

Challenges Faced by Nursing Profession in Saudi Arabia

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Abstract

Saudi Arabia is currently dealing with a severe nursing shortage and a significant reliance on foreign nurses, which creates particular difficulties. There is a scarcity of nurses in the workforce on a global scale. The goal of this integrative literature review is to identify some of the distinct social and cultural factors that contribute to the worldwide nursing workforce deficit in addition to the dominant trends. The rationale behind this strategy was the recognition that a persistently high reliance on an international workforce has dangers and could lead to a significant workforce crisis in the event that a significant number of foreign nurses left the nation. This present study evaluates the scenario in terms of studies conducted in the time frame of 2010 to 2023. The mode of study is exploratory and takes the reference from various other sources as well.

Keywords: Nursing, issues and challenges, problems, Saudi Arabia.

Introduction

By 2025, Saudi Arabia's population is projected to grow to 37 million. With the Saudi population growing at a rapid rate and non-communicable diseases like diabetes and obesity becoming more common, it is now commonly acknowledged that hiring, retaining, and performing nurses is a crucial factor in determining how healthcare is delivered. Saudi Arabia is currently dealing with a severe nursing shortage and a significant reliance on foreign nurses, which creates particular difficulties. There is a scarcity of nurses in the workforce on a global scale. The goal of this integrative literature review is to identify some of the distinct social and cultural factors that contribute to the worldwide nursing workforce deficit in addition to the dominant trends. **Hasan (2021)** To further the Saudization of the nursing workforce, the Saudi Arabian government issued a Royal Decree in 1992. **Youssef (2013)** The rationale behind this strategy was the recognition that a persistently high reliance on an international workforce has dangers and could lead to a significant workforce crisis in the event that a significant number of foreign nurses left the nation. Saudization is a policy that aims to gradually replace foreign nurses with Saudi Arabian nurses by increasing the number of Saudi citizens in the profession. The proportion of indigenous Saudi nurses (as opposed to foreign nurses) increased from 9% in 1997 to 27% in 2005 and 37% in 2016, indicating a steady increase in the number of Saudi nurses in recent years.

More recently, in 2018, there were 70,319 Saudi nurses, or around 38% of all nurses. As a result, between 60 and 70 percent of Saudi Arabia's nursing workforce is expatriate or foreign (not Saudi residents), with a preponderance of Indian, Philippine, and Malaysian nurses. Though the nation has made impressive strides in increasing the number of local nurses, these advancements are not easily apparent and are insufficient to address the true need. It is predicted that Saudi Arabia would require twice as many nurses by 2025. According to these figures, it will be necessary to fill almost 100,000 nursing positions by 2030. Thus, Saudization has not succeeded in its objective as far as the nursing profession is concerned.

Saudi Arabian nursing practice advancement has been linked to a number of difficulties. This paper is centered on these topics and will be covered in greater detail. **Almutairi et al (2015)**

Research Methodology

Search phrases "Saudi Arabia," "nursing," "challenges," and "expatriate nurses" were used to find relevant research published between 2010 and 2023 in order to support an integrated review of the literature. Finding pertinent literature was done using a variety of methods, such as looking through internet databases and pertinent reference lists. Google Scholar, Psyc-CRITIQUES (Ovid), Pub Med, CINAHL, Medline, Web of Science, ProQuest Social Science and Humanities, Electronic Thesis, and Dissertation Systems were among the electronic databases that were accessed. Documents were also viewed on the official websites of the Saudi government. 30 duplicates were eliminated from the 163 records that were examined as a result. The second strategy involved manually looking for more articles in order to find relevant literature that previous computer searches had missed. After evaluating the abstracts and titles, 82 were disqualified. **WHO (2018); Al-Yami et al (2014)**

In this publication, the first three authors conducted a full-text review of the remaining articles, excluding another 27 articles. Peer-reviewed English-language publications about the Saudi nursing profession were required for inclusion. Case reports and editorials were not included in the article. As a result, 24 articles were produced, which are included below under the headings of Saudi and foreign nurses' concerns. **Gazzaz et al (2009)**

Major Findings and Researcher's Observations

One factor contributing to the nursing shortage is the challenge of persuading citizens to enroll in nursing school programs. This has led to low enrollment rates in nursing programs, primarily because nursing is not seen as being as good as other professions. Numerous obstacles were identified in a study that examined nursing education for Saudi educators and leaders. These included organizational, cultural, and educational issues, such as a lack of recognition for Saudi nurses as a profession and a lack of nursing authority, as well as employment issues like unfavorable working conditions and language barriers. Cultural explanations for this reluctance may also be found here. Saudi Arabian society is highly patriarchal, with men imposing rigid rules on women that they must follow.

There were no public schools for girls until 1969, and no women worked outside the home. Education for women has been allowed gradually. Nonetheless, funding for this has mostly gone to jobs that are culturally relevant, like teaching. Funding for female nurses has just been made available in recent decades, and Saudi women have actively sought jobs despite the modest easing of cultural norms. Because of this, Saudi nurses make up 50% of the workforce and 25% of the workforce are men, which is significantly different from other countries' nursing workforces. **Alboliteeh et al (2017)**

But in Saudi Arabia, the public has a bad opinion of the nursing profession. Saudi Arabia has rigid gender norms due to religious and cultural reasons, however due to necessity, there is little gender segregation in nursing. Because many Saudi women nurses and their families are unhappy with them caring for male patients, this has a detrimental impact on the state of nursing. The gender-mixed workplace was cited by over one-third of participants as a barrier to nursing profession engagement in a study on the public perception of the nursing profession in Saudi Arabia. Working in these settings, where some behaviors are socially inappropriate, is associated with social pressure in Saudi Arabia because of the cross-gender interactions necessary for nursing. **Alghamdi et al (2019)**

In addition, many Saudi female nurses find it difficult to cope with the heavy duty and, until recently, the incapacity to drive due to harsh societal customs in Saudi Arabia. Families also play a significant role in society and the structure of people's identities. As a result, it's critical to keep up positive relationships with

family members by helping them, paying them a visit, honoring each member of the family, and celebrating with them. Nursing is a socially unacceptable profession that does not support the maintenance of these connections. Due to obligations like working on the weekends, night shifts, public holidays, and long workdays that need them to spend a lot of time away from home, this is the case. **Elmorshedy et al (2020)** Saudi nurses have limited time to take care of their family as a result of all these difficulties. Additionally, because nursing requires caring for male patients, which is viewed as culturally improper due to the enforced gender segregation, and because of the working circumstances, women are less likely to pursue nursing as a career path. Marriage is highly valued among Saudis, and anything that prevents it is viewed severely. **Albejaidi et al (2019)** These results are corroborated by a recent study on the public perception of nursing in Saudi Arabia, which found that less than 50% of men wanted to marry a nurse and that nearly three-quarters of participants would feel embarrassed if they had a nurse in their family. This also plays a role in the low retention and recruitment of nationals into nursing. **Alotaibi et al (2016)**

Saudi women nurses prefer to work in hospital outpatient clinics, doing only day shifts during the week and avoiding night duty in order to balance work and family obligations. Family obligations are better accommodated by this. On the other hand, Saudi families have a tendency to demand that women work only morning or afternoon shifts and not any night jobs. Nevertheless, this results in the expatriate nurses having to work weekends and nights, which lowers their retention and level of satisfaction. **Al-Saggaf (2004); Van Rooyen et al (2010)** Additionally, nurses typically earn less than those in other professions, and working mothers are not given the support they need or opportunities for professional advancement.

The unfavorable perception of nursing in Saudi society and unfavorable remarks from friends and family make Saudi males hesitant to pursue nursing as a career. Due in large part to Saudi Arabia's rigid gender segregation, nursing is perceived as a profession done by women. In order to advance their careers, many Saudi nurses may want to leave the clinically oriented bedside setting and pursue careers as managers and educators. Saudi nurses typically do not serve as clinical or bedside nurses for very long. Instead, they apply for scholarships to study for master's or doctoral degrees at foreign universities before being hired for a managerial or teaching role. **Lamadah et al (2014)**

As a result, a sizable fraction of Saudi nurses operates in administrative roles after having little to no clinical experience at the bedside. The use of so many foreign nurses lead to a number of problems, particularly with regard to their recruitment. **Al-Dossary et al (2018); Currie et al (2009)** In order to ensure that standards are met, these nurses are typically hired by organizations with offices in nations like the Philippines and India that have little controls or procedures in place. India and the Philippines account for 26% and 37% of the total number of foreign nurses working in Saudi Arabia, respectively. Recruitment contracts are often granted for a period of three years, after which there is a bidding process for the subsequent contract.

Contract providers may not be able to continue as a result, and contracts may be so bad that it is hard to sustain staff quality. To hire nurses, Saudi Arabian staff teams, primarily composed of physicians and administrators, travel to these nations. Nurses are typically excluded from this recruiting team, which could lead to problems with inefficient screening. This may lead to candidates being poorly suited to the positions they are hired for and missing the requisite experience [6]. Given that credentials may be fabricated in order to avoid poverty in their own country, recruits are not always nurses either. As many of the nurses are newly qualified, new expatriate nurses could also lack clinical experience. **Mensik (2015)**

In addition to their regular responsibilities, these nurses add to the workload of more seasoned nurses who must supervise and instruct the newer nurses. This thus adds to these nurses' increased burden. Occasionally, the distribution of workload leaves nurses feeling extremely let down. For instance, medical nurses are assigned to the maternity or intensive care units. **Mebrouk et al (2008)** The reason behind this is that the recruiting team did not adequately choose the nurses to fill the positions. Additionally, there is such a high need for nurses that mediocre quality is tolerated, which further disappoints nurse leaders and more highly skilled nurses. Additionally, nurses frequently express dismay about the anticipated workload after arriving in Saudi Arabia.

This is because they frequently have recently graduated and lack experience, and the amount of responsibility that their jobs need is different from what they had experienced back home. Furthermore, due to a general shortage of nurses, nurses without the necessary training are typically given head nurse

responsibilities. Other problems arise with foreign nurses once they are hired and employed in Saudi Arabia. The majority of Saudi nurses are foreign-born individuals whose attitudes, customs, and beliefs may differ from those of Saudi society, as Mebrouk said. These nurses try to fit in with the new culture and surroundings after leaving their native setting, which probably has a negative impact on them. **Falatah et al (2018)**

Additionally, a lack of understanding and cultural ineptitude may lead foreign nurses to ignore the importance of Islamic beliefs in the healthcare system and the standard of patient care. According to Mebrouk's study on Saudi nurses' perspectives, foreign nurses have a hard time comprehending the cultural needs of their Saudi patients. Additionally, because they are familiar with their culture, foreign nurses are said to enforce their own cultural norms. Nursing care may be hampered and patients may suffer as a result. Strong extended family ties, women's protection, an all-powerful deity, and honor are also crucial for foreign nurses to understand. **Al-Dossary et al (2018)**

While providing patient care, it is important to take the patients' and their families' values and beliefs into account. A contributing factor in this problem is that foreign nurses lack sufficient understanding of Saudi cultural views, particularly as they pertain to healthcare, and this needs to be addressed. Despite these language and cultural barriers, Saudi patients said they would rather get care from foreign nurses because they distrust Saudi nurses and believe that foreign nurses deliver superior care. However, foreign nurses have complained that Saudi patients and other foreign nurses don't appreciate them. **Aboul-Enein (2002)** The experience of expatriate nurses leaving their families, the cultural shock of living in a Muslim nation, which involves rigorous adherence to orthodox beliefs and customs, the physical limitations of a hot climate (such as fatigue, headaches, and dehydration), and communication difficulties can also be stressful. In general, a large number of foreign nurses are unhappy with their living circumstances. **Albagawi et al (2017)** Particularly, women's limited freedom of movement and rigid gender segregation are not always accepted. Women are also required to cover their head, arms, and legs as part of a rigid clothing code. A significant attrition rate may come from expatriate nurses finding it too difficult to acclimate to these conditions. **Aldossary et al (2008)**

Expatriate nurses leaving their families, the cultural shock of living in a Muslim nation, which involves rigorous adherence to orthodox beliefs and customs, the physical limitations of a hot climate (such as fatigue, headaches, and dehydration), and communication difficulties can all make this a stressful experience. **Aboul Enein et al (2006)** In general, a lot of foreign nurses are unhappy with their living circumstances. In particular, women's limited freedom of movement and rigid gender segregation are not always accepted. Women are also required to cover their heads, arms, and legs as part of a rigid clothing code. A significant attrition rate could come from expatriate nurses finding it too difficult to acclimate to these conditions. Therefore, it may be challenging for expatriate nurses to interact with their patients in an appropriate manner, which further complicates matters and increases their level of discontent. Because of this, Saudi nurses frequently get asked to interpret for foreign nurses, which adds to their burden. In order to address this issue, some hospitals designate a special somebody to act as an interpreter for foreign nurses; however, this individual is not always there, which causes excessive distress. Additionally, this can make professional relationships challenging, which could result in conflict, low employee satisfaction, and high turnover. These linguistic and cultural barriers may make it more difficult for nurses to practice safely and competently. Indeed, in one study, foreign nurses rated the clinical safety environment as low. **Alsufyani et al (2021)**

Additional variables that contribute to the high turnover of foreign nurses include the Ministry of Health's provision of on-site housing and living expenses. Previously, family members including partners and children were included by this accommodation clause. Since this provision has been discontinued in recent years, foreign nurses are forced to either abandon their families in their home country or cover their own housing costs. The nurses' contracts are typically for two years, though they may be extended. After gaining sufficient expertise and experience to work and render their services in more developed nations like Canada, the United States, the United Kingdom, and Australia, many of these expats are said to depart Saudi Arabia. **AboulEnein et al (2006)**

According to reports, the average length of stay is 43 months. As a result, Saudi Arabia is viewed as a "stepping-stone" for certain nurses who wish to leave their home country and their economic circumstances

in order to obtain employment in a developed nation. There are also reports of foreign nurses leaving one hospital to work at another, usually a private hospital, where the pay and working conditions may be higher than in the original hospital. As a result, there is a constant process of acclimating new employees, who require time to acquire expertise and functional proficiency. Additionally, nurses' intention to leave an organization has been found to be strongly negatively predicted by their lack of emotional commitment to it. **Alshareef et al (2019)**

Filipino nurses were more likely than Saudi nurses and other expats to plan to leave their jobs, according to a recent study looking into nursing turnover in Saudi Arabia. Discrimination was also cited by several foreign nurses as a major reason for their desire to depart. According to the study's findings, there was conflict not just with coworkers from diverse origins but also with bosses from different backgrounds. The fact that nurses engage in non-nursing duties and activities is another element that adds to their heavy workload and general discontent. This is a result of insufficient numbers of management and supporting staff. **Penoyer et al (2008)**

In general, Saudi nurses have a heavy workload because of a number of the previously mentioned problems. This heavy workload affects nurses and patients in a number of ways. Patient satisfaction may suffer as a result of a heavy workload since it is likely to lower nursing care quality and raise risks for patient care outcomes. This could result in a higher likelihood of nursing care errors, lower nursing care quality, and longer hospital stays. Increased turnover and a decline in satisfaction might also result from workload expectations. Workload and job discontent due to their impact on work-life balance are cited as factors that influence turnover. **Takase (2006)**

Nurse turnover adds to personnel shortages, which increases the strain for the remaining nurses, who are therefore more likely to become dissatisfied and quit. Absenteeism is another effect of this increased workload. To cover the shortage and expenses, additional nurses must be hired and trained, which will need significant resources. The necessary growth of the Saudi healthcare system is hampered by this nurse turnover. **Duffield et al (2011)**

Related Concerns

There is a pressing need for a local nursing workforce planning strategy to hire more Saudi Arabian nurses and keep the current expatriate workforce in order to lessen the impact of the nursing shortage. To encourage more people to pursue nursing, it is necessary to enhance the profession's reputation in Saudi Arabia. For young people, the unfavorable social perception of nursing is a deterrent to entering the field. In order to encourage younger Saudi Arabians to pursue careers in nursing, it is necessary to improve the public perception of nursing by offering appropriate educational and employment incentives. **Le et al (2013)**

In general, the global nursing shortage is mostly caused by the unfavorable perception of nursing. Nursing's worth and significance should be more widely recognized, especially in the popular media. Public perception of nurses must be one of highly qualified, educated professionals committed to the advancement of the field via research and teaching.

In order to improve the public's perception of nursing, Almalki suggests enlisting the media's assistance in raising awareness of the value of nursing and the critical role that nurses play in promoting community health.

Shorter programs are easier to complete and would increase the appeal of the degree to prospective students. Additionally, boosting the financial aid available to nursing students pursuing these disciplines could increase the appeal of nursing programs. Another tactic would be to give nursing students their entire wage during their internship year rather than only one-third of what a registered nurse makes. As previously noted, the dependence on foreign nurses is the second aspect of the nursing shortage problem. However, there may be international repercussions from any policy change that reduces the employment of foreign nurses. Philippine nurses, who explicitly train more nurses than they require for export, make up the largest group of foreign nurses hired in Saudi Arabia.

This is because it is expected of these nurses to work abroad and support the nation with their earnings. The Philippines would so suffer from a shift in policy. In order to address the high attrition rates, it is necessary to guarantee the quality of nurses during the recruitment process.

One potential remedy for the problems found in hiring foreign nurses is to involve nurses in the hiring process. By doing this, the caliber of the nurses would be guaranteed, and the appropriate individuals would

be assigned to the appropriate roles. Having the appropriate person in the right position makes retention much easier since it boosts pleasure.

Additionally, the main goal of hiring must be to prioritize quality above quantity. Perhaps testing and interviewing these nurses could help to guarantee this quality in some way.

Improved integration of foreign nurses into the workplace and the community at large is also necessary. Before they start working in Saudi Arabia, these foreign nurses should be required to take education classes in Arabic, communication techniques, and local culture to help them adjust to the country. If they are welcomed in their culture and society, particularly by their friends and relatives, nurses are happier in their jobs.

As part of the hiring and selection process, it could also be beneficial to make sure that the foreign nurses have a sufficient degree of communication abilities. One crucial organizational component that might assist in resolving the nurse retention problem is effective communication. As previously said, the majority of Saudis do not speak English, and the majority of foreigners are unable to speak Arabic, even though English is required in schools. English is often a second language for many foreign nurses, which may not be sufficient. Continuing education initiatives would also help foreign nurses feel valued and included. It has been demonstrated that providing nurses with educational opportunities positively affects their job satisfaction and advances their professional development.

Additionally, a few broad tactics could be used to increase retention and nurses' contentment with their workplace. Enhancing workplace conditions has been found to be a key strategy for improving patient outcomes, satisfaction, and retention. This could entail providing on-site childcare for women, allowing nurses to work part-time, providing flexibility in rostering nurses who are caring for ill children or dependent adults, and guaranteeing adequate and equitable compensation. In order to appeal to Saudi nurses in particular and assist them meet their family obligations, other tactics can include shorter shifts and more days off. Strategies to lessen the workload of nurses must also be taken into account.

Using supplementary personnel could be one tactic to reduce the amount of non-nursing work that nurses must perform. Maintaining personnel levels would undoubtedly alleviate nurses' workloads, but improved expatriate nurse recruitment and education procedures may also help nurses' satisfaction. Another factor that has been found to be important for nurses' happiness is their ability to influence their surroundings and participate in decision-making.

The Saudi Vision 2030 Reform Roadmap was created with the express purpose of motivating healthcare systems to raise the standard of care. The supply of a nursing workforce and management that is suitably qualified, along with suitable staffing levels and work environments that support a high quality of life at work, can all contribute to better healthcare.

The paper's implication and the integrated literature review's strength are that it has compiled the body of knowledge regarding the difficulties facing the Saudi Arabian nursing profession. The lack of more recent papers that detail the present state of affairs in this field is a restriction. Interviewing important stakeholders to find out what they think are the problems and solutions would have also contributed to this body of knowledge. This highlights the need for more research on this topic.

Conclusion

Several obstacles impede nursing advancement in Saudi Arabia, notwithstanding the country's impressive nursing workforce expansion. Despite initiatives to increase the number of Saudi nurses, the majority of nurses are foreign-born, which is one of these issues. This leads to a number of issues for nurse supervisors, including cultural differences, nursing staff recruiting, and retention. Although the Saudi nursing profession faces numerous obstacles, the country's employment situation is unstable because of its heavy reliance on foreign labor. Several ways have been put forth to effectively address these issues, one of which is to enhance the Saudi Arabian public's opinion of the nursing profession. To improve work satisfaction and retention generally, many of the nursing difficulties mentioned in this study also need to be addressed.

References

- Hasan, M. Strategies of improving the nursing practice in Saudi Arabia. *J. Health Educ. Res. Dev.* 2017, 5, 221.

- Youssef, H.; Mansour, M.; Ayareh, I.; Al-Mawajdeh, N. A medical-surgical nurses' perceptions of caring behaviors among hospitals in Taif City. *Life Sci. J.* 2013, 10, 720–730.
- Almutairi, A.F.; McCarthy, A.; Gardner, G.E. Understanding Cultural Competence in a Multicultural Nursing Workforce: Registered Nurses' Experience in Saudi Arabia. *J. Transcult. Nurs.* 2015, 26, 16–23.
- World Health Organisation Global Health Observatory Data. Nursing and Midwifery Personnel (per 10,000 Population). 2020. Available online: [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/nursing-and-midwifery-personnel-\(per-10-000-population\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/nursing-and-midwifery-personnel-(per-10-000-population)) (accessed on 18 May 2018).
- Al-Yami, M.S.; Watson, R. An overview of nursing in Saudi Arabia. *J. Health Spec.* 2014, 2, 10–12.
- Gazzaz, L. Saudi Nurses' Perceptions of Nursing as an Occupational Choice: A Qualitative Interview Study. Unpublished Ph.D. Thesis, The University of Nottingham, Nottingham, UK, 2009.
- Alboliteeh, M.; Magarey, J.; Wiechula, R. The profile of Saudi nursing workforce: A cross-sectional study. *Nurs. Res. Pract.* 2017.
- Alghamdi, R.; Albouloushi, M.; Alzahrani, E.; Aldawsari, A.; Alyousef, S. Nursing education challenges from Suadi nurse educators' and leaders' perspectives: A qualitative descriptive study. *Int. J. Educ. Scholarsh.* 2019, 16.
- Elmorshedy, H.; AlAmrani, A.; Hassan, M.H.A.; Fayed, A.; Albrecht, S.A. Contemporary public image of the nursing profession in Saudi Arabia. *BMC Nurs.* 2020, 19.
- Albejaidi, F.; Nair, K.S. Building the health workforce: Saudi Arabia's challenges in achieving Vision 2030. *Int. J. Health Plan. Manag.* 2019, 34.
- Alotaibi, J.; Paliadelis, P.S.; Valenzuela, F. Factors that affect the job satisfaction of Saudi Arabian nurses. *J. Nurs. Manag.* 2016, 24, 275–282.
- Al-Saggaf, Y. The effect of online community on offline community in Saudi Arabia. *Electron. J. Inf. Syst. Dev. Ctries.* 2004, 16, 1–16.
- Van Rooyen, D.; Telford-Smith, C.D.; Stumph, J. Nursing in Saudi Arabia: Reflections on the experiences of South African nurses. *Health SA Gesondheid* 2010, 15, 1–9.
- Lamadah, S.M.; Sayed, H.Y. Challenges facing nursing profession in Saudi Arabia. *J. Biol. Agric. Healthc.* 2014, 4, 20–25.
- Al-Dossary, R.N. The Saudi Arabian 2030 vision and the nursing profession: The way forward. *Int. Counc. Nurses* 2018, 65, 484–490.
- Currie, L.; Watterson, L. Investigating the role and impact of expert nurses. *Br. J. Nurs.* 2009, 18.
- Mensik, D.N.; Nickitas, J. Exploring nurse staffing through excellence: A data driven model. *Nurse Leader* 2015, 13, 40–47.
- Mebrouk, J. Perception of nursing care: Views of Saudi Arabian female nurses. *Contemp. Nurse J. Aust. Nurs. Prof.* 2008, 28, 149–161.
- Falatah, R.; Salem, O.A. Nurse turnover in the Kingdom of Saudi Arabia: An integrative review. *J. Nurs. Manag.* 2018, 26, 630–638.
- Al-Dossary, R.; Vail, J.; Macfarlane, F. Job satisfaction of nurses in a Saudi Arabian university teaching hospital: A cross-sectional study. *Int. Nurs. Rev.* 2012, 59, 424–430.
- Aboul-Enein, F.H. Personal contemporary observations of nursing care in Saudi Arabia. *Int. J. Nurs. Pract.* 2002, 8, 228–230.
- Albagawi, B.S.; Jones, L.K. Quantitative exploration of the barriers and facilitators to nurse-patient communication in Saudi Arabia. *J. Hosp. Adm.* 2017, 6, 16.
- Aldossary, A.; While, A.; Barriball, L. Health care and nursing in Saudi Arabia. *Int. Nurs. Rev.* 2008, 55, 125–128.
- AboulEnein, F.H.; Ahmed, F. How language barriers impact patient care; a commentary. *J. Cult. Divers.* 2006, 13, 168–169.
- Alsufyani, A.M.; Almalki, K.E.; Alsufyani, Y.M.; Aljuaid, S.M.; Almutairi, A.M.; Alsufyani, B.O.; Alshahrani, A.S.; Baker, O.G.; Aboshaiqah, A. Impact of work environment perceptions and communication satisfaction on the intention to quit: An empirical analysis of nurses in Saudi Arabia. *PeerJ* 2021, 9, e10949.