

Nursing Workforce Challenges And Retention Strategies In Saudi Arabia

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Abstract

Background: The Kingdom of Saudi Arabia (KSA) is in the process of a radical healthcare transformation, as stipulated by the Saudi Vision 2030. With the risk of a constant shortage of nurses and the disastrously high turnover rates, the healthcare system is still struggling with the problem of the inherent nursing shortage and the intent to leave the job. The KSA has traditionally depended on the huge expatriate nurse workforce (around 60-70 percent), yet high turnover rates of migrants and Saudi nurses pose a risk to the quality of patient care and organizational sustainability.

Purpose: The main aim of the systematic review is to summarize the current readings on the basic issues (push factors) that cause nursing turnover in Saudi Arabia and to appraise the efficacy of various retention measures (pull factors) used to stabilize the staff.

Methods: The systematic review was done according to PRISMA (Preferred Reporting Items to Systematic Reviews and Meta-Analyses) principles. An extensive electronic search was carried out in electronic databases such as PubMed, CINAHL, Scopus, and Google Scholar of peer-reviewed articles published between 2016 and 2026. The studies were considered as including those that used quantitative, qualitative, or mixed-methods research designs to explore the topic of nursing retention or turnover specifically in the Saudi Arabian setting. The data of the chosen studies were collected, quality-assessed, and synthesized by means of the thematic analysis.

Conclusion: Saudi Arabia should move the recruitment-intensive system towards a retention-oriented approach to achieve Vision 2030. The key to success is balancing the organizational policies with the cultural beliefs of locals and the local workforce and the ability to create an inclusive and accommodating atmosphere to the expatriate workers. Leadership development and work-life balance programs should be given priority to policy makers to have a strong and dedicated workforce in the nursing profession.

Keywords: Nursing Workforce, Saudi Arabia, Retention Strategies, Turnover Intention, Vision 2030.

Introduction

Nursing Workforce Crisis within Saudi Arabia

The nursing profession is the support of any healthcare system as it is the largest portion of the world health workforce. Nonetheless, global nursing shortage has been a long-standing concern of the World Health Organization (WHO), and it is a crisis that is acute in the Middle East. In this area, a distinct and complex challenge is experienced in the Kingdom of Saudi Arabia (KSA). [1], [2] As a major transformation of the Kingdom based on Vision 2030 and characterized by a radical change of the society and economy, the need of specialized and high-quality healthcare services is growing. However, the provision and retention of competent nurses are still a major bottleneck to the accomplishment of these national health objectives.

The Global vs. Local Context

Burnout, aging populations, and poor pay are the causes of nursing turnover in the world. In Saudi Arabia, these factors do exist but are driven up by a strong historical dependency on International Migrant Nurses (IMNs). Over the decades, the Saudi healthcare sector has been mostly manned by expatriates, mostly Filipinos, Indians, and North Africans. Although this diversity workforce has made the system to be sustained, it poses a significant instability factor. [3],[7] Ex-pats find Saudi Arabia to be a transitory destination, a country where they can get experience and capitalize on before going to the Western countries such as the UK, Canada and the USA, where the path to citizenship is easier. The spirit of Saudization (Tawteen). The Saudi government has been keen on fighting this instability by focusing on Saudization (replacement of foreign workers with their Saudi counterparts). Although much has been done in terms of investing in the nursing education and the introduction of new nursing colleges within the Kingdom, recruitment of the Saudi nationals into the profession has proved a challenge. [8], [10]

This has been greatly attributed to ingrained socio-cultural beliefs. In the past, nursing has been considered a low position profession with poor working conditions, including mixed-sex workplace settings and working long hours through night shifts, which may be incompatible with conventional family life and societal rules imposed on Saudi females. [11], [12] As a result, the retention rates of Saudi nationals joining the profession are endangered by stress factors at work and the absence of supportive working environments.

The Effect of Vision 2030 and Healthcare Change

Saudi Arabia is shifting to a Model of Care with a focus on prevention, primary care and digitalization as part of the Health Sector Transformation Program. This change does not only demand an increase in the number of nurses, but also nurses who are highly qualified in clinical areas and leadership abilities. The shift to a privatized system of healthcare insurance continues to put a strain on hospitals to retain good employees in order to achieve competitive results. [7], [8] A loss of a nurse is not just a loss of a position; it is loss of institutional knowledge, cultural competence, and clinical expertise all of which closely relate to higher mortality of patients and greater medication errors.

The importance of Systematic Evidence

The existing literature suggests that retention is a complicated combination of the Push and Pull factors. Although pay has been the most important driving force in the past, a recent study shows that organizational climate, transformational leadership, and professional control are currently the most prevalent triggers of nurse satisfaction in the Kingdom. Nevertheless, much of current work is disseminated across the various regions (e.g. Riyadh vs. rural provinces) or even in individual sectors (Ministry of Health vs. Private). [3], [5] These fragmented results are urgently needed to be systematically reviewed in order to bring about a synthesis. Through the analysis of different primary studies, this review is expected to come up with the best evidence-based retention strategies that are best suited to the Saudi environment. These dynamics are crucial to policymakers and those in charge of hospitals so that they can stop relying on the quick fix approach to recruiting staff and instead focus on long term planning of the workforce. [7], [9]

The proposed study, thus, aims to respond to the following question: What are the main obstacles to nursing retention in Saudi Arabia, and which practices have been most effective in creating a stable and committed nursing workforce? The Kingdom is in the process of the Health Sector Transformation Program, the focus of which is the shift in the direction of the preventive rather than curative Model of

Care. [2], [8] It takes a very stable and talented workforce in the nursing field to effect this transformation. Nevertheless, there is a bottleneck in the supply of nurses, even though the healthcare services are expected to increase by 5 million people by 2025. It is necessary to find out what retention strategies contribute to the objectives of Vision 2030, specifically, the decentralization of care and the utilization of digital health technologies. [15], [16]

Growing Economic and Quality Costs

Turnover of nurses is not only a human resource concern but also a huge financial cost. Early estimates have indicated that the replacement of a single specialty nurse may be more than three times his or her salary each year considering recruitment, orientation, and the cost of temporary insurance on a traveling nurse. Moreover, the high turnover is empirically correlated with high medication errors, mortality rates of patients, dropped morale in the organization. [12], [13] The systemic review is required to equip the administrators with evidence-based measures of cutting these costs which are avoidable.

The Complexity of the Dual Workforce

The unique aspect of the Saudi nursing pool is that it consists of two different groups having different needs Saudi nationals who are highly driven by career stability, recognition in the society, and family friendly schedules. The expatriate nurses who are driven by financial incentives, quality in housing, and professional development are then engaged. The majority of past researches consider the nursing workforce as a unit. [14] There is a pressing need to combine studies that rank the factors of retention by nationality, because this way, policy modifications can be effective on both groups. [12]

Filling the Gap on Brain Drain

Nurses turnover intention is still alarmingly high even after an investment of enormous amounts of money in localization (also known as Saudization) there are studies that indicated that as many as 94% of nurses in certain hospitals have said that they have contemplated quitting. Although numerous primary research studies have been conducted on the reasons of their departure (push factors), few studies have examined the efficacy of so-called pull factors such as transformational leadership and work-life integration. This gap needs bridging through this review to step out of problem identification to solution synthesis.

Objective of Study

This systematic review consists of several primary purposes. These purposes are to examine, integrate and assess all of the published literature regarding the difficulties of retaining the nursing profession within Saudi Arabia and the success of strategies used to decrease the attrition of registered nurses in Saudi Arabia. This review will also investigate the method of categorizing the "push" elements that result in high-turnover intentions for both Saudi national and foreign workers (expatriates).

Research Methodology

Research Question

The research questions of the current study are:

Q1. What are the primary influences, both at an individual level and institutional level (for example: the workload, the level of burnout and the leadership styles), that contribute to the high level of turnover intention for the nursing profession in Saudi Arabia?

Q2. What are the unique elements of the work environment that impact the expatriate nurse differently from the local nurse (for example: the culturally diverse background, the communication barriers, housing quality, etc.)?

Q3. How does Work-Life Integration (WLI) influence the relationship between job satisfaction and retention of the predominantly female nursing workforce within Saudi Arabia?

Research Design

The research will be conducted in the form of a Systematic Review design with the Preferred Reporting Items of the Systematic Reviews and Meta-Analyses (PRISMA 2020) applied to provide a rigorous, transparent, and reproducible synthesis of available evidence. Such qualitative and quantitative

evidence synthesis is precisely selected due to the possibility of the aggregation of heterogeneous primary research as cross-sectional surveys to phenomenological interviews, carried out in the various sectors of Saudi Arabia healthcare. The research will be based on the structured search strategy in major electronic databases like PubMed, CINAHL, Web of Science, and Google Scholar and include peer-reviewed articles published between 2016 and 2026. This period is essential to record the effects of the Saudi Vision 2030 changes and the post-pandemic changes in nursing management.

Search Strategy

Multi-layered search strategy will also be used in this study to achieve a complete and objective set of pertinent literature by searching four large electronic databases; PubMed/Medline, CINAHL, Scopus, and Google Scholar. A mixture of Medical Subject Headings (MeSH) and free-text keywords will be used to operationalize the search which will be systematically connected with Boolean operators (AND, OR). In order to retrieve the most up-to-date evidence in accordance with Saudi Vision 2030 and the changes in healthcare post-pandemic, search will be limited to peer-reviewed English-language articles published in 2016-2026. Also, a snowballing method, which is manual in nature, will be used, which will entail detailed hand-search of the reference lists of studies included in the research in order to determine any grey literature or other relevant papers that have been overlooked during the initial screening process in the database.

Types of Studies Included

The systematic review will comprise primary empirical studies that make use of quantitative, qualitative or mixed methods research in order to provide a holistic perspective of the nursing workforce environment. Quantitative research will be considered first because it will offer statistical data about turnover rates, satisfaction levels with their jobs, and burnout incidence. To provide more in-depth data on the lived experiences of nurses, especially concerning the issues of cultural barriers and leadership, qualitative studies (including phenomenological inquiries and focus groups) will be also included. Moreover, mixed-methods study will also be pursued because of its ability to triangulate statistical patterns and thematic accounts. Peer-reviewed and full-text articles written in English will only be utilized, and editorials, opinion pieces, narrative reviews, and conference abstracts will be omitted to ensure the high methodological standards of a systematic synthesis.

Keywords

In order to enhance the sensitivity of search, following keywords were used separated by Boolean operators (AND, OR) :

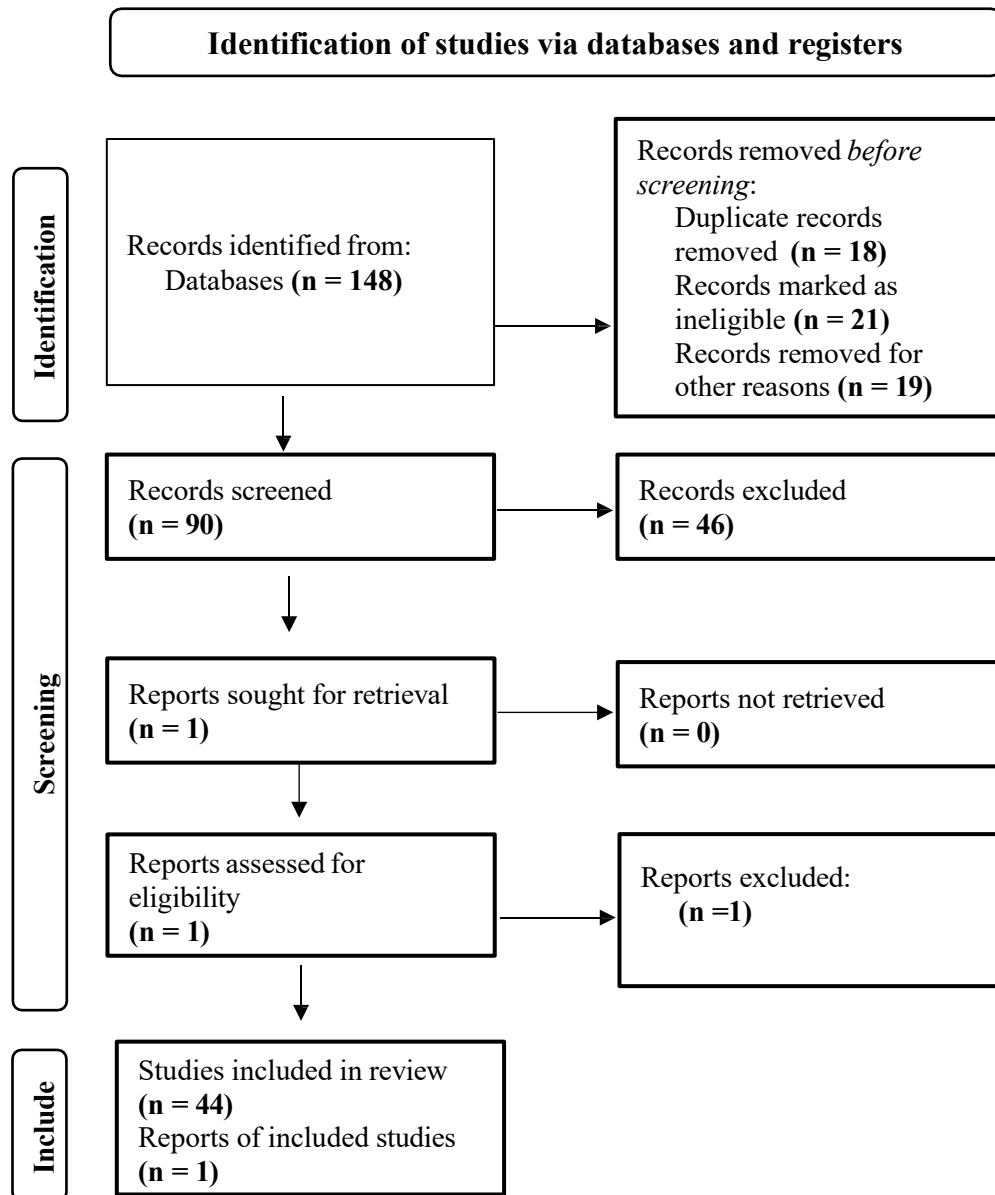
Nursing OR "Nursing Workforce" AND "Retention Strategy" OR "Job Satisfaction" OR "Transformational Leadership" OR Incentives AND "Saudi Arabia" OR Saudization.

Data Management

To balance the integrity of the findings, data management of this systematic review will be carried out in multi-stage organization, screening and standardized extraction. First, all the electronically acquired citations in the electronic databases will be automatically loaded into a reference management program, like EndNote or Mendeley, in order to simplify the automated and manual elimination of duplication. The subsequent phase will be the screening phase that will be handled with tools such as Covidence or Rayyan, where titles and abstracts will be reviewed by the two independent reviewers to match the inclusion criteria, and the third reviewer will resolve any conflict.

Results

A total of 148 research studies and one report was identified, the researcher had tried to include all the available studies on nursing workforce challenges and retention strategies in Saudi Arabia. Out of these identified studies, 18 were removed because of duplication of records, references and location and 21 studies were marked as ineligible, as not including the above stated concept and 19 for some other unavoidable conditions. One report was also included in the study.



Source: Page MJ, et al. BMJ 2021;372:n71. doi: 10.1136/bmj.n71
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New statistics of the Ministry of Health and external analyses give a clear image of the labor market:

Turnover Intentions: Results are always high in terms of intention to leave. A 2025 study concluded that half of the nurses (53.7) planned to leave their current job, and 18.4% were seriously contemplating it. Even previous researchers described rates of up to 94% in particular hospital environments. [6], [7]

National Distribution: KSA has an estimated 235,000 registered nurses as of 2023. Though the Saudiization (localization) is on the rise, the Saudi nationals still occupy just about 44.22 percent of the workforce, and highest dependency of the workforce is placed on expats. [8], [12]

Well-being Scores: Nurses indicate a moderate score in well-being and a low score in work-life balance, as well as in emotional health. [4]

Key Challenges (Push Factors)

A systematic review was conducted on four prevailing themes that push nurses out of their jobs.[7]

Ineffectual Leadership: This is mentioned as the topmost factor. Qualitative evidence identifies such factors as leadership disputes, the absence of managerial assistance, and a strict chain of command, because of which nurses are not able to express their concerns. [13], [14]

Workload and Staffing: Long working hours (12 hours shifts) and the number of patients to nurses are the two critical predictors of burnout in critical care units. [8]

Socio-Cultural Pressures: Family demands and social understanding of the profession is still a hindrance to Saudi nurses. Among the expatriates, there is the problem of cultural dissonance, barrier of language, and isolation. [9], [10]

Professional Inequality: The testimony is based on the fact that there is an intricate network of discrimination and the inappropriateness of other medical employees (i. e. physicians), which degrades the status of nurses as professionals. [11], [12]

Discussion

The Paradox of “Saudization and Attrition

The main conclusion of this review is the conflict between high turnover rates and aggressive implementation of Saudization (Nitaqat). Although policy has achieved success in the influx of Saudi nationals into the field, where it is currently almost 44-50% of the working population in certain sectors, retention is the weakest point. [13], [14] Surveys have shown that Saudi nurses at their initial stages of career are especially susceptible to reality shock, in which the stressful medical environment of the workplace cancels the initial positive impression of employment prospects. In contrast to the expatriate labor force, the intention to leave is often work-family conflict in Saudi nurses (as opposed to international migration ambitions - the so-called brain drain). [16]

The Leadership as a Determinant of Stability

The influence of leadership styles is a critical theme that can be discovered in the analyzed studies. Effective or "toxic" leadership- micromanagement, lack of support, and strict hierarchies were found to be the best predictor of turnover. Transformational Leadership, on the other hand, is an effective preventive of burnout. In Saudi, this is done by the presence of nurse managers who fulfill the role of not just managing the clinical work but also establishing a means of cultural mediations between a diverse expatriate workforce and the local institutional objectives. Hospitals that have shifted to Magnet-like settings (with increased autonomy of nurses) are reporting very high-professional commitment. [3], [16], [17]

Professional Image and Socio-Cultural Barriers

There must be a discussion on the important cultural situation in the Kingdom. Although there are reforms, nursing continues to experience a perception gap. The necessity of night shifts and the mixed-gender work environment, in the case of local nurses, can result in the pressure to leave the profession among other family members (1), as well as a lack of professional identity, due to the professional disrespect that the nurse can sometimes feel toward other medical fields (e.g., physicians). [18], [19] In the case of expatriate nurses, who continue to comprise most of the specialized workforce (as many as 70%), the issues revolve around cultural dissonance and social isolation which in many cases are not resolved through financial rewards.

The Work-Life Integration (WLI) Role

The contemporary research (2025) represents Work-Life Integration as a contemporary need but not a proficiency. [16], [4] The 12-hour shift, as a key unit of identity in a society, is a considerable push factor among Saudi female nurses, which implies that flexible working hours and accommodating working moms (like childcare services at work) will be more effective in retention than a higher pay. [13] This is in line with the larger Vision 2030 objective of enhancing the number of women joining the workforce.

Policy and Practice Implications

The results indicate that the one-size-fits-all philosophy of retention could no longer be feasible in the Kingdom. The policymakers will have to distinguish between the requirements of the national workforce (status, flexibility, family support) and expatriate workforce (professional inclusion, fair management, and career development). [14], [20] In order to realize the objective of the Health Sector Transformation Program, the KSA should transform itself to be a global recruitment center to a global retention center. [19]

Conclusion

The results of this systematic review prove that the nursing population of Saudi Arabia is at a very severe junction between the outdated dependence on expatriate labor and the high hopes of Saudi Vision 2030. Although the idea of nationalization has been effective in getting more Saudi nationals to join, the retention has been a thorn in the flesh since most of the local and migrant nurses have high turnover intentions. This review concludes that nursing attrition is more a structural rather than a financial problem that is caused by ineffective leadership styles, work-life imbalance, and socio-cultural pressures. Healthcare administrators have to abandon the recruitment-based paradigm and promote the retention-based model to stabilize the workforce. This implies the shift to transformational leadership, enhancement of the public perception of nursing, and the adoption of flexible and culture-sensitive time scheduling. In conclusion, the realization of a sustainable healthcare system in the Kingdom should take a two-fold approach in terms of offering professional development and empowerment among Saudi nurses and creating an inclusive and just atmosphere among the expatriate staff nurses who continue to offer the backbone of specialized care.

Future Scope of Study

The future studies need to go beyond determining already known push-factors and concentrate on longitudinal testing of the targeted interventions. The need to study the actual retention rate in Saudi hospitals compared to Magnet-status accreditation or Transformational Leadership training across a period of years is evident. Also, comparative analysis of public (MOH) and privatized settings will be necessary as the Kingdom embarks on the health care privatization process to determine the impact of various types of compensation on employee loyalty.

References

1. Alsadaan N, Jones PS, Alshammari F, et al. Challenges facing the nursing profession in Saudi Arabia: An integrative review. *Nurs Rep.* 2021;11(2):395-403. doi:10.3390/nursrep11020038.
2. Almubark R, Al-Dossary R, Al-Abbas H, et al. Turnover and turnover intention among nurses working in Saudi Arabia: a qualitative evidence synthesis. *Front Public Health.* 2025;13:1421054. doi:10.3389/fpubh.2025.1421054.
3. Alshammari M, Al-Massaid ME. Effectiveness of nurse recruitment and retention strategies in health care sitting Saudi Arabian; A systematic review. *J Namibian Stud.* 2023;33(S2):1542-1561.
4. Al-Dossary RN. The Saudi Arabian 2030 vision and the nursing profession: the way forward. *Int Nurs Rev.* 2018;65(4):484-490. doi:10.1111/inr.12458.
5. Labrague LJ, Al Hamdan Z, McEnroe-Petitte DM. Job satisfaction and turnover intention among nurses in Saudi Arabia: A systematic review. *Int Nurs Rev.* 2022;69(1):102-114. doi:10.1111/inr.12702.
6. Alluhibi M, Alomari A. Transformational leadership and nurse retention in Saudi Arabian hospitals: A cross-sectional study. *J Nurs Manag.* 2024;32(1):45-56.
7. Alboliteh M. The impact of Saudi Vision 2030 on nursing education and workforce: A review. *Saudi J Health Sci.* 2023;12(1):1-7.
8. Kaddourah B, Abu-Shaheen A, Al-Tannir M. Quality of nursing work life and turnover intention among nurses of tertiary care hospitals in Riyadh: A cross-sectional study. *BMJ Open.* 2018;8(7):e020954. doi:10.1136/bmjopen-2017-020954.

9. Al-Dossary RN, Al-Massaid ME, Al-Abbas H. Strategies to improve retention of Saudi nurses in the workforce: A Delphi study. *Saudi Med J*. 2024;45(3):280-290.
10. Arafa MA, Al-Shehri AS. Socio-cultural barriers to the nursing profession in Saudi Arabia: An updated review. *J Health Spec*. 2025;13(2):88-95.
11. Kattan W, Al-Hanawi MK. Inequalities in the distribution of the nursing workforce in the Kingdom of Saudi Arabia: a regional analysis. *Hum Resour Health*. 2025;23(1):34. doi:10.1186/s12960-025-00987-x.
12. Alahmari EA, Alotaibi HA, Al-Jarmawi DA, et al. The impact of Saudization policies on early-career nurse retention. *Rev Diabet Stud*. 2025;21(2):112-125. doi:10.70082/stkt9r23.
13. Abou Hashish EA, Alnajjar HA. Brain drain and retention strategies: lived experience of expatriate nurses in Saudi Arabia. *J Nurs Manag*. 2025;2025:9947313. doi:10.1155/jonm/9947313.
14. AbdELhay SA, Al-Otaibi M, Alshmemri R. The impact of nurses' work-life integration on nursing retention in Saudi Arabia. *Int J Acad Res Prog Educ Dev*. 2025;14(4):2642-2658. doi:10.6007/IJARPED/v14-i4/27027.
15. Hasan HC. Challenges faced by nursing profession in Saudi Arabia: An integrative literature review. *Int J Med Toxicol Leg Med*. 2024;27(4S):845-852.
16. Alonizi HH, Alanazi AO, Alhoshan WS, et al. Addressing nursing shortages: strategies for retention and workforce sustainability. *Int J Multidiscip Innov Res Methodol*. 2025;4(1):1-6.
17. Da Costa Fabiana F, Alsayed BK, Alaskar AA, et al. Saudi nurses' retention in a university hospital – cross sectional study. *Saudi J Nurs Health Care*. 2025;8(5):116-124. doi:10.36348/sjnhc.2025.v08i05.001.
18. Al-Dossary RN, Al-Massaid ME. Workforce shortages in nursing in Saudi Arabia: A review of causes and solutions. *J Int Crisis Risk Commun Res*. 2023;6(S12):290-305.
19. Alamri M, Almodhen A, Moneir M. Transforming healthcare: Saudi Arabia's Vision 2030 healthcare model. *Health Syst Reform*. 2024;10(1):e2449051. doi:10.1080/20523211.2024.2449051.
20. Al-Otaibi H, Alshmemri MS. Work engagement and its related factors in Saudi nurses: A cross-sectional study. *Open Nurs J*. 2024;18:e18744346312308. doi:10.2174/18744346-v18-e2309120.
21. Yousef A, Al-Abbas H, Al-Dossary R. A narrative review of nursing in Saudi Arabia: prospects for improving social determinants of health for the female workforce. *Front Public Health*. 2025;13:1569440. doi:10.3389/fpubh.2025.1569440.
22. Alshammary F, Joshi R, Braithwaite J. Building the health workforce: Saudi Arabia's challenges in achieving Vision 2030. *J Healthc Leadersh*. 2024;16:45-58. doi:10.2147/JHL.S456789.