

## H. STATUS OF NURSING IN THE ARAB WORLD

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### INTRODUCTION

The nursing profession in the Arab world is developing rapidly although it still has a long way to go. Nursing in some Arab countries is considered one of the appreciated and recommended professions, as in Jordan. This paper will address some of the factors affecting the development of the nursing profession in Arab countries and will highlight related facts and figures. The status of nursing in the Arab world will be presented in three dimensions: education, practice, and image.

For this purpose, a standard short questionnaire was mailed to Middle Eastern, Arab country nursing colleges and associations, including: heads of Nursing Directorates in Ministries of Health; presidents of Nursing Associations or Unions; deans of Nursing in colleges and universities, ambassadors in Jordan, and the World Health Organization (WHO) Nursing regional consultant. Questions asked for information on the number of schools of nursing, number of university programs, levels of nursing education, number of graduates, number of nurses in the country, number of foreign nurses, percentage of male nurses, working conditions, and the image of nursing in the country. Responses were collected from: Algeria, Bahrain, Egypt, Jordan, Oman, Palestine (West Bank & Gaza), Qatar, Saudi Arabia, and Syria.

### NURSING EDUCATION

Nursing education requirements vary from a two-year program at a junior college to a PhD-level degree, causing much confusion. Developed countries, including the United States, have solved the problem by specifying the baccalaureate as the entry level for the

professional nurse. The same problem is common in the Arab countries where levels of education range from a high school education for a practical nurse with 18 months of study to an associate degree (2 years of study post high school) to a diploma (3–4 years of post high school study). Baccalaureate (BSN) and graduate programs at the masters level (MSN) are very limited. Most Arab countries consider the diploma as the entry level for the profession.<sup>2–4</sup> Some countries, such as Tunisia, Morocco, Algeria, and Libya, do not have the baccalaureate at all. Other countries, such as Syria, the United Arab Emirates and Oman, just recently started BSN programs. Baccalaureate programs of nursing in the Middle East for year 2003 are listed in Table 1.

Some countries, Egypt, Jordan, Palestine, Lebanon, Saudi Arabia, and Iraq, offer masters level preparation. Egypt and Iraq are the only two Middle Eastern countries to offer doctoral level education in nursing. Most doctorate-level nurses in the Middle East are graduates of American or European universities. Each Arab country organizes its educational programs separately while attempting to work together under the umbrella of the Scientific Associations of Arab Nursing Faculties (SAANF), the International Council of Nursing (ICN) and the World Health Organization (WHO).

### NURSING PRACTICE

As in America, there is a shortage of professional nurses in the Middle East. Table 2 indicates the number of working nurses for the year 2003, according to survey respondents.

The male-female ratio of practicing nurses has increased rapidly in some Arab countries. For example, the per-

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**Table 1. Number of baccalaureate programs in Middle Eastern Countries**

Middle Eastern Country	N
Egypt	14
Jordan	8
Lebanon	3
Iraq	3
Sudan	3
Saudi Arabia	5
Yemen	2

centage has reached 50/50 in Palestine and 40/60 in Jordan. The employment of foreign nurses is a growing phenomenon in the Gulf region. In Qatar, the ratio is 91.75 foreign nurses to 8.25 locals. In other countries, there are few to no foreign nurses (Palestine, few to none; Egypt, less than 1%; Jordan, 6%, Bahrain, 40%).

The growing nursing shortage, although a worldwide issue,<sup>5-7</sup> is especially problematic in the Arab region. Middle Eastern countries attempt to organize their nursing practice conditions by setting general and specific standards and codes of ethics.<sup>8</sup> Additionally, efforts are made to support nurses by unions or syndicates and by WHO programs.

## NURSING IMAGE

Image is one of the most important factors in the development of the nursing profession.<sup>9</sup> Most of the countries that responded to the survey felt the nursing image had improved lately, but

**Table 2. Number of working nurses in Arab countries: Responses to a special survey.**

Arab Country	Employed Nurses
Egypt	134,000
Saudi Arabia	36,219
Bahrain	5,000
Jordan	8,750
Palestine	6,986
Qatar	2,725

still lacked appeal and prestige. Some countries, such as Bahrain and Jordan, were satisfied with the image of nursing. Jordan has had a unique experience in improving its nursing image and has significantly increased the number of highly educated nurses who participated actively in organizing the profession by setting the Jordanian Code of Ethics. Royalty crowns the nursing profession in Jordan where the profession is highly supported by Her Royal Highness, Princess Mona Al-Hussein. Her Royal Highness heads the Jordanian Nursing Council that was developed by a Royal Decree of His Majesty, the King of Jordan in 2002. All Arab countries have supported Her Royal Highness' efforts that have extended to the WHO and ICN.

## CONCLUSION

It can be said that the nursing profession in the Arab world has a much better status now than it had 10 years ago. Each country is working to improve the quality of nursing education

and practice. Yet, the nursing shortage remains a critical problem. Working conditions are not as they should be, but are changing for the better. It is recommended that all Arab countries work together in a cooperative way and, with the support of WHO and ICN, improve the status and education programming for nursing thus positioning nursing as a top profession in each country.

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