A development model for nursing in the Kingdom of Saudi Arabia

Ali M. Al-Shehri, AACHE, FPH.

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. 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). 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.

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. 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

Disclosure. Authors have no conflict of interests, and the work was not supported or funded by any drug company.
A model of nursing in KSA ... Al-Shehri

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

The model. Drawing on a previous work, 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.7 Saudi nurses constitute only 29% of the
nursing workforce in KSA and the majority of this small
percentage is not well utilized and developed.3 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.7 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".8 This means that whether this model is accepted as a strategic model or not there must be a nursing workforce 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.

Received 21st April 2013. Accepted 2nd September 2013.

From the Department of College of Medicine, King Saud bin Abdulaziz University for Health Sciences, National Guard Health Affairs, Riyadh, Kingdom of Saudi Arabia. Address correspondence and reprints request to: Dr. Ali M. Al-Shehri, Associate Professor, College of Medicine, King Saud bin Abdulaziz University for Health Sciences, National Guard Health Affairs, Riyadh, Kingdom of Saudi Arabia. Tel. +966 505488168. E-mail: Shehria3@ngha.med.sa

References


Related Articles


Al-Turki HA. Saudi Arabian Nurses. are they prone to burnout syndrome? Saudi Med J 2010; 31: 313-316.