Nursing Leadership in Saudi Arabia

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Abstract

Rapid population growth in Saudi Arabia has added to the complexities of its healthcare system, which makes it necessary to study some of the aspects of its healthcare system in detail. The field of nursing is one such aspect. This paper aims to review some of the research studies which have been carried out on nursing leadership in Saudi Arabia. For this paper, specific search terms were used in Google Scholar search engine and the results were shortlisted according to the year of publication. From the review of the studies available on the subject, it was clear that the current policy of Saudisation has not boded well for the field of nursing as there are significant challenges in the recruitment and retention of Saudi nationals in the field (e.g. insufficient training programs, religious and cultural limitations, social perceptions, gender issues etc.). The issue of job satisfaction dependent on nursing leadership style has also been talked about.

Keywords: Nursing Leadership, Healthcare, Saudi Arabia, Review

Background

Saudi Arabia has witnessed rapid population growth over the last few decades. This has meant added complexities to its healthcare system. The policy of Saudisation has also put a strain on the recruitment of talented and experienced expatriate nursing staff. In such a scenario, it is imperative that the nursing leadership in the country's hospitals is up for the challenge.

In this paper, we will review some of the research studies which have been carried out on the subject of nursing leadership in Saudi Arabia. Towards this end, specific search terms were used in Google Scholar search engine, such as "Saudi Arabia + nursing leadership", "Saudi Arabia + nursing management" etc. The results of these searches were shortlisted as per the year of publication. For the purpose of this study, only studies published after 2000 were used, in order to examine the phenomenon of nursing leadership in Saudi Arabia.

Review

Over the past few years, Saudi Arabia's Ministry of Health (MOH) has been very concerned with the severe shortage of qualified nurses. The problem gets magnified due to the minimal participation of Saudi nations in the field of nursing. In early 2000s, Saudis comprised 19.8% of the total nursing workforce (Ministry of Health Statistical yearbook, 1998 – as cited in Al-Ahmadi, 2002). As per Al-Ahmadi, the field of nursing does not attract sufficient Saudi nationals due to factors such as salaries, shift schedules, and also, the social perception of nurses. Al-Ahmadi mentions that the Saudi Ministry of Health has placed the recruitment and retention in nursing high on its agenda.

According to Al-Ahmadi (2002), the country's healthcare environment has been changing as greater importance is being placed on cost cutting and financial responsibility. This makes the recruitment and retention of qualified nursing staff very difficult in Saudi hospitals. Al-Ahmadi states that healthcare organizations need to aim at creating working environments which improve job satisfaction, so that productive and experienced employees can be retained. an accurate and

precise information about a particular profession should be thoroughly provided and instilled to them thus to allow the individual to form judgment and proper decision on his or her career options based on a personal motivation, aspiration, and talents. The literature now indicates that a major issue is the retention of these new nurses. Studies have shown that many nurses express dissatisfaction about their workplace and that decision makers are unable to meet their needs (Phillips, 1989; Tumulty, 2001 – as cited in Alboliteeh, Magarey, & Wiechula, 2017).

The importance of effective leadership in health care has been emphasized by a number of authors (Dunham and Fisher, 1990; Hewison and Griffiths, 2004; Carney, 2006; Greenfield, 2007; Sutherland and Dodd, 2008), and nursing leadership is pivotal to this as nurses represent the largest discipline in health care (Oliver, 2006; Marquis and Huston, 2009; Roussel et al, 2009; Sullivan and Garland, 2010 – as cited in Curtis, de Vries, & Sheerin, 2011).

Factors Affecting Job Satisfaction of Nurses

Several factors were found to influence job satisfaction including: Job stress, job motivation, job expectations, meaningful work, knowledge of work results, commitment to career, health difficulties, task identity, supervision, dealing with at work, opportunity for advancement, pay and job security (Stechmiller & Yarandi, 1992 - as cited in Al-Ahmadi, 2002). Nurses' job satisfaction was also found to derive from the following factors: Patient care, environment, balanced workload, relations with coworkers, personal factors, salary and benefits, professionalism, cultural background, and career stage of the nurse (McNeese Smith, 1999 – as cited in Al-Ahmadi, 2002).

In the specific case of nurses in Saudi Arabia, there have been studies carried out to explore the set of factors which motivate Saudis to join the nursing profession. According to one such study by Alboliteeh, Magarey, & Wiechula (2017), Saudi nurses were relatively young, inexperienced and not highly educated, in contrast to nurses in developed nations such as Australia, Singapore, Canada, U.K., New Zealand and the U.S. The study was carried out on registered nurses of Saudi nationality who had a very different profile from the expatriate nurses working in the Saudi hospital system. As per the authors of this study, the youth and the inexperience of nurses of Saudi nationality can be attributed to the Saudisation policy implemented by the government, which has now been actively targeting healthcare professions such as nursing. The findings of this study indicated that nurses in Saudi were motivated to join the profession for reasons similar to those of other nurses around the world. The strongest reasons among these included helping others to cope with diseases, being in a caring occupation, and altruism. These results supported the results of previous studies, such as the one carried out by Mebrouk in 2008. Other factors, identified by the study by Alboliteeh, Magarey, & Wiechula (2017) include job security, and job flexibility.

Saudisation

Traditionally, Saudi Arabia has relied on expatriates to provide nursing care in its hospitals (Al-Mahmoud, 2013). In 1992, the Saudi government decreed that all sectors of the country's workforce will have to enforce the policy of Saudisation, or reduce the reliance on expatriate workforce and to reduce the unemployment rate of Saudi nationals through restriction of foreign employment, reserving certain jobs for Saudi nationals only and to create new jobs for Saudis (Al-Mahmoud, Mullen & Spurgeon, 2012 – as cited in Alboliteeh, Magarey, & Wiechula, 2017). This has impacted the constitution of the Saudi workforce across all fields. The policy has resulted in a rapid increase in the number of Saudis entering the nursing workforce. In just one

decade the percentage of Saudis in the nursing workforce increased from 22.3% to 50% (MOH, 2012 – as cited in Alboliteeh, Magarey, & Wiechula, 2017). However, unlike other developed countries, men comprise 25% of this workforce and 50% of all Saudi nurses. This is a unique and relatively new phenomenon; previously there have been few Saudi males in the nursing workforce.

There have been studies carried out which have explored the barriers which might be created due to Saudi Arabia's dependence, till now, on expatriate nurses. According to the study by Al-Mahmoud (2013), "dependency in Saudi Arabian hospitals on expatriate nurses from various nationalities can create barriers between patients and nurses because of differences in religion, culture, social values and relatively short-term commitments" (pg. 591). This study talks about the barriers to achieving the Saudisation goal of increasing the number of Saudi nurses. One of the primary barriers to this is the perception in Saudi Arabia that nursing is not a respectable profession for Saudi women, where many families view nursing as being an inappropriate area of study for women. Their primary concerns are reputation and honour which has led to limited participation of Saudi women in nursing (Al-Mahmoud, 2013). The study goes on to say that nursing is not a welcome profession for even the Saudi men as they may face criticism from family and friends. Many times, the families are not comfortable in telling friends that their sons are in the nursing profession.

Over the past few years, there has been a lot of research which has been carried out on the effect of "religious factors, socio-cultural attitudes, the poor image attached to nursing, unattractive working conditions and a lack of options for balancing work and family responsibilities on the perception of the role of nursing" (Rehemi, 1986; Rawaf, 1990; El-Sanabary, 1993; Tumulty, 2001; Al-Omar, 2003; Miller-Rosser et al. 2006 – as cited in Al-Mahmoud, 2013). According to Al-Mahmoud (2013), non-Arabic-speaking nurses could be at a disadvantage, due to language barriers, cultural differences and their relatively short-term commitment. The author says that Saudi nurses are supposed to be more efficient communicators when it comes to patients and their families, and this is bound to be visible in the quality of care and counselling they provide. Hence, according to Al-Mahmoud (2013), there is need for the country to provide additional nursing training to its citizens but also come up with policies which help retain Saudi nationals in the nursing profession.

As per the study by Al-Mahmoud (2013), there is anecdotal evidence that some people are detracted from applying for nursing training mainly because, the entry requirements frequently demand very high GPAs. According to Al-Osaimy (2004), the use of English as the medium of study as acted as a deterrent for potential applicants in for nursing training (as cited in Al-Mahmoud, 2013). As per the study by Hamdi and AlHaidar (1996), students from different parts of Saudi Arabia had different levels of understanding and awareness of the possibilities offered by the nursing profession (as cited in Al-Mahmoud, 2013).

According to Alshammari (2014), Significantly, the term 'Saudization' is used more as an ideology than a policy and professions are prioritised differently, with areas such as engineering given a higher priority than nursing. Reasons for this include the lack of fully accredited nurse training programs and the influence of gender, as engineering is a male-dominated profession. The problem of this lack of prioritisation has been exacerbated by the rapid population growth in Saudi Arabia (Al-Hosis et al., 2012). According to Abu-Zinadah (2007), the number of Saudi nurses is being proportionally reduced, with deficiencies in nurse availability due to reach a crisis point by 2025, by which time the Saudi population is expected to have reached 45 million,

up from 20 million in 2014. This fact underlines the urgency of preparing registered nurses and implementing succession planning for graduating nurses who will move into key positions in the future (Alshammari, 2014).

Effective Leadership Styles

There have been studies on how effective leadership styles may improve the quality of health care outcomes. According to Charlton (2000), effective leadership involves empowering ordinary people to perform extraordinarily when faced with change and challenges; it also consists of enabling people to maintain constant performance and benefits (– as cited in Aboshaiqah, Hamdan-Mansour, Sherrod, Alkhaibary, & Alkhaibary, 2014). Studies say that leadership in healthcare organizations is a significant factor for ensuring quality health care services, patient satisfaction and financial performance (Smith, 2013; Schyve, 2009 – as cited in Aboshaiqah et al., 2014). Cummings et al. (Cummings, MacGregor, Davey, Wong, Lo, Muise, & Stafford, 2010) state that that leadership styles and practices within health organizations impact work environments, productivity and organization effectiveness (-as cited in Aboshaiqah et al., 2014).

There have been improvements in available knowledge which have revealed leadership and management practices leading to improved patient's outcome (Wong, 2007 – as cited in Aboshaiqah et al. 2014). As per Manfredi (1995), healthcare services are facing higher demands and this has made it imperative for nursing leaders to fuel higher quality performance with lesser resources at their disposal (- as cited in Aboshaiqah et al. 2014).

Due to these changing dynamics, nurse managers or nurse leaders must identify leadership styles which allow them to function well even under socioeconomic constraints and provide quality patient care. This contributes to change the assumed roles of nurse leaders in global health systems (Bondas, 2003 – as cited in Aboshaiqah et al., 2014).

According to various studies, positive leadership characteristics in nurse leaders are linked to increased patient satisfaction, high patient safety measure, reduced adverse events and complications, decrease nurses' turnover, and high level of nurses' satisfaction (Pollack & Koch, 2003; Force, 2005; Kleinman, 2004 – as cited in Aboshaiqah et al., 2014).

Transformational Leadership – Transformational leadership has been defined by various authors, such as Failla & Stichler, 2008; Huber, 2006; and Roussel, 2009. Almutairi (2011) talks about transformational leadership as a managerial style in which supervisors enable employees to participate more in decision making and who encourage a two-way communication process tend to generate a favorable climate within the nursing team, characterized by less interpersonal conflict and hostility and fewer uncooperative relationships (Stordeur, D'hoore, & Vandenberghe, 2001). This is true because supervisors not only represent the organization's culture, but they also exert a direct influence upon subordinates' behaviors (- as cited in Almutairi, 2011).

Transformational leadership is where the manager or supervisor acts on employee concerns about open communication, acknowledgement of work well-done, encouragement of employee growth and autonomy increase job satisfaction among staff nurses. Basically, "leaders, who ask questions, listen, provide the necessary supplies and support, match employees' interests and abilities to their job functions, and practice collaborative nurse management behavior add meaning to the work of nurses, all of which result in high job satisfaction" (- as cited in

Almutairi, 2011). A leadership with such characteristics can be called transformational. Almutairi (2011) states that "adjustments in leadership style reflect attention paid to the work-related abilities, needs, and desires of individual nurses in conjunction with work-related demands and developmental plans" (pg. 1).

According to Almutairi (2011), leadership style can directly affect employee satisfaction and growth, and hence, it can impact the well-being of patients and their families. When leaders appreciate and recognize the work of their subordinates, they serve as role models of encouragement.

Changing Role of Nurse Manager

According to Jooste (2009), over the years, the role of a nurse leader has evolved to include more than just control; today, a nurse leader functions more like a visionary who assists, organizes and leads nurse's activities (as cited in Aboshaiqah et al., 2014). According to the study by Hamdan-Mansour & Dawani (2009), due to this evolution, nurses also need to bring about a change in their perception of leadership roles as any misconceptions may create unpleasant working environments, leading to poor quality of patient care (- as cited in Aboshaiqah et al., 2014).

From Transactional to Transformational - According to Avolio, & Gibbons (1988), leaders' authority is changing and that has seen a change from transactional (TA) to transformational leadership style (TF) (- as cited in Alshahrani & Baig, 2016). The TA style can be of two types – constructive and corrective. In the corrective type, "the leader works with individuals and/or groups, setting up and defining agreements or contracts to achieve specific work objectives, discovering individuals' capabilities, and specifying the compensation and rewards that can be expected upon successful completion of the tasks" (Bass & Avolio, 2004 - as cited in Alshahrani & Baig, 2016). In the corrective form, the leader aims at the standards which relate to the task in two types. In its passive form, it involves waiting for mistakes to occur before taking action; and in its active form, there is close monitoring for the occurrence of mistakes (as cited in Alshahrani & Baig, 2016).

The TF style comprises 4 major factors - idealized influence (attributes and behaviours), inspirational motivation, intellectual stimulation, and individualized consideration (Bass & Avolio, 2004 – as cited in Alshahrani & Baig, 2016). In this style of leadership, the leaders tend to place followers' needs over their own needs and end up influencing the beliefs and attitudes of followers to align with theirs. Only then do they instruct followers towards the achievement of greater organizational success (Alshahrani & Baig, 2016). As per Alshahrani & Baig (2016), nurses have rated the transformational leadership style higher as compared to the transactional leadership style.

The findings of Alshahrani & Baig (2016) show that most of the nurse leaders demonstrated the transactional leadership style. The study identified that factors such as pay, fringe benefits and nature of work weren't linked to leadership styles. The study revealed that nurses who worked with leaders with higher transformational style of leadership had greater job satisfaction compared to nurses who worked with leaders with higher transactional style of leadership. The study also identified that organizational outcomes were better with the transformational style of leadership.

Delegation and Conflict Resolution

Conflict is inevitable in healthcare settings, and with the growth in population, conflict is also increasing in the field of healthcare. Hence, it is imperative to identify the conflict resolution strategies being used by nurses and their leaders while dealing with patients as well as doctors. According to Baddar, Salem, & Villagracia (2016), conflict is one of the issues most commonly experienced by nurses. Hence, not just nurses, but also nurse leaders must be prepared for experiencing a high degree of conflict at the workplace.

Delegation of additional responsibilities, of decision-making power, and of control over critical management functions builds both competence and confidence in three managerial levels of nurse managers (first, middle and upper levels managers). According to Baddar, Salem, & Hakami 2016), insufficient delegation stifles creativity, initiative, and professional development, and failure to effectively delegate can do that. Hence, high potential employees end up seeking other positions where their skills are better utilized. In the end, this loss of high-potential employees results in costs which cannot be afforded by organizations and managers (Tourigny, & Pulich, 2006 – as cited in Baddar, Salem, & Hakami, 2016).

According to the study by Baddar, Salem, & Hakami (2016), nurse managers may not even realize that they have difficulty delegating. They may consider themselves as hardworking, while being completely unaware that they are actually restraining the effective functioning of the nurses. Some nurse managers may refuse to share the leadership role with delegates because of their strong need to maintain control (Curtis & Nicholl, 2004 – as cited in Baddar, Salem, & Hakami, 2016). Nurse Managers as "delegators should begin by sharing small amounts of responsibility and power with nurses", meanwhile, can help by taking on more responsibilities (Baddar, Salem, & Hakami, 2016).

Conclusion

It is clear from the studies reviewed that the healthcare system in Saudi Arabia is not up to the mark when it comes to the field of nursing. Hospitals are no longer free to hire talented and experienced expatriate nurses due to the policy of Saudisation. There are insufficient training programs to train Saudi nationals properly. Religious and cultural factors limit Saudis, men and women alike, from taking up the profession. Social perception of the nursing field is another limiting factor which hinders potential applicants from taking up nursing. In such a situation, it is necessary that nursing leadership be prepared for the challenge that is posed in the field of nursing in Saudi Arabia.

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