saudi hospitals by attracting more high school students to join the nursing field.

The purpose

The purpose of this paper is to explore the development of nursing as a discipline in the Kingdom of Saudi Arabia, including the opportunities and challenges and clinical practice of the nursing profession. The following sections outline the historical background of nursing in the Kingdom of Saudi Arabia and describe problems in the current nursing workforce, the nursing image and the nursing scope of practice. The outlook for the nursing profession in the Kingdom of Saudi Arabia is examined in relation to the current efforts of the government and the 2030 Vision. This study is crucial for the advancement of nursing in Saudi Arabia, as it is the first, so far as the researcher could determine to discuss nursing in the light of the Kingdom's 2030 Vision have not yet been done.

Sources of evidence

To examine progress in transforming the nursing profession in Saudi Arabia, the literature reviewed here includes studies published between 2001 and 2017 that offer information about the nursing profession in the Kingdom of Saudi Arabia—including nursing education, the nursing workforce and the nursing scope of practice. These were identified from the following databases: the Scientific Literature in Medline, PubMed, Cumulative Index to Nursing & Allied Health Literature database guide (CINAHL) and PsychInfo. The key terms 'nursing', 'workforce', 'education', 'scope', 'Vision 2030' and 'Saudi Arabia' were used in the electronic search. The inclusion criteria were English and peer-reviewed journal articles about the nursing profession in Saudi Arabia. The exclusion criteria were letters to the editor and case reports. After a narrowing process, only 19 studies were identified that met the inclusion criteria.

Historical background of the nursing profession in Saudi Arabia

Rufaida Al-Asalmiya, a nurse and educator and counterpart to the nursing pioneer Florence Nightingale (Stanley & Sherratt 2010), was the first woman to practice and establish the nursing profession during the early Islamic period by providing nursing care to injured soldiers. Further, she established a clinic to offer care to the general population and to teach nursing to Muslim women (Almalki et al. 2011).

Nursing as a profession in the Kingdom of Saudi Arabia has advanced noticeably in many areas, such as education, clinical practice and manpower. In 1958, the MoH collaborated with the World Health Organization (WHO) and established the first one-year 'Health Institute Program' in Riyadh. Fifteen Saudi male students, who were elementary graduates,

enrolled in the first batch and graduated as nurse aides. Two more Health Institute Programs were later established (in 1962) in Riyadh and Jeddah City that enrolled Saudi females (Tumulty 2001); the graduates of those programmes worked as nursing aides (Miller-Rosser et al. 2006).

The MoH established more institutes and extended these programmes to 3 years.

Successful completion of middle school was mandated to enter these programmes (Miller-Rosser et al. 2006). In 1990, the total number of health institutes that offered nursing education for males and females increased to 17. Two years later, nursing colleges were established to improve the educational and clinical levels of Saudi nurses (Abu-Zinadah 2006). These colleges required high school preparation as an enrolment condition for applicants. Graduates of these programmes were awarded nursing diplomas and were licensed as technical nurses (Saudi Commission for Health Specialists 2008).

In 1976, the Saudi Ministry of Higher Education established the first nursing baccalaureate programme, a Bachelor of Science in Nursing (BScN), in Riyadh, King Saud University. Two more BScN programmes followed, one in Jeddah (1977) at King Abdulaziz University and another in Dammam (1987) at King Faisal University (Tumulty 2001). In 1987, King Saud University opened the first Master of Science in nursing (MSN) in Riyadh; nurses were awarded an MSN and were then classified as specialists (Saudi Commission for Health Specialists 2008).

Nursing programmes in Saudi Arabia historically have had low enrolment rates, partly because of the poor image of the nursing profession in the Saudi community. Strict admission criteria for nursing schools combined with the lengthy 5 years needed have contributed to low enrolment rates (Tumulty 2001). Successful high school students favoured other professions with flexible admission criteria and quicker graduation. Such working conditions as night shifts and mixed working environments also accentuated the poor image, especially for female nurses, for cultural and family reasons (AlYami & Watson 2014). Enrolment rates have improved in recent years, but the poor image of nursing remains a major contributor to the shortage of nurses in the Kingdom of Saudi Arabia, with relatively few nationals preferring nursing as a career option.

Nursing scope of practice

In 1993, a Royal Decree was issued to establish the Saudi Commission of Health Specialties (SCHS), an independent professional supervisory body with legal responsibility towards healthcare professionals (Saudi Commission for Health Specialties 2016). The Nursing Board joined the commission on

2002 and established registration and licensure standards in 2003 (Saudi Commission for Health Specialties (SCFHS) 2014). It adopted international standards for education and training requirements, and formed a code of ethics (Aldossary 2013). It is also accountable for assuring that all practicing nurses in Saudi Arabia are registered. In the last decade, the SCFHS has made vast improvements in professionalizing nursing. However, a national nursing scope of practice has not been developed yet (Aldossary 2013). According to Zakari et al. (2010) and Aldossary (2013), the lack of a scope of nursing practice may have led to changes in nursing job descriptions that have, in turn, affected patient safety and healthcare delivery.

To improve this situation, the nursing profession in Saudi Arabia might profit from adapting successful international examples to the Saudi context. The Nursing Midwifery Council (NMC) in the United Kingdom (UK) (The Nursing Midwifery Council 2017), American Nurses Association (ANA) (2017) in the United States and the Nursing and Midwifery Board in Australia (2016) are all professional nurses' associations that provide codes or guidelines and standards of education, training and practice that regulate nursing and midwifery in their respective countries. These organizations help to protect the public by ensuring safe and ethical nursing practice and to make sure that nurses are adequately educated for their responsibilities. Imitating these international models, Saudi Arabia should consider establishing an independent regulatory nursing body/council, modified to fit the different practice settings and culture in Saudi Arabia, specifically in terms of communication practices and gender segregation (for further discussion, see the subsequent section 'The Way Forward').

The current nursing workforce

The MoH is the main provider of national health services in Saudi Arabia, including primary prevention, curative and rehabilitative services (Almutairi 2015; Ministry of Health 2016). Currently, Saudi nurses comprise only 36.5% of the total nursing workforce with a significant proportion of these working in administrative positions. The Ministry of Health (2016) statistics indicate that the total number of nurses working in all Saudi healthcare sectors is 180 821. Of those 101 256 (57.6% are Saudi) work at MoH; 36 927, in other governmental sectors (14.9% are Saudi); and 42 638, in the private sector (5.3% are Saudi; Table 1). The percentage of Saudi nurses has increased from 24.4% to 29.1% in 2008, 36.2% in 2012 and 36.5% in 2016 (Almalki et al. 2011; Ministry of Health 2016). Although these figures show progressive growth in the number of national nurses, they are still not

Table 1 The Saudi Arabian Nursing Workforce (2016)

<i>Nationality</i>	<i>MoH</i>	<i>Governmental</i>	<i>Private</i>	<i>Total</i>
Saudi	58 274 (57.55%)	5518 (14.9%)	2265 (5.3%)	66 057
Non-Saudi	42 982 (42.45%)	31 409 (85.1)	40 373 (94.7%)	114 764
Total	101 256	36 927	42 638	180 821

Ministry of Health (2016).

enough to meet the Kingdom's actual demand for nurses (Aboshaiqah 2016).

Furthermore, official national statistics forecasts that the need for nurses in the Kingdom of Saudi Arabia will have doubled by 2025 (Youssef et al. 2013). This means that approximately 100 000 nursing positions will need to be filled by 2030. These statistics also suggest that an average of 6000–7000 new nurses per year should be graduated and employed (McKinsey Global Institute 2015). Home-grown nurses are preferable for a variety of reasons: first, communication barriers (i.e. language) exist with the expatriate nurses in Saudi Arabia. These barriers affect the care provided to patients because they can hinder understanding between nurse and patient. Second, unique features of Saudi culture, such as male–female segregation, make it more difficult for non-Saudi nurses provide for the socio-cultural needs of Saudi patients. It is mandated also that female patients receive care from female nurses, with the same applying to males. Such practices mean that extra time and resources must be expended to orient foreign nurses to the Saudi culture, whereas these resources could be used more profitably elsewhere with the development of a native nursing workforce.

According to the World Health Organization (2017), it is critical to build a capacity of high-quality nursing; thus, nurses should receive excellent education. Good nursing education is important because it assures the improvement and advancement of the nursing profession (Hassan 2017). An educated and skilful nursing workforce is crucial to meet the national demand by providing high-quality health services (Alharbi et al. 2017). Thus, it is crucial that nurses are exposed to an outstanding education, continuing professional development and interdisciplinary cooperation.

Although the number of nursing colleges in the Kingdom has increased sharply in recent decades (Alboliteh et al. 2017), the academic preparation of such a large number of Saudi national nurses still presents a stiff challenge, given the current capacity of higher education institutions. Therefore, it is reasonable to expect that Saudi Arabia will continue to rely heavily on expatriate nurses and to experience diversity in its

nursing manpower for the foreseeable future. Efficient national strategies need to be developed to respond to this critical challenge.

The way forward

The International Council of Nurses (ICN) is working jointly with the WHO on the Nursing Now! Campaign (Kennedy 2017), which aims to improve nursing conditions in general worldwide. The Saudi MoH could implement this WHO campaign to help improve the nursing profession image in the Kingdom and thus alleviate the nursing shortage. The Saudi 2030 Vision, however, is the major part of the government's drive to address the urgent and serious challenges facing the nursing profession, which mainly concern the workforce, education and scope of practice.

The chief cause of the nursing shortage is that the majority of nurses are expatriates. Unfortunately, as they gain experience, most of them leave Saudi hospitals to work in American, English, Canadian, Australian and New Zealand hospitals—that is, turnover is high (Almalki et al. 2011). The nation has already been implementing the 'Saudization' programme, which aims at gradual replacement of expatriates in the Saudi Arabian's workforce with qualified Saudi nationals (Alboliteh et al. 2017), including nurses and other health professionals. Although Saudization is in the national interest for socio-cultural reasons for reasons already mentioned, building a long-term Saudi workforce will be successful only when enough competent candidates are prepared. This will need to happen gradually to be in line with the 2030 Vision.

The chronic shortage in nursing has also been exacerbated by rapid growth in the Saudi population, the changing healthcare needs and the rapid development of healthcare systems in terms of technologies and facilities. Retention and stability in nursing manpower could be addressed with such incentives as bonuses, flexible schedules, reduced workload and opportunities for promotion and administrative tasks (Alboliteh et al. 2017). Reduction in working hours (48 per week) and introducing flexible working hours for female nurses may be the most important, as 75% of the nursing workforce in Saudi Arabia is female (Ministry of Health 2016). All such measures may help with achieving the goals of the 2030 Vision.

As another remedy for the shortage, Saudi Arabia is trying to increase the attractiveness of the profession of nursing as a preferred career path. Amendments to the employment policy at the Ministry of Civil Service in Saudi Arabia are vital for augmenting such efforts. As one example, the nursing profession is currently linked to the allied health professions at the Ministry of Civil Service; however, it should be distinguished

from the other health professions to help improve the pay scale for nurses and to make it an attractive and recognized career.

With regard to nursing education, certain changes are needed that will help to alleviate the acute shortage of nurses. The author proposes tackling the nursing shortage by increasing the number of nursing programmes (e.g. bridging and accelerated programmes) and scholarships. Other options could include students' being allowed to pursue a double degree and providing non-traditional entry routes for those who already have other degrees. Saudi universities could also model themselves on places such as the University of Nottingham in the UK, which accepts nursing students into a two-year, fast-track master's degree programme. Such nursing graduate programmes aim at highly motivated graduates who wish to become registered nurses.

The nursing profession has a poor image in Saudi culture, which suppresses enrolment in nursing programmes. Strategies need to be devised to attempt to attract the youth to joining nursing programmes and reducing the burden of the shortage. Specifically, nursing schools need to develop outreach programmes targeting middle and high school students. Part of the image problem stems from lack of public awareness because of insufficient advertising by academic institutions and media (Lamadah & Sayed 2014). Nurse leaders and educators need to develop campaigns to correct long-standing myths and inaccurate stereotypes, improve the image of the nursing profession and emphasize the importance of nurses' role in the interdisciplinary healthcare team. Such a campaign would also increase public knowledge and awareness of the nursing profession (Alboliteh et al. 2017; Hassan 2017). If the image of the nursing profession is improved through the positive changes suggested above, such as increased pay and flexible working hours, nurse leaders and educational bodies will be able to attract more Saudi youth to nursing.

Finally, national guidelines for the scope of nursing should be developed. A well-defined scope of nursing practice should describe general nursing functions, responsibilities and tasks, and should specify whether a nurse will work with other healthcare professionals or independently, based on the nature of a given task. Professional boundaries in nursing protect the space between the power of professionals and the vulnerability of clients (A Nurse's Guide to Professional Boundaries 2014). Selecting and maintaining appropriate boundaries in a nurse–client and/or midwife–mother relationship facilitate safe and therapeutic practice and effective care. Such boundaries also need to accommodate different cultures with their differing expectations and understanding of relationships and boundaries. The Saudi context, for example, has such mores

regarding the elderly and segregating males and females. Culturally safe nursing care includes balancing power relationships while providing care that is culturally competent and culturally responsive (Peterson, 1992). Establishing professional boundaries allows for safe relationships between patient and provider.

In particular, an independent nursing body/council would help to regulate the nursing profession and set clear expectations for therapeutic and professional nurse–patient relationships. This council would outline procedures appropriate for delegation to nurses and/or nurse assistants as permitted by law. Restrictions should be placed on what is permitted, based on specific experience and educational credentials. Guidelines should be established for whether nurses practice autonomously or in cooperation with other healthcare providers. Such a clarification is mandatory as it will determine the range of knowledge, skills and classification that nurses should obtain and the extent of their involvement in patient care, all of which will assure patient safety and improve the quality of care (Aldossary 2013; Zakari et al. 2010). Such clarification is particularly vital in Saudi Arabia, a large country wherein specialists and consultants may not be available in rural or remote areas. It is helpful for nurses in such places to have the skills and authority to carry out procedures and administer medications until another professional arrives.

Implications for nursing and nursing policy

Several implications for nursing education, administration and policy may be derived from this description of the Saudi nursing profession and the observations on where it is headed in relation to the government's 2030 Vision. To address the issue of the shortage, nurse educators should try to improve the attractiveness of nursing as a profession in order to meet the nation's demand. The Saudi colleges of nursing should also ensure high-quality curriculum, which accommodates problem-based learning, is student-centred and is moving away from older spoon-feeding teaching methods. Change has to begin with school educational policies; in fact, the Ministry of Education will be sending teachers to Finland to learn comprehensive teaching practices (University of Tampere, 2017). University academic staff will need to be retrained in the newer learning methods, similar to the Gulf Cooperation Council countries that are addressing the need for adequately trained academic staff by establishing partnerships with international academic institutions that endorse problem-based learning in their curriculum. The Ministry of Education may consider planning recruitment partnerships through nursing colleges and MoH, starting with enrolling students in nursing colleges and then guaranteeing a job after

graduation. Such a 'marketing plan' may attract more high school students (Alroqi 2017).

Improving the nursing profession image in the Saudi culture is crucial for attracting the youth to join nursing programmes. Saudi decision makers may consider adopting the Nursing Now! Campaign as a way to improve the poor image of the nursing profession. The need for scope of nursing practice guidelines should also be addressed immediately as neglecting this issue will affect patient safety and the quality of health care.

Moreover, Saudi nurse decision makers should ensure that health care meets national and international standards by means of an up-to-date education for Saudi nurses. The three areas of practice, education and research in nursing should all collaborate in response to this critical issue.

Conclusion

In summary, nursing leaders and educators, decision makers and researchers need to work together and to follow the path of the 2030 Saudi Vision in order to advance the nursing profession and its public image for improving overall health care in the Kingdom of Saudi Arabia.

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