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ORIGINAL ARTICLE

The professional journey of Saudi nurse graduates: A lived experience

Mohammad Alboliteeh*¹, Judy Magarey², Richard Wiechula²

¹University of Hail, Hail city, Kingdom of Saudi Arabia

²University of Adelaide, Australia

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ABSTRACT

Objective: To illuminate the lived experience of Saudi Nurse graduates during their early years in the workplace as professional nurses encompassing their experiences from being nurse students, preparations to become registered nurses, their struggles from being a student to a professional nurse, their cultural competence towards colleagues and patients in their new workplace, their impression of Nursing as a profession and other challenges they faced in especially on language and communication with their patients and colleagues.

Methods: An interpretive phenomenological inquiry was utilized to inquire and discover the lived experiences of Saudi Nurse graduates to their job as nurses in different hospitals in Riyadh, Saudi Arabia. A total of 12 nurses were interviewed for this study in the course of 5 months. The interviews conducted with the 12 nurses were audiotaped recorded and subsequently transcribed in verbatim form and the Collaizi Method was used for the extraction of meanings from the interviews.

Results: Five major themes were identified in the transcribed form of the interview and 11 subthemes emerged as well. The five major themes were educational preparation, transition into practice, cultural competence, image of nursing and language and communication.

Conclusions: The study described the different challenges faced by Saudi nurse graduates from being students to professionals based from their experiences as newly employed staff nurses in different hospitals in Saudi Arabia. Their stories captured the story of novice nurses not only as a Saudi but may be true for other nationalities. These stories are shared by all nurses across the world who struggle to meet the demands of the nursing profession.

Key Words: Saudi nurse, Saudi graduates, Nursing workforce, Professional Saudi nurse, Nursing students

1. INTRODUCTION

The Nursing education in Saudi Arabia starts after secondary school when students join government nursing colleges or private nursing institutions. Both government and private nursing education provides mainly diploma and bachelor of nursing courses to Saudi students. The Master degrees in nursing were only offered in the late 1980s by some nursing colleges in government universities such as King Saud

University in Riyadh and King Abdulaziz University in Jeddah. The nursing diploma is a two-year program, mainly offered by private nursing institutions, whereas the bachelor degree is a five-year program provided by nursing colleges in universities, including one year of foundation studies.^[1]

Despite the recommendations from the World Health Organization (WHO) and the Saudi Health Committee for Health Specialties (SHCHS) that the Bachelor of Science in Nursing

*Correspondence: Mohammad Alboliteeh; Email: dr.alboliteeh1@gmail.com; Address: University of Hail, Hail city, Kingdom of Saudi Arabia.

should be the minimum entry qualification for the nursing profession in Saudi Arabia, nurses with diploma qualifications are still graduating every year from private health institutes.^[2] Limiting professional entry to people with bachelor level qualifications is considered to be a vital step towards developing safe, quality nursing care in Saudi Arabia.^[3] However, the country suffers from a severe shortage of nurses due to rapidly increasing demand in its health system.^[4]

This study wanted to understand the educational and practical preparation offered to Saudi nursing students, how Saudi nurses are assisted to transition from study to work, the importance of cultural competence in the nursing profession for both Saudi nationals and expatriates and the significance of language and communication in nursing as well as the difficulties faced by Saudi nationals in a workforce dominated by use of the English language. It also looked into the impact of the low social status of nursing in Saudi Arabia on both male and female nursing recruits.

2. METHODS AND MATERIALS

This study utilized a qualitative form of inquiry specifically interpretive phenomenological method of investigation conceptualized by Husserl. The one on one interview with the participants commenced immediately after permission was granted to the authors. Upon receiving the signed consent form, the interviews commenced. The interview process was explained to participants, and they were informed that the interview would be recorded and that a copy of the transcript would be sent to them for verification. Individual in-depth semi-structured interviews were conducted in a quiet and private room at the participants' workplaces. Semi-structured interviews have been described as a common method of data collection in phenomenological research.^[5]

In-depth interviews were a suitable method for collecting data in this study as they enabled participants to describe and discuss their own experiences as well as explain what is meaningful to them in their own words. Semi-structured interviews allowed the researcher to fully understand the participants' experiences and concerns.^[6] The interview guide initially consisted of core, open-ended questions to allow respondents to explain their views and experiences freely.

Only one interview was conducted with each participant, as is common in phenomenological research, in order to preserve the pre-reflective nature of the interview.^[7] The interviews were conducted face-to-face, and each lasted 45 minutes to one hour. Participants' demeanor (e.g. whether they were relaxed, not feeling well, nervous) were noted prior to and during the interviews for consideration by the researcher while analyzing the data. Some participants became emo-

tional during the interview and others were excited to talk about their experiences. When participants became upset or emotional, the researcher offered to suspend or stop the interview.

It was important to consider cultural sensitivities around gender during the interview process, as the researcher was male and some participants were female. All female participants were asked prior to interviews if they had any objection or concerns about being interviewed by a male researcher and there were no objections. A digital audio recording device was used to record the interviews, and a second recording device was used as a back-up. Transcripts were stored in a Microsoft Word file. The transcribed interviews were returned to participants for confirmation, and no comments or corrections were received. The interviews were terminated when it became apparent that no new information was emerging from interviews.

2.1 Translation and language issues

Interviews were conducted in the Arabic language, which is the mother tongue of the participants. Collecting data in Arabic gave the participants the chance to speak naturally and freely. They were able to be exact about their experiences, instead of trying to find terms in English, which might alter the meaning of what they wanted to say. In addition, data were transcribed and analyzed in Arabic to retain the meaning of the texts and to ensure they reflected the views of participants. In similar studies in Japan and China differences in the meaning of terms emerged when data were translated into English.^[8] Thus, all aspects of the current study were prepared and conducted in English, except collecting and analyzing the data, as participants did not have English as their first language. The collected data were dealt with and analyzed in the original language. The only parts of the data translated into English were the themes and individual quotes from interviews, cited in the research discussion.

2.2 Data analyses

All electronic audio recorded interviews were transcribed into text and then coded and saved in Microsoft Word documents. The researchers read each transcript carefully while listening to its accompanying audio file. This process was useful for identifying initial themes from the raw data. As the process of interpretive analysis of data rests with the researcher, this process was repeated many times, thereby ensuring immersion in the data while the researchers gradually became familiar with each interview. During this time, the themes began to emerge, and an initial impression of the experiences of new, graduate Saudi nurses began to form. The emerging themes and sub-themes were then highlighted

in the transcribed texts and grouped to form major themes. This process was constantly and intensely discussed with the researcher's supervision team to ensure the validity of the analysis process. Sub-themes and themes were then translated into English for the purposes of the study.

2.3 Participants

The participants in this study were keen to be heard and to divulge their views to the world. They all had personal experiences, which they thought were important to relate and this was clearly what motivated them to participate. The one on one interviews were completed in the workplace of each participant in Riyadh city, Saudi Arabia. A total of twelve newly graduate Saudi nurses were interviewed and shared many similar thoughts, perceptions and ideas, based on their shared cultural background and beliefs. Despite this diversity in their stories, each participant's experience was unique. All participants in this study have been given pseudonyms to protect their identity. The participants were coded as Maha, Waleed, Mohammad, Wiaam, Dalia, Norah, Abdullah, Kholoud, Noor, Sarah, Mona and Danah.

Maha. Maha was in her early twenties and had graduated the previous year with a Diploma in Nursing. At the time of the interview she had one year of experience in the critical care area of one of the leading hospitals in Riyadh. She chose to cover her face with a veil during the interview.

Waleed. Waleed had completed a nursing diploma qualification from a government institute three years earlier and had been working as a nurse in a specialized area at the time of the interview. Before we started the interview, he was very quiet and said he was concerned about what to say. It was his first experience of being interviewed.

Mohammad. Mohammad was in his late twenties; he graduated from King Saud University with a Bachelor of Nursing and had four years of experience as a nurse. King Saudi University is a leading university in Riyadh and one of the first universities in Saudi Arabia. Mohammad had worked previously in an Emergency Room and at the time of the interview was employed in an Intensive Care Unit.

Wiaam. At the time of the interview, Wiaam was in her mid-twenties and had been working as a nurse for one year. She graduated from the nursing collage at King Saud University with a Bachelor of Nursing and had immediately been recruited, as is the case with most Saudi Bachelor graduates.

Dalia. Dalia was in her early twenties and had been working as a nurse for two years at the time of the interview. She is one of three nurses in her family as her father admired nursing and encouraged her to become a nurse like her older sisters. Like most Saudi nurses, Dalia graduated with a

Diploma in Nursing and did not wait long to be recruited.

Norah. Norah came to nursing from a different path than the other participants. She decided to study a Diploma in Nursing after a few years of working in administrative positions in different hospitals in Riyadh. She was in her early thirties and had been working as a registered nurse for two years at the time of the interview.

Abdullah. Abdullah completed a Diploma in Nursing from a private health institute. He had been working as a registered nurse for three years at the time of the interview. Abdullah focused strongly in the interview on the difficulties newly graduated Saudi nurses faced in the workplace, especially graduates from private nursing institutions.

Kholoud. Kholoud was in her early-twenties and graduated with a Diploma of Nursing from a private institute in Riyadh. She came to nursing with some previous knowledge about the nature of the profession from friends who worked as nurses. Kholoud had been working as a registered nurse in an Emergency Room for one year at the time of the interview.

Noor. Noor was in her mid-twenties and had been working as a registered nurse in the surgical ward for three years at the time of the interview. She was keen to participate in the study in order to experience being interviewed; she was very curious about the process.

Sarah. Sarah was in her mid-twenties and completed her Diploma in Nursing from a private health institute in Riyadh. At the time of the interview, Sarah had been working in an intensive care unit for four years.

Mona. Mona was in her late-twenties and had graduated from King Faisal University in Dammam with a Bachelor of Nursing four years previously. Since then she had been working as a registered nurse in a medical ward in one of the leading hospitals in Riyadh.

Danah. Like Mona, Danah was in her late twenties and held a Bachelor Degree in Nursing from King Saud University in Riyadh. She had been working for four years as a registered nurse in a specialised unit in a main hospital in Riyadh.

3. RESULTS AND DISCUSSION

3.1 Theme 1. Preparation of nurses in Saudi Arabia

As of the year 2006, diploma holders who graduated from nursing institutes represented 97% of the workforce and Bachelor of Science Nursing (BSN) graduates representing only 3%.^[9] However, the number of bachelor degree graduates in nursing and other health professions is expected to increase rapidly as the number of nursing colleges increase and as university places and scholarships offered by the gov-

ernment also increase. The literature on nursing education in Saudi Arabia, although limited, does indicate some inadequacies in the preparation and professional development of Saudi nurses in the workforce.^[10]

The first sub-theme under this is labeled as poorly prepared which describes the participants' perceptions towards their nursing education. While the second sub-theme, not understanding what it means to be a nurse, describes what participants knew about nursing before joining the career and making an informed decision about what they were getting themselves into. The third sub-theme, it was not my choice, describes how some new, graduate Saudis felt the choice to become a nurse was not their own.

As mentioned by Mohannad:

"... I was not ready for work after graduation because our education was weak and we could not speak English well. There was a weakness of the clinical practice and English language during college. We were not equipped to work in nursing and we could not communicate well with other nurses... After graduation, I thought I would change to an administration job like many of my colleagues but I said to myself I will learn, not only English, but nursing also." (Mohammad, 3, 9)

3.2 Theme 2. Transition into practice

The nursing workforce in Saudi Arabia is growing, with newly qualified nurses continuing to be a significant presence. The experience of those new nurses needs to be investigated to examine their transition into the field. However, there is a scarcity of literature about new graduate Saudi nurses and particularly about their transition into the practice. An absence of graduate programs in Saudi hospitals was noted in a recent study at a Riyadh hospital; the importance of such programs for new, graduate Saudis nurses was also highlighted.^[11] The study anticipated that over the coming years the number of new graduate Saudi nurses will grow exponentially, highlighting the need for adequate transition programs.

The three subthemes that emerged from this theme are Not Being Part of the Team where the new graduates felt they were treated very harshly by expatriate nurses and other Saudi health professionals. They had a great sense of being treated unfairly and some were led to question themselves, their abilities, and even whether they should remain in the profession. The second sub-theme is about a lack of support and a deep sense of being isolated. The participants spoke of Feeling Marginalised. Many participants felt they were not welcomed well in the workplace by both expatriates nurses and managers and were poorly supported. They

felt that as new graduate Saudi nurses they faced many difficulties because of the way other nurses treated them. They were ignored or delegated menial tasks such as cleaning and transferring patients. They also felt that the managers did not understand them and they had been thrown into the unknown. They felt no consideration was given to their cultural background and needs as Saudi nurses. Lastly, the third sub-theme is Discriminated Against where majority of participants felt they were being discriminated against in the workplace because of being newly graduated Saudi nurses. They spoke of being maltreated, humiliated and neglected by staff nurses and expatriates nurses.

Wiaam claimed:

"We have been abused, ignored and humiliated as new Saudi nurses by staff nurses, doing dirty things only, while new nurses from overseas get all of the training, support and settlement programs. Also they were excused for their mistakes because they were new; I was also new... There is a differentiation between nurses. Management adore the foreigners. Everything is for non-Saudis, believe me it is obvious here."

3.3 Theme 3. Cultural competence

Cultural competence is defined in the literature as having the knowledge, beliefs and skills necessary to work efficiently with others whose cultures are different from yours, knowing that these issues of cultural awareness cannot be ignored.^[12] This is one of the challenges facing the nursing workforce in Saudi Arabia. The Saudi nursing workforce is comprised of large numbers of expatriates from many nations, with different cultural backgrounds, in addition to newly qualified local nurses. Cultural issues in the Saudi nursing workforce are complex, involving nurses caring for patients from different cultures, as well as the cultural differences between expatriate and local nurses. Culture is an abstract concept that integrates patterns of different human behaviours including language, thought, communication, values and customs.^[13]

Norah claimed that Saudi nurses understand Saudi patients better than expatriate nurses. She said:

"There are differences in the level of understanding of different patients; some are religious, some are from rural areas and some need to be treated in certain ways. It is easy for us as Saudi nurses to understand our patients, but foreign nurses cannot. If there is a shortage of Saudi nurses in a shift, this puts pressure on me. I have five or six patients and I can hardly do my duties because other nurses keep calling me to see what this patient wants or how to do this for that patient. I do not blame them; they do not understand the culture or the language." (Norah, 6, 4)

3.4 Theme 4. The image of nursing

The poor image of the nursing profession, coupled with traditional and social values in Saudi Arabia, have been identified as major factors affecting the employment of Saudis in the nursing profession. This, together with the cultural opposition to female employment, has contributed to a continuing reliance on expatriate nurses.^[14] Saudi nationals, both male and female, face many cultural and social barriers in choosing nursing as a career.^[15] Culturally, the perception of nurses in Saudi Arabia in the past was that nurses undertook menial tasks and only provided basic care. These tasks were viewed as having low status and Saudis had difficulty accepting nursing as a professional career.^[16] More particularly, many Saudis view nursing as a job for maids or uneducated people.^[17]

There were several sub-themes extracted under this theme. These are Not trusted or Respected, where the participants perceive how others view them and the nursing profession in general. The second sub-theme, Servitude, describes the sense that the participants felt they were treated as servants. The third sub-theme, Wrong for Saudi girls, describes the difficulty female nurses face in dealing with traditional views of the place of women in the workforce. The fourth sub-theme, Not for Rich Lazy Girls, describes how participants felt that non-Saudi nurses view them; participants felt they were viewed as spoiled and as being in an unsuitable career.

As Danah shared:

"...there is a change in the perception of the community towards nursing for Saudi girls, a little change, but still many families are not accepting this. They think it is wrong for girls to work in nursing. I think this is because of the nature of the job. It is not right for a girl to stay the whole night outside home alone. For me it is OK but sometimes I do care about how society looks at me." (Danah, 12, 3)

3.5 Theme 5. Language and communication

Communication amongst health professionals and between themselves and their patients is a key to providing appropriate care.^[18] It has been argued by researchers that verbal communication is fundamental to understanding other cultures.^[5,19] If we can speak and understand the language of others we will be better able to understand their culture and, from a phenomenological perspective, verbal communication is important for understanding the intentional meaning of cultural concepts.^[20] With poor language skills, Saudi nurses lack the ability to communicate professionally with other nurses and to improve their skills and provide best patient care. Language proficiency is central to the transmission and reception of all kinds of information and knowledge.^[21]

Therefore, only Saudi nurses who are fluent in English have a chance to gain knowledge and update their clinical practice, because so much nursing knowledge is published in English language. Many Saudi nurses, especially novices, they are not proficient in the language that is used for communication in the workplace, which is English.^[22] This may affect their ability to provide care to patients and their family members and may also narrow their knowledge and clinical skills because they are not benefiting from the expertise of other nurses.^[23,24]

Norah narrated:

"There are benefits in increasing the number of Saudi nurses for Saudi patients. I found it easy dealing with Saudi patients. We know and understand Saudi patients better because we speak the same language." (Norah, 6, 4)

4. CONCLUSIONS

This study conducted in Saudi Arabia particularly the hospitals in Riyadh city under the Ministry of Health reflects the stories of each Saudi nurse especially the newly graduates. It describes their challenges, struggles and adaptation to their new workplace. It sheds light on a situation where little data exist on the situation of Saudi nurses and few articles depicting their stories especially the newly graduates Saudi nurses. This is the first study to investigate the current situation in Saudi Arabian nursing profession in relation to the issue of gender equality and one of only a few research studies carried out on the lived experiences of Saudi nurses in the Kingdom. As such, it is unique in its findings. A realistic picture of the Saudi nursing workforce has been provided and light has been shed on this young and promising workforce.^[25]

Further, study unveiled what motivates Saudis regardless of gender to become nurses, how they perceive nursing as a profession and their intentions in the near future. In addition, the lived experiences of newly graduate Saudi nurses have been comprehensively investigated, uncovering the difficulties that these young nurses face in the Saudi health sector.^[26] The findings of this study revealed the valuable contribution whether today or in the future of the Saudi nurses to the Saudi citizen's health and wellbeing.

Recommendations

The findings revealed in this study would encompass needed reorganization or remodeling of already existing policies on the nursing profession. A study such this one creates an impetus towards change, improvement or reforms that is timely and relevant for the nursing profession in Saudi Arabia. The Kingdom requires a nursing workforce that is competent and adaptable to the changing healthcare needs of its citizens and

the public it serves. While there is a need to improve the healthcare demand of its people, it goes along with the same demand to improve the working conditions of the healthcare workforce.

At present, the Kingdom has seen major improvements apart from economic and infrastructures, the healthcare in particular. The journey of Saudi nurses becomes more promising today. Starting from their free tertiary education, to having a secured, financially rewarding and scientifically driven career path leading them towards advancement. Therefore, the challenge of this study is to bring the reality of the Saudi nursing workforce years from now towards a more stable and stronger resolve. In pursuit of an equal opportunity for all

nurses in the Kingdom regardless of gender, background and personal perspective in life, the initiatives of the government should lean towards this realization to become evident in various programs for the nursing profession.

To eloquently underscore more pressing issues affecting the nursing workforce in Saudi Arabia and oversee the conditions of the nurses in the Kingdom, it is encouraged that scientific studies and researches utilizing diverse methodologies be instituted that reflects the condition of the nursing workforce, in the past as it geared towards the future.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare they have no conflicts of interest.

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