Saudization of Nursing

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Thesis submitted for the award of partial fulfilment
Doctor of Philosophy

Faculty of Health, Education and Life Sciences
Birmingham City University
November 2018

Abstract

Background: Saudi Arabia is heavily dependent on an expatriate nurse workforce. Although nursing education has been available in Saudi Arabia since 1958, today only 35% of nurses are Saudis. This dependency on expatriates leaves Saudi Arabia and its population vulnerable in several ways, and the Saudization process is therefore under scrutiny. Saudi women, who increasingly seek education and employment outside the home, might have an interest in nursing as a career. They are, however, met with challenges, such as the perception of their family and society of what is a suitable job for a Saudi woman, the mixing of men and women in the same work setting and the work schedules of nurses. Many of these challenges have already been discussed (Gazzaz, 2009; Al-Shmemri, 2014), but nearly a decade later little seems to have changed.

Aims: The main aims of the study were to develop a conceptual framework and model for the Saudization of nursing and provide recommendations for policy and practice regarding the implementation of the model, and thus, the development of a sustainable Saudi nursing workforce.

Method: A constructivist grounded theory approach has been used as a method in this research. This approach has allowed the researcher to gain insight into complex aspects surrounding women and their quest for a career in nursing, while at the same time being invited to explore the experiences of relatives and other members of Saudi society. Data collection took place through individual semi-structured interviews. The data analysis uses initial and focused coding with a constant comparative method, involving theoretical sampling and memo writing. Both data collection and analysis took place through an iterative approach and included 19 participants.

Findings: The findings are presented under seven emergent categories, identifying factors that encourage or discourage the process of Saudization in nursing process. The major factors impinging on successful Saudization were identified as: unsocial working hours, challenges maintaining a work-family balance, lack of gender segregation in nursing, women's traditional role in the family and society, and the social images of nursing, especially those pertaining to the perception that nurses are nothing more than educated maids in the hospital.

Conclusion: While research in the past has merely described the challenges, and provided their related recommendations, the findings from this research were used to inform a conceptual model for the Saudization of nursing which was developed to guide stakeholders, as well as making a number of recommendations which, if acted upon, should help to decrease Saudi Arabia's dependency on expatriate nurses.

Acknowledgement

I am always worried when I am going to acknowledge people who have contributed to something as big as this research. I worry because if I start to mention names, I know that I will forget someone. I do not even know exactly how many people have contributed to this research, with a little or a lot. So how would I ever be able to mention your names? I trust that if you read this page, you will know whether this message is meant for you. To all of you, I say humbly *Thank You*!

But having said that I do have a few special *Thank Yous* to give.

First and foremost, a special *Thank You* goes all the participants of this research. *Thank You* for entrusting me with your stories and experiences. You have opened doors for me to gain insight into your lives, for which I will be forever grateful. May Allah bless you and your families!

Secondly a big *Thank You* to my supervisory team throughout the years. Dr. Barbara Howard-Hunt; Dr. Salim Khan; Dr. Sawsan Majali; Prof Paula McGee; and Prof Robert Ashford. Thank you for being there with me on my research journey. Also, a special thank you to Prof. Joy Notter for your expertise and valuable input, and to you Sue Clarke for your assistance in proofreading my dissertation.

Last, but not least, a heartfelt *Thank You* to my family. *Thank You* to my two sons Yassin and Yousef, for your patience and for sharing your computer savviness. A very special *Thank You* to my husband, Tomas Mebrouk, *Thank You* for encouraging and believing in me. *Thank You* for always being there with a hand in my back pushing me forward, and for taking over my responsibilities at home. You are unique and I am forever indebted. May Allah bless you, our sons and the rest of the family!

Contents

Table of Contents

List of Tables and Figures

List of appendices

Glossary

Arabic term	Meaning
Halal……	Islamic terms meaning permitted/allowed
Hamdulillah…….	Praise to Allah, express appreciation to Allah. It is also used as Alhamdulillah
Haram……..	Islamic terms meaning prohibited/forbidden
Hasanad……	Good deeds, which will rewarded by Allah
Mahram……	Male guardian
Mashallah……	Islamic term meaning ‘what Allah’s wishes’. It express appreciation, and protects against the evil eye
Mutawa……	The term is often used synonymously with *religious police* in Saudi Arabia. The original meaning refers to a person who is obedient and follow the non-compulsory practices recommended in the Shari’a. In this way it is also a term used for a volunteer who assist guide people onto the righteous path
Niqab……	Face veil frequently used by Saudi women
PBUH……..	Peace Be Upon Him, a phrase used by Muslims after each time name of Prophet Mohammed is mentioned. It illustrates a person’s respect and good wishes for the Prophet
Qur’an……..	The holy book revealed to Prophet Mohammed (PBUH)
Saudization…….	A term used synonymously with the terms nationalization or localization. It also refers to the governmental strategy aiming to decrease the reliance on an expatriate workforce. Other uses of the term refers to the process whereby Saudi nationals are educated and trained to qualify for positions that otherwise would be occupied by expatriates.
Sheikh…….	A title used I different situations in Saudi Arabia. i.e. for a man who is respected for his piety or religious learning; a male leader of an Arab family or village; a man in an Arab society who is important or wealthy.
Sunnah……	The way Prophet Mohammed (PBUH) lived his life, including his personal choices, and how he practised his daily life

Chapter 1: Introduction

This thesis presents the research that developed from a personal and professional interest into the Saudization of Nursing. This chapter begins by outlining the structure of the thesis, providing a breakdown of the contents of the six chapters which makeup this work. Following on from this will be a presentation of the researchers background and a discussion of why this topic became important to her, to the extent that she spent many years researching issues related to the Saudi nursing workforce, and how this may be developed so that it is the indigenous population, rather than expatriates, who become responsible for delivering the majority of nursing care in Saudi Arabia.

Chapter 2 presents the background literature. It begins by providing an overview of the Kingdom of Saudi Arabia, outlining issues related to the history of the country, its exponential growth due to the discovery of oil and the implications of this in terms of the countries development. Attention is then given to concept of Saudization and why this is important to the countries future and sustainable development. The discussion then turns its focus to the nursing workforce in Saudi Arabia, analysing issues such as the development of the profession of nursing and the challenges associated with the present nursing workforce in Saudi Arabia.

Chapter 3 is the methodology chapter and starts with an overview of the basis for the design of the study. It then moves on to the sampling and recruitment strategy that was employed. This is followed by a discussion of the methods of data generation used, as well as a summary of how the data were analysed using a constructivist grounded theory approach. Consideration is also given to the specific issues related to interviewing participants with whom the researcher does not share a common language and the sensitivities associated with collecting interview data, from men, in a society where cultural and religious norms means that women and men are segregated unless closely related. This chapter also provides a discussion of issues related to the methodological rigour of the study. The chapter concludes with a consideration of the ethical issues inherent in research of this kind.

Chapter 4 presents the findings of the research. The chapter is divided into three parts. Part 1, *Initial Coding*, provides a description of the participants and their specific place in the

data collection process. It also provides a detailed account of the iterative data collection and analysis process, which in this part includes initial coding. Part 2, *Focused Coding*, continues with a discussion of the findings that are presented within seven emergent categories. Part 2 illustrates the development of the *Conceptual Framework of Saudization within Nursing* and explains the role of factors and conditions in relation to the process of Saudization. Part 3, *Conceptual Model of Saudization of Nursing*, presents the conceptual model, where the 16 impacting factors and four conditions are presented specific to three stages in the Saudization process. It also shares the researcher's reflection on the work undertaken and the limitation of the conceptual model

Chapter 5 discusses the implications of the study in respect of the Saudization of nursing. Applying the Conceptual Model of Saudization within Nursing will affect stakeholders, and the discussion of potential implication will provide users of the research with insight in aspects that need to be taken into considerations.

Chapter 6 is the concluding and recommendation chapter. It concludes the thesis by summarizing the main findings and plan for dissemination of the research, and ends with a number of recommendations for policy and practice.

Background to the Research

In this section I will provide the reader with some information about myself and why this topic became important to me. I trained and qualified as a nurse in my home country of Denmark in the late 1980s. During the formative years of my nursing career, I worked mainly within the specialisms of surgical and oncology nursing. I also spent some time in paediatrics. In 1993 the decision was made to further explore nursing care in another part of the world in order to broaden my cultural awareness and learn something about nursing in a different context. I applied and, was successful in gaining a post as a nurse in haematology, in the rapidly developing kingdom of Saudi Arabia. Newly married, the plan was that I and my husband would stay for just one year. However, the exciting challenges and new experiences of this unique country resulted in us extending our stay for nearly two decades, during which time we became parents to our two boys.

During my time as a nurse in Saudi Arabia I held a variety of posts including being a clinical instructor, head nurse, education coordinator and programme director. These opportunities immensely broadened my experience of nursing in Saudi Arabia. However, it became more and more obvious to me that although I was well treated by my employers, colleagues and patients, there was something amiss, as the vast majority of the nursing workforce were expatriates, like me, with very little representation from Saudi nationals. This led me to start to think about why this might be, and whether or not the present system of nursing care, which was heavily reliant on migrant workers, was sustainable. I wanted to know why Saudis were not entering the profession of nursing, what were the barriers and enablers and most importantly, what could be done to address the imbalance in the nursing workforce. This led to the development of this study, which seeks to explore the Saudization of nursing.

Chapter 2: Background Literature

This chapter provides an introduction to Saudi Arabia, the country in which this research is set. It begins with a brief overview of Saudi Arabia, its population and traditional family structure. Attention is then given to aspects related to the governance and the economy of Saudi Arabia, which includes an introduction to Saudization, which has become a national priority, partly in response to the underemployment of Saudi nationals. In the latter half of this chapter, the discussion turns to the issues related to healthcare and nursing in Saudi Arabia, including a review of the development of nursing as a profession.

The Kingdom of Saudi Arabia

The Kingdom of Saudi Arabia, which comprises around 2.000.000 km^2 is divided into 13 provinces (GASTAT, 2016). The country shares borders with Jordan, Iraq and Kuwait to the north; Yemen and Oman to the south; and the United Arab Emirates and Qatar to the east. It is connected to Bahrain by a bridge on the eastern coast. The Persian Gulf separates Saudi Arabia and Iran, while the Red Sea divides Saudi Arabia from the African continent, with Egypt, Sudan, and Eritrea facing the western coast of the Kingdom. Riyadh is the capital of Saudi Arabia. It is the largest city with more than seven million people; other very important cities include Jeddah, Makkah and Madinah in the Western Province and Al Jubail, Dammam and Khobar in the Eastern Province (Alhowaish, 2015). Figure 2.1 illustrates Saudi Arabia's central position in the Middle East.

Figure 2.1: Map of the Middle East (http://www.operationworld.org/saud 2017)

The Population

Saudi Arabia has experienced an unique and rapid development from being an undeveloped country with an agrarian tribal culture to an industrialized nation with cosmopolitan cities, all within one generation (Ismail et al., 2016: saudiembassy.net, n.d.). With the discovery of oil, the royal family promoted the development of Saudi Arabia, which resulted in a population explosion, as millions of both skilled and unskilled labourers were invited into the country. To maintain the development of the country, sectors such as education and healthcare, amongst others, have experienced a continuous need to hire expatriates (MOH, 2016; Wes, 2017 and in less than three decades, the population has increased from nearly 10 million in 1990 to over 33 million in 2018 (Worldmeters 2018). While these expatriates have served the country when needed, their presence has also resulted in some challenges as rather than contributing to the economy of the country by spending the salaries earned within Saudi Arabia, most send their savings to their country of origin. In addition they occupy positions, such as teaching and nursing that ideally should have been taken up by the Saudi population, many of whom are unemployed (Wes, 2017).

The population of Saudi Arabia now comprises of about 63% Saudis and 37% expatriates (GASTAT, 2017). Appendix A illustrates the population in age pyramids for 1960, 1980, 2000, and 2016. It is noted that the age distribution, in Saudi Arabia is slowly changing and a larger part of the population is in the age group where it is important to have a job and an income. At the same time, it is predicted that there will be a sharp increase in the older population group, requiring more input from health care services. The current life expectancy of Saudis is 73 and 76 years respectively for men and women (Ministry of Health (MOH) 2015). The significant growth in the population has created demands at various levels of Saudi society, including housing, sanitation, infrastructure, employment, education and healthcare (Salem et al., 2014).

Government

Saudi Arabia is governed by a monarchy, where the King establishes the government and appoints the ministers for the various cabinets and therefore there are no political parties.

Apart from a short trial period with elections in the late 1950s early 1960s under King Saud, elections were not held in Saudi Arabia until 2005. In 2005 members of local councils in the municipalities were partly appointed and partly elected. This was the first election that had taken place in recent times. Although only men could vote in that election, the late King Abdullah announced in 2011 that women would be allowed to vote, and furthermore they are now allowed to run for election on one of the local councils (Saqib et al., 2016). However, despite this recent changes, women do not have the same power as men because of deeply rooted cultural practices which still privileges men in public positions over women.

History of Saudi Arabia

The Al-Saud family has held intermittent control over the Arabian Peninsula since the mid-1700s. The family faced, as rulers did in many other areas, a continuous threat from the Ottoman Empire. In the late 1800s the Ottomans successfully invaded and took control of a substantial part of the peninsula. However, in the beginning of the twentieth century, Abdul-Aziz Al Saud recaptured Riyadh. He collaborated and joined forces with the people of the Wahhabi religious movement that was on the rise at that time (Al-Rasheed, 2010). Abdul-Aziz Al Saud and the Wahhabis won sovereignty over the majority of the Arabian Peninsula which resulted in the establishment of a new country. Abdul-Aziz Al Saud managed to unify the different tribes and finally in 1932 he created the country of which he became the first king. The country has since existed as the Kingdom of Saudi Arabia (Bowen, 2015). This is indeed a young country, one of the few places in the world that has developed extremely rapidly far so fast. Saudi Arabia has developed from a barren desert land with nomadic tribal societies, to a modern country with cosmopolitan cities. At the same time, diversity amongst the Saudis' preferred lifestyle is evident, and thereby Saudis are challenged by keeping up with the rapid developments while holding on to their cultural values (Hashimilion, 2011).

Family Structure in Saudi Arabia

It would be erroneous to think that a description of the Saudi family structure would encompass every Saudi family, and it falls beyond the scope of this thesis to explore and detail the differences. The description here will therefore only provide a general overview of the traditional family structure and some of the tendencies that influence it. The traditional Saudi family structure can be interpreted from writings in the Holy Qur'an, verse 4:34, where men are considered to be the protectors and maintainers of women. This has often been translated into men being breadwinners and women homemakers (Wynn, 2008; Doumato, 1999). Men are therefore normally heads of families, whereas the roles of women include management of the household: cooking, cleaning and rearing the children. These gender roles are not unique to Saudi Arabia, but also exist in other Muslim countries. Lovering (2008) who studied caring in the Middle East also described these gender specific roles amongst Christian Arabic families. Although the Saudi family structure is explained by the directive of the holy Qurán as giving, the gender specific roles are deeply rooted values in patriarchal societies. Darity (2008) describes patriarchy as a "social structural phenomenon in which males have the privilege of dominance over females" (Darity, 2008: 137) He further explains that it is "manifested in the values, attitudes, customs, expectations, and institutions of the society, and it is maintained through the process of socialization" (Darity, 2008: 173).

Although the situation of women in Saudi Arabia is criticized globally (Kurdi, 2014), government led changes have taken place over the past 50 years, example, as the implementation of mandatory education of girls in the early 1960s, the availability of university education for women (Pavan, 2016), the right of women to vote as dictated by the King in 2011 (Alshmemri, 2014) and more recently the establishment of driving license for women in Saudi Arabia. Although the government slowly implemented laws to facilitate women's rights it does not mean that the population, at large, embraces the change immediately as it takes time to change deeply rooted cultural and religious traditions (Fakeeh, 2009; Gazzaz, 2009; Alshmemri, 2014; Pavan, 2016).

The fertility rate, in Saudi Arabia has been steadily declining from 7 children per household in the 1960s and 1970s to 2.4 in 2016 (GASTAT, 2016). There are a range of reasons for this including the irregular use of contraception, later age of marriage and women's education (Khraif, 2001). It is, however, worth noticing that this means that Saudi women in general have fewer children to rear than in the past, and that might very well influence their roles in their families.

Oil in Saudi Arabia

Shortly after the establishment of the Kingdom, the Americans, who assisted Saudi Arabia in the search for water, found oil reserves in Dhahran, Saudi Arabia. Saudi Arabia did not have the equipment or the 'know-how' to get the oil out of the ground, and so made a contract with the Americans. Oil became the main revenue for the wealth and tremendous development that the country has come to experience (Alhowaish, 2015). Since the Americans discovered oil there have been strong ties between the two countries (El-Tahri and Smith, 2005). The relationship was further developed when King Abdulaziz Al Saud and President Roosevelt entered into an agreement where Saudi Arabia provided a base for the Americans during the Second World War and guaranteed that the Americans would have access to the Saudi oil reserves. In return, the Americans pledged commitment to the Saudi state providing assistance with security, which included military training (El-Tahri and Smith, 2005).

Strategic Development

Since 1970 Saudi Arabia has used five-year Development Plans as national strategic guidance. All 10 plans that have been issued so far have focused on diversification of the source of national income, aiming to reduce dependency on oil by increasing the share of productive sectors in the gross domestic product (Albassam, 2015). With the development of other industries in the late 1970s, especially in the Western region in the vicinity of large oil reserves, the employment of Saudis improved and the unemployment rate fell (Albassam, 2015). With the rapidly growing population unemployment did however rise

again in the late 1990s and the focus on addressing unemployment was included in the sixth Development Plan (Albassam, 2015).

In 2005 the focus on unemployment was intensified and Saudization was introduced as a concept, which mainly included replacing the expatriate workforce with Saudi nationals (Farhan et al., 2016). The government has created a variety of policies and programmes to assist Saudization, but the unemployment rate remains just above 12% in 2016. It is worth noticing that the unemployment of Saudi women accounts for a significantly bigger share, 5.7% and 34.5% for men and women respectively, and the share of unemployment is higher for those who are younger than 30 years of age (GASTAT, 2017). The problems with national unemployment, linked to the failure of effective diversification, and the rapid growing population, resulted in concerns that claimed that the situation might destabilize not only Saudi Arabia, but also other countries in the same situation, such as Kuwait, Oman and Bahrain (Alghamedi, 2014).

Saudization

Prior to the oil discovery in the late 1930s, Saudi Arabia was poor and underdeveloped. Expansion of its infrastructure exponentially grew with the success of retrieving the oil resources in the areas of Daharan, and that was the beginning of the importation of foreign trained expatriates, who were needed to assist Saudi Arabia in its development process (Al-Asfour and Khan, 2014). Saudi Arabia had made a conscious decision to hire expatriate workers, both professional, often from the Western, industrialized countries, and those without formal educational backgrounds, often from underdeveloped countries, this latter group mainly working within the building industry. These unskilled workers were frequently recruited from the Asian and African continents (El-Tahri and Smith, 2005).

While recruiting foreign workers with different skills and educational backgrounds provided an immediate solution, it has also created problems, such as long term economic consequences for Saudi Arabia, as foreign workers send remittances to their home country rather than spending it in the country (Sevilla, 2014). Remittances sent home from workers in Saudi Arabia, fail to circulate and benefit the Saudi economy. Al-Dosary and Rahman

(2005) reflected in a critical review of the progress of Saudization that 9% of the GDP would remain in Saudi Arabia if foreign staff were replaced with the many unemployed Saudis.

The governmental sector has successfully established employment for Saudi nationals, whereas the private sector has fallen behind in this regard. There are various reasons for the slow progress of Saudization within the private market. There is significant economic interest in securing employment for Saudi nationals, but at the same time, many private companies find the higher salary of Saudi staff detrimental to the survival of their companies (Al-Dosary and Rahman, 2005). Beside the concerns regarding higher salaries for Saudis, over what expatriates are paid for the same work, some private organisations perceive Saudis in general as unstable and unreliable, not wanting to perform demanding or jobs perceived to be unpleasant, such as those in the hospitality sector (Al-Shammari, 2009).

The Saudi government has implemented different initiatives and directives to provide clear expectations to both private and governmental organisations. At the same time, it has created programmes to support the education and training of Saudis to ensure their expertise and skills before being able to replace the expatriate staff. In 1995 the government implemented a policy that required all companies, with 20 employees or more, to decrease their non-Saudi staff by 5% annually (Al-Asfour and Khan, 2014). At the same time the visa fees for expatriate staff, paid by companies, was increased to discourage the recruitment of expatriates, and loans to private companies were issued to assist them with Saudization.

In 2004 the government also established a section under the Ministry of Labour to oversee the progress of Saudization in the private sector (Al-Asfour and Khan, 2014). The Saudization plans that had not progressed as hoped in the private sector, were assisted by a reward-penalty policy titled *Nitaqat*, implemented in 2013, where firms based on size would fall into one of four categories determined by the percentage of Saudi employees. These categories identified as red, yellow, green or premium would provide opportunities or sanctions according to the colour code, i.e. premium and green companies would be allowed to recruit expatriate staff from overseas, and they would be allowed to recruit

expatriate staff from red or yellow companies without having to get permission from their employer (Aljazira Capital, 2013).

Other initiatives such as the Hafiz programme has been implemented to provide a financial aid to unemployed Saudis for up to two years while they search for employment. The effectiveness of this programme has however been questioned as the majority of users of this programme are women, who have had a tendency to take the money for the two years without actually looking for a job (Aljazira Capital, 2013). The attention to women and the untapped resources that the many unemployed Saudi women represent, has been on the increase. Financial experts recommend further attention to factors that could further Saudization especially the employment of Saudi women, such as creating labour market reforms and legislation that promotes "gender equality and family-friendly mechanisms" (Saqib et al., 2016: 90).

One example of this is The King Abdullah Scholarship programme was established in 2005 as an investment that facilitated the education and training of young Saudis overseas (Al-Asfour and Khan, 2014). While the majority of the money is granted to male applicants, a good proportion is allocated to Saudi women. Scholarship students study in different countries such as the United Kingdom, Canada, and Australia but the preferred country is the United States of America (Taylor and AlBasri, 2014). Traditional and religious values prevent women from travelling abroad and living alone whilst abroad. However, the government provides additional resources to supplement scholarships for women to enable them to be accompanied by a *Mahram* (male guardian) during for the duration of the scholarship (Taylor and Albasri, 2014). In 2015, 150,109 males and 49,176 women studied abroad with an allocated budget of 6 billion US$ (Ahmed, 2015). The government has also implemented a national-based scholarship programme where private organisations are invited to contribute to the local scholarships of specific individuals who, after graduation, will 'pay-back' with a work commitment for the same amount of time he or she received the scholarship. This government supported programme is officially called the Human Resource Development Fund, and is the programme that supports Saudis who seek entry to private nursing schools (Human Resource Development Fund, 2017).

Healthcare in Saudi Arabia

Prior to 1950 and the establishment of the MOH, treatment of diseases in general relied on traditional folk medicine (Al-Malki et al., 2012 and Lovering, 2006). People resorted to Islamic and prophetic medicine, herbal medicine, bloodletting, cupping and cautery, which to some extend is still practiced in Saudi Arabia (Al-Asmari et al., 2014). In the 1950s the MOH established healthcare facilities in the form of health care clinics, hospitals, and dispensaries. The Saudi healthcare system started to improve public health in general (Al Malki, et al., 2012). With the continuous priority to enhance the availability and delivery of healthcare in the Kingdom and the increasing revenue gained through the country's wealth from oil, the government allocated a substantial amount of financial resources ensuring a significant improvement in the healthcare sector throughout Saudi Arabia (Al Malki et al., 2012).

Healthcare resources are prioritized to enhance health care services and to ensure that it is made accessible to the citizens (MOH, 2015). The MOH uses annual reports to provide a review of current situation in terms of health performance in Saudi Arabia, where indicators allow for close assessment of health strategies and evaluation of achievements of goals in the healthcare sector (MOH, 2016). Table 2.1 provides an overview of selected health resources (manpower, hospital beds and primary healthcare centers). The numbers indicate the total counts of health resources for Saudi Arabia. The Saudization percentage identified for each category of healthcare professionals indicates the proportion of Saudi nationals working within the specific professions. The indicator for each of the health resources is provided as a rate per 10.000 inhabitants in 2016.

Table 2.1: Health Resource Indicators

Health resource	Number	Saudization percentage	Indicator Rate (per 10.000 population)
Physicians	75.740	26,7%*	23,9
Dentists	13.935		4,4
Nurses	180.821	36,5%	57,0
Pharmacist	25.119	22,0%	7,9
Allied Health Professionals	107.323	74,4%	33,8
Hospital beds (all sectors)	70.844	Not applicable	22,3
Hospitals (all sectors)	470	Not applicable	Not applicable
Primary healthcare centers (MOH)	2325	Not applicable	0,7

* MOH does not differentiate between physicians and dentists in their annual report when they report figures for Saudization. (Adapted from MOH, 2016)
** While dentists have their own indicator, the one provided for physicians includes dentists.

The health care system consists of both government-funded and private organisations. The government-funded organisations are divided into two (2) groups, MOH and other government healthcare organisations, which comprise hospitals and medical centres that fall under the sector of other governmental organisations. Examples of such organisations are the Armed Forces Hospitals, National Guards Medical Services, and tertiary referral hospitals such as the King Faisal Specialist Hospital and Research Centre in Riyadh and Jeddah. 24% of the hospital beds were in 2016 located in the private sector, while respectively 59,5% and 16,5% were in the sector of MOH and other governmental hospitals (MOH, 2016).

Accreditation of Saudi Healthcare Facilities

Quality measures for healthcare organisations in Saudi Arabia are implemented in the form of a comprehensive accreditation programme. In the past, some organisations voluntarily pursued international accreditations, i.e. Joint Commission International Accreditation (JCIA). The first hospital to obtain this accreditation was the King Faisal Specialist Hospital & Research Centre, Riyadh Branch in 2000 (Joint Commission International (JCI), 2017).

In 2001, a regional accreditation programme was launched in the Western region of Saudi Arabia under the name Makkah Region Quality Program (MRQP), which in 2005 transformed into a national programme under the title Central Board for Accreditation of Healthcare Institutions (CBAHI) (Abu Hussain, 2016). From being available to all healthcare organisations in Saudi Arabia, CBAHI, was in 2013, appointed as a compulsory accreditation programme for all public and private healthcare organisations, including hospitals, polyclinics, blood banks, laboratories, and other organisations providing healthcare or medical testing. The programme then changed its name to its current name, Saudi Central Board for Accreditation of Healthcare Institutions (Abu Hussain, 2016). Recently the Magnet Accreditation has also been achieved by the King Faisal Specialist Hospital & Research Centre (KFSH&RC). The branch in Jeddah was the first in Saudi Arabia to achieve accreditation in June 2013 (Haines, 2013.) and Riyadh branch in 2014 (KFSH&RC, 2017.). These have been significant achievements as there were only five other Magnet accredited hospitals outside the United States, and none in Saudi Arabia (Haines, 2013.). Previously licensure to practice as a healthcare professional was governed by the country of origin, but with the establishment of the Saudi Commission for Health Specialties (SCFHS) in 1992, registration and licence to practice has developed in Saudi Arabia (SCFHS, 2013).

Nursing in Saudi Arabia

Nursing is a career with special challenges, especially for Saudi women. These challenges are well documented in the literature, yet the majority of the issues that are talked about do not seem to have changed significantly (Aldossary et al,. 2008; AlYami and Watson, 2014; Gassaz 2009). Although some change has occurred in recent years, Saudi nurses still struggle with challenges in their daily lives (Al-Mahmoud 2013; Al-Mahmoud, et al., 2012; AlYami and Watson, 2014; AlOtaibi, et al., 2016; Miller-Rosser, et al., 2006; and Gazzaz, 2009).

While traditional folk medicine such as bloodletting, cupping, cautery, and the ingestion of herbal medicine have a long history in medical treatment and is, to some extent, still practised today, the influence of Arab physicians on modern medicine is well documented. Examples include surgeries, anaesthesia, and ophthalmologic procedures preceding the Western world's 'discovery' of the same scientific technology and practice (Ghani, 2015). Florence Nightingale, an English Italian born nurse, made inroads for nursing during the 19th and early 20th centuries. However, the first recorded nurse and social worker was Rufaida bint Sa'ad also known as Rufaida Al Aslamiyyah, a Muslim nurse (Al Osaimi, 2004). She lived and practised nursing at the time of Prophet Mohammed (PBUH). Like Florence, Rufaida cared for soldiers during war times. Prophet Mohammed (PBUH) sent the wounded soldiers to her tent for medical treatment and care. Rufaida gained her medical skills from her father, Saad Al Aslamiyyah, a physician, and through her own practice, she worked with other women in the communities to whom she taught nursing skills. She was known as a kind and empathetic nurse who took care of other people, such as orphans, the handicapped, or poor people (Al Osaimi, 2004). Formal nursing education has existed in Saudi Arabia since 1958, however, the work of Rufaida was not recognized as important in a historical context until recent times (Lovering, 1996). In more modern times, Lutfiyyah Al Khateeb, a Saudi nurse, received her education in 1941 in Egypt. She was a pioneer in the context of the nursing profession in Saudi Arabia (El-Sanabary, 1993).

Nursing has over the past 50 years been described as a profession suffering from low status and connected to social stigma in Saudi society. This has also been identified as one of the main reasons for Saudi Arabia's dependency on an expatriate nurse workforce (Al-Omar, 2004; Al-Mahmoud 2013; Al-Mahmoud, et al., 2012; AlYami and Watson, 2014; AlOtaibi, et al., 2016; Bryant, 2003; El-Gilany and Al-Wehady, 2001; El-Sanabary, 1993; Gazzaz, 2009; Jackson and Gary, 1991; Jansen, 1974; Lovering, 2008; Miller-Rosser, et al., 2006; Mitchell, 2009; Phillips, 1989; Simpson, 2002). Foreign trained nurses are hired by all sectors in healthcare, and it has been reported that these nurses come from over 50 different countries (AlYami and Watson, 2016). Recruiting nurses from overseas is connected to practical challenges such as accommodation and transport. Nurses are most often hired on a single person contract, which only allows the nurse to enter Saudi Arabia, without the

possibility of bringing her family. As most of these nurses are women they have to live in accommodation provided by the hospital, as in Saudi Arabia, women are not allowed to live alone without a male guardian. Recruiting foreign trained nurses is costly and many nurses come with short term plans, intending to work for a few years and return to their families in their home country. This results in a high turnover rate and consequently a significant cost to recruitment (Aboshaiqah et al., 2016). The commitment of expatriate nurses might also result in a mass exit at times of regional conflict, such as happened at the time of the Gulf war in 1990 (AlYami and Watson, 2014). The quality of care is another factor as expatriate nurses come with their own social and cultural values, which can be difficult to disregard or change to accommodate those of the individual Saudi patient and their families (Halligan, 2006).

Nursing Education in Saudi Arabia

The first nursing school was established in 1958 in Riyadh in collaboration with the WHO. It was a school for men of any nationality. Fifteen students were enrolled in the first year (Tumulty, 2001). Lutfiyyah Al Khateeb contributed to the establishment of the first nursing schools for women in Saudi Arabia in the early 1960s (Bryant, 2003; El-Sanabary, 1993). Royal support prioritised the education of girls and women at that time, however, the Saudi population was far from ready to send their daughters to nursing schools and, for a number of years, the schools were mainly used to educate expatriates (Bryant, 2003). Nursing schools for males and females opened in 1962 in Jeddah and in the following years more nursing schools opened across the country. Nursing education up to 1976 was at diploma level. In 1976 a Bachelor programme in nursing was established in Riyadh at King Saud University and at King Abdulaziz University in Jeddah in 1977 (Tumulty, 2001). The public university based nursing programmes were only offered to female students up until 2004 when the first programme was established in Riyadh for male students (AlYami and Watson, 2014). Saudi Arabia implemented a master's programme for female nurses in 1987. Saudi nurses can pursue a master's degree in Riyadh or Jeddah at King Saud University

and King Abdulaziz University, but many nurses who have pursued a postgraduate degree have received scholarships and studied overseas (Gazzaz, 2009).

Saudization within Nursing

Despite nursing education being available for Saudi men and women since the 1960s, Saudi Arabia remains highly dependent on an expatriate workforce. In 2016 only 36.5% of the entire nursing workforce were Saudi nationals (MOH, 2016). It is interesting to note the difference in the Saudization percentage for men and women.

Although nursing education in Saudi Arabia has been developed for female students with the availability of public Bachelor programmes for women, 30 years before it was implemented for men, the Saudization percentage for male nurses is 72.7% whereas for female nurses only 27.3% (MOH, 2016). Table 2.2 provides an overview of the manpower situation in 2016 for four healthcare related groups, physicians, nurses, pharmacists, and allied health professionals. The numbers are raw data for the entire kingdom. Comparing Saudization within the four groups of healthcare professionals, it is interesting to observe that the overall Saudization percentages for physicians and dentists as well as for pharmacists are lower than that of nurses. The private sector accounts for a significantly low Saudization for both these groups (MOH, 2016). Economic factors might therefore have a role to play in this regard. At the same time, it is interesting that the Saudization percentage for women is higher than it is for men in both these groups. This could point towards the fact that these career options are found to be more acceptable as female career options. The Saudization percentage of 74.4% for allied health professionals is significantly higher than that for nurses. Like nursing the male percentage is higher than that of females. When comparing the figures for the four groups, it is, however, important to consider the total number of healthcare professionals within the group. Educating, training and recruiting for fewer positions might prove easier than that for a huge workforce such as nursing with a total of 180.821 nurses (MoH, 2016).

Table 2.2: Overview of Manpower Working in the Different Healthcare Sectors, 2016

Category of Healthcare Professionals	Demographics	Sector						All sectors combined	
		MOH		Other governmental		Private			
	Gender/Nationality	Saudi	Expat	Saudi	Expat	Saudi	Expat	Saudi	Expat
Nurses	Male (M)	23,520	1,799	2,415	3,195	886	5,058	26,821	10,052
	Female (F)	34,754	41,183	3,103	28,214	1,379	35,315	39,236	104,712
	Total nationality/sector	58,274	42,982	5,518	31,409	2,265	40,373	66,057	114,764
	Total per sector	101,256		36,927		42,638		180,821	
	Saudization (M)	92.9%		43.0%		14.9%		72.7%	
	Saudization (F)	45.8%		9.9%		3.8%		27.3%	
	Total Saudization	57.6%		14.9%		5.3%		36.5%	
Allied Health Professionals	Male (M)	42,272	1,370	15,776	3,481	2,981	8,598	61,029	13,449
	Female (F)	11,293	2,539	5,133	5,481	2,397	6,002	18,823	14,022
	Total nationality/sector	53,565	3,909	20,909	8,962	5,378	14,600	79,852	27,471
	Total per sector	57,474		29,871		19,978		107,323	
	Saudization (M)	96.9%		81.9%		25.7%		81.9%	
	Saudization (F)	81.6%		48.4%		28.5%		57.3%	
	Total Saudization	93.2%		70.0%		29.9%		74.4%	
Pharmacists	Male (M)	2,115	120	805	405	633	17,823	3,553	18,348
	Female (F)	1,112	178	683	392	173	680	1,968	1,250
	Total nationality/sector	3,227	298	1,488	797	806	18,503	5.521	19,598
	Total per sector	3,525		2,285		19,309		25,119	
	Saudization (M)	94.6%		66.5%		3.4%		16.2%	
	Saudization (F)	86.2%		63.5%		20.3%		61.2%	
	Total Saudization	91.5%		65.1%		4.2%		22.0%	
Physicians	Male	9,419	20,110	5,618	6,568	568	19,223	15,605	45,901
	Female	4,885	8,354	3,078	1,942	411	9,499	8,374	19,795
	Total nationality/sector	14,304	28,464	8,696	8,510	979	28,722	23,979	65,696
	Total per sector	42,768		17,206		29,701		89,675	
	Saudization (M)	31.9%		46.1%		2.9%		25.4%	
	Saudization (F)	36.9%		61.3%		4.1%		29.7%	
	Total Saudization	33.4%		50.5%		3.3%		26.7%	

(Adapted from MOH, 2016)

Summary

Since the discovery of oil in the 1930s Saudi and its population has undergone tremendous development. Healthcare has been one of the priorities, and aspects of a modern healthcare system, such as quality assurance, and education of healthcare professionals, have been a part of the development. While the government had made a conscious choice to develop the country with the help of a huge expatriate workforce, it has also come to experience the consequences of that policy. There are initiatives to educate, train and recruit Saudis into all kinds of positions within Saudi society, however, within nursing, this has proven especially challenging. The constant development of the country and a continuous population growth means there is a constantly increasing need for nurses. At the same time, nursing has over the past 50 years been reported as suffering from a poor image and failing to generate sufficient interest within the Saudi population. This situation leaves the country and its people vulnerable, at the whim of the expatriate workforce, who can decide to go home when it suits them. Without these expatriate nurses, it would be impossible for the healthcare service to function efficiently.

Chapter 3: Methodology

Research design should be based on the notion of fitness for purpose (Silverman 2011; Bryman 2012). This notion of fitness for purpose has directed the methodological framework for this study, which aimed to explore the factors that facilitate or mitigate against the development of the nursing workforce in Saudi Arabia and to develop a conceptual framework and model for the Saudization of nursing. A secondary aim of this research is to develop recommendations for policy and practice that would contribute to the development of a sustainable Saudi nursing workforce.

This chapter begins by explaining the epistemological basis and theoretical assumptions which guided the methodological approach used for the design of the study. It then moves on to discuss the constructivist grounded theory method in this study. Following on from this is an overview of the sampling frame, including the recruitment strategy. It then moves on to the sampling and recruitment strategy that was employed. This is followed by a discussion of the methods of data generation used, as well as a summary of how the data were analysed using the constructivist grounded theory approach. Consideration is also given to the specific issues related to interviewing participants with whom the researcher does not share a common language and the sensitivities associated with collecting interview data, from men, in a society where cultural and religious norms means that women and men are segregated unless closely related. This chapter also provides a discussion of issues related to the methodological rigour of the study and concludes with a consideration of the ethical issues inherent in research of this kind.

Aims of the Research

The main aims of the study were:

- To develop a conceptual framework and model for the Saudization of nursing.
- To develop recommendations for policy and practice regarding the implementation of the model, and thus, the development of a sustainable Saudi nursing workforce.

The starting point for this study were:

- An investigation of the current views and perceptions of nursing amongst Saudis.
- The identification of factors that support or discourage the choice of nursing as a career.

Study Design

The nature of the research question determines the choice of paradigm. It leads to the selection of a suitable approach by which data is collected, analysed and presented. When starting this research and considering the information needed, a decision had to be made about which research paradigm would be suitable. The most frequently used paradigms are positivism and interpretivism with their roots in realism and relativism respectively (Priebe and Landström, 2014). There are fundamental differences between the approaches used in these two paradigms. The role of positivist research is to test theories and to provide material for the development of laws (Priebe and Landström, 2014). Bryman (2012) argues that when a research study involves testing hypotheses, thus deductive in nature, the epistemological stance needs to be positivist. Boeije (2010) supports this view stating this type of research is based on "hard knowledge". The research carried out in this way is seen as objective with reliability and validity being essential factors. The issues of repeatability, verifiability and the construct of the research situation in the format of the natural sciences are other significant factors in research design within the positivistic paradigm (Boeije, 2010). Bryman (2012) further states that science must as far as possible be conducted in a way that is objective, value free, and that variables must be defined in measurable terms so they can be numerically analysed.

In contrast, interpretivism is predicated upon the belief that a research strategy that respects the differences between people and the social world in which they interact, is required. The researcher needs to grasp the subjective meaning of social actions (Malterud, 2013). In this approach, the epistemological and ontological assumptions are that the world and reality are individually interpreted by people within the context of the historical and social practices they inhabit. Interpretivism is a socially constructed phenomenon and differs from positivism in that this approach does not believe in making broad conclusions with generalisations, but offers deeper understanding of a situation (Priebe and Landström, 2014). Therefore, a qualitative researcher must acknowledge that his or her own knowledge and experiences can affect the outcomes of the study (Charmaz, 2014).

Qualitative research is not concerned with 'what we know', but instead with 'what we experience' through the process of life (Slevin, 2010), thus, a qualitative approach is one in which the inquirer seeks for knowledge based primarily on constructivist perspectives. It also

uses strategies of inquiry such as narratives, case studies, ethnographies, phenomenological and grounded theory studies, where researchers collect open-ended, emerging data with the primary intent of developing themes from the data (Silverman, 2011).

It was the personal experience of the researcher that led to the research topic. Arriving to Saudi Arabia to work as a nurse in 1993, it was observed that nurses in the researcher's work setting were all expatriates. Anecdotal stories said that *Saudis do not want to work as nurses*, and the hospital at which the researcher was employed, did not want the Saudi nurses because they applied as new graduates and so lacked experience. Up until 2009, which was the year the proposal for this research was formulated, nothing seemed to change. Published articles, some of which were research based, presented challenges faced by the nursing profession in Saudi since the first nursing schools were opened for women in 1962. The image of nursing in Saudi Arabia was constantly referred to as being poor, low or associated with a social stigma. Specific challenges such as working hours and the gender-mixed environment were described (Al-Omar, 2004; El-Gilany and Al-Wehady, 2001; El-Sanabary, 1993; Jackson and Gary, 1991; Jansen, 1974; Miller-Rosser et al., 2006; Phillips, 1989). Reading these articles without observing any change in attitude, seemed as if it was merely members of the nursing profession who had been talking amongst themselves. These issues led to the question: *What is going on with Saudis and nursing*? It was a question that warranted further research.

The research questions called for a qualitative research approach as it would allow the researcher to explore the research topic with the intent to create insight and generate understanding. There are a variety of qualitative research methods, but one was needed that focused on the lived experiences of the participant. It was also important to find a method that would allow the participants' voices to be heard. One such method could be Phenomenology, a method that allowed for data generation where meaning would come to life through an analysis of the participants' stories, which take shape through the spoken language (Sloan and Bowe, 2014).

Phenomenological research is concerned with the lived experiences of people. It seeks exploration of the human experience of concepts and phenomena (Creswell, 2013). Husserl, a German philosopher, often referred to as the father of phenomenology, defined phenomenology "as a descriptive philosophy of the essences of pure experiences" (van Manan, 2014: 89). Husserl believed that to study a phenomenon, researchers should put aside existing

knowledge about the specific phenomenon. He adopted the Cartesian concept of epoché, which in descriptive phenomenological research is described in terms of bracketing and phenomenological reduction (Brinkmann and Tanggaard, 2015). Bracketing is, in the descriptive phenomenological approach, the researcher's way of eliminating the influence of what he or she knows already and takes for granted. It is also a key concept that separates the descriptive and interpretive approach. Heidegger, who was Husserl's student, challenged this view (Dahlager and Fredslund, 2011). He believed that it is impossible to 'unknow' or disregard what you already know, but at the same time he believed that it is essential to become aware of what you know, and address these preconceived ideas, when exploring a phenomenon (Dahlstrom, 2012).

To make a difference this research did not need to generate research that would fall into a pile of publications, which stated what has already been discussed at length within nursing circles, but required a method that allows a better understanding, facilitating explanations and generating theories that could be utilised, thus helping to address the problems. For this reason phenomenology was dismissed as a potential methodological approach.

Grounded theory is another qualitative method that takes an interest in people's experiences with the belief that interaction amongst people is shaped, but not necessarily determined, by the social, cultural and historical context (Charmaz, 2014). But in grounded theory the research often starts with a question of *what is going on*, and it is a suitable approach to get to understand a process or specific situation (Richards and Morse, 2013). Grounded theory is also person-centred and focuses on the participants' experiences, behaviour and perceptions and therefore has much to offer social research (Holloway and Todres, 2010). Charmaz (2014) describes grounded theory methods as consisting of "systematic, yet flexible guidelines for collecting and analysing qualitative data to construct theories from the data themselves" (Charmaz, 2014: 1).

Grounded theory has its roots in sociology in the 1960s (Morse, 2009). At that time, quantitative researchers verbalized their sceptical views of qualitative research, arguing that it was subjective, impressionistic and anecdotal and lacked qualities such as objective, systematic, and generalizable findings. Glaser and Strauss (1967), who were both sociologists, introduced grounded theory as a research method characterised by a systematic, inductive, iterative, and comparative method of data analysis. Glaser and Strauss (1967) answered the

criticisms of qualitative research at that time, arguing that grounded theory research was built on explicit strategies and rigour that enabled generalization (Morse, 2009). Glaser's rigorous training in quantitative research is reflected in the epistemological assumptions, logic and systematic approach of grounded theory, which somewhat resonates with the specialised language used in quantitative methods (Charmaz, 2014). Strauss (1995)who assumed that the process, and not the structure, was fundamental to human existence, viewed human beings as active agents in their lives, and social meaning relied on the use of language and came to expression through actions (Charmaz, 2014).

Grounded theory has grown into a popular research method in a broad range of disciplines (Birks and Mills, 2011; Bryant and Charmaz, 2007; Charmaz, 2011). Charmaz developed grounded theory from a constructivist perspective, where one of the characteristics is the place of the researchers and their relationship with their participants, thus what was emphasised was the importance of constructing a final text which remains grounded in the data (Birks and Mills, 2011). Charmaz (2014) explains that constructivist grounded theory has adopted the inductive, comparative emergent and open-ended research approach that Glaser and Strauss (1967) originally used, while maintaining the iterative logic in the pragmatic tradition. At the same time, constructivist grounded theory provides a method that allows flexibility rather than mechanical application (Charmaz, 2014).

Hotslander (2015) explains that constructivist grounded theory allows for interpretive understanding of actions and experiences within a complex social context. *Complex social context* is an excellent description of nursing in the Saudi context. The constructivist grounded theory approach therefore provides a flexible method, that enables exploration of processes within the social context, answering the question of *what is going on*, while facilitating the generation of new knowledge through the development of theory. This perspective seemed to fit the overall aims of this study in that it offered the opportunity for the research audience to gain, as far as was possible, an account of what is going on in regards to the nursing workforce in Saudi Arabia and why was it that Saudi's for the main part, did not consider nursing to be a credible profession. For these reasons a constructivist grounded theory approach was adopted as a suitable framework for this research.

Positionality

The term positionality is used to formalise the recognition of the impact of the researcher on the research process and research outcomes (Hopkins, 2007). In positivism, where the ontological and epistemological perspectives assume existence of a truth that can be found through measurement and observations, it is claimed that regardless of who conducts the research, the results should turn out to be the same (Bryman, 2012). In paradigms rooted in relativism, the researcher has a different role. Seeking exploration and deeper understanding, data collection and analysis take place with the researcher in a central position in the research (Charmaz, 2014). However, until fairly recently, there did not exist a formal process which acknowledged the influence, either directly or indirectly, of the researcher on the research (Vanderback, 2005). The concept of positionality aims to do this by helping researchers to identify the positives and negatives that can arise from their interaction in the research process (Hopkins, 2007). This stance is taken in this constructivist grounded theory study which seeks to explore views and perceptions of nursing, as a career, in Saudi Arabia.

The objectivist grounded theory with its roots in positivism assumes the researcher to be a neutral knower (Glaser and Strauss 1999; Lempert, 2007). The researcher's person is as such irrelevant to the research process and the outcome. Grounded theorist operating within that paradigm often claim that the findings rise from the data (Charmaz, 2009). A constructivist grounded theory approach reflects grounded theory's pragmatic roots and relativist epistemology (Charmaz, 2009). Charmaz (2009) explains that this involves taking a problem-solving approach, viewing reality as fluid; assuming the stance of a situated and embodied knowledge producer; searching for multiple perspectives, aiming to study people's action to solve emergent problems; seeing facts and values as co-constitutive, and viewing truth as conditional (Charmaz, 2009). Thus it is a foundational assumption that the researcher in constructivist research plays a role and influences, knowingly or un-knowingly, the research process, from design to reporting of findings. Charmaz (2009) argues that the researcher is the one constructing categories and that the researcher's values, priorities, position, and actions affects the views brought forward. The terms have, however, also been connected to emic and etic perspectives. These terms originate from anthropology, referring to whether the researcher comes from within or outside the cultural group which is under exploration (Chereni, 2014). To appreciate the position of the researcher, in this study, it is essential to

understand the epistemological underpinning of grounded theory and foundational assumptions in constructivist grounded theory.

In this constructivist grounded theory study the findings are referred to as arising from the data, yet they have been explored through my eyes and so my influence through the many stages in the research process cannot be ignored. The questions asked, the direction of theoretical sampling taken, the choice of presenting the findings, did not just appear from the data, but was influenced by me, so I became an instrument in the research. In this way I was taking part in constructing this grounded theory.

However, to make a simple statement in relation to whether an emic or etic position was taken may mean I am being somewhat complacent in terms of how I position myself. Because I am a Danish woman, carrying out research in Saudi Arabia which explores the views and experiences of Saudis, it could be argued that I participate with an etic perspective. Yet being a nurse myself, having lived and worked for over two decades in Saudi, I do have some insight into the culture of its citizens, organisations and socialization processes. This is especially true as during the last eight years of this tenure, I was holding a leadership position in which I was directly involved in driving forward the Saudization process for the affiliated hospital. I also have experience from teaching in nursing programmes at two private colleges, and have also taught Saudi students in Saudi Career Development Programs, both within nursing and other healthcare related specialties. All of these activities have exposed me to the Saudi way of life and it could be claimed, allows to some extent, for an emic perspective. However, it must always be acknowledged that I am not a Saudi woman, who has been raised and socialised in Saudi culture, with Saudi values, where the position of women is very different from that in Denmark. In this way, my perspective is not emic, nor is it entirely etic but rather it is a combination of these.

Besides my professional experience, working as a nurse in Saudi Arabia, I am married to a Muslim man. I had therefore had personal experiences related to religious aspects that might be relevant to the research topic. I am well aware that the culture and traditions differ between Saudi Arabia and my husband's birth country Morocco, however there are elements between them that are helpful to understand and which I consciously and perhaps subconsciously have used in planning and conducting the research. Such aspects have in some cases been built into ethical considerations specific to the research design, for example, the special consideration

to where interviews can take place, in which set up and ensuring that the moral code of conduct between men and women was not compromised. Subconscious considerations are by definition beyond my conscious, but by reflection I discovered that I used a language that displayed religious respect. It was a part of the Muslim and thus Saudi way of talking, thanking Allah (*Hamdullilah*), and conveying my wish to protect the participants from the evil eye (*Mashallah*). I did not as such think about it, as it had become a part of my daily language speaking with Saudi patients and their family in my professional function as a nurse. In fact, this part of the language had infiltrated my way of speaking even when outside the Saudi setting, I believe that such conscious and subconscious aspects contributed to my position in the research, i.e. through positively supporting the rapport I sought with each individual participant, facilitating in building a relationship of trust between us, which in return could have contributed to a more open dialogue than may have been the case without this insiders knowledge. A view acknowledged by Johnson-Bailey (2004).

While it has been argued that a researcher from within the cultural/social group could have a full understanding of what it is like to live within the setting (Johnson and Clarke, 2003), there could perhaps also be disadvantages in that regard. It is not inconceivable that participants would modify their answers, of the questions asked, if they thought it could insult or hurt the feelings of the researcher if it would have been a Saudi nurse. While this of course does not mean that a Saudi nurse would not be able to conduct such a study, it did mean that I did not have to worry about such potential considerations as I would be seen as an outsider, who at the same time had earned some degree of trust.

However, I was also concerned that my nationality would turn out to be a barrier. I anticipated that there would be some reluctance from potential participants to take part in the research. I recognised that Danish people were not looked upon favourably by some Muslims, including some in Saudi Arabia, because of the crisis provoked by Danish caricatures of Prophet Mohammed (PBUH) in 2005. Although the crisis dated back four years at the time the recruitment process started, it had sparked serious controversies in countries across the world. The cartoons, which signify blasphemy, were perceived as a disrespect to human dignity (Malherbe, 2007), and Saudi Arabia reacted with a boycott of Danish products (Jensen, 2008), which potentially could have been transferred to embargo to taking part in research being

conducted by a Danish nurse. I was thankful that this had not materialised in this case and although there had been struggles, it had been possible to recruit to the study.

Over the decades, feminists in particular have engaged in debates around positionality, reflexivity and representation, calling for researchers to make explicit the ways in which their own identities may have impacted upon the research encounters, processes and outcomes (Hopkins 2007; Vanderback 2005). In terms of this study it was crucial for me to embrace a critical reflexive stance which fully acknowledged my own position as a Dane working in Saudi Arabia as a nurse and carrying out research that was located into the Saudization of nursing.

Sampling Strategy in this Research

The term sampling, from the positivist paradigm, is connected to the aim of finding a sample of the population from which empirical generalization can be made (Priest and Roberts, 2010). Morse (2007), however, describes sampling in qualitative research as being based on three principles that are general for all qualitative inquiries, firstly excellent research skills being essential for obtaining good data, secondly the necessity to locate 'excellent' participants to obtain excellent data and thirdly that sampling techniques are targeted and efficient.

The principle of *excellent research skills being essential for obtaining good data* addresses the role and experience of the researcher in making connections with potential participants. The first task of the grounded theorist is "to scope the phenomenon, to determine the dimensions and boundaries, as well as the trajectories of the project" (Morse, 2007: 235). In this research, this included consideration of which participants would be needed to explore the views and perceptions of nursing amongst Saudis.

Different groups of people within Saudi society would be able to contribute different perspectives. Nurses would have the personal experience of being nurses, and would obviously have a great deal to offer in terms of addressing the research question, but so to would student nurses who had chosen to pursue nursing as a career. Other participants who were considered appropriate to include were relatives of nurses, or student nurses. This is because they are a part of the nurses' daily lives, and, in some cases, they might have been involved in their career choice and the

journey they have undertaken to become a nurse. As it was important to pursue diverse views and perceptions of and not just those limited to positive views of nursing, from those involved in the profession, it was also important to include members of society who had no relationship with nurses. If the aims of the research was to be addressed, it was therefore necessary to recruit participants to all three groups.

The second principle identified the *necessity to locate 'excellent' participants to obtain excellent data.* Although the aim of grounded theory is to develop new theoretical knowledge, it does not aim to do so based on a representative sample of the general population. The understanding of the phenomenon, which leads to theory generation, is founded in data collected from experts in the field, and that means from people with experience. All the people living in Saudi Arabia would be able to contribute to the data, but it was important that the data would be collected amongst the Saudi nationals, and not expatriates who might bring their experiences of nursing from another context, which would fall beyond the focus of the research. Morse (2007) adds that besides having experience, the excellent participants also should to be willing to spend time sharing stories about their experiences, and they must be reflective and able to speak articulately about their experiences. Priest and Roberts (2010) warn however that seeking out only people who are articulate, informed and willing to share their views may lead to what is described as *elite bias*. It was therefore carefully considered, and to address this form of bias, participants who only spoke Arabic were also targeted as participants.

The third principle is that the s*ampling techniques is targeted and efficient.* This involves consideration of how to recruit the excellent participants. Unlike the randomization that contributes to the quality in quantitative research projects, qualitative research utilises convenience and purposive sampling to ensure that data that is collected from participants with experiences of the phenomenon (Morse, 2007). A part of the sampling strategy in this research included careful consideration of how to approach to recruit to the study. It was decided to start by inviting Saudi nurses from the organisation where the Institutional Review Board (IRB) was granted (Appendix B) to participate. Fliers about the research (Appendix C) inviting staff to join the project were displayed on the notice boards around the hospital. In addition to this, emails with an invitation to participate in the research were sent by the researcher to all Saudi nurses. The flier, an invitation letter (Appendix D), and a consent form

which contained further information (Appendix E) were attached to the email. Simultaneously an invitation was sent to the Dean of a local private college which provided nursing education programmes at Bachelor level. She approved the request for the distribution of invitation letters, fliers, and information sheets at the college. These were placed on the notice board in the main hall where the student nurses normally read about relevant activities. The Dean also distributed copies to Saudi employees.

The reason for selecting a college instead of the university in Jeddah was because the vast majority of nurses working at the above-mentioned hospital were graduates from the school of nursing at the university in Jeddah. Targeting a different educational institution might yield a broader range of perspectives, which could enrich the findings.

Sampling was also done through an approach, where participants who had taken part in the research, act as key informants referring the researcher on to other possible participants, who in turn identify yet others. This is commonly referred to as the snowball technique (Denzin and Lincoln 2011). This strategy is often beneficial when targeting *hard to reach* members of the population (Cohen and Arieli, 2011). In this research context, it proved useful in the recruitment of participants who did not have a connection with the hospitals or who worked for other healthcare organisations.

Inclusion and exclusion criteria were developed to ensure recruitment of appropriate participants. To be included in the study participants had to be of Saudi nationality and be at least 18 years of age. Anyone not fitting this criteria or who was in a position where they were reporting directly to the researcher or she had any line management responsibilities for them were excluded. A total of 20 participants were recruited to the study; seven nurses, three student nurses, five relatives of the nurses and student nurses and five members of society. Biographical details of these participants are provided in chapter 4.

Method of data collection

It is fundamental to grounded theory that data collection takes place in a continuous process integrated in the process of data analysis. It is in fact the outcome of an ongoing analysis that will assist the researcher in determining the next step in the data collection process, facilitating

the collection of rich data (Banner, 2015). Individual in-depth semi-structured interviewing provides an excellent method to obtain rich data but whilst the researcher might have an initial idea of how to start a series of interviews and what to ask the participants, it is the integrated and iterative process of simultaneous data collection and analysis that will contribute to the final decision of who to interview next and which questions to ask (Charmaz, 2014).

Interviews

When designing interviews in qualitative research, the researcher should select the type of approach that best suits the purpose of the research. While both individual and focus group interviews are suitable data collection methods in grounded theory, they offer value in different ways. Individual interviews aid exploration of the individual participants and their experiences. This form of interview facilitates a dialogue where the individual participant can elaborate on any topic of choice without having to consider whether it is something anyone else cares to talk about (Kvale and Brinkmann, 2014). The focus group interview offers the researcher different dimensions of the participants' experiences, as the group dynamic will influence the discussion. This is often useful in exploration of a phenomenon that is new or where there exists little knowledge. The aim of focus group interviews is not to reach consensus, but to explore the phenomenon from different perspectives (Kvale and Brinkmann, 2014).

Common understanding of interviews in research is that the researcher asks questions and the participants answer them, and it may to some extent be true for interviews known as structured interviews. However, in qualitative interviewing, where the aim is to generate rich data, which is a common characteristic of data collection in grounded theory studies, it is essential that careful consideration is given to the questions asked and how these will allow participants to bring up issues that are of importance to them but that the researcher may not have thought to ask about. Smith et al,. (2009) describe interview as a process where the researcher attempts "to come at the research question *sideways*" (Smith, et al., 2009: 58). The research question is therefore not asked directly, but the participants are invited to talk about related issues, and the analysis of the data will provide the answer to the research question (Smith, et al., 2009).

Grounded theory is interested in the experiences of the participants and Charmaz (2014) points out that interviews with carefully constructed questions, asked in a sensitive way and supported by clarifying questions during the dialogue, facilitates exploration of the phenomenon while it avoids leaving the participant with a feeling of being interrogated. While each type of interview can add value to the understanding of a phenomenon, individual in-depth interviews using a semi-structured approach with open-ended questions allowed the researcher to delve deeply into social and personal matters in this research. Charmaz (2014) concludes that such intensive interviewing adds several advantages to grounded theory. It firstly allows the researcher to pursue new leads as well as pacing inquiries about key theoretical concerns, it also provides the opportunity for the researcher to revisit and reframe conceptual categories in the iterative process of grounded theory and it makes it possible to return to key participants, at a later date to clarify issues that may be unclear or that warrant further exploration.

Sensitive In-Depth Semi-Structured Interviews in this Research

In-depth semi-structured interviewing as used in this research does not lean itself towards a fixed list of questions, but to get the first round of interviews started an interview guide was created. It contained a list of aspects that needed to be included in the verbal information, but it also included some questions that were available to get the interview started (Appendix F). This increased the researcher's confidence as it meant pertinent questions were not forgotten. An approach recommended by Charmaz (2014). Subsequent interviews were constructed as a combination of generalised questions which allowed the respondent to elaborate on issues of importance to them and specific questions developed as part of the theoretical sampling strategy used in grounded theory (Charmaz, 2014). To give an element of seeking further exploration into aspects discussed and to allow for verification of understanding if needed, each participant was asked to participate in two interviews with approximately two to three weeks between the first and second one. Each interview lasted between one, to one and a half hours.

The location of the interview was selected by the participant. Female participants could choose between a meeting room at the affiliated hospital, or in their private home. Due to cultural

considerations, male participants would not be able to meet with the researcher alone in a private home, however as the affiliated hospital had several buildings in Jeddah; rooms were booked in consideration as to what would be easiest for the participant to access.

For interviews held in the affiliated hospital, the door would be locked during the interview with female participants to allow for privacy, which for women, meant that they would be able to unveil during the interview if they wanted to. For interviews with male participants, the door would be left unlocked, as is culturally appropriate when two people of opposite gender are alone in a room. Male participants were also invited to bring another person along if they found it inappropriate to be alone in the room with a female researcher. For participants who were connected to the nursing college, it was agreed that a room would be made available for interviews at the college, with the intention to minimize the inconvenience of travelling for the participants. Consideration was also given to the fact that some particpants may prefer to meet away from their place of study as they may have concerns that they may be seen by their colleagues or peers. For this reason, all participants were given the option to meet at the affiliated hospital.

The researcher did not have adequate Arabic language skills to conduct the interviews in Arabic and therefore needed to use the services of an interpreter as some participants did not speak English. It was, however, essential to the value of the research that not only participants with English language skills would be recruited to the study. Thus, to allow for a variety of perspectives from people with different backgrounds in Saudi society, it was deemed necessary to include participants who only spoke Arabic.

The interpreter selected was a woman as this, in general, would be culturally acceptable to participants of either gender. It would, during the interview, allow women to remove their *niqab*, face cover, if they normally wore one when in the company of unrelated men. Specific issues relating to the involvement of an interpreter in the research are discussed later in this chapter.

Prior to the first interview with each participant, the researcher introduced the research project verbally, as a supplement to the written material that the participant had received in the form of an invitation letter (Appendix D) and an informed consent form (Appendix E). The initial dialogue also included information, such as: the participant's right to withdraw at any time

without having to give a specific reason and without any consequences for the participant or his/her relationship with the researcher or affiliated organisation; how the data would be audio recorded followed by verbatim transcription; and details of the confidentiality expected of the people involved in the research; as well as the safekeeping of the audiotapes and transcriptions. At the end of the second interview the participants were asked if and how they would like to receive information of the research outcome, with the options of receiving it in a pamphlet or on a CD.

Interpretation and Translation

The optimal situation for interviews exists when the researcher speaks the same language as the participants, but with mobility across borders, and an increase of global interest in local issues, research with language barriers, such as in this present research, has made it necessary to work with alternative solutions (Kosny et al., 2014).

Many researchers have shared their experiences, perceptions and suggestions in regard to working with cross cultural and language barriers when interviewing people in qualitative research (Berman and Tyyska, 2011; Farooq and Fear, 2003; Kapborg and Bertero, 2002; Smith, Chen and Liu, 2008; Suh et al., 2009; Temple and Edwards, 2002; Wallin and Ahlstrom, 2006; Wong and Poon, 2010). Reflecting on the growing body of knowledge, in this area, a comprehensive approach was considered for this research. An initial question was related to definitions. Interpretation and translation seemed to be used interchangeably in the literature (Squires, 2008). Terms, relating to the functions of the interpreter and the translator for this research, are defined in table 3.1. The table also provides related comments to clarify the terms.

Table 3.1: Definitions of Terms

Term	Definition	Comments
Interpreter	The person who participates in the interviews, providing instant translation between the participant and the researcher.	While it might be easy to identify that the translator is the person assigned to translate the text, the choice of words for the interpreter's assignment could lead to misunderstanding if merely explained as 'interpret the spoken words'. The interpretation in this case is therefore entitled *instant translation.*
Translator	The person who participates in review of the audio-tape recordings, and makes a translation in writing of what was said in the interview.	
Instant translation	The action that takes place when the interpreter translates on the spot during the interview.	This form of translation is vulnerable to potential misunderstanding as there is limited time in the interview for reflection and working with the sentences.
Translation	The action of transferring the spoken word into a written account of what was said.	This form of translation is as close as possible to an account of the interview. While striving for a word by word translation, consideration is given to differences in words and meaning inherent in the language

Adopted from Squires, 2008

Challenges in finding an officially qualified female interpreter, outside of the hospital setting, resulted in the decision to recruit a female healthcare professional who would be trained before starting the interviews. A flier (Appendix C) was posted on the notice boards and an e-mail with the flier was sent to all healthcare practitioners in the affiliated hospital but only those who were not Saudi nationals could be considered. In addition the interpreter, besides being a native Arabic speaking woman, the interpreter also had to be able to speak English fluently.

Another consideration relating to the recruitment of the best possible interpreter involved the question of her nationality. Although there may be advantages in using a local interpreter in health care and social research as they might have personal insight into the social context, at the same time it is important to consider challenges that could occur, and how that would affect the participants and their ability to speak freely. Hadziabdic and Hjelm (2014) found that some Muslims migrants felt ashamed to talk with an interpreter about personal issues or aspects to do with religious issues such as what was haram. To provide a trusting environment

for participants who would be interviewed in Arabic it was essential that the person hired was not a Saudi national. This would allow participants to talk freely without worrying about loyalty to Saudi society and perhaps feeling reluctant to say something that would reflect negatively on Saudi society or the Saudi people. Another reason for excluding a Saudi as interpreter was to minimize the risk of personal perceptions that might compromise the findings of the research.

The selected person undertook an orientation and training process before the process of interviewing in Arabic began. Table 3.2 provides an overview of this process.

Table 3.2 Training Process of Interpreter

Step	Description
1) Pre-reading	The interpreter was asked to: ✓ Read the information material (flier, invitation letter and consent form which were the documents that the participants had received) ✓ Write down any questions that she might have regarding these documents, as they would be answered in the information session
2) Information session	The interpreter met two weeks before the first interview with the researcher where the following was discussed: ✓ The role of the interpreter ✓ Differences between interpretation and translation ✓ Potential pitfalls in interpretation (see table 3.3) ✓ The interview guide used by the researcher (Appendix F) ✓ Practical issues (schedule, transport, payment)
3) Rehearsal	The interpreter took part in a rehearsal session built up on the following: ✓ Practice participant was a Saudi nurse who had been oriented to her role, including making difficult interpretation situations which incorporated some of the pitfalls (see table 3.3) and speaking in the local Saudi dialect. The practice participant was a Saudi nurse who was excluded from the research due to her professional work relations with the researcher. She held an MSc in Nursing, and had both research and teaching experience through her academic qualifications and professional position. ✓ Audio-tape recording of the interview similar to the actual interviews
4) Reflection	The interpreter used reflection as a final step in the training process. This included four steps of reflection: ✓ Right after the rehearsal interview where she would give her immediate impression of what went well and where she would like to practice more ✓ After feedback from the researcher and the rehearsal participant to reflect on the experience of the two parties for whom she had provided interpretation ✓ After listening to the audiotape recording of the rehearsal interview a few days later, using the overview of potential pitfalls in interpretation ✓ After talking with researcher about the interpreter-participant-researcher model (see figure 3.2) ✓ Reflection continued as a dialogue with the researcher after each interview.

Interpretation is a complex processing of words and meaning, which have to be provided on the spot, leaving little time for consideration of each word. The complex process also often leaves the interpreter exposed to known pitfalls in interpretation. Farooq and Fear (2003) have described common errors in interpretation. These potential errors were included in a tool used in the training process of the interpreter (see Table 3.3).

Table 3.3 Pitfalls in Interpretation

Pitfall/Category of Error	Description
✓ Omission	Complete or partial deletion of the message
✓ Addition	Inclusion of aspects that the participant did not express
✓ Condensation	Simplifying a response and the use of paraphrasing that includes the interpreter's choice of words
✓ Substitution	Replacement of one concept with another
✓ Role exchange	Interpreter takes over the researcher's role and asks own questions
✓ Closed/open ended questions	Replacing the type of question with another type, close or open ended, altering the choice and strategy for questioning of the researcher and potentially affecting the response from the participant.

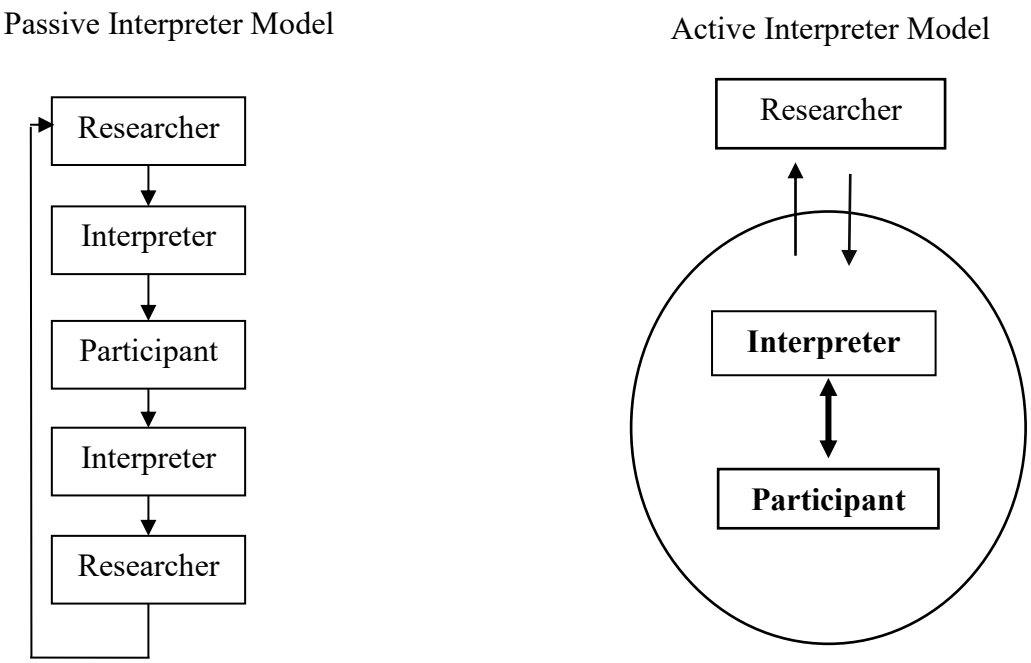
Adapted from Farooq and Fear (2003)

Model for Working with the Interpreter

Working effectively with interviewees through an interpreter is far from easy, and it required, besides practical planning as described above, special considerations as to the position of the interpreter in the research. Wallin and Ahlström (2006) recommend, besides considerations of the interpreter's competence and impact on the findings, also that the role of the interpreter is addressed. The questions of the role of the interpreter in the interview took a central place when planning the interviews in Arabic. Pitchforth and van Teijlingen (2005) described two approaches in working with an interpreter, the passive interpreter model and the active interpreter model. In the passive interpreter model, the researcher asks a question, the interpreter makes an instant translation of the question for the participant, who answers and the interpreter makes another instant translation, giving the answer in the language of the researcher. Then the cycle starts over. The interpreter is in this way passive in terms of engaging herself in the research other than merely functioning as an interpreter. The challenge

with this model was reported as time consuming, as well as turning what was planned as qualitative data collection into structured interviews. The left hand side of figure 3.1 illustrates the repeated cyclic process of questions and answers in the passive interpreter model. The second model, where the interpreter gets a more active role in the interview process, is described in terms of being conducive to the flow of the conversation in form of dialogue. Although the passive interpreter model in some ways results in lack of control due to the dependency of the interpreter, the active interpreter model can further the feeling of losing control as the interpreter gets an active role where he/she can conduct a more independent conversation with the participant (Pitchforth and van Teijlingen, 2005). The right hand side of figure 3.1 reflects the improved base for a fluent dialogue between the interpreter and the participant, but with the researcher situated outside the circle of communication.

Figure 3.1: The Passive and Active Interpreter Models



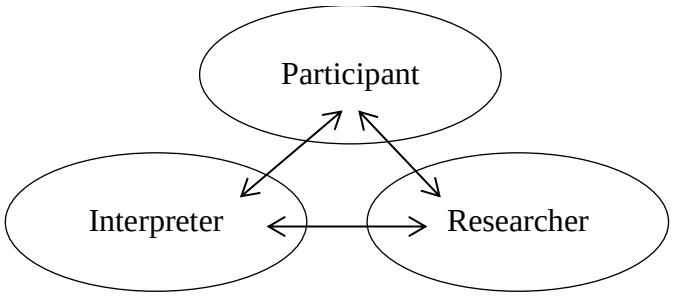
Pitchforth and van Teijlingen, 2005

While there is a risk of oversimplifying models created by other researchers, there were nevertheless concerns related to both models, especially regarding the feeling of losing control of the interview. An alternative model that indicated the need to establish a three-way

communication approach in the interview, was therefore created. The model was named *The Integrated Interpreter Model*.

Figure 3.2 illustrates the equal positioning of the participant, interpreter and the researcher within the circle of the dialogue. This model was found especially useful for the participant who had some, albeit limited, English language skills, enabling them to talk a little English in between as they checked with the researcher in Arabic whether she had understood what they had said or needed translation. The relationship between the three partners became that of a caring relationship.

Figure 3.2: The Integrated Interpreter Model



Mebrouk, 2011

Seven participants selected Arabic as their preferred language for the interviews. All seven spoke a little English, but not enough for the dialogue to take place in English. Most of them tried to use a little English now and then, which contributed to the researcher's feeling of being connected.

The Researcher's Own Arabic Language Skills

As mentioned earlier the researcher's Arabic language skills were not adequate to independently conduct an interview in Arabic, but the limited conversational Arabic skills she possessed were indeed useful in different circumstances. The initial meet and greet conversation was done by the researcher to convey a respect for societal ways of hosting a guest as well as to create a foundation of trust between them. The researcher's Arabic language skills, although limited, were also useful during the interview, where the researcher to some

extent could follow the conversation between the participant and the interpreter. This made it easier to connect non-verbal aspects of the conversation to the topic under discussion.

During the research the interpreter, initially hired, changed employment, which meant that she could no longer serve as an interpreter in the research. Another interpreter was therefore hired and trained. While this was not desirable, none of the participants experienced the change as the first interpreter completed the second interview for the participants she had been involved with before she ended her service.

Verbatim Transcription

Audiotape recordings of the interviews were transcribed verbatim. The first interview was transcribed by the researcher to gain personal insight into the challenges related to verbatim transcriptions in this research. This allowed the researcher to develop a list to guide transcriptions. Subsequent interviews were transcribed by a professional secretary who was hired for the task. In this research that person is referred to as the transcriptionist. At the start of the research it was intended that only one transcriptionist would be involved with transcriptions, but due to time constraints, workload and holiday periods, the transcriptions could not be completed within a reasonable time, hence the decision to hire more secretaries. A total of three transcriptionists were used.

Verbatim transcription meant that what was said in English was transcribed word by word. This also meant that grammar errors and repetition of the same word were transcribed. At times, it was obvious that the participant had chosen the wrong word, i.e. said *he* when talking about a woman. The transcriptionists were, however, instructed to ignore any error and write it as the participants had said it. They were also instructed to indicate pauses and other non-verbal expressions such as giggles, laughter or other outbursts. All transcriptionists received a verbal orientation and the list of instructions upon hire.

The interviews that were conducted in Arabic were transcribed in a similar way to the English spoken interviews. Translation of the Arabic conversation was performed by the interpreter. The transcriptionists, none of whom spoke Arabic, were instructed to note the time frame of the audio-tape recording where the dialogue was in Arabic, leaving space for translation. The

quality of the translation was checked and was very good for the first interpreter, but not entirely optimal for the second interpreter. A translator was therefore recruited for the translation of the Arabic dialogues, which took place by handwriting the Arabic words spoken, followed by a sentence by sentence translation to capture the exact meaning as far as possible.

Safekeeping of Data

During this research, a constant mindfulness around ethical aspects was present. It is the researcher's responsibility to ensure that all those participating in the study are protected throughout and after the research. Safekeeping of data is one practical example of how confidentiality is maintained. Safekeeping of data was implemented through:

- ✓ The informed consent with participant number and signature was kept separate from audio-recordings and transcriptions in a locked cabinet
- ✓ Audio-recordings and transcriptions were kept on a computer with password protection
- ✓ All documents will be kept on file for five years after completion of the research, and will thereafter be destroyed
- ✓ All data used in publications will be anonymized to ensure that the individual participant cannot be identified
- ✓ All data was handled as hand-luggage during the researcher's relocation to Denmark to minimise the risk of the data being lost during transit.

The interpreter, translator, and transcriptionists were given detailed instructions on how to handle soft and hard-copy data, this included signing a confidentiality statement.

Data Analysis

Data analysis using a constructivist grounded theory approach by Charmaz (2014) involved a series of simultaneous and iterative activities. In this section, the various steps of the analysis process are briefly described, followed by an illustration of how these steps are applied in this research. The data analysis in this constructivist grounded theory uses the framework suggested by Charmaz (2014) and is illustrated in figure 3.3.

Charmaz (2014) describes that in a constructivist approach the interview is viewed as emergent interactions where social bonds may develop and is, therefore, a stage where mutuality is built. In this way, an interview is more than an activity. Charmaz (2014: 91) sees it as "the site of exploration, emergent understandings, legitimation of identity, and validation of experience". Interviews become consequently a place where analysis takes place, where the researcher consciously or subconsciously undertakes an instant cognitive interpretation of what is being said during the dialogue. It is this interpretation that enables the researcher to formulate relevant questions.

Coding is the essential link between data collection and theory development (Charmaz, 2014). Star (2007) explains that codes set up the relationship between the researcher and the data and thereby to the participants. Charmaz (2014) uses two main coding stages, initial coding and focused coding. Initial coding, also referred to as open coding in traditional grounded theory (Birks and Mills, 2011), involves an activity where the researcher remains open to exploration of theoretical possibilities that can be discerned from the data. Through constant comparison of data, it is possible to gain insight in the participants' view of problematic aspects and thereby treat these analytically (Charmaz, 2014).

Before engaging in initial coding, *getting a sense of the whole* was pursued by listening to the audiotape recording while reading the transcript. Initial coding involves a meticulous process, looking at parts, reading and re-reading the interview and dividing the transcription into segments. Codes were then applied segment by segment. Charmaz (2014) uses the term incidents, but in this research segments are referred to as meaning units, a term also used in phenomenology (Friberg and Öhlen, 2014; Giorgi, 1985). Initial codes are applied as a tool, but as such is only provisional, and the researcher remains open to other analytic possibilities (Charmaz, 2014). Initial coding specific to this research is further described in the following chapter.

The process of constant comparative method is used to establish analytic distinction. This involves activities where data is compared with other data to identify similarities and differences. Data is at first compared with data from the same interview and subsequently with data from following interviews (Charmaz, 2014). Comparing data also involves comparing meaning unit to code and comparing codes to codes, and codes to categories, as well as comparing categories to categories (Birks and Mills, 2011). In the process of comparison,

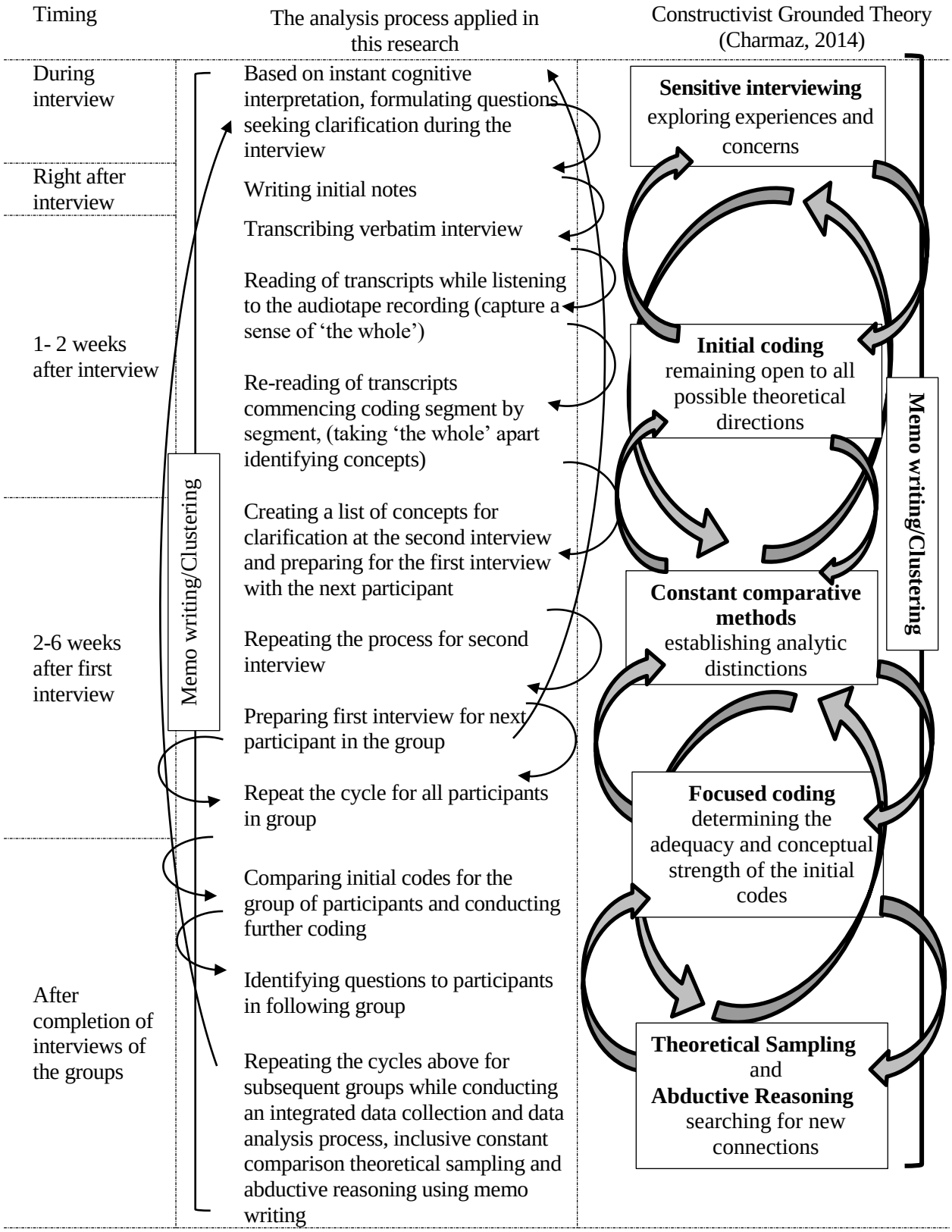
codes may come to define another view than that held by the participants, and in such a case it is important to understand that this should not automatically lead to dismissal of the idea. The researcher's observations and ideas matter, as they may be a result of covert meaning, and one of the tasks of the researcher is to make analytical sense of material that challenges taken-for-granted understanding (Charmaz, 2014).

Focused coding involves a process of identifying the most frequent and significant codes in the earlier coding stage. Often the process of focused coding progresses fast and seamless. The focused coding process helps the researcher identify theoretical direction of the work; it is therefore an important step. Preconceptions held by the researcher about topics will often be challenged during the process of focused coding because the coding might bring interactions or perspectives into analytic purview (Charmaz, 2014). The focused coding used in this research is further described in the following chapter.

Theoretical sampling is a method used in grounded theory to provide emerging categories with additional data, resulting in a robust category. This type of sampling is often misunderstood or mistaken for a sampling process, which involves finding the appropriate participants for the research, also known as initial sampling. Charmaz (2014) explains that the two types are different as "initial sampling in grounded theory gets you started; theoretical sampling guides where you go" (Charmaz, 2014: 197). Theoretical sampling is preceded by identification of at least tentative categories (Charmaz, 2014).

Constant comparative methods and theoretical sampling are closely linked to abductive reasoning (Birks and Mills, 2011; Sengstock, 2015). While constructivist grounded theory has adopted the inductive, comparative, emergent and open-ended classical version of grounded theory, it also includes the iterative logic of abduction (Charmaz, 2009). In constructivist grounded theory, abductive reasoning follows inductive inquiry and takes the analysis a step further (Charmaz, 2009). Charmaz (2014) also describes abduction as "a mode of imaginative reasoning researchers invoke when they cannot account for surprising or puzzling findings" (Charmaz, 2014: 200). Abduction has been described as a *mental leap*, in terms of creating an association between things that the researcher had not associated with each other before, but, according to Charmaz (2014) it does not end there. She explains that the researcher must go back to re-examine the data and likely collect more data and through scrutiny establish a new theoretical interpretation that must fit the surprising empirical findings (Charmaz, 2014).

Figure 3.3: The Applied Analysis Process and Its Relation to Constructivist Grounded Theory



Memo Writing

Memo writing is an ongoing activity, where the researchers write down their thoughts and ideas from the early stage of the research until completion (Birks and Mills, 2011). Memos are as described by Sengstock (2015) a series of notes to oneself. As memos are written for oneself the language is informal and unofficial, which in return makes the memo easy to write, and quick to jot down as the thoughts come to mind (Charmaz, 2014). Clustering is used as a technique in memo writing, it is a shorthand prewriting technique suited to getting started. It offers suggestions of relationships, and has, in this way, similarities with conceptual mapping in grounded theory (Charmaz, 2014). Charmaz (2014) lists examples of situations where memo writing can help the researcher (see table 3.4).

Table 3.4: Examples of the Benefits of Memo Writing for the Researcher

✓ Stop and think about the data
✓ Treat qualitative codes as categories to analyse
✓ Continue to interact with the data and emerging analysis
✓ Develop own writer's voice and writing rhythm
✓ Spark ideas to check out in the field setting
✓ Avoid forcing the data into extant concepts and theories
✓ Construct fresh ideas, create new concepts, and find novel relationships
✓ Demonstrate connection between categories
✓ Discover gaps in data collection
✓ Link data-gathering with data analysis and report writing
✓ Build whole sections of papers and chapters
✓ Keep him/herself involved in research and writing
✓ Maintain analytic momentum
✓ Increase confidence and competence

Adapted from Charmaz, 2014:183

Data Saturation

There is no consensus as to how many participants are needed in qualitative research, and it can be a challenge for qualitative researchers to determine when sufficient data has been collected (Morse, 2015). In qualitative research, there is a broad variety of suggestions as to what constitutes an adequate amount of data. Too little data may result in, what Morse (2010) describes as, 'documentary-style' analysis where 'cherry picking' is used as a deliberate strategy, referring to an analysis of thin data. Too much data, on the other hand, may cause

the researcher to drown in data, and potentially fail to manage analysis due to the huge amount of information that makes it very difficult to overview. Sample size, with its methodological roots in the quantitative paradigm, has been suggested, in various numbers, as guidelines for a range of different qualitative research methods. Meanwhile, there is no consensus on this issue. Each person included in a research project has interesting stories to tell, but the researcher does, nevertheless, at some point, need to determine when to stop data collection.

It is commonly accepted that *data saturation* is the measurement for when the researcher has collected sufficient data (Mason, 2010). Data saturation refers in general terms to the point in the research "when the collection of new data does not shed any further light on the issue under investigation" (Mason, 2010:2). Although this might sound simple, establishing data saturation is not a straightforward process. Mason (2010) describes a variety of factors that have been proposed in research literature as impacting data saturation and there is no consensus on how data saturation is assessed (Mason, 2010). It is not adequate merely to identify that no new data is found from interviews with additional participants. Charmaz (2014) likewise argues that in qualitative research the decision on when to stop data collection should not rest with the number of participants or interviews, but in the concept of data saturation. She agrees that generally researchers hold "fuzzy, contradictory criteria for saturation concepts" (Charmaz, 2014: 106). She warns that focusing on saturation of data instead of categories will "stand in contrast to the iterative, emergent strategies of grounded theory" (Charmaz, 2014: 106). Priest and Roberts (2010) state that "saturation occurs when the researcher is seeing repeated examples of categories in the data similar to those already identified and is confident that no further development of categories can be achieved" (Clark-Carter, 2010: 164).

Assessment of saturation in this research took place through a mixture of simultaneous activities firstly memo writing, which was used as an analytic tool, followed by constant comparative method, discussions with the supervisory team, which stimulated the analytic process, the presentations of temporary findings to an audience of Saudi nurses which led to debates and constructive feedback, and continuous focused coding, over time, until it was decided that saturation had been reached.

Computer Assisted Qualitative Data Analysis Software

This study like other qualitative studies generated a considerable amount of rich data which had to be analysed. Computer Assisted Qualitative Data Analysis Software (CAQDAS) has since the 1980s received increased attention, supported by the wish to ease managing and storing the vast amount of raw textual data. CAQDAS have been developed to speed up the data analysis process involving coding, searching, retrieving and indexing data. At the same time, some CAQDAS are also designed to facilitate modelling and theory building (Banner and Albarran, 2009). Hence the decision was made to include a CAQDAS in this research. The selected software was NVivo, a software which besides data management has features that can facilitate modelling and theory building, suitable for grounded theory research (Hutchison et al., 2009).

Unlike other researchers' experiences (Bringer et al., 2006) where data turned from being static to having dynamic characteristics once entered and analysed in NVivo, experiences in using NVivo in this research resulted in an increased distance between the data and the researcher. A feeling of disconnection with the data and loss of overview resulted after several attempts at entering interviews in the software and trying to apply initial codes, the researcher realised the use of NVivo would have to be abandoned. It is not uncommon that new researchers experience similar challenges which can be addressed through guidance and mentorship from a researcher with experience in using the software (Birks and Mills, 2011). However even after seeking such assistance, and repeated attempts, the challenges surmounted the outcome of the effort. It was decided to proceed with the data analysis the 'traditional way' using printouts of transcripts, cutting, placing, grouping and regrouping them in turn (Rodik and Primorac 2015).

Quality of the Research

There is a lack of consensus regarding criteria and the appropriate terminology within the qualitative research paradigm. Researchers have offered different and even contradictory suggestions of alternative ways to evaluate the quality and value of qualitative research (Creswell, 2013; de Witt and Ploeg, 2006). Charmaz (2014) proposes that quality and credibility of research starts with the data. It is here argued that it starts long before that, as

ethical considerations and careful deliberations when designing the research design provide the foundation to the quality of the research.

This section presents two central aspects to the quality of the research, namely ethical considerations and methodological rigour. These two aspects are not synonymous, nor are they interchangeable, but they are closely linked to each other, and both are indicative of the quality of the research.

Ethical Considerations

Canadian Institutes of Health Research Councils (CIHRC), (2014), identified research as "a step into the unknown" (CIHRC, 2014: 5). Entering the unknown can involve risk, and risk can, especially in qualitative research, be subtle and more difficult to predict. It can affect both the participants and those who conduct the research (Austin, 2013). It was therefore essential to ensure first and foremost the protection of the participants, but also the researcher herself, as well as other involved persons such as the interpreters and those undertaking transcription of the recordings.

Addressing ethics in research has been described in many ways (Bryman, 2012; Creswell, 2013; Richards and Morse, 2013; Roberts and Priest, 2010). Beauchamp and Childress (2013) describe four clusters of moral principles, which provide foundations to the abovementioned ways of addressing ethical considerations. To protect the participants and others involved in the research, ethical considerations were designed and implemented using Beauchamp and Childress' moral principles, autonomy, nonmaleficence, beneficence and justice. Table 3.5 provides an overview of how the researcher applied the Beauchamp and Childress' principles within the research. The list of applications provides examples but is not a reflection of all the considerations applied.

Table 3.5: Ethical Principle and their Applications in the Research

Principle	Implication	Application
Respect for Autonomy:	Respect of the decision-making capacities of autonomous persons	Written information about the research, informed consent, prevent coercion, right to withdrawal without consequences
Nonmaleficence:	Avoid causing harm	Confidentiality, data security, sensitivity during interviews,
Beneficence:	Provide benefits and balance benefits against risks and costs	Research outcome, selection of interview venue, transport considerations for female participants
Justice:	Distribute benefits, risks and costs fairly	Including both: men and women, English and Arabic speakers, any age (over 18)

(Adapted from Beauchamp and Childress 2013)

While some of the applications referred to in table 3.5 have been discussed above in this chapter, others have only been mentioned briefly such as the written information sheet and the informed consent form. Giving information and having participants sign a consent form is, in itself, not an ethical consideration. It was the depth and accuracy of the information and the way it was provided, amongst others, that contributed to whether it was approached with proper ethical considerations. The two documents were both developed in English and Arabic to provide potential participants with important insight into the research in the language of their preference. The interviews were not scheduled on the same day the participant was given the information documents to read for the first time. This allowed them time to consider their participation, and was intended to avoid the feeling of being rushed or coerced. It also allowed for time to think about questions that they might have before deciding to participate.

At the first interview, approximately 15-20 minutes were used to talk about the research, such as how data collection and data management would take place. Confidentiality and right to withdraw at any time without fear of consequences were also discussed verbally before the first interview began. The two documents were reviewed to facilitate the participant's understanding before signing the consent form. For the interviews in Arabic,

rehearsal of this part of the conversation was included in the training of the interpreter, as it was fundamental and absolutely essential that all participants, regardless of language skills, should understand their rights as research participants.

Before the research began, the research proposal was approved by the University Research Degree Committee (Appendix G), followed by an approval for indemnity by the Academic Sponsorship and Indemnity Sub-committee (Appendix H). Finally, it was approved by the Institutional Review Board (IRB) at the affiliated healthcare organisation (Appendix B)

Methodological Rigour and Quality of the Research

While *reliability* and *validity* are terms from the positivistic paradigm that sit well within quantitative research, the concept of trustworthiness as presented by Lincoln and Guba in the 1980s, including terms such as *credibility*, *transferability*, *dependability* and *confirmability*, have later been refined as authenticity criteria and been used widely to judge qualitative research (Topping, 2010). Roberts and Priest (2010) suggest the researcher maintains the terms *validity*, *reliability*, and *generalizability* but with a different emphasis due to the subjectivity that inevitably is embedded in qualitative research.

Roberts and Priest (2010) also suggest the use of Yardley's four flexible measures; *sensitivity to context*, *commitment to rigour*, *transparency and coherence*, and *impact and importance* to judge the quality of qualitative research. Table 3.6 outlines these four measures, their implications, and examples of how they have been addressed throughout the research. While these measures have served as a guide for the researcher, they are at the same time a tool for the reader of the thesis to evaluate the quality of the research, which involves the individual reader's judgment (Roberts and Priest, 2010).

Summary

This chapter provided an account of the constructivist grounded theory and the practical considerations applied in the research process. It has detailed the deliberations related to interviewing in Arabic through an interpreter, as well as demonstrating how ethical

considerations went beyond merely obtaining approval to conduct research, having participants sign an informed consent; and ensuring confidentiality. The research findings will be presented in the next chapter.

Table 3.6: Four Flexible Measures Applicable to Judge the Quality of the Research

Measure: The researcher's	Examples of application from the research
1) Sensitivity to Context - has the researcher:	
Demonstrated awareness of the:	
a) Theoretical context?	a) Choose grounded theory
b) Socio-cultural setting of the research?	b) Introduced in chapter 1, and penetrated throughout the research i.e. in dialogue with the participants and within application of considerations specific to the Saudi Arabian culture
c) Relationship with participant?	c) Through sensitive interviewing, respect for confidentiality, accurate presentation of their experiences
2) Commitment to Rigour - has the researcher:	
a) Reported sufficient details to allow for others to judge the thoroughness of data collection, analysis and reporting?	a) Comprehensive descriptions of the various steps have been presented in chapter 3
b) Provided evidence of prolonged or sufficient engagement with the topic?	b) Approximately 20 years of tenure in Saudi Arabia, 12 years in Jeddah, and 8 years as Program Director for Nursing Education and Saudization, data collection over 18 months, concurrent and subsequently data analysis
3) Transparency and Coherence - has the researcher:	
a) Presented clear arguments and supporting evidence?	a) Thick description, using quotation from transcriptions to allow for the voices of the participants to be heard
b) Made honest disclosure about assumptions made and decision taken?	b) Honest disclosure has been provided throughout the thesis. This is also addressed in the section of researcher positionality in the research in chapter 3.
4) Impact and Importance - has the researcher:	
a) Presented the findings in a way likely to be useful in relation to the aim and purpose?	a) Close links between the findings and the conceptual model of Saudization Process
b) Presented new knowledge that will add to understanding of the phenomenon?	b) Chapter 3 which presents the findings includes presentation of the new knowledge this research offers

Adapted from Roberts and Priest, 2010, p 168

Chapter 4: Findings

Chapter 4 presents the findings of the research. The chapter is divided into three parts. Part 1, *Initial Coding*, provides a description of the participants and their specific place in the data collection process. It also provides a detailed account of the process of initial coding. Part 2, *Focus Coding*, continues the description of the analysis process and provides insight into the focused coding of this research. The development of seven emergent categories is presented, followed by the identification of 16 factors that impact the Saudization process. Part 2 concludes with a discussion of the five major factors followed by the development of three core categories. Part 3 *Conceptual Model of Saudization of Nursing*, presents a new model, where the impacting factors are presented specific to three stages in the Saudization process.

Part 1: Initial Coding

Part 1 begins with a description of the different groups of participants, followed by an overview of the sequence in which the participants were interviewed. It includes an account of the initial coding process, where the initial codes for each of the groups are detailed. It ends with a comparison of the identified codes for all the participants.

Overview of the Participants

A total of 20 participants were recruited. The participants can be divided into three groups based on their relation to nursing as a career, i) individuals who have chosen nursing as their career, i.e. nurses and student nurses, ii) relatives of nurses or student nurses, and iii) other people from society. These are colleagues from the interdisciplinary team, teachers, and religious scholar. They are Saudi members of society, without any personal relationship to nurses or student nurses. On enrolment the participants were, to protect their identity, given numbers sequentially, which also correspond to the order in which they were interviewed. The three groups are respectively called group 1: Nurses/Student nurses (N), group 2: Relatives of nurses/student nurses (R) and group 3: Other members of Saudi society (O).

Group 1: Nurses/Student Nurses (N)

The participants in group 1 consisted of seven nurses and three student nurses. All ten participants were women. It was not the intention to only include female participants, but as no males were recruited, therefore only female nurse and nursing students were represented in this group. Participant 11, a student nurse at the time, was excluded from the research as, just prior to the first interview, it became clear that she was due to begin clinical placement at the hospital where the researcher would be her superior. The remaining nine participants were nurses/student nurses from different work/educational settings, some from the public sector and others from the private sector. They had different marital and family status, and their ages ranged from 23-31 years.

Group 2: Relatives of Nurses/Student Nurses (R)

This group included five participants; three females and two males. These participants included two mothers, a father, a sister, and a brother-in-law of nurses or student nurses. While it could have been interesting to include the perspectives of a husband, it was not possible to identify a candidate with such a relationship who wanted to participate. The participants ranged in ages from 20-55 years.

Group 3: Other Members of Saudi Society (O)

Group 3 consisted of five participants, one female and four males. The female participant in this group had chosen to leave the public workforce to stay at home and take care of her family. It would have been preferable to have had a medical doctor amongst the participants for several reasons. Firstly doctors are from another professional group who work with direct patient contact in many of the same work contexts as nurses; secondly, doctors and nurses often work together around patient care and treatment and thirdly, the medical profession is not talked about as a career with social stigma. Unfortunately, it was not possible to identify a medical doctor who was interested in participating in the research. However, three of the participants were healthcare employees, and for two of them their duties involved regular contact with patients and their relatives. They were therefore in the position of working alongside the nurses and able to observe Saudi nurses in their daily roles and interactions with patients. These were male participants. The ages of the participants in this group ranged

from 25-38. Table 4.1 outlines the participants in the three groups. The table also identifies the language of communication between the participant and the researcher, either English or Arabic, which was based on the choice of the individual participant.

Table 4.1: Overview of the Participants *(Please see key below)*

Group 1: Participants N – Nurses/Student nurse				
#/L*	Gender	Education level	Family status**	Employment/occupation
1/E	Female	BSN***	Married no children	Governmental hospital administrative setting
2/E	Female	BSN	Married no children	Governmental hospital outpatient clinic
3/E	Female	BSN	Single	Governmental hospital inpatient ward
4/E	Female	BSN	Single	Governmental hospital inpatient ward
5/E	Female	BSN	Married + children	Governmental hospital educational setting
8/E	Female	BSN	Married no children	Private hospital inpatient ward
9/E	Female	Diploma	Married + children	Private hospital inpatient ward
11	Excluded after enrolment			
17/A	Female	Student	Single	Private nursing college
18/E	Female	Student	Single	Private nursing college

Group 2: Participants R – Relatives of nurses/student nurses			
#/L	Relationship/Gender	Marital status	Employment/occupation
6/A	Father/Male	Married	Employee in the private sector
7/A	Mother/Female	Divorced	Healthcare employee/governmental hospital
12/E	Brother-in-law/Male	Married	Employee in governmental hospital
15/E	Sister/Female	Single	Student in an educational field/private college
20/A	Mother/Female	Married	Leader in private childcare organisation

Group 3: Participants O – Other members of Saudi society			
#/L	Gender	Marital status	Employment/Occupation
10/E	Female	Married	Former teacher, currently not working
13/E	Male	Married	Healthcare employee in governmental hospital
14/A	Male	Married	Healthcare employee in governmental hospital
16/A	Male	Married	Religious scholar
19/A	Male	Married	Healthcare employee in governmental hospital

\# Participant number
* Language selected for the interview, E: English, A: Arabic
** Single (referring in this context to 'never married') implicates automatically that the person does not have children
*** Bachelor in Science of Nursing

Sequence of the Interviews

Using a constructivist grounded theory approach, the participants were scheduled for individual interviews in a sequence of smaller groups, which is fundamental to the analysis process and theory generation in grounded theory (Hesse-Biber, 2007). It allows for using a comparative method when analysing data as well facilitating theoretical sampling (Charmaz, 2014). For clarity, table 4.2 illustrates the order of interviews and outlines the period in which

the data collection from the participants took place. The table also provides a short summary of the rationale for the order of interviewing.

Table 4.2: Sequence of and Rational for the Interviews

Round of interview	Participant(s) # and description	Period of interviews	Reason for selection of the group at the given time in the iterative research process.
1	1 - 5 Five nurses	Aug-Dec 2009	to explore experiences and perceptions of participants who have chosen nursing as a career, and to provide a solid base from which the data analysis could begin
2	6 - 7 Two parents to student nurses	Feb-Mar 2010	to explore experiences and perceptions from individuals who had a significant role in their child's career choice
3	8 - 9 Two nurses	Feb-Mar 2010	to explore experiences and perceptions of nurses working in the private healthcare setting, and with different educational backgrounds
4	10 A female teacher	Feb-Mar 2010	to explore a teacher's experiences and perceptions, especially in regard to career advice, support from society and women 's role in the family and society
5	12 A brother-in-law	Apr 2010	to explore experiences and perceptions from a male relative related to family support and women's role in the family
6	13 - 14 Two male colleagues	Apr-May 2010	to explore experiences and perceptions of young Saudi men who work with Saudi nurses on a daily basis
7	15 A sister	Apr-June 2010	to explore experiences and perceptions of a young close relative to a nurse who has not chosen nursing as a career herself
8	16 A religious scholar	Apr-May 2010	to explore religious/traditional aspects related to women in the workforce, and especially in nursing through the perspectives of a religious scholar
9	17 - 18 Two student nurses	May-Jun 2010	to explore experiences and perceptions from people who have recently chosen nursing as a career
10	19 A male colleague	May-Jun 2010	to explore experiences and perceptions from members of Saudi society who have no close relationship with nurses or nursing student.
11	20 A mother to a nurse	Nov 2010	to explore experiences and perceptions of a parent who had not been supportive of their daughter's career choice in nursing

Initial Coding

As described in the methods chapter, data collection and analysis involved verbatim transcription of the audiotape recordings. The transcriptions were analysed through initial coding, where *meaning units* and sequences were labelled with initial codes. Table 4.3 provides an example of the initial coding process of the transcribed interview. The verbatim transcribed interview was entered in the first column of a table with three columns. Although not a phenomenological study Giorgi's (1985) four stages of phenomenological data analysis

were applied rigorously to all the data sets to minimise the risk of compromising the quality of the study. As Munhall (2010) cautions researchers must stay true to the subject and content of their investigation, and avoid structuring the participant's story in a manner which loses the meaning of these experiences. Patton (2002) has called for researchers to use whatever means they have available to them to accurately communicate the meaning of the data presented, a view echoed by Colley (2010) who asserts that the methods used by qualitative researchers should not be so rigid as to restrict them, but should instead, act as a guide and furthermore that it is incumbent upon the researcher to find the most appropriate way of making sense of the data. Gorigi's (1985) stages of data analysis are discussed in relation to how they were applied in this study.

Condensation, sometimes referred to as data reduction (Miles and Huberman 1994) took place through careful reading and re-reading of the text, dividing the interview text into *meaning units* in the first column, followed by transforming the text into a more abstract text, but with close connection to the original. The reformulated text was entered into the second column and aligned horizontally with the identified *meanings units* in column 1.

This process allowed the researcher to move easily between the original and reformulated text, facilitating the codes which were applied to the *meaning units* and entered in the third column, which stayed directly connected to the original text. The third column was also used to ask inquisitive questions. As discussed, although this study is drawing upon the principles of constructivist grounded theory, borrowing from the phenomenological philosophical tradition, it is important that the researcher sets aside preconceived understanding and ideas and seeks to explore the phenomenon to the fullest. The belief is that by leaving aspects to a preconceived perception will impinge on the exploration (Friberg and Öhlen, 2014). The inquisitive questions provided an opportunity to set aside the researcher's preconceived ideas while seeking deeper understanding of the concepts presented. These inquisitive questions were also used in assessing the need for theoretical sampling. The following section discuss the different rounds and presents a summary of the codes that were identified. To ease reading and follow the flow in the initial coding process, the section does not include quotes by the participants. These will be included later in the chapter, when a deeper analysis of the core categories are presented.

Table 4.3: Example of Initial Coding

Verbatim transcription divided into *meaning units* 'The words as told by the participant'	**Understanding of the spoken word** 'The researcher's understanding of what the participant was saying'	**Initial codes** and **inquisitive questions**
33 first of all the salary is much important because it is high and for men also here they don't get this much salary nowadays and also not only the salary	33 The salary, which is high, is very important [to nursing]. This is not only for female nurses but also for male nurses as men in Saudi Arabia do not get that much in salaries nowadays, but it is not only the salary that matters	**Salary** How does salary impact on the perception of the profession?
34 because you are doing good things in the hospital they are supporting and they are doing things to the families	34 As a nurse you are also doing good things in the hospital that support families	**Reason for selecting nursing** What does helping people mean in Islam? How is it valued?
35 and you changing attitude of a way of perceptions the patients to the disease	35 The nurse can change the way patients perceive their disease	**What does a nurse do?**
36 and you are gaining *Hasanad*, I think it will be much important	36 And the nurse also gains *Hasanad* (blessing from Allah), which is very important	**Support from Islam** How does Hasanad work in Islam?
37 because one, for example I went to the room and there was a Sheik inside the room he said well he's like feeling jealous because I have a lot of *Hasanad* more than him. He's looking at me ok this Nurse she's getting more than he's getting *Hasanad* and he's feeling jealous because I have *Hasanad* more than him maybe	37 She provides an example, where she talks about a situation with a Sheik who was at the hospital and how she felt that she as a nurse gains more *Hasanad* than he might as a Sheik.	**Support from Islam** How do religious leaders impact the general population's perception on common daily life issues?
38 and it's valuing my profession so I was surprise even the Sheik his valuing my profession is more than he do and more than he do for the people	38 She was surprised that a Sheik values her profession and that he even valued it more than he does for people	**Support from Islam**
39 that I say "ok I have to value myself more than I am valuing",	39 She came to realize that she has to value herself more than she does	**Proud of the Profession** How do nurses develop professional pride?
40 you know, because you are doing things and after the end of the job when you feel frustrated not like other jobs if you are frustrated you will think ok I did things at least good in my job I did things good I'm am working hard to gain more and I don't have time to play around and not using my time	40 Nurses are working and at the end of the day she can feel frustrated, but unlike in other jobs if people are frustrated, a nurse can think that at least she did good things [for other people]. In this way she was working hard to gain [*Hasanad*]. She does not want to spend time on 'playing around and wasting time'	**Support from Islam** What is the relation between Hasanad and Altruism?

Interview Round 1: Five Nurses (Participants 1-5)

The first round of interviews involved five participants from group 1 who were all nurses working in a specialist government hospital. The nurses spoke about how they entered the profession of nurses. They said that for many nurses, nursing was a second choice, and had only become an option to them because they had failed to be accepted into the medical faculty. The nurses spoke about motivational factors. Here they first and foremost talked about

opportunities for further education and promotional opportunities once they had qualified as nurses. They also talked about how they were motivated to continue working in nursing because they were helping other people and that this was important to them.

Another significant factor for these nurses, was related to their family's support in their choice of career. In Saudi Arabia, it is difficult to see how a woman could pursue a career in nursing without the emotional and practical support of her family. The former is important because of the poor perception of Saudi nurses, who are often regarded as maids and the latter because of the logistics of getting to work and home again when many women are not allowed to go out without a male chaperone. To consider a career in nursing therefore meant having your family's approval and cooperation.

The participants in this group also spoke about the prevailing lack of awareness about nursing as a profession. Career guidance in Saudi Arabia is extremely limited and this is acutely the case for nursing, where despite the courses being offered by the Universities, Colleges and Institutes, little information is freely available to young people who may be making choices about their future careers. For most of this group information about a career in nursing came not from official sources, such as formal career guidance, but from their peers or from a family member who was a nurse. That on one hand, the Saudi government is spending vast amounts of money on scholarships and other incentives to entice people into nursing, but on the other, there are no formal channels to provide official career guidance to young people, is an anomaly, and is certainly not helpful in driving forward the Saudization agenda for nursing.

The five nurses also described their experiences of challenges in relation to the moral norms of Saudi society, which was linked to gender segregation and the concepts of haram [forbidden] and halal [permitted]. They talked about how they had discussed such issues during their nursing programme and how it might impact potential husbands in their view of nursing. They spoke about how they had been adamant about continuing working as nurses, despite what a potential husband would say. They had used role play in the nursing school to prepare themselves for such a situation, and one of the participants related how she had insisted on being allowed to continue her work as a nurse and had it written into her marriage contract. They were not really worried that they would not get married. However, they acknowledged that their parents and other family members might fear that they would not get married because of their career choice.

Salary was another factor that these nurses considered to be a contributory factor to nursing, but they emphasised that salary is not a factor that alone will determine whether nursing is an

acceptable career option for Saudi women. They highlighted that there had recently been an increased interest in nurses' salaries, stimulated by a satirical TV programme. This had also led to one of the participants being worried about whether her fiancé at the time of proposal was interested in her because of her income. She also reported that she knew of a nurse who was married to a man who took her salary as soon as it went into the bank. Another participant talked about how a high salary can be a challenge for a husband and wife. She explained that women are not supposed to earn more than their husbands because men are supposed to be the providers.

The nurses also talked about the different challenges they had faced in relation to establishing a family while working as a nurse. The unsocial working hours was highlighted as a significant discouraging factor as long working hours and night shifts impact their responsibilities at home. Finally, some of the nurses talked about their experiences of Saudi patients not wanting to be cared for by a Saudi female nurse, and especially how they felt as if they were treated as if they were maids and how patients, relatives and at times other healthcare providers did not know what nurses are doing. At the same time, they also reported on how they have had positive relations with some patients. They talked at that time about how they were proud of being nurses.

The initial codes were organised alphabetically in a table format in order to help the researcher in getting an overview, as well as to maintain an open mind about how they might be connected and interrelated. Table 4.4 provides an overview of the initial codes identified for the first group of nurses.

Table 4.4: Initial Codes for Round 1, Participants 1-5

Codes written in bold indicates that these codes were particularly emphasised in this round of interview.

Initial Codes	Participants #					Initial Codes	Participants #				
	1	2	3	4	5		1	2	3	4	5
Career advice/choice	X	X	X	X	X	Nurses vs other HCP	X		X	X	X
Doctor - not nurse	**X**	**X**	**X**	**X**	**X**	Other nurses in the family		X	X	X	X
Education of Saudis		X	X		X	Proud of the profession	X	X	X	X	X
Expats					X	Prove yourself	X	X		X	X
Further education/promotion	**X**	**X**	**X**	**X**	**X**	**Patients don't want Saudi nurses**	**X**	**X**		**X**	
Gender issues		**X**	**X**	**X**	**X**	Reason for selecting nursing	X	X			X
Government vs Private			X	X		Salary	X	X	X	X	X
Haram or Halal		X		X		SCFHS			X		
Husband/wife issues	X		X			Support from colleagues	X	X	X	X	X
Individual behaviour reflects the group	X	X	X			Support from Islam	X	X	X		X
Job Opportunities		X	X	X		Support from society	X	X	X	X	X
Leave nursing/Change job	X					Support of family	X	X	X	X	X
Maid	**X**	**X**	**X**	**X**		Telling about nursing before marriage	X	X	X	X	X
Married to a nurse	X	X	X	X	X	Traditional/Islamic values				X	
Mobility		X				Transport				X	
Nurses are poor	X			X		**What does a nurse do?**		**X**	**X**	**X**	**X**
Nurse-Pt relationship	X	X	X	X		Women's role in family/society	X				
Nurses being easy	X	X		X		**Work hours**	**X**	**X**	**X**	**X**	**X**

While all codes were relevant to the Saudization process, the five participants talked more passionately about six issues that were labelled with the following codes: *Doctor not nurse, Further education/promotion, Gender issues, Maid, Patients don't want Saudi nurses, What does a nurse do?* and *Work hours*. To ease the reading of this iterative data collection and analysis process where constant comparison method was used, the comparison table is presented the end of the last interview round.

All five nurses talked about their parents' involvement in their career choice. Parents play significant roles in their children's career choice in Saudi Arabia (Lovering, 1996) as well as in other parts of the world (Dong, 2016; Ghosh, 2016; Ginevra et al., 2015; Nielson and McNally, 2012; Palos and Drobot, 2010). In order to explore the perceptions of the parents, around nursing as a career choice for their daughters, the second round of interviews involved two parents, a father and a mother to two unrelated student. These two participants were selected as they had recently been involved in their respective daughters' career choices.

Interview Round 2: Two Parents (Participants 6-7)

During the interviews, both parents talked about their support of their daughters' career choices as nurses, but also acknowledged that there were other family members who were not as supportive. At the same time, they gave examples of how they had experienced a change in society in regard to nursing as a career option for Saudi women. The mother, of one of the student nurses, had herself been a student nurse but had dropped out of nursing school when she became pregnant. At that time, her husband's brother, had been vehemently opposed to her pursuit of a nursing career. Twenty years later when her own daughter wanted to apply to a nursing school, the mother had insisted that she should seek her uncle's (her father's brother) advice, and this time he was supportive of nursing as a career option.

The father of the other student nurse talked about how he was the first man from his village who had moved to the city to allow his daughter to study nursing. He proudly explained that after he had done so, other fathers from the village had come to Jeddah with their daughters to apply to the nursing school. Two motivating factors that the parents talked about in relation to nursing as an attractive career option were related to salary and job security. The mother, who was divorced, talked about how important it is to find a career where there are job opportunities within the city. She compared it to the situation of the teaching profession, where it is difficult to find a well-paid position without having to move to a rural area.

The father emphasised the importance of his daughter's independence. He talked about how he wanted her to complete her education, as it would help her obtain a job and a salary if she should get married to a bad husband and later divorce, and he, as her father, no longer would be there to provide for her. Although both parents were positive towards their daughters' choices, they also talked about factors that pose challenges for Saudi women working in nursing.

One of the main concerns they raised was related to the long and unsocial working hours. They talked especially about the challenges female nurses face when they try to balance work and family responsibilities. They also talked about traditional aspects in Saudi culture, such as women's usage of the face veil which is a challenge in some hospitals where face-covering is prohibited. Likewise, they acknowledged that the societal value of gender segregation is a significant challenge in nursing, where it is impossible to maintain a strict segregation similar to that practised in educational settings. The lack of gender segregation did, however, not refrain them from supporting their daughters' choices because they trusted their values and they were convinced that their daughters would handle situations when working with men.

Unlike the nurses in the first round who did not worry about getting married, both parents talked about concerns in relation to getting their daughters married. The father was not personally worried about this, but he talked about it being a major concern of his wife. He explained that his wife's concern was due to the negative perception of nursing and how the role of a mother and wife does not fit well with what a nurse has to do, in addition to the fact that nurses often work in gender mixed areas. Table 4.5 provides an overview of the initial codes from the second round of data collection.

Table 4.5: Initial Codes for Round 2, Participants 6-7

Codes written in bold indicates that these codes were particularly emphasised in this round of interview. To assisted as a visual aid in the constant comparative method, the initial codes that were identified in round one, but not spoken about in round two have are shaded grey. The legends (fa) and (mo) refer respectively to father and mother

Initial Codes	Participants #		Initial Codes	Participants #	
	6 (fa)	7 (mo)		6 (fa)	7 (mo)
Career advice/choice	X	X	Nurses vs other HCP		
Doctor - not nurse			Other nurses in the family		X
Education of Saudis			Proud of the profession	X	
Expats	X		Prove yourself		
Further education/promotion	X	X	Pts don't want Saudi nurses		
Gender issues	**X**	**X**	Reason for selecting nursing	X	X
Government vs Private	X		**Salary**	**X**	**X**
Haram or Halal	X		SCFHS		
Husband/wife issues	X		Support from colleagues		
Individual behaviour reflects the group			Support from Islam	X	X
Job Opportunities	**X**	**X**	**Support from society**	**X**	**X**
Leave nursing/Change job			**Support of family**	**X**	**X**
Maid			Telling about nursing before marriage		
Married to a nurse	X	X	Traditional/Islamic values	X	X
Mobility	X		Transport		
Nurses are poor			What does a nurse do?		X
Nurse-Pt relationship			**Women's role in family/society**	**X**	**X**
Nurses being easy	X		**Work hours**	**X**	**X**

The topics that the parents talked about most passionately fell under the codes: *Gender issues, Job opportunities, Salary, Support of family, Support of society, Women's role in family/society,* and *Work hours.*

For the following round, which is round 3, it was decided to select two nurses for interview. The choice to interview these nurses was made so that a different perspective could be gained as these 2 nurses worked in a private hospital, as opposed to the first five nurses who all worked in a government hospital. These two nurses also came from different educational settings, one had a Bachelor's degree from a hospital based BSN programme, and the other held a nursing diploma from a private institute. Deciding to interview nurses again also contributed to the constant comparative method, as well as facilitating data collection in connection with theoretical sampling.

Interview Round 3: Two Nurses (Participants 8-9)

While these participants talked about many of the topics discussed in the previous two rounds, they focused on concerns related to the husband-wife issues. One of the participants talked particularly about the issue of trust, as she was caring for and working with men with whom she was not related. The dialogue around this was linked to topics such as lack of gender segregation, perceptions of nurses as sexual objects and the belief that women who work as nurses are promiscuous. This led to a lively and passionate discussion about how nurses avoid talking to their husbands, about what they actually do at work. This led to a new code applied to meaning units in this round, as this issue had not been raised previously and demonstrate the iterative process of data collection and analysis in grounded theory.

Transport was a topic that was discussed by one nurse, in the first interview round. She spoke about this topic in terms of positive family support. Transport was again discussed in the third round of interviews but as opposed to first time around, here it was spoken about as being a challenge to the participants. They talked particularly about how it would be much easier, for them to get to work and back, if they could drive themselves.

Working hours was also a big issue for these two participants. They talked at length about how the long working day and the problems associated with night duty in particular, interfered with their family life and their roles at home. Normal duties traditionally required of the Saudi woman presented huge challenges such as coming home late from work and having to help the hcidlren with their school work and prepare the evening meal.

The issue of salary was another significant factor that was discussed during the interviews. While one of the participants had been motivated to take up a nursing career to help her husband financially, the other participant said she chose to keep her salary confidential, fearing that her husband might want to take it.

Like some of the nurses, interviewed in the first round, these participants also talked about how some Saudi patients did not want to be cared for by a Saudi female nurse. One of the participants talked passionately about how she frequently felt she was being treated as a maid, which mad her upset and as though all the training she had undertaken to gain her nursing qualification was not valued. She talked about the support she received from her nursing colleagues and how this helped her to overcome these feelings.

Table 4.6 provides an overview of the initial codes for round 3. The topics that these two participants mostly talked about included: *Gender issues, Husband-wife issues, Maid, Nurses being easy, Salary, Women's role in family/society,* and *Work hours*.

Table 4.6: Initial Codes for Round 3, Participants 8-9 (nurses from a private hospital).
The grey shading indicates that these were initial codes that were identified in previous rounds, but not this one.
Codes written in bold indicate that these codes were emphasised in this round of interview.
* Talking about nursing is an additional code identified in this round of interview.

Initial Codes	Participants #		Initial Codes	Participants #	
	8	9		8	9
Career advice/choice	X	X	Nurses vs other HCP	X	
Doctor - not nurse	X	X	Other nurses in the family	X	
Education of Saudis		X	Proud of the profession		
Expats			Prove yourself		
Further education/promotion	X	X	Pts don't want Saudi nurses	X	X
Gender issues	**X**	**X**	Reason for selecting nursing		X
Government vs Private	X		**Salary**	**X**	**X**
Haram or Halal			SCFHS		X
Husband/wife issues	**X**	**X**	Support from colleagues	X	
Individual behaviour reflects the group			Support from Islam	X	
Job Opportunities	X		Support from society	X	X
Leave nursing/Change job	X		Support of family	X	X
Maid	**X**		Talking about nursing*	X	
Married to a nurse	X		Telling about nursing before marriage	X	
Mobility	X		Traditional/Islamic values	X	X
Nurses are poor			Transport	X	
Nurse-Pt relationship	X		What does a nurse do?		
Nurses being easy	**X**	**X**	**Women's role in family/society**	**X**	**X**
			Work hours	**X**	**X**

Lack of formal career advice was brought up several times in the three first three rounds. The participants talked about it, however they were not especially passionate about it. Further exploration of this topic was required, hence, a participant who had recently terminated her employment as a teacher in a Saudi girls' school, and therefore had been in a position to offer some advice regarding careers to her students, was selected for the next interview round. Given her recent decision to leave the workforce, other concepts for exploration with this participant included: *Support from society* and *Women's role in the family and society.*

Interview Round 4: A former Teacher (Participant 10)

This participant had resigned her position as a teacher in order to devote herself to her children and family. During the interview, she talked about her experience of career advice in the public school system, and how she thought that it was too little and too late. She talked about a lack of knowledge in general regarding nursing education in Saudi Arabia, but explained how she was aware of it as a career option. She was very clear in her discussion that her belief was that women should be cared for by female nurses and men by male nurses. At the same time, she explained that she did not think nursing is a suitable job for any Saudi woman. She explained that the reasons for this are mainly due to women's role in the family, especially that of child rearing. She saw any professional career as a threat to the role of women if they prioritised work over their family. She pointed out that the long work hours of nurses would be one of the big barriers, along with the lack of gender segregation in the work environment. She explained that it is not uncommon for nurses to be treated by Saudis as if they were housemaids. She also talked about how nurses were thought of as being promiscuous by some Saudis, although she did not believe that herself.

Sharing experiences from her own admission to a hospital, she described how she felt that she could not trust the Saudi nurses to the same extent as the expatriate nurses, but could not say why. She explained that she felt that they would have to prove themselves in terms of their knowledge, skills and compassion, before she would be able to trust in the care they provided. Table 4.7 provides an overview of the initial codes assigned to the data collected from participant # 10 in this round of interviews.

Table 4.7: Initial Codes for Round 4, Participant 10
The grey shading indicates that these were initial codes that were identified in previous rounds, but not this. Codes written in bold indicates that these codes were emphasised in this round of interview.

Initial Codes	Participant #	Initial Codes	Participant #
	10		10
Career advice/choice	**X**	Nurses vs other HCP	
Doctor - not nurse		Other nurses in the family	
Education of Saudis		Proud of the profession	
Expats		**Prove yourself**	**X**
Further education/promotion		Pts don't want Saudi nurses	
Gender issues	**X**	Reason for selecting nursing	X
Government vs Private		Salary	X
Haram or Halal	X	SCFHS	
Husband/wife issues	X	Support from colleagues	
Individual behaviour reflects the group		Support from Islam	
Job Opportunities	X	Support from society	X
Leave nursing/Change job		Support of family	
Maid	**X**	Talking about nursing	
Married to a nurse		Telling about nursing before marriage	
Mobility		Traditional/Islamic values	X
Nurses are poor		Transport	
Nurse-Pt relationship		What does a nurse do?	X
Nurses being easy	X	**Women's role in family/ society**	**X**
		Work hours	**X**

The codes applied to the meaning units that this participant talked most passionately about are: *Career advice/choice, Gender issues, Maid, Prove yourself, Women's role in family/society* and *Work hours*

At this stage of the interview rounds, only one male participant had been interviewed. The following interview round therefore consciously targeted at a male participant. Perspectives from male participants were appropriate in the theoretical sampling of the concepts *Gender issues*, *Women's role in family/society* and *Work hours* that continuously came up in the interview text. For this reason it was in was necessary to include a male participant who had personal experience of having a nurse in the family. Unable to find a close male family member to participate in the research, a brother-in-law of a nurse was recruited and interviewed.

Interview Round 5: A brother-in-Law (Participant 12)

This participant talked about the challenges he saw in relation to his brother being married to a nurse. He spoke at length and passionately about how nurses' long work hours negatively impact women's duties at home, and while he talked about the long working hours, he was more concerned about the night shifts. He described the night shifts as totally unacceptable.

He also talked about the lack of gender segregation in the work setting, yet he acknowledged that gender segregated care is expected in Saudi Arabia. He explained that there is a difference when the work takes place during the day or at night. When comparing the nursing and the medical doctor career options, he explained that he would allow his daughter to become a doctor, but not working at night, but he would let his son choose what he wanted to study, but he would recommend him to become a doctor. He explained that society values doctors more than nurses. Throughout the interviews, this participant repeatedly referred to the importance of what the extended family and neighbours would think about them as a family if they let the women in the family leave the home at night. For this participant it was abundantly clear that the value system based on honour and shame, and the importance of 'keeping face' informed his beliefs about women working as nurses.

Table 4.8 lists the codes identified during the interviews in this round. The codes highlighted from this round of interviews due to the emphasis the participant placed on the topics are: Doctor – not nurse, Gender issues, Support from society, Support from family, Women's role in family/society, and *Work hours*.

Table 4.8: Initial Codes for Round 5, Participant 12

The grey shading indicates that these were initial codes that were identified in previous rounds, but not in this one. Codes written in bold indicate that these codes were emphasised in this round of interviews.

Initial Codes	Participant #	Initial Codes	Participant #
	12		12
Career advice/choice	X	Nurses vs other HCP	X
Doctor - not nurse	**X**	Other nurses in the family	
Education of Saudis		Proud of the profession	
Expats	X	Prove yourself	
Further education/promotion		Pts don't want Saudi nurses	
Gender issues	**X**	Reason for selecting nursing	
Government vs Private		Salary	
Haram or Halal	X	SCFHS	
Husband/wife issues	X	Support from colleagues	
Individual behaviour reflects the group		Support from Islam	
Job Opportunities		**Support from society**	**X**
Leave nursing/Change job		**Support of family**	**X**
Maid		Talking about nursing	
Married to a nurse	X	Telling about nursing before marriage	
Mobility		Traditional/Islamic values	X
Nurses are poor		Transport	X
Nurse-Pt relationship		What does a nurse do?	X
Nurses being easy		**Women's role in family/ Society**	**X**
		Work hours	**X**

Comparing perspectives from the two male participants (# 6 and 12), who were both relatives to nurses/student nurses, two diverse yet very informative perspectives have been reached. Being interested in exploring the experiences and views of Saudi men further, the next round targeted male participants. The next round of interviews therefore included two younger Saudi men. These two participants also worked in hospitals, in two different types of position, but both had direct contact with patients and families, and worked in collaboration with Saudi nurses during both day and night shifts.

Interview Round 6: Two Male Members of Saudi Society (Participants 13-14)

These participants shared their own experiences regarding career choice. They had been introduced to nursing whilst in the process of finding their chosen career, but both had chosen a career, in health, other than nursing. One of the participants described how he did not think at that time that nursing was a suitable career for men, but that it was an

occupation for women. He explained, however that over time, he had come to realise that nursing is suitable for both men and women. They both talked about career advice, and how for them it was coincidental something that was discussed informally with family members rather than advice given by anyone who had been trained in this field. One of the participants suggested that Saudi nurses should become visible in the community, through educational activities in schools and community centres to increase awareness about nursing for Saudis.

When talking about nursing as a potential career option for their wives, both participants said that they did not mind the type of work nurses do, or the gender mixed work environment in healthcare settings, but they both explained that the long work hours and night shifts would be the main reason why they would prefer that their wives found another occupation. One of the participants talked about how he had observed that some Saudi patients did not want Saudi nurses to care for them. He explained that it takes the Saudi nurse time to make such patients trust them. They both said they had experienced a tendency within Saudi society which considered Saudis as lazy and therefore a Saudi nurse will not provide all the care the patient needs but only what is absolutely necessary and that this is not good enough. One of the participants explained that there is a tendency to think that because one Saudi is lazy then all Saudis are lazy, whereby the entire group (i.e. nurses) will be judged on one individual's behaviour. Table 4.9 provides an overview of the initial codes identified in round 6.

Table 4.9: Initial Codes for Round 6, Participants 13-14
The grey shading indicates that these were initial codes that were identified in previous rounds, but not this.
Codes written in bold indicate that these codes were emphasised in this round of interview.
* *Saudis are lazy* is an additional code identified in this round of interview.

Initial Codes	Participants #		Initial Codes	Participants #	
	13	14		13	14
Career advice/choice	X	X	Nurses vs other HCP	X	X
Doctor - not nurse			Other nurses in the family		
Education of Saudis	X	X	Proud of the profession	X	X
Expats	X		Prove yourself	X	
Further education/promotion	X		Pts don't want Saudi nurses	X	
Gender issues	X	X	Reason for selecting nursing	X	X
Government vs Private	X		Salary	X	
Haram or Halal	X	X	**Saudis are lazy***	**X**	**X**
Husband/wife issues			SCFHS		
Individual behaviour reflects the group	X		Support from colleagues	X	
Job Opportunities			Support from Islam		
Leave nursing/Change job	X		Support from society	X	X
Maid			Support of family	X	X
Married to a nurse			Talking about nursing		
Mobility			Telling about nursing before marriage		
Nurses are poor			Traditional/Islamic values	X	
Nurse-Pt relationship			Transport	X	
Nurses being easy			What does a nurse do?	X	X
			Women's role in family/society		**X**
			Work hours	**X**	**X**

The codes that were applied to their interviews include: *Saudis are lazy, Women's role in family/society* and *Work hours.* The code *Saudis are lazy* is a new code added to the list of codes identified.

While the participants in the previous rounds had a lot to discuss about work hours; women's role in the family/society; gender segregation; and various perceptions of nurses, the conversations about career advice were quickly exhausted. The following round was established with the purpose of seeking further information about career advice. As an alternative participant to #11, who was excluded, another young Saudi who had just chosen his/her career path was needed to gain insight into recent career advice. There was in interview rounds 1 and 3, discussion about other nurses in the family and their impact on career choice. The participant for this round was the sister of a nurse. She had not chosen nursing as her career path and would therefore likely have different experiences than

previously discussed. Interviewing this participant would also add dimensions to the topic of family support to Saudi women who choose nursing.

Interview Round 7: A Sister (Participant 15)

This participant described her experience of formal career advice as limited. She talked about her older sister, who was a nurse, and how she had talked about nursing at home, but that had not fuelled her own interest in nursing as a career. She explained that she chose her career path within special education based on a field trip the school arranged to a centre for children with special needs. She recalled that her sister had not wanted to become a nurse originally, but rather a medical doctor, which had been the same for most of the students in her sister's class. But they had failed to make the entrance requirements due to their grades.

She explained that her sister, nevertheless, had come to love nursing and that she had always heard her sister talk proudly about the nursing profession. At the same time, she described how she had listened to her sister's vivid stories about patient care situations where nurses had been treated by patients and some of their family members as if they were maids or promiscuous women. She also talked about her sister's stories of patients who had not wanted to be cared for by a Saudi nurse. On the topic of family support, she explained that her parents' dream for her sister was for her to become a doctor, but that they had eventually come to accept her career as a nurse. She reported that her parents' initial worries were related to the lack of gender segregation in the hospital work setting. Personally, she thought that nurses' work hours and the changing shifts makes nursing an undesirable career option as normal social life becomes difficult due to the anti-social working hours required of a nurse.

Table 4.10 provides an overview of the initial codes derived from round 7. The codes that stood out from this participant's interviews include: *Maid, Nurses being easy, Patients don't want Saudi nurses, What does a nurse do,* and *Work hours.*

Table 4.10: Initial codes for round 7, participant 15

The grey shading indicates that these were initial codes that were identified in previous rounds, but not this one. Codes written in bold indicate that these codes were emphasised in this round of interview.

Initial Codes	Participant #	Initial Codes	Participant #
	15		15
Career advice/choice	X	Nurses vs other HCP	
Doctor - not nurse	X	Other nurses in the family	X
Education of Saudis		Proud of the profession	X
Expats	X	Prove yourself	X
Further education/promotion		**Pts don't want Saudi nurses**	**X**
Gender issues	X	Reason for selecting nursing	
Government vs Private		Salary	X
Haram or Halal	X	Saudis are lazy	
Husband/wife issues		SCFHS	
Individual behaviour reflects the group		Support from colleagues	
Job Opportunities	X	Support from Islam	X
Leave nursing/Change job		Support from society	X
Maid	**X**	Support of family	X
Married to a nurse	X	Talking about nursing	
Mobility		Telling about nursing before marriage	
Nurses are poor		Traditional/Islamic values	X
Nurse-Pt relationship	X	Transport	
Nurses being easy	**X**	**What does a nurse do?**	**X**
		Women's role in family/ Society	
		Work hours	**X**

Interview Round 8: A Religious Scholar (Participant 16)

This participant talked passionately about Islamic and traditional Saudi values and explained that each area with a Muslim population may have their own traditions which they refer to as being based on Islam, but that there may be a variation mixed with other traditional behaviour. He also explained that there is evidence in Islamic text that nursing was accepted and practised by women at the time of Prophet Mohammed (PBUH) as he had female nurses who joined the wars and cared for the wounded soldiers. This participant emphasised that although Islam does not prohibit women from working outside of their homes, it is a traditional practice that has developed over years. He also talked about how he fully supports that female patients should be cared for by female nurses, and thus sees the need for educating Saudi female nurses. However, he also stated that women must prioritise their families, over their work and that the lack of gender segregation and unsocial

work hours are major barriers for the Saudi population to accept nursing as a good career choice for women. Table 4.11 outlines the initial codes identified in round 8. Emphasis was found on topics such as *Gender issues, Support from Islam, Traditional/Islamic values, Women's role in family/society* and *Work hours.*

Table 4.11: Initial Codes for Round 8, Participant 16
The grey shading indicates that these were initial codes that were identified in previous rounds, but not this. Codes written in bold indicate that these codes were emphasised in this round of interview.

Initial Codes	Participant #	Initial Codes	Participant #
	16		16
Career advice/choice		Nurses vs other HCP	
Doctor - not nurse		Other nurses in the family	
Education of Saudis		Proud of the profession	
Expats		Prove yourself	
Further education/promotion		Pts don't want Saudi nurses	
Gender issues	**X**	Reason for selecting nursing	
Government vs Private		Salary	
Haram or Halal	X	Saudis are lazy	
Husband/wife issues		SCFHS	
Individual behaviour reflects the group		Support from colleagues	
Job Opportunities		**Support from Islam**	**X**
Leave nursing/Change job		Support from society	X
Maid		Support of family	X
Married to a nurse		Talking about nursing	
Mobility		Telling about nursing before marriage	
Nurses are poor		**Traditional/Islamic values**	**X**
Nurse-Pt relationship		Transport	
Nurses being easy		What does a nurse do?	
		Women's role in family/society	**X**
		Work hours	**X**

Two of the previous eight rounds of interviews included nurses who had all gone through nursing education and were at the time of interview working in hospital settings. While these participants had contributed valuable information, the research was lacking exploration of pertinent topics from people who have just started their nursing career. The third round of interviews therefore included two student nurses. One of them attended a bridging programme (Registered Nurse (RN) to a Bachelor of Science in Nursing (BSN)) and the other was currently on the second year of her undergraduate programme. Both participants came from other provinces to study in Jeddah. The student nurse who undertook the bridging programme also worked as a nurse alongside her studies.

Interview Round 9: Two Student Nurses (Participants 17-18)

Many of the topics these two participants talked about were similar to those discussed in rounds 1 and 3. Both participants talked passionately about their dedication to nursing and their desire to help other people and how that had been a contributing factor for choosing nursing in the first place. They also described the salary as a positive factor, as earning a salary as a nurse enables them to help their family financially. One of the participants also talked about how becoming a nurse would help her become someone in society, someone who would leave her mark and be remembered.

This participant also talked passionately about how she would not have been able to study in this private nursing school without her scholarship, and how she was dreaming about getting a scholarship one day to study for a Master's degree abroad. She emphasised that the scholarship had made it possible for her to be the first woman in her family to pursue an education beyond secondary public school. The two participants talked about how nursing in Saudi Arabia contributes to job opportunities as the government wants more Saudi nurses. Both participants discussed Saudi traditions and how they had impacted on their experiences in nursing. One of the participants talked at length and very passionately about her experiences related to her practice of using the face veil and gloves, and how it had been a challenge for her to accept, especially, the instruction of removing her face veil in the presence of men during clinical placement in some hospitals.

Table 4.12 identifies the initial codes for round 9. Meaning units labelled with the codes: *Further education/promotion, Job opportunities, Reason for selecting nursing, Salary, Traditional/Islamic values,* and *Work hours* stood out in the initially analysis of the transcriptions.

Table 4.12: Initial Codes for Round 9, Participants 17-18

The grey shading indicates that these were initial codes that were identified in previous rounds, but not this one. Codes written in bold indicate that these codes were emphasised in this round of interview

Initial Codes	Participants #		Initial Codes	Participants #	
	17	18		17	18
Career advice/choice	X	X	Nurses vs other HCP	X	X
Doctor - not nurse		X	Other nurses in the family	X	
Education of Saudis	X	X	Proud of the profession		
Expats			Prove yourself		X
Further education/promotion	**X**	**X**	Pts don't want Saudi nurses		
Gender issues	X		**Reason for selecting nursing**	**X**	**X**
Government vs Private		X	**Salary**	**X**	**X**
Haram or Halal			Saudis are lazy		X
Husband/wife issues			SCFHS		
Individual behaviour reflects the group			Support from colleagues	X	X
Job Opportunities	**X**	**X**	Support from Islam	X	X
Leave nursing/Change job			Support from society	X	X
Maid			Support of family	X	X
Married to a nurse			Talking about nursing		
Mobility	X	X	Telling about nursing before marriage	X	
Nurses are poor			**Traditional/Islamic values**	**X**	**X**
Nurse-Pt relationship			Transport		
Nurses being easy	X		What does a nurse do?		X
			Women's role in family/ Society		
			Work hours	**X**	**X**

To facilitate inclusion of perspectives held by more male members of the Saudi society, the next round included a male participant without a family relationship to nurses. This participant worked in a hospital setting through which he had sporadic collaboration with nurses.

Interview Round 10: A Male Member of Saudi Society (Participant 19)

This participant talked passionately about his experience abroad. He explained that he had received a scholarship to study English abroad, which had helped him to look at life in Saudi Arabia differently. He described in detail how he had come to think that much of what he had been taught regarding the Islamic way of living is bound in traditions rather than Islam. He explained that he had met Muslims abroad and had seen how they lived with Islam in a different way. He also explained that he thought that the government spent a lot

of money on overseas scholarships for young Saudis to enable them to experience life in a different way, and to bring new perspectives back home and slowly change Saudi society.

When talking about the dilemma of nursing in Saudi Arabia, he explained that nurses are often considered to be promiscuous women but that he did not believe this. He explained that people in general do not know what nurses are doing at work, and that especially the unsocial work hours and lack of gender segregation impact negatively on people's perception of nursing. At the same time, he also described how he had seen a change, in attitude, amongst some men, which he thought had taken place due to the increased awareness about nurses' salaries.

He also talked about the difference of working in the public or the private sector. The pay in the private sector is not as high as in the public sector. He emphasised that ensuring good pay for nurses will continue to be a positive influence on the perception of nursing as a suitable option for young Saudis. Similar to many other participants, he explained that there is a perception in Saudi society that Saudis are lazy, which made it difficult for them to find jobs. Finally, he said that nursing in his opinion is a suitable career for both men and women, and he would not mind if his wife wished to become a nurse. He did, however, then discuss how he could foresee objections from her own family.

Table 4.13 provides an overview of the initial codes found in the interviews of round 10. The concepts that were emphasised in this round of interview were labelled with the codes: *Further education/promotion, Gender issues, Salary, Traditional/Islamic values,* and *Work hours.*

Table 4.13: Initial Codes for Round 10, Participant 19

The grey shading indicates that these were initial codes that were identified in previous rounds, but not this one. Codes written in bold indicate that these codes were emphasised in this round of interview.

Initial Codes	Participant #	Initial Codes	Participant #
	19		19
Career advice/choice	X	Nurses vs other HCP	X
Doctor - not nurse		Other nurses in the family	
Education of Saudis	X	Proud of the profession	X
Expats	X	Prove yourself	
Further education/promotion	**X**	Pts don't want Saudi nurses	
Gender issues	**X**	Reason for selecting nursing	
Government vs Private	X	**Salary**	**X**
Haram or Halal		Saudis are lazy	X
Husband/wife issues		SCFHS	
Individual behaviour reflects the group		Support from colleagues	X
Job Opportunities	X	Support from Islam	X
Leave nursing/Change job		Support from society	X
Maid		Support of family	X
Married to a nurse	X	Talking about nursing	
Mobility	X	Telling about nursing before marriage	
Nurses are poor		**Traditional/Islamic values**	**X**
Nurse-Pt relationship		Transport	
Nurses being easy	X	What does a nurse do?	X
		Women's role in family/ Society	X
		Work hours	**X**

While concepts have been gradually explored from different perspectives through individual interviews with participants from the three groups, it is data saturation as discussed in chapter 2 that is the determining factor. A review of the overall input from people within the three groups of participants, Nurses/Student nurses, Relatives to nurses/student nurses, and Other members of Saudi society revealed that only two parents had been included and both had been supportive of their daughters' career choice in nursing. The final round of interviews included a mother, who at the time of her daughter's enrolment in the nursing school, had not been supportive of her career choice.

Interview Round 11: A Mother (Participant 20)

This participant talked proudly of her daughter being a nurse, but she also described how she and her husband for a long time had not wanted their daughter to study nursing. She explained that there were two reasons why they had accepted that she could apply for

enrolment in the school of nursing. She reported that the situation at the time her daughter had applied was that she had wanted to get into the medical faculty and they had given their approval. However, she had failed to secure a place due to the many number of applicants with better grades than hers. At that time, they had a family tragedy and they were occupied with many other issues to focus on and so were a little distracted about what was happening in terms of their daughters school plans. They had accepted that their daughter could enrol for a place in nursing school but the plan was for her, to work hard and secure good grades so that she could, then transfer to the medical college. However this did not happen and her daughter continued on the nursing course.

The mother explained that both she and her husband had come to terms with their daughter's career as a nurse, although she said she felt sorry for her daughter because of the type of work she would have to do. She explained that she was especially concerned about the challenges her daughter would face, being a young woman, seeing things that she otherwise would not have seen when having to care for male patients. She explained that her husband had gone to visit their daughter while she was at work and had seen how she wore her face veil at work and behaved correctly. She explained that they were both proud of their daughter, and they were both happy that she liked her job. She emphasised that the downside of nursing had a lot to do with the long work hours and working at night and during Eid when other people would not be at work because of the holidays.

Table 4.14 provides an overview of the initial codes for round 11. The codes that stood out in this round were *Doctor – not nurse, Gender Issues,* and *Work hours.*

Table 4.14: Initial Codes for Round 11, Participant 20

The grey shading indicates that these were initial codes that were identified in previous rounds, but not this one. Codes written in bold indicate that these codes were emphasised in this round of interview

Initial Codes	Participant #	Initial Codes	Participant #
	20		20
Career advice/choice	X	Nurses vs other HCP	
Doctor - not nurse	**X**	Other nurses in the family	
Education of Saudis		Proud of the profession	X
Expats		Prove yourself	
Further education/promotion		Pts don't want Saudi nurses	
Gender issues	**X**	Reason for selecting nursing	
Government vs Private		Salary	X
Haram or Halal		Saudis are lazy	
Husband/wife issues		SCFHS	
Individual behaviour reflects the group		Support from colleagues	
Job Opportunities		Support from Islam	X
Leave nursing/Change job		Support from society	X
Maid	X	Support of family	X
Married to a nurse	X	Talking about nursing	X
Mobility		Telling about nursing before marriage	
Nurses are poor		Traditional/Islamic values	X
Nurse-Pt relationship		Transport	
Nurses being easy		What does a nurse do?	
		Women's role in family/ Society	
		Work hours	**X**

In the iterative process of data collection and data analysis, the codes were entered in a table using a constant comparison method. The codes assigned to the *meaning units* that the participants in the different interview rounds emphasised, have been bolded and highlighted in yellow. This indicated that concepts under these codes were talked about with more importance, indicated by the way in which the participants passionately spoke about them, than the other concepts identified in the transcribed interviews. There were 38 initial codes.

Table 4.15 provides an overview of these codes. To facilitate reading of the table, information is provided to indicate which group the participant belonged to, as well as the gender of the participant. The vertical double lines and alternate grey shading of columns indicate the rounds of interviews in the sequence they took place.

Table 4.15: All Initial Codes for All Participants

* F: female **M: male

Codes written in bold indicate that these codes were emphasised in this round of interview. The yellow highlight is added as visual aid to gain an overview

Group	N: Nurses/Student nurses							R:Relative				O:Members of Saudi society							
	N	N	N	N	N	R	R	N	N	O	R	O	O	R	O	N	N	O	R
Participant number	1	2	3	4	5	6	7	8	9	10	12	13	14	15	16	17	18	19	20
Gender	F*	F	F	F	F	M**	F	F	F	F	M	M	M	F	M	F	F	M	F
Initial Code (below) / Data collection round number	1					2		3		4	5	6		7	8	9		10	11
Career advice/choice	X	X	X	X	X	X	X	X	X	**X**	X	X	X	X		X	X	X	X
Doctor - not nurse	**X**	**X**	**X**	**X**	**X**			X	X		**X**			X			X		**X**
Education of Saudis		X	X		X				X			X	X			X	X	X	
Expats					X	X					X	X		X				X	
Further education/promotion	**X**	**X**	**X**	**X**	**X**	X	X	X	X			X				**X**	**X**	**X**	
Gender issues		**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	X	X	X	**X**	X		**X**	**X**
Government vs Private			X	X		X		X				X					X	X	
Haram or Halal		X		X		X				X	X	X	X	X	X				
Husband/wife issues	X		X			X		**X**	**X**	X	X								
Individual behaviour reflects the group	X	X	X									X							
Job Opportunities		X	X	X		**X**	**X**	X		X				X		**X**	**X**	X	
Leave nursing/Change job	X							X				X							
Maid	**X**	**X**	**X**	**X**				**X**		**X**				**X**					X
Married to a nurse	X	X	X	X	X	X	X	X			X			X				X	X
Mobility		X				X		X								X	X	X	
Nurses are poor	X			X															
Nurse-Pt relationship	X	X	X	X				X						X					
Nurses being easy	X	X		X		X		**X**	**X**	X				**X**			X	X	
Nurses vs other HCP	X		X	X	X			X			X	X				X	X	X	
Other nurses in the family		X	X	X	X		X	X						X		X			
Proud of the profession	X	X	X	X	X	X								X				X	X
Prove yourself	X	X		X	X					**X**		X		X			X		
Pts don't want Saudi nurses	**X**	**X**		**X**				X	X				X	**X**					
Reason for selecting nursing	X	X			X	X	X		X	X						**X**	**X**		
Salary	X	X	X	X	X	**X**	**X**	**X**	**X**	X		X		X		**X**	**X**	**X**	X
Saudis are lazy												**X**	**X**				X	X	
SCFHS			X						X										
Support from colleagues	X	X	X	X	X			X					X			X	X	X	
Support from Islam	X	X	X		X	X	X	X						X	**X**	X	X	X	X
Support from society	X	X	X	X	X	**X**	**X**	X	X	X	**X**	X	X	X	X	X	X	X	X
Support of family	X	X	X	X	X	**X**	**X**	X	X		**X**	X	X	X	X	X	X	X	X
Talking about nursing								X											X
Telling about nursing before marriage	X	X	X	X	X			X								X			
Traditional/Islamic values				X		X	X	X	X	X	X	X		X	**X**	**X**	**X**	**X**	X
Transport				X				X			X	X							
What does a nurse do?		**X**	**X**	**X**	**X**		X			X	X	X	X	**X**			X	X	
Women's role in family/society	X	X	X	X	X	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	X	**X**	X	X	X	X
Work hours	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**

Part 2: Focused Coding

Part 2 provides insight into the focused coding process. It discusses how the initial codes, through analysis, using constant comparison, memo writing and clustering as an analytic tools, contribute to the development of seven emergent categories, from which 16 impacting factors were identified. Finally, part 2 identifies the three core categories.

Focused Coding

The initial codes that emerged through the iterative approach of data collection and analysis, provided an overall picture of what the participants talked about when describing their experiences and views in relation to nursing as a career. The initial codes provide a foundation from which the researcher can make a leap from concrete events, and their descriptions, to theoretical insight and possibilities (Charmaz, 2014).

To make sense of the initial codes, the next step involved focused coding, which in constructivist grounded theory involves using the most significant or frequent codes to analyse the large amount of data (Charmaz, 2014). Although focused coding, according to Charmaz (2014), is usually straightforward and proceeds quickly, the focused coding in this research took place over a longer period. The initial codes seemed to be interlinked in multiple ways, providing a variety of opportunities to explore theoretical concepts. The focused coding process gave rise to interesting perspectives and was experienced as what Charmaz (2014) describes as *opportunities for theoretical playfulness*.

Memo Writing

Memo writing is described as “the pivotal intermediate step between data collection and writing drafts of papers” (Charmaz, 2014:162), a process where the researcher stops and analyses ideas about the codes. Charmaz (2014) also describes memo writing as a way in which the researcher can talk with him/herself about the data throughout the research process, and she emphasises that memo writing is a crucial activity in grounded theory that allows the researcher to become actively engaged in the material. Memo writing is not an

activity that was exclusively used in the focused coding process, but as discussed in chapter 2, an activity that was a part of the entire data collection and analysis process.

In the process of memo writing and moving into focused coding, it became clear that some of the initial codes, assigned to certain *meaning units*, were also an integral part of a topic that fell under another code, thus it was decided to merge these codes. An example of an initial code that was merged into another code was '*Nurses are poor'*. It was merged with the code labelled '*Maid'*. Appendix I provides excerpts from the memo writing which led to this decision. While the *meaning units*, under the initial code '*Nurses are poor'*, were all merged into one other code, there were also some initial codes that were made up of *meaning units* that had different trajectories. An example of this was the *meaning units* that made up the initial code '*Leaving nursing/changing jobs'*. Some of the meaning units under this code were merged with the code '*Women's role in the family'* and others with '*Work hours'*.

When listening to the audiotape recording and reading the transcription of the interviews, there were sequences of the dialogue that clearly had nothing to do with the research topic. These sequences were treated like all the other *meaning units* and labelled *others*. It was decided not to include these in the overview table of all the initial codes, as they were not deemed relevant to the research focus. However, what one might find irrelevant at one stage might at a later stage turn out to be relevant when looking at it again, and before a definite decision to exclude these *meaning units* was made, all were reviewed once more as the seven emergent codes started to take form. However, none of these *meaning units* labelled *others* were found relevant to the research focus.

There were also *meaning units* that had been labelled with an initial code and were later eliminated. This was the case for the *meaning units* with the code *SCFHS*. The Saudi Commission for Health Specialties (SCFHS) is a governmental regulatory commission that amongst others administers registration of nurses in Saudi Arabia (Aldossary et al., 2008). While this topic initially was thought to be important to the research focus, it turned out to be mentioned sporadically, and it was not found relevant to the context under exploration. This should not be misunderstood and does not reflect that SCFHS does not have a place in the Saudization process, but based on this research, it has not been included as a

contributing factor. The initial codes that were merged with other codes or excluded have been identified in Appendix J where a brief rationale also describes what led to this decision.

Focused coding stage 1

During the focused analysis process, different codes seemed to contain aspects surrounding a common concept. When moving and grouping the initial codes together, categories started to emerge. The initial codes and related developing categories are illustrated in Table 4.16. This table is identified as focused coding stage 1. This does not mean that the analysis took place in steps or stages, but it was marked as a first point of reference in the focused analysis, where the initial codes were grouped forming seven emergent categories. Compared to Table 4.15 which provided the overview of the initial codes, Table 4.16 no longer presents the initial codes in alphabetical order but is now arranged according to how they are related to the seven emergent categories. The bold font continues to identify the initial codes that the participants talked most passionately about.

The seven emergent categories include 1) Career Choice, 2) Education, 3) Practical Employment Issues, 4) Experiences in Nursing, 5) Support of Family, 6) Support of Society and 7) Images of Nursing. The following section presents the findings specific to each of the emergent categories and factors identified within each category, followed by an overview of these findings in terms of how factors contribute to the Saudization process.

Table 4.16: Focused Coding Stage 1: Initial Codes & Emergent Categories

Initial Codes \ Participants # & gender	N: Nurse/Student nurses					R: Relative				O: Other										Emergent Categories
	N	N	N	N	N	R	R	N	N	O	R	O	O	R	O	N	N	O	R	
	1	2	3	4	5	6	7	8	9	10	12	13	14	15	16	17	18	19	20	
	F*	**F**	**F**	**F**	**F**	**M****	**F**	**F**	**F**	**F**	**M**	**M**	**M**	**F**	**M**	**F**	**F**	**M**	**F**	
Reason for selecting Nursing	X	X			X	X	X		X	X						**X**	**X**			Career Choice
Doctor - not nurse	**X**	**X**	**X**	**X**	**X**			X	X		**X**			X			X		**X**	
Career advice	X	X	X	X	X	X	X	X	X	**X**	X	X	X	X		X	X	X	X	
Other nurses in the family		X	X	X	X		X	X						X		X				
Further education/promotion	**X**	**X**	**X**	**X**	**X**	X	X	X	X			X	X			**X**	**X**	**X**		Education through scholarship
Job Opportunities		X	X	X		**X**	**X**	X		X				X		**X**	**X**	X		Practical Employment Issues
Salary	X	X	X	X	X	**X**	**X**	**X**	**X**	X		X		X		**X**	**X**	**X**	X	
Work hours	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	
Support from colleagues	X	X	X	X	X	X		X					X			X	X	X		Experience in Nursing
Nurse-Pt relationship	X	X	X	X				X						X						
Support of family	X	X	X	X	X	**X**	**X**	X	X		**X**	X	X	X	X	X	X	X	X	Support of Family
Telling about nursing before marriage	X	X	X	X	X			X								X				
Women's role in family/Society	X	X	X	X	X	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	X	**X**	X	X	X	X	Support of Society
Gender issues	X	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	X	X	**X**	**X**	X	X	**X**	**X**	
Support from Islam	X	X	X	X	X	X	X	X	X	X	X	X	X	X	**X**	**X**	**X**	**X**	X	
Pts don't want Saudi nurses	**X**	**X**	X	**X**	X	X		X	X	**X**		**X**	**X**	**X**			X	X	X	Images of Nursing
Maid	**X**	**X**	**X**	**X**	**X**		X	**X**		**X**	X	X	X	**X**					X	

* F: female **M: male

Emergent Category 1: Career Choice

Career Choice was an emergent category that initially arose from meaning units assigned to three initial codes, *Reason for selecting nursing, Doctor – not nurse, Career advice,* and *Other nurses in the family.*

The code *Reason for selecting nursing* included different aspects. For some participants job opportunity and/or salary were highlighted as factors. These factors were also pertinent to the emergent category called *Practical Employment Issues* and will therefore be presented under that category. Significant to Career Choice was, however, the stories from some of the nurse participants who talked about their desire to help other people. During the focused coding process, the code *Doctor – not nurse* was also identified as relevant in two emergent categories, namely *Career Choice* and *Images of Nursing*. In the context of this thesis, it is presented under the emergent category entitled *Career Choice* as it was in this context the participants talked about it most. Although one of the participants talked about how school trips had contributed to their awareness about job possibilities, all participants talked about career advice portraying a picture of a system that lacked a formalized and structural approach to career advice. *Other nurses in the family* was another code that provided dual information. As the participants' stories about other nurses in the family mainly had to do with how they got into nursing this initial code is presented in the emergent category of *Career Choice*.

Reasons for Selecting Nursing

Besides talking about job opportunities and salary, which will be presented under the emergent category *Practical Employment Issues*, some of the nurse participants talked about their desire to help other people, and how that had influenced their choice to pursue a nursing career. When asked how it came about that they had chosen nursing, two of the nurse participants said:

> *"…I [sincerely] felt I liked to help people…"*
>
> (Participant 9)

> "*…because you know, I always liked to help people…everybody was calling me 'the good one' when we [went to] school…"*
>
> (Participant 18)

This finding corroborates the findings of international studies where the desire to help other people also has been listed as a motivating factor to enter nursing (Newton et al., 2009; Price, 2009). Eley et al. (2010) identified that altruism was one of the main factors for both student nurses and registered nurses in Australia in relation to interest in nursing and remaining in nursing. Halperin and Mashiach-Eizenberg (2014) identified in a quantitative study of 101 Jewish and Arabic student nurses that the opportunity to help others was the factor that scored the highest amongst both groups of participants as contributing most to their choice of nursing as a career.

Haigh (2010) also pointed out that altruism has been identified for decades as a driving factor for students to seek a nursing career. Haigh (2010) supported the idea that altruism in nursing might exist as a mutual bond stimulated by getting something out of it yourself. She explains that this could be something as simple as feeling that you make a noticeable impact.

Some of the nurse participants in this research talked about experiences that corroborate this suggestion of a mutual bond, caring for other people while benefiting from the relationship themselves. One of the nurse participants talked about an experience that made her realise that she, through her work as a nurse and caring for people, she gains spiritual rewards (*Hasanad*), and how that helps her self-esteem. She said:

> *"…I went to the room and there was a Sheik inside the room. He said …I [get] a lot of Hasanad more than him. He's looking at me …getting more Hasanad … and it's valuing my profession, so I was surprise. Even the sheik is valuing my profession …that I say "ok I have to value myself more than I am…Because [I am] doing things and after the end of the job when [I] feel frustrated…[I] will think ok I did …at least good in my job… I did good things. I'm working hard to gain more… if you are not working it will be a timeless end of emptiness and you don't have something to do, you will feel that you are useless and will affect your self-esteem…"*
>
> (Participant 4)

Another nurse participant, who was student nurse at the time, talked about how she went into nursing to help other people. At the same time, she emphasized that through her work

as a nurse, she wanted to establish herself in Saudi society, and for people to acknowledge her existence. She said:

> *"I want to become something in the society; I want to come out and to be seen. I want to be somebody. I want my name to be heard and for people to know I exist."*
>
> (Participant 17)

Another nurse participant described the scenario of a patient receiving analgesia through a patient controlled analgesia (PCA) pump due to his severe pain. Through a positive patient/nurse relationship, where the patient and his brother acknowledged her competence, they made her feel confident. She said:

> *"…every time the syringe will finish, I'm just having a new one with me, so when they call, 'khalas' [that is it], I'm bringing with me the syringe. He [the patient] was happy, and his brother said, "Don't worry…. she knows what she is doing… 'khalas' [that is it] I was so confident…"*
>
> (Participant 8)

The desire to help other people, and positive patient-nurse relationships were also factors identified in another study with Saudi nurses. Gazzaz (2009) explored Saudi nurses and their choice of nursing as an occupation. She described student nurses' desire to help other people as a motivating factor for individuals seeking a nursing career, and as the driving motive embedded in the nurse-patient relationship, to remain in nursing (Gazzaz, 2009).

The findings of this as well as other research identify that personal interest and desire to help other people is a factor that helps generate an interest in nursing as a career choice. Likewise, the mutual bond that occurs through caring actions contributes to positive patient-nurse relationships. These relationships built on the nurses' desire to help the patient is a motivating factor to remain in nursing.

Doctor – not Nurse

Although the nurse participants talked about their desire to help other people and it is found to be a positive contributing factor to the interest in nursing as a career, many of the nurse participants did not start their career in nursing because they always had wanted to become nurses. During the interviews, it was frequently highlighted that they and many of their

fellow students originally wanted to become doctors and not nurses. Nursing was, for some of the participants, chosen as an alternative option. Many talked about how they had failed to get into the medical faculty, despite having a good Grade Point Average (GPA). Two of the nurse participants said:

> *"…at the beginning, really, when I graduate from high school… I don't want nursing really, this is the true story and I want medicine, but my grade, it's not so high. Because that I study in the nursing college…"*
>
> (Participant 2)

> *"…I didn't plan [to study] nursing actually… from the beginning I wanted to be a doctor, I wanted to be a dentist, something like this… actually my mark did not help me to be a doctor, so I choose to be a nurse…"*
>
> (Participant 8)

Some of the nurses explained that they entered the nursing programme because they had been told that if they got excellent grades during the first year in the nursing school, they might get into the medical faculty the following year. One of the nurse participants recalled the conversation in this regard and said:

> *"…'if you have high grade in nursing college, first year, we'll transfer you to [the medical] college'…all of the students going to nursing because this reason…"*
>
> (Participant 2)

It was not surprising to find that there were a number of nurses who had originally wanted to become doctors because, besides the anecdotal stories that contributed to the interest of this research topic, it had been described in the literature (Gazzaz, 2009). In search of data that could illustrate the current magnitude of this phenomenon, the school of nursing at the local university was contacted. They did however not have data on this kind of information, and neither did they have data that would specify causes to attrition. One of the few publications found with regard to this topic was Mansour et al. (2016). They voiced concerns about the total lack of research related to the high attrition rate in public university nursing programmes. They explored contributing factors to attrition rate of nursing students at a college of health science in Yanbu, Saudi Arabia. While the research article highlighted factors such as *false expectations of the curriculum content*, *image of nursing* and *academic workload*, it did not make it clear whether these factors had been contributing factors to the

acclaimed high attrition rate, nor did the article reveal the magnitude of the attrition rate in the college where the research took place.

Filling schools of nursing with students who would prefer to become doctors could potentially create challenges in terms of eliminating the available places for students who might see nursing as their first choice for a future career. Al-Mahmoud et al. (2012) pointed at the lack of factual data in this regard. They drew attention to the growing number of private colleges and institutes that provide nursing education programmes. They saw this trend as a potential indicator of the lack of places available in the schools of nursing in the public universities. Jamjoom (2012) found in her exploration of education in private higher education institutes in Saudi Arabia that the highest concentration of subjects was within health sciences. She identified that more than one third of the private institutes offered nursing programmes.

The stories of nurse participants in this research supports anecdotal stories that many students have left the school of nursing without completing their nursing degree.

One of the participants said for example:

> *"…when my batch joined the nursing school, we were around 125 and when we graduated it was only 27…"*
>
> (Participant 1)

At the same time, the stories of nurse participants, who originally wanted to become doctors, but are now nurses, also bear witness to how some of the student nurses in the public university ended up satisfied with their choice; accepting nursing as their career. The lack of data surrounding utilisation of places in nursing programmes at the public universities, as well as attrition rates and causes for drop-out, call for further investigation and exploration.

Career Advice

When talking about career choice the conversation also turned towards the topic of career advice. It was not a topic that the nurse participants selected to talk about, but when asked

about their experiences, formal career advice was generally described as lacking in Saudi Arabia, and the little that exists is sporadic and coincident.

One nurse, who talked about her experiences in high school, described how their school had failed to use the assigned time to talk about career options. She stated:

> *"…we have two hours per week…nobody ask us what do you want to be when you grow up, what you want to do and which university you choose, nothing! No!...She is teaching and wants just to do her job, and she is not caring about us for the other thing…They will put it at the end of the day and they will send us home…"*
>
> (Participant 5)

The participant, who had a professional background as a teacher in a girl's school, described formal career advice in the Saudi education system as inadequate. She explained that she does not know of any school that incorporated career advice until high school just before the students graduated. She referred to trips that the high school would arrange for the students to visit the university or a college:

> *"…I haven't heard…. that school do talk about these things before the last year, before their graduation. They just wait for them until they are really near graduation, sometime they will take them to the university or college, to see what they have one day, they have this, to see the different studying…"*
>
> (Participant 10)

One of the participants, a sister to a nurse, identified the need for career advice in all schools. When she was asked about her experiences of career advice, she said:

> *"Career advising? No. Not really! This is something that we are lacking here. Career advising. We should have in every school someone whose responsibility is to guide students on where to go. I chose to be in [title of educational programme removed] coz when I was in 10th grade we went on a trip to a centre here, centre for kids with [], and when I saw the kids there and how [they] are dealing with them, I decided to study [xxx] So the school, my school, had a very big impact on my decision"*
>
> (Participant 15)

Her experience of a field trip had motivated her to pursue her career, but none of the nurse participants had participated in anything like this that potentially could have encouraged an interest in nursing.

The perception that formal career advice is inadequate supports the findings of Bosbait and Wilson (2006) who conducted research involving students, unemployed and employed young Saudis. They found that many of their respondents thought that their schools had been unhelpful in terms of career advice. Career advice, specific to the Saudi Arabian context, is not a widely explored topic, hence the limited available academic literature on the subject. However, mass media, such as the national newspaper Arab News, has published articles about career events or job fairs for Saudi women held by large organisations (Arab News, 2014). While information through newspapers and job fairs arranged by companies and organisations can prove useful, it does not provide a systematic service, where children and young Saudis are assisted in exploring the different available options in terms of potential careers.

Other nurses in the family

Some of the nurse participants did, however, talk about how they were inspired to pursue nursing by talking with family members who were nurses, and how they, themselves, have tried to inspire younger members of the family to pursue a nursing career:

> *"…from the beginning, I wanted to become like my aunt. She has been a nurse for 28 years, so I learned to love nursing from her…"*
>
> (Participant 17)

> *"… three quarter of my relatives they are nurses, all of them they are nurses. My uncle …was also a nurse. All of us [are] nurses…Now I am trying to advise them. I am telling them that they should not depend on our story. You have to see by yourself. You have to live this, to live this experience by yourself. You will enjoy…"*
>
> (Participant 8)

These descriptions support findings from other Saudi research such as that of Lovering (1996), who examined career choices and experiences of Saudi nurse leaders, and Gazzaz (2009) who explored Saudi nurses' perceptions of nursing as an occupational choice. Both described the impact of having other nurses in the family, and how it played a role in promoting an interest in nursing as a career.

Although informal career advice from other nurses in the family is valuable, this present study, identified a need for implementation of a structured and systematic approach to formal career advice.

Emergent Category 2: Education through Scholarship

The emergent category entitled *Education through scholarship* took shape through one initial code entitled *further education/promotion*. This initial code incorporated three aspects: receiving financial support through scholarship in order to enrol in a school of nursing in Saudi Arabia; receiving financial support through scholarship in order to pursue further education in form of Masters or PhD degrees, with the aim to further their career by qualifying for promotions; and finally undergoing socialization through scholarship abroad.

Scholarships to Enrol in a Nursing Programme

Some of the participants who wanted to study nursing had not been successful when applying for entry in the school of nursing at the public university. They had instead found their way into private education, being able to enrol in nursing programmes through financial aid and scholarships. The study of nursing at private schools is expensive and for many too expensive to finance without a scholarship. One of the nurse participants, who was a student nurse at the time of the interview, talked about how the financial assistance that she had received had resulted in her ability to stay in the programme. She said:

> *"So, one day Dr.[xxx] told me that I have got a scholarship. So I was so excited and happy as I was not expecting that to happen to me, as all the clever girls expected the scholarship to come to them. All these girls were A level girls, and I was just an average girl. Then here came the scholarship and opened the way for me, and gave me support. I am still here"*
>
> (Participant 17)

Another of the nurse participants had completed a diploma in nursing through the support of the Saudi Development Fund, which, together with a hospital, financed the tuition against a work commitment contract. She explained that besides getting her nursing diploma paid for, it also made it easy for her after she graduated, as she would already have a job in the hospital which sponsored her. She stated that:

> *"Actually I have a contract, since I started studying in my institute. I have contract with my hospital…"*
>
> (Participant 9)

Through such initiatives, the Saudi government in collaboration with selected hospitals invest in the education of young people, who in return work as nurses for the hospital. While this assists the hospital in addressing the shortage of nurses, it also guarantees employment of the newly graduated nurses.

Scholarship to Pursue further Education

Nurse participants who had studied at the public university, which is free of charge, also talked about their desire for scholarships. They, however, emphasized their desire to pursue further education through a scholarship. Some of them preferred to study in Saudi Arabia, while others preferred to study abroad.

Seven of the nine nurse participants, including some those who had received a scholarship to study their bachelor or diploma in nursing in Saudi Arabia, talked about how they would like to pursue a Master's degree.

One of them said:

> *"I want[ed] to finish the nursing school and then I [want to] continue my study until I will get PhD. I don't want to work. That [was] my plan… what I [was] thinking [was] to complete…a master's [degree], [then] to get PhD, but not work in the hospital, work in college, work anywhere, but not hospital you know… for me when I [start] working, really my mind it was changed…I say let me try to work, but I will not work too much. I will work just for one year, two years…"*
>
> (Participant 2)

Two of the three parents from the relative participants talked about how they hoped that their daughters could continue their studies, by going abroad to study for a Master's degree.

A father talked about how he hoped that his daughter, one day, would be able to get a Master's degree. He talked about how he would be willing to go abroad with her. He explained that he encouraged her to study hard and pursue a Master's degree. He said:

> *"…for her to study hard and get high grades so she can go to London to study. I am encouraging her to get high grades and get her masters, and I am willing to go with her abroad…"*
>
> (Participant 6)

The availability of scholarships to get into a nursing programme and to pursue further education is identified as a factor that positively contributes to an individual's ability to study nursing at bachelor as well as higher levels. This aspect has also been highlighted in job satisfaction surveys such as that by Al Otaibi et al. (2016), who identified the availability of scholarships, or lack of same, as a factor that impacts nurses' job satisfaction

Socialization through scholarship abroad.

One of the male participants from group 3 talked about his experiences, as he had been overseas with a two month scholarship programme to study the English language. He talked about the benefits of Saudi society, and that he saw the scholarship programme for Saudis as a way for young people to be exposed to other cultures. He said:

> *"…[since] last year, when I went to New Zealand… all things in my mind [have] changed, because I saw all the religions, yah, I saw… people from other country, from Japan, from Brazil, from Colombia. I stayed and went out with [them],…everything changed in my mind, when I came back… now the government…it knows what the problem is now…last 5 years, they send all the people from high school to [study] outside… The government... knows the problem…before…[they] separate… men [and] woman… separate, separate, separate, it's the problem…Now[they] send, maybe, thousand, hundred thousand people from high school to outside, why? Not just for education, because[we] have university here, everything but [gender mixed]…[study abroad] change the thinking in Saudi Arabia, because when [students] come back, [they] will change because [they have]seen all the world, he will … demonstrate, he will see what is right… when he comes [back] to here okay… we change… the [way of] thinking…"*
>
> (Participant 19)

While an individual might see further education as a springboard to career advancement and promotion opportunities, education funded through scholarship can also been explored as a socio-political perspective. This participant's perception supports the findings of Hilal and Denman (2013) who examined experiences of Saudi and Emirati scholarship students in Australia. They placed their findings in the context of the global political tension that occurred after the attack on the Twin Towers of the World Trade Center in New York in 2001. Their study included 16 Saudi PhD students, 12 male and four female. The Saudi students highlighted the aspects that they appreciated most about the overseas experience which included exposure to a different place where they got to know different people, cultures, and customs. Hilal and Denman (2013) identified the importance of daily personal interaction between Saudis and different nationalities within the classroom as well as in the

local community which helped to improve communication skills. They saw this as a way to close the gap between different cultures. The students could, in this way, also have the opportunity to learn about flexibility, tolerance, and cultural awareness which they perceived as *strategies for peace* (Hilal and Denman, 2013). Clerehan et al. (2012) conducted a qualitative study with ten Saudi nurses who studied for a Master's degree in Australia. Their findings highlighted that the participants acknowledged that they had changed, and they even thought it was appropriate to call it 'transformed' by their experience. Furthermore, they saw themselves as change agents. Recent acknowledgement to the contribution of scholarship recipients, returning from overseas studies, has also been given to the success of the fast-paced contemporary change in Saudi society, including women's right to drive, attending entertainments events such as going to the cinema and concerts (Al-Khudair, 2018).

This present research does not examine the underlying reasons for the significant number of Saudis who have been sent overseas for further education on scholarship programmes, but based on the interviews, scholarship stands out as a motivational factor. It contributes positively to creating an interest in nursing, and nurses see scholarship as a means for personal and professional advancement, which is an enticement for staying in nursing.

Emergent Category 3: Practical Employment Issues

Five initial codes contributed to the emergent category *Practical Employment Issues*. The topics that the participants talked most about included *salaries*, *work hours*, and *job opportunity*. These three aspects will in included in this discussion, while the initial codes *government versus private* and *mobility* did not play a significant part in the essence of this emergent category.

Job Opportunities

Job opportunities was a topic the participants talked about in two ways. On the one hand, nursing was described as a career option that provides good job opportunities after

graduation. On the other hand, some of the participants talked about experiences where they had been surprised to discover that in spite of the nursing shortage it can be difficult for Saudi nurses to find a job.

Nursing was generally perceived to be an area where Saudi women could have a future career as it would be easy to find a job. One of the nurse participants explained that one of her considerations when choosing nursing had to do with the job opportunities after graduation. She said:

> *"…you have a high opportunity for employment because they want nurses, more nurses because of [the] shortage so…you can easy get a job."*
>
> (Participant 4)

The prospect of getting a job after graduation was also talked about in terms of contributing to their parents' acceptance of nursing as a career choice. A sister to a nurse explained how her father had taken that into consideration when accepting her sister's enrolment in the school of nursing. She said:

> *"… the facts that there are no jobs available in other disciplines…not a lot of jobs available, made him see that it is something that he needs to consider"*
>
> (Participant 15)

A mother of a student nurse enrolled in a nursing scholarship programme talked about the job guarantee and how it had influenced her choice of nursing. She said:

> *"…this means that she is guaranteed a job here, so she is very convinced to study nursing…"*
>
> (Participant 7)

Some participants compared the job opportunities in nursing with the situation for other career options, such as for teachers or dentists. A student nurse recalled a conversation she had had with her mother:

> *"…she said it is good for me that I am studying nursing so I can find job. Because nowadays the teacher cannot find a job. No [need for] more teachers. So now all the ones [who] studied teaching, they are sitting in their homes."*
>
> (Participant 18)

This perspective supports findings of Jamjoom (2012) who describes teaching as one of the first professions made available to Saudi women, but as other study and career options

have been limited for Saudi women, many have completed a teaching degree, and there is unemployment amongst Saudi female teachers, unless they are willing to move to rural areas.

The job opportunity for nurses was also compared to that of dentists. A mother of a student nurse said:

> *"Nursing gives secure job in the future when she finishes, yes. In dentistry maybe every year we have 50 or 60 doctors from Iben Sina [College] and King Abdulaziz University, and they will be distributed on the hospitals and by the time she will be finished the 7 years of study, the hospital will be full with doctors"*
>
> (Participant 7)

While these participants talked about job opportunity in nursing as a positive factor that may encourage Saudis to pursue a career in nursing, there were also different experiences that indicated that finding a job as a Saudi nurse is not always easy. One of the nurse participants talked about the personal challenges she had finding a job as a nurse

> *"…before I apply there, after I graduate, they are saying to me 'there's no positions', I said how come there is no positions? You need Saudi Nurses! How come there is no position for us? Even my friend she's waiting for that job [for more than] two years …"*
>
> (Participant 3)

The participant who was a former teacher talked about how nursing had been advocated by the government as a suitable career option for Saudis, and that they wanted to replace expatriate nurses with Saudi nurses, but at the same time, she explained that she did not understand why some Saudis found it difficult to find a job.

> *"I've read an [article] in a newspaper, it's about a man, he is a nurse, and he is not able to get a job. I couldn't understand all the complications he said in the [article] ….I think there are a lot of complications…, I don't know what they are, I have not understood it actually…"*
>
> (Participant 10)

Gazzaz (2009) also describes this dichotomy, in regard to job opportunities for Saudi nurses, in her qualitative interview study, exploring Saudi nurses' perception of nursing as an occupational choice. The finding of this research and those of Gazzaz (2009) highlights that job opportunities within nursing is a motivating factor for seeking a nursing career, but at the same time stories of how Saudi nurses have failed or struggled to find a suitable job also paint a picture of the situation. This stands in contrast to the government's strategic

plan where the aim of Saudization is to ensure a gradual replacement of the foreign workforce.

Salary

Generally, the nurse participants talked in positive terms about their salaries. Most of the nurse participants expressed satisfaction with their salaries. One of them even identified her salary to exceed her expectation. She said:

> *"…we get good salaries, really you know, my salary is higher than my husband's salary. I never dreamt [of] this salary. Even my colleagues, even my friends [are] saying like that…"*
>
> (Participant 2)

Some of the participants talked about how their salaries enabled them to help with the financial responsibilities in their family, helping to make a better life as indicated by the following quotes:

> *"I am helping my mother. We are building our home…We changed our furniture in the home…"*
>
> (Participant 18)

> *"I will finish my education no matter what. Especially that I want to financially support my family. There is nobody to support them"*
>
> (Participant 17)

> *"…look at it… you will provide a better living for your family and for yourself, and even if you're married [with] a good husband, that you will support him"*
>
> (Participant 1)

> *"…my husband his salary is 4000 Riyals only. If I'm not helping him, I will not be eating…You know, 4000 Riyal, and…he has car and he has to pay for this car…I have to help him, he [does] not force me, but I have to help us live [in a] good way…"*
>
> (Participant 2)

> *"I stayed [at] home [for] almost nine years after I finished secondary school. After I delivered the third baby, I [was] thinking, [that] I want to work. I need work, because my husband, he has salary - not much. I want [to] help him in our life. I was looking for job. 'What kind of job they give me good money and good situation?' He told me that nursing is good"*
>
> (Participant 9)

> *"…maybe 70-80 % Saudi nurses they work because they have to carry their own family. They have old fathers, or old mothers and they have to, and they need some medicine and some medical care and they have brothers that study outside…"*
>
> (Participant 13)

These perspectives point towards a change in the role of women within the family and society, from a traditional structure where men are the sole providers for the family. One of the participants talked about this development when she said:

> *"…before…in the Saudi culture, the girl will be supported from her father. If he died [she would be supported] from the brother. If he died, from the uncles, so no need for her to look for nursing as a job with the good salary because she will be supported anyway. But the vision changed,…being educated and have your independence, your personality, have your own salary, and support people if you want, whether it's...your father, your mother or your brothers…Over the years I can tell the difference. From the time I joined the nursing school until now there are changes…for better, not quickly, but it takes very long time, very slowly…it's better now..."*
>
> (Participant 1)

This finding identifies salary as a factor that positively contributes to the experience of having chosen nursing as a career. It also supports the findings of Gazzaz (2009) who found salary as one of the influencing factors to Saudi society's perception of an occupation.

While talking about salary and the public awareness of what a nurse earns, some of the nurse participants indicated that it can influence parents' acceptance when their daughters show interest in a career within nursing. One of the nurse participants described this when she said:

> *"I know a lot of parents who refused …their daughters joining the nursing school… when it came to their knowledge that the salary is good… simply go…"*
>
> (Participant 1)

Several of the participants talked about public awareness that took place through a famous satirical television (TV) show on Saudi TV. One of the episodes had told the story of a Saudi man who was looking for a wife. Someone had suggested that he could marry a cousin of his and had pointed out that she was a nurse. The man refused the idea of marrying a nurse as she would leave the house and work many hours in an environment exposed to other men, but when this man heard how much she earned as a nurse, he changed his mind. There were concerns amongst some of the nurse participants as to how this episode would promote nursing as a suitable career. Although it brought awareness of the salary, it also

brought up the idea of men wanting to marry women due to their salary. One of the participants said:

> *"…really this is our problem in Saudi Arabia now… you know some guys… he's not completing his…high school, and he [does]not have a good job, maybe his salary is low… what is happening: sometime we read it in the newspapers… you know sometime there is title in the newspaper 'who wants to get married', yeah…really if you read our newspaper … even in the website…some guy he say 'I want to marry to nurse', I want to marry to teachers…when you thinking why he want to marry a nurse or a teacher…because the salary…*
>
> *I have my cousin she is a nurse. When she married her husband, he told her… I want to stop work[ing] and your salary is good, just work and I will stay at home and I will maybe…like to open a shop…"*
>
> (Participant 2)

She also explained that she became worried that her own fiancé, at that time, might have proposed to marry her because of her salary.

> *"…even for me when I'm got married I'm thinking [about] my husband… bad things like this. But when I'm living with him, when I'm dealing with him, I know he is not thinking about that. For me alhamdulila, my husband he[is] not looking [for] my salary…"*
>
> (Participant 2)

While the salary, in this research, is talked about as a motivating factor able to create interest in nursing as a career choice, salary in the job satisfaction context, is identified differently. Mitchell (2009) used Herzberg's (1974) motivation-hygiene theory to examine job satisfaction and burnout among foreign-trained nurses in Saudi Arabia. Salary was in Mitchell's (2009) research was identified as both a satisfier and dis-satisfier. Mitchell (2009) pointed out that, according to Herzberg's (1974) theory, salary is a *hygiene factor* that in itself does not motivate. Alshmemri (2014) confirmed that Saudi nurses in his study also perceived salary as a factor that prevents dissatisfaction, rather than a motivator for job satisfaction.

While Herzberg's (1974) theory specifically concerns factors related to job satisfaction, the terminology and definition of motivating and hygiene factors are not applicable to this study. Nevertheless, the factors identified in job satisfaction surveys using this theory are indeed applicable to exploration of the factors that make up nurses' experiences of being

nurses and therefore contributes to whether or not they choose to remain in their position or even stay in nursing.

Work Hours

The concern about nurses' work hours was one of the topics of which all participants talked passionately. It included specific concerns about the long working hours and night shifts. Most of the nurse participants and the participants who are relatives to nurses/student nurses expressed concerns about the long shifts worked by nurses. The issue of night duty was of great concern for some parents and some male participants.

Most nurse participants perceived the long work hours as a problem due to the many hours away from their homes. There was a clear divide between single and married nurses as to whether they found 12 hour shifts acceptable. Nurses with a husband and children often described the long shifts challenging, while unmarried nurses talked about how they preferred the long shift.

One of the nurses who worked 12 hour shifts in an in-patient ward said:

> *"You know I stay in my work almost 12 hours per day. More than half of the day. Too long. I leave my kids and my husband for almost the day"*
>
> (Participant 9)

Another nurse who had recently transferred from a setting with 12 hour shifts to one with eight hour shifts said:

> *"…don't mind to be working a 12 hour shift but when I got married I tried to get an office work. It's really difficult [to work 12 hours shifts] for [one]who is married… this is really our big problem because our family… even if he accepts I'm [in] nursing, he would not accept that my shift is a 12 hour shift"*
>
> (Participant 2)

Another nurse, who had changed her job to one with eight hour shifts, explained that the only issue she had encountered with her husband was in relation to the long working hours. She said:

> *"…it's not [about] the day or night or that we are mixing, but for the long shift because he thought when I finish my shift… after a 12 hour shift he told me 'I feel … ashamed if I will ask you for anything… because you are coming tired and I have some needs'… this is the only thing I faced with him…"*
>
> (Participant 5)

While these citations came from married nurses, the unmarried nurses talked positively about the long shifts. One of the unmarried nurses said that she had got used to the long shifts during her internship and felt that they suited her:

> *"…for me I cannot work eight hours… I will not accept this work hour because I already work in internship 12 hours and then I'm now 12 hours"*
>
> (Participant 3)

This participant did however foresee challenges in the future when she got married. She explained:

> *"…because the problem I can see… after five years… the problem for the Saudi male, they are not accepting a working hour for the nursing because if you will work as a nurse your time is not for your family and your husband. The time is … only for your work. They will not accept this…12 hours shift its too much for them.*
>
> (Participant 3)

Another unmarried nurse explained that she liked the long working hours as it would give her more days off, but she too acknowledged the challenges facing married nurses:

> *"…if you have a 12 hour shift also you have 15 off days in the month… you can see the morning and you can go out, whatever you want, you can shopping without the weekend But it is difficult for them…because the marriage… nobody is accepting the 12 hours"*
>
> (Participant 4)

Seven of the nurse participants were employed at hospitals. Interestingly four of them had already transferred from clinical nursing positions, where they used to work 12 hour shifts and day and night duties, to other positions, where they worked eight hour shifts five days a week also known as 'office hours'. Some of them explained that they did not mind the work

on the wards where they worked, but that they had to transfer to another setting in order to work 'office hours'. One of the participants talked passionately about this when recalling her struggle to get permission to work eight hour shifts in an in-patient ward:

> *"I went to the office and I told them: I love this department, but I cannot find the support to manage it for me to stay like 12 hour shifts… though I was willing to work morning, evening, night shift. It was fine with me, but to be honest, the supervisor at that time told me 'if you find another three or four [nurses]… to cover the whole day and one or two for emergency we will work it out to find an acceptance to that exceptional situation…if you really like us and want to stay, you find a group from your friends willing to work we can adjust the time table…I found three of them... So I felt so happy, but in the last minutes two of the girls who said ok they came to me and said we calculated in our heads and we found that getting days off is better than getting[off] a few hours a day…so we don't want. So the supervisor said that 'Well I did my part if they withdraw I cannot fix it'. So it was like a sign for me, there was no choice for me, I must leave…"*
>
> (Participant 1)

Two of the married nurse participants who worked 12 hour shifts also talked about how they were trying to transfer to positions with 'office hours". One of them said:

> *"I tried to transfer, but even though my situation they don't want to make it easy for me. I asked for transfer to clinic. They told me, it is split (with a break in the middle of the day), they don't have straight time. You will work all the week except the Friday. I said 'No'…I will stay for now, but …I want to [leave] this hospital…"*
>
> (Participant 8)

It is not uncommon practice in outpatient settings in Saudi Arabia that shifts are split into two with a break in the middle of the day, where the nurse is off duty for several hours. While this may be driven by managerial decisions based on productivity, it is disruptive for the individual nurses and their family life. This the statement from this participant corroborate the findings of El-Gilany and Al-Wehady (2011) who found in a job satisfaction survey that Saudi female nurses prefer the shift that is not split in two.

There was also significant concern about working night shifts. While nurse participants did not personally have overwhelming concerns in this regard, it was evident from their stories that they perceived this to be a problem for their parents and Saudi men in general. Participants who talked about night duties said:

> *"I remember the first time I took a night shift, my parents used to call all the time. Are you OK.? Please don't move around alone, try to go in groups…make sure that you stay in your area…"*
>
> (Participant 1)

Talking about why it is a problem for Saudi women to work at night, a father, who was supportive of his daughter's career choice in nursing, talked in general about the concerns of fathers about the night shifts. He said;

> *"…as long as she is working night time, [her father] will be worried. She is working and he is uncomfortable"*
>
> (Participant 6)

A sister of a nurse talked about how her father did not like her sister working at night. She explained that over time he got used to it.

> *"It really took long for him to accept that, but eventually she goes…every night. It is normal and it is OK"*
>
> (Participant 15)

A young Saudi man who worked in a healthcare setting explained that families are afraid of letting their daughters work at night because they are not familiar with the work setting and do not understand that there is nothing to be worried about. He said:

> *"They think in the night it's dangerous for her to stay in the hospital, but actually, they don't know the situation in the hospital…they don't know there is nothing to be afraid from"*
>
> (Participant 13)

This participant did, however, not support his own wife working at night. He gave the reasons concerns about childcare and transport. He said:

> *"I think I will not accept it, the night, like that, because we have a child already and…maybe because I will also care about transportation"*
>
> (Participant 13)

Besides the aspect of women's responsibilities at home, in this case related to child care, this participant also raised a practical concern related to the practical challenges of transportation to and from work at night.

Another male participant, a brother-in-law to a nurse, clearly explained that he would not allow his wife or any female relatives to work at night with male patients or male colleagues. He described how difficult it was for his brother that his wife was working night shifts.

> *"…sometimes she works in the night, it is very difficult for him…I cannot let my wife, or I cannot let my sister, or my cousin to work with male, the male patient or to work in the*

> *night for 12 hours…Our problem is only in the night. I think it's very hard for us to accept, it's very hard to us…We feel ashamed if any girl from our family work in the night, I cannot accept it…"*
>
> (Participant 12)

It was suggested by one of the male participants, who himself worked both day and night shifts in a hospital setting, that male nurses could take the night shifts.

> *"Maybe they should let men do the night shift and for the female to have a choice to agree about it or not"*
>
> (Participant 14)

These findings corroborate previous research findings. The concern about working hours in nursing is not a recent issue in the Saudi Arabian context. El-Sanabary, (2003) described how the first health institute with a nursing education programme for women in the early 1960s was only supported by the MOH after certain conditions, among them working hours, were made suitable for women. Saudi female student nurses were guaranteed special working hours and were not allowed to work afternoon and night shifts. As time passed, female nurses were allowed and expected to work all shifts, but the working hours of female nurses, as the findings of this present study show, are still of concern.

The findings of this present research supports the findings of many previous studies for example in Gazzaz's, (2009) study it was found that night shifts and long working hours were significant challenges to nurses and also contributed to the negative public perception of nursing. Similarly Mahran and Nagshabandi (2012) found that the work hours of nurses was a factor that impacted the public image of nursing negatively. Participants in this study reported that the working hours of nurses are not conducive, because of women's social responsibilities in the family, especially for married women with their own families. More recently, and again corroborating the findings of this present study, Al-Mahmoud (2013) reported the significant difference between the male and female student nurses' perceptions of the working hours. The female participants thought, to a greater extent than their male counterparts, that the working hours for nurses were too long. Other authors Almalki et al. (2012) and Al Shmemri (2014) have commented on women's reports that they were not able to balance their work, as nurses, with the needs of their family.

It is clear that long work hours and night shifts pose challenges for Saudi female nurses, especially for those who are married and have child care responsibilities. However, women who are unmarried also have challenges as the negative perception of nursing appears to remain prominent amongst Saudi society. Whilst attitudes are changing, this is not happening at a rate that will currently support the Saudization of nursing. Women wanting to pursue a career in nursing must convince their family members, including the extended family, who traditionally play a significant part in family life, that nursing is an appropriate career choice for them. Barriers such as transport to and from work need to be overcome over come if Saudi Arabia is to develop a workforce of nurses from its own citizens. The recent change in the law permitting women to apply for a driving license may be helpful, however as this research indicates, a change a law is not always followed by a change in attitude. It remains to be seen how quickly women are permitted by their families to be car owners and independent drivers.

Emergent Category 4: Experiences in Nursing

Two initial codes were relevant to this emergent category, *support from colleagues* and *nurse-patient relationship*. Experiences in nursing were talked about at two different stages in a nursing career. Some of the stories that the nurse participants talked about took place while they were student nurses and others were during their professional life as registered nurses. These will be presented in turn.

Support from Colleagues

When the nurse participants talked about their experiences with colleagues during their training, they talked about how they found nursing practice different from what they had expected. They explained that they had learned in school how it ought to be and yet it was not practised that way. One of the nurse participants talked about experiences in her internship and how the expatriate nurses, she was working with spoke in their mother language. She said:

> *"… I was in the hospital, did my internship…the [nurses] endorsed [handover] in Indian. It was [supposed] to be in English, and we cannot understand, yeah it was really depressing for me in the internship, you cannot understand. I don't know what is right or wrong because they are doing it wrongly so I cannot learn very well…"*
>
> (Participant 4)

Education and training of Saudis is central to the Saudization process, and this statement is an example that identifies one of the challenges in a healthcare setting with a large expatriate workforce. Foreign nurses play an essential role in the learning process in the clinical setting through their relationship and support of the Saudi nurse students. That the nurses chose to speak in their own language excluded this participant not only from learning in the clinical setting, but also from the dialogue about patient care. This can place the patient at risk as some of the team members have not gained the full insight in the patient's situation. Through this experience the nurse participant who was a student nurse at the time, started to feel depressed. Being excluded from the team also meant the student was not provided with the opportunities for socialisation into the profession of nursing, which is key for nurses remaining in nursing.

Another nurse participant talked about her experience as a student in the clinical setting. She talked about how she felt humiliated by the nurses. She said:

> *"… sometimes seniors at the hospital there. I don't know why they…hurt the student or [try] to test you… until now I cannot say. Because others they were teaching us in a way that make you [embarrassed]…as make the bed even in front of [people]… There was the good group and there was that group who picked weird timing for fixing the bed. They tell you just go and fix it…"*
>
> (Participant 1)

Gazzaz (2009) reported the similar experiences of her participants, when student nurses were demeaned by being asked to do tasks that were unreasonable and caused embarrassment. It could be argued that such behaviour, by a more senior member of staff, is in fact an abuse of power and can be ascribed as bullying. Bullying in the workplace is not a new nor outdated concern. In the past bullying in nursing was referred to as 'nurses eat their young', more recently it is referred to as horizontal violence (Becher and Visovsky, 2012). Horizontal violence has been described in a variety of ways, but broadly described it is any unwanted abuse or hostility within the workplace, and repeated conflicts often lead to depression (Becher and Visovsky, 2012).

Bogossian et al. (2014) examined factors that contribute to attrition of nurses in Australia. They reported that horizontal violence was a common experience for nurses and that bullying was reported to have been experienced by 50% of student nurses. Some of their participants also reported how many student nurses had been exposed to repeated situations which had resulted in them becoming so distressed that they cried. This behaviour seems to be a contradiction of the nursing profession, as nurses practise care to other people, and yet participate in behaviour that makes peers or student nurses feel anxious and depressed. The problem of horizontal violence contributes to burnout and dropout rates in nursing and therefore is detrimental to keeping nurses in the profession (Courtney-Pratt, et al., 2017).

Nurse participants described how they had been able to manage the difficult culture within the clinical area as students, themselves, and how they had been supported by their teaches within the faculty. They talked about the difference this had made to them in continuing their nursing careers. One of the nurse participants, reflecting on her time as a student, described one of her teachers who had helped her. She reported:

> *"…she is a very strong personality and she is polite. She is a lady who is really proud of herself being a nurse. She was so proud … I will never forget her. She is old now, but I will never forget her attitude. The way she supporting nurses how to understand the problem that might face a nurse and to deal with it..."*
>
> (Participant 1)

Stories that the nurse participants used to exemplify poor support from nurses in the clinical setting were selected from their experiences as student nurses, while stories about their colleagues after they had graduated illustrated positive support. One of the nurse participants discussed how her colleagues had helped her, make the decision to remain employed in nursing. She recalled how distressed she had been and the support offered by her colleagues.

> *"… I cried… many times, in the station in front of the doctors and that it's shameful, totally shameful, but when I saw all my colleagues, I was happy because they are supporting me, hugging me… they are telling me 'you are powerful, you are strong, you are good and a perfect nurse'. From that time, I'm changing my mind, I will stay, really because it's good feedback, it's good words, it make me* strong…".
>
> (Participant 8)

This participant talked about the value of the support she received from her peers to cope with the emotional side of the challenges she faced in continuing her career as a nurse.

Without this support she felt that she would have had to quit her job and leave the profession of nursing. Her story illustrates the significant role that both faculty members and clinical staff play in supporting their students and peers. Such support is essential to the wellbeing of nurses and student nurses who may be facing challenges which may put their careers at risk, forcing them to leave the nursing profession (Courtney-Pratt et al,. 2017). It is imperative, therefore that nurses and those who are responsible for their education and training have the aptitude and skills required to support their peers. Without this it is difficult to see how the profession of nursing can be seen as an attractive career choice for Saudi's.

Nurse-Patient Relationship

The nurse participants also talked about experiences with patients. Caring for other people places nurses in situations where the development of the relationship with the patient takes place. Nurses, are in the privileged position where they gain insight into their patients' lives, insight, that sometimes few others have, unless they are close family members (Wiechula et al,. 2016). The nurse participants talked about their experiences of such relationships, which were clearly very important to them and may have helped to mitigate against some of the challenges they faced, in their daily lives, connected to their career choice and decision to remain in nursing. One of the nurse participants said:

> *"…you get attached to the patient in a clinical way and in an emotional way…you become to them… more [like] their family…I consider it a very complicated relationship"*
>
> (Participant 1)

One of the nurse participants described the emotional side of such a nurse-patient relationship. She recalled how it had been difficult for her when he died. She stated:

> *"…for me just to have relation between me and my patient…I don't want to lose that…he passed away and I couldn't hold myself, I just cried…there is a relation between me and that patient, he [was] very nice patient…"*
>
> (Participant 8)

Another nurse participant talked about the difference in the relationship doctors and nurses have with their patients. She reported:

> *"…when I'm working…I see the people…I see what the role of the nursing and the role of the doctor, I see the difference...the role of the nursing it's really, really nice its contact with the patient…"*
>
> (Participant 2)

While these examples of nurse-patient relationships have had a positive impact on the nurses and illustrate the compassionate care that is a fundamental aspect of nursing care, the nurse participants also narrated stories that portrayed nurse-patient relationship that were less positive in nature. Due to the context of these stories they were given an initial code that placed them under one of the two emergent categories, *Society's Influence* or *Images of Nursing.*

Emergent Category 5: Support of Family

This category has been constructed based on the two initial codes *support of family* and *telling about nursing before marriage.* The initial code entitled *support of family* turned out to be pivotal to the nurse participants' career choice, and it was the perfect choice of words when naming the emergent category, hence the elevation of this initial code to the emergent category.

Support of Family

The nurse participants all talked about the importance of having the family's support to pursue nursing as a career. They talked especially about the fathers' approval. In the Saudi context this was not at all surprising as unless married, Saudi women are seen as being under the protection and guardianship of their fathers. Without his approval it would therefore be extremely difficult for a Saudi woman to pursue her desired career, as even to get to her place of study or work would require that she be escorted. A supportive family was thus a significant influence for those considering or already working as nurses.

For some nurses, this support extended to their actual nursing practice, as when faced with a difficult situation they could call upon family members who they trusted and knew could offer good advice, enabling them to see things differently. One of the nurse participants recounted:

> *"…I called my dad, he was in Dammam that time, I told him 'baba I cover dead body today'. He said, 'that's good for you, why you are sad? Just think about positive things, that from God you will gain a lot of good thing, because you did something…huge to this family first, then Inshaalah to the God'…from that experience, really all my life changed, all my vision to the nursing changed totally. So I finished that year…"*
>
> (Participant 8)

This participant talked about how her father had made her feel good about her work and career choice, and that she was then felt very positive about finishing the final year of her education. Another nurse participant talked about the importance of family support for her and the difference it made: She said

> *"…I remember when I started to participate in international symposium, giving a lecture… my family was so proud, they actually… did not understand what a symposium is about…so when I first participated in the symposium …I invited my parents and my family…and my fiancée to the symposium. They were shocked. They were really happy. They did not expect that the people around us will treat us with that much respect, giving us the opportunity to give presentation and to be in-charge of a lot of things…They were really happy and I remember my brother...He changed his schedule, and he brought his wife and his wife's family to attend the symposium. My God!…this few hours was more than enough rewarding to me. So they changed… "*
>
> (Participant 1)

She also reported:

> *"…[at a] graduation party for one of the staff, she's a nurse and I know she is from a xxx family who really is against nursing and… against being in mixed environment working with men … in that occasion. Her parents came and the father… came to take pictures with the daughter and the people who were involved with her…he hugged her. He was so proud of her, and I told her that [this] scene was the best one in the whole[event]…because I know the background of her family, so for her father to reach that stage, that he is so proud and he is respecting the daughter… his behaviour most probably will change at least 10 or 30 people in his family because I know this family how strict they are ….I was really happy. I was really impressed… "*
>
> (Participant 1)

However, this was not the same situation for all of the nurses for although they had all obtained their parents' permission to study nursing, sometimes this was given begrudgingly as not all their parents believed it was a good career choice. In one case, so upset were the

parents that they refused to introduce her as a nurse whenever they were meeting new people and instead referred to her as a doctor. She said:

> *"My family… my father and my mother, if [they] introduce me...[they say] my daughter… she study medicine...to [today]they do not accept I'm[in] nursing…"*
>
> (Participant 2)

For this participant, that her husband and the rest of the family supported her choice of a nursing career, meant everything. It was only her parents who did not approve her of work as a nurse, however they did not try to prevent her doing her job. It is likely here that her parents, views about nursing, were informed by the traditional perception of nurses being no more than maids, carrying out menial caring tasks such as washing and bed making. The fact that they did nothing to prevent her working as a nurse may be the influence of the wider family, including the participants husband, who would have the overall say in what his wife was permitted to do.

The revelations of the nurses in this present study support findings elsewhere in the literature, for example Gazzaz's (2009) and Lovering (1996). What remains indisputable is that without the support of family, those working as nurses, or considering a career as a nurse will continue to face challenges based on the negative perception of nurses as maids who simply carry out menial tasks. As the example above illustrates whilst these perceptions remain in Saudi Arabia, especially amongst the older generation, change is slowly happening. The case of participant 1 shows that although her parents did not support her career choice, they did not try to prevent her working as a nurse and instead saved face by introducing her as a doctor to their friends. The support of her husband and the extended family would have contributed significantly to her being able to remain working as a nurse. This is an important message for those studying to be nurses, who are not yet married, as the decision to study for a nursing qualification may impact either negatively or positively on future marriage prospects.

Telling about Nursing before Marriage

Telling about nursing before marriage was a code that came into existence based on the accounts narrated by nurses who spoke enthusiastically about this issue. One of the nurses

reflecting back to when she had been a student nurse, recalled that the risk of finding a husband who would not like them to work as a nurse, was an issue that nearly all of her peers were concerned about and how this had been addressed by her teacher. She described how this been discussed in class and how they had made a role play about it at the university. She said:

> *"…actually…in the fourth year, I did a role play, me and… my colleagues…about this, about the man not accepting the nurses, and we are saying that men who will not accept us, we're sure that we are not accepting them. If they don't accept us, we will not accept them. It's not the right man…"*
>
> (Participant 4)

In Saudi Arabia, as in most Arab countries, marriage is seen as bestowing status, respect and societal approval on both partners, particularly the bride (Wynn 2008). While young men and women generally choose their own spouses, marriage in Arab societies remains a social and economic contract between two families. It is also a rite of passage to a socially, culturally and legally intimate relationship. The issue of making a good choice is therefore paramount for young women, as traditionally in their society their status would have been defined by their roles of wives and mothers. Failing to meet these expectations, generally means that single women do not have an easily defined or comfortable niche in society (Rashad et al,. 2005). These factors would have been considered carefully by the single nurses. Yet, they had made the choice that if their prospective husbands could not accept them working as a nurse, then clearly he was not the right man for them and there would be no marriage to that person. This came through very strongly in the interviews as illustrated by the quotes below.

> *"…I'm gonna choose the right person…the person [who is] educated, and [he] knows my job and [he] appreciates these things…"*
>
> (Participant 3)

> *"I will put my own conditions. I want to work, and I do not want him to control my work and career. I want to finish my education and I want him to go with me"*
>
> (Participant 17)

> *"…I tell my family clearly…that it will be in the marriage contract. It will be added that I can work in the hospital and continue my education, so it [will be] clear that I will not marry any man [if] he will not accept my profession…"*

(Participant 4)

> *"… I remember when he proposed; I told him 'if you think that you will get affected [by] being married to a nurse…' If you think you cannot tolerate that…go and think a few days if you cannot take it…we will just end the whole thing. No offence I will not… [get] angry and you do not have to be angry…"*

(Participant 1)

> *"…because I told them from the beginning I am a nurse and I love nursing and in the contract I just wrote it there, in my [marriage] contract. 'I will be staying and working in the hospital'. I will stay, and nobody can [make] me go, this is one of my thing in my contract…he agreed with that…"*

(Participant 5)

It may be unique to Saudi Arabia that nurses write such stipulations into their marriage contracts, but it is nevertheless a way that women can clearly communicate what the expectations are in their marriage and a way for her to try to ensure her rights are protected. For a husband to later say he cannot tolerate his wife working as a nurse, but having agreed to this stipulation in the marriage contract, would not be looked on favourably by her family (Wynn 2008).

There is another issue here, as in many other parts of the world, in Saudi Arabia, both men and women are choosing to marry later on in life and therefore Arab women are staying single longer or are choosing not to marry at all. These trends are part of a global phenomenon, none the less they do bring issues that can confront deeply rooted cultural values and raise legal and policy challenges in the Saudi context (Rashad et al,. 2005). The shift in Arab society away from an agrarian system which was partly dependent on the extended family network gained through early marriage, to most of the Arab population now living in cities, have bought changes for young women, who no longer have to rely on their husbands incomes for survival and therefore can exercise more freedom about marriage (Rashad et al., 2005). However, this is not to say that women working as nurses, will not marry or not require the support of their husbands and families, as demonstrated by the testimonies above, rather it highlights that the women choosing to work as nurses, are now making more autonomous choices that once they would not have been able to make and that societal attitudes, in Saudi Arabia, towards women working in the profession of nursing are changing, albeit very slowly.

Emergent Category 6: Support of Society

This emergent category, entitled *Support of Society,* includes the three initial codes: *Women's role in family/society, Gender issues, and Support from Islam*. It was not a surprise that all participants talked about these topics, as Islam is integrated in Saudi society and the everyday lives of Muslims (Commins, 2015). While these three codes are bound to each other, they are presented in turn under this sixth emergent category.

Women's Role in the Family/Society

Women's role in the family as well as the society was a repeated topic that had multiple connections to other initial codes. It was for example highly relevant to that of *Support of family, Work hours* and *Gender issues*. Initially the researcher expected that there would be a differentiation between the aspects related to family and those relevant to society, but during the analysis of the first interview, it quickly became clear that the connections between family and society were intertwined, hence the decision to keep it as one code.

Being cognisant of potential difference between men and women's perceptions, attention to such was emphasized in the analysis process. Generally, the participants spoke about women's role in the family/society in similar terms. Their role was described as women being homemaker, which included the tasks of cooking, cleaning, and taking care of the children, husband and elderly in the family. Some of the male participants said:

> *"She is always there for the children, making them food, teaching them, making a comfortable atmosphere for them to study"*
>
> (Participant 6)

> *"…the food, the kids…to prepare them for school the next day, to help them with their homework…there are people who cannot afford to bring for example a maid at home…"*
>
> (Participant 14)

> *"…if anything happens [to] my daughter or…anyone from my family, what can we do if she is not there? Who will then care? Who will care about my family? It should be my wife. She's the mother, she should care [for] them… not me… Who will care about me[if she is at work]… sorry for that, but I am a man. When I finish my duty I want to go back to my home…I want to feel myself as a king. She's supposed to ask me, she's supposed to*

> *give all the care … give me comfort… I don't know how I can say that, but I think it's better if my wife…doesn't have any job, and she stay home. It's better …"*
>
> (Participant 12)

The traditional role of women being responsible for homemaking is widely discussed (Almosaed, 2008; Gazzaz, 2009; Alshmemri, 2014) and it is embedded in the patriarchal society structure of Arab countries (James-Hawkins et al., 2016). With regard to the patriarchal family structure in Saudi Arabia, it is proposed that it also has roots in the Islamic context. The Holy Qur'an prescribes the role of men as the protectors and maintainers of women.

> *"Men are the protectors and maintainers of women, because Allah has made one of them to excel the other, and because they spend (to support them) from their means"*
>
> (Qur'an 4:34)

There seems to be conflicting views about gender roles and the traditional patriarchal worldview, in terms of whether or not these aspects are linked to Islam. Alhamzi and Nyland (2010) rejected the notion that the traditional patriarchal worldview, and the related gender roles, had anything to do with Islamic principles. Patriarchy has, however, been identified as being "an ancient and enduring cultural pattern embedded in most religious traditions" (Walsh, 2013: 358). Whether the patriarchal structure in Saudi Arabia is built on Islamic principles or not, should not take precedence in the discussion here. It is, however, argued that it is essential to recognize that Saudis, to a great extent, live their lives within the patriarchal system and with references to Islamic values and principles.

Women have not always been limited to the domestic world. At the time of Prophet Mohammed (PBUH), women were involved in public life through business as well as providing nursing care (Al-Mahmoud et al., 2012; Alshmemri, 2014; Gazzaz, 2009; Lovering, 2012; Syed, 2010). One of the participants, who was a religious scholar, spoke about women and their role in society at the time of Prophet Mohammed (PBUH). He explained that it is not prohibited for women to work outside the home. He referenced the fact that Prophet Mohammed (PBUH) used to allow women take responsibilities outside the home. He gave an example of the Prophet's (PBUH) wife Safia who were given the

responsibility to guard the city of Medina in his absence. He also gave an example of how Asmaa bint Abubaker who brought news and food to him as he flee from Makkah to Medina with Abubaker. He emphasized that the Prophet (PBUH) assigned responsibility to women where the outcome could affect the society.

He also stressed that Islam is a religion of blessing, and with the blessing of Allah we learn from other cultures, and the many people who went on scholarship abroad helped people to understand and develop women's role here. He explained:

> *"…unfortunately some people..with their ignorance of the privileged that Islam give to women… some men just use them for satisfaction and homemakers, and they ignore the power of women…But the women in the Kingdom and all the world are very strong and very intelligent and they have capabilitie. The Saudi women used to be ignored and not trusted while the Prophet did the opposite*
>
> *What is changed now is hamdullilah is becoming educated and they start to look at the other cultures and not with a bad intention so we start to open and take the good things without contradicting our Islamic values and also the reasons I can see is the Saudi girls are finishing their education. In the old times the Saudi girls will only study until they finish primary school, then she marry and become a housewife, and she loses her ambitions. Nowadays Saudi women are scientists, doctors, nurses, engineers…but within the boundaries of the religion.Now Alhamdulillah we are open to the outside world that does not contradict our religion…"*
>
> (Participant 16)

Over time, the place of women in the public sphere has changed, and the influence of Wahhabism has been identified as a contributing factor to the strictly enforced segregation of men and women which have resulted sheltering of women at home (Al Qahtani, 2012; Khayat, 2006).

Urbanization is frequently talked about in terms of being easier for women to find jobs (Spierings et al., 2008). However, the urbanization that has taken place in Saudi Arabia seems to have had a role in making women become increasingly sheltered at home with the intention to protect them from danger. This has been a development that has furthered gender segregation (Le Renard, 2008). According to Le Renard (2008) the wealth that oil brought to the country contributed to rural families moving to the cities, where men's salaries sufficed to provide for their entire families. This allowed women to stay at home, contrary to the lives of Bedouin women who had to take part in herding and handcrafting. Thus, women staying at home became a symbol of wealth (Le Renard, 2008).

Although this description of women's role in the traditional sense of being homemakers is prominent, there were also participants who talked about another role they had taken on in the family. One of the nurse participants talked about how she had joined nursing to help her husband with the family income. She explained that before she got married she was encouraged by her mother to drop school and further education, to marry and let her husband take care of his responsibilities, namely to provide for his family. She said:

> *"…when I studied [in secondary school] my husband came to engage me. My mother told me 'no need to complete your studies'. Here in our country the girl should be with a husband…he is the one who should [earn and] spend the money. No need for you [to] work…you stay in the home, deliver kids. When I finished to deliver the third baby I [was] thinking… I need… I want [to] work. Not only for the money, I love to work. I didn't work before, but this is in my mind. I want to work…"*
>
> (Participant 9)

While this participant also talked about her choice of career being motivated by a job and salary security, she also conveyed a wish to get out of the home, and into the society, while her mother had advised her to stay home. That the participant's mother had advised her to follow the traditional role of women, might be due to what Khayat (2006) explained as taking the situation for granted. She argues that women have been separated from unrelated men and sheltered from the rest of the world, until they believed that this is the way it should be. What Khayat (2006) points out is that situations like this over time become taken for granted in everyday life, with the result that people within the cultural setting stop thinking about it, and do not question that particular way of life.

Some of the nurse participants talked about how they managed their family after they get home from duty. Some of them with husband and children had an economic situation that allowed them to hire babysitters or housekeepers, but others had to manage the usual roles of women at home in addition to their fulltime nursing job. One of the nurse participants explained how her role as a mother and wife had remained unchanged as she began to work as a nurse and how it made her struggle to fit it all in. She said:

> *"…It is difficult. Actually I have 3 kids in the school. When I come back from work I should be studying with them. It is too hard. Clean the house; cook the food, everything…"*
>
> (Participant 9)

Almosaed (2008) who explored money's influence on the dynamics within a traditional patriarchal family structure in Saudi Arabia, argues that although women do not enjoy housework more than men, they often perform it in addition to their work outside the home, as an expected element of being a wife or as the price to maintain domestic harmony.

One of the nurse participants explained that she saw women's roles being linked to Saudi culture. She stated:

> *"It's cultural that the female must be sitting at home, getting married, delivering baby, not working…"*
>
> (Participant 8)

Al Qahtani (2012) who explored social change and women's work over three generations, pointed out that the culturally constructed gender role of women is influenced by the Wahabi interpretation, and change in the perception of gender roles involves a complex and slow process. Although the process might be slow, some participants expressed their support for this change. During the interviews, some of the participants who were parents to nurses/student nurses, expressed their wish for their daughters to find a role, which involved getting a place in the society, while at the same time getting a family. One of the participants, a mother to a nurse, said:

> *"…our goal for sure is that she will get a job, and that she will have a place in the society, and also get married…"*
>
> (Participant 20)

Two other participants, who were parents to nurse students, talked about concerns related to their daughters' choice to pursue a nursing career and their marriage prospects. One of the participants, the mother to a student nurse at the time, explained that she was very happy with her daughter's choice of a nursing career, but that her only concern was related to finding a husband. She worried that a potential husband, proposing to marry her daughter, would change his mind once he found out that she is a nurse. She said:

> *"What is bothering me is the social image, and… that if somebody propose to her, he will change his mind once he finds out that she is a nurse…"*

(Participant 7)

Another participant, the father to a student nurse at the time, explained that he was not worried about his daughter's marriage possibilities, but he acknowledged that his wife had concerns. He explained:

> *" Last year my wife said that 'no one will marry your daughter because she is in nursing school'. So I told her I believe in Gods will and what God cut for her in her life. If she is going to get married, she will."*

(Participant 6)

While acknowledging that these concerns could indicate that there is still room for change, the statements also exemplify some changes in perception of women's role. This is a change from the past where women exclusively worked at home with the family, with reproduction and care taking of the children as women's main purpose, to a new way where women can contribute to the society (Hamdan, 2005).

This development is not without concerns. The female participant from group 3 who had chosen to resign her job to attend to her own family explained:

> *"…I've seen Saudis here so they go about their career and then their career becomes number 1. This is where I feel this is… not right. It has to be your home first …I don't think this is good. I feel that a mother should have … help from the government she can stay for… I don't know 6 months with her child…The child needs [the mother] every 3 hours. He needs her to breastfeed for example…I'm sure that every [working] mother has this guilt inside, if she has to [work]…If she has to do it, OK some women have to do it, and they have to compromise or sacrifice…"*

(Participant 10)

This participant raised an issue that is often discussed amongst working female nurses, namely maternity leave. It was however not a topic that came up in this present research.

In the traditional Saudi family, women are also seen as a symbol of the family's honour. It is therefore her responsibility to protect this honour, and to do so, social norms in the form of patriarchal codes, such as gender segregation are employed (Al Qahtani, 2012). This aspect is highly relevant to the next initial code, namely Gender issues.

Gender Issues

All participants talked about gender related issues. The main concerns in relation to gender issues was that of the perception of inappropriate interaction between men and women. It was discussed from a religious/cultural issue, especially highlighting the lack of gender segregation in healthcare settings.

Some of the nurse participants talked about how they felt that people questioned their career choice in nursing due to the relations and interactions they as female nurses would have with men during their work. One of them said:

> *"…they say that the nurse is a failure girl with no shame. Mostly because she is with men, and specially when she is taking care of a unit in the night time…"*
>
> (Participant 17)

This participant described an image of a women who failed to protect the family honour, yet another nurse participant who worked in a hospital where nurses were not allowed to wear the face veil was proud to tell about a situation where her father had come to see her in the hospital. She explained:

> "*…Al Hamdulillah [thanks to Allah], when he saw me, and he visited me many times in my hospital. He saw me Al Hamdullilah without covering, but without make up, without smiling and talking, with anyone. Al Hamdullilah…*"
>
> (Participant 9)

Not wearing a face veil allows men to see what by the cultural norm normally is just for husbands and other male relatives to see. While this participant had accepted the hospital's policy of working without a face veil, she had not adhered to the hospitals recommendations of wearing make-up. In this way, she was able to maintain her pride as she protected the family honour.

It is plausible that nurses wearing make-up can contribute to the perception that they are promiscuous women who fail to protect the family honour in the Saudi context. The

phenomenon of perceiving nurses as promiscuous, naughty and immoral is not isolated to Saudi Arabia. Studies of nursing images in other cultural settings has in the past revealed a history of nurses being portrayed in TV programmes as women seeking romance or engaging in promiscuous behaviour (Kalisch and Kalisch, 1982a, 1982b; Porter, 1992; Hallam, 1998; Darbyshire, 2006; Fletcher, 2007; Birks et al., 2009).

Working in a gender mixed environment was also talked about in terms of the tension that can occur for married female nurses. One of the nurse participants discussed this passionately based on her own experiences that involved her husband's relatives. She said:

> *"…You are Saudi. You are Muslim, how [can you] deal with male patients, how would you talk with male people,…They are telling me, you [couldn't you find] any other job aside from nursing? I said no…I will not, I feel that I am doing something for myself first of all, and until now, until this day, they are trying to talking to my husband…to try to change my mind, to change from nursing. My husband is…complaining about working hour…[and me] talking with males, doctors…I have a good relationship with everybody…male nurses or male doctors, everybody…and sometimes I'm getting picture with them…I am not doing something wrong, I am just walking [on the] right way. I am not doing something bad or forbidden…"*
>
> (Participant 8)

Working in a gender mixed environment seems to create doubt in regards to whether the woman will remain faithful to their husband, a situation that gave concern. One of the male participants from group 3 explained how he thought Saudi men, in general, think about their wives working in a gender mixed area such as nursing.

> *"…he prefers that she stays home because he does not trust the mixed environment. If she work in education or any place just for female, he wishes that. He [would say] say okay, no problem. In reality, [thoughts] of the youths here is more into sexual desires, in general, sad to say. You become afraid from numerous rumours he hears from hospitals especially…what happened in hospitals. I heard before in our hospital two cases in our hospital here, unfaithfulness happened. Unfortunately, it is like this, and people start to become afraid, and they say 'I am worried about if my wife goes to work in a mixed place, a man will come and take her away from me', or…finding another man. If a woman works in a mixed place, she wasn't used to this from she was small, not learning about it, so she will see a lot of new things and may be attracted to one of the male co-workers. And he is afraid that she will have relationship with another man, and he prefers that she stays at home and he gives her what she needs, than tomorrow she meets somebody else due to the mixed work environment…the female, especially if she is Saudi, he will try to approach her, get to know her better, and this is in common position…such as in… nursing. When he sees that the employee is Saudi, then he starts to try to approach and look for a relation in spite of whether they are [married] or not…"*
>
> (Participant 19)

This story clearly explains the concerns, and to get around the problem of gender mixed work settings it has been suggested through the media that the government should build hospitals for female patients, staffed entirely by women (Sidiya and al-Sulami, 2011).

Another of the male participants from group 3 talked about this idea. He explained that he had heard talk about creating a healthcare system, where gender segregation would be applied, building up a healthcare system with hospitals just for men and others for women. He said:

> *"…I listen to… one of the mutawa [religious person] and he was talking about [segregation]. Why don't we have special hospital for female and special hospital for male, with doctors and all the staff and everything, male. And the other hospital, the staff, they're from, the door, the security in the door until the consultant until the manager until the director, all female. He was saying, 'there are many things happening, actually he was a doctor in Riyadh...and after that, he became a mutawa and he started talking [about] what he had faced…in the hospital…"*
>
> (Participant 13)

Van Geel (2016) who conducted a study exploring Saudi women's perception of gender mixing raised the idea of gender-segregated hospitals to her participants. They held two different viewpoints as to whether or not it was desirable, yet they all agreed that it would not be feasible due to lack of qualified female specialist doctors (van Geel, 2016).

The proposal to establish hospitals for women only, which could be seen as yet another *separate solution for women*, as Khayat (2006) suggested, has been brought up in response to the concern that is related to the perceived inappropriate mixing between men and women in hospital settings (Al-Thowini, 2009). Having a completely segregated healthcare system with hospitals for men and others for women, similar to schools in the educational system, would include an endless list of issues that would need to be addressed. It is doubtful that Saudi Arabia can facilitate the scale of the implications that this would incur, ranging from specialized education and training within each medical specialty, to employment of qualified female maintenance staff. Unlike schools, patient care does not close down at 3 pm when male staff can enter and fix problems. In a hospital, relatives and other visitors who are a part of the patient's social network would have to be considered. It is neither in the interest of patients, nor their families, to split healthcare facilities into one for men and another for women, preventing mixing between the two sexes entirely,

and thereby making visiting of the opposite gender impossible. Besides that, in the current economic situation, it is doubtful that the country can afford to duplicate all healthcare services, and if attempting to do so, Saudi Arabia might face challenges that could result in substandard treatment and care of men or women due to the demand and challenges that might arise related to the provision of equal gender-based expertise.

Van Geel (2016) pointed out that the Arabic language does not have a word that corresponds directly to the term gender segregation, whereas the Arabic language has a word Ikhtilat, which often is translated as mixing between unrelated men and women, which does not have a precise term in the English language. Van Geel (2016) explains that this has to do with the cultural norm of the different societies.

A nurse participant, in this present study, argued that the concern about the lack of gender segregation only seems to be an issue in nursing and not generally a concern to other healthcare disciplines. She explained:

> *"…but the thing is the mixing between the nurses, you know here our culture, there is a different between Islam and the culture. Here, the culture is not accepting it. Oh your daughter is going to be nurse?…She will spend all the night there in the hospital…ok what about the doctors, the doctors she's doing the on-call for three days… Because it's a nurse…I think this is only because they are not accepting the idea of nursing for the Saudi that's why they are putting these things, but the Islam is away from that…"*
>
> (Participant 5)

Vidyasagar and Rea (2004), exploring Saudi female doctors' experiences of working in a gender mixed work setting, reported some concerns about mixing of gender and the influence it had on their choice of career, however they did not report any societal concerns similar to those that the participants in this present research have experienced.

The concern about mixing of gender in nurses' work environment has frequently been reported in research related to the nursing profession in Saudi Arabia (Gazzaz, 2009; Alshmemri, 2014). Gender segregation has also been challenged by outsider perspectives, as preconceived ideas have led to an understanding where gender segregation is seen as men's way of oppressing women (Meriwether and Tucker, 2018). However, there is a broad array of perceptions held by both men and women in Saudi Arabia. Nevertheless gender segregation poses challenges to nursing in the Saudi Arabian context.

Closely linked to the above-mentioned concerns of the intermingling of unrelated men and women, is the image of nursing, where nurses are seen as promiscuous women who are characterised by immoral and shameless behaviour. A nurse participant explained that such perspectives had been passed through generations. She said:

> *"from a long time ago from my grandmother, to my mother…nursing is like working in nightclub. Mixing with the people, talking with men. She [the nurse] is going out with men"*
>
> (Participant 8)

Another nurse participant recalled a similar message from her mother. She said:

> *"My mother she told me…we always look [at] nursing; it is not good people. For the behaviour she's always talking [with] everyone. She's always laughing with everyone. Everybody can touch her…here in Saudi Arabia the woman or the girl is like gold. Nobody can touch her…she is always covered…but [in] nursing, [whether] she is married or no, she is open for everyone…actually men when they see any woman without covering the fac that means that she is easy. [He will think] 'I can touch her. I can talk with her. She is easy. She removed her cover, and that is why I can talk with her, I can stay with her. I can laugh with her'…"*
>
> (Participant 9)

During the talk about this image of nursing portraying nurses as promiscuous women, some of the participants referred to TV series or film where nurses were displaying immoral behaviour. One of the nurse participants talked about the influence of such TV programmes, and how she thought that it promoted wrong perceptions of nursing. She said:

> *"…I don't like to see this program really because they are giving the people the wrong ideas…"*
>
> (Participant 18)

Another participant, whose sister is a nurse, explained how her sister became upset about TV shows where nurses are displayed as promiscuous woman. She said:

> *"…TV media plays a big role. My sister is always upset when they mention nursing. Usually they give the picture of a player girl, you know. Girls who are a little wild. So she hates it because people would think that is the real case in nursing that Saudi nurses are just going there and putting make-up[on] and they look good in the lab coat and everything…"*
>
> (Participant 15)

While these statements are built on a description of an image of nursing, rather than factual observations, there were also participants that exemplified their concerns. One of the participants who was the mother of a student nurse at the time, discussed her concerns about make-up and recalled a conversation she had had with her daughter. She explained that she wanted her daughter to think about the way she appeared to other people and what that will make them think about her. She stated:

> *"…because she is not covering [her face], sometimes she's applying some make-up so I am fighting with her and I told her 'you must follow [the dresscode with facecover]. I know that the way you think is not the way they think, but you must follow the culture, you must consider the way they think because in this way they will think that you are cheap and you are telling, yeah I am here, just come to me. I know that it is not you and this is not what you mean, but this is how they think about it, so you must consider the way they think…"*
>
> (Participant 7)

Another female participant talked about how she had observed nurses while being admitted to the hospital. She said:

> *"…and some nurses give you the impression that she is more a female than a nurse, in her make-up, the way she talks, the way she walks, and this happened yesterday, she doesn't look like a nurse, you are in the hospital and you are working, you don't look like a nurse, so a man would look at you first as a female, and tried to see what he can get from you, you know that's my opinion…"*
>
> (Participant 10)

This participant is describing how she observed a female nurse in the clinical setting, where her appearance and behaviour supported the image of a woman who would attract men's attention.

Baki (2004) described how women's chastity, which is directly linked to the pride and honour of her family, has influenced the structure of Saudi society to become an entire way of life. Gender segregation and restriction on women's mobility set boundaries that make it difficult for women to lose their sexual virtue (Baki, 2004). Alhazmi and Nyland (2010), who through a pilot study explored the transition of Saudi students from the gender segregated culture in Saudi Arabia to a mixed gender environment in Australia, concluded that the *extreme gender segregation* has impacted the participants' experiences of transition, especially their ability to relate to members of the opposite gender. They subscribed gender segregation practices in Saudi Arabia to the concept of *ired*, which Baki (2004) referred to

as women's chastity and family honour within the notion of *sanctuary*. Alhazmi and Nyland (2010) also recognized Wahhabism's influence on the comprehensive implementation of the means to block all ways that might lead to loss of chastity and virtue. They explained that the perception of *ired* is associated with female, not male, chastity, and how that has led to the perception of women as an *erotic creation*, that can lead to a sexual depiction of women in a mixed gender environment (Alhazmi and Nyland, 2010).

With the initiative to address girls' education starting in the 1960s, girls who subsequently achieve professional qualifications and choose to enter the Saudi workforce will inevitably leave their homes and take part in work activities that used to be reserved for men.

Female job opportunities in Saudi Arabia are identified by authorities based on what are considered to be areas that do not contradict the women's nature, such as teaching, nursing, medicine and the female branches of banks in the bigger cities (Al Qahtani, 2012). Saudi Arabia has to a greater extent addressed women's presence in the workforce by maintaining gender segregation through female branches, such as in the gender segregated educational system, which began in the early 1960s (Al Qahtani, 2012). Such measures seem to be embedded in what Khayat (2006) referred to as "for every problem, one solution is devised for males and another for females. Society looks at the male/female question from an extremely shallow perspective" (Khayat, 2006: 252).

Nurses and doctors have described how they practise within a code of conduct, whereby they are able to work in a mixed work setting, without giving up Islamic values and without stepping over the boundaries, into *free intermixing* (Mebrouk, 2008; Vidyasagar and Rea, 2004). Further scholarly explanation has clarified that male patients should be cared for by male nurses, and female patients by female nurses, except in situations of necessity, such as in emergency cases. Yet working in a gender-mixed setting is still a significant challenge to nurses.

Looking outside Saudi Arabia to explore the situation of women working in a mixed environment, lack of gender segregation has been highlighted as a barrier to female employment in other Gulf countries, such as Kuwait (Al-Kandari, 2005), Qatar (Hassan et al., 2012), The United Arab Emirates (Haddad, 2007), and Oman, although in Oman it was

identified as a difference between urban and rural areas (Kemp and Madsen, 2014). Gender segregation is however applied differently in each country, even within the Middle East. Al–Thowini (2009), who explored Saudization in nursing using a comparative study approach between Saudi Arabia, Bahrain and Oman, described the three Gulf States as being "characterized by extremely restrictive codes of behaviour for working women, rigid segregation and a powerful ideology that links family honour to female virtue" (Al-Thowini, 2009: 177). He believed that Saudi Arabia was "the most strict and conservative [country] concerning women's issues" (Al-Thowini, 2009: 178) compared to Bahrain and Oman. This implied that there are different ways of addressing gender segregation within different societies.

Looking at Muslim countries in the Middle East that are not dependent on a large expatriate nurse workforce, Shuriquie et al. (2008) reports that 94% of nurses, male and female, in Jordan were indigenous. While the gender codes of the Jordanian people are influenced by Islamic values, there seems to have been a different impact on nursing (Nawafleh, 2014). As Jordan is not an oil-rich country, the family's economy became dependent on dual-income, which may have contributed to the population's way of coming to terms with women working in a gender mixed environment (Nawafleh, 2015).

Haddad (2007), who looked at the historical background of nursing in the United Arab Emirates, suggested that the oil-rich gulf countries were different from neighbouring countries because their fortunate economic situation, as well as cheap foreign workers, reinforced the traditional norms and values related to women's role in the family and society. Ross (2008) established in his research, in which he explored the relationship between women's participation in the workforce in Islamic countries based on their oil resources, that "oil production affects gender relations by reducing the presence of women in the labour force" (Ross, 2008: 1). He concluded that "the persistence of patriarchy in the Middle East has relatively little to do with Islam, but much to do with the region's oil-based economy" (Ross, 2008: 14). This view is supported by Maben et al. (2010) who compared statistical figures related to the national healthcare workforce in Oman, Bahrain and Saudi Arabia, all oil-rich countries with a similar cultural heritage. They found that Saudi Arabia seemed to have less success with training and employment of its own nationals in both the

medical and nursing professions compared to the other two countries. Maben et al. (2010) suggested that this could be linked to the legacy of British influence in Bahrain and Oman up until 1971. Saudi Arabia has never been colonized and has therefore according to Long (1997) been able to retain its unique identity. Saudi Arabia has however close relation with Westernized countries, especially the United States, but this relationship was based on an invitation from the Kingdom for them to come and help drill the oil. The religious conservative groups have in response dedicated their efforts to protect the traditional values of the society, as it once was (Long, 1997).

Support from Islam

The main aspect in this code was related to the question of women's work in nursing, and whether it is halal or haram. The participants all perceived nursing as halal. Most of them referred to Sunnah, which is the term used for the Prophet Mohammed's (PBUH) way of living, and some of the them referred to the first known Muslim nurse as playing a part in understanding the role of Muslim women in the profession of nursing.

With reference to Prophet Mohammed's (PBUH) life, one of the male participants who had no personal relationship with nurses said:

> *"Haram or halal…in Islam: Allowed!….all Muslim people know Islam allows[women to be nurses]… because the Prophet (PBUH), when he [went] to war…women go with him, nursing the cuts, the injuries… this is in the history…"*
>
> (Participant 19)

Nurse participants also talked about how they found evidence of nursing being permitted for Muslim women. They had perhaps chosen to enter nursing without exactly knowing much about nurses' responsibilities before enrolling in the nursing programme, but they found encouragement and justification to stay in nursing through the tradition of Prophet Mohammed (PBUH) life and the female nurses who worked alongside him during times of war. Some of them said:

> *"…What is encouraging me is what the Prophet (PBUH) said…there was a nurse who used to go with them in the war time. Those days, at the time of the prophet (PBUH), there were women dealing with men and they were nurses…"*
>
> (Participant 7)

> *"…because in the early days of Islam when our prophet (PBUH) went to spread the message of Islam… in some areas some people fight them. Make like wars, so there are victims and people who are suffering from injuries. So it was well known through the Islamic history that [those] who used to take care of these injured people that was…Muslim ladies who use to go and participate, and the Prophet (PBUH) supported them. And people looked at them with respect at that time. No one tried to touch this image [in] a bad way… so it was great being a nurse in the early days of Islam…there were a very famous figures of Muslim nurses…[such as] Rufaida Islamia…"*
>
> (Participant 1)

With reference to the time of the Prophet (PBUH), one of the participants, a mother to a nurse, also perceived nursing practice for women, seen from an Islamic perspective as halal. On the other hand, she also argued that confusion has occurred due to the concerns related to the mixing of unrelated men and women, when women work in nursing. She pointed at this being caused by 'people's thoughts becoming bad'. She said:

> *"…Islam, in the days of the prophet (PBUH)…there were ladies who were nurses. They cared for wounded, helped the patients in wars and that kind. In Islam it is there, but what confuse us with the subject now is that people's thoughts are becoming bad when there is mixing. There will be bad thoughts, but from the religious side it is a good thing…"*
>
> (Participant 20)

While all participants saw nursing as halal, some of them argued that the question of whether nursing as a career for women is halal or haram also had to do with the individual nurse's behaviour and actions in the situation. One of the nurse participants talked about this when she said:

> *"I'm not sure if it's really halal or really haram. I think it's within the middle, if you keep your distance with the male and respect… so it could be halal, and if you don't…if you use the profession in the bad way, it will be haram"*
>
> (Participant 4)

This participant argues that a blanket statement, labelling nursing as halal or haram is not possible as it also depends on the individual nurse's behaviour. Another participant also brought up this perspective. She pointed out that the nature of nursing involves physical aspects, which pose challenges where men and women interact. She said:

> *"…it's not haram because we cannot say something it's haram as a whole, you have to see how it is done…if she … is putting a lot of make-up, is this is a nurse or another thing? If she is behaving with men, not as a nurse, so it's haram even if she is a nurse or an officer… So it's how you take it, haram is how you deal with those things. How you deal with your God…as a nurse… …Maybe a nurse is a little bit under question between Saudis because how is a man going to deal with a woman I mean because nursing is not only talking, it's also communicating with the body…"*
>
> (Participant 10)

Consequently, nurses' conduct will in this way influence the perception that the society has with regard to whether nursing is halal or haram.

The findings of this present research support other research with related focus. Jan (1996) explained that Arabic society has forgotten about their own heritage in the context of nursing. She argued that Florence Nightingale who lived many years after Rufaida Asalmiya, the first Muslim nurse, has been embraced as an icon even in the Muslim world for influencing the beginning of modern nursing (Jan, 1996). Over time more attention has, however, been given to Rufaida's work as a nurse (Miller-Rosser et al., 2006; Lovering, 2008), her legacy continues through the teaching of the Muslim heritage to student nurses and the publication of target articles in mass media (Yahya, 2016).

The support from society acknowledging the Muslim heritage of nursing is essential to the success of Saudization in nursing. Acknowledging Rufaida's place in the public sphere and translating that to a contemporary context will provide modern nurses with a legitimized function that ought to facilitate the acceptance of Saudi women pursuing a nursing career. It is however essential that Saudi nurses also pay attention to what is considered halal and haram as their individual actions will reflect on people's perception of nurses as a group.

Emergent Category 7: Images of Nursing

Nurses have been challenged globally by the way in which other people perceive them and their profession. Several international studies have explored the image of nursing (Fealy, 2004; Hallam, 1998; Malchau, 2007). Kalisch and Kalisch (1982a; 1982b, 1982c) conducted research examining images of nursing in popular magazines, novels, motion pictures, prime-time television, and newspapers. Their findings revealed stereotypical images of nursing as an occupation for women who were often presumed to have a lower

level of education and therefore limited critical thinking skills. The Image of nursing has also been associated with the virtue of women and motherhood, and that of being handmaidens of physicians who, traditionally, were men. Furthermore, nursing has also been talked about as an occupation in which young women could find romance and marriage, which might be closely associated with perceptions of nurses as sexual objects, who behaved promiscuously (Kalisch and Kalisch, 1982c; Darbyshire, 2006). Nurses as selfless heroines supported by a religious calling to the profession are also associated with public perceptions of nurses (Malchau, 2007). While these images might have been influenced by different aspects in the social and historical context, they are still images that seem to surface to some degree, and do so in this present research.

The emergent category 7, entitled *Images of Nursing*, entails two prominent initial codes, namely: *Patients don't want Saudi nurses* and *Maids.* This does not indicate that the abovementioned images do not play a role in Saudi Arabia, but it is a result of the analysis where the participants placed emphasis on aspects that led to these two codes.

It was a surprise to hear several of the participants talk passionately about their experiences related to the rejection of Saudi nurses by Saudi patients. Mistrust, as a result of relations between Saudi patients and expatriate nurses who do not speak Arabic, and lack insight in the patient's culture and religion, has been highlighted as a contributing factor to the dissatisfaction of patients (Aldossary et al., 2008; Al-Mahmoud et al., 2012). Hence, the surprise to find out that some of the Saudi patients do not want to be cared for by a Saudi nurse.

Maids is the initial code given to the experiences that participants from all three groups talked about. While the interviews of the nurse participants included sporadic stories of how the interaction between doctors and nurses indicated the subordinate status of nurses, and that nurses were treated as doctors' personal assistants, it was not a topic that led the researcher of this present study to include the image *nurses as doctors' handmaidens* in this emergent category. The code Maid was specifically related to how the Saudi patient and their relatives treat nurses as their personal maids.

Patients don't Want Saudi Nurses

This code entails meaning units from four initial codes that were merged together, namely: *Individual behaviour reflects the group, Prove yourself, Saudis are lazy*, and *Patients don't want Saudi nurses*.

Some of the nurse participants talked about their experience where Saudi patients had refused to receive their care. Some of the nurse participants said:

> *"…he refused and said I don't like Saudi nurse; I don't like Saudi nurse to try on me. I want Filipino…"*
>
> (Participant 2)

> *"The patient [who was] going to have chemo [said]…I am sorry, I cannot. It is not about you, but I cannot trust you right now…"*
>
> (Participant 1)

> *"…clinically even if she did right thing, if she insert a cannula [in the first] attempt and she did aseptic technique and she withdrew blood, still she [the patient]is shouting and she's telling [that] the [Saudi nurses] are not professional and I want another one"*
>
> (Participant 4)

These findings stand in contrast to other research findings where Saudi nurses convey the perspective that Saudi patients need Saudi nurses as they understand their needs based on common language, religion and culture (Gazzaz, 2009).

That Saudi patients have refused the care of Saudi nurses has also been observed by other people. Two of the male participants from group 3 shared their observations of situations where they had witnessed patients' refusal of the assigned Saudi nurse. They said:

> *"…this happened twice with the patients, if he got a Saudi male or female nurse who is checking on him, he would say 'change this nurse to any other nationality'…If she is a female nurse and she is Saudi he would feel that she is not qualified, but if she was from another nationality he would accept it. He would think that she [of another nationality] has more experience or something like that…"*
>
> (Participant 14)

> *"…I saw some patients in the emergency, I was there, when the Saudi [nurse] came, he said 'No, give me a Filipino. You don't come to me. Don't'…"*
>
> (Participant 19)

The participants in this current research add insight to the phenomenon with their experiences. Although it is not a well-documented dilemma, Gazzaz (2009) has reported that one of her nurse participants reported that it happens that Saudi patients refuse to have Saudi nurses assigned to their care. This participant also pointed out she thought that it was a problem that was more prominent in the past, and that changes has happened in this regard (Gazzaz, 2009). Al Shmemri (2014) described briefly how one of his participants had talked about society's negative perception of nursing and explained that the general idea in Saudi Arabia is that foreign nurses are better than the Saudi nurses.

While these encounters are perspectives of nurses and other healthcare employees, it would be interesting to explore this aspect from a patient perspective. The female participant from group 3 talked about her experiences as a patient and reflected upon her thoughts with regard to the phenomenon. She explained:

> *"I would not say that Americans [are] better. I will see her work first, but I don't have this pre[conceived] idea that she may not be good… we Arabs… feel that if he's a foreigner, I mean from Europe or America then he's better. Some people have this [idea] inside them so that's why they will say maybe this kind of nurses may be better than Saudi [nurses].*
>
> *I have to confess that there is still [something] inside me, I think inside a lot of us, a little bit of suspicion, 'is she [the Saudi nurse] a good one…or not'? She has to prove it. She is…I mean, guilty or not, until… she proves [it herself]… We're not very confident that they [the Saudi nurses] have been trained well, [that] they have been educated well.*
>
> *I would really question her education skills, because I hear that they take two years and then they are nurses. I don't know, are they really qualified, really trying...a big question about that. So there are many aspects that come [to mind]…are they socially, educationally… and their own behaviour*
>
> *She has to prove herself. I mean to prove herself, that she is qualified professionally …that she is a good nurse, she has enough knowledge, she has good personality that a nurse should have… it's not just studying the science… it's how you treat people and here is sometimes we're not sure that the Saudis can treat us well"*
>
> (Participant 10)

It has not been possible to find current research findings from the Saudi context for further exploration of the patient perspective in this regard. Participant 10 brought up an interesting aspects, namely that she felt that the Saudi nurses need to prove themselves before she can

trust them. One of the nurse participants also said that nurses need to prove themselves. She said:

> *"…Well if you are… trying your best in the hospital.. the image will begin a change [automatically]….if you prove yourself and do whatever you think is right in the hospital, the image [will] change…the way you prove that… is in the hospitals and [how you] deal with the family and the patient. [These patients] will change the community, after all they will change their mind…I don't think we have to do advertisement, to go through TV… if you prove yourself in the hospital everybody will value you."*
>
> (Participant 4)

The testimony of these two participants support what the nurse participant from Gazzaz (2009) said about change in the public perception of Saudi nurses. The phenomenon poses however a question to why it is like that?

Exploring the mistrust, abduction as described by Charmaz (2014) was used in the analysis process. Abduction is an approach that researchers of grounded theory can use where existing knowledge fails to explain, or links are missing leaving a gap in understanding. It is an analytical approach where the researcher makes a leap into theoretical possibilities, creating hypotheses that later can be explored (Charmaz, 2014).

A mistrust of Saudi nurses could be linked to not knowing about the education and qualifications that Saudi nurses obtain in Saudi Arabia. Participants in this and in other research (Miller-Rosser et al., 2009) identified that people do not know much, if anything at all, about nursing education in Saudi Arabia. Participant 10 demonstrated this as she talked about Saudi nurses only having two years education. While it is correct that private educational institutes offered a 2½ years certificate programme in nursing, this does not qualify these nurses to perform the same tasks as nurses with an associate or a Bachelor degree. This could potentially lead to misunderstanding as nurses of all levels of education in general are called nurses, and it could promote a perception that nurses from other countries are better than Saudi nurses as the population might think they have a longer education. Such perception could also be perpetuated by the fact that Saudi Arabia continues to recruit and employ a significant number of expatriate nurses.

This phenomenon could also be related to deeply rooted cultural factors that has to do with Saudi women's role in the family and society, and what they are supposed to do, or rather not to do. From a traditional patriarchal viewpoint, women in Saudi Arabia are supposed to stay at home and take care of the family, and they are not supposed to work in a gender-mixed environment (Al Qahtani, 2012). Saudi female nurses have, however, made a different choice, which could be interpreted by some as having made the wrong choice. By association, they might, therefore, be seen as being incapable of making the right choices, and lacking appropriate moral values.

Another potential factor leading to lack of trust in Saudi nurses could be linked to experiences of foreign *know-how*. Up until the early 1930s there was little foreign interest in Saudi Arabia, but when oil was discovered in the 1930s, international interest skyrocketed. Saudi Arabia did not have the equipment or expertise to manage the oilfields, and the country became dependent on foreign know-how to harvest the oil-rich underground in the Kingdom. Strong ties with the United States ensured the development and operation of oil plants (El-Tahri and Smith, 2005). The two countries also made deals around military support, which contributed to the Kingdom's security in the region (Long, 1997). When hospital, healthcare centres and health educational institutes were established, it was also in collaboration with other countries as well as the World Health Organization (WHO) (El-Sanabary, 2003). The Saudi population may therefore have the impression that expertise and know-how is far better in these countries, namely US and the other industrialized countries from the west.

Adding to such a perception, could also be the result of royal or other wealthy families going abroad for medical treatment. This has also been a privilege that the royal family extended to Saudi nationals for certain diseases that at the time could not be treated in Saudi Arabia (Mufti, 2000). Many Saudi physicians have gone abroad to obtain clinical specialization, but Saudi nurses who have obtained post-graduate degrees from overseas universities, often have been promoted into settings other than the clinical setting, away from direct patient contact (Alamri and Sharts-Hopko, 2015, Carty et al., 2007).

It is not possible in this research to determine what causes the patients to mistrust Saudi nurses. It is, however, important that all possibilities should be considered and taken into account when working towards a successful Saudization.

Maid

A significant amount data was labelled with the initial code *Maid*. Research has shown that one way in which nurses are commonly perceived is that of the *physician's handmaiden.* This may well stem from the history of health care being dominated by men being doctors, who were assisted by untrained women (Jinks and Bradley, 2004). There were examples of how the tension between physician and nurse exist. One participant said for example:

> *"…is very difficult job for everybody….she is going to be the one who will be exhausted…all the hard work will be on her, and thanks will be for the doctor"*
>
> (Participant 7)

When talking about choosing nursing as a career, another participant recalled a conversation she had had with one of her friends. She said:

> *"Why are you throwing yourself into the misery? Why are you working as a nurse? Your heart will be broken because patients are dying, some of them will not get improved [recover]. You will be like a slave for the doctor"*
>
> (Participant 1)

While there were a few participants referring to the perception of being a servant for the physician, the majority of the participants' stories encompassed in this code is about their experiences of nurses being treated by patients and relatives as if they were housemaids or domestic helpers. The testimonies below provide examples of the experiences of the participants:

> *"…everybody [are] saying, if you will be in nursing you will change bed, you will clean, you will [have]…a lot of bedridden…full care patients, and they are saying…you should clean, and one of my staff she's saying to me our job is a dirty job…they are thinking that we are like a…a maid…but educated"*
>
> (Participant 3)

This participant recalled a situation. She said:

> *"…it is almost 6 o'clock.Just before endorsement time...A lot of things you have to do, then he [the patient] called...then I answered. I went inside his room. One of the sitters he said 'what's this garbage on the floor'? I said, 'It is by mistake...I will not throw things on the floor... You can see the room'…I told him 'You can see the room. It is clean'… Then I pushed the [waste] basket to the middle of the room. [This is] always what we are doing, we are going to move the garbage from the bedside, because [of the] housekeeping. It is easier for them to take this garbage [there]. Then he told me 'Why [is] this garbage in the middle, why is this things in the floor'. I told him it is not the big deal, and he told me this is the job for you. I said [it is the] job for housekeeping. It is not my job'. Then he wanted to complain to [my] supervisor...I just ignored them, what should I say? I just ignored it…"*
>
> (Participant 3)

Another nurse participant said:

> *"…unfortunately, some patients [treat you] like you are a maid, but…in the hospital…you are collecting urine, cleaning stool, cleaning the patient, arranging beds… they look at nursing as a low…career…[it] really affects me. I used sometimes when I was still a fresh graduate, when I faced the real life of a nurse. I really sometimes get pissed off… sometimes crying, because you know some people will respect you, but a lot will not..., [they] will try to hurt your emotions… for example they forget all you do…. You are cleaning patients. They remember that, and that affected me for a while, and I discovered that I had been suffering a lot, from the people who looked at me [in that way]…"*
>
> (Participant 1)

This participant described how this perspective affected her deeply. Another participant talked about how all nurses regardless of nationality are treated like maids by some of the Saudi patient. She highlighted that being treated like a maid is worse for Saudi nurses. She said:

> *"…I think it's…worse for the Saudis they… cannot accept that someone are treating us like a maid…"*
>
> (Participant 2)

The findings in this and other Saudi research (Gazzaz, 2009, Mahran and Nagshabandi, 2012; A Al-Homayan, 2013; Al-Mutairi, 2013; Alboliteeh, 2015) clearly illustrates how Saudi nurses experience being treated as housemaids by patients and their relatives. Mitchell (2009) reported on the very same experience of foreign-trained nurses.

One of the participants in this present research talked about a situation where she was teaching a Saudi student nurse in the clinical setting. The Saudi student nurse had voiced her frustration over being told by the patient to do jobs that the student felt was not the job of a nurse but that of a maid. The student nurse had made a comment to indicate that it would be ok for the patient to ask a Filipino nurse about that, but not her as she was a Saudi. The nurse participant recalled the conversation with the student nurse and how she had answered her:

> *"…[she said] 'I am Saudi'... I told her NO, never say that they are Filipino, they are South Africa, and we are Saudis...She said: 'but they should respect me'. I told her if you respect yourself they [the patients] will respect you…"*
>
> (Participant 3)

This participant demonstrated a conscious choice, rejecting participation in discriminatory practice, as a way to address the disrespect Saudi and other nurses might experience from the Saudi patients.

Using abduction in the analysis process, it might be worthwhile noticing that one of the participants in Abolliteeh's (2015) research, exploring newly graduated Saudi nurses' experiences, suggested that the reason why Saudi patients treat nurses like maids has to do with the many expatriate nurses who come from the same countries from which Saudi Arabia also recruits maids.

At the time healthcare services began to take form in the Kingdom, Saudi Arabia did not have sufficient qualified indigenous healthcare providers (Miller-Rosser et al., 2006). The government resorted to the employment of expatriate healthcare professionals in hospitals and clinics from around the world to get the system up and running. While facilities with adequate financial resources were able to employ nurses, doctors and other healthcare providers from North America and Europe, other facilities were limited to employing a cheaper workforce from Asian countries. As Gazzaz (2009) also pointed out the nurses hired from the Asian countries therefore came from the same countries as the housemaids. This made nurses and maids look alike, in terms of physical features based on their ethnic origin. Not only do nurses and maids from the same country, with the same ethnic background, look alike, they are also likely to sound alike when they speak their mother

tongue. In this way, the phenomenon could be compared to a concept well known and often-related to medical errors in healthcare, namely sound-alike, look alike (Ostini et al., 2012). While this might be a possible factor, it is worthwhile noting that although there is a significant amount of testimony from Saudi and expatriate nurses who have taken part in research in the Saudi context, patients' perspectives on this have not been reported. It is therefore interesting and important to include the experiences of the female participant from group 3, who had been a patient in both Saudi Arabia and Germany. She pointed out that it is not just in Saudi Arabia that nurses feel that they are being treated like maids or servants by Saudi patients. She explained:

> *"…a nurse is… I feel there are sick people who look at her[the nurse] more like a servant. She is not qualified and she is here to serve you in a good way...in our society a nurse may be…in a way equal to servants, very sorry to say this, but people look at it this way…the Arabic nurse she knows that sometimes she may be looked at as such… I did my last operation in Germany and this hospital used to have a lot of Arabs there, and the nurse told me that 'you are different'. She said they [Saudi patients]treat us like servants, they throw their clothes for example on the floor, in their rooms…"*
>
> (Participant 10)

Nurses could also be mistaken for maids because of the type of work undertaken by nurses, such as assisting patients with personal hygiene; eating; mobilising; taking medication; making beds; and dealing with unclean procedures involving urine and stools. These and other tasks are very similar to those undertaken by housemaids in Saudi Arabia (Gazzaz, 2009). Such tasks are the responsibility of nurses, but contemporary nursing practice is more than a list of tasks. It is however problematic if nurses themselves find it difficult to explain what it is that nurses do, and resort to merely reciting from a list of tasks that looks much like those that would be the responsibilities of a maid.

The nurse participants in this present research talked with much passion about this topic. There was a clear resonance to Alboliteeh's (2015) description of one of his participants, who was tearing up whilst talking about her experiences of this problem. Perhaps the strong reactions could be exacerbated due to the reportedly ill treatment of some maids in Saudi Arabia, a topic that surfaces in the media from time to time (Halabi, 2008). Some maids are known to have been given indecent work conditions, had their salaries withheld, have been prevented from leaving the home, and having their passports taken away by their

employer (Chamberlain, 2013). Such conditions fall within what is identified as modern slavery (Global Slavery Index, 2013). Slavery is not a pleasant topic. It often encourages silence, and accusations of slavery are a constant source of anxiety for all civilizations (Clarence-Smith, 2006). While 'modern types' of slavery is a contemporary problem, legal slavery in its original form, was only abolished officially in 1962 in Saudi Arabia (Free the Slaves, 2017). This means that slavery, as it was then, can be a personal memory for some people living in Saudi Arabia. Gazzaz (2009) has also mentioned a possible link between nursing and slavery. She referred to Arabic literature with the suggestion that the negative image of nursing could be linked to historical roots of the Nubian female slaves who became nurses.

After the abolition of slavery, the freed slaves globally needed to secure an income to survive and they resorted to take on the very same work that they had done as slaves, but for a small income (Recchiuti, n.d.). With the rise of the Kingdom after the discovery of oil, maids were also hired from overseas to fill the growing need for domestic help. These ties between slaves and maids and maids and nurses, possibly plays a role in the image of nursing being viewed as patients' educated maids.

The perception of nurses, being nothing more than an educated maid is a problem that needs to be addressed in order to change the social image of nursing. It is however argued here that this would involve a change in how maids are treated in Saudi society. The Saudi authorities have already recognized the problem of domestic abuse. They have therefore passed a law whose aim is to protect vulnerable individuals, such as women, children and domestic servants, and while this is a pivotal initiative, it is expected that it will take time to see changes (Butler, 2015). It is nevertheless worthwhile using this incitement to help facilitate a successful Saudization.in nursing.

This emergent category has discussed two aspects of social image of nursing in the Saudi Arabian context, namely the phenomenon of Saudi patients not wanting care provided by Saudi nurses and nurses being treated like patients' personal maids. While the two subjects have been discussed in turn, it is possible that there is a direct link between the two aspects, but regardless of the interconnection between the codes, they entail challenges that need to be addressed as part of a strategy to ensure a successful Saudization process in nursing.

Focused Coding Stage 2

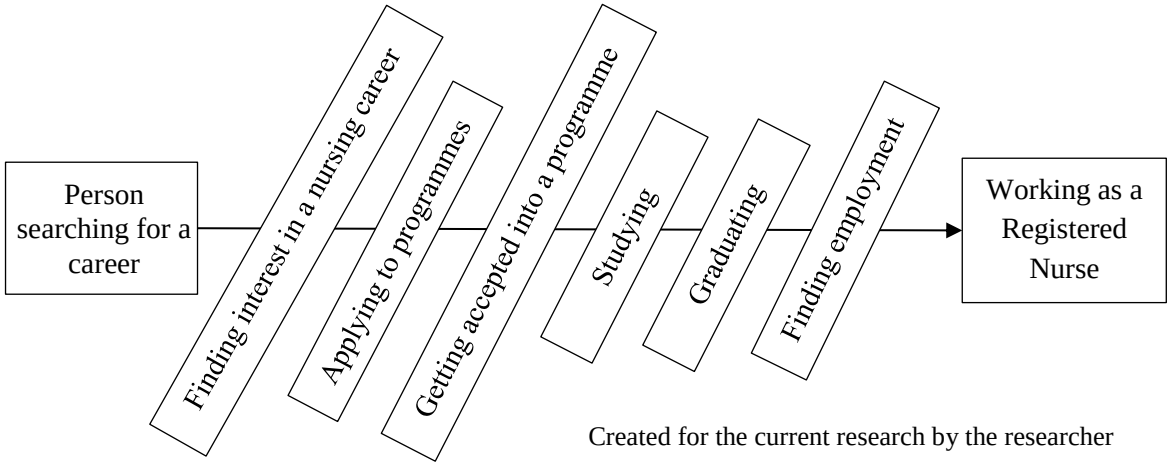
Charmaz (2014) explicates that constructivist grounded theorists are occupied with studies of *how,* and at times also *why,* participants construct meanings and actions in specific situations. Researcher will, inherently in the constructivist approach, use their own view to create a new understanding. Theories developed through constructivists grounded theory therefore represents an interpretation of practice, which is grounded in the data, at a given time (Charmaz, 2014). Reiterating that data collection and the analysis process in constructivist grounded theory are cyclic and intertwined activities, it is important to acknowledge that the focused coding stages 1 and 2 used in this research do not reflect specific dates where the stages began or ended. Using the two stages is meant to ease writing, reading, and comprehending the iterative research process and the findings that transpired.

The seven emergent categories and their clusters of initial codes were clearly useful to an exploration and discussion of the topics pertinent to nursing as a career choice for Saudi women. The discussions within the emergent categories also provide insight into various factors that, in one way or another, affect nurses and their experiences of their career in nursing. The discussions of the emergent categories also provided some insight into why the factors exist in the Saudi Arabian context. However, they did not fully explain how these factors impact the process of Saudization in nursing.

It was noticed that the participants, and especially those from group 1 (nurses/student nurses) and group 2 (relatives), were leaping backwards and forwards in time when talking about their experiences in the interviews. At times, they talked about something that they had just experienced, and later they spoke about something that had happened a while back. Nurse participants talked about different experiences, reflecting on how they were encouraged or discouraged in their work as nurses or as student nurses. Similarly, participants from the other two groups also talked about aspects that were either encouraging or discouraging in relation to nursing as a career for Saudi women.

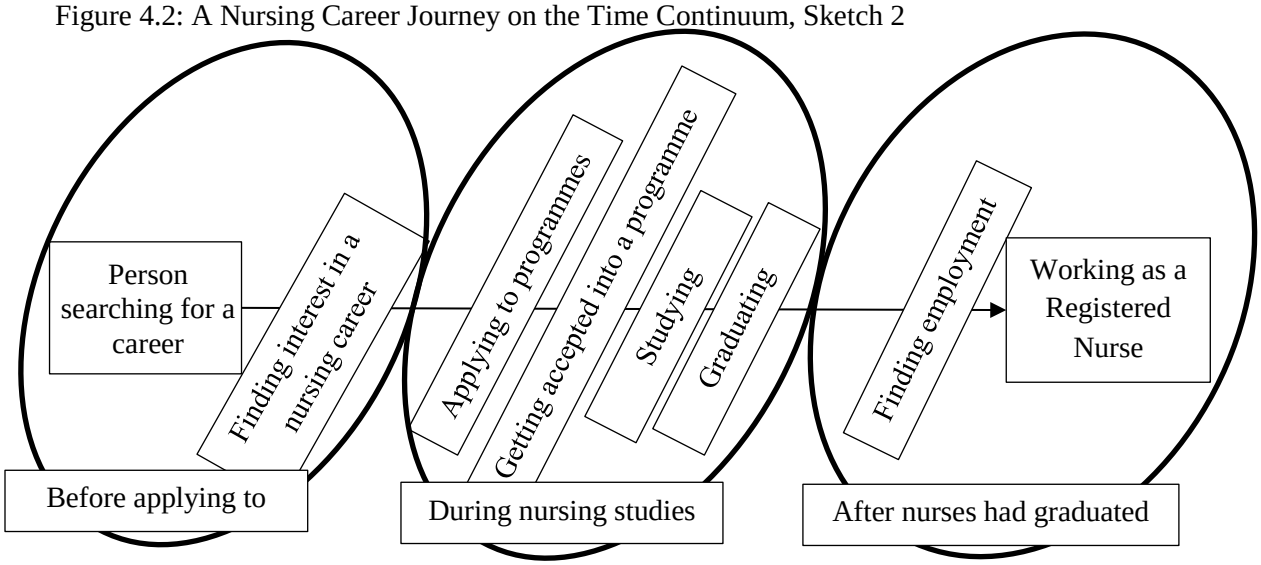
To facilitate an understanding of both the time continuum and these influencing aspects/factors, the researcher started by sketching a *Nursing Career Journey*. Figure 4.1 illustrates this journey on a time continuum.

Figure 4.1: A Nursing Career Journey on the Time Continuum, Sketch 1



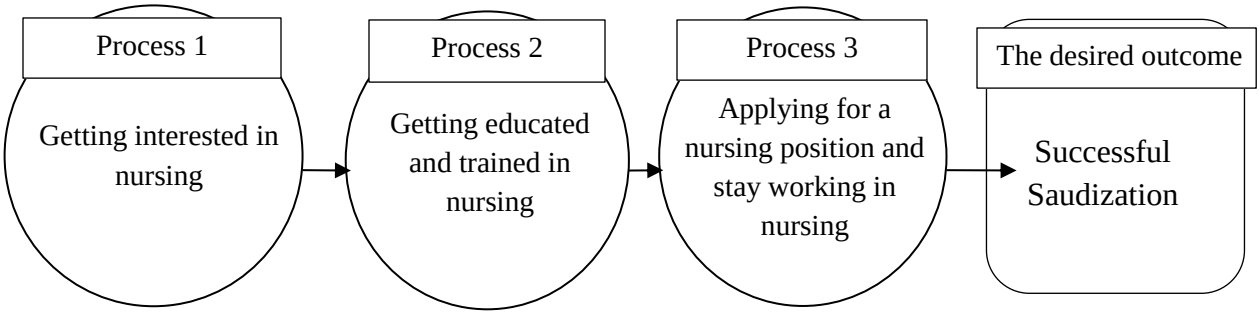
Looking at the different events on the time continuum, it became clear that the participants were talking about stories, which related to three different periods, which in turn gave rise to what in this research later became the three core categories. The periods were identified as i) the time before applying to nursing; ii) during nursing studies; and iii) after nurses had graduated. Figure 4.2 illustrates with circles these three periods on the Nursing Career Journey on the Time Continuum. These periods were most visible in the interviews held with participants from group 1 (nurse/student nurses) and group 2 (relatives). The stories told by participants from group 3, mainly fell into the period identified as *after nurses had graduated*.

Figure 4.2: A Nursing Career Journey on the Time Continuum, Sketch 2



There was an excellent resonance between the Nursing Career Journey and the process of Saudization in nursing as they both involve getting potential applicants interested in nursing, and educating and training nurse students to become competent nurses who will apply for positions and stay working in nursing. Figure 4.3 illustrates these three distinct processes, where the desired outcome is a successful Saudization.

Figure 4.3: Three Core Processes in Saudization within Nursing, Sketch 3



The three processes leading to a successful Saudization, together with a nursing career journey, were further explored. This took place through a series of activities, which besides

constant comparison also involved presenting the temporary research findings at national and international events.

The early stages of the conceptual framework were also presented in a Saudi nurse forum, in collaboration with the organisation where the researcher was employed at the time. Through these activities and further development, a conceptual framework started to take form. A conceptual framework is a "a network, or "a plane," of interlinked concepts that together provide a comprehensive understanding of a phenomenon" (Jabareen, 2009: 51). A conceptual framework is characterised by concepts in a construct where each plays an integral role, it does not provide causal/analytical setting, but rather an interpretative approach to social reality, hence it provides understanding and not explanation (Jabreen, 2009). Jabreen (2009) also suggest that when variables and factors are used that the term conceptual model is more appropriate. These perspectives of conceptual framework and conceptual model is adapted to the theory development in this research.

The core categories, emerging from the periods the participants used when telling their stories, were identified as *Getting Interested in Nursing*, *Getting into Nursing*, and *Staying in Nursing*. To facilitate an understanding of the core categories and the related processes, definitions were made for each of the three core categories:

- Core Category 1 indicates a period of time where the process of getting interested in a nursing career takes place.
- Core Category 2 stretches over a period of time commencing at the moment a person has decided to pursue a nursing career until graduation has been completed. The processes taking place in this period are all identified as getting into nursing.
- Core Category 3 commences the moment graduation has taken place and continues as long as the nurse remains working in nursing.

While the definitions of the core categories do not overlap in terms of period in time and processes, they have been illustrated in the conceptual framework with overlap (figure 4.4). The decision was made to move Core Category 1 to the bottom of the framework because *getting interested in nursing* is considered the first essential process. It is acknowledged

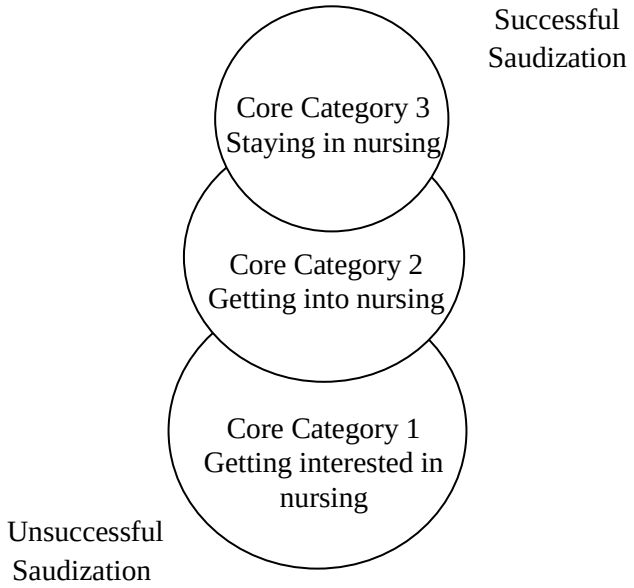
that some nurse participants in this research did not have an interest in nursing when they started their nursing career, and they became nurses anyway. It is, however, argued here that it is desirable that the process of Saudization is seen in a bigger perspective, and that applicants to nursing programmes have an interest in the nursing career before applying.

The second core category is placed with overlap of the first. This indicates that not all who might become interested, continue to the process of applying to a program and getting into nursing. Likewise, with core category 3, it is also illustrated as a circle overlapping core category 2. Here it is not possible to progress into core category 3 if the processes in core category 2 are not completed.

The circles used for core category 2 and 3 are progressively smaller in size. This indicates that the number of individuals who continue through the processes to the next core category will most likely be smaller. The ideal situation would naturally be for the circles to remain equal in size, as this would mean that everyone who is interested would manage to pursue a nursing career successfully.

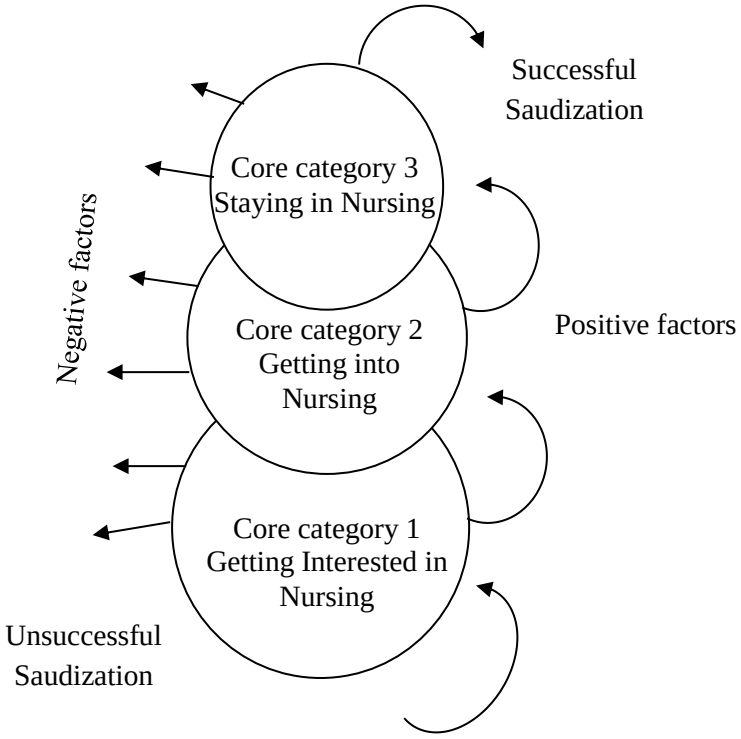
The ultimate outcome of Saudization is that it is successful, and opposite is the outcome of unsuccessful Saudization. These two outcomes are indicated in the framework in the right upper corner and left lower corner respectively.

Figure 4.4: Early Draft of the Conceptual Framework of Saudization within Nursing: Core Categories



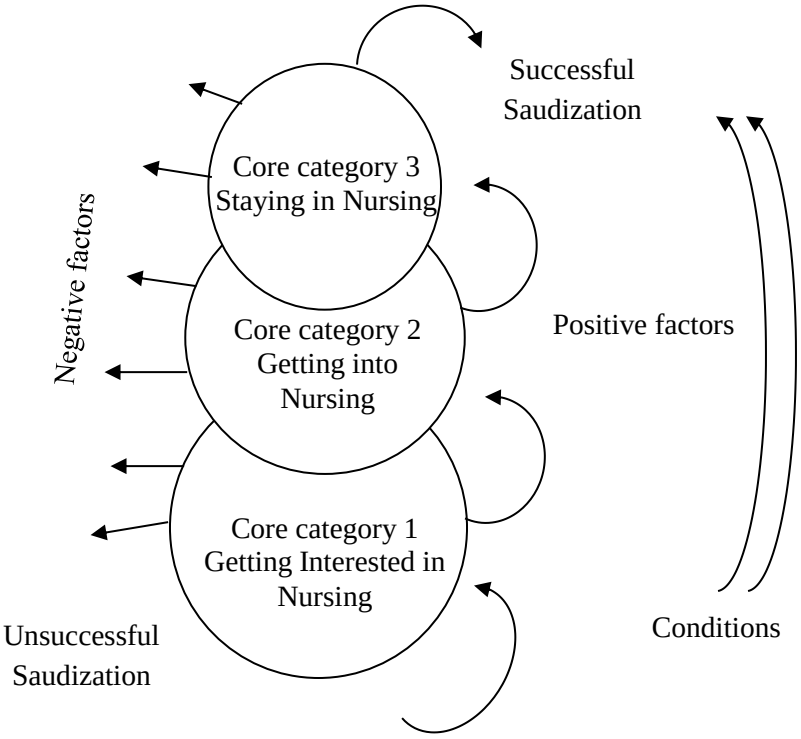
The factors and their relationship to the emergent and core categories, grew through the iterative analysis process of the participants' experiences, using theoretical sampling, memoing, constant comparison and clustering (Appendix K). The participants' stories revealed factors that seemed encouraging or discouraging in relation to nursing as a career for Saudi women. When translating this effect into the question of how the factors influence the Saudization process, most factors had either a positive or a negative trajectory, yet a few factors also seemed to have either positive or negative characteristics, depending on the experience of the participants. These factors were identified as bi-directional. These bi-directional factors, as talked about in this research, were identified in the Emergent Category 4 Experiences in Nursing. Data came mainly from the nurse participants, but there were also three other participants who added their stories to this category. Both the n*urse-patient relationship* and *support from colleagues/faculty* were talked about as having had encouraging and discouraging effects on the individual nurse. Figure 4.5 illustrates the influence of factors with positive and negative trajectories on the process of Saudization. In the thesis, these are also called positive or negative factors to enhance readability. The positive factors, placed on the right-hand side of the conceptual framework, assist individuals progressing in their individual career journey, contributing to a successful Saudization. The negative factors, identified on the left-hand side of the framework, impedes a successful journey and therefore contributes to an unsuccessful Saudization. The bi-directional factors are not indicated in the framework as they would be either a positive or a negative factor, depending the context.

Figure 4.5: Early draft of the Conceptual Framework of Saudization within Nursing: Factors



During the analysis it was noticed that some of the aspects that came up, and was at first thought of as a factor, turned out to have a higher level of influence on the process. These higher levels of factors were identified as absolutely necessary to a successful outcome of the process. The term *condition* was selected to indicate such necessary prerequisites. Figure 4.6 illustrates the final draft of the conceptual framework of Saudization. The conditions are placed on the right-hand side of the framework, and stretch over all three categories to indicate that the conditions are necessary prerequisites throughout the entire process. The arrows points towards successful Saudization to indicate the conditions function.

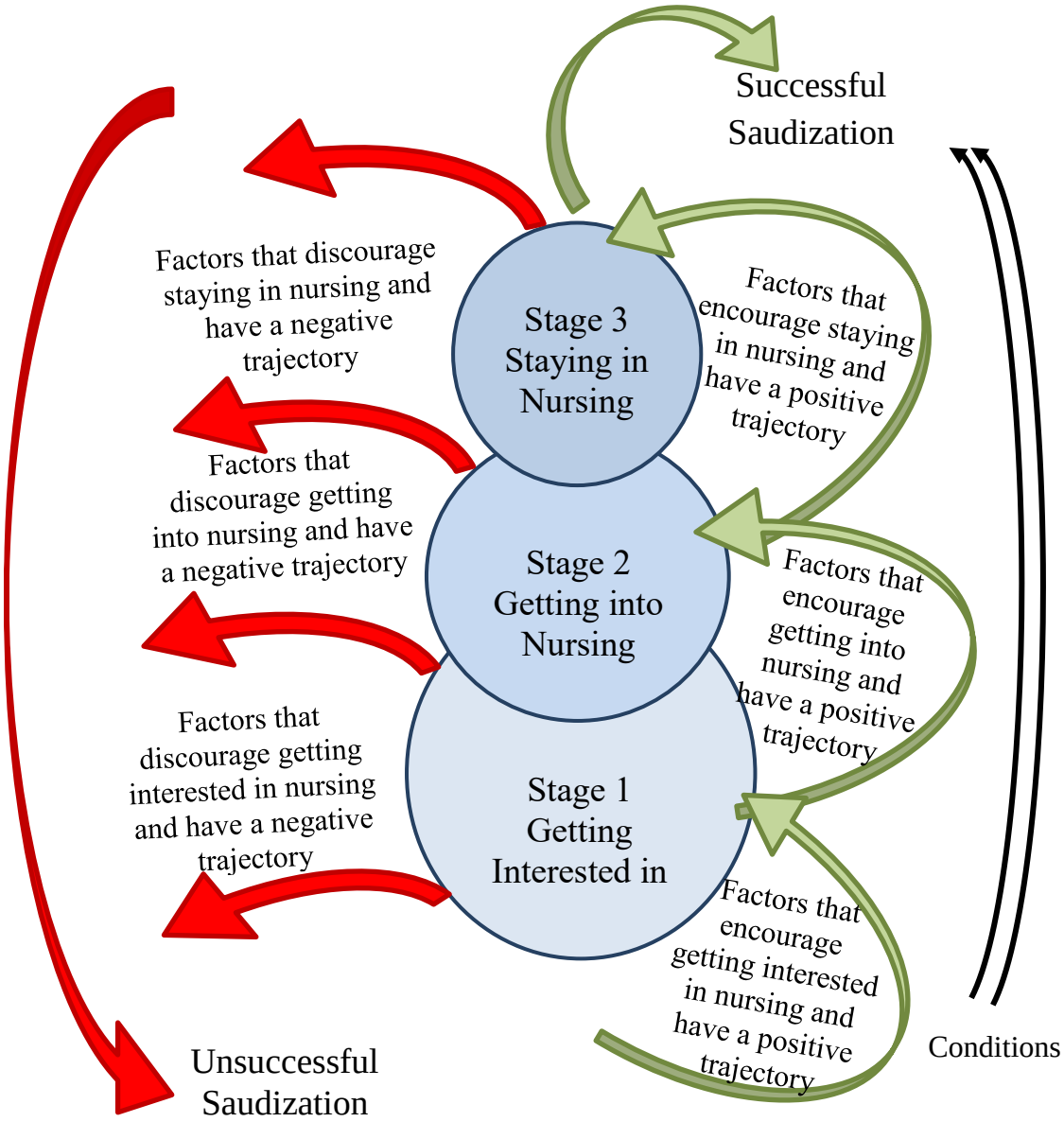
Figure 4.6: Early draft of the Conceptual Framework of Saudization within Nursing: Conditions



The concepts identified as core categories represent stages in the process of Saudization. This is therefore indicated in the final version of the conceptual framework. To create visual aid to help understand the relations between the concepts (stages, factors and conditions), a coloured version of the conceptual framework was created. Figure 4.7. represents the final version of the conceptual framework of Saudization within Nursing.

Jabreen (2009) suggest that once factors are entered in a conceptual framework that the more appropriate term to use is that of a conceptual model. Part 3 presents the Conceptual Model of Saudization with factors and conditions identified in this research.

Figure 4.7: The Conceptual Framework of Saudization within Nursing



Before presenting the Conceptual model and the factors and conditions identified in this research, table 4.17 provides an overview of the relation between the core categories and the emergent categories with the conditions and the impacting factors and their trajectories. This table also represents an illustration of the result at the focused coding stage 2. In order to gain a visual overview of the trajectories of each factor, the colours red, yellow, and green are used to highlight respectively negative, bi-directional, and positive trajectories.

Four conditions were identified, grounded in data embedded in table 4.17, namely *Support of society*, *Financial/educational support*, *Support of family*, and *Awareness*. Their association to the categories is indicated by a **C*** in the table. Further explanation to these conditions is provided in Part 3 of this chapter when presenting the findings in the Conceptual Model of Saudization.

Table 4.17: Focused coding stage 2: Relation between Core Categories, Emergent Categories, Impacting Factors, and Conditions

Emergent Categories	Impacting Factors	Trajectory (based on present research)	Core Categories		
			Getting Interested in Nursing	Getting into Nursing	Staying in Nursing
C* 1 Career Choice	Formal career advice	Negative	x		
	Job opportunities	Positive	x		
	Interested in helping others	Positive	x		x
	Other nurses in the family	Positive	x		
C* 2 Education through scholarship	Scholarship	Positive		x	x
3 Practical Employment Issues	Unsocial work hours	Negative	x		x
	Work-family balance	Negative			x
	Salary	Positive	x		x
4 Experience in Nursing	Support from colleagues/faculty	Bi-directional		x	x
	Relationship with patients	Bi-directional			x
C* 5 Support of Society	Lack of gender segregation	Negative	x	x	x
	Work/family imbalance	Negative			x
	Women's role in family/society	Negative	x		x
	Islamic roots to first Muslim nurse	Positive		x	x
C* 6 Support of Family	Support of family	Positive	x	x	x
7 Images of Nursing	Social image of nursing	Negative	x	x	x

Although many of the impacting factors have direct relation to the codes that contributed to each of the emergent categories they are not all named the same as the code. This was a decision made during the analysis process as the initial codes were intended to contribute with short terms or headlines capturing the essence of the data and thereby assisting in data management during the analysis, and not to identify factors directly.

Part 3: Conceptual Model of Saudization within Nursing

Part 1 of this chapter, which presents the findings of this research, details the iterative data collection and analysis process. It represents data from the individual rounds of interviews as part of the initial coding process. Part 2 of the findings chapter presents, through the focused coding process, the seven emergent categories, where discussion of *how* and *why* contribute to exploration of aspects pertinent to nursing as a career for Saudi women, and to the Saudization process. Part 2 concludes with illustrations of the progression in the development of the conceptual model.

Part 3 presents the conceptual model with the findings from this research. The three stages, *Getting Interested in Nursing*, *Getting into Nursing*, and *Staying in Nursing* and their connection to each other are discussed to provide an understanding of the processes pertinent to each stage and to the progression between the stages. The conditions and their roles are discussed to allow for an understanding of the dimensions that lay beyond the responsibility of the individual person in pursuit of a nursing career.

Part 3 concludes with a discussion of how the Conceptual Model is developed to be a dynamic model that invites stakeholders to explore its use in their pursuit of addressing Saudization within nursing. It is also suggested that the template of the conceptual model, although grounded in a nursing career context, can be adopted to inform Saudization in other contexts.

Based on the research findings some factors were identified as having positive trajectories on the process, and thereby encouraging individuals, while others were identified as having negative trajectories and therefore discouraging individuals from pursuing a nursing career. In practice, stakeholders are responsible to work with the factors that have a negative trajectory with the aim to mitigate them or even better eliminate the underlying causes. Ideally, this should result in a conversion of the trajectory, transforming factors from having negative to positive trajectories on the Saudization process.

Stage 1 in the Conceptual Model of Saudization is called *Getting Interested in Nursing*. It is the foundation stage as it is concerned with individuals who are searching for a career. To enable nursing schools to attract applicants, an interest in nursing is important, as

without this interest, nursing schools will have to rely on the overflow of students who desire a medical career but failed to get accepted. Four factors were highlighted as encouraging to the process of Saudi women becoming interested in nursing. Working in nursing gives amble opportunity to *help other people*. This factor is useful to highlight when stakeholders are engaged in the promotion of nursing as a career option for Saudi women.

Another factor that positively affects the interest in nursing is that of *having other nurses in the family*. Meeting people, who have gone through the process and currently practice as nurses, provides excellent opportunities for other Saudi women to meet Saudi nurses as role models. Saudi female nurses have paved the way and proven that it is permissible and possible for Saudi women to take up a nursing career (Lovering, 1996). While this primarily benefits girls and young women who have other nurses in their families, it calls for collaboration with Saudi nurses at job and career promotion events. Such work has already begun, and it is highly recommended to continue expanding such activities (KFSH&RC, 2015; 2018a; 2018b). *Job opportunity* and *salary* were two other factors that were highlighted as important to the interest in nursing. As the society changes and families to a greater extent become dependent on two incomes (Al-Munajjed, 2009), both salary and job opportunity increasingly play a role in the interest of women in nursing. The variety of different jobs that nurses qualify for adds value to the factor of job opportunities. Salary is not a topic that is generally discussed openly in Saudi Arabia (personal observation). However, if organizations allow pay scales to be available for public viewing, it may positively surprise some people, and generate even more interest in nursing as a career choice.

There were also identified factors with negative trajectories at stage 1 of the process. *Lack of formal career advice* was clearly identified as a factor that results directly in lack of awareness. Although some activities such as job fairs currently take place, a systematic and formalized career advice service, targeting all school age children and their parents, is lacking. The other factors impeding on the process of getting interested in nursing includes factors that are generic to the entire Saudization process. These were *unsocial work hours*; *lack of gender segregation*; *the role of women in the traditional family*; and the *social*

images of nursing. It is important to discuss and address these factors in order to mitigate their discouraging effect on the interest in nursing.

The factors are intricately connected to each other, as the concerns of gender mix in the public sphere and unsocial work hours are factors that are inherently bound to the role of women in Saudi Arabia. Although the factors are bound together, there are ways to try to address some aspects to ease the burden on women and thereby on families, such as addressing the long work hours. The social image of nursing is a multi-pronged factor that in spite of being reported as slowly improving, still plays a significant role in discouraging Saudi women from taking up a nursing career. Stage 1 involves the foundation, namely the interest in nursing and is therefore important to the Saudization within nursing, but this does not indicate a priority of the stages. They are equally important.

Stage 2 *Getting into Nursing* is the step that is concerned with applying, enrolling, studying, training, and graduating from a nursing programme. Two encouraging factors were identified for this stage. *Scholarship* was highlighted as important to participants who could not get into a public university. Without a scholarship, they would not have been able to finance their tuition, and they would never have got into nursing. Young Saudi women face many challenges when entering a nursing education programme; it is expected that students need support to overcome these challenges. The encouraging factor identifying *support from the nursing faculty* is therefore vital to their progress.

Contrary to this encouraging factor stands the factor *lack of support from nurses in the clinical setting* (in short called lack of support). While this factor can have detrimental consequences for the individual student nurse who might end her nursing career before graduating, it is also impeding the Saudization process, contributing to unsuccessful Saudization and loss of invested resources. There is a link between the factors *lack of support* and *lack of gender segregation* and *social images*. The analysis of the experiences leading to identification of *lack of support* recognised that several of the nurse participants' stories were about humiliation and challenges to Saudization, the factor *lack of support* is grounded in tangible experiences that can be addressed at the individual level in the clinical setting. The last factor identified for this stage is that of *Islamic roots to the first Muslim nurse*. The decision to include Islam in teaching nursing history to student nurses has

provided them with an opportunity to further develop their Saudi nurse identity (Lovering, 2012) and it offers good support to nurses partaking in the modernisation of Saudi society while keeping true to Islamic values. It is a factor that over time might influence the social stigma related to the image of nursing in Saudi Arabia. It is also suggested here that it is a factor that could prove beneficial to stage 1 when promoting nursing as a career for Saudi women.

Stage 3, the final stage in the Conceptual Model of Saudization, is called *Staying in Nursing*. This stage is occupied with processes that aim to keep nurses working in nursing. It is of little use if time, effort and resources are spent on getting individuals through the first two stages, for them to leave their nursing career once they have graduated. Whilst acknowledging that individual nurses, their families, or society in general, might benefit from nurses who decide to leave nursing and work in a different capacity, it does not contribute to a successful Saudization within nursing.

Grounded in data from this research, five factors were identified to have an encouraging effect on nurses remaining in nursing. *Salary* was one of them, and the nurse participants conveyed the message that although they liked their job it has to be compensated with a reasonable salary as nurses have so many aspects that they miss by working full time, such as time with their families and inconvenient work hours. *Scholarship* was another encouraging factor. Saudi female nurses have ambitions to pursue further education and many hope to study abroad. Nurses are attracted to work in organisations that facilitate scholarship within the Kingdom or abroad. The *Islamic root to the first Muslim nurse*, identified as encouraging, assists nurses in defending their worth in society and contributes to the Saudi nursing identity (Lovering, 2012). The desire and *interest in helping other people* and the *positive patient-nurse relationships* form close ties. While nurses work with an altruistic intention, their positive experiences is encouragement to continue this work, whereas the *negative patient-nurse relationships* are discouraging. This factor was therefore listed as having bi-directional trajectories; hence the identification of this factor as bidirectional. Where the data from stage 2 predominantly included negative experiences with expatriate staff in the clinical setting, the data for stage 3 identified the factor *Support*

from Colleagues as bidirectional, which means that Saudi nurses in spite of having negative experiences with colleagues also enjoy the support of colleagues in other situations.

The two factors, *Social images* and *Lack of gender segregation* are factors that continue to challenge the Saudization process with their negative trajectories. Nurses who remain in nursing find strategies to overcome these factors, such as how to provide nursing care to a male patient in a cultural setting with strict adherence to gender segregation (Mebrouk, 2008). *Women's role in the family* together with U*nsocial work hours* were both identified as discouraging for Saudi female nurses, and as a result of these two factors is the balance between work and family identified as a discouraging factor. It is a factor that mostly married nurses are exposed to as it becomes a challenge to manage their usual responsibilities as a wife and mother at home, while maintaining a full-time job working 48 hours a week.

The progress from one stage to the next is influenced by factors of which some are affecting processes at more than one of the stages. The discussion of the factors at the three stages leave a number of questions unanswered, such as which actions need to take place in relation to the various factors, and who is responsible for acting on them? This will be included in the discussion about implications in the next chapter.

Conditions, first thought of as factors, but later elevated in status as indispensable prerequisites, are pivotal to the Saudization process. Four conditions were identified, namely *Support of society*, *Financial/educational support*, *Support of family*, and *Awareness*. On the Conceptual Model of Saudization within Nursing the four conditions are connected to arrows which have different lengths and the name of the condition is placed at the right hand side. This illustrative design does not carry any significance as all four have been deemed equally important at all three stages. The mere reason for their appearance in the model in this way, has to do with the design, allowing for the text to stand out, increasing readability.

Awareness has been identified as a condition because the data demonstrated in many different ways a lack of insight (i.e. one of the nurse participants explained that it is not everyone who knows that Saudi women can study nursing in Saudi Arabia), and

misunderstandings held by some people (i.e. thinking that all nurses who studied in Saudi Arabia took their degree in 2½ years). Awareness will help the Saudization process, not only through facilitating factual knowledge about nursing, but also by helping stakeholders in their work to eliminate, mitigate, or convert discouraging factors to become encouraging factors.

Support of family is the condition that stood out as a clear prerequisite. In order for Saudi women to pursue a nursing career they will need their parents' approval to enrol at a nursing college. The family's support was also identified as necessary throughout their entire career. They simply would not be able to pursue a nursing career without the support of their family. While this stands in contrast to career choice in many other countries, it has to be understood in the religious and cultural context of Saudi Arabia. Although parents give the ultimate approval, support from other family members was identified as crucial (i.e. a mother to a student nurse had sent her daughter to check with her uncle to ensure that he would agree with her plan to apply to a nursing college).

Financial/educational support is identified as a two-pronged condition. It is closely connected to the encouraging factor named Scholarship, as it assists students of all income levels to apply for nursing school. Such financial support can assist women from rural areas where education for women traditionally only includes primary and secondary school. Furthermore these women have limited option for education in the local areas and have therefore a greater need for financial support to pursue further education (Al-Munajjed, 2009). With continuous financial support to education of Saudi women, nursing and other career options will become a realistic option for women from both rural and urban areas.

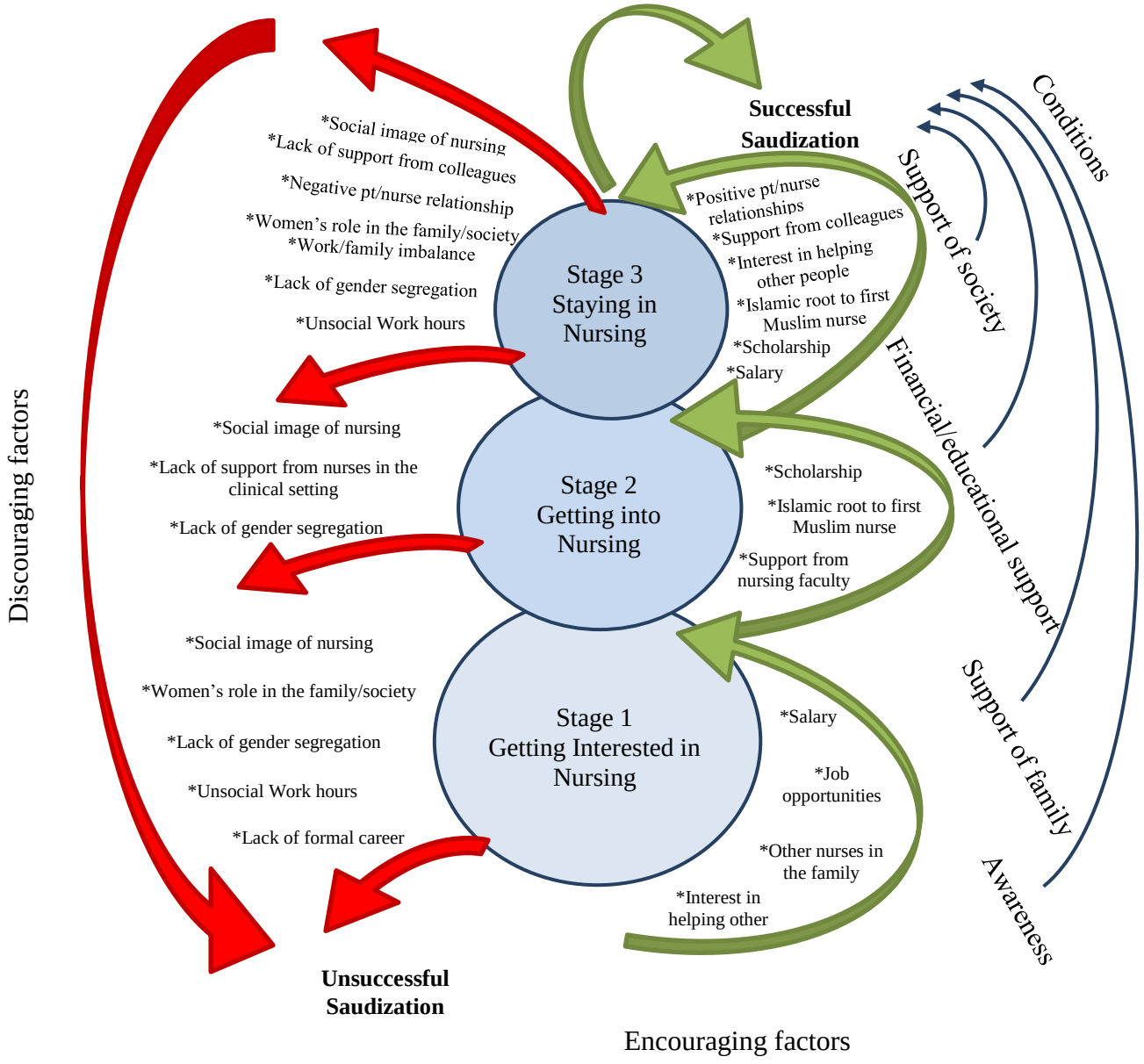
Support of society is a rather diverse entity, as the term society cover a broad range of stakeholders (i.e. patient, relatives, colleagues, organisations, government). People within Saudi society hold different perspectives and therefore represent diversity. Although the term society often is associated with Saudi people, in this context it also include the expatriates living and working in Saudi Arabia.

Successful Saudization within nursing is a complex process with challenges that require stakeholders to take part in the process. This research does not include an official

stakeholder analysis, but a list of stakeholders has been identified, facilitated by data generated through interviews and other informative material pertinent to Saudization (i.e. work documents that the Researcher has used in her professional capacity as Program Director for Nursing Education & Saudization, at time of the first part this study).

A tentative list of stakeholders include: Nurses, student nurses, their relatives, nursing faculties, hospitals, healthcare centres, managers and leaders of healthcare and educational organisations, Saudi and expatriate colleagues in healthcare settings, Saudi ministries and government. This list of stakeholders is not meant as a complete list, but a list of the researcher's suggestions, and is, therefore, a list that can be expanded by others. Some of these stakeholders' interests and roles in Saudization process within nursing will be further discussed in the next chapter.

Figure 4.8 Conceptual Model of Saudization within Nursing



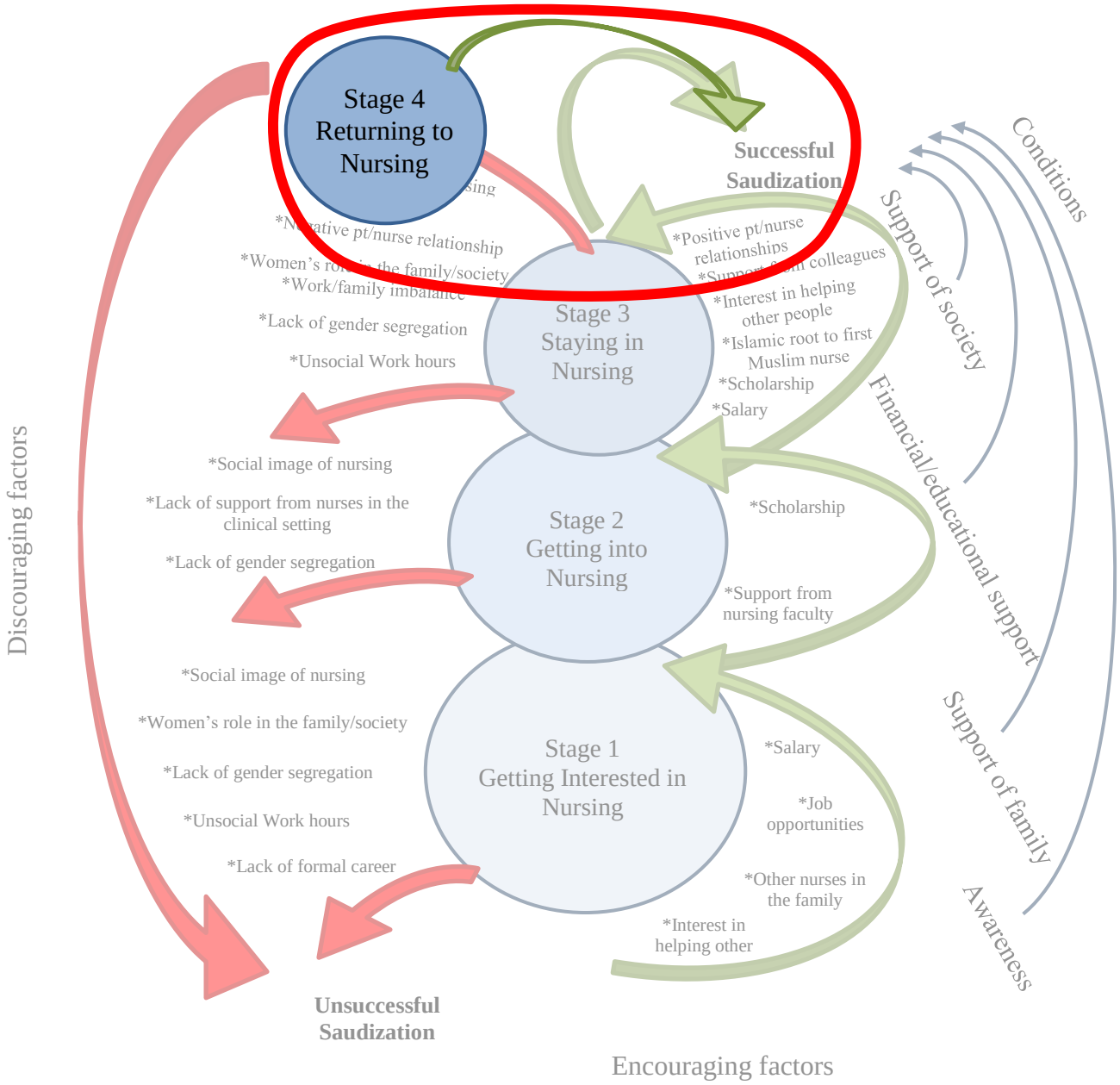
The Conceptual Model of Saudization within Nursing, as developed and presented here, is intended to serve as a framework for stakeholders to use when working with local or defined aspects of Saudization. This also allows for flexibility as other factors might be identified in another context. In this way the Conceptual Model is a dynamic model. In fact,

it is desirable that the impacting factors with negative trajectories change, through mitigation or even better by removal from Conceptual Model

The researcher has during this study identified a missing stage. The dialogue with some of the participants turned towards stories about wanting to leave nursing. With recommendation from participants to include nurses who have left nursing, attempts were made to find such participants, though without success. It is however known from the Saudi context that such nurses do exist as the SCFHS have requirements in place for nurses who have been away from nursing for more than two years to regain their licence to practice (Saudi Commission for Health Specialties, 2017). Although there is no statistical data in this regard, it is an international phenomenon that reflects individual choices (Ugur and Kocaman, 2011; Gooddare, 2017). Figure 4.9 illustrates a fourth stage that needs further exploration to identify its impacting factors and their trajectories on the process of Saudization within nursing.

The Conceptual Model of Saudization, without the factors pertinent to nursing, is also suggested as useful in other contexts where Saudization is used as a strategy to address national employment and decrease the dependency on an expatriate workforce. Whether it is in nursing, other healthcare professions, the oil industry, banking, hospitality or any other field, facilitating successful Saudization, is likely to involve individuals getting interested, getting into, and stay working in the field. Hence, the Conceptual Model of Saudization invites other professions or fields of interest to explore its framework. Finally, nationalization is not limited to Saudi Arabia. Other countries in the region, such as Oman, United Arab Emirates, Qatar, and Kuwait, also work with strategies to increase the employment of its own nationals (Maben et al., 2010; Al-Waqfi and Forstenlechner, 2014). The Conceptual Model of Saudization can prove beneficial as a framework in these contexts, and is dynamic and open for alteration to suit the specifics in another setting.

Figure 4.9 Suggestion to Stage 4 of the Conceptual Model of Saudization within Nursing



Creating a model that is claimed to be dynamic and open for change or adjustment, acknowledges that it has limitations. Theories developed through a constructivist grounded theory approach do not claim generalization, but are theories grounded in specific data, in a certain context, at a given time (Charmaz, 2014). The Conceptual model of Saudization within nursing is grounded in data obtained from the Western region of Saudi Arabia, and therefore factors and conditions identified are specific to this research setting. Transferability of the Conceptual Model, with its factors and conditions, has to be assessed by users of this research specific to their setting and context.

The researcher also set out to collect data that would inform the Saudization process for both men and women. However, as the vast majority of data collected focused on nursing as a career for Saudi women the Conceptual Model has to be understood in that context. The template of the three stages is however, generic and the framework of the model can therefore be used to explore factors specific to the Saudi male population.

Summary

Chapter 4 provided a detailed account of the findings, with the aim to facilitate understanding of the iterative research approach embedded in the constructivist grounded theory approach. The chapter has presented the participants and their connection to the phenomenon as well as their role in regard to data collection. 38 initial codes were identified through the process of data collection and initial coding. Through further analysis, using memoing, constant comparison and clustering in the process of focused coding, seven emergent categories were identified. Within these emergent categories, grew the findings of 16 factors and four conditions. The Conceptual Model of Saudization evolved through a series of sketching, starting with that of a nursing career journey. Exploring the time continuum, which the participants used to tell their stories three core categories were identified. These core categories later provided base for the 3 stages in the Conceptual Model of Saudization. Chapter 5 continues with a discussed of the implications and recommendation to practice and policies

Chapter 5: Implications

An increased interest in Saudization within nursing has resulted in research projects with suggestions of where the problem lays and what needs to change. Description of the challenges that nursing faces in regards to the Saudization process has been identified and described in recent years from a variety of perspectives (Gazzaz, 2009; Alboliteeh, 2015, Al-dossary et al., 2012; Al-Mahmoud et al., 2012; Mahran and Nagshabandi, 2012; Alshmemri, 2014; Alotaibi et al., 2016). Research findings from these studies have been presented at conferences and in academic papers, such as PhD theses or publications in nursing journals. These studies contribute with important insights to the body of knowledge, yet a research-based theory that informs and guides the process of Saudization had not been developed. This present research has therefore addressed the existing gap through the development of the *Conceptual Model of Saudization within Nursing* using a constructivist grounded theory approach (Charmas 2014).

The development of the *Conceptual Model of Saudization within Nursing* revealed a complexed and intertwined set of factors that impacts on the process of Saudization in different ways and at different stages. It also highlighted certain conditions as prerequisites to successful outcomes. Furthermore, it acknowledged individuals' career pursuit in nursing as central to the process.

The *Conceptual Model of Saudization within Nursing* represents a graphical illustration of the theory *Saudization of Nursing.* The model demonstrates the interconnected factors and their impact on the different stages in the process. The model facilitates opportunities for stakeholders to focus on factors pertinent to their scope of interest. It also indicates interconnection between stakeholders, and thereby encourage collaboration between the various stakeholders. *The Conceptual Model of Saudization within Nursing* provides stakeholders with a conceptual map from which they can explore their specific role, in the multi-faceted process of Saudization.

Applying the *Conceptual Model of Saudization within Nursing*, requires considerations towards the implications. Implications are pertinent to stakeholders, as they can be affected directly or indirectly by any change that subsequently might occur. This chapter highlights

therefore implications as perceived from the researcher's perspective. Implications are presented in terms how they are perceived to impact policy and practice.

Implications for policy

The desired outcome of Saudization is that of success. This has been identified on the *Conceptual Model of Saudization within Nursing*. However conceptual models are not designed to predict or measure outcome, and implementing the *Conceptual Model of Saudization within Nursing* will therefore not assist stakeholders in evaluating their progress. Using the conceptual model will however assist stakeholders in understanding the interactions factors and conditions and their impact on the various stages.

The government sets targets for successful Saudization. Al-Asfour and Khan (2013) argue that some organizations continuously fail to meet the government's target, and claim that it is a problem that success is only measured in terms of quantity without considerations to quality. Organizations that want to work actively with Saudization need a plan specific to their context where they identify their strategy, target, available resources, measure of success, and other relevant aspects of their Saudization strategy.

One of the factors that was highlighted in this as well as many other research (Gazzaz, 2009; Alboliteeh, 2015, Al-dossary et al., 2012; Al-Mahmoud et al., 2012; Mahran and Nagshabandi, 2012; Alshmemri, 2014; Alotaibi et al., 2016) was *Work Hours.* One way to address dissatisfaction with the long workweek might be to compensate with an increased pay such as suggested by a Saudi nurse in an interview with Arab News (Al-Subiani, 2013), but it does not diminish the affect the long workweek has on Saudi female nurses, and will therefore not do any difference on a long term basis. Saudi female nurses who have their own family to care for, would experience the same difficulties in balancing a workweek with 44-48 hours and the requirement at home where they have responsibilities as mothers and wives.

If nurses cannot manage their family life besides their full time work as nurses, they might look for a different employment opportunity as a nurse or leave their nursing career all

together. Such tendency could overtime be expected to filter down to the reputation of working in nursing and increase the negative impact the *unsocial work hours* already have on the interest in nursing.

Nurses leaving their nursing career would result in loss of human capital and increased cost. High turnover rate is associated with increased cost in terms of money, time and effort, to recruitment and training of another nurse (Li and Jones, 2012). Having an imbalance between work and family life can create burnout and long term sick leaves. This is a health hazard to the nurse and increased cost to the employer who might have to cover with nurses working overtime (Andrade et al., 2017)

Decreasing the weekly number of hours for all fulltime positions (FTEs) may arguably result in the need to recruit more nurses, which would means an increased cost. Studies (Raposo and van Ours, 2010) of government directed decrease and it impact on job creation in the labour market in general demonstrated from different countries that it did not affect job creation but it did prevent job destruction, which refer to staff loosing their job. As these studies come from a different context, it important to consider how the context of healthcare in Saudi Arabia would be impacted by a decreased workweek.

If additional positions need to be created and organisations have to resort to international recruitment, the proportion of Saudis in the organisation will decrease, which will make it look as if the organization are failing to meet the target set by the government. There are other aspects to include in considerations of decreasing the work hours for Saudi female nurses such as how it would impact the workweek of Saudi male nurses, and expatriate nurses, and other healthcare professions. At the same time, abstaining from addressing the workweek could result in detrimental consequences to Saudization as Saudis might lose interest in nursing and the numbers that has been on the rise could decrease again.

On a positive note, decreasing the workweek would be an initiative to support family friendly policies. Studies conducted by the Organisation for Economic Co-operation and Development (OECD) looked at the cases of Australia, Holland and Denmark. These indicates that there are benefits to the society at large when implementing family friendly policies, such as securing the income for families, strengthen gender equality, and promote

child development. It is argued that family friendly policies also include extended maternity/paternity leave and childcare policies (OECD, 2002).

Nurses working split shift might be in the interest of the organization, but for nurses it would mean that transport would take more time as the nurse will go home in the break. The time she is home might not be the time she needs to manage her family life, which will result in the perception of having had a very long workday, a day away from home.

Generally evening and night shifts are not financially compensated. All nurses are expected to work all shifts, and it is up to the manager to arrange the schedule, however due to variations of personal needs and preferences nurses may choose to work night if the pay reflects the inconvenience of working unsocial hours.

Implications for Practice

Although it is difficult to split implications between policy and practice, as the two often are linked to each other, the above-discussed implications predominantly are related to policies and governmental involvement.

The negative experiences, leading to conflicts between Saudis and expatriate nurses, and Saudi Student nurses' feeling of being humiliated, pose a problem for the work environment. Conflicts linked to race and ethnicity can escalate to cases of incivilities, and as these give implication for safety, integrity, and dignity, they are not only contributing to a unhealthy work environment for the individual but it also amplify the consequences in terms of questioning the legitimacy of the organization itself (Roscigno, 2009).

Saudization as a strategy to educate and train Saudi nurses to replace expatriate nurses, might be understood by expatriate nurses as they are not wanted and that they will be made redundant as soon as a Saudi nurse is ready to take the position. Fear of being made redundant is taken personal and can affect the quality of care (Sprinks and Snow, 2001). Newly hired expatriate nurses might lack cultural insight that might contribute to misunderstanding and create foundation for the conflict (ref). The same might happen to

Saudi student nurses who might not have interacted much with expatriates before being assigned to clinical training in a hospital.

Although there might be an understanding of Saudization only concerning Saudi nationals and perhaps leadership, it implicates managers and clinical nurses in terms of aspects on a day-to-day basis. It is therefore essential that expatriate nurses get involved in the process. Recognition of contributions and achievements has a positive influence on nurses. This is often used in transformational leadership and influences job satisfaction positively (Alghamdi et al., 2011).

Stage 2 in the Conceptual Model of Saudization within Nursing pertains to *getting into a nursing*. Research findings of this research as well as other research (Gazzaz, 2009) carries stories about significant numbers of dropouts during the nursing programme. The Conceptual Model of Saudization within Nursing calls for joint venture and collaboration. This requires transparency, amongst which is data sharing. Nursing faculties need to collect and share data from their field and organizations need to do the same, in order for a trust relationship can develop. A comparison and collaboration founded in data is essential, and will allow for evaluation of progress. Nurse leaders and Faculty members must pave the way through collaboration to address common interests which lays at each of the three stages of the Saudization process.

Women's changing role in the public sphere is at the forefront of contemporary issues in Saudi Arabia. During the past decade women have gained the right to not only vote, but also to run for position in local councils and more recently to gain a driving license. New career options have opened for women, who now can work as TV journalists (Arab News, 2018), lawyers representing both women and men in the judicial system (Al-Sulami, 2018), head of Saudi stock exchange or CEO of a Bank, making decisions at top management levels (Ians, 2017), and many other careers that have not previously been open to women.

Although, this development undeniably is a positive to Saudi women, their families, and to Saudi society in general, it is a development that might challenge Saudization within nursing. New career options that suddenly open new doors for women, together with a continuous stigmatised image of nursing might result in a diminishing interest in nursing

as a career. It is therefore important that the other discouraging factors are addressed. Promotion of nursing as a suitable career is a complexed process. It can take place through everyday encounters between patient and nurses, but it can also be largescale nationwide campaigns. It is important that promotion and awareness of nursing a career option for Saudis exist, and that young Saudi can imagine themselves as nurses. Through collaboration stakeholders can benefit from creating promotion opportunities.

Finally, whilst the recommendations are made in light of the findings from this study which focused on the Saudization of nursing within Saudi Arabia, the importance of recognising and addressing the complexities around a successful Saudization of nursing cannot be ignored. The conceptual model developed can be used by stakeholders to facilitate this process and the conceptual framework may prove useful to others, both in terms of discipline and geographical location, facing similar problems associated with reliance on an expatriate workforce. To continue with policies and practice, that do not address the complexities discussed in this work, will mean that Saudi Arabia will continue to be vulnerable, in terms of being able to provide high quality nursing care, as a result of remaining reliant on an expatriate nursing workforce. At the same time the country will continue to experience many of the problems associated with a high level of unemployment within its own nationals. The conceptual model developed provides stakeholders with a dynamic model which can, if applied, facilitate the Saudization process and therefore help the Kingdom of Saudi Arabia in its quest to become a country which becomes, far less not reliant on expatriate nurses to meet the needs of an every growing and demanding health care system, but is able to recruit, train and maintain a nursing workforce drawn from its own nationals.

Chapter 6: Conclusion & Recommendations

Conclusion

Saudization of Nursing is the title given to this thesis and to the theory that evolved from this qualitative research, designed as a constructivist grounded theory approach inspired by Charmaz (2014). The research set out with two aims: 1) to develop a conceptual framework and model for Saudization within nursing, and 2) to provide recommendation for policy and practice regarding implementation of the model, and thus to the development of a sustainable Saudi nursing workforce.

An investigation of the views and perceptions of nursing amongst Saudis was a central starting point to data collection. With participants from three different groups, namely nurses/student nurses, relatives to nurses/student nurses, and other members of the Saudi society, 19 Saudi participants took part in the research.

The analysis resulted in identification of seven emergent categories, from which 16 factors and four conditions were identified. These factors and conditions were fundamental to the development of the conceptual framework, which gave rise for the *Conceptual Model of Saudization within Nursing*.

The model that identify the process of Saudization in three stages: *Getting Interested in Nursing*, *Getting into Nursing*, and *Staying in Nursing* is designed as a dynamic model that invites stakeholders to take ownership of the model and explore factors and their trajectories on the Saudization process. While identifying the stages as interlinked and by connecting factors and conditions to the entire process, the *Saudization of Nursing* calls for collaboration and joint ventures between stakeholders.

The four conditions identified as essential prerequisites include *Support of Society*, *Financial/Educational Support*, *Support of Family*, and *Awareness*. All four conditions are equally important to successful outcome. The 16 factors have different trajectories. They are either positive and facilitate the process towards success or they are negative and will therefore hinder the process and contribute to an unsuccessful Saudization.

There were identified encouraging factors, namely *Interest in Helping Other People, Having Other Nurses in the Family, Job Opportunities, Salary, Scholarship, Support from Nursing Faculty, Support from Colleagues, and Islamic Roots to First Muslim Nurse*. Two of these were also found to have discouraging properties depending on the experience in the given context, hence the decision to call them bidirectional.

One of the identified factor was very important. It was at first used as an initial code, but during the analysis, it grew to become a factor, and later it was elevated to an emergent category, from where, due to its characteristics as a prerequisite, it was identified as a condition. This factor was *Support of Family*.

While the encouraging factors are important to the process of Saudization, it is the discouraging factors that stakeholders need to focus on and address. Several of these factors are intricately bound to each other. They include: *Lack of Career Advice, Unsocial Work Hours, Lack of Support from Colleagues, Work/family Imbalance, Lack of Gender Segregation, The Role of Women in The Traditional Family,* and *Social Image of Nursing.*

This research adds to the body of knowledge, which exist through the findings of other studies within the Saudi context (Gazzaz, 2009; Alboliteeh, 2015, Al-dassary et al., 2012; Al-Mahmoud et al., 2012; Mahran and Nagshabandi, 2012; Alshmemri, 2014; Alotaibi et al., 2016). It has, through its approach, using constructivist grounded theory (Charmaz, 2014) provided a research-based theory and conceptual model that informs the process of Saudization. The conceptual framework furthermore holds generic features that allow for adaption to other research and practice contexts, both within Saudi Arabia further afield.

This research has also added new perspectives to the discussion of the image of nursing. Inspired by a participant in the research who used the expression, it is proposed to add the social image of *nurses being educated maids* to the list of misconceived perceptions of what nursing is all about. It has, in this regard, been suggested that plausible underlying reasons for the stigmatized image of nurses could be found in a link between nurse and maid, and maid and slave. The phenomenon of some Saudi patients not wanting Saudi nurses to care for them has also been explored in context to the historical roots and with links to the societal development Saudi experienced after the discovery of oil.

Recommendations for Policy and Practice

The participation of stakeholders will contribute in leading the process in the right direction, and thereby contribute to the outcome. Recommendations presented here are grounded in research findings of the research and serves as a starting point for stakeholders.

Recommendation I: Addressing *Unsocial Work Hours*

Some factors are clearly defined with underlying reasons that are easy to understood, hence also easier to address. One of these factors is that of *unsocial work hours*. While there are different dimensions in the term *unsocial work hours*, the main concerns identified in this research were that of a week with 44-48 work hours implemented 12 hour shifts, and working night shift. The *unsocial work hours* affect nurses and their family on a daily basis, as they contribute negatively to work/family balance. The reason for this has to do with Saudi women's role in the family, as they maintain their roles as mothers and wives while working full time as nurses. Based on the research findings (see page 102) *unsocial work hours* is a factor that needs to be addressed to continue generating interest in nursing as a career and to facilitate that nurses stay working in nursing. It is therefore recommended that:

- The governmental authorities take steps to decrease full time work, aiming at a 37 hours workweek. To facilitate a gradual transition this could be scheduled with yearly increments over 5 years, which would allow organizations and employers time to adjustment.
- The governmental authorities take steps to decrease the length of a normal workday, aiming at 8 hours shift.
- The governmental authorities take steps to compensate evening and night shift with the aim to compensate for the unsocial work hours.

- Organizations immediately take steps to implement possibilities for 8 hour and 12 hour shifts, which will allow the individual nurse to select the length of the workday as preferred in in-patient settings.

- Organizations immediately take steps to cease the practice of mandatory split shift for nurses in clinics and out-patient settings.

Implementation of these recommendations will address the factors *work hour*, *work/family balance*, and *women's role in the family,* and add value to the condition, *Support of Society* in the *Conceptual Model of Saudization within Nursing*.

Recommendation II: Addressing the *Social Image of Nurses*

While *work hours* is concrete factor defined by specific properties, the factor entitled *Social Image of Nurses* is rather abstract. Although discussion in this (see page 132) has revealed that the *social image of nurses* has a myriad of underlying influences, with roots in the socio-cultural historical context of Saudi Arabia, the image continues to affect the perception of nursing as a suitable career choice for Saudi women, and therefore it is detrimental to the process of Saudization. Addressing the Social Image of Nurses in Saudi Arabia is pertinent to the development of a positive Saudi nurse identity, and Saudi nurses are central actors in that process.

It is therefore recommended that:

- The governmental authorities takes steps to facilitate nationwide promotion campaigns to illustrate, to members of Saudi society, that nursing is a suitable career for both Saudi men and women in Saudi Arabia. The campaign material needs to reflect reality, including the diversity of Saudi nurses.

- Saudi nurses collaborate with primary and secondary schools nationwide to take part in educational activities that facilitates Saudi children to experience Saudi female and male nurses as role models, inspiring them to consider nursing as a career choice.

- Saudi nurses collaborate with each other to promote nursing as a career option for Saudis.

- Saudi nurses participate in public debates about health and social care issues thus highlighting the important role nurse play in health promotion and public health in Saudi Arabia.

Implementation of these recommendations will address the factor, *Social Image of Nurses*, and add value to the conditions, *Awareness* and *Support of Society*, in the *Conceptual Model of Saudization within Nursing*.

Recommendation III: Addressing *Lack of Support from Colleagues in Clinical Setting*

Saudi student nurses' development, from being girls having grown up in a strictly gender segregated society, to being students having to learn nursing practice in a gender mixed clinical setting, navigating in a cultural diverse workforce, while encountering challenges with Saudi patient who do not all treat them with respect, is a challenging transition that requires support from clinical nurses. Unresolved issues between Saudi student nurses and expatriate nurses, or lack of understanding of the students' situation can lead to perceived and/or actual lack of support. Although this factor was a finding predominantly to the stage of getting into nursing, it continues to affect the stage of staying in nursing (see page 107).

It is therefore recommended that:

- Healthcare organizations implement mentor/preceptor courses for expatriate and Saudi nurses to provide them with the skills and knowledge needed to facilitate the situations they may encounter while teaching, student nurses and newly qualified Saudi nurses, in the clinical setting

- Organizations arrange appreciation ceremonies where student nurses and clinical nurses, Saudi and expatriates, are recognized for their positive contribution to patient care, their colleagues, and the organization

- Nurse leaders take steps to implement zero tolerance policies in respect of excluding others, or any type of bullying behaviour, regardless of the nationality of those involved

- Staff nurses take steps to address and assist their colleagues when they are challenged in situations, or conflicts with each other, or with Saudi student nurses

Implementation of these recommendations will address the factors, *Lack of Support from Nurses in the Clinical Setting, Lack of Support from Colleagues* in the *Conceptual Model of Saudization within Nursing*.

Recommendation IV – Addressing Saudization through Research and Projects

Saudi society is in constant development, resulting in changes that affect the way people experience processes such as Saudization. Different factors and conditions may apply in the future; hence, the topic is not going to be obsolete, unless, although it is highly unlikely, that Saudization become successful with a total shift from the current dependency on the expatriate nurse workforce. The findings and discussions within this research has brought an array of aspects related to nursing as a career to the surface, some of which clearly call for further explorations. Stakeholders within the Saudi society can benefit from enhanced attention to a number of interesting topics related to the Saudization process and the social image of nurses. These issues are grounded in the findings from this research.

It is recommended that:

- Nursing colleagues from faculties and the clinical setting collaborate on research projects to explore student-nurse relationship with the aim to generate a deeper understanding of the challenges students and nurses might experience.

- Faculty members from nursing colleges and public universities, collaborate to establish a strategy to follow up on each student nurse who makes the decision to leave nursing. The absence of available statistical data currently makes it difficult to identify any trends as to why students may leave their nursing course.

- Nurse leaders in hospital and other healthcare settings, establish methods to explore reasons for Saudi nurses decision to leave the organization and potentially also their nursing career.
- Any stakeholder, with interest in the Saudization process, conduct research to further explore the Conceptual Model of Saudization within Nursing, especially in regards to the 4th stage and its application to male nurses.

- Stakeholders with interest in this newly developed *Conceptual Model of Saudization within Nursing*, implement it in their practice setting with the aim to critically evaluate its application specifically in their own context.

Dissemination of Research Findings

Working with the research over a period allowed the researcher for time and opportunities to present preliminary findings with interested colleagues. Through local presentation of the study the researcher received feedback from Saudi audience confirming that the research is addressing an interesting and current aspect of nursing in Saudi Arabia. It also provided opportunity for the researcher to interact with Saudi nurses who corroborated the findings by sharing their own stories.

The research, which at the time was still ongoing, and its preliminary findings, was also introduced at a transcultural nursing conference in Ireland, where it was well received as a topic of global interest. The work about interviewing through an interpreter was highlighted as especially relevant to researchers globally due to the contemporary focus on cross-cultural research topics.

During the researcher's professional tenure, working with Nursing Education and Saudization, the research and it temporary findings was also used to facilitate creation of a local plan for Saudization within nursing. It is hoped that the final findings will be useful for the organization and to the Saudi community in general. It is therefore planned that a summary report will be sent to the concerning organization.

It is essential to share new knowledge. It is the researcher's responsibility to disseminate research findings to the local and global nursing community. Researchers, who are linked to an academic institution, often have access to PhD theses through their online library, but clinical staff or nurses working in smaller healthcare organisations might not have such access, and their ways of finding new knowledge is more likely going to happen through reading nursing journals or attend nursing conferences. Considering these aspects, the researcher's plan for further dissemination includes:

- Submitting a final report to the Institutional Review Board (IRB). This will be completed as the first step to ensure that the IRB will know about the results before other stakeholders are informed.
- Present findings at conferences, at least one in Saudi Arabia, and another at an international nursing conference.
- Submit articles for publications, at least one presenting the findings including the Conceptual Model of Saudization within Nursing.
- Endorse the Conceptual Model of Saudization within Nursing to Saudi stakeholders by sending them a report of the research findings and the Conceptual Model of Saudization within Nursing.
- Act on other occurring opportunities that invites to disseminate findings of the research.
- Disseminate the research findings to the participants. It was a promise that research findings would be shared with them. Two participants had stated that they did not have a need to know about the findings. The remaining participants identified at time signing informed consent that they wanted to receive the information through publication.

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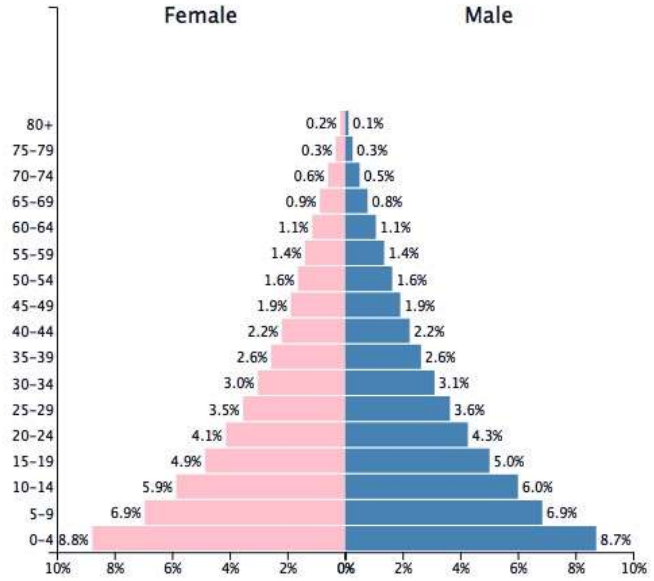
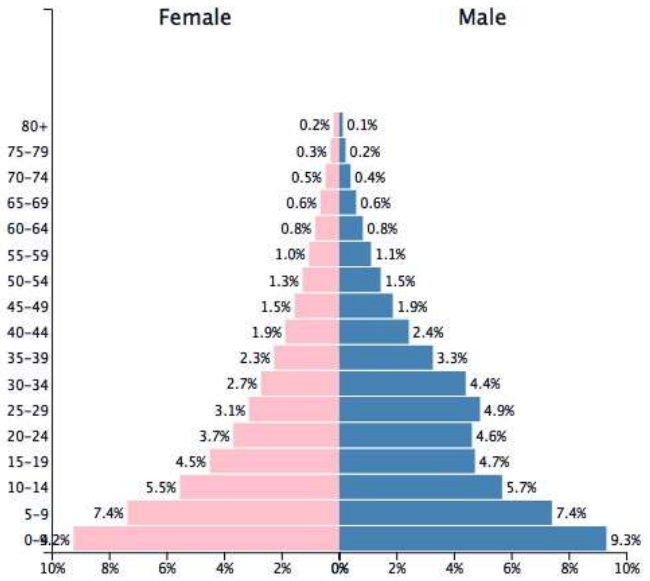
Appendices

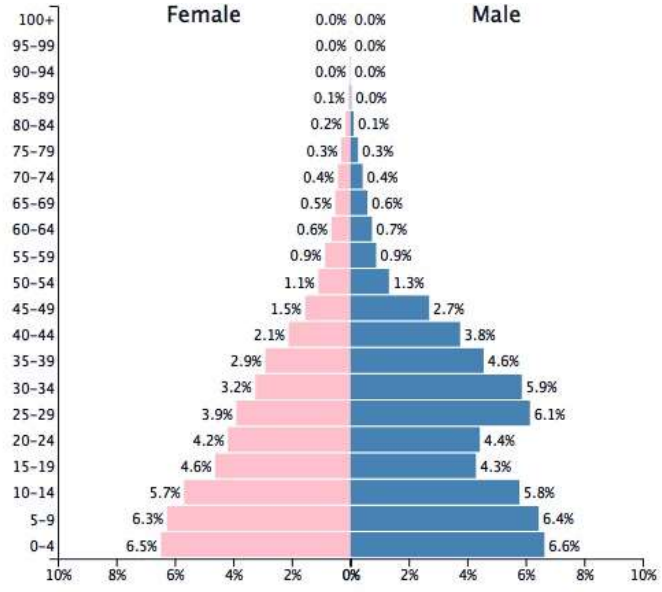
Appendix A: Population Pyramids of Saudi Arabia 1960 - 2016



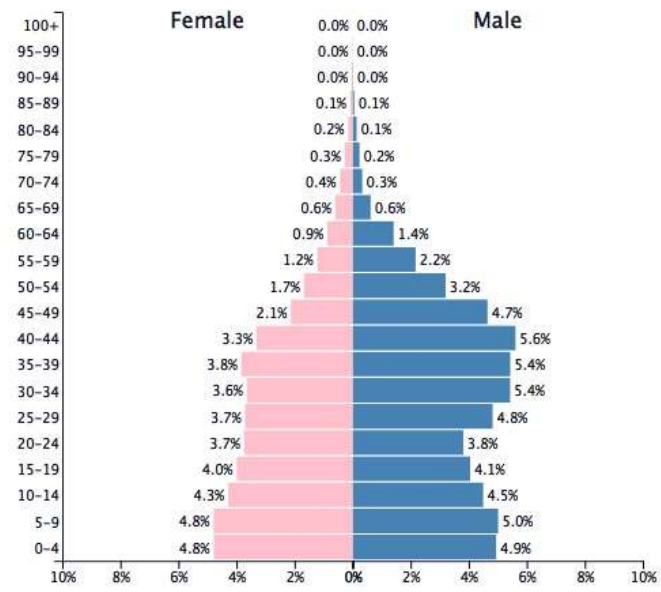
Population: 4.086.538 in 1960



Population: 9.912.917 in 1980



Population: 21.392.273 in 2000



Population: 32.157.974 in 2016

https://www.populationpyramid.net/saudi-arabia/

Appendix B: Approval from Institutional Review Board (IRB)

[redacted]

INTERNAL MEMORANDUM

TO : **Jette Mebrouk**
Principal Investigator, IRB 2009-13
[redacted]

DATE: 23 Jumad Al Awal 1430
18 May 2009

REF.: RC-J 147-30

FROM : [redacted]
Deputy Chairman, Institutional Review Board (IRB)
Research Centre

SUBJECT : **IRB 2009-13**: *The views and experiences of Saudi people in the Jeddah region about nursing as a career for Saudi people*

I am happy to inform you that scientific and ethical approval has been granted to the above-noted research protocol. Your detailed response to the suggestions and queries of the Board in our memo of 04 May 2009 (Ref # RC-J 133-30) is satisfactory. You may now start the research project.

Please submit to the Board the first Bi-annual Progress Report on or before **17 November 2009**. You may ask for a copy of the form from the Research Centre.

On behalf of the Board, we wish you success in the conduct of this protocol.

[redacted]
/ddl

Form 11100-14 (09-29) I.C. 62125001361 NE-J-170-30 MAY 19/09 Printed by Reprographics [redacted]

Appendix C: Flier about the Research

A PhD student from Birmingham City University is looking for 40 Saudi people to participate in a research study

باحثة دكتوراه بجامعة برمنجهام تبحث عن أربعين مشارك و مشاركة من السعودية

Would you like to take part in research about nursing for Saudis?

هل ترغب بالمشاركة في بحث عن سعوده التمريض في المملكة

Your participation will include two audio-recorded interviews each of 1 – 1½ hour in English or Arabic according to your choice.

مشاركتك تتضمن مقابلتين مسجلة صوتياً تستمر كلٌ منها من ساعة إلى ساعتين بالعربية أو الإنجليزي على حسب اختيارك.

All views about nursing are welcome, both them that supports nursing and them that does not.

نرحب بكل الأفكار والآراء المؤيدة أو المعارضة حول التمريض

If you are Saudi and above 18 years of age

You are invited to share your view and experiences in regards to Nursing as a career for Saudi men and women.

إذا كنت سعودي أو سعودية فوق سن الثامنة عشر

أنت مدعو لمشاركة أفكارك وتجاربك الشخصية حول التمريض كمهنة للسعوديين رجالا ونساء.

If you are interested or want to know more about the study please contact

إذا رغبتم المشاركة أو لمعرفة المزيد عن موضوع البحث، الرجاء الاتصال عن طريق احد الوسائل المتاحة أسفله.

Jette Mebrouk يتا مبروك

667-7777 # 66260/66240 or email: jmebrouk@kfshrc.edu.sa

Appendix D: Invitation Letter

Invitation to participate in research May peace and blessings be upon you, My name is Jette Mebrouk. I am employed at [redacted] I am conducting a research titled: *The views and experiences of Saudi nationals in the Jeddah region about nursing as a career for Saudis.* The research is a part of a PhD study that I am undertaking with Birmingham City University. I would like to invite you to participate in this research, and I have therefore enclosed an informed consent form that provides you with an initial overview of the research. If you would like to participate in this research or would like to know more about it, please contact me via one of the contact options below I am looking forward to hearing from you. Yours sincerely, _____ Jette Mebrouk	**دعوة للمشاركة في البحث** **السلام عليكم ورحمة الله وبركاته** **إسمي يتا مبروك موظفة لدى [redacted]** **و[redacted]** **بعنوان: نظريات وتجارب المواطن السعودي بجدة وضواحيها عن التمريض كمهنة للسعوديين.** **إن هذا البحث جزء من شهادة الدكتوراه التي ادرسها بجامعة مدينة برمنجهام.** **أود دعوتكم للمشاركة في هذا البحث ولذلك أرفق نموذج المعلومات حول البحث ونموذج قبولكم المشاركة في البحث.** **إذا رغبتم المشاركة أو لمعرفة المزيد عن موضوع البحث، الرجاء الاتصال عن طريق احد الوسائل المتاحة أسفله.** **في انتظار سماع موافقتكم.** **ولكم جزيل الشكر والعرفان,** _____ يتا مبروك
Contact details: Jette Mebrouk Telephone: [redacted] e-mail: jmebrouk@[redacted]edu.sa regular mail: Jette Mebrouk [redacted] 21499 Jeddah Saudi Arabia	**تفاصيل الاتصال:** يتا مبروك هاتف: [redacted] البريد الاكتروني: jmebrouk@[redacted]edu.sa العنوان البريدي: يتا مبروك. [redacted] العربية السعودية

Invitation Letter 8.8.2009

Appendix E: Consent Form

INFORMED CONSENT FOR RESEARCH

You have been invited to participate in this research. Your participation is on a volunteer basis and this informed consent form will provide you with information about the research and outline your right as a participant in the research project.

Title of Proposal:
The views and experiences of Saudi nationals in the Jeddah region about nursing as a career for Saudis

Why is this research important?
Saudi Arabia has, since the 1960s, provided nursing education, but the Kingdom is still dependent on a large number of expatriate nurses.
This research aims to explore the current views and opinions about nursing among Saudis in the Jeddah, and to identify the factors that support or discourage the choice of nursing as a career for Saudi men and women. The findings of this research are intended to help the Saudization within nursing.

Who can participate?
Saudi men and women, of the age of 18 or above, such as nurses and nurse students, family members of nurses or nurse students, patients, teachers, religious leaders, career advisors, people from other healthcare disciplines, and students of other professions/careers, including Saudis who have or would reject nursing as a career for Saudis.

What will participants have to do?
Each participant will be asked to participate in 2 interviews. There will be 2 – 3 weeks in between each interview. If you decide to participate you will meet with me, Jette Mebrouk; the researcher of this study, for about 1 – 2 hours each time. There will be no preparation or follow up that would require your time. During the interview I will ask you some questions related to nursing. There are no right or wrong answers as I am interested in your views and experiences.

نموذج المعلومات حول البحث
أنت مدعو للمشاركة في هذا البحث. هذا النموذج سيمدك بالمعلومات اللا زمة عن البحث وعن حقوقك كمتطوع للمشاركة في البحث.

عنوان البحث :
نظرات وتجارب المواطن السعودي بجده ونواحيها عن التمريض كمهنة للسعودين .

لماذا هذا البحث مهما ؟
منذ عام 1960 وفرت المملكه العربية السعودية دراسة التمريض ولكن ؛ لاتزال المملكة تعتمد على عدد كبير من الممرضين والممرضات الاجانب . فهذا البحث بصدد تغير النظرة والفكرة عن نظام التمريض بين عامة الشعب السعودي بجدة ونواحيها ؛ وللتعريف بالعوامل التي تدعم أو لا تشجع على أن تكون مهنة التمريض حرفة مستقبلية للسعودين رجالا وإناثا.
نتائج هذا البحث قد يساعد على تفعيل برنامج سعودة وظائف التمريض

من لهم الاحقية في الإلتحاق بالبرنامج ؟
السعودين (رجال ونساء) الذين هم في السن الثامنة عشر وما فوق ؛على سبيل المثال الممرضين وطلبة التمريض والمرضى ؛ وموظفي الصحه ؛رجال الدين وحتى طلبه ذوي التخصصات المختلفة بالإضافة للذين ينظرون للتمريض على انه ليس بمهنة أو تخصص مستقبلي للمواطن السعودي.

ماذا على اللمتحق بالبرنامج ان يفعل ؟
كل ملتحق بالبرنامج سوف يطلب منه أن يتقدم لمقابلتين ؛ وستكون هناك فترة من اسبوعين الي ثلاثة اسابيع بين كل مقابلة. وعندما يقرر المتقدم بألالتحاق .عليه مقابلة الباحثة (يتا مبروك) في هذه الدراسة ؛ وذلك لفترة زمنية مابين ساعة لساعتين لكل مقابلة . لن يستدعي منك قضاء أي وقت في التحضيرات للمقابلة أو المتابعة.
أثناء المقابلة سوف يتم توجيه بعض الاسئلة لك ذات علاقة بالتمريض. ليس هناك أجوبة صحيحة أو خاطئة المراد هو معرفة نظرتك وخبرتك حول الموضوع.

Where will the interviews take place?

The interviews will take place at [redacted]. I will book a meeting room for the time that suits you, and we will be able to talk together without being interrupted.

Knowing that transportation can be difficult to arrange for women, interviews of female participants can be arranged in their home. I will in that case come to you. All I will need is a map or explanation of how to get to your home.

Which language is used during the interviews?

Hamdulillah, I do speak a little Arabic but unfortunately not enough to manage an interview in Arabic. I will use an interpreter during the interview if you prefer that we talk in Arabic. The choice of language (English or Arabic) will be up to you. We will talk more about that when we arrange to meet.

Who will be present at the interview?

It is important to me that you feel comfortable with the set up of the interview. To allow for both male and female participants to feel comfortable during the interview, I have arranged that the interpreter will be a woman.

If you are a man who prefers to speak English during the interview, we would not need the Interpreter, but if you prefer that we are not alone in the meeting room during the interview we can arrange for the interpreter to be present, or you may bring a person of your choice to the interview. We will talk more about this option when we arrange for the first interview.

What happens to the information that is given during interviews?

Our conversation will be audio tape-recorded. This will help me recall what you said. The audio tapes will be transcribed word by word by a secretary who speaks both English and Arabic.

I will read the transcription and listen to the tape several times. Based on what you say and what the other participants tell me I will analyse the different views and include these findings in my research report.

How is your information kept confidential?

The tape recordings will not include your name or any personal information about you so the only people who will know what you have said are me and the interpreter.

اين ستكون المقابلة ؟

[redacted]

غرفة الإجتماعات بناءَ على الوقت المناسب لك، وسنتمكن من التحدث دون اي مقاطعة.

وبما أن وسيلة المواصلات قد تكون عائق لدى بعض النساء المتقدمات للبرنامج فسوف تكون مقابلتهن بمنازلهن، وفي هذه الحالة سوف آتي بنفسي لإجراء المقابلة بمنزل المتقدمة، ولذلك سوف احتاج الى وصف تفصيلي أو رسم بياني مفصل لموقع المنزل.

ماهي اللغة المستخدمة اثناء المقابلة ؟

الحمد لله أنني اتكلم بعضاً من اللغة العربية ولكن للأسف ليست بكافية لإجراء المقابلة . أذا كنت تفضل أن تكون المقابلة باللغة العربية، فسوف نستخدم مترجمة أثناء المقابلة. ان اختيار لغة الحوار (الانجليزية اوالعربية) يرجع لك وسنتحدث عن هذا الموضوع عندما نلتقي.

من يحضر المقابلة؟

من المهم ان تكون مرتحا خلال المقابلة. ل لسماح للمشارك ذكر او انثى مقابلتى بارتياح، قررت ان يكون المترجم انثى.

اذا كنت رجل وتتحدث الإنجليزية بطلاقة وتريد أن تتم المقابلة باللغة الإنجليزية وبوجود شخص ثالث اثناء المقابلة، نستطيع التنسيق بحضور المترجمه أو شخص من إختيارك. وسنتحدث عن هذا الموضوع عندما ننسق للمقابلة الأولى.

ماذا يحدث للمعلومات التي أخذت اثناء المقابلة ؟

المحادثة التي تجري بيننا ستكون مسجلة صوتياً. وهذا سيساعدني لمراجعة ماقلته اثناء المقابلة. التسجيل الصوتي سوف تتم معاينته وكتابته كلمة بكلمة عن طريق السكرتيره التي بدورها تتحدث اللغتين العربية والإنجليزية.

وسوف أقوم بقراءة التحرير و أستمع للتسجيل عدة مرات. معتمدةً على ما قلته وما قال المشاركون الآخرون، وسوف أحلل وجهات النظر المختلفة و سأضيف هذه الحقائق في تقرير البحث .

كيف يتم حفظ معلوماتك سرياً ؟

التسجيلات الصوتية لن تشمل أسمك او اية معلومات شخصية عنك، المقابلة سيتم سماعها من قبل شخصين فقط أنا و المترجمه اثناء المقابله . شخصان اخران سيسمعان

Two other people will listen to the tapes but they will not know your identity: i) the secretary when she transcribes the audio tape ii) Dr. Sawsan Majali who is my local supervisor, who speaks Arabic and English very well, when she checks the accuracy of the translation from Arabic to English.
We have all signed a confidentiality agreement, in which the promise not to reveal any information that they gain during this research.
When writing the research report and publishing an article about the research, I will be using examples of what I was told during the interviews, but I will write it in a way that does not reveal any information that might lead to your identification.
Documents that contain your contact details will be kept in a locked un-indentified cabinet separately to the audio tape recordings and transcriptions for a period of five years after the completion of the research, where after they will be destroyed.
To maintain confidentiality I will use a code system that enables me to link data and documents to the individual participants. This coding system will only be known to myself.

التسجيلات لا كنهما لن يعرفا هويتك i) السكرتيره عندما يتم تحرير وطباعة التسجيل من الشريط الصوتي. ii) الدكتورة سوسن المجالي المشرفة المحلية على االبحث والتي تتقن اللغتين العربية والانجليزية،عند فحص جودة الترجمه.
وقد وقع الجميع على اتفاق المحافظة على السرية وبعدم تسريب أو كشف أي معلومات قد أخذوها من خلال هذا البحث.

وإن شاء الله سوف اقدم حقائق هذا البحث للآخرين.
وعند كتابة تقرير البحث والإستنتاجات سأستخدم بعض الأمثلة بما تم اخباري به اثناء المقابلة، وسف أكتبه بطريقة لاتكشف أي معلومات عن من قال ذلك.

الملفات التي تحتوي على تفاصيل المشارك سوف يحتفظ بها في خزانة مغلقة ومنفصلة عن مكان التسجيلات والنسخ لمدة خمس سنوات بعد اكمال البحث ثم يتم إتلافها.

للحفاظ على السرية سيعطي الباحث لكل مشارك شفرة لربط المعلومات والبينات الخاصة به ولايعرف هذا النظام الا الباحث .

Is there a deadline for participating?
The research has already started, and I will continue to look for interested participants until I have reached the target of 40 participants. It is impossible to say when that will be so I encourage you to contact me any time if you are interested in participating.

هل هناك وقت محدد للراغبين بتقديم طلبات القبول ؟
البحث قد بدأ، لكن لا أستطيع أن أجزم متى سينتهي. سأستمر بالبحث عن الراغبين حتى أصل للرقم المحدد وهو 40 متقدم. وهذا يوضح أنه مرحباً بك في أي وقت للإتصال وذلك للسؤال أو رغبتك في المشاركة.

How can an interested person get more information?
If you would like to know more about this research before deciding whether you would like to participate please do not hesitate to contact me. I have listed my contact details below.
You are also welcome to forward this to a family member or a friend that you think might like to participate.

كيف يستطيع الشخص الراغب بالحصول على معلومات ؟

اذا اردت أن تعرف المزيد عن البحث قبل ان تقرر المشاركة ، الرجاء ان لا تتردد بالاتصال بي على الأرقام الموضحة ادناه.
ايضاً، يمكنك أن تخبر الأصدقاء والاشخاص الذين تعتقد بأنهم قد يرغبو بالمشاركة في البحث.

Voluntary Participation:
Participation in this study is voluntary. You will therefore not receive any financial compensation for taking part in the study.

If you decide not to participate or to withdraw from this research your relationship with [redacted] or the researcher will not be affect.
A signed copy of this consent form will be given to you.

Contact Persons:
For any specific questions regarding this study please contact me (Jette Mebrouk) telephone 02-[redacted] ext. [redacted]
For questions or concerns that you would like to discuss with the Local Supervisor of this research, please contact Dr. Sawsan Majali, [redacted] # [redacted]

For general questions concerning research at [redacted] you may call the [redacted] telephone# [redacted] Ext. [redacted]

Acknowledgement - participant:
I acknowledge that:

- I have read the attached Information sheet (or it had been explained to me in a clear language).
- Jette Mebrouk has explained to me the nature and purpose of this study.
- I have had the opportunity to ask any questions I had regarding this study and all those questions were answered to my satisfaction.
- I am at least 18 years old.
- I am unaware of any pre-existing medical, emotional, social problem which would make it unwise for me to participate in this research.

Based on the above mentioned information I voluntarily accept participation in this research study and I understand that I am free to withdraw this consent and discontinue my participation in this study at any time without any consequences.

المشاركة الطوعية:
المشاركة في هذه الدراسة طوعية. لذلك لن يكون هناك أي حوافز مالية للمشاركة في الدراسة.

إن قرارك بعدم الإشتراك أو بالانسحاب من الدراسة لن يؤثر [redacted] الابحاث(مؤسسة عامة) بجدة أو الباحث.
سيتم تزويدك بنسخة موقعة من هذا الإقرار.

الأشخاص الذين يمكن الاتصال بهم:
في حالة وجود أسئلة محدّدة تتعلق بهذا البحث ، نرجو الاتصال بي (يتا مبروك) على الهاتف رقم [redacted] تحويلة رقم [redacted] أو جهاز نداء رقم [redacted]
للإستفساريرجى الإتصال بالمشرف المحلي عن البحث:
الدكتورة سوسن المجالي الهاتف رقم [redacted] تحويلة رقم [redacted]

للأسئلة العامة المتعلقة بالبحوث بمستشفى [redacted] التحويلة رقم [redacted]

إعتراف المشارك:
أقر بأنني:

- قرأت (أو قد شرحت لي بلغة واضحة) جميع المعلومات الموجودة في نموذج الإقرار بالموافقة على المشاركة بالبحث.
- وإن يتا مبروك قد أوضحت لي ماهية الدراسة في هذا النموذج، والغرض منها.
- تعديت الثامنة عشرة من العمر.
- أعطيت الفرصة للاستفسار وقد أجيبت جميع أسئلتي عن البحث.
- كما أقر بأنني لا أعاني من أي مشاكل طبية أو نفسية معروفة لدي بحيث قد يكون من غير الحكمة أن أشارك بهذه الدراسة.

بناء على ما سبق وبمحض إرادتي فإني أتطوع بالمشاركة في هذه الدراسة، وأفهم أن لي مطلق الحرية بسحب موافقتي وقطع مشاركتي بالدراسة في أي وقت.كما أفهم بأنه ممكن الانسحاب من هذه الدراسة بدون عواقب.

Acknowledgement - principal investigator:
I, the principal investigator Jette Mebrouk confirm that I have fully explained to the participant the nature and purpose of the research.
It is my understanding that this participant understands the nature, purposes and benefits, of this research before signing of this informed consent. I have also fully answered all questions the participant has had with respect to the research.

إعتراف الباحث الرئسي:

أقر أنا الباحث الرئيسي/ يتا مبروك بأنني قد شرحت بصورة كاملة للمشارك طبيعة الدراسة، والغرض منها.

من المفهوم لديّ أن المشارك قد فهم طبيعة الدراسة وأهدافها وفوائدها قبل توقيعه على الموافقة بالمشاركة.

وقد قمت بإجابة واضحة على جميع الأسئلة التي طرحت من طرف المشارك.

Signature of Participant:
Print name:_____

Signature_____ Date:_____

توقع المشارك:
الإسم: _____

التوقيع:_____التاريخ:_____

Venue for the interview:

check √ the box for the desired venue:

□ [redacted]

□ In my home (female only)

مكان المقابلة المفضل:

ضع علامة √ على المكان المفضل

□ [redacted]

□ السكن الشخصي (لنساء فقط)

Signature of Principal Investigator:

Print Name: Jette Mebrouk

Signature: _____

Date: _____

توقيع الباحث الرئيسي:

الاسم: يتا مبروك

التوقيع: _____

التاريخ: _____

Contact details:

Jette Mebrouk, RN, MHS
Telephone: [redacted]
e-mail: jmebrouk[redacted]edu.sa
regular mail: Jette Mebrouk
[redacted]
21499 Jeddah
Saudi Arabia

تفاصيل الاتصال :

يتا مبروك
تليفون/ [redacted]
البريد الاكتروني/ jmebrouk[redacted]edu.sa
العنوان البريدي/ يتا مبروك.
[redacted]
الرمز البريدي/ 21499 جدة – المملكه العربية السعودية

Appendix F: Initial Interview Guide

General: Applicable to interviews of all informants

In the beginning of the first interview, all informants will be given an introduction including the following explanations:

- The interview is scheduled to take place over 1 – 1½ hour (2 hours if an interpreter is used for Arabic-only speaking informants)
- The interview will be audiotape recorded, and the process that the tapes go through transcription by a secretary who will not know who you are.
- The secretary has signed a pledge of confidentiality, meaning that she/he has promised not to discuss in whole or in parts aspects that are talked about during the interview with anyone.
- Your identity will be protected, as your personal data will be coded with a code that is only known to me, that way nobody will know that you are participating or what *you* have told me.
- If an interpreter is used; this person will inevitably be present at the interviews. The interpreter has also signed a confidentiality statement.
- If you need a break during the interview, just let me know and we will arrange that.
- If you do not want to continue the interview or no longer wish to take part in the research you need to tell me and withdrawal will not in anyway affect the relationship in between us nor in between you and this hospital.

After the first interview all informants will be told the following:

- Thank you for you time.
- Arrangements for the second interview.
- If you think of anything else between now and then please jot it down and let me know at our next meeting.

At the beginning of the second interview all informants will be reminded that:

- As for the first interview

After the second interview all informants will be told the following:

- Thank you for you time.
- Once the research is done I will let you know what I have found out. How would you like me to send this information (a leaflet or a CD)?

Appendix F: Initial Interview Guide

Round 1 – first interview: Nurses and nurse students

Can you tell me a bit about yourself?

How did it come about that you decided to become a nurse?

What did you think about nursing at that time?

What did your family say?

Has anyone else influenced your decision?

In which way has Islam influenced your choice of career?

Do you have some experiences related to your practice as a nurse that have meant a lot for you?

Since you became a nurse has your family's attitude to nursing changed in any way? If so, how?
How have you responded to this change?

Were you married when you decided to study nursing? What was your thoughts about being married and working as a nurse?

Use the active listening skills to guide to lead the interview

Appendix G: Approval of the University Research Degree Committee

Direct Line: 0121 331 7686
Fax: 0121 331 6753
Email: beccy.boydell@bcu.ac.uk

Ref: bb/006A

9 April 2009

Ms Jette Mebrouk
King Faisal Specialist Hospital & Research Centre
Jeddah
MBC J63
PO Box 40047
Jeddah 21499
Saudi Arabia

Dear Ms Mebrouk

RESEARCH DEGREE REGISTRATION

I am pleased to inform you that the University's Research Degrees Committee at its meeting on 24 March 2009 has approved your application and has registered you as a candidate for the degree of Doctor of Philosophy. The details of your registration are set out below:

Title of Programme of Research
"The views and experiences of Saudi people in the Jeddah region about nursing as a career for Saudi people."

Director of Studies
Prof Paula McGee

If for good reason it is no longer possible for Prof McGee to undertake the role as Director of Studies, the University undertakes to use its best endeavours to ensure that alternative supervision is arranged.

Supervisor(s)
Prof Robert Ashford
Dr Sawsan Majali

Advisor[s]
N/A

Collaborating Establishment[s]
King Faisal Specialist Hospital & Research Centre

Academic Registry
Birmingham City University
Ros Boyne BA Academic Registrar
City North Campus Perry Barr Birmingham B42 2SU
T: 0121 331 5679
W: www.bcu.ac.uk

25 APR 2009

Appendix H: University Sponsorship Agreement of Indemnity

BIRMINGHAM City University

1st April, 2009

To whom it may concern

Dear Sir/Madam,

Re: University Sponsorship Agreement

Title of Project:	The views and experiences of Saudi people in the Jeddah region about nursing as a career for Saudi people.
Name of Student Researcher (s):	Jette J. Mebrouk
Full Title of Course:	PhD Student
Name of Academic Supervisor (Chief Investigator):	Professor Paula McGee

I can confirm that the Faculty of Health, Birmingham City University has agreed to take on the role of Sponsor under the Department of Health Research Governance Framework.

I can also confirm that legal liability for death or injury to any person participating in the project is covered under the University's insurance arrangements.

Yours faithfully,

Lucy Land
Chair
Academic Sponsorship and Indemnity Sub-Committee

Faculty of Health Research Degrees Office
Birmingham City University
Professor Robert L Ashford PhD, MMedSci, BA, BEd, DPodM Director of Postgraduate Research Degrees
City North Campus Baker Building Perry Barr Birmingham B42 2SU
University Switchboard T: 0121 331 5000
F: 0121 331 5478

Appendix I: Excerpts from Memo-Writing about Nurses are Poor

Today [18/10/09] P4 [Participant 4] talked about a [Saudi] nurse she knew who wore diamond ring at work (P4/I1/MU135) [Participant 4/ Interview 1/ Meaning unit 135]. I have seen that too, more than once. I thought they wore rings to show beauty… to make themselves attractive. It has been said, or at least I have heard that nursing is used, at least by some, as a way to find a doctor to marry…rumours? … maybe, but probably some nurses have married doctors even here in Saudi Arabia. They have done so in other parts of the world so why not here, and actually P1 was married to a doctor…nurses marrying doctors or doctors marrying nurses, it depends on how you look at it I guess. One of the [Saudi] nurses in paeds onc [where I worked in 2002] told me that she wore a ring to make it look as if she were married and that way men would leave her in peace, and this is also what participant 4 is telling, but she is also telling that it is because they do not want to be thought of as poor…… I haven't heard that before!
Looking at the meaning unit labelled nurses are poor] Participant 1 said "*...for a long time in the Saudi culture…whomever worked as a nurse [is] poor, she needed money, that is why she left everything and she accepted to work as a nurse…*". What does it mean to 'leave everything'? Does that include her dignity? Why do people not talk about doctors this way. They too work for money! Why this difference? Does it perhaps lay hidden in that nursing might be perceived as a menial occupation?
Looking at [the code I called] 'Maid', the participants talks about experiences where nurses are treated like maids. Maids are normally from poor families. I see strong ties between that of being poor and being a maid. ……..

Appendix J: Merge and Exclusion of Initial Codes

Initial Codes	Rational	Merged with code(s)/excluded
∗ Education of Saudis	This code turned out to be a mixture of meaning units describing lack of knowledge about the opportunities for Saudi women; Saudi men's educational path in nursing; The general development of the Saudi education system; Governmental support to scholarships, thus these meaning units were assigned into one of the three codes: *Career advice/choice*; *Further education & promotion*; and *Support of the society* (right-hand column).	∗ Career advice/choice ∗ Further education & promotion ∗ Support of the society
∗ Expats	The meaning units under this code described mainly expatriate nurse in terms of how they had played a role in support or lack of support in the day to day work during their clinical training or as colleagues after they had graduated as nurses. Another part of the meaning units described how there was a lack of understanding of what a nurse is doing, how the participants had experienced what other Saudis thought that nursing only was an occupation for expatriates, and the meaning units were therefore transferred to the codes *Support from colleagues* and *What does a nurse do?*	∗ Support from colleagues ∗ What does a nurse do?
∗ Haram or Halal	When re-reading the meaning units with the initial code *Haram or Halal* it became evident that the initial code *Support of Islam* suited very well to these meaning units, thus the decision to merge the two codes under Support from Islam.	∗ Support from Islam
∗ Husband/wife issues	Meanings units under this code discussed the relations between husbands and wives with the focus on their roles and expectations of the Saudi woman. It was therefore decided to merge these with those that already were given the code *Women's role in the family*	∗ Women's role in family/society
∗ Government vs Private	Very few statements were made about comparison between governmental and private employment, and none of the participants talked passionately about this topic. It has therefore been decided to exclude the initial code from further analysis.	∗ Excluded
∗ Individual behaviour reflects the group	This code contained meaning units that also turned out to be relevant under the code named Patients don't want Saudi nurses and hence the decision to merge the two codes.	∗ Patients don't want Saudi nurses
∗ Leave nursing/Change job	The participants who talked about leaving nursing or changing jobs were first and foremost describing it in the context of the unsocial work hours, but the meaning units under this code also revealed that some aspects were related to Women's role in the family. The meaning units were therefore respectively allocated one of the codes *Work hours* or *Women's role in family/society*	∗ Work hours ∗ Women's role in family/society
∗ Married to a nurse	These meaning units were all describing aspects of women's roles in the family, and therefore it was decided to merge with the code *Women's role in family/society*	∗ Women's role in family/society
∗ Mobility	Initially this code was assigned to meaning units that was identified as relevant to transport and the willingness to travel to get to study nursing. It was as such also meaning units that were applicable to the initial code called *Support of family*. *Support of family* has however since been merged with other codes. See below.	∗ Support of family
∗ Nurses are poor	Two participants talked about their experiences of how nurses were perceived to be of poor families, a perception that they thought were connected to the social stigma of nurses and they connected it to how poor expatriates would come to Saudi Arabia and work as house maids, hence the decision to merge these meaning units with those under the code *Maid.*	∗ Maid

Appendix J: Merge and Exclusion of Initial Codes (page 2)

* Nurses being easy	While the meaning units labelled with the code called nurses being easy, which fell right in line with perceptions (past or current) from other contexts, these meaning units also laid embedded in the code gender issues. Deliberations has been given keeping the two codes separate, but decision was made to merge the two due to the contextualized contend.	* Gender issues
* Nurses vs other HCP	After further exploration of the meaning units under this code, it became clear that they were describing aspects of the phenomenon which already had a compilation of meaning units under two other codes, namely *Career advice/choice* and *Support of colleagues.*	* Career advice/choice * Support of colleagues
* Proof yourself	Proof yourself was a code that turned out to be closely related to the stories the participants talked about when talking about their experiences of Saudi patient not wanting Saudi nurses to care for them. These two codes were therefore merge.	* Patients don't want Saudi nurses
* Proud of the profession	When reviewing the meaning units behind this code, the participants talked about how they were proud of their profession (a relative talked about how she experienced her sister to be proud). The code has however been excluded as a code because the various meaning units fitted into a variety of different situations and therefore multiple other codes.	* Merged with multiple codes depending the context (i.e. nurse-pt relationship, other nurses in the family)
* Saudis are lazy	4 participants referred to some people's perception that Saudis generally are considered to be lazy. They talked about it in terms of how it was applied to a group without knowing anything about the individual. It was linked to Saudi patients not wanting Saudi nurse.	* Saudi patients don't want Saudi nurses
* SCFHS	While this topic initially was thought of as being important to the research focus, it turned out to be a topic that was only mentioned sporadically, gave no ground for pursuit of further exploration, and it was decided to exclude the code from further analysis.	* Excluded
* Support of society	Support of society was a code that was applied to meaning units from all participants. At further analysis it turned out to be an overarching term that was elevated to an emergent category. The different meaning units that initially were assigned with this code, also fitted into other codes such as *Support from Islam, Gender issues*, and *women's role in family/society*	* Support from Islam * Gender issues * Women's role in family/society
* Talking about nursing	The meaning units labelled with the code talking about nursing were in fact describing how nurses ought to talk about nursing and withhold certain details when talking about what they do at work in order to maintain the support of the family. To set these meaning units in context of family support, it was decided to merge the meaning units with those under the code *Support of family*	* Support of family
* Traditional/ Islamic values	Although there is a difference between tradition and Islamic values, these complexes are interlinked and they both fit well under the code *Support of Islam*	* Support of Islam
* Transport	Women's right to drive a car has, over the past decade, been a much discussed topic, I was also brought up by participants in this research, but as it was not talked about in terms of nursing, but rather in terms of women in general pursuing a job outside the home, and because it was discussed in relation to what is appropriate for women and men in Saudi Arabia, it seemed to fit well under the code *Women's role in family/society*	* Women's role in family/society
* What does a nurse do?	The meaning units labelled with this code were all related to the same aspects labelled Maid, hence the decision to merge this code with these two other codes	* Maid

Appendix K: Example of Clustering in the Analysis Process