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## Degree Education as an Entry Requirement for Qualified Nurses in Saudi Arabia: An Overview

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### Abstract

*AIM: This study aims to provide an overview of the implications of Bachelor degree nurse education in Saudi Arabia (SA).*

*BACHGROUND: Ministry of Health (MoH) and other health care sectors in Saudi Arabia have stipulated the minimum requirement of a Bachelor's degree for entry into nursing practice in 2010, while the majority of nursing workforce was diploma holder. The implications of this requirement have not yet been investigated; therefore it is important to establish baseline information as a basis for future workforce planning and development.*

*METHODS: Data related to degree nursing education and the nursing workforce in SA were extract from the local and global published literature identified through search of arrange of databases such as ProQuest, Medline, Science Direct, Wiley Inter Science, CINAHL via EBSCO, Pub Med and Google Scholar. Obtained information was evaluated for influence and order under thematic basis.*

*CONCLUSION: There are three major problems related to the nursing workforce in SA: which can be ordered under the headings of educational, ognisational and social. Firstly, the educational issues include many nursing personnel do not even have a degree of bachelors of Science in Nursing. Hence, this lack of education in the nursing staff is a hindrance in providing high quality of nursing care to the patients who need advanced level of nursing. Secondly, the organisational issues involve the policy and regulations related to nursing along with the turnover and retention rate of nurses. Lastly, social issues include the working environment involving the gender ratio, long working hours, job dissatisfaction and low wages and these factors are a cause of the high turnover rate. Yet, all these issues need to be addressed in workforce planning to improve the Saudi nursing sector.*

**Keywords:** Degree education, nursing workforce, qualified nurse, minimum entry, nursing shortage, Saudi Arabia

## **1. INTRODUCTION**

A nursing career is a major need in all the countries but there is still a serious shortage of professional nursing staff in many nations (Al-Ahmadi, 2014). Due to this shortage, some nations are hiring unqualified nursing staff hence not giving patients the required level of need and care from the nursing staff (Alyasin and Doughlas, 2014). This paper provides an overview of the implications of Bachelor degree nurse education in Saudi Arabia (SA). It first explores the policy perspective; the scenario of shortage in global and local nurses and the high rates of turnover. It also examines current nursing education levels and entry requirements. Focus has been put on integrating knowledge with practical training in order to maximize the utility of the labour workforce.

## **2. AN OVERVIEW OF POLICY ANALYSIS**

This policy summary illustrates the development of degree nurse education in the global context. There has been consideration of education delivery and entry requirement by nursing organisations globally, for example the International Council of Nurses (ICN) and Sigma Theta Tau International (STTI). As yet within policy analysis there has been little consideration of workforce planning issues. Saudi Arabia has a wealth of information from the global nursing field to use to develop its own healthcare system and manage its workforce to make it fit for the 21st century. It has the advantage of looking at countries that have already implemented the policy making degree a minimum requirement for nursing and work with the outcomes of these to shape its own policy. In neighbouring Jordan, the first nursing baccalaureate was introduced in 1972 followed by a Masters' degree in nursing in 1986 and this has lead the way in nursing education in the Middle East. Jordan has 17 nursing schools and also offers doctorate level nursing degrees (Nabolsi, et al, 2014) whilst Saudi Arabia only recently made the degree in nursing mandatory to entry into nursing profession. Jordan has long encouraged the professional development of nurses in obtaining degrees by supporting students with scholarships to study abroad to developed nations (e.g. USA, Canada, and UK). Where it was not possible for students to go abroad e.g. due to family commitments, Jordan responded with the development of its own high quality nursing education programmes at home and leads the way in the Middle East in the field of high quality nursing education (Shuriquie, et al, 2008) . Jordan is not without its problems though; the adoption of international standards to meet global requirements has meant there has been a gap in the delivery of services that are culturally and economically sensitive and need addressing (Shuriquie, et al, 2008); something for Saudi Arabia to consider when developing its nursing educational policies.

### ***2.1 Aging population***

An increase in global ageing population is expected with better health care and increase in longevity therefore, Saudi will need to consider whether the policies it develops meets the need of this future population. Other aspects to cover includes covering training in predicted disease areas as there will be shift in the type of ailments seen with shift in time as seen historically. For

example, according to WHO, there has been an increase in diseases associated with life style in recent years in the Middle East; high on the list among these is coronary heart disease and diabetes. Acute Coronary Disease is one of the biggest killers in adult population in Saudi Arabia according to the WHO (2011) and coronary heart disease accounted for 23% of total deaths in Saudi Arabia (WHO, 2011). Training and resources to deal with such issues need to be addressed now to equip staff in readiness. Being prepared to deal with such issues will reduce financial and staff burden. The cost to the MoH in treating Saudi patients with heart condition is on average US\$10,710 with average stay in hospital ranging from almost 8 days if patients do not have co-morbidities to 11 days if patients have co-morbidities (Alsultan, et al, 2011). The rising rate of obesity is likely to add to this problem in the future. A degree level education which deals with health promotion would cover these high need areas making policies and health care systems robust. Predicting and preparing for such issues would allow the MoH to allocate resources appropriately and manage the workforce to its full potential.

In contrast to Saudi Arabia, Kuwaiti Ministry of Health requires a nursing qualification (not necessarily a bachelor's degree) and one years' experience, however like Jordan; Kuwait does offer scholarships to encourage students to be educated at degree level in countries such as USA, UK, Australia and Ireland. Globally, the requirement for level of nursing qualifications varies. For example in India, there are many levels of nursing qualifications. The vocational courses are: Multi-Purpose Health Worker Female training, Female Health Supervisor training, General Nursing and Midwifery certifications. Degree level and above courses, in line with international standards, includes BSc in Nursing, MSc in nursing, MPhil and PhD – all of which are taught at universities (Nursing Education, 2013). The purpose of a policy offering such a wide range of courses in nursing is to meet the requirement of the society at different levels, which is socially and culturally incredibly diverse like the Middle East and has dealt with the issues overlooked in Jordan. India's varied approach to nursing education offers opportunities to all those who want to pursue a career in nursing at any level depending on personal circumstances and resource availability.

The need to reform nursing education as the world entered the 21st century drove the global impetus to reassess old policies and standardise education fuelled by the diversity of nursing roles and the global migration of nurses from one country to another. Furthermore, other health related fields were already one step ahead in offering and making degrees mandatory for practice e.g. physiotherapy, pharmacy and social care. The trend followed so that as one country made it mandatory to make degree in nursing the minimum requirement, soon after others followed, for example UK started the 'Project 2000' programme to move nursing education into university and allow nurses to acquire degrees. The reason for this shift includes many researchers demonstrating that education of nurses was directly linked to quality of patient care and patient mortality (Aiken, et al, 2014). There is a great shortage of nurses in the Middle East, majority of its nursing population are foreigners, therefore for the Middle Eastern countries to participate in the global nursing arena, and seen to be providing the same level of care, countries

such as Saudi Arabia have also made it mandatory to make degree the minimum requirement for nurses recently following trends in other countries.

### ***2.2 The global change nursing education***

The change in the US policy on nursing education has actually seen an increase in the number of students taking up nursing (Aiken, 2002) despite the concerns from oppositions. As predicted, one of the reasons maybe that the nurses are given more autonomy, respect, and a wider range of transferable skills among others. The change in policy and the rise of uptake of nursing as a career will help ease the shortage of nurses globally. The ICN is an international body representing nurses from 130 countries aims to provide nursing guidelines to standardise nursing globally and unite the nursing community as one. The ICN identified a historical shortfall in the nursing profession i.e. nurses did not have a role in nursing policies, the ICN endorsed the need for more autonomy to nurses and their involvement in policy making on a global scale to help influence the profession as nurses are the individuals with front line hands on experience of the system. As part this initiative, the ICN recommends the improvement of education equivalent to degree level to help provide nursing services fit for the new millennium as degree education has been shown to enhance patient safety, quality, competency and service delivery (ICN, 2009; Aiken, et al., 2014).

### ***2.3 Overview of Saudi nursing education system***

Saudi Arabia offers both degree level and associated degree (diploma) level education in nursing. The Saudi Ministry of Higher Education (MoHE) has a policy to deliver high quality education to international standards in all fields including nursing (Alamri, 2011). It has taken steps towards achieving this in order to provide a nursing service equivalent to that of other developed nations; e.g. Saudi Arabia has also made it a policy to make degree the minimum requirement for nursing in the hope of addressing the previously poor nursing standards (Al-Homayan et al, 2013). Saudi Arabia has significantly increased its funding of student nurses, scholarships and encourages study-abroad programmes (Alamri, 2011). The feeling of political and social pressure to conform to standards of other developed nations in making degrees in nursing mandatory has driven the change in Saudi Arabia (Alamri, 2011). Until recently, the nursing policy only affected females as they were target group, and males were not offered nursing degrees. Males nurses are still not offered Masters' degree in nursing. The change in this has again been influenced by international standards and the need to increase home-grown nurses and widen the talent pool, an amendment to the policy that will have important positive impact on the workforce reaching out to another potential 50% of the population. Policies need to be implemented with the use of media as aid to reach a wide target audience. As previously mentioned, the change from diploma to degree level entry, may see a change in shift due to the prestige and accolade that comes with a degree and allow the profession to gain more respect and recognition in a country where nursing is seen as a low status job. There is great scope for any policies that are developed to shape the future of the country through changes in culture, education and social perception.

### 3. EDUCATION CHALLENGE

Although the Saudi government is trying to meet international standards when it comes to nursing degrees, it still has a lot of issues that need addressing; for example, the MoHE still does not have an established syllabus/learning outcomes and this is driven currently by the faculties themselves so that the standard of nursing varies according to the education of the head of the faculty (Alamri 2011). Furthermore, as the change in policy to degree level education is recent, nurses with associated degrees do not have any way of converting their associated degrees to a BSc equivalent and this is something that needs to be tackled in the policy as it affects a large portion of the Saudi work force. As explained previously, there is a vast number of nurses within Saudi Arabia that are not currently employable due to the lack of bridging degree on offer to convert their nursing diplomas into Bachelor's degree. If Saudi wants to be a global participant, it also needs to address within its policy, offering these bridging degrees to foreign student to attract more staff and meet shortfalls in the current workforce and also deal with future predicted shortfalls in staff. Given Jordan has lead the way in nursing degrees in the Middle East, for Saudi Arabia to attract students away from competition, its policies need to cover incentives and welfare of foreign students and staff and not just the native population.

Associated degrees in nursing and funding for health care fall under the jurisdiction of the MoH, in order the bridge the gap above, there needs to be better communication and links between the two departments; or the policy needs to be transferred to one of the two departments for coherence e.g. MoHE. In Switzerland, due to the two different linguistic communities, the nursing education model has taken two separate pathways with high variability and inconsistency between them (Spitzer & Perrenoud, 2007) defeating the goals of organisations such as the WHO and the ICN in trying to standardise nursing education globally. Saudi Arabia could learn from the Swiss example in bettering its own nursing education system by merger or even the creation of a new department to help drive the initiative.

### 4. NURSING WORKFORCE CHALLENGE

The largest groups of health care professionals in the country are nurses; they delivered the high percentage of health care (Oulton, 2006). Despite the fact that being the largest group of health providers, the nursing profession has experienced an acute shortage of qualified nurses affecting the delivery of health care (Almalki et al, 2011; Chan & Marrison 2000; Fochsen et al. 2006). Saudi Arabia is challenged with a chronic shortage of qualified Saudi nurses, accompanied by high rates of turnover; in addition, the annual rate of Saudi graduate nurses is insufficient to meet the increasing health care demands (Gazzaz, 2009). Within the large numbers of Saudi students over the world, there is a low percentage of nursing students locally and internationally (Alamri, 2011). Recently, the admission level of entry into the nursing practice has been changed to baccalaureate degree (Alamri, 2011).

Today, according to Majeed (2014), above fifty percent of the workforce is comprised of nurses and other health care staff. The focal point and centre of the health care system are the nurses and the health care system without nurses will not be functional (Alyasin and Doughlas,

2014). In Saudi Arabia, the healthcare sector workforce mostly comprises of emigrant nurses; only 34% of the nursing workforce is Saudi nurses as stated by AlYami, (2014). A major portion of the emigrant nurses use the Saudi Arabian healthcare opportunities temporarily in order to get practice and knowledge. After gaining the required experience, they return to the healthcare sectors of the developed nations like USA, UK and Australia (Majeed, 2014).

#### **4.1 Nursing turnover and retention**

The high rate of turnover among professional nurses in Saudi Arabia is adding to the worries such as management issues, organisational plan obstruction and bad service of delivery thus affecting the workforce (Al-Ahmadi, 2014). The effectiveness of various healthcare systems is greatly threatened by such problems; for example, there is a constant need to replace and train staff. There are no reliable statistics related to this important problem but for the managers of the health care facilities, this emigrant movement is a big issue (AlYami, 2014). High turnover of nurses creates an unstable healthcare system where the burden of workload falls on the remaining staff. This inevitably has the potential to compromise the care given to patients, creates an environment of discontent and affects moral and motivation of remaining staff (Lamadah, et al., 2014). Lower staff turnover rates, higher staff and high level of nurse to patient ratio has been shown to be linked to higher quality of care and reduce in-patient stay (Collier and Harrington, 2008). High turnover of nursing staff also has a significant impact in the finances of a healthcare system.

A survey of Jordanian nurses showed job satisfaction was a significant factor in retaining nursing staff (Alsarairh, et al, 2014). Saudi nurses were happier when there was effective leadership shown by management and happier to stay in their jobs suggesting further need to address this at the policy level (AbuAlRub & Alghamdi, 2012), therefore, Saudi MoH could retain staff through providing a better work environment to its employees, better leadership, and training programmes; these suggestions should be explored, for example offering incentives, facilities and rights, working conditions, and/or shorter working hours. Restructuring the education system to offer equal opportunities to men and women and offer higher degrees across various universities is more likely to allow recruitment and retention of nursing staff.

The total number of nurses in Saudi Arabia is 139,701; and the number of Saudi nurses is 50,554 (see table 3.1). The latest figures show that the number of Saudi nurses has increased from 44.5% in 2008 to 55.3% in 2012 of the total nursing workforce which illustrated in table (1.1 ). Almalki et al (2011) argue that the total number of Saudi nurses is still smaller in the private health sector where native nurses make up only 4.1% of the workforce (see Table 1).

The lack of local nurses is a big problem due to various social, educational, and individual reasons.

Table (1.1): Nursing personal in the healthcare sectors in Saudi Arabia

<b>Sector</b>	<b>No.</b>	<b>Saudis</b>	<b>(%)</b>	<b>Non-Saudis</b>	<b>(%)</b>
<b>MoH</b>	82,948	45,875	55.3	37,073	44.7
<b>Other Govt.</b>	28,380	3,820	13.5	24,560	86.5
<b>Private Sector</b>	28,373	859	3.0	27,514	97
<b>Total</b>	139,701	50,554	36.2	89,147	70.9

Source of the data: Annual Statistic book, Ministry of Health (2012).

However, despite increasing interest in enrolment in different nursing education programmes, it has been estimated that 25 years will be needed to train enough Saudi nurses so that they comprise of 30% of the Kingdom's nursing workforce requirements (Abu-Zinadah 2006).

## 5. EDUCATIONAL CHALLENGES

In Saudi Arabia, many nursing personnel do not even have a degree of bachelors of Science in Nursing (Al-Makhaita et al, 2014). Hence, this lack of education in the nursing staff is a hindrance in providing high quality of nursing care to the patients who need advanced level of nursing care (Al-Ahmadi, 2014). AlYami (2014) suggested that the increasing requirements of the Saudi healthcare sector are not being met by the low yearly induction of nursing graduates from Saudi Nursing schools. The effectiveness of various healthcare systems is greatly threatened by such problems and the Saudi MoH needs to address this to increase the uptake of nursing degrees by local people.

According to Jahan (2005), nurses with associate degrees have a lower status of professionalism than Bachelors of Science in Nursing (BSN); nurses and the education acquired by BSN nurses was linked with the social reciprocity on the funding in education. Al-Ahmadi (2014) gave three factors as to why associate degree nursing is not regarded as a professional and these are: nurses are not educated but trained; medics mainly control the nurses and ultimately, nurses do not have to answer for their actions. Majeed (2014) stated the training of people, forming their personality and preparing them for accountability is the responsibility of a university and this could be addressed with the introduction of the new policy in nursing education. It is widely believed that a Diploma is technical and a low level education (Aldossary et al, 2008); hence there is a need to eventually enhance the nursing education level to at least BSN level.

Almalki et al, (2011) stated that, all Nursing Colleges and health institutes were transferred from the MOH to the MoHE during 2008 as the first step to improve nursing education in the kingdom of Saudi Arabia. In addition, a Bachelor of Science in Nursing (BSN) is awarded following

a five year curriculum at all the universities offering BSN programmes. The down side with a five year degree programme is that the length of commitment required before being able to practice and earn may hinder people from the profession, given nurses are already complaining of resource and time issues. Nevertheless, the Ministry of Health has been implementing the recommendation of the WHO that emphasis the bachelor degree as a minimum requirement for entry into nursing practice in 2010 (Almalki et al, 2011).

In the States, a historical review of the role of nursing shows that more and more nurses want to study for a degree in nursing as a way of increasing future career prospects, as a sign of prestige and achievement, as part of professional development (D'Antonio, N.D.). D'Antonio argues that the nurses should not be hindered socially or by policy and that this social upward movement should be supported and encouraged at government and policy level regardless ethnic background. Prior to the Civil Rights Movement in the 60's and 70's majority of the degree educated nurses in the States were white females but post movement, this has changed so that there are more African Americans nurses with degrees or equivalent as well as other ethnic minorities. Saudi has policies that are favourable to Saudi nationals or women only (e.g. Master's degree in nursing), perhaps broader policies may help recruit and retain staff.

A study on American nurses indicates that many nurses with diplomas or associated degrees did not pursue a Bachelors' degree because of lack of financial incentives and because of their own financial situation; other barriers in taking up degree courses included lack of flexibility in their current working situation, and family commitments (Romp et al., 2014). These are important issues that are likely to affect the Saudi nursing population and the results of Romp et al. (2014) study can be used to set up solutions before they cause a major problem in Saudi. For example, Saudi MoHE can offer scholarships to those wishing to complete an accelerated degree programme, or bridging degree. The government can offer paid study leave, distant learning opportunities and provide subsidised childcare facilities.

## **6. ORGANISATIONAL CHALLENGE**

Al-Ahmadi (2014) examined anticipated turnover among nurses in the hospital of Saudi Arabia. The study included 5459 nurses in 80 hospitals who were randomly selected from the hospital database in The MOH. Al-Ahmadi observed in a survey that most of the individuals (interns, staff nurses, and senior nurses) mentioned education while serving and on-job training as reasons that affected their resolve to keep or quit the job at a specific organization. The participants considered the chance for uninterrupted education and advanced level training as key factors for their enthusiasm and contentment. For these individuals, their professional knowledge and practice is strengthened by in-service education and training. But on-the-job services differed significantly in various hospitals and fields. The nurses doing their jobs at government hospitals seem more annoyed and dissatisfied than the similar workers at other government sector jobs for getting fewer chances to be a part of such services (Al- Ahmadi, 2014).

Due to less nursing staff in Saudi Arabia, the Saudi governmental and private sector healthcare set ups are becoming more and more dependent on expatriate nurses serving to fill the void. According to Al- Ahmadi (2014), a large percentage of the nursing system is based on expatriate nursing. One of the implications of making a degree the minimum requirement for nursing in Saudi Arabia, which depends so heavily on foreign nurses, is that it may reduce its workforce considerably, if a country which supplies nurse to Saudi Arabia, does not offer nursing degrees or does not make it mandatory, meaning Saudi Arabia will start reducing its recruitment area from other countries.

The nursing care provided differs due to the diversity in educational and cultural backgrounds. Therefore, Adossary et al (2008) gave the following suggestion for the Saudi nursing department: *"The main challenge for Saudi Arabia, presently, is to develop Saudi national nursing staff in order to provide quality healthcare following the Saudi cultural and linguistic aspects. In the absence of such measures, it will be increasingly difficult to provide a high quality of healthcare to the Saudi nationals."* Aldossary (2008) predicted that the rising requirement of health care services for the elderly was expected to be even more in the coming years and the problem needs to be addressed immediately by the Saudi government and make necessary improvisations to the systems that facilitates and attracts more female workers (Majeed, 2014). Currently, training the nurses in departments such as gerontology needs to be practised at most to cater the growing percentage of the elderly people (Al- Ahmadi, 2014). It was stipulated that the Saudi kingdom must increase the count of nurses in the hospitals to meet the rising population percentage. This can only be achieved if the authorities break the cultural barriers that restrict women to opt into nursing as their profession (Aldossary, 2008).

## **7. SOCIAL CHALLENGE**

Majeed (2014) asserted that Saudi Arabia needs to realise two things in their society. Firstly the current role and status of nurses in health care units and how it has evolved. Secondly, the realization of ways to improve the female nursing service for the public welfare and address the rising challenges (Al-Makhaita et al, 2014). For individuals who have selected the nursing profession, nursing education seeks to provide knowledge, skills and attitudes (Tumulty, 2001). Nursing programmes started to be improved in Saudi Arabia, with the development of the curriculum, nursing education and practicing at graduate level programmes (Tumulty, 2001). Today, applications from female Saudi nationals with the right set of abilities, skills, intelligence and motivation for the study of nursing science are encouraged at Saudi universities (Almutair, et al, 2014). However, the universities considered in this study were exclusively developed for female students and therefore all respondents are females. This limitation of the study should be highlighted as previously mentioned.

The hospitals in Saudi Arabia are facing a new challenge owing to the rising rate of attrition of the female nurses. The reason of this deficiency in hospitals is due to averting attitude towards the profession (AlYami and Watson, 2014). The hospital management in Saudi Arabia needs to systemize their records and maintain them periodically. In spite of this, the hospitals in Saudi

Arabia have not addressed this problem and increased their female nursing staff compared with other countries across the globe. The most affected are the elderly personnel in the country. The grave concern of the deficiency of competent nurses in the Saudi hospitals requires a profound scrutiny on the current and future nursing system which includes the training facilities (Almutair et al, 2014). This scrutiny should address the problem with special focus on elderly people.

Al-Ahmadi (2014) and Majeed (2014) asserted that with the policies attracting women to opt into this profession, the shift is seen by the kingdom's females. Although, this shift is quite slow and the experts claim it to be fully achieved with time. The reason for the delay is that women in Saudi culture face a lot of hindrances and the profession itself possesses an uncouth image in the society (Al-Makhaita et al, 2014). The apropos system for recruiting and training the nursing is inconsistent owing to the diversity of professionals working in these hospitals (Majeed, 2014). Another factor that contributes to this problem is the lesser percentage of female applicants when the recruitment programmes open (Al-Ahmadi, 2014). The prime reason lies in the social image of the nursing profession. Most often, females resort to take the administrative jobs owing to the high promotional chances (Almutairi, et al, 2014). Moreover, the female lots after acquiring the professional training are bound to marriage which forces them to leave the profession as per the social norms (Al-Makhaita et al, 2014). This creates a gap and affects the nursing education in the society.

All the issues above are related to female nursing; this is because whilst it is well known that nursing is a female dominated profession globally, it is more so in Saudi Arabia. Limited numbers of females want to go into the profession due to the social image and pressures, but even fewer men want to go into the profession. There are calls to overhaul to the policies affecting nursing in Saudi Arabia which are seen as inadequate with recommendation to enhance the status of nursing in Saudi Arabia to make it a worthwhile career, and this starts with dealing with some of the social stigma (Al-Omar, 2004; Al-Malki, et al. 2011). The Saudi government needs to use media to help engage with people and promote a positive image of the nursing profession to help with the shortfall in the local work force (Al-Malki, et al. 2011). The policy should not start out aimed at females and then be extended to men as it will enforce stereotypes and take longer to see changes. Instead, policies should be aimed at both genders from the outset.

Interviews conducted by the Saudi Gazette (N.D.) with health care workers in Saudi Arabia echoed some of the social stigma the health care workers have to face and overcome on a daily basis. For example, men and women equally feel that public perception of nursing is negative; opinions include a male should be in a role where his strength is required, for example, in the emergency department and not nursing the sick and frail. Those who go into nursing see it as a rewarding humanitarian job and have support from family meaning change in an individual's perception to get them into nursing may not be sufficient but the family/community need to be targeted. Saudi men avoid marrying female nurses due to the long hours of shifts and night work requirements. Family and social concerns aside, the long hours and night work also deters many from going into the profession. For those who are married and with children, they encounter difficulties with getting childcare; something resolvable through subsidised childcare.

## 8. CONCLUSION

The literature above indicates that the dire shortage of nursing staff in health care sector is compromising the quality of health care in Saudi Arabia. This is not only a phenomenon here but it is a global issue. Proper professional education and providing adequate job facilities to nursing staff is required in order to bring improvements. The universities need to improve their curriculums in order to cope with the changing and evolving needs of the nursing profession. The nursing staff promotional hierarchy should be revisited and improved as that is also a factor affecting the lack of professional nurses. The major nursing strategists have put their focus into combining knowledge with training to benefit the nursing profession and to improve its conditions. The issues of nursing staff, like lack of promotion, need to be carefully considered and resolved. There should be provided on job training and education in order to keep them up to date with the latest in the health technology and develop their skills as part of continuing professional development. These form the backbone of the healthcare sector, and their betterment is an imperative. Qualified nurses will be able to provide the required level of health care and a level of professionalism that is necessary with the job.

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