

Nurse Training in Saudi Arabia: Challenges and Future

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Abstract

Saudi Arabia's education system, like many others, has been modelled to meet outcomes required by industry. Similarly to other Western countries, for instance the US, there has been a focus on the level of English and medical skills at the expense of some essential soft skills such as critical thinking and problem-solving skills, communication skills, presentation skills, leadership skills, research skills, management skills, and treatment skills.

Keywords: Nursing, Skills, healthcare services, Training, Learning

1. Introduction

When passed through the education system pre-registered nurses have skills such as listening, speaking, reading, writing, and language. By the time they network to complete their pre-registration nursing program in the main can transfer these skills into professional settings but often these skills are not at the required level and essential additional skills are missing [2]. Although our specially designed program of CPD is a response to our skills shortage. Ultimately nursing needs to address the delivery of better skills education at pre-registration level if we are to progress [3]. This time has seen the greatest change in the delivery of healthcare services, from those who deliver front-line care to those who organize services. The fundamental skills base from which all nurses begin can be more important to this development in services than what CPD they may subsequently participate in. It is impossible to make a change here and create a new generation of nurse practitioners if the educational institutions that are responsible for training this workforce do not provide learners with the essential skills at the beginning of their education to complete these often complex and challenging roles.

1.1. Background of Nursing in Saudi Arabia

The Kingdom of Saudi Arabia is well on the way to HRH self-sufficiency. The Saudi Vision 2030 is particularly keen to improve the capabilities of its citizens and notably, it has allocated SR 5,750,000,000 for the Ministry of Health (MOH) for Saudization of health professions [2]. There is a Saudi Red Crescent Authority (SRCA) College of Nursing in Riyadh, with a high proportion of expatriate staff, students, and graduates. As it is well understood that most foreign nurses return to their home countries, this study aimed to determine the current practice, challenges, and future trends regarding the Kingdom's Saudization plans for graduates of the Bachelor of Science in Nursing (BSN) at the SRCA College of Nursing [6].

Article 4 is a cross-sectional study conducted in 16 universities in Saudi Arabia, acknowledging the challenges facing the nursing profession in Saudi Arabia. A total of two thousand three hundred and thirty students majoring in nursing field, nursing faculty staff and nursing department heads participated in the study using self-report questionnaires. Results showed low Saudization rates and few opportunities for career enhancement. Study findings suggest increasing governmental efforts to improve the local nurse workforce and empowering the role of Saudi nurses in implementing their professional and social duties.

2. Current State of Nurse Training

In Saudi Arabia, about 2001 Saudi male nurses represented about 4% of the nursing workforce nationally with figures suggesting select universities had 7% to 10% male nurses. Currently in the Kingdom of Saudi Arabia there is substantial reliance upon the expatriate nursing workforce to deliver quality healthcare and patient care. Currently, about 2004 international nurses represent 30% to 70% to deliver sustainable healthcare, with statistics suggesting higher dependency in capital Riyadh and western regions of the country [2]. Currently, there is overreliance on English language hegemony to train digital tertiary clinical nursing treasurers in which countries Latin terms of physiology are used rather than Arabic words. The delivery of healthcare in country is a tourism hub recognized for multicultural interdisciplinary disability and can often depend upon language suitable spoken among healthcare professionals. This is despite voice reaffirming communication runs parallel to sovereignty in each institution and contact with patients with those family members. Indeed, healthcare delivery literature reports that more than fifty narratives suggest that language is still at a significant loss for inexperienced nurses.

This section presents issues facing nursing training in the Kingdom of Saudi Arabia (KSA). A summary is presented of results of local and international literature and policy documents to review present training issues that nurses encounter in their training and preparation for their nursing roles. We provide a selective review of the current state and future of nurse training in Saudi Arabia and review current strategies and policy developments aimed at enhancing the nursing profession [5]. A primary theme in the data emphasized that the Kingdom of Saudi Arabia has an unbalanced genderized nursing profession and nursing education system, like other Arabian Gulf Countries.

2.1. Regulatory Framework and Accreditation

Because of globalization and the widespread use of information and communication technology, English has gained momentum and has been labeled the dominant language in the medical context [3]. According to reasons given by doctors, patients, and nurses, L1 is impeding effective communication and consequently putting the patient's life at risk. Given the common belief among healthcare professionals all over the world, including those in Saudi Arabia, that language barriers contribute significantly to problems in healthcare, a pertinent question was raised in the systemic functional linguistics community: What are the linguistic realities/needs of the doctors, patients, and nurses of King Abdullah Hospital who belong to different linguistic backgrounds? Based on the qualitative, ethnographic data collected from 13 healthcare professionals working in the hospital, the results of the study suggest that although doctors and nurses have faith in their multilingual abilities, they are still plunging into the depth of English to save patients' lives. Circumstantial and logistical constraints in the hospital – i.e., (1) doctors' and nurses' beliefs in English as their savior, (2) patients' stances and participation, (3) interlingual issues because of Arabic as the first but unofficial language of the hospital,

(4) hospital policies, (5) inadequate language diversity in the hospital, (6) doctors and nurses' linguistic attitudes, and (7) the private or intimate health-related encounters - compel healthcare professionals to talk about religion, politics, and health in their L1: Arabic. Developing an 'English-only' policy in the hospital, however, would be impractical and unrealistic [5]. Over the past 10 years, significant progress has been made by the Ministry of Health (MoH) and the Saudi Commission for Health Specialties (SCFHS) to address the capacity and leadership of the nursing workforce. There has been a substantial increase in the number of nursing colleges and higher education institutions offering nursing programs in KSA. Visual methodologies were used to gather and analyze qualitative data. Purposive sampling was used to recruit health care informants. The present paper is a bridge between the changing dynamics of the nursing labor market in Saudi Arabia and the major developments in the nursing field in this decade. The paper suggests introducing a national clinical competency examination as a part of the evaluation process for final-year nursing students in all Saudi universities and nursing colleges. The conclusion aims to lend support for a standardized national clinical competency examination as part of the evaluation mechanism for final-year nursing students in universities and colleges. However, the exam may require preparatory changes to be adopted in teaching pedagogical styles by educators to produce the best possible results.

2.2. Curriculum and Training Programs

The move toward patient-centered care, in practice, is currently taking place in Saudi Arabia, and this trend will continue to develop over the next decade. Patient-centered care is an organizational culture that will require significant changes, not only in nursing education and practice, but in developing competencies in interprofessional collaboration and respecting patient and family perspectives. The essence of patient-centered care is to learn from patients and support supervised community health interventions. Critical nursing education and care environments foster professional privacy, professional commitment to collective protection, promote autonomous practice supported by positive qualities such as valuing gender equity, appreciation of the person, professionalism, and collective ethical concern. The problem of high rates of air and nosocomial infections, often due to children not receiving the hepatitis vaccinations here in Saudi Arabia, resulted in the case of a milkman introducing the virus in an education hospital setting. An optimal solution will be using the breastfeeding babies and hepatitis B vaccines in the pediatric ward, have the mothers teach the children vaccination safety/comfortableness to follow up the military health principles, during the short visit times by health personnel.

The Saudi government is addressing the goals of both IOM and the MOH in the new BSN curriculum that will be implemented in fall 2006 by developing programs of nursing education within the Saudi Arabian context [5, 6]. The IOM report noted that to address the critical shortage of baccalaureate prepared healthcare professionals, educating healthcare professionals must be based on four sets of core competencies, including those “competencies that are specific to preparing health care professionals to function effectively across cultures”. Several nurse researchers in Saudi Arabia have developed educational innovations that go beyond exploration of androcentric, ethnocentric health research analyses by critical perspectives and collective analyses. The nursing profession in Saudi Arabia is of great concern to governmental agencies, the nursing and health care professions and educators in Saudi Arabia, as well as nurse clinicians, researchers, and educators from around the world. Surely, a more welcoming and nurturing environment for students from all four Saudi nursing programs and graduates' transition into the nurse workforce is not only good for the nursing profession, but the society and the health care system in general.

2.3. Clinical Practice and Internship Opportunities

Nurses are recognized as important members of the healthcare teams who are responsible for health promotion, maintenance, and restoration. Clinical practice and internship components are significant parts of nursing curricula that prepare competent graduate nurses for practice in the Saudi healthcare system. Internships and practicum are the two key components of the nursing curricula that prepare students for professional practice. Clinical placements are valuable and are an essential part of the learning environment. It is essential that students learn to apply knowledge, evidence, and skills effectively and appropriately in a variety of clinical settings and with different population groups. Adequate preparation for nurses is crucial to enable them to practice in the Saudi healthcare system safely and effectively. Nursing students see their internships as a valuable experience and are ideal using domains or clinical skills and competencies [6].

Clinical placements, although essential for producing competent graduate nurse practitioners, are challenging for educational institutions to secure in some Saudi Arabian healthcare facilities. A lack of sufficient numbers of clinical learning sites, as well as limited clinical supervision and support from qualified registered nurses, seems to be an ongoing concern. Future Saudi Arabian nursing graduates may be at risk of not envisioning graduate level practice and having limited clinical leadership, as well as a lack of translatable critical thinking. Therefore, developing preceptors and clinical practice opportunities will be essential for providing mentorship to the new graduates as they are attempting to build a foundation for their professional practice careers [7].

3. Challenges in Nurse Training

The situation in the tertiary nursing education sector in Saudi Arabia is also reflected in its language context. English language proficiency of Saudi nursing students must be measured to see whether the students are able to overcome the English language barriers as they prepare themselves for the international professional examination and territorial labor market. Since English is the international language for nursing worldwide, therefore English language proficiency has been accepted as a representation of communication with the English-speaking client, nurse colleagues, and within nursing education.

Language proficiency is related to the quality of nurse training worldwide and, thus, is a widely studied subject in the context of nursing education [8]. Saudi Arabia, with its rapidly growing population, the gradual development of its healthcare system, and a shortage of Saudi nationals willing to join the nursing workforce, also faces nursing education challenges, which includes English language barriers [9]. The issue of language diversity in the borderless world that is currently developing is particularly important when considering nursing care provided to diverse populations across the globe. It is recognized that in a health care context, a shared language enhances efficiency and quality service delivery [1]. Nurses in the workforce are expected to maintain a high level of English language proficiency with advanced reading, writing, listening, and speaking skills. Furthermore, they must pass highly demanding foreign language proficiency tests to practice examinations for internationally recognized nursing programs, such as NCLEX in the US, OSCE in the UK, and NLLN in Ireland.

3.1. Shortage of Qualified Faculty

In 2007, it was reported that there was not a surplus of nursing faculty in the region of the Arabian Gulf countries and particularly in Saudi Arabia [7]. The high growth of academic nursing programs and limited faculty produced by educational institutions have led to a nursing faculty crisis, including the

lack of qualified, experienced, and skilled faculty. This faculty crisis has had numerous effects on the nursing shortage including low professional interest in the field, low salary scales for the academic levels of faculty, a low return for educational investment, and faculty unwillingness to accept heavy workloads and responsibilities. Some obstacles to the empowerment of nursing faculty were also identified, for example, difficulty attracting adequate numbers of nurses to academia because of the poor image of the academic environment.

The deficiency of qualified faculty within the kingdom has emerged as the most prominent and distressing concern of nursing education and practice. The continuous attrition of faculty from nursing educational institutions across the world has been identified as one of the most critical and threatening problems today [5]. An attempt to investigate the factors contributing to nursing faculty shortage and increased faculty attrition identified burnout, aging workforce, and retirement as the three main reasons for the decreasing number of faculty members in nursing. In Saudi Arabia, the legal ruling that administrative duties should not be included in a lecturer's job description has also led to the increased pace of burnout and consequently increased staff attrition from academic services [6]. Also, dual responsibilities of preparing students for a knowledge-based economy and imparting spiritual and moral education are challenges faced by teachers in Saudi Arabia. The Vision 2030 agenda proposed by the Saudi government highlights economic development to reduce dependence on oil and the employment of national expatriates in the private sector.

3.2. Limited Resources and Infrastructure

These nursing programs in higher education institutions in Saudi Arabia face many challenges that act as barriers to learner-centered pedagogical approaches. Examples of challenges include outdated educational software; second-language difficulties for students in understanding and teaching English language scientific terms; students' lack of basic computer skills; and inadequate faculty supervision of students [10]. Window dressing is evident: for example, a nursing program manager reported that some female students saw the overall computer system as a black box, with files and content randomly appearing. Outdated educational software was a challenge to the facilitation of student acquisition of the knowledge, skills, and competencies required to practice effectively and safely as nurses. Random problems with software and internet services slow down teaching and student supervision, leading to an ineffective administration of time for students in learning the nursing curriculum.

The study reveals that there are many challenges in the education and training of nurses in Saudi Arabia [5]. One of those challenges in training and education of nurses in Saudi Arabia is a lack of simulator skills training and the limited resources and infrastructure to build capacity are significant. The literature shows that the perception of training and practicing nursing skills within health care institutions was the main challenge faced by nursing educators to train nursing students. There are many studies that have reported the insufficient availability of simulation labs and appropriate equipment to support the competency of student nurses. The professional education of nurses is very important for the Saudi Arabian people as well as for the country's economy and health care system in general.

3.3. Gender Segregation and Cultural Norms

Another male student stated, "Because we are strict, conservative, Islamic and professional it is very difficult for us to meet with female students" and "It is against our religious laws, so it is very clear forbidden". Thus, there are Islamic and moral concerns that further limit interaction with female nursing students. Furthermore, a considerable number of teachers, staff and students from conservative cultures believe that it is unacceptable for male and female medical/nursing students to closely interact. Only a

few researchers touch on the topic of racism in terms of gender and a few non-Saudi students pointed out the following: "I know that racism here is more than there. It affects education itself here. Sometimes the doctor doesn't give me a chance to practice for example a look, pulse, heart, what, no ...in the education we find some hard to deal because it is different culture, background, and religion. This race barrier also entered the social life of Saudi students as following: Here in the college the way that they're talking to me as different from the way that they're talking to the Arabic students, not in the clinic but in the college, they were like making fun of our language. The above discussion delineates how male and female nursing students avoided meeting and interacting with one another and suggest that physical separation could be maintained among different races due to culturally based limitations.

Both educators and students encounter challenges due to existing cultural and social norms which impact their educational experiences [11]. In this case, the existing gender segregation and cultural traditions prevent male nurses and nursing students from interacting with female nursing students. In their interviews, some male students also pointed out that sharing classes with female nursing students might place them in the position of "nursing the nurse instead of nursing the patient" [12]. This situation might lead to male nursing students examining female patients with extra caution and self-awareness as well as feeling even more curtailed in their ability to perform their professional roles. These students might take precautions to ensure they do not misconstrue their respective professional roles. One interviewed male nursing student commented on his hesitancy on whether to be "a really caring male nurse" as some women might interpret and evaluate his actions according to their own beliefs or norms which are closely associated with social attitudes such as orthodoxy, cultural symbolism as well as folklore images.

4. Technological Advancements in Nurse Training

The potential benefits of going tech could impact the nursing training in KSA. The proportion of young, unemployed Saudis in Saudi Arabia increases every year [5]. Many Saudi women are trained as higher education graduates who often lack the necessary and sought-after soft skills, as well as work and field-specific expertise. A recent study appended the fact that the healthcare sector cannot employ university graduates, and this is coupled with the findings from literature data stating that recent graduates might have difficulties engaging in (more or less) formal training at work at the beginning of their career. For this reason, working retirees, typically 50–55 years old or older, are re-hired in the public sector (most frequently in the field of education, but in other fields, as well, including health care) with the one-third of their previous salary to conduct doable, lightweight tasks. But rather than being a favorable situation from the point of the view of the healthcare sector's efficiency it is not feasible, it is a 'waste' of public and national resources [13]. And the older workforce might not have the motivation and/or might not be eligible to work with patients. Saudi universities are permitted to open private practice, and some of the practitioners are titled professor or assistant professor, and some other of them have a productive research portfolio as regular assistant professor, too. The conflict of dedication emerges between private and public practice. As well as requesting to modernize nursing training programs, Gulf Education Affiliation has emphasized that curricula reform should include the integration of soft-skills training [14]. The competitiveness of private universities demands the integration of soft-skills certificate programs into the nursing and other health care training programs. Job seeking policies in the healthcare sector should be changed forever because the healthcare sector will get front-runner competition for talents concerning hiring. Private universities are already getting a lot of revenue from college and matriculation examination preparatory courses, and GCC countries are wealthy. In the undergraduate

nursing employment context of Saudi Arabia, this article will provide insight into the challenging landscape of higher education, student attrition and the demands of the healthcare sector. This study aimed to understand the specific experiences of men and women undergraduates conducting a BSc (Hons) in nursing from enrollment to their state registration as nurses.

4.1. Simulation and Virtual Reality Training

Virtual reality (VR) technology has become common in various fields to benefit from various digital technologies, cloud computing and big data in health. VR training applications are designed to provide the benefit of more participation in team and individual technical skill training than simulation. VR's closed circulatory system creates a more real patient atmosphere and the trainee nurse feels the stress of the first encounter with the patient more. It also provides more experience because they can experiment more freely and without a time limit, especially in every part of the body. It expands the areas of application and increases the learning and competence of nurses. The VR environment had better learn outcomes than simulation in a virtual classroom and it is a control tool that provides cost effects to the student and virtual clinical diagnosis especially in pathology, radio, magnetic resonance (MR), surgery and hands-on practice (operation rooms) in the department, prepares the student for the last learner stage and therefore positively affects academic success and the experience of practice [13].

The use of simulation on various technologies has evolved over the years in the Kingdom of Saudi Arabia (KSA) to enhance the learning experience for trainee nurses. One of the advantages of education and training in nursing through simulation and virtual reality is that it maximizes the use of educational resources, serves the rapid transmission and access to information. Simulation scenarios also depict real life, practical and emergency situations, and situations such as resuscitation, cardiac arrest, or disaster/practice accident, shock due to trauma, low or high blood pressure, medical problems, chronic psychological problems, acute-care settings, and so forth in real hospital conditions and in different departments and conditions, represent live situations seen in the field for nursing students. Therefore, trainee nurses can engage in patient simulation that represents the real patient. When the theoretical knowledge, technical skills (vital signs, frequent respiration, pulse, and blood), communication ability, teamwork, patient transfer, infection control, and delivery practices with technology (emergency patient preparation) are developed, it is possible to operate in critical physical and mental conditions by using critical thinking and the highest cognitive load to apply for these practices [15].

4.2. Online Learning Platforms

However, experiences with online learning will differ across universities and even individual courses for a range of reasons. Cultural dimensions of academic staff's readiness to teach online depend both on the national cultures of Saudi Arabia and the foreign-origin cultures of academic staff working in the country. Consequently, 'acculturated predisposition' is then related to academic staff's attitudes towards teaching online. In Saudi Arabia, the global forces of internationalization, massification, and digital transformation are projected as a Saudi national transformation in the vision 2030. Consequently, we expect to observe a cultural-cognitive gap amongst Saudi and international faculty, in terms of their attitudes and teaching preference. Attride-Stirling dictated the saturation in the data has been reached if no new themes or additional questions come out during the coding of the interview [15].

Currently, a growing number of universities are using digital platforms ranging from online modules to full online degree programs. The most popular online learning platform applied around the world is Moodle, followed by Blackboard and other customized learning platforms [16]. Studies show that these platforms are increasingly being used by universities in the Kingdom of Saudi Arabia. According to

Alghamdi and Demirhan's (2020) survey of instructors at King Khalid University, 90% prefer an online learning platform. Online learning platforms are also widely used in Saudi Arabia in applications like three-dimensional (3D) anatomy presentations of the gastrointestinal system and learning systems in the fields of bioethics, community health, and surgical nursing for the nursing educational program [17].

5. Best International Practices and Collaborations

In the Western World this style of academic writing is known for its rigorous selection process. However, it also tends to exclude majority-world researchers; often due to being forced into creating their research in English. This makes English the de facto language of academic international discourse, which also affects research output in terms of visibility, impact, and access to resources. However, this is changing due to the increase in research output from majority-world nations such as China and India putting it in the US in terms of research publications. Adapting to producing written research in English is less of a problem in Anglophone nations as it is a continuum, but in Saudi Arabia, the transformation is far starker and more sudden. The 'language becomes a license to engage with individuals that speak it, read, and write' [3]. We affirm the importance of teachers in KSA recognizing and acknowledging and appropriately developing the value of speaking fluency and a means by which teachers can nurture their students to appraise it appropriately in other subjects; the integration of better oral skills produces heightened cognitive flexibility, discovery learning, independent study. It helps promote integrative and instrumental intrinsic motivation as well as multifarious task planning and execution in the short term; also in longer terms, KSA itself and globally, enhancing future personal, professional, economic, and other developments. Perhaps the best method, however most challenging for Saudi primary school English teachers is to implement an accurate and fair assessment system for the primary EFL students speaking fluency across the faculties, at classroom and individual student levels. We suggest teacher use systematic criteria-based assessment tool measuring the recorded oral expression and pronunciation quality and supporting Saudi students.

Basic education is delivered through the formal education system composed of three levels: primary, intermediate, and secondary schools. Students start in primary school at the age of 6 and continue to the intermediate level. As a result of the large geographical area of the KSA, cultural, regional, and tribal reasons, Arabic language and Islamic Studies are universally taught subjects in the school curriculum. In 2004, Tatweer was the largest project in the Ministry of Education's history, trying to align and reform the current educational system by replacing textbooks, increasing teachers' salaries, and improving teacher training. Moreover, it helped to accomplish the National Education Policy and the National English Program; it is also contributing to the attainment of the UN and UNESCO goals and UNESCO's Education for All (EFA) initiative. Above all, it assists students to overcome challenges in learning English in a foreign language context. Promoting and improving oral competence intentionally and effectively may assist in developing speaking fluency. Nevertheless, Zahedi (2007) criticized the execution of policies in public education and perceived a gap in public schooling and the workplace. Jobs under the Kingdom's Ministry of Labor increasingly seek more global English usage by speaking and writing. Therefore, a research project was initiated in the field of Content and Language Integrated Learning (CLIL); raising Saudi students' awareness of the advantages of English language usage explores the pedagogical transfer of L2 English and subject content among primary school students as a way of reinforcing the use of English as well as introducing a new subject in the curriculum [18].

5.1. Partnerships with Leading Nursing Schools

Many nursing schools in the USA and those working in leading medical centers are developing international partnerships in response to the shortage of nurses in the US, and these partnerships can be used to design a responsive international nursing practice model. This can help in the reintegration of SRNs. There is a call for nurse faculty who are responsible for training these nurse practitioners to engage with India and Latin America to understand their formal curriculum. In addition, the nurse practitioner role could be a good model for Saudi Arabia to consider as a solution while it is still investing in the undergraduate pipeline of nurses. Nursing academic partnerships can also offer a long-term solution in areas with low nursing literacy and where the culture generates expanded responsibilities for nursing in practice, e.g. in the private sector. We propose a strategy that integrates these nurse practitioners into the healthcare system using the evidence of effective healthcare outcomes that can improve patient care access in the country. This paper contributes to healthcare literature by describing the potential utility of nurse practitioners in Saudi Arabia, which is needed to address the complexity of patient care issues that are often multifaceted. Tailoring the nurse practitioner model to the needs of Saudi patients and the healthcare infrastructure can be achieved using a governmentally supported hub-and-spoke model with academic partnerships and clear regulatory and quality control. International partnerships offer opportunities to strengthen nurse education, through collaborative efforts to address education policy and curriculum deficits. We suggest partnering with leading nursing schools in the USA and Europe. These schools often have established partnerships with Saudi health services and funding organizations, and there is a culture of bidirectional learning, and these schools have the mechanisms in place for credit transfer and collaborative curriculum design. Most importantly, students have many opportunities to gain clinical experience, and there is an expansion of the traditional role of the nurse through the focus on the master's prepared Advanced Practice Nurse roles in many countries [19]. A model where US and European nurse practitioners are employed and supervised in different domains of healthcare was suggested to help improve the health system response to Saudi Arabia's complex and changing healthcare needs. As part of this, clinical exchange or collaborative programs and the placement of expatriate nursing educators in Saudi Arabia to local nursing schools should be encouraged. For example, the initiative with UVA School of Nursing, a 6-year long SSCM program, which had conclusions for the development of clinical education of undergraduate nursing students in the Kingdom of Saudi Arabia (KSA). The findings of this study provide vital insights into customizing the development of the clinical-based curricula in nursing in the KSA and establishment of relevant regulations for its implementation.

6. Future of Nurse Training in Saudi Arabia

The future of nurse training in Saudi Arabia faces many challenges and presents numerous opportunities [20]. Saudi Arabia must recruit and educate numerous current Bachelor of Science graduates to provide healthcare for the expanding Saudi population. Saudi nurses are expected to provide caring holistic care, are expected to maintain their skills in dynamic healthy work practices and are required to continue their education at a postgraduate level. The Saudi government realizes that both increasing the quantity and improving the quality of nursing workforce is essential to attain the goals of Saudi Vision 2030 [6]. It is anticipated that Saudis with postgraduate nurse qualifications will be the ones encouraging the development of their healthcare system, will be leading, and influencing practice and educational reform, and that they will prove scholarly practices and research targeted at Saudi health care needs [3].

Postgraduate nursing programs have been a valuable catalyst for the professional development of the Saudi nursing workforce. The establishment of the first postgraduate nursing program was a milestone, and it has been replicated many times. Unfortunately, pathways for accreditation have multiplied, so too have the choices for postgraduate nursing education management responsibilities. This change has brought with it concerns. There are no ongoing reviews to improve student or course outcomes for postgraduate nurses. There is no clear difference between academic pathway postgraduate programs, such as the Master of Nursing, and the non-academic pathway, such as the Graduate Certificate or Graduate Diploma in Nursing. The amount of training and clinical learning opportunities for the male students must be greatly enhanced. Future directions need to include the continued expansion of postgraduate nursing programs to build critical mass. There needs to be a consistent national approach to the accreditation of nursing postgraduate courses. To improve the education experience for male students who often miss out on valuable clinical opportunities, mandatory clinical placement ensuring a wide range of clinical learning experiences are recommended for all nursing programs. All postgraduate nursing programs must be threaded and reported against a national competency standard to ensure the competency of each nurse upon graduation.

6.1. Policy Recommendations

More specifically, regarding the nursing discipline, there is a mismatch between the current nursing education programs in Saudi institutions and the actual desired abilities and critical thinking of the student upon graduation. Consequently, a variety of ways might be used to improve the general background, ability, and especially critical subjects. However, updating the current curriculum helps to act sustainably during the managing process, involving implementing research findings, refining theoretical and specialty curricula, and promoting an evidence-based practice culture. Moreover, supporting in-services, on-the-job training, workshops, national conferences, scientific meetings, and regular up-to-date computer technology, internet, and e-mail platforms can play a significant role in improving the quality of training programs. Especially for Arab countries, it is essential to obtain a full understanding of Arab nursing and patients' situations through conducting in-depth, comprehensive studies [21]. Overall, important aspects influenced by several internal and external factors, including the lack of funds, limited drug availability, and so on, proved to be an obstacle to the transformation of theory into practice. Finally, nursing educators and nursing stakeholders should recognize that the introduction of nursing education reform may be a difficult and challenging process. On the other hand, these difficulties and challenges should not prevent nursing schools in any country from achieving the EPRN idea. The reason is that nurses eventually play a key role in maintaining the quality of care offered to patients within a healthcare organization. Therefore, a cautious move is very important if the desired change in the system is to be made. This scholarly society can be an effective tool for this purpose. AttributeSet nursing educators and nurse stakeholders should consider identifying the need to improve both nursing education and practice. They are then required to conduct systematic, empirical studies aimed at identifying the factors that affect the integration of education in the real-world knowledge and expertise of the nurse who works in a hospital. These studies can contribute to better understanding of the general thinking of nurses and students and enable them to develop suggestions to help trainees and nurses generate data, facts, and the results of their studies [3].

The realization of effective reform strategies and policies is vital in satisfying the demand for highly qualified healthcare professionals in general and qualified nurses in particular in Saudi Arabia. To respond to the growing demand, it is necessary for policymakers to insist upon the importance of having

Lucid and specific strategies to ensure that nursing students can develop critical thinking skills, procedural skills, and knowledge in clinical practice, paying particular attention to the nursing school curriculum design and the training of nurses working in the field. Additionally, the total number of nurses in the country must be increased. The misconceptions concerning nursing as a field leading to low-income jobs and severe working conditions are a less attractive option for the Saudi students. It is evident that there is a significant contribution of external factors in addition to the abovementioned factors influencing the decision to accept, stay, or change the nursing profession in Saudi Arabia [19].

6.2. Integration of Advanced Nursing Specializations

The feminization of the Saudi nursing workforce, the traditional western developed country model of generalist nurse as independent care provider set in the USA and UK, the concurrent establishment of nursing programs, the nursing council, nursing licensure examinations and the abovementioned great social and store within that society for the profession necessitates the rethinking of nursing education and how this could better prepare for the Greater Middle East Regions (and other similar regions). Since the start of Saudi Arabia's 2030 Vision, there has been a barrage of rapid changes, controversies between the generations of nurses, new words being used and new labels to wrap old professions in new non-created-for-them roles and turfs being thrown at nursing to adopt and fight for. Indeed, the battle between the pay and the privilege and title wars shared between new posts and professions fighting to differentiate themselves leads to a very difficult climate in nursing education. Nursing programs are now the largest cohorts in kingdom universities and have not become the poster child of the new organizational/managerial focused models and no longer consult and collaborate with relevant bodies. The integration of advanced nursing specializations in Saudi Arabia has been prompted by the introduction of postgraduate nursing programs facilitated by the Saudi Commission for Health Specialties [20]. While historical programs have existed for certain specialties throughout the kingdom and in particular institutions, the more recent formal national postgraduate university-based programs started in 2008 (for advanced practice specialty) and 2010 (for the subspecialties). Major improvements were made in these programs in 2014 with a demand for higher entrance qualifications, longer program duration, and mandatory clinical hours. Despite the excellence of these programs, many graduates report a disconnect between the knowledge and skills taught and what is practiced. Also, recent graduates cite all the challenges and more that undergraduate graduates have voiced. There are also many fears of joblessness upon graduation as well as experiences of similar abuse in the workplace.

7. Conclusion and Call to Action

The message of this research with its detailed recommendations is directed to all decision-makers, universities, and hospital staff in Saudi Arabia. This research aims not only to train nursing students adequately, but to enhance the quality of hospital nursing care. Moreover, efforts should be exerted to make student-selection criteria more restrictive and to have an improved teaching, supervision, and evaluation process for clinical skills. Future career planning and a more defined and structured role of the nursing staff also need to be defined for nursing students at different stages of nursing graduation. It is important to defend a practice-oriented message across clinical courses in preventive community practice-based training [1].

Nursing is a critical part of the healthcare system in Saudi Arabia, and education is the key to ensuring it has enough highly trained nurses to care for families. There are initiatives in the Kingdom to ensure all nursing staff have obtained a high school diploma to work. University nursing programs are also being

restructured to have “face to face” components in 2019, instead of only internet-based learning [5]. There have also been updates and renovations in nursing curricula to ensure there is an emphasis on the development of critical thinking rather than old content that was merely about memorization. To kindle the desire of young Saudis to join nursing education and the nursing field as a profession, it is necessary to provide orientations for nursing educators in Primary Health Care and community hospitals to help educators understand the real needs of Saudi families and the role of nursing in providing proper care for families and maximalizing the role of nursing staff in solving problems that face both hospital staff and the community.

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