Community Perceptions of Nursing and its Impact on the Shortage of Kuwaiti Nurses

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Table of Contents

TABLE OF CONTENTS ..... **I**
LIST OF FIGURES ..... **VII**
LIST OF TABLES ..... **VIII**
LIST OF ABBREVIATIONS AND ACRONYMS ..... **XII**
ABSTRACT ..... **XIII**
DECLARATION ..... **XV**
ACKNOWLEDGEMENTS ..... **XVI**
CHAPTER 1: INTRODUCTION **1**
1.1 Introduction 1
1.2 Global nursing shortages 2
1.3 Kuwaiti nursing shortages 4
1.4 The role of the media 5
1.5 Nursing as a profession 6
1.6 Nursing education 10
1.7 Causes and impact of nursing shortages 12
1.7.1 A growing and ageing population 13
1.7.2 An ageing registered nurse workforce 14
1.7.3 Low wages (salaries) for registered nurses 14
1.7.4 Demand and supply issues 15
1.7.5 Impact on quality of care 16
1.7.6 Impact on patient safety 17
1.8 Kuwait 18
1.8.1 Nursing in Kuwait 22
1.8.2 Types of nursing roles and services 25
1.8.3 Kuwaitisation policy 26
1.8.4 The healthcare system in Kuwait 28
1.8.5 History of nursing education programs in Kuwait 28
1.9 Significance of the research 29
1.10 Methodology 31
1.11 Statement of the problem 31
1.12 Aims of the research 31
1.13 Research questions 31
1.14 Objectives 32
1.15 Thesis structure 32
CHAPTER 2: LITERATURE REVIEW **35**
2.1 Introduction 35
2.2 Literature review methodology 38
2.2.1 Principles for selecting articles 38

2.2.2 Analysis 41
2.3 Findings 42
2.3.1 Background to the issues 44
2.3.2 Recruitment and retention 44
2.3.3 Perceptions of the nursing profession in Arabic culture 46
2.3.4 The negative image of nursing in Arabic and Islamic countries 46
2.3.5 Gender stereotypes in the nursing profession 48
2.3.6 Representations of the nursing profession in the media 55
2.3.7 Cultural factors influencing perceptions of the nursing profession 58
2.3.8 Religion as a factor influencing uptake of nursing careers 60
2.3.9 Family impact on career choices 62
2.3.10 Financial concerns for recruitment and retention 63
2.4 Summary 65
CHAPTER 3: METHODOLOGY 67
3.1 Introduction 67
3.2 Hypothesis and aim of the research 68
3.2.1 Research questions 68
3.2.2 Research objectives 68
3.2.3 Research paradigm 69
3.2.3.1 Ontology 71
3.2.4 Positivism, interpretivism and pragmatism 73
3.3 Overview of mixed methods 75
3.4 Social theories 80
3.4.1 Theoretical framework 81
3.4.2 Social constructionist theory in context 82
3.5 Methodological approach 83
3.6 Research design 85
3.7 Summary 86
CHAPTER 4: PART 1, QUANTITATIVE STUDY – METHODS 87
4.1 Introduction 87
4.2 Quantitative research method 88
4.2.1 Selection of the questionnaire 89
4.2.2 The year 12 student questionnaire 90
4.2.3 The parent questionnaire 91
4.2.4 Sampling method and sample selection 92
4.2.5 Reliability and validity of the questionnaire 93
4.2.6 Sampling method and sample selection 94
4.2.7 Data collection methods 94
4.2.7.1 Questionnaire distribution permission 95
4.2.8 Analysis of the quantitative data 96
CHAPTER 5: PART 1, QUANTITATIVE STUDY – RESULTS 102

5.1 Introduction 102
5.2 Reverse coding items 103
5.3 Descriptive analysis – students 103
5.3.1 Demographic characteristics of the year 12 students 103
5.3.2 The association between intent to study nursing after high school and demographic features 107
5.3.3 Recommendation to others to study nursing 111
5.3.4 The influence of cultural and religious traditions on working in nursing 113
5.3.5 Open response question 115
5.3.6 Findings from the factor analysis 116
5.3.7 Distribution of the groups' main dependent variables and student demographic features 121
5.4 Inferential statistics – students 123
5.4.1 Age effect 124
5.4.2 Gender effect 124
5.4.3 Family members 126
5.4.4 Intention to study nursing after high school 127
5.4.5 Friends and relatives working in nursing 129
5.4.6 Family members working in the nursing profession 131
5.4.7 Advising others to study nursing 132
5.4.8 Gender effect on items within each of the subscales 133
5.5 Descriptive analysis – parents 134
5.5.1 Demographic characteristics of the parents of year 12 students 134
5.5.2 Gender of parents with family members in the nursing profession 137
5.5.3 Gender of parents with friends who work in nursing 137
5.5.4 Association between parental demographics and intent for their children to study nursing after high school 138
5.5.5 Recommendation to others to study nursing 146
5.5.6 The influence of cultural religious traditions on recommendations to study nursing 150
5.5.7 Validity and reliability 151
5.6 Factor analysis 152
5.6.1 Analysis factor reliability measurement 155
5.6.2 The Pearson coefficient correlation 157
5.6.3 Age effect 164
5.6.4 Parent's gender 168
5.6.5 Parent's marital status 168
5.6.6 Parent's family members 169
5.6.7 Parent's qualification 170
5.6.8 Parent's occupation 171
5.6.9 Family members who work in nursing 171
5.6.10 Parents with relatives or friends working in nursing 173

5.6.11 Parents' intention to encourage male children to study nursing across the four groups 175
5.6.12 Parents' recommendation to others to study nursing 179
5.7 The effect of gender on items within each of the components 181
5.8 Open response question 181
5.9 Summary 182
CHAPTER 6: PART 1, QUANTITATIVE STUDY – DISCUSSION 184
6.1 Introduction 184
6.2 Perceptions about nurses 184
6.2.1 Parents' perceptions of the nursing profession and their influence on their children's choice 185
6.2.2 Students' perceptions of the nursing profession 187
6.3 Nursing and social status 188
6.4 The role of the media 190
6.5 Nursing and financial status 191
6.6 Nursing and cultural influences 192
6.7 Summary 194
CHAPTER 7: PART 2, QUALITATIVE STUDY – METHOD 196
7.1 Introduction 196
7.2 Sample selection 197
7.3 Ethics approval 198
7.4 Recruitment of participants 199
7.4.1 Interview permission 199
7.4.2 Interview question guide 200
7.4.3 Pilot testing the interview questions 200
7.5 Data collection 201
7.5.1 Participant recruitment strategy 201
7.5.2 Transcription and translation of the interviews 202
7.5.3 Coding of participants 202
7.6 Data analysis 202
7.6.1 Familiarisation with the data 203
7.6.2 Coding the data using NVivo 20 204
7.6.3 Searching for themes 204
7.6.4 Reviewing the themes 204
7.6.5 Defining and naming themes 205
7.6.6 Writing up the thematic analysis 205
7.7 Integration 205
7.8 Academic rigour and trustworthiness 208
7.8.1 Credibility 209
7.8.2 Dependability 210
7.8.3 Confirmability 210
7.8.4 Transferability 211

7.8.5 Authenticity 212
7.9 Advantages and limitations of the study design 212
CHAPTER 8: PART 2, QUALITATIVE STUDY – FINDINGS 214
8.1 Introduction 214
8.2 Participant sampling 214
8.3 Ethical and confidentiality considerations 216
8.4 Findings of online semi-structured interviews 216
8.4.1 Data analysis steps 217
8.4.2 Perception of nursing in Kuwait 218
8.4.3 The factors influencing a student's career choice 227
8.4.4 Kuwaiti nurses' experience and challenges related to the nursing professionalism 235
8.5 Summary 241
CHAPTER 9: PART 2, QUALITATIVE STUDY – DISCUSSION 243
9.1 Introduction 243
9.2 Discussion of findings 244
9.2.1 Barriers affecting Kuwaiti students' and parents' perceptions of the nursing profession 244
9.2.2 The factors influencing a student's career choice 249
9.2.3 Kuwaiti nurses' experience and challenges related to nursing as a profession 255
9.3 Summary 258
CHAPTER 10: INTEGRATION 260
10.1 Introduction 260
10.2 Integration 260
10.3 Discussion 266
10.3.1 Discussion of integrated finding 1: In Kuwait the image of nursing continues to be undervalued for multiple reasons 267
10.3.2 Discussion of integrated finding 2: In Kuwait the community view nursing work as humanitarian but do not want family members to become nurses 269
10.3.3 Discussion of integrated finding 3: currently nurses in Kuwait feel undervalued and lack professional scope of practice 270
10.3.4 Discussion of integrated finding 4: The Kuwaiti community agree that the positive professional image of nurses needs to be promoted 271
CHAPTER 11: CONCLUSION AND RECOMMENDATIONS 273
11.1 Introduction 273
11.2 Findings of the study and their implications 273
11.2.1 Recommendation I: Ministry of Health 273
11.2.2 Recommendation II: Ministry of Education 274
11.2.3 Recommendation III: Research and projects 275
11.3 Dissemination plan 276
11.4 The limitations of this study 277
11.5 Future research 277
11.6 Conclusion 278

REFERENCES **279**
APPENDICES **291**
Appendix A: Literature review table 291
Appendix B: Author's permission to use the questionnaire 296
Appendix C: Parents' questionnaire – English version 297
Appendix D: Parent's questionnaire – Arabic version 301
Appendix E: Students' questionnaire – English version 304
Appendix F: Students' questionnaire – Arabic version 308
Appendix G: The approval of professional validation and translation of instrument 312
Appendix H: Ethics approval 313
Appendix I: Ministry of Health letters – Arabic and English versions 315
Appendix J: Ministry of Education letter – Arabic and English versions 318
Appendix K: Ministry of Education letter – Arabic and English versions 320
Appendix L: Letter of introduction 324
Appendix M: Flyer for year 12 students and parents in English 328
Apppendix N: Flyer of 12th grade students and parents (in Arabic) 329
Appendix O: Not significant tables 330
Appendix P: Ministry of Education letter of introduction 369
Appendix Q: Year 12 students' interview questions 370
Appendix R: Parents' interview questions 371
Appendix S: Interview questions for nursing students and nurses 372
Appendix T: Flyer for student nursing interviews 374
Appendix U: Flyer for nurses' interview 375
Appendix V: Timeline of the research 376

List of Figures

Figure 1.1: Map of Kuwait 19
Figure 1.2: An overview of the structure of Kuwaiti nursing management 23
Figure 2.1: The PRISMA process search strategy 40
Figure 5.1: Monthly family income 137
Figure 7.1: Integration process in mixed-methods research 208

List of Tables

Table 1.1: Regional / ethnic origin of Kuwait's non-native population....19
Table 1.2: Kuwaiti nationals as healthcare professionals....20
Table 1.3: National vs expats as a ratio of population....21
Table 2.1: Principles for selecting articles....39
Table 2.2: Themes from the literature....42
Table 2.3: Investigations of the perceptions of nursing....44
Table 3.1: Advantages and limitations of mixed-methods research....77
Table 3.2: Four types of sequential mixed method design....84
Table 4.1: Inclusion and exclusion criteria for this study....93
Table 5.1: Descriptive statistics for year 12 student demographics....104
Table 5.2: Gender distribution of year 12 students with family members who work in nursing....105
Table 5.3: Gender distribution of year 12 students with friends who work in nursing....105
Table 5.4: Gender and intention to study nursing after high school....106
Table 5.5: Gender and advising others to study nursing....106
Table 5.6: Cross-tabulation between gender and intention to study nursing after high school....107
Table 5.7: Cross-tabulation between age and intention to study nursing after high school....108
Table 5.8: Cross-tabulation of family members working in nursing and the intention to study nursing after high school....109
Table 5.9: Significance of the relationship between family members working in nursing and the intention to study nursing after high school....109
Table 5.10: Cross-tabulation of friends working in nursing and the intention to study nursing after high school....110
Table 5.11: Significance of the relationship between friends working in nursing and the intention to study nursing after high school....110
Table 5.12: Cross tabulation of number of family members and intention to study nursing after high school....111
Table 5.13: Cross-tabulation of advising others to study nursing and intention to study nursing after high school....112
Table 5.14: Significance of the relationship between advising others to study nursing and intention to study nursing after high school....112
Table 5.15: Cross-tabulation between gender and recommendation to study nursing....113
Table 5.16: Cross-tabulation between gender and Kuwaiti traditions....113
Table 5.17: Cross-tabulation of gender and working with the opposite gender....114
Table 5.18: Cross-tabulation of gender and the chance of marriage....114
Table 5.19: Cross-tabulation of gender and financial benefits....114
Table 5.20: Cross-tabulation of gender and media....115
Table 5.21: Recommendations from (year 12 students) participants....116
Table 5.22: Kaiser-Meyer-Olkin and Bartlett's test from the factor analysis....117
Table 5.23: Rotated pattern matrix[a] of factor analysis....118
Table 5.24: Cronbach's alpha reliability result....119
Table 5.25: Descriptive statistics of the three groups....120

Table 5.26: The Pearson coefficient correlation between number of family members and four factor groups 121
Table 5.27: The Pearson coefficient correlation between family members working as a nurse and three factor groups 121
Table 5.28: The Pearson coefficient correlation between friends or relatives working as a nurse and three factor groups. 122
Table 5.29: The Pearson coefficient correlation between advising others to study nursing and three factor groups 122
Table 5.30: Computing variables and group variables 123
Table 5.31: Descriptive statistics of gender across the descriptive statistic 124
Table 5.32: The results and significance level of the independent samples *t*-test 125
Table 5.33: Descriptive statistics of family members across the three subscales 126
Table 5.34: Results of the analysis of variance test and the significance of number of family members 127
Table 5.35: Descriptive statistics of intention to study nursing after high school effect and the three subscales 128
Table 5.36: The results of the analysis of variance test and its significance to the intention to study nursing 128
Table 5.37: Descriptive statistics of friends working in nursing across the descriptive statistics of the three groups 129
Table 5.38: The results and significance level of the independent samples *t*-test 130
Table 5.39: Descriptive statistics of family members working in nursing across the descriptive statistics of the three groups 131
Table 5.40: The results and significance level of the independent samples *t*-test 132
Table 5.41: Descriptive statistics of advising others to study nursing across the descriptive statistics of the three groups 133
Table 5.42: The results of the *t*-test on advising others to study nursing 133
Table 5.43: Parents' demographic data 135
Table 5.44 Gender distribution of parents of year 12 student participants with family members who work in nursing 137
Table 5.45: Gender distribution of parents of year 12 student participants with relatives or friends who work in nursing 137
Table 5.46: Cross-tabulation of parents' ages and intent to encourage their sons to study nursing 138
Table 5.47: Cross-tabulation between parents' age and intent to encourage daughters to study nursing 139
Table 5.48: Cross-tabulation between parents' gender and intention to encourage sons to study nursing 139
Table 5.49: Cross-tabulation between parents' gender and intention to encourage daughters to study nursing 140
Table 5.50: Cross-tabulation of parents' marital status and intention to encourage their sons to study nursing 140
Table 5.51 Cross-tabulation of parents' marital status and intention to encourage their daughters to study nursing 141
Table 5.52 Cross-tabulation of parents' family members and intent to encourage their sons to join study nursing 141

Table 5.53: Cross-tabulation between parents' family members and intent to encourage their daughters to study nursing....142
Table 5.54: Cross-tabulation between parents' qualifications and intent to encourage their sons to study nursing....142
Table 5.55: Significance of the association between parents' qualifications and intent to encourage their sons to study nursing....142
Table 5.56: Cross-tabulation between parents' qualifications and intent to encourage their daughters to study nursing....143
Table 5.57: Cross tabulation between parents' occupation and intent to encourage their sons to study nursing....143
Table 5.58: Cross tabulation between parents' occupation and intent to encourage their daughters to study nursing....144
Table 5.59: Cross tabulation between parents' relatives or friends working in nursing and intent to encourage their sons to study nursing....145
Table 5.60: Cross tabulation between parents with relatives or friends who are nurses and their intent to encourage their daughters to study nursing....145
Table 5.61: Cross tabulation between parents' family members and intention to encourage their sons to study nursing....146
Table 5.62: Cross tabulation between parents' family members and intent to encourage their daughters to study nursing....146
Table 5.63: Cross-tabulation between parents' intention to encourage their sons to study nursing and recommendation to others to study nursing....147
Table 5.64: Significance of the association between parents' intent to encourage their sons to study nursing and recommendations to others to study nursing....147
Table 5.65: Cross-tabulation between parents' intent to encourage their daughters to study nursing and recommendation to others to study nursing....148
Table 5.66: Significance of the association between parents' intent to encourage their daughters to study nursing and recommendation to others to study nursing....148
Table 5.67: Cross-tabulation between gender and recommendation to others to study nursing....149
Table 5.68: Significance of the association between parents' intent to encourage their daughters to study nursing and recommendation to others to study nursing....149
Table 5.69: Cross-tabulation parent's gender between culture and intention to study nursing....150
Table 5.70: Cross-tabulation parent's gender between mixed gender and intention to study nursing....150
Table 5.71: Cross-tabulation parent's gender between financial benefits and intention to study nursing....151
Table 5.72: Applying Kaiser-Meyer-Olkin and Bartlett's test to the factor analysis....152
Table 5.73: Component matrix....154
Table 5.74: Reliability statistics....155
Table 5.75: Descriptive statistics of the four groups....156
Table 5.76: Distribution of dependent variables....157
Table 5.77: Pearson's correlation coefficient for the four factors....158
Table 5.78: Pearson coefficient correlation between age and factor groups....159
Table 5.79: The Pearson coefficient correlation between occupation and four factor groups....160
Table 5.80: The Pearson coefficient correlation between when family members work as a nurse and the four factor groups....161

Table 5.81: The Pearson coefficient correlation between relatives or friends who work as a nurse and the four factor groups 162
Table 5.82: The Pearson coefficient correlation between advising others to study nursing and the four factor groups 162
Table 5.83: The Pearson coefficient correlation between parents encouraging their sons to study nursing and the four factor groups 163
Table 5.84: The Pearson coefficient correlation between parents encouraging their daughters to study nursing and the four factor groups 164
Table 5.85: Descriptive statistics of the parents' age groups of the four groups 165
Table 5.86: Analysis of variance results showing the significance of age to the intention to recommend children study nursing 166
Table 5.87: Post-hoc Bonferroni results 167
Table 5.88: Descriptive statistics of the parent's family members and the four groups 169
Table 5.89: Analysis of variance results and significance level for family member's effect 170
Table 5.90: Descriptive statistics of family members working in nursing across the four groups 171
Table 5.91: The results of the *t*-test considering family members working in nursing 172
Table 5.92: Descriptive statistics of relative and friends working in nursing across the four groups 173
Table 5.93: The results of the *t*-test considering relatives and friends who work in nursing 174
Table 5.94: Descriptive statistics of intent to encourage sons to study nursing across the four groups 175
Table 5.95: The results of the *t*-test considering the intention to encourage sons to studying nursing 176
Table 5.96: Descriptive statistics of intent to encourage daughters to study nursing across the four groups 177
Table 5.97: The results of the *t*-test considering the intent to encourage daughters to study nursing 178
Table 5.98: Descriptive statistics of recommending others to study nursing across the descriptive statistics of the four groups 179
Table 5.99: The results of the *t*-test considering the intention to encourage others to study nursing 180
Table 5.100: Recommendations for improvement 181
Table 7.1: Inclusion and exclusion criteria 198
Table 8.1: The demographic characteristics of the four groups 215
Table 8.2: Extracted themes from semi-structured interviews. 217

List of Abbreviations and Acronyms

ANOVA	Analysis of Variance
CASP	Critical Appraisal Skills Programme
CNAHL	Cumulative Nursing and Allied Health Literature
HREC	Health Research Ethics Committee
ICN	International Council of Nurses
ICU	Intensive Care Units
KMO	Kaiser-Meyer-Olkin
MENA	Middle East and North Africa
MOE	Ministry of Education
MOH	Ministry of Health
NHMRC	National Health and Medical Research Council
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
RN	Registered Nurses
SPSS	Statistical Package for the Social Sciences
UK	United Kingdom
USA	United States Of America
WHO	World Health Organisation

ABSTRACT

Background: Globally, nurses represent the largest professional group in the healthcare workforce and are central to a nation's healthcare plan. Recent studies highlight the shortage of nursing in every healthcare system, especially in Arabian countries. In Kuwait, only 5% of the local population work as nurses; therefore, expatriates are recruited. Inadequate levels of knowledge and community awareness are considered as key two factors responsible for employment shortage in the profession. The lack of local Kuwaiti nationals (only 5%) taking up nursing as a career is now of major concern, and yet this area of employment shortage remains largely under-researched.

Aim: The aim of this study was to explore the perceptions of the Kuwaiti community towards nursing as an occupation.

Methods: This research adopted a mixed-methods, sequential explanatory design to explore and address the research questions. This type of research design is seen as a suitable approach to understand community attitudes and conceptions of nursing as an occupation in Kuwait as it allows the researcher to assess the knowledge of the community. This study was conducted in two phases. Part 1 used a quantitative method via questionnaires. Part 2 used a qualitative method via semi-structured interviews. A total 288 parents and 302 students from five secondary schools (three male and two female schools) and a total of 22 participants (11 males and 11 females) were recruited to participate in the interviews in Kuwait.

Results/Findings: The quantitative results demonstrated that 11% of students indicated their intention to study nursing, 50.8% did not intend to study nursing, and 37.1% were undecided about whether to study nursing or not. The parents, on the other hand, stated their intention to encourage their children to study nursing as yes 26.8%, no 73.1%. The results also show that Kuwaiti parents were willing to encourage their children to study nursing if working hours improved in hospitals in Kuwait. Further barriers include community perceptions, financial considerations, and the mixed-gender environment. The Kuwaiti community believes that the nursing profession is not a suitable profession for their children due to the work conditions and working hours that are associated with nursing. The qualitative findings were presented as three main themes; the barriers affecting

students' and parents' perceptions of the nursing profession, the factors influencing a student's career choice and Kuwaiti nurses' experience and challenges related to nursing as a profession. These themes explained, confirmed and found discordant findings in comparison to the quantitative results. Moreover, the findings indicate that year 12 students, parents, nursing students and nurses believe the perception of the nursing profession needs to be improved due to various barriers preventing students from studying nursing. Moreover, nurses expressed their concerns about the obstacles to reaching professionalism, with policy and supportive system shortfalls.

Discussion and conclusion: There is a lack of research on Kuwaiti community's perceptions towards nursing and nurses in general hospitals in Kuwait. Further, the factors that influence year 12 students in Kuwait to pursue nursing as a career are poorly understood. Therefore, there is a clear need to investigate the factors that influence these perceptions, along with a need to explore and investigate any sociocultural factors that could influence the community and enablers relating to this issue. Community perception, Kuwait's attitudes regarding the image of nursing and working environment obstacles impact parents' decision to encourage their children to study nursing. These factors must be addressed to alleviate the shortage of nurses.

KEYWORDS: nursing shortage, social attitude, community perception, nursing image, public image, Kuwait.

DECLARATION

I certify that this thesis:

1. does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university

2. and the research within will not be submitted for any other future degree or diploma without the permission of Flinders University

3. to the best of my knowledge and belief, does not contain any material previously published or written by another person except where due reference is made in the text.

Signed.....Eidan Alrasheid.....

Date.....03/06/2024.....

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It is a privilege for me to dedicate this thesis to both my mother, who has passed away, (may she rest in peace) and to my father, who believed in me.

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CHAPTER 1: Introduction

1.1 Introduction

Globally, nurses represent the largest group in the healthcare workforce (Buchan & Catton, 2020; Parry & Button, 2020) and form the foundation of the healthcare sector. Nurses provide frontline care in acute services, such as hospitals, primary health care, community centres and other health facilities, and yet their roles are often underappreciated in comparison to other healthcare professionals (Al Thobaity & Alshammari, 2020). In addition, there is a shortage of nurses around the world, which is challenging the healthcare sector in many countries (Adhikari et al., 2023; Al-Khunizi et al., 2021; Allari, 2020; Alroqi, 2017; Alshareef et al., 2020; Mahran & Al-Nagshabandi, 2012; Nair, 2021; Tawash & Cowman, 2018).

Highlighting this shortage of nurses is imperative in every healthcare system, and of concern to this thesis is the shortage of nursing staff in the countries that specifically rely on overseas trained nurses to fill their health system requirements; such as the Arabic countries including Saudi Arabia, and Asian countries, such as Singapore and Pakistan (Abbas et al., 2020; Elmorshedy et al., 2020; Ibrahim et al., 2015; Liaw et al., 2016; Mahran & Al-Nagshabandi, 2012; Marć et al., 2019; Rocque, 2019). Furthermore, this thesis is interested in examining the impact of underestimating nursing staff shortages on healthcare systems (Abbas et al., 2020; Elmorshedy et al., 2020; Ibrahim et al., 2015; Liaw et al., 2016; Mahran & Al-Nagshabandi, 2012; Marć et al., 2019; Rocque, 2019), especially when a global healthcare crisis such as that which occurred due to the global COVID-19 pandemic reveals that healthcare systems were unprepared (Catton, 2020; Deldar et al., 2021; Marć et al., 2019).

In the West, the image of modern nursing has undergone many changes since being established by Florence Nightingale in the 19th century. Nightingale is considered a symbol of the nursing profession and is often called the ‘mother of nursing’ (Karimi & Alavi, 2015). Nightingale shaped the nursing profession and wrote the first practice guidelines for nursing work and care. Additionally, Nightingale’s legacy has served as a role model for female nurses (Abbas et al., 2020; Holliday & Parker, 1997; Ibrahim et al., 2015). The practices that Nightingale initiated and encouraged in patient

care underpinned the construction and foundation of nursing schools, and her name became synonymous with nursing in the 19th and 20th centuries (Almalki et al., 2011; Atkinson, 2015; Ibrahim et al., 2015; Tawash, 2016).

Although Nightingale's influence is widely acknowledged, Rufaidah Al-Aslamiyah is nonetheless considered to be the first nurse in the world (Atkinson, 2015). In the Middle East, Al-Aslamiyah was the first Muslim female to provide care for wounded soldiers during the Islamic battles of the 5th century and contributed to the creation of the first code of ethics written for nurses in Islam (Aldossary et al., 2008; Atkinson, 2015). Prior to this era, healers had only practiced medicine and nursing with people suffering from illnesses. It was Al-Aslamiyah who introduced specialised nursing and caring for injured soldiers. She gained her skills for nursing from her father, Sa`ad Al Aslamy, who was a well-known healer at the time. At the end of hostilities when peace returned to the region, Rufaidah Al-Aslamiyah was able to train other women in the practice of nursing (Alroqi, 2017; Tawash, 2016). Consequently, Rufaidah Al-Aslamiyah is considered to be the founder of nursing in the Islamic world.

Due in part to both these historical female nursing icons, nursing has historically been synonymous with being female. Across cultures, women are often portrayed as those who provide care to sick or injured individuals in a community. Thus, in terms of gender, the role of a nurse has historically been categorised as a career for women (Almalki et al., 2011; Atkinson, 2015; Mohanasundari et al., 2021; Zamanzadeh et al., 2023). In the 20th century we have nonetheless seen men joining the nursing profession, which raises the questions of concern for this thesis regarding gendered stereotypes in modern healthcare professions. However, despite men taking up these healthcare roles, it is still the case that nurses are predominately female (Rekisso et al., 2022; Subu et al., 2022; Woldasemayat et al., 2022).

1.2 Global nursing shortages

Given the historical foundations of nursing and nursing's centrality to care, health and wellness, nurses are essential to any healthcare plan. Following up on treatment plans is important, and such plans require nursing oversight to contribute to healthy outcomes (Alliance, 2014; Atkinson, 2015). The WHO estimates that 59% of the health workforce are nurses, demonstrating clearly that the

nursing profession comprises the largest group of workers in the health system (Alnuqaidan & Ahmad, 2019; McCarthy, et al., 2020; Parry & Button, 2020). Nurses are thus in high demand and any shortage of nurses is considered a challenge to any healthcare system (Godsey et al., 2020; Kang & Shin, 2020; Somers et al., 2010). The International Council of Nurses (ICN) estimates that the nursing shortage will rise to 13 million nurses in total by 2030 (Catton, 2021; Cipriano, 2021), predicted in part due to the high attrition rate for nurses and the ageing workforce, as well the demanding work and relatively low pay (Valizadeh et al., 2014), the latter resulting in less incentive for new recruits to enter the profession and be retained (Alliance, 2014; Marć et al., 2019). Furthermore, there is notably an inadequate level of knowledge and community awareness about the importance of the nursing profession to the healthcare sector (Al Thobaity & Alshammari, 2020; Stokes-Parish et al., 2020; Woldasemayat et al., 2022); and there appears to be a corresponding lack of concern about the shortages of nurses in the global healthcare system.

Nursing shortages present extraordinary challenges for healthcare system policymakers in both high and low-income countries (Saied et al., 2016). According to estimates from the WHO, in six years there will be a shortfall of approximately 5.7 million nurses (by 2030), disproportionately affecting African and low-income countries (McCarthy et al., 2020). As a result, there is an urgent need to educate nurses to enter the healthcare system, but few healthcare systems have undertaken planning projections at the national level to support the adequate recruitment of nursing staff into the future workforce (Drennan & Ross, 2019). Locally, a shortage of nursing staff in the healthcare field has the potential to compromise the quality and outcome of patient care (Al-Enezi et al., 2009). Nursing shortages can negatively impact the quality of care provided to patients because the existing nursing staff have to deal with additional workloads that can delay or prevent timely delivery of care (Alshareef et al., 2020; Buchan et al., 2018; Al-Kandari & Thomas, 2008).

The lack of knowledge and community awareness about the importance of the nursing profession, combined with nursing shortages, could lead to misconceptions and misunderstandings about the role of nursing in health facilities and to compromised patient care and patient safety (Alrasheid, 2020; Hoeve et al., 2014). Furthermore, there are some common misconceptions about the role of nurses in the hospital context and their scope of practice: For example, in the emergency

department, nurses triage patients on entry and allocate them to medical staff for review (Meysman et al., 2022), yet research on the perception of nurses in some cultures consistently demonstrates that nurses are considered to be more like maids or servants to patients and simply the assistants to doctors (Liu, 2010; Morris-Thompson et al., 2011; Rodríguez-Pérez et al., 2022). These misconceptions affect the image of nursing as a profession (Liu, 2010; Morris-Thompson et al., 2011).

1.3 Kuwaiti nursing shortages

Kuwait is no exception to the global nursing shortage. Currently, in Kuwait, this shortfall of nurses has generally been met by 21,489 expatriate nurses (94.1% of the total nursing workforce) (Ajwad et al., 2022; Al-Kandari & Ajao, 1998). When the global COVID-19 pandemic unfolded, this reliance on a majority expatriate workforce stressed the Kuwaiti healthcare sector as many expatriate nurses returned to their home countries, resulting in further nurse shortages across Kuwait. As noted by Kang and Shin (2020), the COVID-19 pandemic created an increase in demand on nursing services around the world. The rapid spread of COVID-19 led to an increase in the numbers of unwell and very ill people presenting at hospitals, requiring high levels of care, creating more demands on nursing staff, especially in intensive care units (ICU). As a result of the pre-existing nursing shortages combined with this global health crisis, the lack of nursing staff available in hospitals led to compromised patient healthcare outcomes. Kang and Shin thus recommended an increase in the numbers of nursing students to supply local hospitals with new graduates.

The lack of local Kuwaiti nationals taking up nursing as a career has been of major concern, yet this shortage in the profession has remained largely under-researched (Al-Jarallah et al., 2009). The causes of nursing shortages in the Kuwaiti healthcare system have not been thoroughly investigated, including whether the shortage may be related to a negative community perception of nursing or an absence of information on the nursing profession (Hamadah, 2019). One study in Kuwait identified work culture as an obstacle to female year 12 students pursuing nursing, with female students reporting negative attitudes towards the work environment. For example, working in the nursing profession is not recommended for women in Kuwait due to the mixed-gender workplace, which requires women to provide health care to male patients (Al-Kandari & Lew, 2005). To elaborate,

according to the Islamic religion, women should not touch men other than their husbands, and nurses should only physically interact with, and provide medical care to, female patients (Abbas, et al., 2020).

1.4 The role of the media

The media has also been identified as a contributing factor to how the nursing profession is perceived in Kuwait (Al-Enezi et al., 2009; Al-Kandari & Lew, 2005), and according to Turale et al. (2020), the COVID-19 pandemic contributed to a renewed and positive public perception of nurses; many people now regard nurses as 'heroines' due to their frontline work and dedication during the global pandemic (Al Thobaity & Alshammari, 2020). Yet, in Kuwait, there is a notable absence of a positive depiction of the role of nurses, in both the media and in the community, and this may have a negative impact on the level of awareness of nurses in healthcare settings. For example, one study found that only approximately 35% of the public was knowledgeable about the functional aspects of nursing, and this was through their contact with nurses during hospital visits (Al-Kandari & Lew, 2005). Furthermore, there have been several negative representations of the role of nurses presented by the media. For example, some television series and films, such as *Angels of Mercy* in 2014, *The Good Nurse,* and *The Nurse* have contributed to the creation of a popular social identity for nurses. However, these series and films have also contributed to negative stereotypes of nursing, as the media presents nurses as obedient servants rather than respected professionals (Pawłowski et al., 2019). A YouTube video presents a view of the western world held by the pharmaceutical company, Johnson and Johnson, which portrays nurses as individuals who change lives for the better (Johnson & Johnson, 2018).

Therefore, nurses face ongoing challenges in promoting a positive image of their profession to the community due to these negative stereotypes of nursing, which are reinforced by a lack of awareness of the nursing profession (Alghamdi et al., 2018; Hoeve et al., 2014). In the past two decades, there has been growing interest in altering the public image of nurses in the healthcare industry, as this public image is considered one of the factors that contributes to a negative image of nurses across the world (Al-Kandari & Lew, 2005; Al-Kandari & Thomas, 2008). Furthermore, researchers have stated that these negative public representations of nursing significantly contribute to the nursing

shortages in the healthcare sector by impacting the decision-making processes of secondary school students regarding enrolling in nursing courses and choosing nursing as a profession in the first place (Mahran & Al-Nagshabandi, 2012).

1.5 Nursing as a profession

The professional and academic roles of nurses have changed over time. The International Council of Nurses (ICN) defines nursing as a nurse providing autonomous and collaborative care to individuals of all ages, families, groups, and communities. Nursing promotes health, prevents illness, and cares for the sick, disabled, and dying (International Council of Nursing [ICN], 2024). The 'old' image of nursing was one that was based on the nurse having only a basic education and a limited scope of practice, whereas the 'new' or 'current' representation of nursing presents individuals with advanced education and broad medical skills and practices (Rocque, 2019), that play an important role in any medical team, and in all healthcare settings; including in war zones where nurses provide care to wounded soldiers (Kang & Shin, 2020; Skår, 2010); and in ICUs where nurses contribute to patient safety by enhancing patient outcomes, decreasing morbidity and mortality, and decreasing complications and errors (Lakanmaa et al., 2015).

In the 1800s, when the nursing profession was considered an undesirable profession in society because it was a physically demanding occupation suitable only for females (Mackey & Bassendowski, 2017), and with the practice and scope of nursing practice originally limited to bedside care and knowledge of such care (Glerean et al., 2017), the perception was that nurses worked only for doctors rather than as independent, autonomous professionals (Mahran & Al-Nagshabandi, 2012; Skår, 2010; Valizadeh et al., 2014). As a result of such perceptions, there have been ongoing negative attitudes toward nursing.

While the broad concepts, aims and objectives of the nursing profession in community healthcare systems have some global standards, each country's culture, religion, and even its media, may contribute to the image of the profession and influence the public's perception of the role of nurses (Hoeve et al., 2014; Ibrahim et al., 2015; Mahran & Al-Nagshabandi, 2012; Ndirangu et al., 2021).

For example, a study conducted in Pakistan illustrated several reasons for the nursing shortage in that country, such as inadequate knowledge of the role of nursing in the community and the influence of social perceptions (Abbas et al., 2020). Furthermore, the roles of culture and religion are deemed significant factors in influencing the role of nurses, particularly due to cultural sensitivities among Muslims about nurse–patient interactions and community attitudes toward nurses in Pakistani culture (Abbas et al., 2020).

According to Ibrahim et al. (2015), work culture was identified as one of the barriers among Egyptian and Jordanian students that affects both communities' perceptions of nursing as a future profession. Furthermore, a study in China found that work culture influences the perception of nursing students, and that nursing is not viewed as a favourable profession (Liu, 2010).

Another study conducted in Saudi Arabia found that various barriers, such as sociocultural influences, impact the Saudi community's perception of nursing as a future profession; one of the key influences was a negative image of nursing (Elmorshedy et al., 2020). On a similar note, Abbas et al. (2020) conducted a study in Pakistan that found that the image of nursing is affected by the social culture of Pakistan and that there are significant cultural challenges contributing to the public perception of nursing.

A study conducted in Saudi Arabia found that gender-mixing had influenced student decisions about nursing as a career because nursing was viewed as unacceptable due to religious conventions. The Saudi community also has strong traditional Islamic values regarding gender segregation in which the mixing of genders in the workplace is not yet socially acceptable (Mahran & Al-Nagshabandi, 2012). Similarly, some in the Chinese community see nursing as a primarily (or even exclusively) feminine profession (Abbas et al., 2020; Hoeve et al., 2014; Liu, 2010). A study conducted in Singapore also found that stereotypical views of nursing as being a profession for females were widespread among university students (Liaw et al., 2016).

Furthermore, a study of the nursing profession in the Republic of Georgia found that while the profession of nursing is valued, especially during a crisis, the Georgian community associates the nursing profession with females because of their cultural tradition of assigning certain gender roles

in society (Squires et al., 2019). Moreover, the Georgian community considers a nurse to be a type of assistant doctor, which is a misunderstanding of the nursing profession in this healthcare setting (Squires et al., 2019). Some researchers have argued that this misconception of the nursing profession may be a contributing factor to the general and global decline in the number of applicants joining the nursing profession (Mackey & Bassendowski, 2017; Öncü et al., 2022).

In Canada, although certain media (such as television) may present a stereotypical view of nursing to the public about the reality of the nursing profession, one study suggested that organisational websites may play a potentially positive role in presenting and promoting a positive image of nursing and its role (Price et al., 2014). Therefore, in changing the perception of the nursing profession there is a role for the media to rectify the public's view towards the image of nursing in the community.

Additionally, in the Canadian healthcare system, which provides public and universal health care (Covell et al., 2017), the nursing workforce in government and private facilities has the highest number of total staff in hospitals compared to other healthcare workers. However, nurses' limited autonomy of practice, and the lack of understanding by the public on the depth of the nursing role, impacts on their job satisfaction (Parry & Button, 2020).

Conversely, in China nurses are perceived as 'angels in white', which implies that the nurses are appreciated in Chinese culture and society. However, the cultural perception still maintains that nursing is a profession for women. Furthermore, traditional Chinese believe that nurses should obey doctors, which stems from community beliefs that 'doctors are masters, nurses are the maids' (Liu, 2010). This perpetuates the public perception that nursing is not an autonomous profession or a career pathway.

In the United Kingdom (UK) Morris-Thompson et al. (2011) showed that promoting a positive image of nursing encourages more people to embark upon a nursing career. Thus, it stands to reason that minimising negative and maximising positive images of nursing will contribute to correcting any negative stereotype(s) of the nursing profession and result in an increase in the number of applicants and a reduction in the number of nurses leaving the profession.

In Singapore, community perceptions of nursing demonstrate a lack of awareness about the role of nurses in the healthcare sector. As a result, it has proven challenging to encourage students to adopt nursing as a profession in this country, and the number of nursing graduates is insufficient to meet the nursing workforce demand; consequently, there are nursing shortages at hospitals in Singapore (Liaw et al., 2016).

Research conducted in the Kingdom of Saudi Arabia has also shown that the Saudi community lacks knowledge and awareness of the role of nursing as a profession in Saudi hospitals (Alshareef et al., 2020). Moreover, Saudi perceptions of the nursing profession are related to traditional and religious factors that contribute to constructing social attitudes towards the role of nurses in society. In Saudi there are some religious constraints on the nursing profession; for example, male nurses are not permitted to attend to female patients in hospitals, and female nurses are perceived as servants to a patient, and not as an individual and respected professional healthcare worker. Thus, it would seem that the Saudi community does not perceive nurses and the role of nursing as a valued profession; if it was otherwise, the image of nursing would be enhanced and the public perception of modern nurses in hospitals and in society would promote it as a valued occupation and career (Mahran & Al-Nagshabandi, 2012).

A study by Ndirangu et al. (2021) conducted in East Africa to explore the image of nurses in the community, found that nurses in this region undertake tasks outside of their scope by assuming the additional roles of lab technicians, doctors and pharmacists. However, this may reflect an understaffed and under-resourced healthcare system rather than nurses deliberately working outside of their scope of practice. The practice of nurses doing these other jobs may contribute to a confusing image of nursing in society and a lack of awareness of the nursing profession as an individual occupation that has a distinct identity and job title in the healthcare system (Ndirangu et al., 2021).

Furthermore, another study conducted in East Africa also showed that nurses perform out-of-scope tasks, such as the work of lab technicians and doctors, along with their own tasks. Consequently, as nurses are overloaded with other tasks and professional duties, providing quality of care to patients is more difficult (Alreshidi et al., 2021). A nurse who is overworked and under stress may also be

more likely to make mistakes at work. Due to their increased stress levels, nurses are more likely to make mistakes in the future, increasing the risk of future lawsuits. (Ndirangu et al., 2021).

In India, research found that the historical and ideological status of nurses has influenced their contemporary roles (Gill, 2011). The old concept of the nurse as an assistant to doctors, and of physicians having authority over nurses, impacts the nurse as a discrete autonomous, health professional (Oda et al., 2018; Rocque, 2019). Thus, even though India celebrates the annual International Nurses Day that recognises nurses' roles, the community's overall perception is still negative. The media has influenced the portrayal and image of nurses in the community: Nurses have traditionally been portrayed as unskilled and deferential to physicians. Rocque (2019) suggests that the role of nurses can be developed into television programs or movies to help improve the overall image of nurse.

According to Alshammari and Adam et al.'s (2019) study in Kuwait, the role of the nurse is not clear, even among healthcare workers. The authors emphasise the significance of defining a role and job title for nurses. There is an absence of a professional definition of the nurse's role in different units at hospitals. For example, diabetes care units require a skilled nurse who has specialist knowledge and training with diabetic patients, yet there are no defined, specialised diabetic-qualified nurses. The Ministry of Health (MOH) in Kuwait plays a role here, as it holds the authority to provide a basic job description for nurses who work in hospitals, who are currently defined as generalists, but does not recognise their specialist roles within the nursing profession. This absence of the professionalisation of the role of nurses in Kuwaiti society could be indicative of a general lack of respect for the varied and specific nursing roles and may go some way towards explaining the shortage of Kuwaiti nurses.

1.6 Nursing education

Nursing education in Kuwait has undergone a number of changes in the past century in terms of the development and the requirements for different levels of qualifications. Recruiting nurses with adequate qualifications to teaching faculties is the most challenging factor in nursing education (Elmorshedy et al., 2020; Rocque, 2019). According to Hamadah (2019), there is a strong correlation

between nursing education levels, job satisfaction and retention of nurses. Hamadah (2019) also notes that the higher a nurse's educational qualifications, the lower the turnover rate, which indicates the importance of education in the nursing workforce.

However, there is a persistent public image in some countries, such as those in parts of Eastern Europe, Saudi Arabia, Ethiopia and India, that the nursing profession does not require a university degree (Elmorshedy et al., 2020; Rekisso et al., 2022; Rocque, 2019). Thus, in general, the view is that nurses only need simple training and specific teaching on health care for patients and can remain uninformed about advanced care practice roles. Yet, to qualify as a nurse does require advanced education that includes biology, psychology, sociology, mathematics, pharmacology and advanced anatomy and physiology. Also involved is delivering and supporting patient wellbeing and maintaining quality of care which requires specific nursing skills education (Rocque, 2019; WHO, 2020). The autonomy of professional nursing highlights the responsibility of nurses to make decisions regarding patient welfare (Skår, 2010). As a result, it is clear that shifting the education of nurses into the tertiary sector has attempted to address such as negative perceptions.

There is an imperative to construct a professional nursing identity across different societies that reflects professionalism and contributes to each individual nurse's professional identity. Developing nursing education will enhance the general level of qualifications by transforming nursing training into an advanced training model. In hospitals, an advanced educational curriculum must be used to teach nurses about health care progress and disease-treatment developments in modern times (Willetts & Clarke, 2014).

In Kuwait, nursing education enables nurses to develop a wide range of skills and provide a variety of nursing services. Nursing education can thus increase the supply of nurses to the workforce and meet nursing demands in sectors that require specific skills, such as intensive care and midwifery units. Nursing education has changed in the past decade from a nursing certificate program only available to female nurses to a more advanced platform. There are now three nursing programs: an associate degree in nursing, which requires tertiary students to complete two-and-a-half years of the nursing program to qualify to practice nursing in a hospital setting; a four-year bachelor's degree in

nursing, available to both male and female students; and separate qualifications that teach nurses specific practice skills within hospitals (Al-Kandari & Thomas, 2009; Alnuqaidan et al., 2021).

Hoeve et al. (2014) notes that in the Netherlands, education in the nursing profession has changed from a basic nursing program and training to more advanced education, consisting of anatomy and physiology, and pharmacology. Netherlands nursing education consists of a variety of teaching and training programs at the university level, including a Bachelor of Nursing, Master of Nursing and including doctoral degrees that can enhance nurses' knowledge and performance, leading to an increase in the level of professional satisfaction in the workplace (Hoeve et al., 2014).

A study from the Republic of Georgia proved that the education levels required of the nursing profession reflect the country's interest in the profession and the community's perception of this vocation in general (Squires et al., 2019). Moreover, Squires et al. (2019) found that nursing education can enhance the image of nurses in the community and define the role of nursing as being much more than it has been portrayed historically, that is, as being simply a doctor's assistant. However, despite this, in the Republic of Georgia there is insufficient supply of nurses to meet the healthcare workforce demand (Squires et al., 2019).

The Norwegian Nurses Organisation found that nursing education fosters autonomy for nurses working in health services, and this aids in developing interpersonal relationships with patients, which in turn enhances their individual experiences with nurses. Thus, the benefits of autonomous nursing education outweigh the negatives (Skår, 2010).

1.7 Causes and impact of nursing shortages

Worldwide, healthcare services face various challenges. Among the most serious is the global shortage of nurses (Elmorshedy et al., 2020). Nurses are essential health team members in any healthcare facility. Nurses form the first response in every hospital and provide frontline care. However, the shortage of nurses in the healthcare system limits their capacity to contribute to patients' needs and the communities in which these nurses live (Parry & Button, 2020). There are several factors contributing to the nursing shortage, and there is cause for concern. There is a shortage of potential nurses entering the nursing profession as a result of a lack of qualified nurse

educators, a high turnover rate and an unequal distribution of the workforce (Catalano, 2019; Haddad et al., 2022). Initially, the strategy predicted that there would be an 18 million manpower shortage in the health sector worldwide by 2030. In recent assessments, this estimate was revised to suggest that there will be a shortage of 10 million health workers by 2030, reflecting a 33% decrease in the number of health workers worldwide (World Health Organization, 2016).

1.7.1 A growing and ageing population

Globally, there are currently more than 8 billion people (Muttarak & Wilde, 2022). The growing population requires an ever-increasing investment in resources to meet their needs. Rapid population growth poses a challenge to progress in social and economic development (United Nations Department of Economic and Social Affairs, 2022). The population of the world is expected to grow to 9 billion by 2050, with most of the growth taking place in low-income countries. According to United Nations projections, people aged under 65 years are expected to decline in high-income countries in the coming years, while over those aged over 65 will increase (Muttarak & Wilde, 2022). For example, more Americans than ever before are aged 65 years or older, and by 2029 this is expected to increase by 73%, when the last of the 1970s generation will reach retirement age (Haddad et al., 2022). As the population ages, increased healthcare needs are expected among the millennial generation too. Health services are already in greater demand as the population ages. Health services are also being used more frequently due to population growth (Catalano, 2019; Ellis & Hartley, 2004). Correspondingly, a significant increase has been observed in the demand for nurses. This crisis has largely been caused by an improvement in survival rates of the ageing population. The increased ageing of the population will result in a greater need for health care (Daniel & Smith, 2018).

The population of Kuwait reached 1,697,301 people in 1985, consisting of 56% men and 44% women. In 1990, there were 2,141,465 people living in the Kuwait City and non-Kuwaitis constituted 72% of the population. Furthermore, the Iraqi invasion of Kuwait led to many non-Kuwaitis emigrating to other countries. As a result, there was a significant change in the structure of the population. Kuwait conducted its first census of the 21st century in April 2005 and this showed the population constituted 41.48% Kuwaitis and 58.5% non-Kuwaitis (Kuwait Government Online, 2022). According

to the Central Statistical Office as of June 30, 2012, Kuwait's population was 3,268,43, of which 34.5% were Kuwaitis and the rest were non-Kuwaitis/foreigners. In 2022 a total of 4,216,900 individuals were counted as part of the Kuwaiti population. Males accounted for 59.4% of the population and females for 40.6%; non-Kuwaitis represented 66.3% of the population, while Kuwaitis accounted for 33.7%. The majority of the Kuwaiti population were aged between 20 and 55 years, accounting for 56.8% of the population (Central Statistical Bureau, 2021).

1.7.2 An ageing registered nurse workforce

Juraschek et al. (2019) have shown that population growth serves to increase the demand for nursing staff while also contributing to the decrease in supply of nurses, thus increasing the shortages of nursing staff. This supply-demand ratio is affected by a number of factors, such as the significant difference in mean age. Notably, a rise in mean age does not have the same effect as population growth, which negates ageing's negative effects by simultaneously increasing demand as well as supply. There may therefore be a greater shortage of nurses in countries that have seen a greater change in mean age (Juraschek et al., 2019). Furthermore, the number of nurses under the age of 30 years has decreased, while the number of nurses aged over 50 years has increased by 30%, with estimations that more nurses will be retiring in the next 15 years. It is also noteworthy that there will be fewer years available for new graduates to work overall as these graduates will be entering the workforce at a later age (Catalano, 2019; Haddad et al., 2022).

With this issue of an ageing workforce in mind, the findings of a study conducted in Ireland indicate that policymakers need to place a major emphasis on the retention of older nurses in their workforce as part of the workforce planning process. Unless this is accomplished, public health services will continue to face considerable workforce challenges in the future (Ryan et al., 2019).

1.7.3 Low wages (salaries) for registered nurses

There have been numerous complaints about nurses' wages being too low, and considering the complexity of patient healthcare issues and workload, nurses shoulder excessive care workloads in positions that require a great deal of responsibility. Nurses are the backbone of the healthcare system globally and provide the vast majority of all care (Parry & Button 2020). There is a trend being

reported that nurses are terminating their employment due to the imbalance between low wages and high workloads (Wada, 2020). There is a correlation between individuals' beliefs regarding pay in nursing and their likelihood of entering the profession (Kugler, 2022). Low wages are a significant factor in determining the extent of labour supply at the extensive margins. Wage increases may assist in overcoming the shortages of nurses observed in many countries. Also, in Kuwait nursing staff receive lower wages working in the private hospitals compared to the government hospitals. One strategy that may be effective in attracting more individuals to this profession is to provide more information regarding the wage structure and pathways for remuneration (Kugler, 2022). According to a study conducted in India, low wages in hospitals and associated economic conditions have a significant impact on migration of nurses from India to other countries, which has of course exacerbated the shortage of nurses in India (Oda et al., 2018). A study conducted in Saudi Arabia identified factors that influence the intentions of nurses to leave their positions. The study found that nurses who work in the surgical and/or medical departments have lower earnings than self-employed clinical practitioners and are thus more likely to leave the hospital (Albougami et al., 2020). Therefore, addressing the wage disparity between nurses and other allied health professions who can earn more in the private sector may address retention issues for nurses. Additionally, the COVID-19 global pandemic presented a serious challenge to the entire healthcare system; the virus is highly transmissible, deadly and poses a huge health risk to nursing staff. There was a clear and direct impact on the emotional, behavioural, and physical health of nurses around the world due to COVID-19 (Taghaddom et al., 2020). There were increased burdens placed upon nurses employed to address the complex care needs for patients suffering with COVID-19, and at the time the low wages offered to frontline nurses was highlighted as a significant issue for nurse retention (Poon et al., 2022; Wakefield et al., 2021).

1.7.4 Demand and supply issues

Nursing shortages have become a global challenge as increased demands for nurses continue (Marć et al., 2019). As the proportion of older members of the population grows, one would expect rapid shortages, caused by both a decrease in supply and an increase in demand (Juraschek et al., 2019). A demand-side outflow of the workforce is also related to a supply-side outflow, which creates a

need for replacement workers. There are several factors that contribute to the outflow of nursing staff, including retirement, emigration and pre-retirement professionals leaving. A decrease in supply may also be attributed to attrition and migration out of the profession altogether (Squires et al., 2017). Increasing acuity in hospital patients requires skilled and specialised nursing care. Moreover, increasing inpatient and outpatient stays result in clients being transferred to long-term care and community settings, which increases the demand for registered nurses (RN) in these settings. Furthermore, with the new expansions of hospitals, the nursing demand increases, whereas other hospitals face shortages in meeting the demand (Buerhaus, 2021).

1.7.5 Impact on quality of care

Nursing shortages in healthcare settings risks compromising the delivery of high-quality care and patient outcomes (Al-Enezi et al., 2009). The shortage of nurses impacts high-quality care because nurses undertake additional workloads, which can delay the delivery of care to patients or result in missed care. Reducing the workloads of nurses by increasing the number of nurses available in hospitals would contribute to decreasing adverse patient outcomes (Al-Kandari & Thomas, 2008).

A study conducted in Kuwait explored the obstacles to reporting nursing medication administration errors and found that a nursing shortage might prevent nurses from reporting such errors and increase the chances of making a mistake in medication (Alrasheid, 2020). The research found a shortage of nursing in general hospitals contributed to delays in RNs reporting medication administration errors due to their workloads. The workload did not provide the time needed to complete the reporting paperwork, the reporting mechanisms were complicated and the repercussions of reporting, such as ‘a blaming culture’ rather than a supportive culture of further education on such errors created barriers to reporting. As a result of the nurse shortage, workload issues and management culture, patient care may be compromised (Alrasheid, 2020).

Australia shares these worldwide concerns related to the shortage of nursing. The serious impact of nursing shortages on health services provided to patients and the effect on the quality of care have been studied by Gore et al. (2017). Under current shortfall conditions, there will be a shortage of around 85,000 nurses by 2025 and 123,000 nurses by 2030 (Buchan et al., 2018). This will have a

significant impact on the quality of patient care (Australia, 2014). Nurses have been protected against increased turnover intentions by organisational trust and perceived organisational support via the ability to satisfy nurse demands. Furthermore, there is a significant link between leadership support and a decrease in turnover intentions among nurses. According to a study from Iran, both positive organisational atmospheres and high levels of organisational motivation contribute to lower turnover intentions among nurses (Azadi et al., 2017; Kazemi et al., 2023). Conversely, Australian nurses who did not feel connected to their organisation were more likely to turn over (Roche et al., 2015). According to a study conducted in the UK, turnover intention was not significantly associated with access to wellbeing centres (Poon et al., 2022).

1.7.6 Impact on patient safety

There is growing interest in increasing patient safety across the health industry and thus a renewed focus on addressing the problem of nursing shortages as a barrier to providing adequate care (Haas et al., 2020). According to the WHO (2020), one of the consequences of nursing shortages is an increased risk to patients because of increases in the daily workloads of nurses, suggesting that insufficient nursing staff numbers contribute to mistakes being made in health facilities. The WHO has stated that nurses play a critical role in promoting a high quality of care to patients and in increasing patient safety in health clinics (WHO, 2020). A study conducted in Kuwait on the workloads of nurses supports the WHO report, showing a significant correlation between patient safety and increased workloads of nurses (Al-Kandari & Thomas, 2009). Furthermore, there is a known correlation between nursing care, patient outcomes and nursing shortages. Based on research conducted in Kuwait, it has been shown that medication administration errors can be caused by a shortage of nurses in the healthcare facility, which can compromise patient safety. Nursing shortages impact directly on patient outcomes with high levels of morbidity and mortality associated with low levels of RNs on a ward (Alrasheid, 2020).

Studies suggest that patient safety could be better assured by decreasing the workload and increasing the number of nurses. As a result, a high quality of patient care and safety would be secured (Ahmed et al., 2019; Al-Kandari & Thomas, 2009). A similar study conducted in Iran identified a correlation between medication errors and a higher workload of nurses (Pazokian et al.,

2014). The authors state that medication errors potentially compromise patient safety (Pazokian et al., 2014). As with the study in Kuwait, this research also suggests minimising medication errors and promoting patient safety by decreasing workloads and minimising the shortage of nurses (Alrasheid, 2020). A study in Finland found that there was a relationship between nursing workloads and patient safety incidents. The study points out that one factor contributing to patient safety is the shortage of nurses. Notably, patient safety can be improved by linking nursing services to patient outcomes, that is, by ensuring patients' safety by meeting their medical needs and minimising the understaffing of nurses (Fagerström et al., 2018). The relationship between nursing workloads and patient safety is therefore well established. As this research focuses on Kuwait, an understanding of the context of Kuwait is important for the reader. The following section thus examines nursing context and healthcare policies in Kuwait.

1.8 Kuwait

The State of Kuwait is located on the coast of the Arabian Gulf (see Figure 1.1 below). The country is 17,800 square kilometres. A relatively young country, Kuwait was unified by the Al Sabah Royal Family, which has governed Kuwait since the early 1960s. Kuwait is an Arab Muslim country with a current population of 4.2 million. In 1957, the first national Kuwaiti statistical survey was conducted, and was published in 1964. The population census published in 1957 stated that the total Kuwaiti citizens numbered 113,622 (50%), whereas non-Kuwaitis numbered 92,851 (45%). The population census published in 1975 found that there were 472,088 Kuwaiti citizens (47.5%) and 522,749 non-Kuwaitis (52.5%) (Annual Statistical Abstract, 2018). By 2018, Kuwaiti citizens numbered 1,302,846 (30.9%), whereas non-Kuwaitis numbered 2,923,674 (69.1%). These changing demographic figures clearly show an increase in Kuwait's expatriate workforce (Annual Statistical Abstract, 2018). In Kuwait today, there are 1.3 million Kuwaiti nationals and 2.9 million non-Kuwaiti residents. Figure 1.1 is a map of Kuwait, and Table 1.1 outlines the 2018 national and/or regional origins of Kuwait's non-native population. Of note is that Kuwait provides free health care to both Kuwaiti and non-Kuwaiti expatriates who live there (Al-Enezi et al., 2009).

Map of Kuwait

Source: Health Systems Profile – Kuwait, 2006

Figure 1.1: Map of Kuwait

Table 1.1: Regional / ethnic origin of Kuwait's non-native population

Region / Ethnicity of Origin	Proportion of Kuwait's Non- native Population (%)
Arab	33.02
Non-Arab Asian	64.00
Non-Arab African	1.70
European	0.49
North American	0.69
South America	0.05
Australasian	0.05

Source: Annual Statistical Abstract (2018)

Kuwait is an Islamic country that has Islamic values. Muslim nurses are perceived to practise some of these values, such as the qualities of kindness and mercy. Respect for other cultures, national identities and religions is also an evident Muslim value in the nursing context in Kuwait (Atkinson, 2015). Under the MOH, the first general hospital was built in 1949. Containing one floor and 45 beds, this hospital provided healthcare services to both Kuwaiti citizens and expatriates (Aljarrallah, 1996). After the Gulf War in 1991, Kuwait was not perceived favourably as a country for expatriates to work in and thus faced challenges in recruiting international nurses. Partly because of this, both private and general hospitals in Kuwait suffered severe nursing shortages in the early 1990s. However,

despite the intervening 30 years since the end of the Gulf War, the serious shortage of native nurses in Kuwait remains a concern. In more recent years in Kuwait, many healthcare workers, including physicians, pharmacists and nurses, have been expatriates (WHO, 2017). In 2006, only 6.6% of nurses in Kuwait were Kuwaiti citizens, and the gap between this population and expatriates was expected to increase (Al-Jarallah et al., 2009).

In 2008, government hospitals employed 914 Kuwaiti nurses compared to 11,506 non-Kuwaiti nurses, which indicates that Kuwaiti nurses represented only 7.9% of the total nursing workforce in Kuwait. A similar pattern can be observed in the private sector. Data from 2008 show that just 35 Kuwaiti nurses were working in private hospitals, compared to 3,333 non-Kuwaiti nurses. By 2017, Kuwaiti nurses numbered 42, compared to 6,751 non-Kuwaiti nurses, equating to a Kuwaiti nursing workforce of 0.6% of private hospitals (Annual Statistical Abstract, 2018). More recently, in 2020, Kuwaiti nurses represented only 45% (or 1,077 Kuwaiti nurses) of the total nursing workforce in hospitals, as compared to 20,413 non-Kuwaiti nurses in general hospitals in Kuwait (Annual Statistical Abstract, 2020). There remains a large non-Kuwaiti nursing workforce.

Kuwait is a country whose nurses come from multiple cultural backgrounds and nationalities. Most non-Kuwaiti nurses in the MOH are Indian and Filipino, and the rest are from many other countries (Atkinson, 2015). Compared to other professions within the health sector, native Kuwaiti nurses are underrepresented, as presented in Table 1.2 below. The number is dwarfed by the number of expatriate nurses: 21,913, or 95% of the workforce, representing 41 different nations in the MOH in Kuwait (Alnuqaidan & Ahmad, 2019); Annual Statistical Abstract, 2020).

Table 1.2: Kuwaiti nationals as healthcare professionals

Profession	**Kuwaiti nationals as a proportion of the national workforce (%)**
Physician	41.1
Dentist	74.4
Pharmacist	53.4
Nurse	5.0

Source: Annual Statistical Abstract (2020)

The national statistics in Table 1.2 above illustrate the lack of Kuwaiti nationals currently employed in the nursing profession.

Table 1.3: National vs expats as a ratio of population

Country	Total	National vs expats	Ratio nurse to 1000 population in 2021
Kuwait-Ministry of Health	22586	5.1% vs 94.9%	5.4

These differences in the workforce illustrated in Table 1.2: Kuwaiti nationals as healthcare professionals and Table 1.3 are also found throughout tertiary education in Kuwait. For instance, 88% of engineering graduates from Kuwait University were Kuwaiti, compared to 12% non-Kuwaiti graduates. In education, 80% of graduates were Kuwaiti in 2018, compared to 20% non-Kuwaiti. However, only 35% of nursing graduates were Kuwaiti, compared to 65% non-Kuwaiti nurses (Annual Bulletin of Education Statistics, 2019). These statistics suggest there may be issues in terms of the percentage of Kuwaiti nationals undertaking and then graduating from nursing degrees in Kuwait compared to the resultant total proportion of Kuwaiti nurses working in the Kuwaiti healthcare sector instead of expatriate workers The national statistics in Table 1.2 above illustrate the lack of Kuwaiti nationals currently employed in the nursing profession.

Table 1.3 Furthermore, there is a recommended ratio of one nurse to three patients of (1:3) based on the recommendation of the WHO. In order to meet the health needs of the population, nurse resources should be allocated according to this ratio (Bhatnagar & Gambhir, 2023). As a result, nurse-to-population ratios vary significantly from country to country. It is estimated that Kuwait has a ratio of 5.4 nurses per 1000 population, whereas the UK has an equivalent ratio of 8.2 nurses per 1000 population (Annual Bulletin of Education Statistics, 2019; Bhatnagar & Gambhir, 2023). As discussed, the majority of the nurses in Kuwait are non-nationals and therefore, there is a need to investigate the reasons for this low number of Kuwaiti nationals participating in the nursing workforce.

A community represents a collective group of people who share particular characteristics such as a shared locality, government, cultural beliefs and areas of professional practice (Kennedy 2016). Kuwait as a community is defined by its cultural and spiritual beliefs and the physical area of the

country. While there are many different cultural sub-groups, such as Bedouin, the shared beliefs and religious practices helps to define the Kuwait culture and community (Kennedy 2016). The education system in Kuwait can also be defined a community as it is invested in the production and delivery of world class education (Alhashem & Alhouti, 2021). In this thesis the community of interest is the secondary school's population and their parents and their combined perceptions and understanding of nursing as a career.

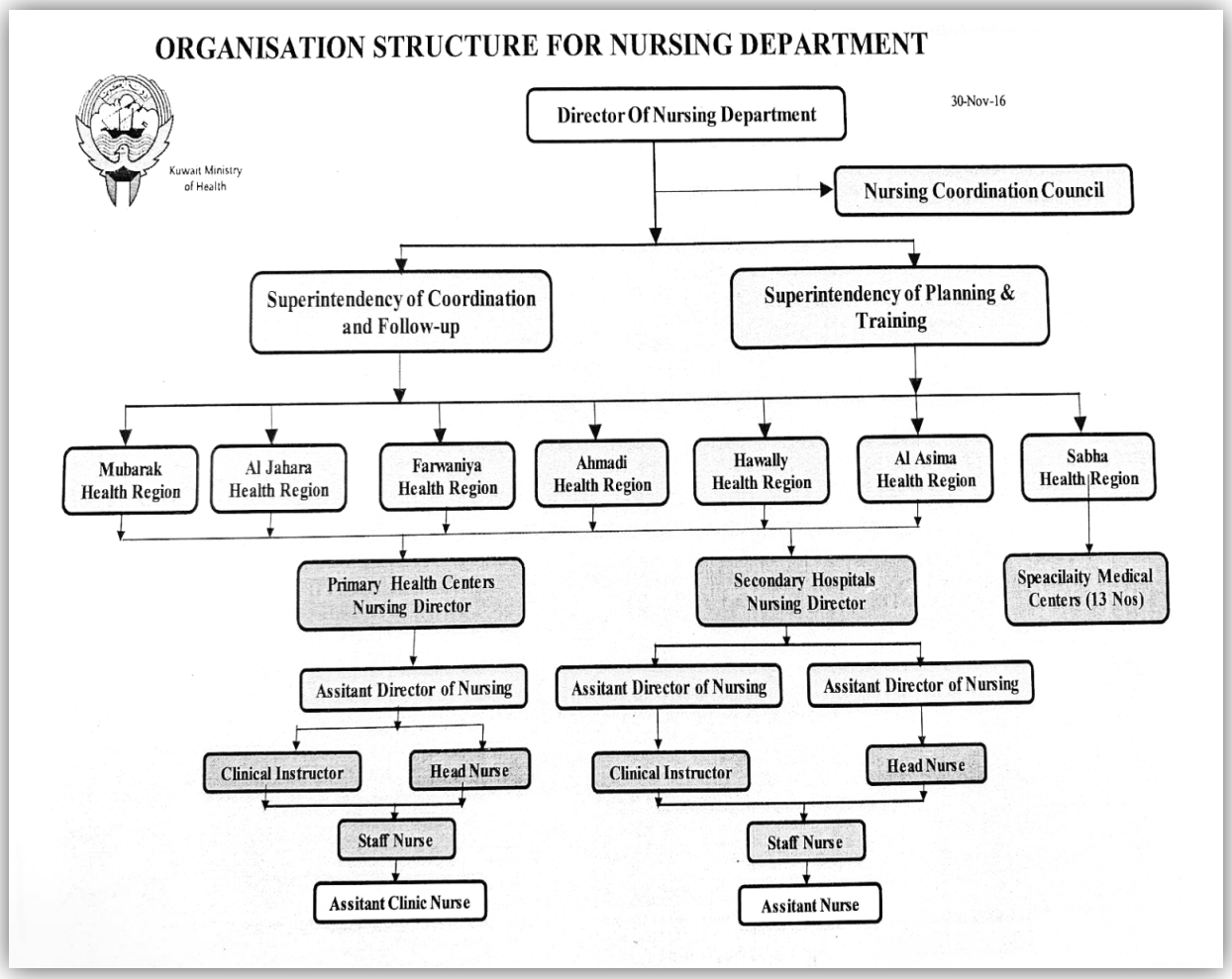
Additionally, nursing in Kuwait is a community as they are a collective group of healthcare professionals with the knowledge, education and skills to provide healthcare to the broader Kuwaiti community (Labeeb, Vidal, Alhajraf, & Alazemi, 2020). As a community nurses in Kuwait advocate for the rights of the patient and maintain national and international standards of nursing care (Labeeb, Vidal, Alhajraf, & Alazemi, 2020). The community of nursing in Kuwait have specific issues of gender segregation in the delivery of healthcare, and, recruitment and retention of Kuwaiti nationals as nursing staff, and hence the focus of this thesis.

1.8.1 Nursing in Kuwait

The MOH has divided Kuwait's healthcare structure into seven nursing regions controlled by one centralised nursing administration of the State of Kuwait. Each one of the regions has one major public hospital and many specialised hospitals, such as cardiac centres, maternity hospitals, dermatology centres and orthopaedic hospitals. The organisational framework for the MOH's Nursing Department is critical for informing nurses about their roles and accountability. Figure 1.2 below provides an overview of Kuwait's nursing department organisation and a description of the nursing regions' structure and the administrative hierarchy in the organisational structure of the MOH for nursing. The framework integrates all organisational activities within the health region, ensuring that there is minimal duplication of effort and tension between health regions. A common collection of structures, regulations and legal statutes governs, manages and organises all the abovementioned centres' workloads. One of Kuwait's highest-ranking nursing managers is the Director of Regional Positions and Roles (Alrasheid, 2020). In this framework, both mid- and high-level healthcare managers are Kuwaiti nationals. Head nurses and assistant directors can be of any

nationality. Most nursing staff are expatriates who work in clinics and hospitals at various levels (Al-Enezi et al., 2009).

Kuwaiti hospitals have three set operating shifts and hours – morning shift (7am – 2pm), evening shift (2pm – 10pm) and night shift (10pm – 7am), and hospitals have no additional or part-time hours. Working weeks are six days per week, with one day off – nurses work at least two evening shifts and the remaining morning duties, with one week devoted to night shifts in a block of five days (Al-Kandari & Thomas, 2008).



Source: Kuwaiti Ministry of Health, 2016

Figure 1.2: An overview of the structure of Kuwaiti nursing management

As previously mentioned, Kuwait is a traditional Islamic country, and this has consequences for many practices in the health system. As a traditional and patriarchal society in which religion regulates lifestyles (as in all patriarchal societies) and men maintain power and status above women in society,

cultural and religious factors require that males and females must be cared for in separate wards in public hospitals (Atkinson, 2015). Gender separation in the healthcare context is thus central to the societal standards under which women work with other women, and men work separately (Al-Kandari & Lew, 2005). In addition, male nurses cannot work with female patients in women's wards or in emergency services. Male and female patients are separated, with separate male and female patient wards (Alghamdi et al., 2018).

As noted, in Kuwait health workers of many nationalities work in public and private hospitals (Al-Kandari & Thomas, 2009; Alrasheid, 2020). Therefore, gender in the health context is considered one of the cultural factors and barriers that impacts the community's perception of nursing, because in Kuwaiti society, the nursing profession suffers from the stereotype that views the profession as only suitable for females (Al-Kandari & Lew, 2005). This perception may be a factor in the shortage of nurses in Kuwait by affecting students' decisions to avoid nursing as a profession. The role of nursing is defined by the MOH in terms of unified tasks, or the 'tasks and duties' of nurses, regardless of the qualifications of the nurse. Nurses need a clear scope of practice in Kuwait because many nurses have trained overseas (such as expatriate nurses from India and the Philippines); therefore, expectations need to be clear and consistent. This is provided by a nursing scope of practice for nurses to meet the Kuwait context standards (Alshammari, 2021).

In the MOH, there are two nursing categories, the most important being RNs with a Bachelor of Nursing degree, and nursing assistants with a Diploma of Nursing, who perform the same work and roles (Alnuqaidan et al., 2021; Alshammari and Adam et al., 2019). Both can work in all nursing departments, such as the ICU, operations theatre and emergency department. Previously the MOH has described the RN Bachelor's Degree holder as being no different from the Nursing Assistant Diploma holder in terms of the nurse's role and administrative duties and the type and quality of the work performed. However, in 2009, the MOH updated its nursing classifications, and a modern classification was created for each nursing profession and nurses' titles. Certifications, the assignment of tasks, the types of tasks and administrative positions were defined. However, the MOH could not apply this classification to all nursing departments because of the shortage of nurses

working and the lack of appropriate nursing job descriptions. Until this process is completed there is the potential to impact on the quality of care provided to patients.

1.8.2 Types of nursing roles and services

The types of nursing roles and services offered in Kuwaiti hospitals include emergency, theatre and intensive care nursing. There is an outpatient nursing clinic serving patients with chronic diseases, follow-up appointments and regular medical visits, with nurses acting as medical advisors in these clinics. In addition, an agreement exists between the MOH and the MOE to provide nursing care for students at educational facilities, and there are 600 school clinics in different regions across Kuwait (Hamadah, 2019). Male and female nurses are assigned by the MOH to fill the severe shortages of nursing staff in school clinics and to provide health care to students and teaching staff. The delegated nursing staff allocated to school clinics return to their work centres in the MOH during the school holidays. Community nursing does not exist in Kuwait due to the nursing shortages and the lack of services provided by the MOH.

The difficulty in providing a clear definition of nursing roles and job descriptions in Kuwait contributes to confusion about the professional qualifications, roles and nursing scope of practice. The lack of a clear nursing scope of practice and role definition confuses nurses and leads to requests from other staff and management that result in the nurses undertaking work not usually related to nursing. Defining nursing roles based on a nurse's practical training and experience while presenting nursing roles to medical health workers and the community may help to improve the image of nursing. In addition, an increase in the total number of Kuwaiti nurses could contribute to creating a desirable social identity because a Kuwaiti nurse is familiar with Kuwaiti society, culture and customs, and this would be reflected in their practice. In this way, Kuwaiti nurses may contribute more to improving the image of nursing rather than the use of expatriate nurses, which in turn would encourage other Kuwaitis to enter the nursing profession.

In 2019, the Kuwaiti government ordered that the Civil Service Council and the MOH should study the potential for increasing Kuwaiti nurses' salaries. The salary of nurses was increased as an incentive to encourage more people to enter the nursing profession and to keep current nurses in

the workplace. The salary cap for Kuwaiti nurses increased by 72 per cent, from KD870 to KD1,500 dinars monthly (equivalent to approximately US$4,850). However, approximately 1,400 Kuwaitis out of 23,000 nurses were identified at the MOH, which means the number of Kuwaiti nurses at that time was around 6% of the total nursing work force (Al-Mutairi, 2019, apirl 06; Alrasheid, 2020).

1.8.3 Kuwaitisation policy

The 'Kuwaitisation' plan is a set of policies adopted by the Kuwaiti government to increase the number of Kuwaiti nationals as workers in key professions. The aim is for Kuwaiti national workers to comprise more than half of the expatriates in any shared field to ensure the economic sustainability of the country by maintaining a sufficient local workforce in areas of critical national labour (Malik & Nagesh, 2021; Olver-Ellis, 2020). This will help to ensure a foundational and robust Kuwaiti nursing workforce in the event of another health crisis such as COVID-19 in the future.

A study by Abdalla and Al-Homoud (2012) found that there is an acute underutilisation of local Kuwaitis in the labour force, including in the healthcare sector. This study also noted the lack of intention for graduate nurses to be trained under the Kuwaitisation program in health care. Nursing is one of the largest workforces in any health facility and the MOH in general, and thus there is great potential for Kuwaitisation of this sector; however, no strategies to increase the number of nurses in the workforce were identified in Kuwait.

The government currently subsidises nursing education for Kuwaiti students, and the MOH provides an initial scholarship for all nurses holding a diploma who continue their education through to a bachelor program (Abdalla & Al-Homoud, 2012; Al-Jarallah et al., 2009). Although this policy has been present in some iterations since 1964, shortages still exist, and the Kuwaiti government made a revised Kuwaitisation policy a part of the national vision for Kuwait in 2035 (Olver-Ellis, 2020; Shehabi, 2018). Nonetheless, the Kuwaitisation policy has been largely ineffective in the nursing sector, as Kuwaiti nurses still represent a very small proportions of the workforce in both public hospitals and private practice (Al-Enezi et al., 2009).

Based on the findings of a study conducted in Saudi Arabia, the Saudi government adopted a policy of Saudisation. As a result, Saudi nurses represented 57.9% of all nurses employed by their MOH

in 2017. One of the main reasons for the shortage of nurses in the Saudi Arabia is the negative social perception of the nursing profession. The social stigma associated with nursing has also been found to be a major reason for a significant number of Saudi nurses to leave their jobs (Albejaidi & Nair, 2019). The need to identify the factors that affect the implementation of the Kuwaitisation policy is thus vital for the success of the MOH policy. This represents a significant gap in the current literature. Gaining a comprehensive understanding of the factors that affect the recruitment and retention of Kuwaiti nurses in Kuwait is important to form a better understanding of how the nursing profession is viewed in the Kuwaiti community.

One of the main goals of the MOH is to maintain and develop the quality of care and patient safety in public health facilities. Part of this goal involves minimising the nursing shortage in hospitals, reducing nursing turnover and increasing the recruitment rate of nurses. The Kuwait government initiated the Kuwaitisation healthcare program to encourage more Kuwaiti nationals to seek roles in various healthcare departments. However, nursing was excluded from this effort because the prospects for success were perceived to be unfavourable (WHO, 2017). The lack of government engagement by placing nursing in the 'too hard' category may have inadvertently increased the negative perception of nurses and nursing in Kuwait. Therefore, government policies towards nursing practices in Kuwait may adversely impact how the Kuwaiti community perceives nurses, which may consequently lead to negative healthcare outcomes.

The COVID-19 pandemic highlighted the shortage of Kuwaiti nurses within Kuwait and has made clear that the Kuwaitisation program has not met the workforce demand. Despite this, there is a notable lack of research on the community's perceptions of Kuwaiti nurses. Therefore, there is a need to review the Kuwaitisation policy against the recent Kuwaiti nursing figures, professional definitions, scope of practice and government directives to establish the reasons as to why the recruitment of Kuwaiti nurses remains at an unsatisfactory level in the local workforce, and to understand why nursing is not being chosen as a future career by Kuwaitis.

1.8.4 The healthcare system in Kuwait

The Kuwaiti health system is centralised and divided into seven health regions. Private healthcare providers and public hospitals are both regulated by the MOH (Al-Kandari & Thomas, 2009). Significant healthcare facilities in Kuwait include six major general hospitals and 16 specialised hospitals with a total of 9,139 beds. The delivery of health care in Kuwait operates on three levels – primary, secondary and tertiary. Primary healthcare services are delivered by 78 family clinic centres, and secondary healthcare services are delivered through public hospitals, while specialised hospitals provide tertiary health care (Al-Enezi et al., 2009).

The MOH is responsible to regulators and sets policies and protocols for all workers, such as doctors, nurses, physiotherapists, pharmacists, social workers and administrators. All health regions contain an organisational and administrative structure established by the regional director, who organises and coordinates health clinic centres and hospitals within each health district (Al-Jarallah et al., 2009; Al-Kandari & Thomas, 2009). The MOH is responsible for providing 80% of the treatment and care to Kuwait citizens and expatriates, with private sector hospitals providing the remaining 20%. Health services were free for expatriates until 1999, when the Kuwait government implemented a new policy of requiring private health insurance to cover most health services (Al-Jarallah et al., 2009). After Kuwait's 1991 liberation, new expatriate nurses were required in large numbers to re-staff damaged hospitals. The private health sector and public hospitals have invested significant amounts of money into recruiting nurses locally and internationally to improve care quality and cover the nursing shortage in Kuwait (Al-Jarallah et al., 2009). The MOH provides accommodation, daily meals, nursing uniforms, hospital transportation during nurses' shifts and other services for expatriate nurses as benefits of working in Kuwait. The MOH estimates a nurse's monthly salary as KWD900 or A$3,680 at a general hospital in Kuwait. In Kuwait personal salaries are not subject to income tax; note that Kuwait does not impose income tax on personal salaries for individual citizens or expatriates.

1.8.5 History of nursing education programs in Kuwait

The Annual Statistical Abstract (1990) describes the first group of nursing graduates from Kuwaiti nursing institutes in 1962–1969. This cohort comprised 69 graduates with a General Nursing

Diploma (63.9%) and 39 graduates with a Maternity Diploma (36.1%). The total number of nursing graduates from nursing institutes in Kuwait has remained low; the General Nursing Diploma is consistently the most awarded, yet this degree goes to only approximately five males and 37 females graduating annually. In 1962, the College of Nursing became the first educational institution to provide nursing study in Kuwait. The first nursing program in Kuwait was the three-year general nursing certificate program for those who had completed nine years of high school (Al-Kandari & Lew, 2005). In 1974, the second nursing program offered a two-and-a-half-year associate degree of nursing to students who had completed 12 years of high school. In 1982, the College of Health Sciences began its three- and four-year Bachelor of Nursing degree for students who had completed 12 years of high school (Al-Kandari & Lew, 2005). All nursing programs accepted only female citizens until 2001, when male citizens began to be accepted.

In 2001, the Kuwaiti University Council transferred the College of Nursing from the University to the Public Authority for Applied Education and Training started as female students had the advantage of being able to enrol in both the Nursing Diploma and Bachelor of Nursing degrees – whereas male students could only apply for the Nursing Diploma. Though the Kuwaiti government motivates nursing students by providing US$1,500 monthly subsidies, enrolment and training among Kuwaiti nationals remains low (Al-Jarallah et al., 2009). There are two main nursing educational sectors in Kuwait – The Institute of Nursing and the College of Nursing. Despite the presence of these two institutions, there are obvious shortages of local nurses in the healthcare system and hospitals of Kuwait. Currently, all local nurses may graduate from the educational sectors with qualifications including a Bachelor of Nursing, Associate Degree of Nursing and Nursing Certificate, while all graduates are required to undergo a three-month rotation in a specialty area as part of a total nine-months nursing rotation program (Alnuqaidan et al., 2021).

1.9 Significance of the research

To date, several studies have focused on exploring community perceptions of the nursing profession and promoting a positive image of nursing in society (Almalki et al., 2011; Elmorshedy et al., 2020; Glerean et al., 2017; Mahran & Al-Nagshabandi, 2012). The small percentage of Kuwaiti nurses (5%) in 2021, compared to expatriate nurses (the majority) is of concern; the COVID-19 global pandemic

highlighted the vulnerability of the healthcare system as expatriate nurses returned to their home countries. Moreover, because the risk to patient safety is one of the outcomes of a nursing shortage, there is a need to explore the factors that affect the community's perception of nurses in Kuwait.

Kuwaiti healthcare institutions currently lack adequate data on all the factors that might account for nursing shortages, such as turnover and low recruitment. Research in this area has not been conducted and thus represents a significant gap in knowledge that this thesis seeks to address.

This study examined the impact of the community's perceptions of nurses on year 12 (final year of secondary education) students' career choices. The study also assessed the awareness and knowledge of year 12 students and their parents about nursing as a profession. Including parents in the survey is important because Kuwaiti citizens value the family, which is perceived to be the core of a strong and stable society; family members can influence individual decisions and lifestyle choices that affect an individual's social identity (Al-Salem & Speece, 2017)

As the nursing profession suffers negatively from community perceptions in Kuwait, as well as from sociocultural issues, a barrier is formed that contributes to an unclear public image of nurses. By promoting deeper insight and understanding of factors that shape community perception of nurses, those responsible will be able to establish a positive and clear image of nursing as a career in Kuwait.

The significance of this study lies in identifying the factors that affect year 12 student decisions to enrol in a nursing program, their perceptions towards nursing and the impact on nursing retention. Moreover, this study's findings outline strategies to increase the number of Kuwaiti nurses at hospitals and suggest policies for both the MOH and the Kuwaiti College of Nursing on how to change and enhance the image of nursing in the Kuwaiti community.

Based on the current census of Kuwaiti national nurses, identifying the reasons behind the shortage of Kuwaiti nurses in Kuwait is vital. According to the MOH census of Kuwaiti nurses working in the MOH, there are 1,069 Kuwaiti nurses working alongside 20,947 expatriate nurses in government hospitals. This number of Kuwaiti nurses could not even operate the smallest hospital in Kuwait, Al-Sabah Hospital, which is the smallest hospital in Kuwait, with a 362-bed capacity; a hospital with this bed capacity requires 1,150 nurses to operate at full capacity (Annual Statistical Abstract, 2019).

1.10 Methodology

This research implemented a mixed-methods, sequential exploratory design. The sequencing of data in mixed-methods research indicates the order of a study's data collection and analysis (Parry & Willis, 2013; Schneider et al., 2016). This research collected data through a questionnaire (Part 1 of the study) and structured questions formulated for interview from the questionnaire and semi-structured interviews (Part 2 of the study). A quantitative approach was used to examine how year 12 students and their parents perceive nursing using a survey questionnaire. This study's qualitative element focused on gathering information through semi-structured interviews with participants, including Kuwaiti RNs, head nurses, assistant nursing directors and directors of nursing recruited from Kuwaiti general hospitals. The study also recruited year 12 students and their parents from allocated schools and nursing students in the College of Nursing to gather data on opinions and perceptions. All participants were required to provide informed consent.

1.11 Statement of the problem

There is a continuing shortage of local nurses in Kuwait, and this is an issue for the healthcare system. There is also a lack of research on the Kuwaiti community's perceptions of nursing and nurses in general hospitals in Kuwait. Furthermore, the factors that influence year 12 students in Kuwait to pursue nursing as a career are poorly understood. Therefore, there is a clear need to investigate the factors that influence these perceptions, along with a need to explore and investigate any sociocultural factors that could influence the community and enablers related to this issue.

1.12 Aims of the research

This study aims to explore the perceptions of the Kuwaiti community towards nursing as an occupation and identify if the Kuwaiti community encourages year 12 students, nursing students and Kuwaiti nationals to pursue a career as a nurse in Kuwait.

1.13 Research questions

The questions in this study address the aims and are provided below:

- How does the Kuwaiti community perceive nurses in general and Kuwaiti nurses in particular?

- What are year 12 students' perceptions of nursing in Kuwait?
- What factors influence the Kuwaiti community's perceptions of nurses?
- Does the Kuwaiti community's perceptions of Kuwaiti nurses impact the recruitment, retention, and attrition rate of Kuwaiti national nurses?

1.14 Objectives

The first objective was to identify the community factors that influence year 12 students' decisions to pursue or not pursue nursing as a profession in Kuwait.

The second objective was to explore the sociocultural factors that affect consideration of nursing as a future career in Kuwait.

The third objective was to investigate whether there is an association between the public image of nurses, the shortage of Kuwaiti nurses and nursing attrition rates in Kuwait.

Based on the Kuwaiti community's perceptions of nurses, the final objective was to suggest strategies that can be used to improve the image of nursing within the community.

1.15 Thesis structure

Chapter 1 presented a comprehensive overview of the global nursing shortages, nursing shortages in Kuwait and the role of the media in portraying the nursing profession. This chapter also provided an overview of nursing as a profession, the education of nurses and the causes and impact of global nursing shortages. Specifically, Kuwait's nursing history and nursing education was examined, and the chapter looked at the Kuwaitisation policy as a government strategy to increase local staff to expatriate ratios. Age, gender and remuneration, along with other cultural factors were considered as barriers to the recruitment and retention of nurses in Kuwait.

Chapter 2 reviews the literature relating to community perceptions and attitudes toward the nursing profession in Kuwait and the factors that affect the representations of nurses in this community. In addition, it provides a view of how communities perceive and understand the nursing profession in other countries. Themes related to public perceptions of the nursing profession are also presented.

Chapter 3 presents an overview of the methodological issues and methods utilised in this research and the rationale for their use in the study. A detailed explanation of the research design and its justification is provided, followed by an outline of the study's objectives, philosophy and design. This chapter presents a detailed discussion regarding the mixed-methods research design, including the reasons for its use.

Chapter 4 presents an overview of the quantitative method used in Part 1, and its use and rationale in this research. A description of how the participants' views regarding the nursing profession were collected is provided. The data collected aimed to explore and address perceptions and opinions of the nursing profession in the Kuwaiti community. The study used descriptive and inferential statistics to explore the quantitative findings.

Chapter 5 provides an overview of the quantitative findings of the data collection conducted in Kuwait (Part 1) and establishes relationships between parent and year 12 student demographic and factor analysis groups, as well as an overview of participant demographic information and survey question scores. For the inferential analysis, chi-square tests, factor analyses, *t*-tests, analysis of variance (ANOVA) and Pearson's *r* correlation coefficients were used to compare the characteristics of the respondents in the groups using survey measurement scales.

Chapter 6 provides discussion of the quantitative findings from the participants (Part 1) and a discussion of the factors that influence the perceptions of students and their decisions to choose nursing as a profession. Furthermore, the sociocultural impact of choosing nursing as a future career is discussed. The results are reviewed with consideration of the influence of family and parents, and the social stigma associated with the nursing profession.

Chapter 7 presents an overview of the qualitative method used in Part 2, and its use and rationale in the study. The study identified the factors that impact the image of nursing in the Kuwaiti community. The qualitative data, collected using semi-structured interviews, identified the factors that impact the image of nursing in the Kuwaiti community.

Chapter 8 provides an overview of the qualitative findings of the data collection conducted in Kuwait (Part 2) and establishes relationships between parent and high school student demographic and factor analysis groups.

Chapter 9 provides discussion of the qualitative findings of the data collection conducted in Kuwait (Part 2) and establishes themes from the interviews as well as relationships between high school students, parents, nursing students and nursing group ideas and views towards the nursing professions.

Chapter 10 provides an integration of the quantitative and qualitative findings of this study. Part 1 consisted of the collection and analysis of quantitative data, followed by Part 2, consisting of the collection and analysis of qualitative data. The findings from Part 1 and Part 2 were integrated and the findings compared.

Chapter 11 concludes the thesis with recommendations and suggestions for further research. This chapter makes recommendations to stakeholders and policymakers in Kuwait to help improve the image of nursing in Kuwait and ultimately increase the number of Kuwaiti nurses.

CHAPTER 2: Literature Review

2.1 Introduction

This chapter reviews the literature relating to community perceptions of, and attitudes towards, the nursing profession in Kuwait and the factors that affect the images and/or representations of nurses in this community. The aim of the literature review was to identify the existing literature from both Arabic and English sources that examine community perceptions about the nursing profession. This integrative literature review discusses themes related to nursing in Kuwait, including the recruitment and retention of nurses in the health system, perceptions of nursing as a profession, issues relating to gendered stereotypes of the nursing profession and other factors, such as cultural and media representations of nurses as well as religion, family and financial issues that affect perceptions of nursing in Kuwait.

Although recent studies have addressed community attitudes and perceptions towards the nursing profession by identifying and examining related issues (Hoeve et al., 2014; Ibrahim et al., 2015; Mahran & Al-Nagshabandi, 2012; Ndirangu et al., 2021), there is a lack of literature that focuses specifically on the factors contributing to the shortage of nurses in Kuwait. This thesis presupposes that there is a shortage of nurses in Kuwait. For example, in 2018, Kuwaiti nurses represented only 4.8% (or 1,120) of the total nursing workforce in hospitals, as compared to 21,913 non-Kuwaiti nurses in general hospitals in Kuwait (Annual Statistical Abstract, 2018). It is essential to understand how nurses and nursing students perceive their profession in relation to the community's attitudes towards the nursing profession, how their communities react to nurses and how these factors affect the recruitment and retention of nurses in Kuwait, as this could produce a better perception of the nursing profession in Kuwaiti society. Therefore, the first step in this research study was this integrative literature review.

Integrative reviews, systematic reviews and meta-analyses are the most prevalent types of literature reviews, providing a baseline understanding of the area of research. Here, the researcher provides an integrated review as a form of review that analyses previous practical or academic (i.e., theoretical or research) literature to gain more comprehensive knowledge of a topic (Whittemore & Knafl, 2005).

While practical literature reviews examine the practical implications and applications of a particular topic, integrative reviews offer the best opportunity for incorporating both experimental and non-experimental data into one review, which allows for a more comprehensive understanding of a research problem (Wallace & Wray, 2021).

This integrative review aimed to synthesise and consolidate the existing evidence on the community perceptions of nursing and research questions posed by this thesis. Conducting an integrative review has the primary objective of providing a summary of current knowledge on a topic, identifying research gaps and identifying potential future research areas. It is noteworthy that the fields of health and social sciences often use integrative reviews, but they can also be used in other fields (Cronin & George, 2020). Nursing research relies heavily on integrative reviews, which by their nature are still in the process of evolving. Integrative reviews offer the primary advantage of identifying and synthesising the results of several studies on a particular topic. As a result, the knowledge base is provided with a comprehensive overview. Research directions can be developed using existing evidence to guide policymakers and researchers (Hopia et al., 2016; Souza et al., 2010). Additionally, an integrative review may have several disadvantages. There is a challenge associated with identifying and reviewing a large number of studies; it could be difficult to draw definitive conclusions from a review if there are biases or methodological differences between the studies being evaluated. Also, reviewing data through an integrative review serves to combine and integrate the sources of information, but they can be subjective and dependent upon the researcher's interpretation of the data, resulting in potential bias (Cronin & George, 2020; Souza, et al., 2010).

Nonetheless, an integrative review could be considered essential, as is the case here, because it addresses the research question and was conducted to identify relevant literature regarding Kuwait culture and the views and perspectives of the Kuwaiti community, which can be described as conservative. Moreover, there have been other studies conducted that have explored the perceptions of the community towards nursing, and these are captured in this integrative review. These studies have gone some way to explore the perceptions of the community in Kuwaiti society towards nursing, determining the reasons for the low interest and thus uptake in the nursing profession as a professional career choice, and have shown that this can be attributed to gendered

issues. This current integrative review thus also aims to identify the gaps within the existing literature that this study and future studies can explore further.

First, this chapter provides an outline of the methodology used to detail the search strategies for this literature review, such as the inclusion and exclusion criteria, and then summarises the relevant articles gathered for this purpose. Second, it critically evaluates the articles and studies collected through the inclusion process. Third, it provides details related to the integrative search of published research and articles related to the present research topic.

The assessment instrument introduced by Hawker et al. (2002) is beneficial for examining articles in research. While there are numerous tools available to evaluate the quality of research (Creswell & Poth, 2016; Crowe & Sheppard, 2011; Hong, 2018; Webb & Roe, 2008), the Hawker assessment tool was implemented for this study because it enables the researcher to evaluate the quality of the articles under consideration. The Hawker assessment tool utilises a unique format that can be applied to qualitative, quantitative and mixed-method research to ensure accuracy in assessment despite the design (Cooper et al., 2019; Hong, 2018). The tool evaluates articles on the basis of several important characterises and attributes that must be considered, including whether the abstract provides a clear overview of the study under examination; that is, the introduction, goals, background and findings of each study (Hawker et al., 2002). Furthermore, the study's significance in representing the results and the study's contributions and recommendations need to be considered when assessing articles to determine the success and credibility of each study. With Hawker's assessment tool, points are assigned, evaluated and calculated at the end of the article. The overall instrument score (up to 36) indicates an article's quality (Cooper et al., 2019; Hong, 2018). Finally, all qualitative studies were evaluated using the Critical Appraisal Skills Programme's (CASP) qualitative assessment instrument (CASP UK, 2013). Using the appropriate appraisal techniques, all studies mentioned in this literature review were appraised in terms of their methodologies, results, advantages and disadvantages.

2.2 Literature review methodology

A comprehensive and systemic search of published articles was conducted using various library databases, including Ovid, Cumulative Nursing and Allied Health Literature (CINAHL) and ProQuest. The electronic databases were used to identify relevant literature relating to Kuwaiti culture and community perceptions of the nursing profession. Due to the limited number of publications available on this specific topic, this research began with a wider search. A date limit also applied, with the search restricted to articles and findings published between 2008 and 2022, as suggested by Cronin et al. (2008).

Keywords used to identify the literature were chosen along with inclusion and exclusion criteria. Keywords used to search the databases included the following terms: 'nurse*', 'nursing shortage', 'community attitude', 'social attitude', 'cultur*', 'community perception', 'nursing image', 'public image', 'Kuwait', 'nursing retention' and 'turnover rate', using OR and AND during the search. The search engines of Google Scholar and Flinders University Library were used to search databases including CINAHL, COCHRANE, PubMed, ProQuest and MEDLINE. The articles searched were limited to those written in English and published between 2008 and 2022. However, the wider research parameters aimed to highlight more recent findings related to community attitudes and opinions towards the nursing profession globally.

2.2.1 Principles for selecting articles

Table 2.1 illustrates the principles for the selection of articles derived from the above searches, and clearly shows the articles either ruled out through exclusion criteria or selected for further review via the inclusion criteria.

Table 2.1: Principles for selecting articles

Inclusion Criteria	Exclusion Criteria
Primary research articles	Articles published prior to 2008
Full text articles	Any articles not written in English
Articles published in English	Articles not related to nursing
Articles published between 2010 and 2022	
Research articles related to Arabic and Western communities and their perceptions of the nursing profession	

Once the articles had been assessed using all of the inclusion and exclusion criteria, the articles were reviewed using the integrative literature process. Figure 2.1 below demonstrates the steps undertaken to achieve this using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)-flow diagram to assess for articles from the online databases.

A study's data quality can be assessed using the flow chart designed by PRISMA. The article eligibility was determined by following the PRISMA 2010 flow chart. A preliminary screening of the original 280 articles was conducted to identify duplicates, resulting in 23 articles being removed. Several reasons were cited for excluding these, including not being specifically related to community attitudes towards nursing. Furthermore, the articles had no relation to nursing or educational professionals. For example, other healthcare workers are often included in this type of database. A further attempt was made to search for more research material by extending the search to include Google Scholar in an attempt to get more sources of research material. This method found several additional articles. The total number of relevant articles selected for this review consisted of 37 articles in total. Figure 2.1 (below) illustrates how the review of literature was conducted.

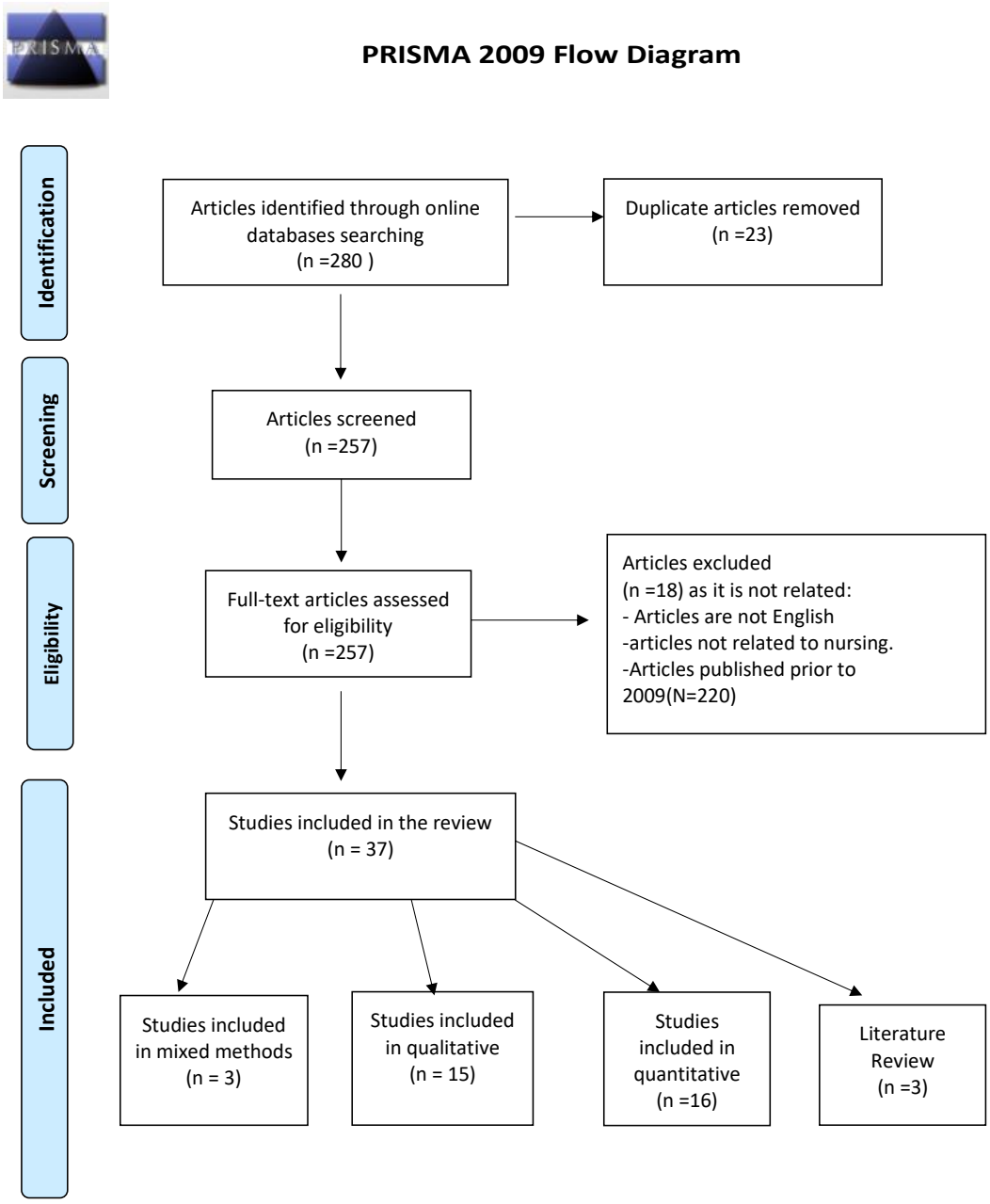


Figure 2.1: The PRISMA process search strategy

Figure 2.1 above illustrates the PRISMA review process that identified 38 articles relating to perceptions of the nursing profession in the community (see Appendix A). These articles can generally be grouped into four main themes as a result of the subsequent analysis of these articles.

2.2.2 Analysis

This literature review utilised the Hawker assessment tool, which provides 10 questions that can be asked to determine whether publications fulfil the criteria for high-quality papers, such as an adequate study design, methodology and participant size clarification. The CASP (National Health Service Public Health Resource Unit, 2007) was also used. Thus, all the articles included in this review were evaluated in terms of their methodologies, results, strengths and limitations using the relevant appraisal tools. Whether the studies featured qualitative or quantitative research, the studies were also assessed in terms of their purposes, methods, samples, limits and key conclusions. One of the components that needed to be verified as a potential weakness was ethical approval for the research in each article. Another element of the article analysis was an evaluation of the number of participants and the existence of any bias in the study. Table 2.2: Themes from the literature below provides an illustration of the themes found in the literature review.

Table 2.2: Themes from the literature

Theme	Element	*n*	Sources
The cultural factor influencing perceptions of the nursing	Community attitude Gender stereotypes: Cultural standards and patients reject to receive care from opposite gender	14	Abbas et al., 2020; Albougami et al., 2020; Alotaibi et al., 2016; Atkinson, 2015; Elewa & Abed, 2017; Elmorshedy et al., 2020; Liaw et al., 2016; Liu, 2010; Mahran & Al-Nagshabandi, 2012; Price & McGillis Hall, 2014; Saritaş et al., 2009; Squires et al., 2019; Valizadeh et al. 2014; Zamanzadeh et al., 2023
	Cultural values Male nurses	10	Arreciado Marañón et al., 2019; Azadi et al., 2017; Clow et al., 2015; Meadus & Twomey, 2011; Ndirangu et al., 2021; Roshangar et al., 2021; Shahbal et al 2022; Valizadeh et al., 2014
The image of nursing in Arabic & Islamic countries	Mixed-gender nursing in Arabic cultures Gender stereotypes: female nurse, male nurse	8	Abbas et al., 2020; Aboshaiqah, 2016; AlAmrani, et al., 2020; Clow et al., 2015; Elmorshedy et al., 2020; Ibrahim, et al., 2015; Roshangar et al., 2021; Saied, et al., 2016; Squires et al., 2019;
Nursing profession in the media	Negative stereotypes of male nurse in the media. Minimal level of skills and training. Low socio-economic occupation	8	Abbas, et al., 2020; Elewa & Abed, 2017; Elmorshedy et al., 2020; Mahran et al., 2012; Moore et al., 2019; Norman, 2015; Saied, et al., 2016; Tawash, 2018
Factors influencing the image of nursing	Religion	7	Abbas et al., 2020; Aboshaiqah, 2016; Mehran & Naqbandi, 2012; Ndirangu, et al., 2021; Öncü, et al., 2022; Roshangar et al., 2021; Tawash, 2018
	Financial	8	Abbas et al., 2020; Achilles, 2010; Al Jarrah, 2013; Cabaniss, 2011; Elibol & Seren, 2017; Hamadah, 2019; Liaw et al., 2016; Norman, 2015

Table 2.2 demonstrates evidence from the literature that there are four major themes emanating: 1) the cultural factor influencing perception of nursing, 2) the image of nursing in Arabic and Islamic countries, 3) nursing profession in the media and 4) factors influencing the image of nursing. These four themes are each influenced by the different and varied elements related to culture, gender, the media, religion and finance. The following section categorises these in order of importance and explains the themes in greater detail.

2.3 Findings

The literature review considered articles that examined the perception of nursing globally and then narrowed the focus to the Kuwaiti context. The aim was to identify the factors that contribute to negative or positive images of nurses and how these factors contribute to the following: 1) the

shortage of nurses in Kuwait working for the MOH; 2) secondary school students' decision-making processes that influence their choice to pursue or not pursue nursing as a profession; and 3) the promotion of strategies to improve the image of nursing as a profession in Kuwaiti society.

This systemic literature review identified a lack of primary studies conducted in the Kuwaiti community, aside from one study that only examined females in one school in Kuwait (Al-Kandari & Lew, 2005). Although Al-Kandari and Lew (2005) do not meet the inclusion criteria their research is included as it specifically addresses the area of research here. Thus, the work is relevant as their research is conducted in Kuwait and investigates female secondary school students and their interest in nursing as a future career. It is limited as it does not explore both genders and parent's views of nursing as a career. Also included were studies from other Arabic countries, including Egypt (Elewa & Abed, 2017), the Kingdom of Saudi Arabia and Jordan (Elmorshedy et al., 2020; Mahran & Al-Nagshabandi, 2012; Saied et al., 2016). All of these studies examined the cultural barriers in specific communities, and the social and religious obstacles in the societies examined.

There was limited research on the perceptions and representations of the role of nurses in Kuwaiti society. However, one study showed that there was a public image constructed and linked to the image of the nursing profession – this image portrayed nursing as physically tiring and suffering from an uncomfortable work environment in the Kuwaiti health context (Al-Kandari & Lew, 2005). This study was poor and conceptually undefined. The study was also limited in that only female year 12 students were surveyed, excluding male year 12 students as well as nursing students and nursing staff. According to M Alshammari et al. (2019), the nursing profession description is not classified, and no nursing roles and functions are defined by the MOH in Kuwait. For instance, there are no nursing programs available for nurse graduates with specialised areas such as the care of patients with diabetes. The findings also reveal that in the Kuwait health context, female nurses exceed the number of male nurses (Bahman, 2015). This will later be discussed in more detail in relation to gendered stereotypes.

Table 2.3: Investigations of the perceptions of nursing below highlights the broad geographic spread of the various investigations into the perception of nurses across many regions or countries. This

global interest in the issue is likely to be a response to the global nursing shortages and the global need to recruit and retain nursing staff.

Table 2.3: Investigations of the perceptions of nursing

Region / Country	Sources
The United Kingdom	Glerean et al., 2017; Hoeve et al., 2014; Morris-Thompson et al., 2011; Norman, 2015; Squires et al., 2019
The United States of America	Godsey et al., 2020; Somers et al., 2010
Singapore and Pakistan	Abbas et al., 2020; Liaw et al., 2016; Liu, 2010; Rocque, 2019
Saudi Arabia	Elmorshedy et al., 2020; Ibrahim et al., 2015; Mahran & Al-Nagshabandi, 2012; Saied et al., 2016
Iran, Turkey and East Africa	Cirik et al., 2022; Elibol & Seren, 2017; Ndirangu et al., 2020; Valiee et al., 2020; Valizadeh et al., 2014

2.3.1 Background to the issues

This literature review considered the articles that examined public and community perceptions of the nursing profession, focusing on the social, cultural, traditional, economic and religious values and backgrounds behind these perceptions. The nursing profession is a vital health profession in the healthcare system and related to this is the importance of minimising the turnover of nurses (Mahran & Al-Nagshabandi, 2012). Furthermore, as frontline health workers, nurses are essential to patient care (Al-Jarallah et al., 2009; Kang & Shin, 2020). Nurses play a vital role at all levels in healthcare facilities and health systems, including in health decision-making (WHO, 2020).

2.3.2 Recruitment and retention

The recruitment and retention of nurses has been one of the challenges faced by the global health industry. Recruiting Kuwaiti nurses in public and private hospitals has been challenging over the last few decades, and as shown above, the number of Kuwaiti nationals occupying nursing roles in both public and private health facilities in Kuwait remains remarkably low. After the incentivisation under the Kuwaitisation policy implemented in 1964, the percentage of Kuwaiti nurses dropped to as low as 5% of the total nursing workforce in 2017, with the majority being expatriate nurses. This suggests that Kuwaiti health and workforce development policies lack effectiveness to address the issues in

nursing. In addition, both Kuwaiti educational institutions tasked with educating future generations of nurses have a lower percentage of Kuwaiti nursing graduates compared to non-Kuwaiti nursing graduates (Annual Bulletin of Education Statistics, 2019). This reinforces the notion that there are other factors affecting Kuwaiti students' decision-making processes when considering whether to enrol in nursing programs. Failure to address these fundamental factors will likely lead to a continued shortage of Kuwaiti nurses.

Nursing retention in Kuwait among Kuwaiti nurses and expatriate nurses is not assessed by the authorities under the MOH. However, both Kuwaiti and expatriate nurses report increasing levels of job dissatisfaction (Al-Jarallah et al., 2009). Therefore, if any change is to occur, addressing the factors that contribute to job dissatisfaction among nurses is essential, and may lead to decreased turnover of Kuwaiti nurses (Al-Enezi et al., 2009; Hamadah, 2019). The factors affecting nursing recruitment and retention have been widely investigated. Globally, there remains a lack of political will to address the factors through policy and actions are highly contentious and hopefully some of the references highlighted above will modify your views about this.

The findings from literature on the history of men in nursing in Canada, Britain and the United States of America (USA) were also assessed. They indicate that promoting knowledge and raising public awareness of the nurse, nursing care and the nursing profession are important strategic steps to enhance nursing recruitment, minimise nursing attrition and maximise nursing retention rates. This study also found that recruiting men to the nursing profession was one of the key challenges due to negative perceptions of nursing. Rectifying the negative stereotypes of nursing in the media would attract more people, including men, to the nursing profession (Evans, 2004). This strategy may be useful in Kuwait.

Other studies highlight the importance of addressing and solving these factors, as well as identifying the causes that lead to job dissatisfaction, as crucial steps in promoting job satisfaction among nurses (Glerean et al., 2017; Hoeve et al., 2014; Price & McGillis Hall, 2014; Valizadeh et al., 2014). Al-Kandari and Ajao (1998) highlighted the need to examine the retention and recruitment of nursing students in Kuwait. Their findings indicate that the difficulty of recruiting nurses is one reason students are uninterested in nursing. As noted by these researchers, there is a negative image of

nursing in Kuwait, and Kuwaiti students thus view nursing as a poor choice of profession. Their research highlighted that a major factor driving this poor perception is that nursing wages are considered low compared to other healthcare professions in the MOH.

A study conducted in the USA demonstrated that nursing retention and recruitment are international health issues affecting the nursing profession. The findings indicate that nursing shortages are driven by the lack of remuneration, and hospitals need to increase nursing wages to recruit nurses to work in hospitals. However, the recruitment process for nurses is considered costly by hospital administration (Ritter, 2011). Al-Jarallah et al. (2009) report a disconnect between the nursing occupation and culture, language and religious values, especially among expatriate nurses. Also, Abdalla and Al-Homoud (2012) found that there is an acute underutilisation of local Kuwaitis in the labour force, including in the healthcare sector.

2.3.3 Perceptions of the nursing profession in Arabic culture

Images and representations of nurses in Kuwaiti and other Arabic cultures and societies have undergone numerous challenges, particularly for promoting a positive image of nursing. In the ancient Islamic period (the 5th–9th centuries), nursing was represented in a positive light. However, more recently, nursing has been negatively perceived in Arabic countries. According to the WHO (2018), the job descriptions for nurses differ in various countries' healthcare systems, thus they emphasise the need for a globally agreed-upon, internationally standardised definition of nursing that will enhance representations and perceptions of nursing as a profession. Without this standard, negative perceptions of nursing and the low social status of nursing as a profession will continue and maintain the nurse shortages in most Arab and Muslim countries (Al-Kandari & Lew, 2005; Al-Kandari & Thomas, 2008; Atkinson, 2015; Elmorshedy et al., 2020; Ibrahim et al., 2015; Mahran & Al-Nagshabandi, 2012). While Catton (2021) states the ICN has provided a code of ethics for nurses, these are not considered universal or compulsory.

2.3.4 The negative image of nursing in Arabic and Islamic countries

In countries with Arabic and Islamic backgrounds, there are other factors to consider. Al-Kandari and Lew (2005) assessed female secondary school students' perceptions of nursing as an occupation

and state that the students constructed their perceptions of nurses based on the media, including television programs, and from hospital visits. Even though nursing students receive financial support for their education from the government of Kuwait, enrolment in nursing programs remains low for Kuwaiti nationals. A study conducted in Saudi Arabia (Mahran & Al-Nagshabandi, 2012) examined the public image of the nursing profession among female students at a Saudi university. The study found that social influences, such as family and parents, influenced students' perceptions of, and decisions about, their future occupations. The researchers also found that public perceptions of the nursing profession derive from social norms, which may therefore be used to help rectify the public image of the nursing profession (Mahran & Al-Nagshabandi, 2012). This research importantly captures the views of family.

Another study conducted in Saudi Arabia regarding the level of community awareness of the nursing profession found that the community prefers caregivers to be nurses of Saudi heritage. However, because the perception of nursing in the Saudi community is negative, certain considerations and social challenges arise. For example, the community believes that a nursing career makes marriage difficult, especially for women, because of the rosters, which include night duties, and the mixed-gender culture in nursing workplaces (Mahran & Al-Nagshabandi, 2012). Furthermore, in Saudi Arabia women's primary role is to care for their children and husbands at home, and a mother's desire is to prevent her daughter from working night shifts and being with males, either professionals, or patients. Importantly, in Saudi Arabia there are restrictions for women; staying outside of their homes for an extended period of time is strictly forbidden under Islamic law (Elmorshedy et al., 2020; Mahran & Al-Nagshabandi, 2012). Moreover, the social status of nursing is not defined properly due to a lack of knowledge about nursing's role and the low level of autonomy granted nurses in the workplace. The public community, which is affected by media images, sees nurses merely as assistants working for doctors, not alongside them, and as belonging to a separate profession (Elmorshedy et al., 2020).

A study conducted with Egyptian and Jordanian nursing students (Ndirangu et al., 2021) found that male nursing students from both countries perceived the nursing profession in the community as positive despite the negative image of nursing in the community. The study suggested that male

nursing students are optimistic about the enhancement and positive promotion of the public image of nurses in the community. However, in another study conducted in Egypt and Jordan, male nursing students stated that the role of nursing in the community is affected by the low incomes and weak social status of nurses due to the negative images presented in the media (Ndirangu et al., 2021). Furthermore, in Islamic and Arabic countries, the gender of an employee is a sensitive issue in the workplace. Male nurses are only allowed to provide care to male patients, whereas female nurses can look after both male and female patients due to Islamic beliefs and cultural traditions. As a result, the gender stereotype that nursing is a female occupation creates an obstacle to male students choosing a nursing career. The community's perception of nursing as a female occupation is also compounded by the media portraying nursing as a profession only for females. The perceptions in Arabic and Islamic communities that emphasise a negative image of nurses for both males and females could, however, thus also be rectified by the media (Ibrahim et al., 2015).

An Iranian study has shown that Iranian nurses were accepted by the Iranian community in a positive light but that the concept of a male nurse was not recognised by the Iranian community, and there was a general lack of awareness about the nursing profession. This study identified several influences on the public image of nursing in the Iranian community, such as professional identities and misrepresentations of nurse's roles (Valizadeh et al., 2014).

In Kuwait, the community perceives the nursing profession negatively, resulting in a low enrolment in nursing programs and a subsequent shortage in the Kuwaiti nurse workforce. In Kuwait society, the concept of a 'professional' is classified by gender, and cases in which careers are limited to or defined by a specific gender (such as nursing being assigned to the female gender) serve as obstacles to the improvement of perceptions of nursing as a profession in Kuwait.

2.3.5 Gender stereotypes in the nursing profession

In recent years, there has been an increasing interest in understanding gendered stereotypes of nursing in both the Arabic community and worldwide. Nursing has historically been viewed as a profession dominated by women, resulting in gender stereotypes that prevent men from entering the profession. Culture and society may reinforce this stereotype by expecting men not to take up

nursing and by not portraying men in nursing roles in the media (Ibrahim et al., 2015; Squires et al., 2019). Nursing is often perceived as a ‘woman's job’, resulting in lower salaries, more limited advancement opportunities, and diminished recognition for men. In order to attract a more diverse workforce and challenge these stereotypes, nursing needs to develop a more inclusive culture through education, outreach and open dialogue (Albougami et al., 2020; Elmorshedy et al., 2020; Liaw et al., 2016).

2.3.5.1 Female nurses

The Kuwaiti people are known for their adherence to customs and tradition, which restrict certain professions to certain genders and limit the ability to hire women to do what are perceived as traditionally male professions. Moreover, in Kuwait, so-called ‘professions’ are ascribed to males rather than females, whereas other job opportunities are more available to Kuwaiti women, such as being nurses and working in hospitals.

A study conducted in Kuwait with nurse graduates from the College of Nursing found that only 11.2% were Kuwaiti, and most graduates were female (approximately 65.1%) (Alnuqaidan et al., 2021). This is supported by the Annual Statistical Abstract, which has revealed that most of the nursing workforce in Kuwait is female (Annual Statistical Abstract, 2018).

Rassool (2014) states that there is a growing recognition of the need to distinguish between genuine Islamic teachings and cultural traditions that have almost nothing to do with Islam in the Muslim world. According to Atkinson (2015), while the Muslim religion validates nursing as a respectable occupation, the culture does not positively promote nursing as a profession, and this perception may have more to do with traditional values in the community.

The gendered stereotype of nursing as a female task has received considerable critical attention. A study from the Republic of Georgia identified the nursing profession as suitable for females due to the traditional view within the society that nurses are always female (Squires et al., 2019). Similarly, a Chinese study found that the Chinese community believes that the nursing occupation is a feminine profession (Liu, 2010). Abbas et al.’s (2020) study in Pakistan found that gender is one of the major elements that contributes to the negative perception of the nursing profession. The Pakistani

community believes that the nursing profession is suitable for women but not for men, and this is likely due to traditional values in the community and religious identities, which support inequalities between genders and limit male nurses' ability to work with female patients. According to Valizadeh et al. (2014), the Iranian community perceives the nursing profession as a female-dominated one, and there is a community perception of the nurse's role as an assistant to a doctor, who is assumed to be male. A study in Singapore showed that Singaporean nursing students agreed that the nursing occupation is only for women because of social factors that influence the community perception that nursing is inferior compared to other healthcare professions (Liaw et al., 2016). Two studies conducted in Saudi Arabia showed that social and traditional elements contribute to the public image of nursing, which is based on the stereotype that nursing is a feminine profession only. Saudi Arabian cultural traditions limit the number of men willing and able to enter the nursing profession because nursing is considered a profession for females only (Elmorshedy et al., 2020; Mahran & Al-Nagshabandi, 2012).

An additional study that interviewed female Saudi nurses who expressed their concerns regarding the mixed-gender environment and segregation of the genders in the workplace, suggested that the absence of gender segregation plays an essential role in contributing to the job satisfaction of female Saudi nurses (Albougami et al., 2020). Furthermore, in the nursing workforce in Saudi Arabian hospitals, male patients are cared for by female nurses in male departments, such as male wards. Generally, female non-Saudi nurses are comfortable with these circumstances and can provide nursing care to male patients. However, this represents a significant problem for most Saudi female nurses. Saudi female nurses and their families are generally dissatisfied with the care provided to male patients by female Saudi nurses (Alotaibi et al., 2016)

In Turkey, a study was conducted in 2007 (Saritaş et al., 2009) to examine the effect of Turkish nursing law on female nursing students and determine how the law impacted their opinions of male nurses. According to the findings, 49.8% of female nursing students expressed negative opinions of male nurses working in specific areas, such as on the gynaecology ward, suggesting that this area should be restricted or limited to only female nurses, as specific female care is required (Saritaş et al., 2009). Similarly, another study assessed the perception of nursing in the Egyptian community.

The findings stated that the community views nursing as a feminine occupation. The study also found that the Egyptian community holds a negative perception of nursing as a profession because people see nurses as doctors' assistants and not independent professionals (Elewa & Abed, 2017). Finally, a study of the image of nursing in Sweden found that the community believes that the nursing profession is a feminine occupation, while being a physician is a male occupation. This creates challenges for any male entering nursing (Dahlborg-Lyckhage & Pilhammar-Anderson, 2009).

Therefore, gender representations and stereotypes have a significant impact on perceptions of nursing as a profession, and this is evident in many different countries and cultures. As a historically female-dominated profession, nursing is perceived to be gender-specific (Ibrahim et al., 2015; Katz, 2007). This is reflected in the dominance of female nursing leaders, staff, trainers, supervisors and organisers (Aboshaiqah, 2016; Hemsley-Brown & Foskett, 1999; Price & McGillis Hall, 2014).

2.3.5.2 Advanced practice roles of nurses

Expanding the education and scope of practice for nurses has impacted positively on the image of nurses and nurse's wages. For example, in Australian health care, new nursing roles, such as nurse practitioners, contribute to providing and improving patient care. Nurse practitioners are nurses educated at the master's level, trained in specific skills and are licensed to prescribe medication, therapeutic diagnoses and treatments, such as X-rays, CT scans and diabetic insulin administration pumps (Parry & Button, 2020). This advanced nursing practice role enhances access to care across the health sector.

Nurse practitioners reduce the long waiting times to be examined by doctors and thereby contribute to improving patient care until a patient is able to see a doctor (Parry & Button, 2020). Nurse practitioners can also provide healthcare services to underserved portions of the population, such as rural and remote patients and other vulnerable populations (Parry & Button, 2020). However, a study conducted in Australia to assess Australian school students' interest in the nursing profession found that nursing in this country is still one of the most female-dominated professions in health care. Females constitute most of the nursing workforce: nine out of 10 nurses are female (Gore et al., 2017).

These studies show that nurses play an essential role as frontline healthcare workers, particularly in crises, yet the community still perceives nurses in a negative light, not as fully recognised and respected professionals, even though nurses contribute significantly to providing care to patients.

2.3.5.3 Male nurses

For cultural reasons, the nursing profession was primarily dominated by women in the 20th century (Meadus & Twomey, 2011; Valizadeh et al., 2014). However, while male nurses have played an important part in military nursing (Evans, 2004), a study conducted in Canada suggests that increasing the proportion of male nurses in the nursing workforce is still considered challenging (Clow et al., 2015). Moreover, as the stereotype of nursing remains negative in many communities, male nurses may find working in a predominantly female environment challenging, as their gender influences community perceptions. This literature review has identified several studies that explore how gender stereotypes have influenced negative public images of nursing.

Male nurses are an important component of the nursing workforce and play a key role – as much as that of female nurses in health care. The history of nursing changed slightly after the inclusion of male nurses in health care. Nevertheless, male nurses are often less recognised and accepted by communities. Moreover, from a social perspective, the ideology according to which nursing is a woman's job has made adaptation difficult for men working as nurses (Evans, 2004).

Traditionally, as discussed, the prevailing belief in many societies is that the nursing profession is more suitable for women than men. A study conducted in Australia, where male nurses can look after female patients in hospitals and healthcare centres, assessed male nurses' work experiences in relation to care given to female patients. The study found that male nurses suffer from a type of negative stereotype in the workplace. For example, the RN is often still referred to as 'sister' in hospital and medical settings in Perth, Western Australia, resulting in male nurses feeling excluded (Inoue et al., 2006). A study conducted in three East African countries, where the profession is traditionally considered feminine, stated that 35% of nurses were male. This indicates that men are willing to accept nursing as a career or profession, despite the negative public stereotypes of nursing in East Africa (Ndirangu et al., 2021).

A study conducted in Iran explored Iranian male nurses and how these individuals were perceived in the community. The study found that the gender stereotype of the nursing profession had a significant impact on community perceptions of male nurses, and this also occurred through media representations. The researchers also learned that Iranian male patients prefer to be looked after by Iranian male nurses in hospitals and Iranian female patients prefer to be cared for by female nurses due to the cultural norms in Iranian society, which indicates the importance of the recruitment of both male and female nurses to the healthcare sector (Azadi et al., 2017).

In Cyprus, a study found that one form of gender discrimination in nursing in the media involves how men are differentiated in nursing. The example is cited that in the media, female nurses are called 'nurses', whereas males who are nurses are called 'male nurses' by patients (Kouta & Kaite, 2011). Additionally, the entry of males into the nursing profession has been relatively gradual, and male nurses are still in the minority compared to female nurses.

In the UK, the percentage of male nurses in the nursing workforce is considerably lower (Martin & Ebrahimi, 2013), representing approximately 11.4% of RNs (Clifton et al., 2020). In comparison, males constitute 13% of the nursing workforce in the USA, 24% across the African countries, 11% in Southeast Asia, 11% in Europe, 22% in the Eastern Mediterranean and only 5% in the Western Pacific (World Health Organization, 2020).

The recruitment of men into nursing will increase the percentage of the male workforce in nursing and contribute to minimising the shortfall currently evident in the nursing workforce across the world (Clifton et al., 2020). However, another study conducted in Iran to explore the community's perception of Iranian male nurses found that they suffered one of the greatest obstructions for men considering nursing as a profession: the profound stereotypical feminine image of nursing in the Iranian community. Thus, an increase in public awareness of the value of nursing as a profession will allow the predominant feminine image of nursing in this country to be reduced (Valizadeh et al., 2014).

In Pakistan, research found that male nurses were as efficient in terms of addressing needs, performing tasks and bearing workloads as females in the field. In addition, male nurses contribute

to increasing the numbers of the nursing workforce. However, while these nurses remain in the minority, male nurses experience isolation in the workplace because of the perception that male nurses do not belong or that nursing as a profession is not validated for males (Abbas et al., 2020).

2.3.5.4 Mixed-gender nursing in Arabic cultures

In Islamic countries, cultural and religious factors influence societal attitudes towards nursing as a profession. A study conducted in Saudi Arabia demonstrated that Saudi culture contributes to decreasing the interest of Saudis considering entering the nursing profession. In this study, 64.5% of participants stated that their 'profession' had an impact on their social life due to the nature of their work, which involved long work hours and a 'gender-mixed workplace' – this was also considered a barrier to Saudis being interested in joining the nursing profession (Elmorshedy et al., 2020).

Muslim communities have significant cultural customs that are closely related to their religious views, which sometimes creates difficultly in distinguishing between the two and thus differentiating between culture and religion in the nursing workplace (Rassool, 2014; Tawash, 2016). A study conducted with Jordanian and Egyptian male nursing students found that Arabic communities remain very conservative in terms of mixing gender care – raising, for example, the issue of a female patient being unwilling to receive care from a male nurse. The challenge of a mixed-gender workplace is a major public health problem in Arabian societies and a main cause of the nursing shortage. The study concluded that because of these issues, the nursing profession in both Jordan and Egypt remains predominantly feminine (Ibrahim et al., 2015).

Social, religious and cultural barriers in society contribute to restricting the acceptance of a mixed-gender work arrangement in the nursing profession for both males and females. One study, by Liaw et al. (2016), surveyed Singaporean university students to identify factors that influenced students' interest in taking up nursing as a future occupation. Male students believed that the nursing profession was more suitable for females from the point of view of cultural perceptions, and this reflected negative stereotypes in the community towards nurses. Moreover, the mixed-gender work environment could also be the reason for men not choosing nursing as a future career.

Research by Aboshaiqah (2016) in Saudi Arabia on strategies to rectify nursing shortages found that a mix of genders in the workplace is viewed as socially and culturally undesirable in the Saudi community. The nature of the Saudi tradition, which considers the nursing profession a feminine occupation, contributed to promoting a negative perception of the nursing profession, even when this profession includes mixed-gender workplaces (Aboshaiqah, 2016). Furthermore, a study on the nursing profession conducted in Pakistan (Abbas et al., 2020), found that Muslim societies favour segregation according to gender in the workplace to ensure the comfort of both patients and nurses. Moreover, females preferred to receive care from female nurses for traditional and religious reasons. The Islamic religion does not allow a man to touch a woman in a healthcare context unless no one else can provide the healthcare service (Abbas et al., 2020). Azadi et al. (2017) explored male nurses' perceptions of gender identity in the workplace in Iran. The findings were that Iranian patients prefer a nurse of their own gender to provide care, leading male Iranians to be uninterested in choosing nursing as a profession.

As demonstrated above, these obstacles, traditions and stereotypes limit the adoption of a mixed-gender workplace environment, and this is challenging the nursing profession in many countries. Shuriquie et al. (2008) argues that the Jordanian community is one of the many Islamic countries with conservative communities. To elaborate, Islamic values contribute to the limitations of male Jordanian nursing practices in mixed-gender hospitals. Moreover, gender interaction in the workplace is considered a problematic issue in Arabic countries, where, for example, male Jordanians are more likely to leave the nursing profession than female Jordanians.

2.3.6 Representations of the nursing profession in the media

Media portrayals – for example, in videos, movies, audio and newspaper articles – can shape representations of the nursing profession (Cirik et al., 2022; Pawłowski et al., 2019; Rocque, 2019; Tawash, 2016). A study conducted by McHugh (2012) examined a popular American comedy-drama television series titled *Nurse Jackie*, which presents the character of the main nurse positively and examines the difficulties in the nursing workplace and the shortages of nurses in healthcare settings. The study indicated that the media is an influential contributor to the public image of the nursing profession.

The media's portrayal of nurses has evolved over the years to match the historically shifting image of nursing. Research by Cabaniss (2011) in the USA examined the impact of the media's portrayal of the nursing profession. This study found that the media is a powerful influence on public ideas and concepts. This suggests a link between the low number of male nurses entering the profession and the negative stereotypes of male nursing presented in the media, which predominantly presents physicians as males, whereas nurses are represented only as females. The researcher points out that the media has failed to present a fair professional image of the role of nurse.

Further research in the USA focusing on African American nursing students explored how the media presents nursing in the community, finding that African American nursing students acknowledge the need to increase public awareness of the nursing profession. The nursing students pointed out the misrepresentations of nursing in the media, especially when the media represents African American nurses as being less confident, thus contributing to negative stereotypes of nurses (Moore et al., 2019).

Additionally, research in the UK examined the perceptions of nursing in the community and found that the community lacked knowledge of the nursing profession and the scope of this profession's role, including community nursing. The study also found that television does not adequately portray the nursing profession to the community (Norman, 2015).

A study in the Netherlands found that nurses have the power to correct the negative image of their profession by using their position in the healthcare system. How nurses behave, according to this account, reflects on their professionalism. The community perception of nurses means that nurses must take advantage of the media and work harder to promote positive attitudes and clarity regarding nursing practices in the healthcare system (Hoeve et al., 2014).

Saudi Arabian researchers investigated community awareness of the nursing profession and found that the media's portrayal of the profession has a significant impact on the public's perception of nursing in the Saudi community, concluding that the media plays a major role in influencing the general public (Elmorshedy et al., 2020; Mahran & Al-Nagshabandi, 2012).

Several studies have examined the influence of the media on the image of the nursing profession. A study conducted in East Africa investigated the image of nursing among nurses. The study found that the media did not present a positive image of the nursing profession. Nevertheless, the general community viewed the nursing profession positively, even when media portrayals remained negative (Ndirangu et al., 2021).

Ibrahim et al. (2015) suggests that the media in Egypt and Jordan presents a positive image of female nurses in both communities as a feminine profession and a negative image of male nurses, reflecting the public perception of male nurses in a conservative society. Moreover, Heilemann et al., 2012 found that misleading media portrayals of nursing influenced public attitudes and decreased the public's and professional health workers' respect for nursing as a profession.

In India, research on the public image of nursing found that the nursing profession in India did not receive sufficient media coverage or have a satisfactory profile, that is, one that explains the role of nursing in society and the role of effective nursing in patient care. The current image of nursing in India presented by the media shows nurses as possessing a minimal level of skills and training. However, a traditional view in India is that nurses are heroes and angels (Rocque, 2019).

A study of the image of nursing in the UK found that the media is an influential player in constructing the public's perception of the nursing profession. Nevertheless, the media contributes to a lack of interest among the public in choosing nursing as an occupation or future career. As a result, the recruitment of nurses is affected by the perpetuation of a negative stereotype of the nursing profession. For instance, in the *Daily Mail*, a newspaper in the UK, an advertisement portraying a nurse as a 'naughty nurse' – seen on public transportation vehicles, such as buses – negatively affected the image of nursing. Furthermore, nursing staff were unhappy with the advertisement, which presented an unrealistic image of the nursing profession (Morris-Thompson et al., 2011). However, another study conducted in the UK suggested that the community's perception of the nurse's image is inadequate due to insufficient acknowledgement in the public sphere of the importance of nurses. Community awareness of nursing requires promoting positive perceptions of this profession (Norman, 2015).

In a study exploring the image of nursing in Canada, the findings indicated that the media, particularly television, affects the community's attitude towards the role of nurses in health care. Noteworthy is that in the Canadian community, nurses are perceived as heroes, and the common media portrayal of nurses as angels is still popular today. Moreover, the findings indicate that nurses can enhance this positive perception of the nursing profession by practicing professionalism in the workplace and using good interpersonal skills with patients in the healthcare setting (Price & McGillis Hall, 2014).

In Pakistan, research on the social and cultural challenges in nursing found that a relationship exists between the media and stereotypes of the nursing image. In the Pakistani community, social obstacles, traditional practices and religious values all contribute to the Pakistani community being uninterested in becoming nurses. Moreover, the findings established that the media helps to create a negative image of nursing, and this negative label is based on the gender identities of nurses. Additionally, the Pakistani media stereotype of the nursing profession as having a low socio-economic status supports the generally poor perception of nursing in the Pakistani community (Abbas et al., 2020).

Finally, a study conducted in Kuwait points out that using diverse media, such as videos, audio and newspapers, could have an impact on improving the positive perception towards nursing, and media need to be taken advantage of to increase the positive attitude of the community towards the nursing profession (Al-Kandari & Lew, 2005). For example, policies in the Kuwaitisation process could use the various media formats to the advantage of nursing in increasing the recruitment and retention of Kuwaiti nationals into nursing.

2.3.7 Cultural factors influencing perceptions of the nursing profession

Kuwaiti research on nurses' job satisfaction found that the nursing profession in the country is built on the basis of Western and Eastern education systems, but is still influenced by, and operates in, Kuwaiti culture, which affects the image of nursing among the Kuwaiti community. The findings indicate that the nursing profession is affected by Kuwait's cultural values (Hamadah, 2019).

A survey conducted by Elmorshedy et al. (2020) showed that the Saudi attitude is affected by cultural standards. Furthermore, Saudi female patients reject receiving care from male nurses due to cultural

norms in the Saudi community. As a result, Saudi males may not consider nursing as a profession due to the cultural influence from patients. A second study, conducted by Alsadaan et al. (2021) in Saudi Arabia, revealed that female participants had concerns about the social norms associated with working in mixed-gender settings. While females are interested in nursing, females are hesitant to enter the profession due to the misconceptions and disrespect from society towards nurses. As a result of the disapproval from husbands and families for nursing as a profession, women had to discontinue their studies to get married. Working nights, long hours or weekends may be unacceptable to some families (Lamadah & Sayed, 2014).

Similarly, a study conducted in two Arabic countries found that culture contributed to shaping stereotypes of male nursing in both Egypt and Jordan (Ibrahim et al., 2015). The Jordanian study assessed nursing students' views towards community perceptions. The findings indicate that cultural values impact the image of the nursing profession in the Jordanian community. For example, male nurses in Arabic countries have a higher chance of recruitment than females due to the need for male nurses in the nursing workforce (Al Jarrah, 2013; Alboliteeh, 2015)

To concur with the research above, a study conducted in Egypt and Jordan examined nursing students' attitudes, how the culture influences men's attitudes towards nurses and how these impacts on becoming a nurse. The findings indicate that men mainly join the nursing profession to secure financial stability for their families. Furthermore, the study indicated that the number of Egyptian men joining the nursing profession was increasing dramatically. On the other hand, another study found that the Egyptian students expressed a lack of interest in the nursing profession because of more work opportunities and professional income incentives in other fields (Ibrahim et al., 2015).

In contrast, research by Valiee et al. (2020) examined the image of nursing in Iran, finding that the Iranian community accepts nursing as a profession. However, another study conducted in Iran found that the community required more knowledge of nursing to promote nursing as a profession, with knowledge of the profession and nursing's role in the community insufficient (Valizadeh et al., 2014). These findings underscore the importance of cultural influences on public opinion in promoting public knowledge about the nursing profession. Cultural value enhancement could contribute to the increase in the uptake of male nurses in Iranian society.

In Kuwait, most nurses working for the MOH are expatriate nurses from either India or the Philippines; meanwhile, the Arabic nursing staff are mostly Egyptians and/or Jordanians, and thus not Kuwaiti (Annual Statistical Abstract, 2018). The two main languages used in this multicultural environment are English and Arabic. Expatriate nurses use English to communicate. This presents several cultural and language barriers between patients and nurses, as many patients do not speak English (Al-Jarallah et al., 2009; Al-Kandari & Thomas, 2009). Therefore, this current research study investigated the importance .of having Kuwaiti national nurses in health care to minimise miscommunication between nurses and patients, as this may lead to medical errors, missed care and culturally inappropriate care. Also, the literature review is identifying issues that were investigated in the data collection.

A study conducted by Alroqi (2017) in Saudi Arabia shared similar concerns regarding the language barriers and communication between expatriate nurses and patients. Furthermore, the study also found that expatriate nurses lack religious knowledge about Saudi culture. The participants in this study stated a preference to be looked after by Saudi national nurses rather than expatriate nurses.

2.3.8 Religion as a factor influencing uptake of nursing careers

Religion plays an important role in shaping the behaviours of individuals towards societal decisions and suitable occupations, including nursing. Religion has a special significance in Islamic societies. Religion plays an important role in setting barriers and limits in all aspects for the individual, and thus is one of the main factors limiting entry to the nursing profession.

The religious influence in Pakistani culture is evidenced by a study indicating that religious beliefs limit male nurses' work abilities in the nursing workplace, as male nurses are not allowed to interact with female patients. Moreover, the religion of the Pakistani community contributes to influencing the nursing image in the community and impacts the ratio of nurses to patients, as male nurses cannot be involved with the care of female patients. Furthermore, religious beliefs set limits on the areas in which female nurses can deliver care to patients in hospitals in Pakistan (Abbas et al., 2020).

A study conducted by Al-Khunizi et al. (2021) in Saudi Arabia examined Saudi nurses' perceptions of nursing. The study found that religion plays a significant role in how Saudi culture perceives the

nursing profession. Moreover, one of the participants in the study stated that female nurses are not allowed to look after male patients who need care in the 'private areas' of the patient's body because Islamic principles do not allow women to touch men in these 'sensitive areas' of the body. Therefore, female Muslim nurses face challenges in the workplace because such nurses can only work with female patients. A similar study conducted in Saudi Arabia shared similar findings indicating the impact of religion on nursing. Thus, culture and religion remain major influences on the general public's image of nursing in Saudi society (Aboshaiqah, 2016; Alroqi, 2017).

A study into Islamic values in Islamic communities showed that Islam honours the nursing profession through historical personalities – such as Rufaidah Al-Aslamiyah, the first Arab female Muslim nurse – and that the Prophet (Peace Be Upon Him) supported Al-Aslamiyah's nursing practice. Moreover, in supporting Al-Aslamiyah's practice, the Prophet (Peace Be Upon Him) lent public legitimacy to the establishment of the nursing profession and identity in Islamic culture (Atkinson, 2015; Lovering, 2008).

A study found that Arab countries maintain the unique traditions, customs and values of Islamic beliefs, which regulate the lives of the individuals in those societies. Furthermore, Arab Muslim countries show appreciation and respect for the nursing profession as a career. However, individuals in the community are not encouraged to become nurses and thus are not supported by their families – most likely due to religion. The factor of religion is considered a social phenomenon that regulates performance and behaviour within people such as male nurses, who are not allowed to look after female patients. Religion is thus a major influence in community attitudes towards the nursing profession (Lovering, 2008).

A study conducted in Bahrain reached similar findings, indicating that religion strongly influences the community's attitude towards a profession as well as the individual's concepts of value and professional obstacles. The findings also highlight the necessity of differentiating between religion and culture when evaluating community attitudes and acceptance towards the nursing profession as a future occupation (Tawash, 2016). Additionally, research conducted with Swedish nurses supported the previous studies in exploring culture and confirming that the perception of nursing is

influenced by culture and social attitudes, which are considered some of the significant factors that affect the nursing profession (Dahlborg-Lyckhage & Pilhammar-Anderson, 2009).

2.3.9 Family impact on career choices

The idea of family in Arabic and Islamic communities is different from the idea in Western communities in several aspects. First, in Arabic families, parents have a greater influence on their children's career choices (Al-Omar, 2004). Al-Omar (2004) suggests that to encourage secondary school students to enter the nursing field, families need to be educated to increase awareness of the nursing profession. In a study conducted in Egypt, the study found that family opinions and views affected year 12 students' decisions about their occupations of choice. The study pointed out that people choose nursing based on family advice (Elewa & Abed, 2017).

Mahran and Al-Nagshabandi (2012) conducted a study in Saudi Arabia and found that Saudi male nurses faced criticism from either family members or friends for choosing nursing as a profession. Moreover, the study highlighted that females face more difficulty than males in joining the nursing profession due to the social influence that limits marriage chances for females, and that family influences may deter these individuals from becoming nurses due to traditional values. Family opinions play a major role in decision-making for those considering the nursing profession as a future occupation. Lamadah and Sayed (2014) found that Saudi male nurses are criticised by their relatives and families. The findings of the study also included evidence that one Saudi male nurse's parents refused to disclose that their son was a nurse to their friends. A similar lack of public awareness about nursing as a profession was reported in a study conducted in Saudi Arabia (Boali, 2017).

Baykal and Altuntas (2011) state that families in Turkey perceive the nursing profession positively. Turkey is considered a conservative society, and parents' opinions are highly respected. However, parents still prefer most other professions over nursing. Increasing family knowledge about the role of nurses could minimise negative attitudes towards the nursing profession.

In the UK, a study conducted by Norman (2015) on perceptions of nursing found that year 12 students are influenced by their parents' views towards the nursing profession. Negative perceptions of nursing were evident in families in which a family member worked as a nurse. The participants

stated that nurses considered switching occupations or leaving the nursing profession due to the lack of clarity about nursing roles in the country's healthcare system.

In Jordan, a study conducted with nursing students about perceptions of nursing found that the participants became nurses because of advice received from their parents about the nursing profession. Nevertheless, the study found that participants believed families hold more negative than positive attitudes towards the profession (Al Jarrah, 2013). Another study was conducted in the USA by Atkinson (2015) to assess nursing in Kuwait. The study selected Muslim nurses (both male and female) in the USA who had worked as a nurse in Kuwait before. One of the findings of the study was that participants found that the nursing profession in Kuwait was not attractive for Kuwaiti nationals because of the nature of the workload, shift duties and night rotation at hospitals.

A study conducted in Kuwait by Al-Kandari and Ajao (1998) examined recruitment and retention among nursing students and found that families were not supportive of the night shifts taken by female Kuwaiti nurses. Another study in Kuwait conducted on the nursing profession agreed with Al-Kandari and Ajoa in that there was a lack of family support due to inadequate knowledge about this occupation, which led to the formation of a negative attitude towards the nursing profession in the Kuwait community (Al-Kandari & Thomas, 2009).

2.3.10 Financial concerns for recruitment and retention

In Kuwait, financial security is considered important. Against a background of economic inflation, selecting a job with a high financial income is one of the basic necessities. The WHO (2020) highlights financial benefit as one of the reasons for the need to increase recruitment and retention rates of nursing globally. The WHO also notes that many nurses emigrate from their home countries for a better financial income.

In Jordan, a study of nursing students regarding the perception of nursing found that the participants viewed nursing as a means to a sufficient salary to secure a better life. The findings also showed that students selected the nursing profession not only because of the belief that this profession secures an adequate salary but also because of the availability of work compared to other professions (Al Jarrah, 2013). Liaw et al. (2016) researched the factors that influence the decisions

of Singaporean students to join the profession, finding that students were less interested in the nursing profession due to the low income in comparison to other healthcare occupations. Consequently, the financial prospects of nursing in Singapore are considered to be one of the major factors that affect graduate decisions about this profession.

Abbas et al. (2020) examined the effect of sociocultural factors in Pakistan on attitudes towards nursing in the community. Notably, the study found that nurses did not encourage others to join the nursing profession unless the decision was made out of financial necessity. A study conducted in Kuwait by Hamadah (2019) investigated the factors that affect job satisfaction. The findings indicated that low income was one of the main reasons for job dissatisfaction among nurses. Moreover, the findings indicated that inadequate income contributed to an increasing attrition rate in the workplace in Kuwait. The participants highlighted the issue of income-related status associated with salary compared to workload, and the long hours compared to low job satisfaction.

Research in Turkey investigated the factors that affect nursing students and their perceptions of nursing, finding that families with a higher salary are less interested in joining the nursing profession and perceive the occupation negatively. Moreover, the findings indicated that the nursing profession was chosen more often in low-income families, as the professional opportunities are high, which secures financial support for the family. As a result, the nursing profession is perceived positively in this demographic (Elibol & Seren, 2017).

A study that assessed the perception of nursing among American year 12 students found that students' perceptions towards the nursing profession were positive. The study also found that the nursing profession can offer sufficient income in the USA to buy vehicles and houses (Katz, 2007). However, another study conducted in the USA found that the image of nursing is affected by a lack of awareness in the community of nurses' professional duties. Furthermore, in the USA, television is a major player in forming and creating a concept of character and consequently of perceptions of the profession. Therefore, the study advised nurses to work more effectively with the media to enhance the nursing profession's role in the community by presenting positive and accurate nursing roles in this space (Cabaniss, 2011).

A study conducted in two Tanzanian secondary schools on students' perceptions of the nursing profession and the level of their awareness of the occupation found that students did not wish to join the nursing profession, mainly due to the low income offered compared to other healthcare professions. Furthermore, the study found that students would join the nursing profession if these students planned to emigrate overseas, as nursing is considered to be a suitable profession for those seeking to work outside the country. Moreover, the Tanzanian community's attitude towards nursing as a profession remained mainly negative (Achilles, 2010).

The above studies have shown that income is an important determinant in attracting an individual to study and work in any profession. Professions that secure a stable income are usually desirable and contribute to a positive image of the profession. Furthermore, these studies have highlighted that the nursing profession's level of remuneration is one of the key factors that affects the individual's attraction to that profession. The nursing profession has a comparatively low income compared to other related health and medical professions, and so this profession is likely to be perceived negatively.

2.4 Summary

The above literature review has shown that there is a lack of intent among the Kuwaiti population to choose nursing as a career, despite the Kuwaitisation program's goal of encouraging more local nurses. The MOH and nursing leaders therefore require more accurate and comprehensive research to understand the decision-making processes of individuals when choosing their careers. This information would support nursing leaders to increase the proportion of Kuwaiti nurses in the healthcare system, as well as supporting the retention of nurses already in the system. Given the current lack of research on the Kuwaiti community's perception of the nursing profession, the current study provides vital evidence to fill this gap.

This literature review focused on examining the available primary research articles on community attitudes towards the nursing profession and identifying underlying issues therein. Numerous factors were identified and assessed, including culture, tradition, religion and family attitudes. However, there remains a lack of literature focused on the issues of community attitudes towards and

perceptions of nurses and the nursing profession. Nonetheless, this literature review discussed the main themes relevant to community attitudes about nurses and among them, including general factors that affect nursing. The main reasons for the negative perceptions of nursing as a profession include the views prominent in several countries that nursing is a feminine occupation, a lack of awareness and knowledge about nurses' roles and the attitude towards male nurses in the healthcare system. Factors influencing community attitudes and perceptions of nursing include parents' views, financial remuneration and the influence of religious values on gendered stereotypes.

This literature review has highlighted that there are important issues related to the negative image of nursing among nurses and communities. These results cover the general state of the current research into how the world perceives nurses and the factors that influence the public image of nursing. This review emphasises the importance of promoting the image of nursing, addressing the nursing shortage in the healthcare context and identifying any possible shortcomings in discussing these main findings. Given the abovementioned importance of increasing nursing numbers, the significant factors affecting the image of nursing and the limited amount of previous research into nursing in Kuwait, there is a clear need for further inquiry in this area. Such research is required to develop a better understanding of community perceptions of nurses in Kuwait, which could aid policymakers in developing comprehensive strategies to promote a positive image of the nursing profession.

CHAPTER 3: Methodology

3.1 Introduction

This chapter presents the rationale for selecting the methodology for this study and a description of the methodology itself. The aims and objectives, and the philosophical paradigm of the study are discussed in depth. The positivist and interpretive approaches were selected as the best processes for answering the research questions posed in this study and thus contribute significant knowledge about the role of nurses and their retention and recruitment in Kuwait. This mixed-method research, which was conducted in two parts, explored and analysed community attitudes towards nursing among year 12 students in their final year of secondary education, parents of these students, nursing students and nurses (RNs, head nurses and assistant nurse directors) and nurses in administrative management in Kuwait. Based on the lack of previously published studies in Kuwait, the researcher concluded that this study was necessary.

Kuwaiti citizens make up only 5% of the nursing workforce in Kuwait. Nevertheless, a review of the literature failed to uncover the Kuwaiti community's attitudes towards, and perceptions of, nursing in Kuwaiti society. The global COVID-19 pandemic has significantly impacted the healthcare industry, including hospitals, healthcare providers, and their demand and supply. Expatriates occupied the majority of Kuwait's healthcare occupations during the pandemic. Therefore, the Kuwaiti government determined that Kuwait should strive to be self-sufficient and maintain an appropriate balance between Kuwaiti nurses and expatriates in the health sector, especially in the event that more expatriates decide to return home in the future. This study was therefore necessary given the multicultural nature of the nursing workforce, the lack of Kuwaiti nationals choosing nursing as a career and the high cost of recruiting nurses for health care in Kuwait. This research aimed to identify and explore the factors that influence year 12 students' decisions not to pursue nursing as a profession in Kuwait and to investigate the association between the public image of nurses and the shortage of Kuwaiti nurses in Kuwait.

3.2 Hypothesis and aim of the research

Career choices for young people can be complex; therefore, this study examined the impact of community perceptions on year 12 students' career-related decision-making while also assessing their awareness of, and knowledge about, the nursing profession. In Kuwait, the nursing profession has suffered from the community's perceptions of nursing, as well as from other sociocultural issues, and these have formed a prominent barrier to the profession and may be perpetuating an unclear public image of nurses. Thus, this study also explored the perceptions of the Kuwaiti community regarding nursing as an occupation. It also sought to identify whether the Kuwaiti community encourages year 12 students, nursing students and Kuwaiti nationals to pursue nursing as a career in Kuwait.

3.2.1 Research questions

This study investigated the following research questions:

- How does the Kuwaiti community perceive the nursing profession in general and Kuwaiti nurses in particular?
- What are year 12 students' perceptions of the nursing profession in Kuwait?
- What factors influence the Kuwaiti community's perception of nurses?
- Does the Kuwaiti community's perception of Kuwaiti nurses impact the retention and attrition rate of Kuwaiti national nurses?

3.2.2 Research objectives

From the research questions, the following research objectives were formulated:

- Identify the factors that influence parent and year 12 students' decisions to pursue or not pursue nursing as a profession in Kuwait.
- Explore the sociocultural factors that influence consideration of nursing as a future career in Kuwait.
- Investigate if there is an association between the public image of nurses, the shortage of Kuwaiti nurses and nursing attrition rates in Kuwait.
- Suggest strategies that can be used to improve the image of nursing within the community.

3.2.3 Research paradigm

The key factors to consider in any research design process are the underlying theoretical and philosophical frameworks (Alroqi, 2017; Green, 2014), because these characteristics can determine how reality is understood and produced. A research philosophy is based on practical concerns, particularly the relationship between how information is gathered and its impact on decisions (Pathirage et al., 2008; Polit & Beck, 2008). As one study pointed out, one researcher's philosophical perspective can differ greatly from that of another researcher (Alroqi, 2017). Consequently, to perform and assess research, it is critical to define the presuppositions of the research and to consider that the researcher's opinions and knowledge about each social phenomenon will impact the study's design (Kumar, 2002; Schneider et al., 2016).

In this research, the epistemological perspective adopted was social constructivism, which was used in this study to understand how individual interactions affect social activities, beliefs and character (Berger & Luckmann, 1991). Social constructivism has established itself as a realistic option for describing how knowledge is generated (Berger & Luckmann, 1991). Burr (2015) states that constructivists gain predictive power by studying the processes of individual social interactions. Accordingly, it could be argued that social constructivism and its related interactions have contributed to the creation of the current image of the nursing profession in Kuwait, because social theory looks at how people interact with a situation, how they form ideas, and the broader composition of their interactions and ideas in society (Burr, 2015). Generally, nurses are responsible for determining the level of care that is acceptable to their patients. That being said, according to certain religious principles and foundations, certain nursing practices may or may not be permissible in Muslim countries such as Kuwait (Azim & Islam, 2018). To elaborate, nurses are expected to adhere to the principles of their religious beliefs when providing care, and they are encouraged to consult with their religious foundations for guidance. Additionally, in some cultures nurses may be expected to provide care that does not contradict their religious beliefs. For example, in the Islamic religion, men are prohibited from touching women other than their wives under any circumstances (Mujallad & Taylor, 2016; Vatandost et al., 2020). Furthermore, the ideology of Islam also determines and establishes the general conduct of its followers, as individuals are expected to believe ideas

together as a society (Heydari et al., 2016; Hussein & Abou Hashish, 2023). Therefore, in a profession such as nursing, where individual beliefs and society's values can conflict, the nursing profession can be a challenging career to choose.

In many Muslim cultures, nursing is considered a low-status or low-priority profession (Alharbi et al., 2019; Almegewly et al., 2023; Glerean et al., 2017; Zamanzadeh et al., 2023). Furthermore, gender bias may discourage male students and their parents from choosing nursing as a profession, as nursing is commonly viewed as a profession dominated by women (Saleh et al., 2020). In a Muslim family, parents play a significant role in guiding the career choices of their children (Tawash & Cowman, 2018). Muslim parents typically place an emphasis on education and encourage their children to pursue careers that are in accordance with their values and beliefs (Huy et al., 2022). As part of the Islamic values of service to others and caring for the sick (Bodrick et al., 2022), some Muslim families may actually encourage their children to pursue careers in nursing. Nevertheless, many families place a higher priority on careers in highly respected fields, such as engineering and law, which are known for their financial rewards and high level of respectability (Shahbal et al., 2022).

The perception of the nursing profession is constructed in Kuwait's community as a result of social interaction. A Muslim nurse's religious beliefs can have a profound effect on how they interact with patients, colleagues and the healthcare system on a variety of levels (Atkinson, 2015). It is possible that Muslim nurses' interactions with patients will be influenced by the Islamic principles of modesty, particularly when the issue of gender is involved. Thus, Muslim patients, especially those with conservative beliefs, may prefer that healthcare providers of the same gender perform certain procedures (Sharifi et al., 2021). Furthermore, nurses and patients from Muslim backgrounds may be concerned about avoiding cross-gender interactions in medicine, such as through dress codes, separation of people of the opposite gender and the avoidance of physical contact, due to their religious beliefs (Serkan & Mahmut, 2020).

Social constructionism can be a subjective factor and influence a community's attitude towards the nursing profession, which can lead to a positive or negative perception of the profession and its practitioners. Consequently, it is crucial that nurses be depicted positively in the media and other sources of public information so that individuals can become more confident and competent through

interactions with others. For instance, nurses could participate in interviews on TV shows and social media, such as Twitter (now known as X), which could alter the current nursing image as nurses could present their positive role in the community. This is just one example of how social interaction can help improve the public's perception of nursing.

The research paradigm is an interpretative framework designed to obtain knowledge and information in research (Andrew & Halcomb, 2009; Creswell, 2002; Crotty, 1998). As a result, the interpretative framework aims to provide an understanding and interpretation of an individual's subjective experiences through interpretive analysis. The experiences associated with social interaction include communication, emotions, and cultural influences. For researchers to gain a deeper understanding of the behaviour of individuals, it is beneficial to examine how people perceive, experience and explain their social interactions. A significant aspect of social interactions involves an individual's perception of their own personalities and those of others, which affects their behaviour and responses in social situations (Galbin, 2014).

3.2.3.1 Ontology

Ontology is a central branch of metaphysics that examines being and existence as a whole. Ontology attempts to explain the nature of reality and the relationship between entities within it (Coleman, 2019). An ontological approach focuses on the nature of reality, a variety of phenomena that occur in this reality, the conditions under which they exist and the relationships between certain elements, such as the community's attitudes, as phenomena (Dillon & Wals, 2006; Michael, 1998). In philosophy, ontology refers to the study of objects as they exist, in all their kinds and structures (Al-Ababneh, 2020). Accordingly, ontology attempts to classify and explain phenomena. It is possible to define ontology as the study of the object of enquiry, or the thing under investigation. Ontology in this current research represents the community's view and the reality of the population's perceptions of the nursing profession, as well as the community's attitudes towards nurses in the health setting.

Ontology plays an important role in identifying and examining community perceptions of the nursing profession in the context of research. By applying ontology to research, individuals in the community can explore the fundamental nature of nursing and the relationships between nurses, patients and

the community. It was essential that ontology be used for this study, as it is a method of gaining insight into the perceptions individuals and the community have of nursing (Al-Ababneh, 2020). As a researcher, it was crucial to use ontology to construct strategies for addressing any negative or positive perceptions of the nursing profession that were found to exist in Kuwait, as well as to understand the nature and characteristics of the concepts and categories used by respondents to describe and evaluate nurses.

The ontology of nursing in Muslim culture is influenced by Islamic beliefs. The daily lives of Muslims are influenced by these Islamic concepts, such as the way Muslim patients approach health care (Firdaus et al., 2020). A social interactionist ontology approach, which emphasises the importance of social interactions and the meanings that individuals attach to those interactions, is useful in answering certain research questions. Social interactionism recognises that individuals interpret and give meaning to their experiences in accordance with their cultural backgrounds and social contexts. Researchers can gain a better understanding of how individuals construct their ideas and experiences of the nursing profession through social interactionism, and how their cultural beliefs and practices influence their medical decisions (Burr, 2015; Galbin, 2014).

3.2.3.2 Epistemology

Epistemology is the science, theory and explanation of knowing, which leads to an exploration of how we make knowledge (Berger & Luckmann, 1966; Polit & Beck, 2008). Studies of the image the community has of Kuwaiti nurses should explore the association between the Kuwaiti community's attitudes and the shortage of Kuwaiti nurses. It was thus critical to use ontological and epistemological theories to support the research design and methodology for understanding the Kuwaiti community's perceptions of nursing as a profession and Kuwaiti nurses, as well as the reasons behind these perceptions.

Epistemology relates to the need for a connection to exist between the individual with knowledge, the thing or object that is considered a source of knowledge, and the researcher as a source of this knowledge. Epistemology was essential to this particular research process, since it enabled the researcher to gain an understanding of the nature and origin of community knowledge. Generally,

epistemology plays a vital role in nursing research, since it can assist in obtaining insight from the community regarding the nurse's viewpoint (Al-Ababneh, 2020). It can equip nursing researchers with the ability to meet the epistemological imperative of giving voice to underrepresented knowledge, fulfil the social duties of uncovering existing inequities and address the social aspects of community perceptions of the nursing profession (Kamal, 2019).

Nursing research can be strengthened by strong epistemological and ontological links, which can provide a deeper and more structured approach to the research process, ultimately strengthening the nursing research base and knowledge production (Coleman, 2019). The importance of personal experiences and anecdotal evidence may vary from person to person, as does the importance of scientific research and expert opinion. To gain an understanding of the factors that influence community attitudes towards nursing, researchers may use epistemology to investigate the role that cultural and social factors play in influencing community attitudes towards nursing. A researcher should also strive to obtain insight into how people's perceptions of nursing are influenced by the ways in which different cultures and social groups acquire and validate knowledge (Tawash & Cowman, 2018). Generally, nursing is viewed differently by the Muslim public due to cultural factors, such as gender norms, that may still influence how the public views nursing in a Muslim culture, as it is generally believed that male doctors and female nurses exemplify the ideal characteristics of health workers (Masood, 2019; Shahbal et al., 2022).

3.2.4 Positivism, interpretivism and pragmatism

Positivism, interpretivism and pragmatism are the three most frequent paradigms used in most research (Polit & Beck, 2017; Rahman, 2020). Positivist and interpretive approaches were employed in this study because positivist research helps quantify relationships between variables, while interpretive research allows researchers to explore patients' and families' subjective experiences, thereby providing a valuable understanding of their perspectives and experiences.

3.2.4.1 Positivism

Positivism sees reality as external and objective. Positivist research, which is closely related to quantitative research, is concerned with identifying, estimating and quantifying the relationship

between the variables involved in a particular study (Schneider et al., 2016). Through this paradigm, researchers look at facts and collect information using statistical probability and other quantitative approaches (Crotty, 1998; Pathirage et al., 2008; Rahman, 2020). One rationale for using positivist research is to ensure the research is objective and to generalise findings from a sample to a broader population. In this case, research using a positivist approach allowed for the minimisation of biases and provided a more comprehensive understanding of community attitudes towards nursing by presenting data that could be generalised to a broader community.

A positivist approach also allows researchers to make comparisons between their findings and those of other researchers in the existing literature. In this study, the researcher contributed to a deeper understanding of Kuwaiti community perceptions of the nursing profession by using positivistic approaches and measurements in the research to facilitate comparisons between different studies. The researcher was able to establish and identify the views of year 12 students and their parents regarding the nursing profession through the use of quantitative data collection, since the community's perception of the nursing profession was not previously known. In addition, the researcher utilised the quantitative findings to establish interview questions for Part 2 of the study, which allowed for a deeper understanding of the communities' perceptions of nursing to be obtained through qualitative research.

3.2.4.2 Interpretivism

The interpretive paradigm, which looks at society, focuses on socially created and constructed personal experiences. The qualitative approach is used in this paradigm to produce information through theoretical concepts (Creswell, 2002; Polit & Beck, 2017). This research employed an interpretive paradigm due to its emphasis on the importance of understanding the social, cultural, and historical contexts in which attitudes and perceptions are formed and constructed. By taking this approach, the researcher was able to recognise how cultural norms, social interactions and historical circumstances influence community attitudes towards nursing in the Kuwaiti context.

The interpretive paradigm was useful in this case for understanding the subjective experiences, social factors and diverse perspectives that shape community perceptions of nursing. In addition to

emphasising multiple perspectives, the interpretive approach provides rich and context-specific information that can advance practice and policy decisions. Through the interpretive paradigm, the researcher was able to understand how certain factors affect community perception. In this case, the researcher was able to focus on exploring the meanings and interpretations that individuals or communities assigned to their experiences to gain a deeper understanding of those views. By examining the experiences and perspectives of the participants, the researcher was able to gain a deeper understanding of how nursing practice and policy might be affected and improved.

3.2.4.3 Pragmatism

Pragmatism has been developed by various scholars and philosophers throughout history, including Charles Sanders Peirce, William James, and John Dewey (Kuklick, 2017). Pragmatism is the philosophical foundation that underpins mixed-methods approaches research (Kelly & Cordeiro, 2020). It is based on the idea that various perspectives can be taken towards a research subject, and that qualitative and quantitative methods may both be applicable to a single study. According to Johnson and Onwuegbuzie (2004), pragmatic approaches should lean towards values and principles that are universal in nature. According to pragmatism, the truth or worth of a statement, such as all reality has a material foundation or qualitative research is preferable for unearthing psychosocial research findings, may be determined through its credibility or utility in the world (Creswell & Plano Clark, 2007). As a result, pragmatism can provide researchers with insights into the ways in which various approaches to research can be combined to achieve more successful results (Hoshmand, 2003). Therefore, a pragmatist approach overcomes the limitations imposed by the dichotomy between post-positivism and constructivism by allowing the researcher to choose a variety of methods without undue restrictions. This study was suitable for a pragmatic approach due to the use of both quantitative and qualitative phases to answer the research questions.

3.3 Overview of mixed methods

Mixed-method research refers to the process of combining or merging qualitative and quantitative data into a single research project to gain a deeper understanding than could have been provided by using one method alone (Fàbregues et al., 2021; Hafsa, 2019; Ivankova & Wingo, 2018). Historically, mixed-methods research has undergone a significant number of developments.

Campbell and Fiske, back in the 1950s, developed the first approach that incorporated mixed methods. Specifically, Campbell and Fiske invented a method of research analysis called triangulation, which is used to improve the validity of research findings by combining quantitative and qualitative techniques (Roomaney & Coetzee, 2018). Tashakkori and Teddlie (2021) also made a significant contribution to the field of mixed-methods research. According to Doyle et al. (2016), between the 1970s and the 1990s there was conflict between the constructivist and positivist paradigms based on differences in philosophical assumptions. Research using mixed methods thus evolved into a third major research paradigm and has since become a major part of scientific research.

There is a growing acceptance of mixed methods as a pragmatic research approach in a variety of disciplines today (Ivankova & Wingo, 2018). Such an approach integrates and analyses qualitative and quantitative data to provide a greater in-depth understanding of the research questions (Creswell & Clark, 2017). It is the mixing of qualitative and quantitative methods that provides a flexible framework for research approaches that are more balanced (Millard-Ball & Kim, 2020; Shorten & Smith, 2017). Traditionally, research has been divided into two distinct paradigms – quantitative and qualitative – that influence how the researcher collects, analyses and interprets the data (Kaur, 2016; Timans et al., 2019).

Although mixed-methods research is a promising approach, it has been subject to a number of criticisms (Fàbregues et al., 2021). Designing and conducting a study of this nature can be a complex undertaking that requires a high level of expertise and financial resources (Doyle et al., 2016). Additionally, it can be challenging to integrate post-positive and interpretive paradigms and implement the integration process for validity and reliability assurance, which is time-consuming (Roomaney & Coetzee, 2018).

At this point of the thesis, it is necessary to explain the mixed-methods approach in a manner that aligns with the study's objectives, which will also provide additional clarity about the research design. The use of mixed methods was useful for both answering the research questions and examining the breadth and depth of the research topic. Studies using quantitative methods can examine a phenomenon from a broad perspective, whereas qualitative studies may examine the phenomenon

from a more in-depth perspective with respect to the experiences and perspectives of individual participants. The mixed-methods approach requires a longer timeframe to complete, since it necessitates a large amount of information gathering and interpretation. The mixed-method sequential explanatory design was found to be a suitable approach for understanding the community's attitudes towards, and conceptions of, nursing as an occupation in Kuwait, as it allowed the researcher to assess the awareness and knowledge of the community. The benefits of using a mixed-methods design strengthen the findings of this research. Table 3.1: Advantages and limitations of mixed-methods research outlines the advantages and limitations of utilising a mixed-methods approach.

Table 3.1: Advantages and limitations of mixed-methods research

Advantage	Limitation
Ensures that quantitative and qualitative research strengths are balanced by each other to overcome weaknesses.	The scope of one's work may extend beyond that of the standard method, or it may be unrecognised by the profession in which one works.
Increases the depth and quality of the research.	Despite the complexity of mixed-methods research, the research question may not require the use of multiple methods to be answered.
A procedure for collecting the other type of data is developed based on the results of one type of data collection.	The researcher may find it difficult to conduct both qualitative and quantitative research simultaneously due to a lack of skills.
Data are compared from both types of research to analyse how the phenomenon was observed in different ways but with similar findings.	Multi-member teams may be required to perform this research as it requires a wide range of expertise.
The researcher can qualitatively and quantitatively develop a model and test it in order to determine its effectiveness, and vice versa.	This process of mixed-methods research is more time-consuming, costly and requires more resources.
Results may be more generalisable if this method is used.	There can be challenges associated with publishing mixed-methods research.

Source: Creswell and Clark (2017), Sadan (2014)

This study used a quantitative approach in Part 1 and a qualitative approach in Part 2 with a descriptive element in the quantitative approach as well as a social constructionist qualitative methodological paradigm to include the reasons behind community opinions of the nursing

profession within the scope of the investigation. In other words, this research implemented a mixed-methods sequential explanatory design. The sequencing of data in mixed-methods studies indicates the order of the study's data collection and analysis (Creswell & Plano Clark, 2006; Schneider et al., 2016). The analysis of the quantitative data is presented as Part 1, while the analysis of the qualitative data comprises Part 2, and both quantitative and qualitative findings are then combined to generate a comprehensive conclusion to the research.

Some limitations of the quantitative analysis approach include that the focus is on numerical data, which are incapable of capturing human subjective experiences (Taherdoost, 2022). Furthermore, quantitative methods often draw conclusions from statistical significance, which is not necessarily a reliable measure of actual significance and can therefore be misleading (Quick & Hall, 2015; Rahman, 2020).

Qualitative methods are also limited. First, a qualitative study may be influenced by the researcher's values and beliefs, which could affect the interpretation of the data (Taherdoost, 2022). Furthermore, the sample size is often limited and may not be representative of a larger population. Finally, qualitative approaches may be challenging to replicate since the researcher is the one who interprets the data (Aspers & Corte, 2019; Mwita, 2022; Rahman, 2020).

To establish a comprehensive understanding of this study's topic, the researcher applied a mixed-method sequential explanatory design. In the sequential explanatory design of this study, Part 1 used a quantitative approach to examine how year 12 secondary school students and their parents perceived nursing. Part 2 then employed a qualitative approach to measure the perceptions of year 12 students, their parents, nursing students and nurses towards the nursing profession. The order of identifying key features of the mixed-methods design must be considered by the researcher, particularly the priority given to quantitative and qualitative data collection and the integration of the findings (Almeida, 2018; Andrew & Halcomb, 2009). Priority refers to the importance attributed to the quantitative and qualitative aspects of research in a mixed-methods approach. The priority of each component may be considered to be applied equally, or there may be a bias towards either one. The qualitative method was given more importance and weight in this study because of the fact

that it is a personal perspective on nursing as a profession and show the individual's experiences towards nurses, as well as its personal observations. Therefore, the qualitative research required an extra amount of preparation, performance and data processing (Andrew & Halcomb, 2009). Furthermore, all techniques added substantially to the study results. In the present study, priority was given to the qualitative approach because it provides a deeper understanding of the data; it also facilitates the understanding of subjective experiences and points of view, which is critical for understanding human behaviour.

The mixed-methods approach adopted a sequence whereby the quantitative information was gathered and analysed first (Part 1), and then the qualitative data were gathered and analysed. (Part 2). This sequence of data collection was selected because Part 1 provided sufficient information and foundational knowledge to evaluate Kuwaiti perceptions of nursing and the factors that influence them for Part 2. It was necessary to contextualise and organise the interview questions based on the responses to the questionnaire used in Part 1. Interviews with participants could provide further insight into the correlation, for instance, as a method of explaining it. The researcher selected Part 1 to be followed by Part 2 because this allowed for the strengths of both the quantitative and qualitative information to be effectively harnessed (Halcomb & Hickman, 2015). The quantitative information provided general statistical results in numerical form, whereas the qualitative information introduced individual experiences and personal expressions. Qualitative interviews, in the form of semi-structured interviews, improved the understanding of the quantitative statistical correlations and statistical results by establishing the settings and facts (Creswell & Clark, 2017). Moreover, integrating quantitative and qualitative approaches assisted in the development of complete research findings and increased the possibility of addressing the research questions. In the research, a description of the research methodology and a timeline for the study are provided (see Appendix-V).

In summary, the goal of using mixed-methods research was to provide a more comprehensive explanation of the phenomenon that would not have been possible if only one methodology had

been used. Overall, the mixed-methods approach was useful in developing a deeper understanding of the view of the nursing profession in the Kuwaiti community. However, because this research was based in Kuwait, insights from the research will be very useful to other Muslim countries that are also struggling to recruit nurses into their healthcare systems.

3.4 Social theories

Social theories, such as social constructionism, explain the events and behaviours that are specific to a society (Galbin, 2014; Parry, 2012). Social constructionism was used in this study to unpack how a society and the individuals within it assessed the nurse's role in the community and to determine the factors influencing student decision-making regarding their participation in the nursing profession. Therefore, a questionnaire was developed to collect data regarding the ideas that promote a particular image of nursing. The questionnaire targeted the beliefs of the participants about the role of the nurse and the desirability of nursing as a career. As stated earlier, it is believed that religion, along with cultural values and beliefs, can affect a community's perception of the nursing profession and its role in health care. A nurse's work may be viewed as a service to others in certain cultures. Additionally, there is evidence that religion plays a role in influencing the attitudes of the community towards nurses' roles in the healthcare system. Social constructionism can be applied to examine how religion shapes community perceptions of the nursing profession (Kelly & Symonds, 2017). Religion can also explain the way nurses interact with their patients and how they view health care in general. Religion can lead to more culturally sensitive care and a greater understanding of the patient's needs. Furthermore, healthcare policies can be shaped by religious beliefs, creating an environment of acceptance and understanding. To achieve a more accurate and comprehensive understanding of the nursing profession, it is necessary to recognise and challenge these social constructions. Accordingly, recent years have seen efforts to improve the image of nursing to one that reflects the true nature of nursing and its contribution to society; nevertheless, perceptions are continually changing over time (Al-Khunizi et al., 2021; Cirik et al., 2022; Elmorshedy et al., 2020; Ibrahim et al., 2015; Ndirangu et al., 2021).

A theory of social constructionism examines how individuals interact with one another to form knowledge and how that knowledge shapes social behaviour and ideas (Berger & Luckmann, 1991;

Galbin, 2014). Social constructionism can be used to examine how a group of people behave within an organisation and how such interactions can serve as obstacles or enablers of behaviour. Social constructionism is based on the theory that information is collectively created and developed separately by each person in society. Social constructionist theory was well-suited to the present study because it explores knowledge gained through participation and emphasises the value of engagement and experience (Andrews, 2012; Kruglanski & Higgins, 2016; Parry, 2012). A social constructionist approach assisted in the investigation of the interactional context and community perceptions in Kuwaiti society concerning the choice of nursing as a potential career by facilitating a comprehensive understanding of the cultural factors that affect career choice. Furthermore, in Part 2 of the study social constructionism offered a logical framework for evaluating the individual influences that impact the image of nursing. In this case, it was imperative to use a theoretical approach that considers how personal values, beliefs and roles are shaped due to encounters within the larger social context (Galbin, 2014).

Broadly speaking, social constructionism was a sufficient framework for understanding the reasons behind individual behaviours in the nursing profession and assessing the knowledge of year 12 students and their parents. Recognising that knowledge is co-constructed through social interaction and emphasising its dynamic nature, the researcher was able to examine the role of social and cultural factors in shaping knowledge. Based on their own individual experiences and cultural backgrounds, students and parents may have different perspectives on nursing. To learn from year 12 students, their parents, nursing students, RNs, head nurses, assistant nurse directors and nurse directors in general hospitals in Kuwait, this researcher used a validated questionnaire to explore the opinions of students and parents towards nurses. The interview explored the sociocultural factors that construct the community view towards the nursing profession.

3.4.1 Theoretical framework

Social constructionism can be used as a framework to understand the reasons behind individual behaviours within a society, community, or, in this case, the nursing profession. The theory explains how certain events and behaviours have specific significance for individual discussion towards a phenomenon (Galbin, 2014; Parry, 2012). The aim of the present study was primarily to assess the

knowledge of year 12 students and their parents as a measure of the public community's support for, or intent to, study nursing, the image of nurses and society's perception of nurses more generally, and family influences on the clarity of these conceptions in the community. A validated questionnaire for year 12 students and their parents was used for Part 1 of the study.

Social constructionist thinking emphasises the role of power in relationships and its effects on individuals, as these relationships can influence their behaviour (Burr, 2015). In the present study, the relationship between a negative nursing image and the community's perception was likely to have contributed to a reduction in the number of year 12 students who planned to study nursing. By applying social constructionism, it was possible to gain a deeper understanding of how the community perceives the nursing profession. It is also worth noting that perceptions of what constitutes a community point of view are socially constructed. Social constructionist theory was used to assess the nurse's role in the community and determine the factors influencing student decision-making. A survey designed to measure and identify factors that influence the community's perception of nursing was therefore conducted. The use of a questionnaire contributed to informing the researcher about how ideas about nursing were formed.

3.4.2 Social constructionist theory in context

Initially, to understand the role of cultural background, workplace culture, hierarchy, power and barriers to the nursing image in the Kuwaiti community, the researcher used a validated questionnaire. Social constructions theory assigns meaning to particular events and behaviours (Parry 2012). Therefore, the social construction theory was employed in this study to determine the role of factors influencing the decision to study nursing on the part of year 12 students and their parents, and the obstacles they face when deciding whether or not to study nursing. By answering a questionnaire and conducting interviews with comments, the researcher can gain insight into how parents encourage their children to pursue nursing education. This identifies the participants social constructions of the role of nursing in Kuwait.

According to Parry (p40, 2012), "Society's institutions (work hours, hospitals) are constructed in a way that reinforces the dominant group's needs. The culture and the hospital environment play an

integral role in shaping the role and the ability of parents to encourage their children to study nursing. The behaviour and response of these individuals may influence their decision to enter the nursing profession; these behaviours are a result of their social place and have thus been socially constructed (Parry 2012).

In the context of the present study, the relationship between community perceptions and the image held by members of the public of nursing was likely to have contributed to a decrease in the number of year 12 students willing to take up nursing as a future occupation. A shortage of Kuwaiti nurses in the workforce may therefore arise in the future due to unfavourable community perceptions of nurses in Kuwait. Promoting a positive image of nursing is essential to enhancing the image of the nursing profession in the Kuwaiti community. Because promoting a positive image of nursing establishes a positive attitude, year 12 students could be encouraged to pursue nursing as a profession. Gender and one's sociocultural background can also be considered significant factors that influence individual perceptions of nurses in a community (Al-Kandari & Lew, 2005; Mahran & Al-Nagshabandi, 2012; Tawash & Cowman, 2018). This is because gender stereotypes may lead people to perceive nursing as a profession dominated by women, which may negatively affect the perception of nurses' competence and authority among the general public (Azadi et al., 2017). Furthermore, a person's perception of nursing may be based on sociocultural factors, such as ethnicity, religion or social class, which may have a significant impact on how a person perceives nursing (Öncü et al., 2022). These gender, social, cultural and religious principles, formed through social constructionist theory, aided in the analysis and interpretation of community perceptions of nursing in Kuwait among students and their parents. Examining the Kuwaiti community's knowledge of nurses and nursing and the factors that impact the image of nursing can lead to the development of a strategy to create a more positive image of nursing, which would then encourage Kuwaiti students to choose nursing as a career.

3.5 Methodological approach

Part 1 of this study established the factors that influence community perception, while Part 2 clarified and explained those factors. The sequencing of data in mixed-methods studies indicates the order of the study's data collection and analysis of its sequential explanatory design (Creswell & Plano

Clark, 2006; Schneider et al., 2016). Accordingly, this study involved sequential data collection and analysis using both quantitative and qualitative methods, with a focus on identifying patterns within the data. Table 3.2 explains the different types of sequential mixed-method design.

Table 3.2: Four types of sequential mixed-method design

Sequential Exploratory Design	**Sequential Explanatory Design**
In this design, the researcher gains a deeper understanding of the research question. Qualitative data are collected and analysed first, which is then followed by quantitative data collection and analysis.	In this design, quantitative data are collected and analysed first, followed by qualitative data, to provide further explanations or clarifications of the quantitative findings.
Sequential Transformative Design	**Concurrent Triangulation Design**
Using this approach, both quantitative and qualitative data are collected and analysed in parallel to achieve the research objective. Additionally, the phenomenon is described in a comprehensive method.	By using this design, both quantitative and qualitative data are gathered and analysed in parallel for the purpose of comparing and contrasting results. Through this process, the research objective is further developed, and the research question is made more comprehensive.

Source: (Othman et al., 2020; Shan, 2022)

The rationale for selecting a sequential explanatory design was based on the researcher's primary motivation to collect data from parents and students through the use of a questionnaire, followed by interviews with nursing students and nurses. Both phases contributed to answering the research questions.

Students from high schools were selected for this study to evaluate their knowledge and attitudes towards the nursing profession and to determine whether they intended to pursue nursing in the future. Data were gathered by using a questionnaire that was provided online or in hardcopy. Quantitative approaches translate the study findings into numbers (Polit & Beck, 2017). Thus, the data were investigated using a scientific and empirical approach, statistical tools and correlational analysis (Schneider et al., 2016). Moreover, the quantitative design contributed to examining the associations between the demographic data of the respondents and the factors that impacted the community's attitude, such as gender, students' views of the nursing profession and willingness to join nursing as a future profession. A self-report survey is a valuable tool for collecting data because

of its low cost, participant convenience and privacy. The researcher in this study used quantitative methods to involve a wide range of participants at a low cost while providing participants with a high level of convenience. Quantitative data collection methods also provide anonymity, which is a crucial aspect of data collection, because participants are not identified or judged as a result of their responses; accordingly, participants can be more honest and open. Additionally, the questionnaire allowed for an initial exploration of the research topic on which no previous research had been conducted (Polit & Beck, 2017). Therefore, it was more appropriate to use questionnaires in this situation (Schneider et al., 2016; Polit & Beck, 2017). It was also advantageous for the researcher to use quantitative methods to analyse data so that certain variables could be identified, and the relationships between them could be assessed.

3.6 Research design

The link between the Kuwaiti nursing profession and community perceptions of the image of nursing in Kuwait was investigated using an explanatory sequential mixed-methods methodology. The researcher first conducted quantitative research, analysed the results, and then built on the results to explain them in greater depth with subjective studies. This is considered a useful approach because subjective data can further explain the underpinning quantitative data. The basic statistical step is followed by the subjective step; therefore, it is seen as sequential.

The first purpose of this study was to understand the barriers that had prevented so many Kuwaiti nationals from entering the nursing workforce. The fundamental motivation for this study came from the rapid changes experienced within the Kuwaiti nursing workforce, especially the unusually low number of Kuwaiti nationals in the nursing workforce and the low recruitment numbers of year 12 students in this context. The study was designed to understand why year 12 students are not planning to join the nursing workforce in any substantial number in Kuwait. It was also important to investigate the parents' perspectives on the nursing profession and the factors that influenced their decisions to encourage, or discourage, students to join the profession. With the lack of current research related to the Kuwaiti national nursing shortage, the study findings were descriptive, and it was expected that they would provide an overview of the Kuwaiti community's perceptions of and attitudes towards the nursing profession.

The second step was to use an interpretive-qualitative design to examine the workplace experiences of Kuwaiti national nurses. Both quantitative and qualitative methods were used in this study in relation to nurse shortages, the details of the community's perceptions and the factors that influenced these perceptions. Qualitative approaches helped clarify complicated themes and relationships in relation to choosing nursing as an occupation that were not captured by predetermined response categories or quantitative measures.

3.7 Summary

This chapter presented the methodology and rationale for the use of a mixed-method approach to conduct this study. A detailed explanation of the research design and its justification was provided, followed by an outline of the study's objectives, philosophy and design. This chapter presented a detailed discussion regarding the mixed-methods research design, including the reasons for its use. The chronological phases of quantitative and qualitative mixed-methods in this study were also explained.

CHAPTER 4: Part 1, Quantitative Study – Methods

4.1 Introduction

This chapter presents an in-depth discussion of the research, data collection and data analysis methods for Part 1 of the study. An overview of the quantitative method used in this study is provided, along with a description of how the participants' views regarding the nursing profession were collected.

The types of data gathered included the opinions and perceptions of participants, which were obtained using both hardcopy and online survey questionnaires. This approach is important as it provides in-depth data explaining the participants' perceptions of the phenomena under investigation (Creswell & Plano Clark, 2011). It is believed that the use of both hardcopy and online questionnaires to gather data for COVID-19 could increase the number of participants and that the researcher's access to school-completed questionnaires was limited during COVID-19. This allowed for a flexibility of delivery not provided by one type of questionnaire format. The methods of questionnaire delivery also allowed for differing levels of technology acumen and ability. The use of the questionnaire first also allowed the questionnaire to be used as a recruitment tool for the interviews that followed. The data collected aimed to explore and address perceptions and opinions of the nursing profession in the Kuwaiti community and nursing as a future career. The study used descriptive and inferential statistics to explore the quantitative findings, since it captured a range of information that can be generalised to a wider population (Schneider et al., 2016; Queirós et al., 2017).

Part 1 of this study used quantitative methods in the form of hardcopy questionnaires and online surveys of year 12 students aged 17 and 18 years across five secondary schools and their parents. All students in year 12 and their parents at these five schools were invited to participate to assess their attitudes towards, and perspectives on, the nursing profession in Kuwait.

4.2 Quantitative research method

It was imperative to conduct a survey as Part 1 of the mixed-method approach since this enabled the development of a general understanding of Kuwaitis' perceptions of the nursing as a profession. This study was conducted in five secondary schools. Females and males in year 12 at these secondary schools were invited to participate. In addition, the parents of these students were invited to participate to assess their perspectives on the nursing profession in Kuwait. The data for the quantitative phase was collected between March and till the end May 2022.

Furthermore, the study used descriptive and inferential statistical approaches to investigate data using a scientific and empirical approach, statistical tools, *t*-tests, independent sample ANOVA and correlational analysis (Schneider et al., 2016). Moreover, the quantitative design contributed to the examination of the association between the demographic data of year 12 students, their parents, and their relationships with factors such as gender, the media and other variables that impact the community's attitudes towards the nursing profession and Kuwaiti nurses.

The quantitative data were obtained via a self-administered questionnaire that focused on the factors that influence Kuwaiti students' decisions to study nursing or join the nursing profession. The questionnaire also included the parents of year 12 students. The reliability and validity of the questionnaires were assessed by the researcher before conducting the study as discussed in Section 4.2.5. The questionnaire data were further analysed using descriptive and inferential analysis. Additionally, the findings from this quantitative data justified the need for Part 2 of the study and provided an opportunity for the year 12 students and their parents to volunteer for an interview. This ensured the interviewees already had some understanding of the area under discussion from the survey questions and thus provided the researcher with a deeper understanding of their views on nursing.

Structured questionnaires are widely used for collecting data in quantitative research. Surveys allow for data collection directly from participants and can capture a wide range of information that can be generalised to different societies (Queirós et al., 2017). This study adopted the same instrument as a prior study on Saudi Arabian nursing that examined the Saudi community's attitudes towards the

nursing profession (Mahran & Al-Nagshabandi, 2012). A correlational approach was used to explore the relationship between the demographics of year 12 students and their parents' opinions that impact the community's perceptions towards the nursing profession in Kuwaiti society.

The questionnaire used in the study is a scale tool developed and validated by Mahran and Al-Nagshabandi (2012) (see Appendix B for permission to use it) that has also been used in another study by Alroqi (2017). This questionnaire was chosen in order to identify factors that influence year 12 students and their parents' opinions about the nursing profession in Kuwait. Moreover, it aims to provide deeper insight into the perception of the nursing profession in Kuwait from the standpoint of parents and students. The structured questionnaire is divided into three main parts: 1) demographic data 2) the trend towards the profession of nursing and perceptions regarding the nursing profession and 3) suggestions for improving the nursing profession in Kuwait (Mahran & Al-Nagshabandi, 2012).

4.2.1 Selection of the questionnaire

The questionnaire for this study was adopted from a previous study conducted in Saudi Arabia. Two versions of the selected questionnaire were modified for this study, one for students and the other for parents. Both questionnaires had a cover letter attached to provide an information package for the participants.

The first section of the questionnaire was designed to ask about the demographic characteristics of the participants, such as their age and gender, their income level and the number of family members. The second section examined attitudes that influence the perception of nursing among parents and students in regard to the nursing profession. Twenty-four questions related to parents' and students' opinions regarding nursing. The third section focused on identifying the impact of turnover on the nursing profession and asked 10 questions about how turnover affects the nursing profession and its effectiveness. The final part of the questionnaire posed an open-ended question about ways to improve the nursing profession's image in Kuwait so that it attracts more people to nursing.

The initial questionnaire items were assessed and reworded to be suitable for the Kuwaiti context. Another reason for the rewording was to provide simplified questions for the participants. Simplifying

the questions may have contributed to increasing the response rate among the students. The final questionnaires for the year 12 students and their parents were formulated and administrated in the Arabic language. The final question asked whether the participants were interested in volunteering for an interview to provide more information after the questionnaires were submitted (see Appendix C, Appendix D, Appendix E and Appendix F for the student and parent questionnaires in English and Arabic.)

4.2.2 The year 12 student questionnaire

The student questionnaire contains 39 items. Six personal questions were selected to collect the demographic information of students during data collection – age, gender, family members working as nurses, friends or relatives working in nursing, family income and number of family members. These demographic characteristics were selected in order to investigate whether these might influence a person's decision to enter nursing. Another set of characteristics measured by the questionnaire focused on the trend towards the profession of nursing in Kuwaiti society. These factors were explored to determine the impact they had on the student's decision to choose the nursing profession and their parent's intent to allow their sons and daughters to study nursing after graduation. The questionnaire also examined the impact of work-related barriers on parents' and students' decision to become a nurse after graduating.

The 39 questions were presented in multiple-choice form (strongly agree, agree, I don't know, disagree, strongly disagree). First, the questions asked about points of view towards the nursing profession. Furthermore, the intention to study nursing was examined. Second, the questionnaire sought to evaluate the Kuwaiti community's perception of the nursing profession and highlight the factors that influence students' decisions to join the nursing profession. Finally, the last questions looked at the obstacles that were considered reasons to stop students from joining nursing. One open-ended question was introduced at the end of the questionnaire that sought recommendations to improve the image of nursing from the year 12 students' points of view and to assess their awareness of the nursing profession. An invitation for the participants to volunteer for an interview was provided as the last question This interview would enable the student to provide further

information on the role of nurses in Kuwait and their enthusiasm or reluctance to either participate in nursing or encourage their friends to follow this career pathway.

4.2.3 The parent questionnaire

The parent questionnaire contains 36 items. Nine personal questions were selected to collect the demographic information of parents during data collection – age, gender, marital status, number of family members, qualifications, occupation, family members working as nurses, friends or relatives working in nursing and family income. These demographic characteristics were selected to investigate whether age or gender might influence a parent's decision to recommend nursing. In addition, the presence of a family member or friend who was already employed in this field could influence the parent's decision to recommend the profession. Another set of questions focused on the trend towards the profession of nursing to determine the impact they had on parents' intent to allow their sons and daughters to study nursing after graduation.

An invitation for the participants to volunteer for an interview was provided as the last question. This interview would enable parents to provide further information on the role of nurses in Kuwait and their enthusiasm or reluctance to encourage their children and others to follow this career pathway.

4.2.3.1 Validation and translation of the instrument

The questionnaire was translated into Arabic to increase the number of participants who responded. The researcher did not want to collect data using an English questionnaire because the native language of Kuwait is Arabic. Furthermore, following an initial meeting with the MOH nursing research department in relation to obtaining ethical permission, it was highly recommended that the questionnaire be translated into Arabic to improve the response rate and better understand the results from the students and their parents. The researcher translated the English version of the questionnaire into Arabic. The Arabic version of the survey was double-checked and validated before the pilot test study by an academic Arabic-native professional with a PhD in nursing not involved in this study to evaluate the reliability and validity of the translated document (Appendix G).

4.2.3.2 Pilot tested and retested – survey

The pilot study aimed to evaluate how effectively the study tools worked and whether any changes needed to be made. The online questionnaire was tested on a small group to check whether the questions were effective. A pilot test was conducted on 10 students and 12 of their parents to receive information on the survey's convenience, acceptance and understandability. Feedback from the online questionnaire was used to make minor changes to the questionnaire in consultation with the researcher's supervisors. There are four main items in the questionnaire (demographics, the trend towards the profession of nursing, perceptions of the nursing profession and discussion: What are your suggestions for improving the nursing profession in Kuwait?). The pilot study results determined whether any significant changes were required in the final questionnaire. The time required for the pilot study volunteers to finish the questionnaire was estimated to be about 10–15 minutes. The pilot study was treated as a separate study and was not analysed as part of the main study.

4.2.4 Sampling method and sample selection

There are 50,000 Kuwaiti national year 12 students in public secondary schools in Kuwait. There are five educational regions in the State of Kuwait. The Al-Asimah education district contains 17 male schools and 17 female schools, which hold 12,123 students in year 12 (Central Statistical Bureau, 2018). Five schools with year 12 students were chosen for this study: Yacoub Al-Ghunaim High School (boys) has 190 students, Fatema Bent Alwaleed School (girls) has 183 students, Al Doha High School (girls) has 100 students, Ahmad Shihab Aldin High School (boys) has 100 students, and Sulaiman Abughosh High School (boys) is a school with a capacity of 100 students. The estimated sample size of returned questionnaires was 248 out of this total (Guadagnoli & Velicer, 1988; Kotrlik & Higgins, 2001; Whitley & Ball, 2002). The researcher had no influence over the MOE regarding school selection for data collection, and limited access to all students due to the health restriction that were impose at the time of the study. It was also not possible for the researcher to know the parents of each student because all questionnaires were anonymous both on paper and online.

The inclusion and exclusion criteria as detailed in Table 4.1 enabled the researcher to select suitable participants for this study.

Table 4.1: Inclusion and exclusion criteria for this study

Student	
Inclusion criteria	**Exclusion criteria**
Kuwaiti national and citizen Aged between 17 and 20 years Enrolled in a public school Enrolled in year 12 Girls in year 12 Boys in year 12 Can read and write in Arabic	Enrolled in a private school Aged 16 years and below Cannot read and write in Arabic
Parent	
Inclusion criteria	**Exclusion criteria**
Kuwaiti national and citizen. Can read and write in Arabic	Cannot read and write in Arabic

4.2.5 Reliability and validity of the questionnaire

Cronbach's alpha was used in this study to determine the internal consistency or reliability of measurements and items relative to each other. The measure provides an estimate of the reliability of a questionnaire's responses (Bujang et al., 2018). The questionnaire's reliability and validity has been assessed and validated in various previous studies (Alroqi, 2017; Mahran and Al-Nagshabandi, 2012).

The item on a test or questionnaire is evaluated to determine whether it measures the same construct or concept as other items on the test. For the evaluation of the reliability of tests and questionnaires in education and psychology, Cronbach's alpha is commonly used. A similar method can also be used to evaluate the reliability of surveys and other measurement instruments in other fields, such as market research and quality management (Bonett & Wright, 2015). To estimate the test's reliability, Cronbach's alpha is calculated by taking the average of the correlations between each pair of items on the test. The coefficient can range from 0 to 1, with higher values indicating greater reliability. Most researchers accept a minimum value of 0.7 for Cronbach's alpha, although some may demand a higher value depending on the study type (Hajjar, 2018).

For the student questionnaire, the result of Cronbach's alpha was found to be 0.801 for the questionnaire of 39 items, which showed that the questionnaire's findings and the internal consistency of items were within the acceptable range. The reliability of the parent questionnaire was also assessed using Cronbach's alpha and was found to be 0.79 for the questionnaire of 36 items. A desirable Cronbach's alpha should range from 0.7 to 0.9 to demonstrate internal consistency, whereas a Cronbach's alpha of 0.6 to 0.7 is considered acceptable (Sürücü & Maslakçi, 2020).The creators of the instrument used in this study granted permission for it to be used here (see Appendix B). Moreover, the questionnaire was assessed and validated by the original work's authors (Mahran and Al-Nagshabandi, 2012) and recently validated by a study conducted in Saudi Arabia by Alroqi (2017).

4.2.6 Sampling method and sample selection

The study used convenience sampling, whereby the sample was selected according to the availability and suitability of the participants at the time of the study. Compared to other methods, convenience sampling has the advantage of being an easy method for the researcher to apply (Stratton, 2021; Weigold & Weigold, 2021). For the first limitation, convenience samples may not be representative of the entire population, so the results may not be generalisable. There is another major disadvantage of convenience sampling, which is that it can cause significant bias due to the underrepresentation of some segments of the population as well as the exclusion of others (Etikan, Musa & Alkassim, 2016). The samples selected for this study were year 12 students and their parents. A similar study used convenience sampling of 100 Saudi female students and 90 parents to explore the impact of attitudes in the Saudi community towards the nursing profession (Mahran & Al-Nagshabandi, 2012).

4.2.7 Data collection methods

The questionnaires were provided both online and in hardcopy for year 12 secondary school students and their parents. Flyers were displayed in the lunch areas of the schools and parents were provided with an e-link to the questionnaire via the parent's newsletters. Hard copies were sent home for the parents to complete if they preferred. Hardcopies are often used as these are culturally more

appropriate in Kuwait because smartphones and the internet are not accessible to all respondents, and it is convenient to have a printed copy of the survey available for them to read the questions.

4.2.7.1 *Questionnaire distribution permission*

Ethics approval was obtained from the Flinders University Health Research Ethics Committee (HREC) (project number 4387), see Appendix H. First, an official letter was obtained in Kuwait from a research committee under the MOH, see Appendix I. Second, a letter addressed to the MOE yielded a permission letter for this researcher to conduct research in secondary schools, see Appendix J. The office of the undersecretary of the MOE directed a letter to the director of the Al-Asimah education region to obtain a letter to facilitate the work of the researcher, (see Appendix K). Third, an official letter from the MOE and a letter of introduction were given to the principals of the secondary schools in this region to gain permission to enter their facilities and place a recruitment flyer in cafeterias in the allocated secondary schools (see Appendix L). This allowed the students access to an information package about the study.

4.2.7.2 Data collection

Data collection was conducted between March 25 and May 30, 2022, at the allocated schools – two female secondary schools and three male secondary schools – after obtaining permission from the school principals. A flyer was posted in the school cafeterias, and each questionnaire package contained a QR code linking the potential participants to an online questionnaire for year 12 students and their parents (Appendix M for the English version and Appendix N for the Arabic version). Physical boxes containing hard copies of questionnaires and consent forms for the year 12 students and their parents were also provided in the same venues, with the completed questionnaires being returned to a locked box.

The research required the development of the most appropriate instruments, and the survey was modified to meet the purpose of the study based on the Kuwaiti context (Polit & Beck, 2017; Schneider & Whitehead, 2013). To ensure that the students were comfortable with the process of using the links, anonymity, the usage of the data and the confidentiality of the data, the researcher conducted brief visits to the relevant schools to explain the research and how to utilise the survey

link and the hard copy. To ensure the flyers remained in place throughout the recruitment period, 10 weekly inspection visits were conducted by the researcher at the secondary schools. The online survey was created with the help of Qualtrics. Qualtrics is an online survey software that is used under licence by Flinders University Adelaide Australia. An electronic consent form describing the study's conditions, including participant confidentiality, was presented to the participants prior to completing the survey. Due to the COVID-19 conditions and health precautions taken in Kuwait at that time, the numbers of students were reduced in classes, which contributed to reducing the fully completed questionnaires by the end of each week. The completed questionnaires were collected, and it was ensured that there was an adequate number of questionnaires in the designated boxes. Only the researcher was permitted access to the return box. The questionnaire took an estimated 20 minutes for students and parents to complete.

4.2.8 Analysis of the quantitative data

As a preliminary step, the data were cleaned, with incomplete questionnaires extracted from the surveys to check for exceptions or missing information. Using descriptive statistics, such as frequency, means and standard deviations, the data analysed demographics, students' and their parents' perceptions of the nursing profession, factors influencing these perceptions, and work-related obstacles. The study tested the hypotheses at a level of statistical significance of $p = 0.05$.

The data were analysed using the following statistical tests: a chi-square test, a *t*-test, and an independent sample one-way ANOVA. Correlational analysis was used to analyse the data. The analysis process followed the survey's three-part design. The analysis aimed to establish the community's views of nursing as a career in Kuwait. As a result, it was critical to adopt an analytical framework capable of identifying and analysing the link between the factors that contributed to the establishment of the community's attitudes towards nursing (Watson, 2015). Statistical Package for the Social Sciences (SPSS) software version 28.0 was used to analyse the data. In addition, inferential techniques were performed to examine the demographic data. Inferential statistics were used to identify potential sample variance in the questionnaire findings (Bettany-Saltikov & Whittaker, 2014).

All data analysis results, hardcopy questionnaires and online self-reported questionnaire responses were securely stored as per the ethical requirements for the conduct of research. The demographic data were analysed using descriptive statistics. In addition, a chi-squared test was used to investigate the correlations between categorical data – most importantly, gender – and other factors. The data were manually analysed using a chi-square test to establish the differences between the perceptions of the nursing profession and intentions to study nursing among students and their parents.

4.2.8.1 Chi-square tests

Any results approaching statistical significance must be generated using the chi-square test of independence. According to Currell and Dowman (2009), a chi-square test determines whether the actual value differs from the expected value. As a result, it is possible to determine whether there was a significant difference in the responses for each choice. The chi-square test compares the actual values with the expected values based on the assumption that all choices have the same number of responses. Students' and parents' intentions were compared using a chi-square test to determine whether there were any significant differences. Additionally, significant differences between students and parents were examined using this method.

4.2.8.2 Factor analysis

Factor analysis is a statistical method that is used to identify the underlying structure in a large set of variables. In order to place variables into meaningful categories, principal component factor analysis is useful. Factor analysis is a useful method for assessing the validity of an instrument (Tabachnick & Fidell, 2013). Factor analysis identifies the underlying structure of a large number of variables. It involves the explanation of variance among observed variables using a small number of latent variables, also known as factors (Orçan, 2018; Watkins, 2018)

Factor analysis is divided into two types: exploratory factor analysis and confirmatory factor analysis (Tabachnick & Fidell, 2013). Exploratory factor analysis is used to determine which variables are grouped together based on their influence on factors (groups-subgroups). In the advanced stages of the research process, confirmatory factor analysis is used to test theories about latent processes.

The purpose of confirmatory factor analysis is to examine specific relationships between variables (Izquierdo Alfaro et al., 2014; Orçan, 2018).

The benefits of factor analysis include the ability to identify underlying patterns in complex data, reduce the number of variables and identify the variables that relate to each other in a more precise manner (Tabachnick & Fidell, 2013; Watkins, 2018). An interval or ratio scale can be useful in measuring variables. Statistical analyses can be performed with these types of scales due to their fineness and their suitability for measurements. Factor analysis can consist of a variety of factors, but at least five to 10 subjects are generally recommended for each factor (Taherdoost et al., 2022; Watkins, 2018).

4.2.8.3 *t*-test

An independent sample *t*-test, a dependent sample *t*-test, and a one-sample *t*-test are three types of *t*-tests. By comparing a sample mean with a predefined value, a one-sample *t*-test can be performed. An independent sample is one that does not intersect with another sample or is not related to another sample. A *t*-test comparing the mean scores of two independent samples tells the researcher whether the differences are statistically significant (Gerald, 2018).

An advantage of using a *t*-test over a non-parametric test is its ability to provide a statistical estimate. Validity increases its power, and it is easier to interpret the results when they are valid. In contrast to the null hypothesis, the alternative hypothesis is more straightforward; specifically, it says that the means of the groups differ from one another. Statistical samples must follow a normal distribution for a *t*-test to be valid. It is assumed that the means and standard deviations of the two groups are the same in both cases. Therefore, the two groups will share the same distribution (West, 2021). To estimate how different two independent groups are (e.g. males and females), a *t*-test was used in the study to assess the differences between the participants.

4.2.8.4 Independent sample one-way analysis of variance

ANOVA is a statistical test used to evaluate the difference between the means of more than two groups. It is common for nurses and physicians to conduct research using ANOVA. Most researchers

are interested in comparing more than two groups, such as different genders, age groups or members of families (Connelly, 2021; Weigold & Weigold, 2021).

As a result of an ANOVA, the researcher can determine whether statistically significant differences exist among groups, but cannot determine which groups are significantly different. As a result, a significant test indicates that the means of at least one pair are different, although it is not possible to specify which pair or pairs are different. This requires additional tests. Analysing variance allows one to draw conclusions about means, which is why the test is known as the variance test. To conduct a one-way ANOVA, certain assumptions must be made. For sample independence to be established, each sample must be selected independently of the other samples. Therefore, the samples are not related in any way, for example, from the same individuals at different times; different tests are available in that case. Furthermore, the variances in the data should be similar in each group. A normal distribution (normality) should be assumed for each sample (Connelly, 2021).

4.2.8.5 Correlational analysis

Correlation is an assessment of the relationship between two variables. Correlation coefficients are statistical inferences that investigate the link between two variables. Statistical analyses of inference focusing on the structure of data are performed using several sorts of correlation coefficients (Gogtay & Thatte, 2017). Once quantitative data have a non-normal distribution, are ordinal, or have interrupted assessment variables, Spearman's correlation is applied (Schober et al., 2018). Pearson's correlation coefficient, in contrast, is applied when the data are regularly distributed and constant (Schober et al., 2018). The correlation coefficient of Spearman is non-parametric, whereas the correlation coefficient of Pearson is parametric. The pattern of the connection between the two datasets is expressed by correlation; nevertheless, one can determine the significance of a single dataset based on the size of the related variable. Correlation coefficients are commonly employed in exploratory studies to exclude or allow for the inclusion of a variable in linear regression that may or may not be strongly connected with the dependent variable (Porter, 1999). This means there is a positive relation between the independent variables. A positive correlation indicates that raising the value of either variable (A) will raise the value of the other dataset (B). As a result, these factors are deemed strongly connected. Similarly, when one variable's value is reduced, the sizes of the other

variables are reduced as well. If the value of Pearson's correlation is somewhere between −1 and 0, the two variables are negatively correlated. A negative correlation signifies that raising the quantity of one variable (A) leads the value of the other variable (B) to fall.

Pearson's correlation coefficient, which is built on the covariance approach to calculating relationships, is regarded as one of the strongest ways to assess the relationship between two variables (Mukaka, 2012). As a result, Pearson's correlation coefficient informs researchers about the strength and degree of the relationship between the two variables. A significant level of correlation is defined as a Pearson's correlation coefficient that lies between the ranges of +0.5 to 1.0 or −0.5 to −1. A mild correlation is defined as a Pearson's correlation coefficient that lies between the ranges of +0.3 and +0.49 or −0.3 and −0.49. Pearson's correlation coefficient will be calculated if the examples are independent of one another and the data being assessed in a normal probability graph have a linear connection (Zhou et al., 2016). The best sections of the sample may be gathered to interpret the effect or used for future study because the scatterplot's linearity depicts the line with the best fit (Jiang, 2018). As a result, it can be a useful procedure to apply to a large sample quantity, since it assists in restricting the collection to a more reasonable and small size, ensuring that the test findings are correct. As a result, Pearson's correlation coefficient should only be employed when there are few statistical outliers. The data from the demographic section of the questionnaire used in this study were analysed using several methods once the data collection was completed, and key conclusions were determined. The data was organised using ordinal and nominal categories (Watson, 2015). Bettany-Saltikov and Whittaker (2014) state that inferential analysis should be used to identify sample variability in questionnaire data. Pearson correlations were utilised to determine whether there is a link between the Kuwaiti community's attitude towards nursing and the shortage of Kuwaiti nurses.

4.2.8.6 Validation of the data analysis by a statistician expert

An expert statistician from Flinders University assessed and examined the data analysis output to ensure the researcher was not mistaken in the data analysis process, procedures and choice of inferential statistics in answering the research questions and objectives. The researcher scheduled

a consultation with the statistician to assess the findings of the SPSS analysis, and if the results were correct or if the researcher needed to rectify the method of data analysis.

CHAPTER 5: Part 1, Quantitative Study – Results

5.1 Introduction

The purpose of this chapter is to provide the results of the questionnaires administered to year 12 students and their parents.

The student questionnaire consisted of Section A, which started by seeking demographic information, followed by their plans regarding studying nursing and whether they advise others to pursue nursing. Section B sought their responses to 39 statements about their perceptions of the nursing profession. Finally, Section C asked for their suggestions for improving the nursing image in Kuwait and provided an opportunity to volunteer for an interview (see Appendix E and Appendix F for the questionnaire in Arabic and English).

The parent questionnaire followed the same format as the student questionnaire, with slightly different demographic questions and 36 statements (see Appendix C and Appendix D for the questionnaire in Arabic and English).

The responses to the statements by students were sorted into three groups according to intention to study, Kuwait's attitude towards nursing and nursing image, and the statements by parents were sorted into four groups according to Kuwait's attitude towards the nursing profession, work-related barriers, intention for their children to study nursing and the community's perception of nursing. Whether there were significant differences between these groups of responses was determined using *t*-tests, ANOVA and Pearson's *r* correlation coefficients for the two independent samples (students and parents). All original output tables and graphs are shown.

There are two types of data analysis in this chapter – descriptive and inferential. The descriptive data analysis contains statistics on survey participation percentages, an overview of participant demographic information and survey question scores. For the inferential analysis, chi-square tests, factor analyses, *t*-tests, ANOVA and Pearson's *r* correlation coefficients were used to compare the characteristics of the respondents in the groups using survey measurement scales. SPSS Version 28.0 was used to carry out both the descriptive and inferential data analyses.

5.2 Reverse coding items

Researchers recode items prior to carrying out factor analyses to ensure the same type of responses for the items on a questionnaire. Items that are negatively worded are reverse coded (from 1 = 5 to 5 = 1). Therefore, the measurement scales for Section B of the questionnaires were inverted (strongly agree = strongly disagree, agree = disagree, I don't know = I don't know, disagree = agree and strongly disagree = strongly agree) according to an independent review by supervisors, the PhD candidate and a university statistician, who agreed that student items 1, 2, 3, 5, 7, 8, 14, 15, 16, 17, 19, 20, 23, 25, 28, 32 and 33 along with parent items 2, 3, 5®, 6®, 8, 9, 14, 15, 17, 20, 21, 22, 24, 26, 27, 30, 31, 32 and 34® required recoding. To obtain an accurate average of each subscale, it is essential to recode the relevant items on any scale. This helps ensure greater reliability.

5.3 Descriptive analysis – students

It is imperative to conduct a descriptive analysis before conducting a statistical analysis. An analysis that describes the characteristics of a population, such as its distribution, average values and variability, is a descriptive analysis, which is the foundation of statistical analysis (Stockemer, 2008). This study's descriptive analysis used frequencies and percentages to highlight the data distribution, means and standard deviations to indicate the data's central tendency and spread, and bar charts to graphically represent percentages.

This section presents the descriptive analysis of the student data.

5.3.1 Demographic characteristics of the year 12 students

A total of 673 year 12 students from five selected Kuwaiti secondary schools (two girls' and three boys' schools) were surveyed. At the selected schools, 700 hardcopy surveys were distributed, with each survey containing a QR code. Eleven students from these schools participated in the online survey with two incomplete and nine complete responses. At the girls' schools, 250 surveys were distributed. Surveys with less than 80% of the questions answered were classified as incomplete (98), and there were also 77 surveys returned completely empty; these were all excluded from the study sample. Out of 250 hardcopy surveys distributed at the two girls' schools, 80 were completed, yielding a response rate of 30%. Out of 450 hardcopy surveys distributed at the three boys' schools,

219 were completed, yielding a response rate of 48.2%. There were 50 incomplete surveys and 183 returned completely empty, all of which were excluded from the study sample. The final student survey sample consisted of 302 individuals, with a response rate of 43.1%.

Table 5.1 presents the results of the descriptive analysis of the survey data for the year 12 students. The demographic information from the questionnaire was calculated to create a responder profile.

Table 5.1: Descriptive statistics for year 12 student demographics

Demographic variables		***n* (%)**
Gender	Male	219 (73.2)
	Female	80 (26.8)
	Missing	3 (1)
Age	17 years	188 (63.3)
	18 years	87 (29.3)
	19 years	22 (7.4)
	Missing	5 (1.7)
Family members	1–2	4 (1.3)
	3–4	27 (8.9)
	5–6	110 (36.4)
	7 or more	161 (53.3)

Table 5.1 highlights that most of the respondents were male 73.2% (*n* = 219), whereas female students comprised only 26.8% (*n* = 80) of the group. In addition, there were three students for whom the data was missing, making the total number of respondents 302. Most students who responded to the survey were in the 17-year-old age group 62.3% (*n* = 188), followed by those aged 18 years 28.8% (*n* = 87) and 19 years 7.3% (*n* = 22); five students had missing data. Table 5.1 also illustrates that most participants had seven or more family members 53.3% (*n* = 161) while the other participants had, in decreasing order, 5–6 (*n* = 110, 36.4%), 3–4 (*n* = 27, 8.9%) or 1–2 (*n* = 4, 1.3%). Only 6.3% (*n* = 19) of the total respondents answered the question about family income, thus this information was not included.

Table 5.2 presents gender according to the percentage of respondents with family members in the nursing profession.

Table 5.2: Gender distribution of year 12 students with family members who work in nursing

Gender	Family members work in nursing?		
	Yes (%)	No (%)	Total (%)
Male	13.4	59.9	73.2
Female	5.7	21.1	26.8
Total	19.1	80.9	100.0

Table 5.2 illustrates that most students did not have family members who worked in nursing (*n* = 242, 80.9%). This included 179 male participants (59.9%) and 63 female participants (21.1%). Conversely, 57 respondents (19.1%) had family members who worked in nursing, including 40 males (13.4%) and 17 females (5.7%).

Table 5.3 presents gender according to the percentage of respondents with friends working in the nursing profession.

Table 5.3: Gender distribution of year 12 students with friends who work in nursing

Gender	Friends work in nursing?		
	Yes (%)	No (%)	Total (%)
Male	36.8	36.5	73.2
Female	12.0	14.7	26.8
Total	48.8	51.2	100.0

Table 5.3 illustrates that most respondents (*n* = 153, 51.2%), including 109 males (36.5%) and 44 females (14.7%), did not have friends who worked in nursing. Conversely, 146 participants (48.8%), including 110 males (36.8%) and 36 females (12%), had friends who worked in nursing.

Table 5.4 presents the results of the intention to study nursing according to gender.

Table 5.4: Gender and intention to study nursing after high school.

Question		Gender		
		Male (%)	Female (%)	Total (%)
Do you intend to study nursing after high school?	Yes	8.4	2.7	11.0
	No	38.5	13.4	51.8
	Not decided yet	26.4	10.7	37.1
	Total	73.2	26.8	100.0

Table 5.4 highlights that most respondents (*n* = 155, 51.8%), including 115 males (38.5%) and 40 females (13.4%) do not intend to study nursing. Conversely, 33 participants (11%), including 25 males (8.4%) and 8 females (2.7%), indicated an intention to study nursing after high school. Finally, 111 respondents (37.1%), including 79 males (26.4%) and 32 females (10.7%), had not yet decided about studying nursing after school.

Table 5.5 identifies the gender and number of respondents who would advise other students to study nursing.

Table 5.5: Gender and advising others to study nursing

Gender	Would advise others to study nursing?		
	Yes (%)	No (%)	Total (%)
Male	57.9	15.4	73.2
Female	21.7	5.0	26.8
Total	79.6	20.4	100.0

Table 5.5 illustrates that most respondents (*n* = 238, 79.6%) would advise others to study nursing, including 173 males (57.9%) and 65 females (21.7%). Conversely, 61 participants (20.4%) including 46 males (15.4%) and 15 females (5%), would not advise others to study nursing.

5.3.2 The association between intent to study nursing after high school and demographic features

An analysis was conducted to evaluate the relationship between all demographic factors (gender, age, family members who have worked in nursing, friends of family members who have worked in nursing, number of people in the family and the intention to study nursing after high school.

The statistical program SPSS 28 and the $p = 0.05$ value was used to determine whether demographic characteristics were associated with an intention to study nursing after school.

5.3.2.1 Intention to study nursing after high school and gender

The cross tabulation of intention to study nursing after completing high school and gender provided a better interpretation of the significance of the relationship between gender and the intention to study nursing. Table 5.6 presents the data.

Table 5.6: Cross-tabulation between gender and intention to study nursing after high school

Question		Gender		
		Male (%)	**Female (%)**	**Total (%)**
Do you intend to study nursing after high school?	Yes	8.4	2.7	11.0
	No	38.5	13.4	51.8
	Not decided yet	26.4	10.7	37.1
	Total	73.2	26.8	100.0

Table 5.6 illustrates that the majority of students do not wish to study nursing after graduation (51%), while 37.1% had not yet decided. Only 11% wished to study nursing after graduation.

A chi-square test measured the relationship between gender and the intention to study nursing. A statistically significant association was not found, with $\chi^2(2) = 0.421$ and $p = 0.810$. Females were less likely than males to choose nursing as a future occupation (see Appendix O, Appendix Table 1).

5.3.2.2 Intention to study nursing after high school and age

Cross tabulation of the intention to study nursing after completing high school with age provided an understanding of the statistical significance of the relationship between intention to study nursing after high school and age. Table 5.7 presents the data.

Table 5.7: Cross-tabulation between age and intention to study nursing after high school

Question		Age (years)			
		17	18	19	Total
Do you intend to study nursing after high school?	Yes (%)	9.1	2.0	0.0	11.1
	No (%)	31.3	16.5	4.7	52.5
	Not decided yet (%)	22.9	10.8	2.7	36.4
	Total	63.3	29.3	7.4	100.0

Table 5.7 illustrates that 52.5% of all age groups do not wish to study nursing after graduation, while 36.4% students had not yet decided. Only 11.1% wished to study nursing after graduation.

A chi-square test was used to measure the relationship between age groups and the intention to study nursing. The result indicates that there was not a significant association between the intention to study nursing after high school and age, with $\chi^2(4) = 6.720$ and $p = 0.151$ (see Appendix O, Appendix Table 2).

5.3.2.3 Family members working in nursing and the intention to study nursing after high school

The intention to study nursing after completing high school was cross tabulated with family members working in nursing to provide an understanding of the statistical significance of the relationship between intention to study nursing after high school and family members working in nursing. Table 5.8 presents the data.

Table 5.8: Cross-tabulation of family members working in nursing and the intention to study nursing after high school

Question		Family members work in nursing		
		Yes (%)	No (%)	Total (%)
Intend to study nursing after high school	Yes	4.0	7.0	10.9
	No	7.0	45.4	52.3
	Not decided yet	7.9	28.8	36.8
	Total	18.9	81.1	100.0

Table 5.8 illustrates that the percentage of students with no family members working in nursing who did not want wish to study nursing was 45.4% whereas 28.8% had not yet decided and 7% answered that yes they did intend to study nursing. However, students with family members working in nursing and wanting to study nursing was 4%, whereas 7% had not yet decided and 7.9% said yes. It appears that the majority of students do not wish to study nursing, regardless of whether they have family members who work in nursing or not.

A chi-square test measured the relationship between family members working in nursing and the intention to study nursing to illustrate significance of the relationship between intention to study nursing after high school and family members working in nursing. The result of the chi-square test is shown in Table 5.9.

Table 5.9: Significance of the relationship between family members working in nursing and the intention to study nursing after high school

Chi-square tests			
Question	Value	*df*	Asymptotic significance (2-sided)
Pearson chi-square	10.356[a]	2	0.006
Likelihood ratio	9.575	2	0.008
Linear-by-linear association	0.389	1	0.533

Note: a. No cells (0%) had an expected count of less than 5; the minimum expected count is 6.23; valid cases = 302

Table 5.9 illustrates that a significant association was found between the intentions of participants to study nursing after high school and family members who worked in the nursing profession, with χ^2 (2) = 10.356 and p = 0.006.

5.3.2.4 Friends and relatives working in nursing and the intention to study nursing after high school

The intention to study nursing after completing high school was cross tabulated with friends or relatives working in nursing to provide an understanding of the statistical significance of the relationship between intention to study nursing after high school and friends or relatives working in nursing. Table 5.10 presents the data.

Table 5.10: Cross-tabulation of friends working in nursing and the intention to study nursing after high school

Question		Friends or relatives work in nursing?		
		Yes (%)	No (%)	Total (%)
Intend to study nursing after high school	Yes	7.9	3.0	10.9
	No	21.9	30.5	52.3
	Not decided yet	18.9	17.9	36.8
	Total	48.7	51.3	100.0

Table 5.10 illustrates that 30.5% of students who did not have friends or relatives working in nursing did not want wish to study nursing, whereas 17.9% had not yet decided and 3% said yes. However, 21.9% of students with friends or relatives working in nursing did not want to study nursing, whereas 18.9% had not yet decided and 7.9% said yes. The majority of participants do not wish to study nursing, regardless of having friends or relatives who work in nursing or not.

A chi-square test measured the relationship between those with and without friends or relatives working in nursing with the intention to study nursing to illustrate the significance of the relationship. Table 5.11 presents the results.

Table 5.11: Significance of the relationship between friends working in nursing and the intention to study nursing after high school

Chi-square tests			
	Value	*df*	Asymptotic significance (2-sided)
Pearson chi-square	10.974[a]	2	0.004
Likelihood ratio	11.242	2	0.004
Linear-by-linear association	0.795	1	0.373

Note: a. No cells (0%) had an expected count of less than 5; the minimum expected count is 16.06; valid cases = 302

Table 5.11 illustrates a significant association between intention to study nursing after high school and having friends or relatives who work in the nursing profession, with $\chi^2(2) = 10.974$ and $p = 0.004$.

5.3.2.5 Family members and intention to study nursing after high school

The intention to study nursing after completing high school was cross tabulated with the number of family members to provide an understanding of the statistical significance of the relationship. Table 5.12 presents the results.

Table 5.12: Cross tabulation of number of family members and intention to study nursing after high school

Question		Number of family members				Total
		1–2	3–4	5–6	7 or more	
Intention to study nursing after high school	Yes (%)	0	0.3	4.6	6.0	10.9
	No (%)	1.0	4.3	20.5	26.5	52.3
	Not decided yet (%)	0.3	4.3	11.3	20.9	36.8
	Total	1.3	8.9	36.4	53.3	100.0

Table 5.12 shows that the majority of students with 1–2, 3–4, 5–6, 7 or more family members do not wish to study nursing after graduation (52.3%), with 36.8% not yet decided and only 10.9% wishing to study nursing after graduation.

The chi-square test showed no significant association between the intentions of participants to study nursing after high school and the number of family members, with $\chi^2(6) = 5.476$ and $p = 0.484$ (see Appendix O, Appendix Table 3).

5.3.3 Recommendation to others to study nursing

This section presents the results of the second part of the questionnaire, about the trend towards the profession of nursing. It identifies if there is a relationship between students' intention to study nursing and recommending others to do so, and between their gender and that recommendation.

5.3.3.1 Advising others to study nursing and intention to study nursing after high school

The intention to study nursing after completing high school was cross tabulated with advising other students to study nursing to provide an understanding of the statistical significance of the relationship. Table 5.13 shows the results.

Table 5.13: Cross-tabulation of advising others to study nursing and intention to study nursing after high school

Question		Advise others to study nursing		
		Yes (%)	No (%)	Total (%)
Intention to study nursing after high school	Yes	10.9	0	10.9
	No	36.1	16.2	52.3
	Not decided yet	32.1	4.6	36.8
	Total	79.1	20.9	100.0

Table 5.13 illustrates that 52.3% of students would not advise others to study nursing and do not want wish to study nursing, whereas 36.8% had not yet decided and 10.9% said yes students intended to study nursing and would advise others to as well. While the majority of participants do not wish to study nursing, 79.1% would advise others to study nursing.

A chi-square test measured the relationship between advising others to work in nursing with the intention to study nursing to illustrate the significance of the relationship. Table 5.14 presents the results.

Table 5.14: Significance of the relationship between advising others to study nursing and intention to study nursing after high school

Chi-Square tests			
	Value	*df*	Asymptotic significance (2-sided)
Pearson chi-square	23.136[a]	2	<0.001
Likelihood ratio	29.517	2	<0.001
Linear-by-linear association	0.252	1	0.616
N of valid cases	302		

Note: a. No cells (0%) have an expected count of less than 5; the minimum expected count is 6.88; valid cases = 302

Table 5.14 illustrates that a statistically significant association was found between $\chi^2(2) = 23.136$ and $p = <0.001$.

5.3.3.2 Gender and recommendation to study nursing

Student gender was cross tabulated with their recommendation to study nursing, as it may indicate that the participant's gender could influence the recommendation. Table 5.15 presents the results.

Table 5.15: Cross-tabulation between gender and recommendation to study nursing

Gender	Do you recommend studying nursing?		
	Yes (%)	No (%)	Total (%)
Male	57.9	15.4	73.2
Female	21.7	5.0	26.8
Total	79.6	20.4	100.0

Table 5.15 indicates that 57.9% of male students and 21.7% of female students would recommend that others study nursing, whereas 15.4% and 5% respectively would not.

The chi-square analysis illustrated that there was no statistically significant association ($\chi^2(1) = 0.183$, $p = 0.668$) between gender and recommending others to study nursing (see Appendix O, Appendix Table 4).

5.3.4 The influence of cultural and religious traditions on working in nursing

Gender was cross tabulated with how societal traditions and income impacted their view of studying nursing.

Table 5.16: Cross-tabulation between gender and Kuwaiti traditions

Question		Male (%)	Female (%)	Total (%)
Our traditions in Kuwait prevent us from working in the field of nursing.	Disagree	49.9	18.1	67.9
	I don't know	14.4	3.7	18.1
	Agree	9.0	5.0	14.1
	Total	73.2	26.8	100.0

Table 5.16 indicates that 67.9% of students do not believe that tradition in Kuwait is an obstacle to working as a nurse, while 18.1% of students are not aware of its impact. However, 14.1% of students believe Kuwaiti traditions prevent students from working as a nurse.

Table 5.17: Cross-tabulation of gender and working with the opposite gender

Question		Male (%)	Female (%)	Total (%)
I refuse to work in nursing because of the chance of being mixed with other genders (e.g. female patients & male nurses).	Disagree	40.2	16.1	56.2
	I don't know	19.4	4.7	24.1
	Agree	13.7	6.0	19.7
	Total	73.2	26.8	100

Table 5.17 indicates that 56.2% of students do not believe that the mixed-gender workplace is considered to be obstacle to studying nursing, while 24.1% are not aware of its impact. However, 19.7% of students believe the mixed-gender workplace in Kuwaiti prevent the others of studying nursing in the society.

Table 5.18: Cross-tabulation of gender and the chance of marriage

Question		Male (%)	Female (%)	Total (%)
I think that enrolment in the nursing profession limits the chances of getting married, especially for females.	Disagree	16.7	12.4	30.1
	I don't know	38.5	9.0	47.5
	Agree	18.0	4.4	22.4
	Total	73.2	26.8	100

Table 5.18 indicates that 47.5% of students do not know whether being in the nursing profession limits the chances of marriage, while 30.1% of students do not believe that nursing limits the chances of marriage in Kuwait. However, 22.4% of students believe nursing limits the chances of marriage in Kuwaiti.

Table 5.19: Cross-tabulation of gender and financial benefits

Question		Male (%)	Female (%)	Total (%)
	Disagree	19.4	5.6	25.1
	I don't know	35.5	12.4	47.8

The financial benefits for workers in nursing are considered low in comparison to those of other fields.	Agree	18.4	8.7	27.0
	Total	73.2	26.8	100

Table 5.19 indicates that 47.8% of students do not know whether the nursing profession has sufficient financial benefits or not, while 27% of students believe that nursing has insufficient financial benefits in Kuwait. However, 25.1% of students disagree that nursing has insufficient financial benefits.

Table 5.20: Cross-tabulation of gender and media

Question		Male (%)	Female (%)	Total (%)
The media gives positive attention to the profession of nursing.	Disagree	17.7	12.3	30.1
	I don't know	29	7.3	36.4
	Agree	26.4	7	33.4
	Total	73.1	26.7	100

Table 5.20 indicates that 36.4 % of students do not know whether the nursing profession has sufficient media support or not, while 33.4% of students believe that nursing has media support in Kuwait. However, 30.1% of students disagree that the media gives positive attention to the profession of nursing.

5.3.5 Open response question

The question in Section C of the survey enabled participants to provide suggestions for improving the image of nursing in Kuwait. Furthermore, it provided the researcher with the opportunity to obtain additional information from the perspective of the students and reasons for their disinterest in nursing.

Suggestions by year 12 students for improving the image of the nursing profession in Kuwait are presented in Table 5.21.

Table 5.21: Recommendations from (year 12 students) participants

Recommendations for improvement	*N* = 302	
	n	%
Kuwaiti nurse salaries and incentives should be improved.	65	21.5
Enhance the media's portrayal of nurses.	45	14.9
Encouraging young people to join the nursing profession.	12	4.0
Improving working hours and night shift work.	50	16.5
Organising field visits to a school increase public awareness of the nursing profession.	80	26.4
Enhancing the nursing environment improves the overall image of nursing.	35	11.5
Increase the number of Kuwaiti nurses in hospitals.	25	8.2
Enhance patients' awareness towards the nurse role in the hospital.	30	9.9

Initially, the students were asked to propose ways in which the nursing image could be improved in Kuwait. A recommendation was decided based on the number of repeated answers from the participants to the questions.

5.3.6 Findings from the factor analysis

Factor analysis of principal components is essential for grouping variables. Factor analysis is used to generate a smaller number of subscales by examining the covariation among a set of observed variables.

The data were not normally distributed between the two datasets (parent and student responses), so it was necessary to conduct an exploratory factor analysis via the oblimin principal axis. The researcher performed a Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy on the students' and parents' datasets, to determine whether the data were suitable for factor analysis. The KMO value was 0.792 for students and 0.824 for parents. It is recommended that a KMO value of 0.6 or greater be used for factor analysis. After performing Bartlett's test of sphericity, both groups returned significant results of $p < 0.001$. The *p*-value for Bartlett's test of sphericity (approximate χ^2 = 3310.422, *df* = 741 and Sig. 0.000) was statistically significant, as shown in Table 5.22.

Table 5.22: Kaiser-Meyer-Olkin and Bartlett's test from the factor analysis

Kaiser-Meyer-Olkin and Bartlett's test		
Kaiser-Meyer-Olkin measure of sampling adequacy		0.792
Bartlett's test of sphericity	Approx. chi-square	3310.422
	df	741.000
	Sig.	0.000

The responses to the statements by students were sorted into three groups as follows:

Group One: Intention to study nursing: Questions were extracted from items Q19, Q15, Q14 and Q2. All the questions from Group One demonstrate a tendency of the respondents to consider the nursing profession as an occupation after graduation.

Group Two: Kuwait's attitude towards the nursing profession: Questions extracted from items Q8, Q20, Q5, Q28, Q17 and Q16 were grouped. All the questions from Group Two demonstrate Kuwait's attitude and ideas towards the state of nursing in the Kuwaiti community.

Group Three: Nursing image: Questions extracted from items Q25, Q23, Q33, Q7, Q1, Q3 and Q32 were grouped. All the questions from Group Three illustrate the Kuwaiti community's beliefs about the nursing profession and obstacles to those beliefs.

5.3.6.1 Rotated pattern matrix[a] of factor analysis

Factor analysis identifies correlations between variables by mapping the variables into a matrix. The observed variables are then multiplied by linear combinations, which are then multiplied by smaller factors. It is imperative that the variables are correlated, but not perfectly correlated. A large sample size is also essential to ensure the validity of the results. (Tabachnick & Fidell, 2013; Taherdoost, et al., 2022; Watkins, 2018).

A rotated component matrix was constructed of the three groups using the oblimin principal axis of factor analysis as shown in Table 5.23.

Table 5.23: Rotated pattern matrix[a] of factor analysis

Group One: Intention to study nursing	Factor
I would like to study nursing, if I am accepted by a nursing school.	0.747
If my parents agree for me to study nursing, I will do so.	0.687
I am seriously considering studying nursing.	0.682
When I see a nurse, I hope that I will have this career, like him/her.	0.672
Group Two: Kuwait's attitude towards the nursing profession	
Our traditions in Kuwait prevent us from working in the field of nursing.	0.633
The nursing profession is not for Kuwaitis.	0.600
My family rejects the idea of me working in the nursing field.	0.559
I think that enrolment in the nursing profession limits the chances of getting married, especially for females.	0.542
I would not like to deal with patients.	0.527
Many people view the nursing profession as inferior.	0.494
Group Three: Nursing image	
There should be a plan for preparation for national competencies in the field of nursing.	0.612
Nursing is an honourable profession.	0.592
The nature of the nursing profession is stressful, and it involves working during weekends.	0.573
This society despises those who work in the nursing profession.	0.542
I appreciate those who work in the nursing profession.	0.500
The profession of nursing is humane.	0.490
There are better job opportunities than those in the nursing field.	0.484

Note: Extraction method: principal axis factoring; rotation method: oblimin with Kaiser normalisationa

Table 5.23 illustrates that the researcher used a direct oblimin rotation, and items were loaded based on their sizes. A rotation component matrix table is constructed by prioritising the items with the highest loadings and excluding those with loadings below 50%. Items were loaded into three factors/components, based on the results of the rotation of the component pattern matrix. Each factor was labelled or named according to the content of the items within it (Phakiti, 2018; Taherdoost et al., 2022).

Direct oblimin rotation is a factor analysis technique that involves rotating the loadings of the factors in a way that enables the factors to be correlated. It provides realistic data on the relationships among

variables to improve the interpretability of the factors. Factor analysis can be exploratory and confirmatory using the preliminary rotation method (Yong & Pearce, 2013).

As part of the factor analysis, variables are grouped according to the strength of their correlation with factors, and factors are then grouped according to their sizes. In general, a variable with a high factor loading is strongly associated with the factor, as opposed to a variable with a low factor loading which is weakly associated with the factor. A variable's loading size determines which variables should be included in a factor and how many factors should be extracted. An indicator is considered appropriate if the variable has a high factor loading on one factor while having a low factor loading on another factor (Taherdoost et al., 2022).

5.3.6.2 Cronbach's alpha and factor reliability

Cronbach's alpha of the factor analysis items was used for a reliability evaluation. Cronbach's alpha scores internal consistency from 0.0 to 1.00 (100%). The internal consistency of the entire questionnaire was assessed by the reliability test, and the overall score was found acceptable. The reliability of the questionnaire presented above and the group reliability measurement were shown to be below within the acceptable score, as shown in Table 5.24.

Table 5.24: Cronbach's alpha reliability result

Group	Items	Cronbach's alpha
Intention to study nursing	4	0.799
Kuwait's attitude towards the nursing profession	6	0.724
Nursing image	7	0.723

Table 5.24 illustrates that the connection between variables is grouped according to the strength of their robustness and the measures are correlated with the variable factors.

Table 5.25: Descriptive statistics of the three groups

Items	*M*	*SD*
Group One: Intention to study nursing	3.03	0.95
I would like to study nursing if I am accepted by a nursing school.	3.27	1.29
If my parents agree for me to study nursing, I will do so.	2.95	1.25
I am seriously considering studying nursing.	2.74	1.12
When I see a nurse, I hope that I will have this career, like him/her.	3.17	1.15
Group Two: Kuwait's attitude towards the nursing profession	3.03	0.75
Our traditions in Kuwait prevent us from working in the field of nursing.	2.17	1.18
The nursing profession is not for Kuwaitis.	2.03	1.18
My family rejects the idea of me working in the nursing field.	2.40	1.21
I think that enrolment in the nursing profession limits the chances of getting married, especially for females.	2.90	1.12
I would not like to deal with patients.	2.63	1.23
Many people view the nursing profession as inferior.	2.74	1.00
Group Three: Nursing image	4.11	0.57
There should be a plan for preparation for national competencies in the field of nursing.	3.89	1.02
Nursing is an honourable profession.	4.39	0.83
The nature of the nursing profession is stressful, and it involves working during weekends.	3.71	1.07
This society despises those who work in the nursing profession.	4.13	0.95
I appreciate those who work in the nursing profession.	4.47	0.75
The profession of nursing is a humane profession.	4.47	0.82
There are better job opportunities than those in the nursing field.	3.72	1.04

Table 5.25 identifies variables with each factor grouped according to their scores. This also identifies variables with each mean and standard deviation of factors.

It is recommended that the item receiving the highest disagreement within each subscale be rated first. Participants with item: based on the mean score, the item with the lowest level of agreement will be rated last. This type of statistical analysis can provide an indication and essential explanation of the answers that participants provided to each item within the three subscales.

5.3.7 *Distribution of the groups' main dependent variables and student demographic features*

Table 5.26: The Pearson coefficient correlation between number of family members and four factor groups

	Number of family members	Intention to study nursing	Kuwait's attitude towards the nursing profession	Nursing image
Number of family members	1	0.039	−0.197**	0.048
Intention to study	0.039	1	−0.020	0.090
Kuwait's attitude towards the nursing profession	−0.197**	−0.020	1	−0.112
Nursing image	0.048	0.090	−0.112	1

Note: ** Correlation is significant at the 0.01 level (2-tailed)

Table 5.26 illustrates that there is one negative significant relationship between the number of family members in the student's family and Kuwait's attitude towards the nursing profession (r = −0.197**). No significant correlation was found between the number of family member in the student's family and other factors. This indicates that the more family members, the more negative attitude exists in the community.

Table 5.27: The Pearson coefficient correlation between family members working as a nurse and three factor groups

	Family members work as a nurse	Intention to study nursing	Kuwait's attitude towards the nursing profession	Nursing image
Family members work as a nurse	1	−0.169**	0.068	0.028
Intention to study	−0.169**	1	−0.020	0.090
Kuwait's attitude towards the nursing profession	0.068	−0.020	1	−0.112
Nursing image	0.028	0.090	−0.112	1

Note: **. Correlation is significant at the 0.01 level (2-tailed)

Table 5.27 illustrates that there is one weak negative significant relationship between the parent having a family member working as a nurse and the intention to study nursing (r = −0.169**). No significant correlation was found between the parent having a family member working as a nurse

and other factors. This indicates that the more family members work as nurses, the less intention to study nursing after school.

Table 5.28: The Pearson coefficient correlation between friends or relatives working as a nurse and three factor groups.

	Friends or relatives working as a nurse	**Intention to study nursing**	**Kuwait's attitude towards the nursing profession**	**Nursing image**
Friends or relatives working as a nurse	1	−0.215**	0.079	−0.061
Intention to study	−0.215**	1	−0.020	0.090
Kuwait's attitude towards the nursing profession	0.079	−0.020	1	−0.112
Nursing image	−0.061	0.090	−0.112	1

Note: ** Correlation is significant at the 0.01 level (2-tailed)

Table 5.28 illustrates that there is one weak negative significant relationship between students having friends or relatives working as nurse and the intention to study nursing (r = −0.215**). No significant correlation was found between students who have friends or relatives working as a nurse and other factors. This indicates that the more friends or relatives a student has who work as a nurse, the less intention students have to study nursing after school.

Table 5.29: The Pearson coefficient correlation between advising others to study nursing and three factor groups

	Advising others to study nursing	**Intention to study**	**Kuwait's attitude towards the nursing profession**	**Nursing image**
Advising others to study nursing	1	−0.300**	0.203**	−0.170**
Intention to study	−0.300**	1	−0.020	0.090
Kuwait's attitude towards the nursing profession	0.203**	−0.020	1	−0.112
Nursing image	−0.170**	0.090	−0.112	1

Note: **. Correlation is significant at the 0.01 level (2-tailed)

Table 5.29 illustrates that there are two weak negative significant relationships between advising others and intention to study, and work-related barriers (r = −0.300**; r = −0.170**). This indicates

that the more negative the image of nursing, the less the student would advise others to study nursing. There is a weak positive significant relationship between advising others and Kuwait's attitude to nursing ($r = -0.203^{**}$).

Pearson correlation analysis was conducted on the main three factors and age, gender and intention to study nursing after school. The findings illustrate that there is no significant relationship between the three factors (see Appendix O, Appendix Table 5) and age, gender and intention to study after school.

5.4 Inferential statistics – students

There are numerous statistical tests that can be used to generalise data from a small sample to a larger population using inferential statistics. As a result, Kuwaiti year 12 students constitute the larger population in this context. There are two main characteristics of inferential statistics: their alpha level, which is set at 5% (0.05) or less, and the magnitude of the probability that the result was a result of chance. The effect of some independent variables (the sample demographic details) on the dependent variables (the three groups) was assessed by means of an independent sample *t*-test and an independent sample one-way ANOVA. A Pearson's correlation coefficient of *r*, along with the Kuwaiti attitude towards nursing, and Kuwaiti perceptions of the nursing profession, was also used to establish the relationship between the three main groups. Accordingly, the significance of these inferential statistics is determined by an alpha level of 5% (0.05).

Table 5.30: Computing variables and group variables

	N	**Min**	**Max**	***M***	***SD***	**Skewness**		**Kurtosis**	
						Statistic	**Std. Error**	**Statistic**	**Std. Error**
Intention to study nursing	302	1.00	5.00	3.03	0.95	−0.055	0.140	−0.391	0.280
Kuwait's attitude towards the nursing profession	302	1.00	5.00	2.47	0.75	0.374	0.140	0.005	0.280
Nursing image	302	1.57	5.00	4.11	0.57	−0.994	0.140	1.416	0.280

Note: Valid *N* (listwise) = 302

Based on the statistics in Table 5.30, all factors are considered normally distributed according to their frequency histograms. It can be seen from the results that both skewness and kurtosis are in the range of +/−2, which indicates a normal distribution.

5.4.1 Age effect

The independent variable age was divided into three categories (17, 18 and 19 years). This variable was assessed using an independent ANOVA. The results illustrate no statistically significant difference between age and the three groups (see Appendix O, Appendix Table 6, Appendix Table 7.

5.4.2 Gender effect

Gender was divided into two categories (male, female). This variable was assessed using an independent t-test. The independent t-test results illustrate that there was no statistically significant difference between gender and the intention to study nursing (t = −0.035, p = 0.972). Table 5.31 presents the results (see Appendix O, Appendix Table 8).

Table 5.31: Descriptive statistics of gender across the descriptive statistic

	Gender	***n***	***M***	***SD***	**Std. Error Mean**
Intention to study nursing	Male	219	3.03	0.96	0.06530
	Female	80	3.03	0.94	0.10600
Kuwait's attitude towards the nursing profession	Male	219	2.51	0.72	0.04928
	Female	80	2.37	0.811	0.09101
Nursing image	Male	219	4.07	0.603	0.04121
	Female	80	4.21	0.44	0.04986

This table demonstrates the three descriptive statistics related to gender across the descriptive statistics of the year 12 students.

Table 5.32: The results and significance level of the independent samples *t*-test

		Levene's Test for Equality of Variances		***t*-test for Equality of Means**						
		F	**Sig.**	***t***	***df***	**Sig(2-tailed)**	**Mean Difference**	**Std. Error Difference**	**95% Confidence Interval of the Difference**	
									Lower	**Upper**
Intention to study nursing	Equal variances assumed	0.003	0.955	−0.035	297	0.97	−0.004	0.12	−0.25	0.24
	Equal variances not assumed			−0.035	142.880	0.97	−0.004	0.12	−0.25	0.24
Kuwait's attitude towards the nursing profession	Equal variances assumed	0.965	0.327	1.447	297	0.14	0.142	0.09	−0.05	0.33
	Equal variances not assumed			1.375	128.129	0.17	0.142	0.10	−0.06	0.34
Nursing image	Equal variances assumed	8.030	0.005	−01.939	297	0.05	−0.144	0.07	−0.29	0.00
	Equal variances not assumed			−2.236	191.419	0.02	−0.144	0.06	−0.27	−0.01

Table 5.32 illustrates that there was not a statistically significant difference between gender and Kuwait's attitude towards the nursing profession ($t = 1.447$, $p = 0.149$). However, the results illustrate that there was a statistically significant difference between gender and nursing image ($t = -1.939$, $p = 0.005$). It was found that male participants showed the lowest mean score ($M = 4.0750$, $SD = 0.60983$) and the highest mean was found in females ($M = 4.2196$, $SD = 0.44597$).

5.4.3 Family members

As shown in Table 5.33, family members were divided into four categories (1−2 members, 3−4 members, 5−6 members and 7 members or more). This variable was assessed using an independent ANOVA between the groups' factors and the number of family members.

Table 5.33: Descriptive statistics of family members across the three subscales

						95% Confidence Interval for Mean			
		n	***M***	***SD***	**Std. Error**	**Lower Bound**	**Upper Bound**	**Minimum**	**Maximum**
Intention to study nursing	1−2	4	3.25	1.24	0.62	1.27	5.22	2.25	5.00
	3−4	27	2.90	0.79	0.15	2.59	3.22	1.25	4.00
	5−6	110	3.00	0.95	0.09	2.82	3.17	1.00	5.00
	7 or more	161	3.07	0.98	0.07	2.91	3.22	1.00	5.00
	Total	302	3.03	0.95	0.05	2.92	3.14	1.00	5.00
Kuwait's attitude towards the nursing profession	1−2	4	3.04	0.83	0.41	1.71	4.36	2.17	3.83
	3−4	27	2.88	0.73	0.14	2.59	3.17	1.33	4.17
	5−6	110	2.50	0.72	0.06	2.36	2.64	1.00	4.33
	7 or more	161	2.37	0.74	0.05	2.26	2.49	1.00	5.00
	Total	302	2.47	0.75	0.04	2.39	2.56	1.00	5.00
Nursing image	1−2	4	4.28	0.67	0.33	3.21	5.35	3.43	5.00
	3−4	27	4.04	0.44	0.08	3.86	4.22	3.00	4.86
	5−6	110	4.07	0.64	0.06	3.94	4.19	1.57	5.00
	7 or more	161	4.14	0.54	0.04	4.06	4.22	2.14	5.00
	Total	302	4.11	0.57	0.03	4.04	4.17	1.57	5.00

Table 5.34: Results of the analysis of variance test and the significance of number of family members

		Sum of Squares	*df*	Mean Square	*F*	Sig.
Intention to study nursing	Between groups	0.991	3	0.330	0.359	0.783
	Within groups	274.098	298	0.920		
	Total	275.090	301			
Kuwait's attitude towards the nursing profession	Between groups	7.419	3	2.473	4.518	0.004
	Within groups	163.121	298	0.547		
	Total	170.540	301			
Nursing image	Between groups	0.604	3	0.201	0.605	0.612
	Within groups	99.084	298	0.332		
	Total	99.688	301			

Table 5.33 and Table 5.34 above illustrate that there was statistically significant difference between the number of family members and Kuwait's attitude towards the nursing profession ($F = 3.798$, $p = 0.004$). The findings indicate that responses to the questions about Kuwait's attitude towards the nursing profession were statistically and significantly different from intention to study nursing and nursing image ($p < 0.05$).

5.4.4 Intention to study nursing after high school

Table 5.35 and Table 5.36 show the results when participants who were asked if they wished to study nursing after high school were divided into three categories (yes, no, not decided yet). This variable was assessed using an independent ANOVA between the groups' factors and the intention to study nursing after high school.

Table 5.35: Descriptive statistics of intention to study nursing after high school effect and the three subscales

						95% Confidence Interval for Mean			
		n	*M*	*SD*	Std. Error	Lower Bound	Upper Bound	Minimum	Maximum
Intention to study nursing	Yes	33	4.01	0.88	0.15	3.70	4.32	2.00	5.00
	No	158	2.62	0.84	0.06	2.49	2.75	1.00	5.00
	Not decided yet	111	3.32	0.79	0.07	3.17	3.47	1.00	5.00
	Total	302	3.03	0.95	0.05	2.92	3.14	1.00	5.00
Kuwait's attitude towards the nursing profession	Yes	33	2.26	0.71	0.12	2.01	2.51	1.00	3.67
	No	158	2.54	0.78	0.06	2.41	2.66	1.00	4.33
	Not decided yet	111	2.44	0.71	0.06	2.31	2.58	1.00	5.00
	Total	302	2.47	0.75	0.04	2.39	2.56	1.00	5.00
Nursing image	Yes	33	4.03	0.49	0.08	3.86	4.21	3.00	5.00
	No	158	4.12	0.61	0.04	4.02	4.21	1.57	5.00
	Not decided yet	111	4.11	0.54	0.05	4.01	4.21	2.14	5.00
	Total	302	4.11	0.57	0.03	4.04	4.17	1.57	5.00

Table 5.36: The results of the analysis of variance test and its significance to the intention to study nursing

		Sum of Squares	*df*	Mean Square	*F*	Sig.
Intention to study nursing	Between groups	67.554	2	33.777	48.663	<0.001
	Within groups	207.535	299	0.694		
	Total	275.090	301			
Kuwait's attitude towards nursing	Between groups	2.275	2	1.138	2.022	0.134
	Within groups	168.264	299	0.563		
	Total	170.540	301			
Nursing image	Between groups	0.193	2	0.097	0.290	0.748
	Within groups	99.494	299	0.333		
	Total	99.688	301			

Table 5.35 and Table 5.36 illustrate that there was a statistically significant difference between studying nursing after high school and intention to study nursing ($F = 48.663$, $p = <0.01$). The findings

indicate that responses to the questions about intention to study nursing after high school were statistically and significantly different from Kuwait's attitude towards nursing and nursing image ($p < 0.05$).

5.4.5 Friends and relatives working in nursing

To determine whether the dependent variables are impacted by have friends and relatives who worked in nursing, an independent samples *t*-test was applied.

Table 5.37: Descriptive statistics of friends working in nursing across the descriptive statistics of the three groups

	Friends or relatives work in nursing	***n***	***M***	***SD***	**Std. Error Mean**
Intention to study nursing	Yes	147	3.24	1.00	0.08
	No	155	2.83	0.86	0.06
Kuwait's attitude towards the nursing profession	Yes	147	2.41	0.78	0.06
	No	155	2.53	0.71	0.05
Nursing image	Yes	147	4.14	0.55	0.04
	No	155	4.07	0.59	0.04

Table 5.38: The results and significance level of the independent samples *t*-test

		Levene's Test for Equality of Variances		t-test for Equality of Means					
		F	**Sig.**	***t***	***df***	**Sig.(2-tailed)**	**Mean Difference**	**Std. Error Difference**	**95% Confidence Interval of the Difference**
									Lower / **Upper**
Intention to study nursing	Equal variances assumed	3.259	0.072	3.818	300	<0.001	0.41	0.10	0.19 / 0.62
	Equal variances not assumed			3.803	288.581	<0.001	0.41	0.10	0.19 / 0.62
Kuwait's attitude towards nursing	Equal variances assumed	0.462	0.497	−1.380	300	0.169	−0.11	0.08	−0.28 / 0.05
	Equal variances not assumed			−1.376	294.028	0.170	−0.11	0.08	−0.29 / 0.05
Nursing image	Equal variances assumed	0.751	0.387	1.060	300	0.290	0.07	0.06	−0.06 / 0.20
	Equal variances not assumed			1.063	299.780	0.289	0.07	0.06	−0.05 / 0.20

Table 5.37 and Table 5.38 illustrate that statistical significance is observed when friends work in nursing to the intention to study nursing ($t(300) = 3.818$, $p = < 0.001$). More participants who said yes ($M = 3.2449$, $SD = 1.00319$) had lower scores compared to participants who said no ($M = 2.8339$, $SD = 0.86569$). However, Kuwait's attitude towards the nursing profession is found to not have a statistically significant effect when family members work in nursing ($t(300) = -1.380$, $p = 0.169$). In addition, there was not a significant difference between those who did not have relatives or friends work in nursing terms of nursing image ($t(300) = 1.060$, $p = 0.290$). Therefore, the null hypothesis was eliminated and it can be concluded that there is a significant difference between yes and no with all groups—intention to study nursing, Kuwait's attitudes and nursing image.

5.4.6 Family members working in the nursing profession

In order to determine if having a nursing family member affects the dependent variables, the independent samples *t*-test was used.

Table 5.39 and Table 5.40 illustrate that there is statistical significance observed between students who have family members who work in nursing and the intention to study nursing ($t(300) = 3.051$, $p = 0.03$). However, Kuwait's attitude towards the nursing profession is found to not have a statistically significant effect on family members working in nursing ($t(300) = -1.182$, $p = 0.238$). Likewise, there was no significant difference between family members working in nursing and nursing image ($t(300) = -0.480$, $p = 0.632$).

Table 5.39: Descriptive statistics of family members working in nursing across the descriptive statistics of the three groups

	Family members work in nursing	***n***	***M***	***SD***	**Std. Error Mean**
Intention to study nursing	Yes	57	3.36	0.91	0.12
	No	245	2.95	0.95	0.06
Kuwait's attitude towards the nursing profession	Yes	57	2.37	0.74	0.09
	No	245	2.50	0.75	0.04
Nursing image	Yes	57	4.07	0.53	0.07
	No	245	4.11	0.58	0.03

Table 5.40: The results and significance level of the independent samples *t*-test

		Levene's Test for Equality of Variances		*t*-test for Equality of Means						
		F	**Sig.**	***t***	***df***	**Sig.(2-tailed)**	**Mean Difference**	**Std. Error Difference**	**95% Confidence Interval of the Difference**	
									Lower	**Upper**
Intention to study nursing	Equal variances assumed	0.132	0.717	2.97	300	0.003	0.41	0.13	0.13	0.68
	Equal variances not assumed			3.05	86.696	0.003	0.41	0.13	0.14	0.68
Kuwait's attitude towards the nursing profession	Equal variances assumed	0.047	0.829	−1.182	300	0.238	−0.13	0.11	−0.34	0.08
	Equal variances not assumed			−1.186	84.389	0.239	−0.130	0.11	−0.34	0.08
Nursing image	Equal variances assumed	0.221	0.638	−0.480	300	0.632	−0.04	0.08	−0.20	0.12
	Equal variances not assumed			−0.506	89.454	0.614	−0.04	0.08	−0.20	0.11

5.4.7 Advising others to study nursing

The student participants were asked whether they would recommend nursing to others (yes or no), with Table 5.41 and Table 5.42 illustrating that there is a statistical significance between advising others to study nursing and the intention to study nursing ($t(300) = 5.579$, $p = <0.001$). Likewise, Kuwait's attitude towards the nursing profession has a statistically significant effect on advising others to study nursing ($t(300) = -3.599$, $p = <0.001$). In addition, nursing image is found to have a statistically significant effect on advising others to study nursing ($t(300) = 2.985$, $p = 0.003$), while participants who did not recommend studying nursing had a lower score ($M = 3.92$, $SD = 0.75015$), and those who recommended studies in nursing received a higher score ($M = 4.16$, $SD = 0.51008$).

Table 5.41: Descriptive statistics of advising others to study nursing across the descriptive statistics of the three groups

	Advise others to study nursing	*N*	*M*	*SD*	Std. Error Mean
Intention to study nursing	Yes	239	3.18	0.92	0.05
	No	63	2.47	0.88	0.11
Kuwait attitude towards the nursing profession	Yes	239	2.39	0.70	0.04
	No	63	2.77	0.84	0.10
Nursing image	Yes	239	4.16	0.51	0.03
	No	63	3.92	0.75	0.09

Table 5.42: The results of the *t*-test on advising others to study nursing

		Levene's Test for Equality of Variances		*t*-test for Equality of Means						
Significance		*F*	Sig.	t	*df*	Sig.(2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Intention to study nursing	Equal variances assumed	0.011	0.915	5.448	300	<0.001	0.70	0.12	0.45	0.95
	Equal variances not assumed			5.579	100.39	<0.001	0.70	0.12	0.45	0.95
Kuwait attitude towards the nursing profession	Equal variances assumed	2.891	0.090	−3.599	300	<0.001	−0.37	0.10	−0.58	−0.17
	Equal variances not assumed			−3.233	85.92	0.002	−0.37	0.11	−0.60	−0.14
Nursing image	Equal variances assumed	13.690	<0.001	2.985	300	0.003	0.24	0.08	0.08	0.39
	Equal variances not assumed			2.399	77.73	0.019	0.24	0.10	0.04	0.43

5.4.8 Gender effect on items within each of the subscales

The difference between male and female participants was determined using an independent sample *t*-test for each of the items and each of the three questionnaire groups. The finding illustrates the mean score for each item, factor and overall score for males and females. The scores for male and

female participants were not significantly different on the items in this scale, with generally higher scores ($p < 0.05$) (see Appendix O, Appendix Table 9).

5.5 Descriptive analysis – parents

This section presents the descriptive analysis of the parent data.

5.5.1 Demographic characteristics of the parents of year 12 students

A total of 600 hardcopy and online surveys were distributed to five selected Kuwaiti secondary schools, yielding 347 participants. A total of 244 online surveys were returned by parents, of which 59 were incomplete due to questions with less than 10% questions were answered, meaning that approximately 75% answered all the questions. The incomplete surveys were excluded from the study sample, leaving 185 completed online surveys. Hardcopy surveys were completed by 103 parents. The final study sample consisted of 288 respondents, with a response rate of 48%.

Table 5.43 presents the demographic characteristics of the participants in this study. As part of each questionnaire, the participants were asked to provide information about their gender, age, marital status, number of family members, qualification, occupation, if any family members, friends or relatives work in nursing, and income.

Table 5.43: Parents' demographic data

Demographic variables		*n* (%)
Gender	Male	105 (36.5)
	Female	180 (62.)
	Missing	3 (1)
Age	35–40	94 (32.6)
	41–49	98 (34)
	50–60	75 (26)
	Missing	21(7.3)
Marital status	Single	13 (4.5)
	Married	245 (85.1)
	Divorced	30 (10.4)
Family members	1–2	27 (9.4)
	3–4	64 (22.2)
	5–6	97 (33.7)
	7 or more	100 (34.7)
Qualification	Less than high school	35 (12.2)
	High school	77 (26.7)
	Bachelor's degree	150 (52.1)
	Postgraduate	26 (9)
Occupation	Government employee	228 (79.2)
	Civil servant	20 (6.9)
	I don't work	40 (13.9)

Table 5.43 shows that most of the parents (*n* = 180, 62.5%) were female, whereas male parents constituted 32.5% the participants and (*n* = 105) and missing data (*n* = 3, 1%). Most respondents were in the 41–49-year age group (*n* = 98, 34%) followed by 35–40-year-olds (*n* = 94, 32.6%). The least represented age group was 50–60-year-olds (*n* = 75, 26%) and missing (*n* = 21, 7.3 %) making up the remainder. Most participants were married (*n* = 245, 85.1%), and 10.4% (*n* = 30) were divorced. However, about 4.5% (*n* = 13) were single.

Table 5.43 also shows that most respondents had families of seven or more members (*n* = 100, 34.7%) while others had 5–6 (*n* = 97, 33.7%), 3–4 (*n* = 64, 22.2 %) or 1–2 (*n* = 27, 9.4%).

Regarding occupation, most of the participants (*n* = 228, 79.2%) worked as government employees, while (*n* = 40, 13.9%) were not working. A minority of participants (*n* = 20, 6.9%) worked in the private sector. It is believed that most of the participants were government employees due to the fact that the government provides greater benefits than the private sector.

Parental income findings illustrate that the participants' family income information showed missing data, as only 31.3% (*n* = 90) of the total respondents provided this data. Figure 5.1 indicates that most respondents earned less than KWD3,000 (*n* = 72). About 5.9% (*n* = 18) earned between KWD3,300 and 9,000.

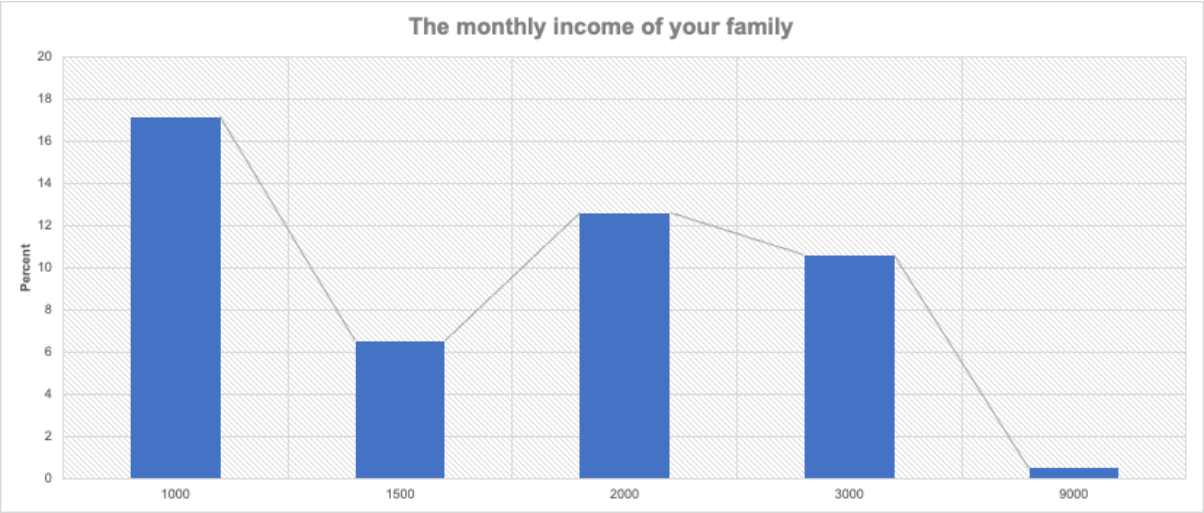


Figure 5.1: Monthly family income

5.5.2 Gender of parents with family members in the nursing profession

Table 5.44 Gender distribution of parents of year 12 student participants with family members who work in nursing

Gender	Family members work in nursing?		
	Yes (%)	No (%)	Total (%)
Male	10.2	26.7	36.8
Female	25.6	37.5	63.2
Total	35.8	64.2	100.0

Table 5.44 illustrates that most parents who responded to the survey did not have family members who worked in nursing (*n* = 183, 64.2%). This included 76 male participants (26.7%) and 107 female participants (37.5%). On the other hand, 102 respondents (35.8%) had family members who worked in nursing, including 29 males (10.2%) and 73 females (25.6%).

5.5.3 Gender of parents with friends who work in nursing

The potential impact of respondents having friends working in the nursing profession is captured in Table 5.45 below. The descriptive data indicate the numbers for this variable.

Table 5.45: Gender distribution of parents of year 12 student participants with relatives or friends who work in nursing

Gender	Relatives or friends work in nursing?		
	Yes (%)	No (%)	Total (%)

Male	21.1	15.8	36.8
Female	35.4	27.7	63.2
Total	56.5	43.5	100.0

Table 5.45 illustrates that most respondents (*n* = 161, 56.5%), including 60 males (21.1%) and 101 females (35.4%), did have relatives or friends who worked in nursing. Nevertheless, 124 participants (43.5%), including 45 males (15.8%) and 79 females (27.7%), did not have relatives or friends who worked in nursing.

5.5.4 Association between parental demographics and intent for their children to study nursing after high school

This section identifies the relationship between all parent demographic factors apart from income (age, gender, marital status, number of family members, qualification, occupation, relatives or friends who have worked in nursing, family members who have worked in nursing) and encouraging their children to study nursing after high school according to the gender of their children.

5.5.4.1 Age and intention to encourage children to study nursing

Table 5.46: Cross-tabulation of parents' ages and intent to encourage their sons to study nursing

Question		Age (years)			
		35–40	**41–49**	**50–60**	**Total**
Do you intend to encourage your sons to join the field of nursing?	Yes (%)	9.0	11.2	6.7	27.0
	No (%)	26.2	25.5	21.3	73.0
	Total (%)	35.2	36.7	28.1	100.0

Table 5.46 shows that 73% of parents in this category do not want their sons to study nursing, while 27% do.

A chi-square test measured the relationship between the age of parents and their intention for their sons to study nursing to establish the significance of age. The findings illustrate that there is no

significant association (χ^2 (2) = 1.095, p = 0.578) between parents' age and intention to encourage their sons to join the field of nursing (see Appendix O, Appendix Table 10).

Table 5.47 presents the participants' responses concerning their intention to encourage their daughters to study nursing.

Table 5.47: Cross-tabulation between parents' age and intent to encourage daughters to study nursing

Question		Age (years)			
		35–40	41–49	50–60	Total
Do you intend to encourage your daughters to join the field of nursing?	Yes (%)	7.9	9.4	7.5	24.7
	No (%)	27.3	27.3	20.6	75.3
	Total (%)	35.2	36.7	28.1	100.0

Table 5.47 shows that 75.3% of parents do not want their daughters to study nursing after graduation, while 24.7% of parents do.

Using the chi-square test, the relationship between parents' age and the intention for their daughters to study nursing was measured. This is important as it illustrates the significance of the relationship between parents' age and the intention to encourage their daughters study nursing after high school. The findings illustrate that no statistically significant association was found (χ^2(2) = 0.472, p = 0.790) between parents' age and the intention to encourage their daughters to study nursing (see Appendix O, Appendix Table 11).

5.5.4.2 Gender and intention to encourage children to study nursing

Table 5.48: Cross-tabulation between parents' gender and intention to encourage sons to study nursing

Question		Gender		
		Male (%)	Female (%)	Total (%)
Do you intend to encourage your sons to join the field of nursing?	Yes	12.3	15.1	27.4
	No	24.6	48.1	72.6
	Total	36.8	63.2	100.0

Table 5.48 shows that 72.6% parents in this category do not want their sons to study nursing, whereas 27.4% do. Chi-square tests illustrate that no significant association was found (χ^2 (2) =

2.976, $p = 0.085$) between parents' gender and the intention to encourage their sons to study nursing (see Appendix O, Appendix Table 12)

Table 5.49: Cross-tabulation between parents' gender and intention to encourage daughters to study nursing

Question		Gender		
		Male (%)	Female (%)	Total (%)
Do you intend to encourage your daughters to join the field of nursing?	Yes	9.8	16.5	26.3
	No	27.0	46.7	73.7
	Total	36.8	63.2	100.0

Table 5.49 shows that 73.7% of parents in this category do not want their daughters to study nursing after graduation, whereas 26.3% of participants do.

A chi-square test found no statistically significant association (χ^2 (1) = 0.011, $p = 0.918$) between parents' gender and intention to encourage their female children to join the field of nursing (see Appendix O, Appendix Table 13).

5.5.4.3 Marital status and intention to encourage children to study nursing

Table 5.50: Cross-tabulation of parents' marital status and intention to encourage their sons to study nursing

Question		Marital status			
		Single (%)	Married (%)	Divorced (%)	Total (%)
Do you intend to encourage your sons to join the field of nursing?	Yes	2.4	22.6	2.4	27.4
	No	2.1	62.5	8.0	72.6
	Total	4.5	85.1	10.4	100.0

Table 5.50 shows that 72.6% of participants in this category do not want their male children to study nursing after graduation, whereas 27.4% do. A chi-square test found no significant association (χ^2 (2) = 4.910, $p = 0.086$) between parents' marital status and intention to encourage their sons to join the field of nursing (see Appendix O, Appendix Table 14).

Table 5.51 Cross-tabulation of parents' marital status and intention to encourage their daughters to study nursing

Question		Marital status			
		Single (%)	Married (%)	Divorced (%)	Total (%)
Do you intend to encourage your daughters to join the field of nursing?	Yes	2.4	20.8	2.8	26.0
	No	2.1	64.2	7.6	74.0
	Total	4.5	85.1	10.4	100.0

Table 5.51 shows that 74% of participants reported that they do not want their daughters to study nursing, whereas 26% do.

A chi-square test found no statistically significant association (χ^2 (2) = 5.531, p = 0.063) between parents' marital status and intent to encourage their daughters to join the field of nursing (see Appendix O, Appendix Table 15).

5.5.4.4 Number of family members and intention to encourage children to study nursing

The relationship between the number of family members and the motivation for their children to pursue nursing studies may significantly influence the discussion between parents and their children.

Table 5.52 Cross-tabulation of parents' family members and intent to encourage their sons to join study nursing

Question		Family members				
		1–2	3–4	5–6	7 or more	Total
Do you intend to encourage your sons to join the field of nursing?	Yes (%)	2.4	6.6	6.6	11.8	27.4
	No (%)	6.9	15.6	27.1	22.9	72.6
	Total (%)	9.4	22.2	33.7	34.7	100.0

Table 5.52 shows that 72.6% of participants in this category reported that parents are unlikely to encourage their sons to study nursing after graduation. In contrast, only 27.4% of participants responded that they would.

The chi-square test found no statistically significant association (χ^2(3) = 5.360, p = 0.147) between the number of family members and their intent to encourage their sons to join the field of nursing (see Appendix O, Appendix Table 16).

Table 5.53: Cross-tabulation between parents' family members and intent to encourage their daughters to study nursing

Question		Family members				
		1–2	3–4	5–6	7 or more	Total
Do you intend to encourage your daughters to join the field of nursing?	Yes (%)	2.1	6.3	7.3	10.4	26.0
	No (%)	7.3	16.0	26.4	24.3	74.0
	Total (%)	9.4	22.2	33.7	34.7	100.0

Table 5.53 shows that 74% of participants in this category reported parents would not encourage their daughters to study nursing after graduation, while 26% participants said they would.

A chi-square test showed no significant association ($\chi^2(3) = 2.134$, $p = 0.545$) between the number of family members and their intent to encourage their daughters to study nursing (see Appendix O, Appendix Table 17).

5.5.4.5 Qualifications and intent to encourage children to study nursing

The relationship between qualifications and encouraging children to pursue nursing studies should be examined as it may suggest that qualifications have a significant influence on parents' decisions.

Table 5.54: Cross-tabulation between parents' qualifications and intent to encourage their sons to study nursing

Question		Qualification				
		Less than high school	High school	Bachelor's degree	Postgraduate	Total
Do you intend to encourage sons to join the field of nursing?	Yes (%)	4.9	9.0	12.5	1.0	27.4
	No (%)	7.3	17.7	39.6	8.0	72.6
	Total (%)	12.2	26.7	52.1	9.0	100.0

Table 5.54 shows that 72.6% of participants in this category do not want their sons to study nursing after graduation, while 27.4% participants do.

Table 5.55: Significance of the association between parents' qualifications and intent to encourage their sons to study nursing

Chi-square tests			
	Value	*df*	Asymptotic significance (2-sided)
Pearson chi-square	8.516[a]	3	0.036

Likelihood ratio	8.887	3	0.031
Linear-by-linear association	8.262	1	0.004
N of valid cases	288		

Note: a. 0 cells (0.0%) have an expected count of less than 5; the minimum expected count is 7.13; valid cases = 288

Table 5.55 illustrates that there is a statistically significant association (χ^2 (3) = 8.516, p = 0.036) between parents' qualifications and their intent to encourage their sons to join the field of nursing. The findings reveal that 72.6% of participants showed no interest in encouraging their sons to join the nursing profession.

Table 5.56: Cross-tabulation between parents' qualifications and intent to encourage their daughters to study nursing

Question		Qualification				
		Less than high school	High school	Bachelor's degree	Postgraduate	Total
Do you intend to encourage your daughters to join the field of nursing?	Yes (%)	3.8	8.0%	12.8	1.4	26.0
	No (%)	8.3	18.8	39.2	7.6	74.0
	Total (%)	12.2	26.7	52.1	9.0	100.0

Table 5.56 shows that 74% of participants in this category are unlikely to encourage their daughters to study nursing after graduation while 26% stated they would.

Chi-square tests indicate no significant association (χ^2(2) = 2.794, p = 0.425) between parental qualifications and intent to encourage any of their daughters to join the field of nursing (see Appendix O, Appendix Table 18).

5.5.4.6 Occupation and intention to encourage children to study nursing

It is essential to examine the relationship between occupation and encouraging children to study nursing, as it may indicate that it plays a role in influencing such decisions.

Table 5.57: Cross tabulation between parents' occupation and intent to encourage their sons to study nursing

Question	Occupation			
	Government employee (%)	Civil servant (%)	Unemployed (%)	Total (%)

Do you intend to encourage your sons to join the field of nursing?	Yes	20.1	2.8	4.5	27.4
	No	59.0	4.2	9.4	72.6
	Total	79.2	6.9	13.9	100.0

Table 5.57 shows that 72.6% of participants in this category are unlikely to encourage their sons study nursing after graduation, while 27.4% would.

The chi-square test illustrates that there is no significant association (χ^2 (2) = 2.558, p = 0.278) between parents' occupation and intent to encourage their sons to study nursing (see Appendix O, Appendix Table 19).

Table 5.58: Cross tabulation between parents' occupation and intent to encourage their daughters to study nursing

Question		Occupation			
		Government employee (%)	**Civil servant (%)**	**Unemployed (%)**	**Total (%)**
Do you intend to encourage your daughters to join the field of nursing?	Yes	18.4	2.8	4.9	26.0
	No	60.8	4.2	9.0	74.0
	Total	79.2	6.9	13.9	100.0

Table 5.58 shows that 74% of participants in this category reported parents were unlikely to encourage their daughters to study nursing after graduation, while 26% said they would.

The chi-square test indicates that there is no significant association (χ^2 (2) = 4.615[a], p = 0.099) between parents' occupation and intention to encourage their daughters to join the field of nursing (see Appendix O, Appendix Table 20)

5.5.4.7 Relatives or friends working as nurses and intention to encourage children to study nursing

An analysis of the relationship between parents with relatives or friends who are nurses and encouraging their children to pursue nursing studies is essential to determine if there is a strong influence over parents' decisions to encourage their children to study nursing in the form of relatives or friends who are nurses.

Table 5.59: Cross tabulation between parents' relatives or friends working in nursing and intent to encourage their sons to study nursing

Question		Relatives or friends work in the nursing profession.		
		Yes (%)	No (%)	Total (%)
Do you intend to encourage any of your male children to join the field of nursing?	Yes	17.7	9.7	27.4
	No	38.9	33.7	72.6
	Total	56.6	43.4	100.0

Table 5.59 shows that 72.6% of participants in this category reported parents do not intend to encourage their sons to study nursing after graduation, while 27.4% would.

The chi-square test illustrates no significant association ($\chi^2(1) = 2.808^{a}$, $p = 0.094$) between parents' relatives or friends working in nursing and their intent to encourage their sons to join the field of nursing (see Appendix O, Appendix Table 21).

Table 5.60: Cross tabulation between parents with relatives or friends who are nurses and their intent to encourage their daughters to study nursing

Question		Relatives or friends work in the nursing profession		
		Yes (%)	No (%)	Total (%)
Do you intend to encourage your daughters to join the field of nursing?	Yes	16.7	9.4	26.0
	No	39.9	34.0	74.0
	Total	56.6	43.4	100.0

Table 5.60 shows that 74% of participants in this category reported they were unlikely to encourage their daughters to pursue nursing after graduation, while 26% would.

The chi-square test indicates no significant association ($\chi^2(1) = 2.262$, $p = 0.133$) between parents having relatives or friends working in nursing and their intention to encourage their daughters to join the field of nursing (see Appendix O, Appendix Table 22).

5.5.4.8 Family members working as nurses and intention to encourage children to study nursing

It is essential to examine the relationship between participants who have family members working in the nursing profession and parent encouragement of their children to study nursing, as it may indicate that this could play a role in influencing decision-making about nursing as a career.

Table 5.61: Cross tabulation between parents' family members and intention to encourage their sons to study nursing

Question		Family members work in the nursing profession		
		Yes (%)	No (%)	Total (%)
Do you intend to encourage any of your male to join the field of nursing?	Yes	9.4	18.1	27.4
	No	26.4	46.2	72.6
	Total	35.8	64.2	100.0

Table 5.61 illustrates that 72.6% of participants with family members working in the nursing profession reported parents were unlikely to encourage their sons to study nursing after graduation, while 27.4% would.

The chi-square test indicates no significant association ($\chi^2(1) = 0.119$, $p = 0.730$) between parents' family members working in nursing and parents' intention to encourage their sons to join the field of nursing (see Appendix O, Appendix Table 23).

Table 5.62: Cross tabulation between parents' family members and intent to encourage their daughters to study nursing

Question		Family members work in the nursing profession		
		Yes (%)	No (%)	Total (%)
Do you intend to encourage your daughters to join the field of nursing?	Yes	10.8	15.3	26.0
	No	25.0	49.0	74.0
	Total	35.8	64.2	100.0

Table 5.62 shows that 74% of participants in this category reported parents would not encourage their daughters to study nursing after graduation, while 26% would.

The chi-square test illustrates that there is no significant association ($\chi^2(1) = 1.369$, $p = 0.242$) between parents' family members' profession as nurses and the parents' intention to encourage their daughters to join the field of nursing (see Appendix O, Appendix Table 24).

5.5.5 Recommendation to others to study nursing

This section presents the results of the second part of the questionnaire, about the trend towards to profession of nursing. It identifies if there is a relationship between parents' intention to encourage

their children to study nursing and recommending others to do so, and between parents' gender and that recommendation.

5.5.5.1 Parents' intention to encourage children to study nursing after high school and recommendation to others to study nursing

There is an imperative need to examine the relationship between parents' intention to encourage their children to pursue nursing careers and their recommendations to others. It is possible that parents who would like their children to study nursing are more likely to recommend others to do the same.

Table 5.63: Cross-tabulation between parents' intention to encourage their sons to study nursing and recommendation to others to study nursing

Question		Recommend others study nursing		
		Yes (%)	No (%)	Total (%)
Do you intend to encourage your sons to join the field of nursing?	Yes	26.0	1.4	27.4
	No	37.5	35.1	72.6
	Total	63.5	36.5	100.0

Table 5.63 indicates that 72.6% of participants reported parents would be unlikely to encourage their sons to study nursing after graduation, while 27.4% of parents reported they would. The majority of participants (63.5%) reported they were likely to advise others to study nursing. Furthermore, chi-square was used to measure the relationship between parents recommending others study nursing and the parents' intentions to encourage their sons to study nursing. This is important as it illustrates the significance of the relationship between the intention for sons to study nursing after high school and recommending others to study nursing.

Table 5.64: Significance of the association between parents' intent to encourage their sons to study nursing and recommendations to others to study nursing

Chi-square test			
	Value	*df*	Asymptotic significance (2-sided)
Pearson chi-square	46.317	1	<0.001
Likelihood ratio	56.701	1	<0.001
Linear-by-linear association	46.156	1	<0.001

Note: a. No cells (0%) have an expected count of less than 5; the minimum expected count is 7.41; valid cases = 288

Table 5.64 illustrates that there is significant association ($\chi^2(1) = 46.316$, $p = <0.001$) between parents' intention to encourage their sons to join the field of nursing and their recommendation for others to study nursing. Furthermore, there is a high probability that participants who do not intend to encourage their sons study nursing will advise others to join nursing.

Table 5.65: Cross-tabulation between parents' intent to encourage their daughters to study nursing and recommendation to others to study nursing

Question		Recommend others study nursing		
		Yes (%)	No (%)	Total (%)
Do you intend to encourage any of your daughters to join the field of nursing?	Yes	25.0	1.0	26.0
	No	38.5	35.4	74.0
	Total	63.5	36.5	100.0

Table 5.65 indicates that 74% of parents do not intend to encourage their daughters to study nursing after graduation, whereas 26% do. While the majority of parents do not want their daughters to study nursing, 63.5% would advise others to work as a nurse.

Table 5.66: Significance of the association between parents' intent to encourage their daughters to study nursing and recommendation to others to study nursing

Chi-square test			
	Value	*df*	Asymptotic significance (2-sided)
Pearson chi-square	46.118	1	<0.001
Likelihood ratio	57.770	1	<0.001
Linear-by-linear association	45.958	1	<0.001

Note: a. 0 cells (0.0%) have an expected count of less than 5; the minimum expected count is 7.03; valid cases = 288

Table 5.66 illustrates that there is a significant association (χ^2 (1) = 46.118, $p = <0.001$) between parents' intention to encourage their daughters to join the field of nursing and recommendations for others to study nursing. Furthermore, there is a high probability that participants who do not wish their daughters to study nursing will not advise others towards nursing.

5.5.5.2 Gender and recommendation to others to study nursing

The relationship between parents' gender and their recommendation to others that they study nursing needs to be explored. Gender may have an impact on such recommendations.

Table 5.67: Cross-tabulation between gender and recommendation to others to study nursing

Do you recommend others study nursing?			
Gender	**Yes (%)**	**No (%)**	**Total (%)**
Male	28.1	8.8	36.8
Female	35.8	27.4	63.2
Total	63.9	36.1	100.0

Table 5.67 indicates that both mothers and fathers would recommend others to study nursing (63.9 %), whereas 36.1%. would not.

Table 5.68: Significance of the association between parents' intent to encourage their daughters to study nursing and recommendation to others to study nursing

Chi-square test			
	Value	***df***	**Asymptotic significance (2-sided)**
Pearson chi-square	10.953	1	<0.001
Likelihood ratio	10.123	1	<0.001
Linear-by-linear association	10.914	1	<0.001

Note: a. No cells (0.0%) have an expected count of less than 5; the minimum expected count is 7.03; valid cases = 285

Table 5.68 illustrates a significant association ($\chi^2(1) = 10.953$, $p = <0.001$) between gender and the recommendation to study nursing. Furthermore, there is a high probability that both male and female participants will advise others to take up nursing as a future occupation. Overall, there is no significant relationship between demographic variables (age, gender, marital status, family members, or family and friends working in nursing) and parents' intention to encourage their children (sons and daughters) to study nursing.

The intention to study nursing is significantly related to having friends who work in nursing. Parents who have friends in the nursing profession are more likely to pursue nursing as a career. Moreover, those who choose to study nursing will likely advise others to pursue nursing as a career in the future.

5.5.6 The influence of cultural religious traditions on recommendations to study nursing

The relationship between parents' gender and their traditions on their recommendations to study nursing needs to be explored. Culture may have an impact on the intention to study nursing.

Table 5.69: Cross-tabulation parent's gender between culture and intention to study nursing

Question		Male (%)	Female (%)	Total (%)
Our traditions in Kuwait prevent us from working in the field of nursing.	Disagree	17.8	34.7	52.6
	I don't know	7.0	7.3	14.3
	Agree	11.9	20	32.9
	Total	36.7	62	100.0

Table 5.69 illustrates that 52.6% of parents do not believe that the traditions in Kuwait prevent Kuwaitis from working in nursing. However, 32.9% of parents believe that it does, while 14.3% are not aware of whether they prevent joining the nursing profession or not.

Parents' opinions regarding a mixed-gender workplace may also affect their intention to encourage the study of nursing.

Table 5.70: Cross-tabulation parent's gender between mixed gender and intention to study nursing

Question		Male (%)	Female (%)	Total (%)
I would not like my children to work in nursing because of the chance of them being mixed with other genders (e.g. female patients & male nurses).	Disagree	16.1	32.6	48.7
	I don't know	4.2	10.1	14.3
	Agree	16.4	20.3	36.8
	Total	36.7	63.0	100.0

Table 5.70 illustrates that 48.7% parents do not believe a mixed-gender workplace in Kuwait prevents them from recommending their children study nursing, while 36.8% of parents believe that this does prevent them from doing so. However, 14.3% of parents do not know if this would prevent them from making such a recommendation.

In addition, parents' opinions regarding the financial benefits of nursing may affect their intention to recommend their children study nursing.

Table 5.71: Cross-tabulation parent's gender between financial benefits and intention to study nursing

Question		Male (%)	Female (%)	Total (%)
The financial benefits for workers in nursing are considered low in comparison to those of other professions.	Disagree	4.3	7.8	11.9
	I don't know	11.9	21.1	33.0
	Agree	20.7	34.3	55.1
	Total	36.8	63.2	100

Table 5.71 illustrates that 55.1% parents believe that the nursing profession has a low financial benefit, while 33% of parents are not aware of the financial benefits of nursing. However, 11.9% of parents do not believe that nursing profession has low financial benefits.

Cross-tabulation of gender and media

Question		Male (%)	Female (%)	Total (%)
The media gives positive attention to the profession of nursing.	Disagree	26.7	39.3	66
	I don't know	3.9	13.7	17.5
	Agree	6.4	10.2	16.6
	Total	36.8	63.2	100

Table 5.71 indicates that 17.5 % of parents do not know whether the nursing profession has sufficient media support or not, while 16.6% of parents believe that nursing has media support in Kuwait. However, 66% of parents disagree that nursing has positive and sufficient media support to the profession of nursing in Kuwait.

5.5.7 Validity and reliability

This study used a survey developed, tested and validated in Saudi Arabia (Alroqi, 2017; Mahran & Al-Nagshabandi, 2012). Its reliability, a measure of the test score's stability or consistency in giving correct answers, was found to be high (α = 0.60) (Alroqi, 2017; Mahran & Al-Nagshabandi, 2012), with an alpha level of 5% (0.05).

In addition, researchers from the Saudi Arabian nursing field examined the validity of each aspect of the survey (Alroqi, 2017; Mahran & Al-Nagshabandi, 2012). It is essential to consider the validity of the scores used in a study to ensure it accurately represents the variables being measured (Heale

& Twycross, 2015). By using validation-tested data collection methods, the current study indicates a high level of rigour (Alroqi, 2017; Mahran & Al-Nagshabandi, 2012; Watson, 2015).

5.6 Factor analysis

The responses to the statements in the questionnaire by parents were sorted into four groups.

Group One: Kuwait's attitude towards the nursing profession: Questions extracted from ® Q22, Q24, Q20, Q21, Q3, Q26 and Q27 in the questionnaire were grouped. All the questions from this group demonstrate Kuwait's attitudes and ideas towards the state of nursing in the Kuwaiti community.

Group Two: Work-related barriers (items Q30, Q31 and Q32): This subscale contains all items relating to work-related obstacles that might prevent parents from encouraging their children to become nurses.

Group Three: Intention to study nursing: Questions extracted from items Q5, Q2, Q14, Q6 and Q17 demonstrate a tendency of parents to encourage their children to consider the nursing profession as an occupation after graduation.

Group Four: The community's perception of the nursing profession: Questions extracted from items Q8, Q34, Q15 and Q9 illustrate the Kuwaiti community's beliefs about the nursing profession and its challenges.

Table 5.72: Applying Kaiser-Meyer-Olkin and Bartlett's test to the factor analysis

Kaiser-Meyer-Olkin and Bartlett's test		
Kaiser-Meyer-Olkin measure of sampling adequacy		0.824
Bartlett's test of sphericity	Approx. chi-square	3670.117
	df	630
	Sig.	0.000

The KMO test was used by the researcher to determine whether data are suitable for factor analysis. KMO assesses the degree of intercorrelation between items considered worthy. KMO and Bartlett's

test of sphericity are two statistical tests that can be used to assess the factors of the data (Shrestha, 2021).

A test of sphericity is used to determine whether the correlation matrix is adequate by utilising Bartlett's test. Using Bartlett's test, sphericity can be determined, which produces a significant chi-square value. A factor analysis is suitable if the matrix is not an identity matrix ($p > 0.05$), which indicates the matrix is not an identity matrix to ensure the validity of factor analysis (Taherdoost, et al., 2022). The KMO measure of sampling adequacy was found to be 0.824, and the *p*-value for Bartlett's test of sphericity (approx. chi-square = 3670.117, *df* = 630, Sig. 0.000) was statistically significant, as shown in Table 5.72.

Table 5.73 shows the questions for Groups One–Four.

Table 5.73: Component matrix

Pattern matrix[a]	
Group One: Kuwait's attitude towards the nursing profession	**Factor**
There should be sufficient numbers of qualified Kuwaiti nurses working in Kuwait.	0.759
There should be a plan to develop national competencies in the field of nursing.	0.693
I hope to see that all of the nurses working in Kuwait are Kuwaiti nationals.	0.661
Nursing is an honourable profession.	0.617
The profession of nursing is humane.	0.560
Kuwaiti nurses are more competent than expatriate nurses in dealing with Kuwaiti patients.	0.524
There is a lack of awareness of the importance of the nursing profession in society.	0.511
Group Two: Work-related barriers	**Factor**
The nature of the nursing profession is stressful. It also involves working during weekends.	0.707
Working with patients increases the risk of infection transmission.	0.671
Working with patients increases the risk of psychological stress.	0.608
Group Three: Intention to study nursing	**Factor**
I refuse to have any of my sons work in the nursing field. *(R)	0.664
When I see a nurse, I hope that my son or daughter will have that career.	0.663
I am thinking about directing one of my sons towards nursing.	0.643
I refuse to have any of my daughters work in the nursing field. *(R)	0.614
I always recommend nursing.	0.522
Group Four: The community's perceptions of the nursing profession	**Factor**
Society despises those who work in the nursing profession.	0.677
The community has a positive image of the nursing profession. *(R)	0.638
Many view the nursing profession as inferior.	0.573
Our traditions in Kuwait prevent us from working in the field of nursing.	0.502

Table 5.73 illustrates that a direct oblimin rotation was used by researcher and items were loaded based on their size. A rotation component matrix table was constructed by prioritising the items with the highest loadings and excluding those with loadings below 50%. Items were loaded into four factors/components, based on the results of the rotation of the component matrix. Each factor was labelled or named according to the content of the items within it.

5.6.1 Analysis factor reliability measurement

Table 5.74: Reliability statistics

Groups	Items	Cronbach's alpha
Kuwait's attitude towards the nursing profession	7	0.827
Work-related barriers	3	0.728
Intention to study nursing	5	0.779
The community's perceptions of the nursing profession	4	0.724

Table 5.74 shows that the four groups have a higher acceptable reliability score. As a result, all groups were deemed to be reliable with a sufficient reliability score. The reliability scores are summarised in Table 5.75, along with the number of items for each group.

Table 5.75: Descriptive statistics of the four groups

Pattern matrix[a]		
Component	***M***	***SD***
Group One: Kuwait's attitude towards the nursing profession	**4.06**	**0.73**
There should be sufficient numbers of qualified Kuwaiti nurses working in Kuwait.	4.22	0.95
There should be a plan to develop national competencies in the field of nursing.	4.16	0.94
I hope to see that all of the nurses working in Kuwait are Kuwaiti nationals.	3.72	1.18
Nursing is an honourable profession.	4.38	0.95
Nursing is a humane profession.	4.54	0.92
Kuwaiti nurses are more competent than expatriate nurses in dealing with Kuwaiti patients.	3.67	1.18
There is a lack of awareness of the importance of the nursing profession in society.	4.09	1.06
Group Two: Work-related barriers	**3.89**	**0.85**
The nature of the nursing profession is stressful. It also involves working on weekends.	3.98	1.04
Working with patients increases the risk of infection transmission.	3.96	1.04
Working with patients increases the risk of psychological stress.	3.75	1.09
Group Three: Intention to study nursing	**2.86**	**0.77**
I refuse to have any of my sons children work in the nursing field. *(R)	3.06	1.37
When I see a nurse, I hope that my son or daughter will have this career like him/her.	2.95	1.27
I am thinking about directing one of my sons towards nursing.	2.77	1.26
I refuse to have any of my daughters work in the nursing field. *(R)	3.01	1.38
I always recommend nursing.	3.24	1.27
Group Four: The community's perception of the nursing profession	**2.70**	**0.96**
Society despises those who work in the nursing profession.	2.59	1.40
The community has a positive image of the nursing profession. *(R)	2.75	1.20
Many view the nursing profession as inferior.	2.73	1.31
Our traditions in Kuwait prevent us from working in the field of nursing.	2.74	1.30

Table 5.76 presents the mean score of each variable and total mean score of each group.

Table 5.76: Distribution of dependent variables

Descriptive Statistics									
	N	**Minimum**	**Maximum**	***M***	***SD***	**Skewness**		**Kurtosis**	
						Statistic	**Std. Error**	**Statistic**	**Std. Error**
Kuwait's attitude towards the nursing profession	288	1.00	5.00	4.06	0.73	−1.04	0.14	1.73	0.28
Work-related barriers	288	1.00	5.00	3.89	0.85	−0.43	0.14	−0.41	0.28
The community's perception of the nursing profession	288	1.00	5.00	2.70	0.96	0.35	0.14	−0.43	0.28
Intention to study nursing	288	1.00	4.40	2.86	0.77	−0.42	0.14	−0.47	0.28

Note: Valid cases (listwise) = 288

5.6.2 The Pearson coefficient correlation

Pearson's correlation determined the relationship between the main groups of the factor analysis. A further correlational analysis was conducted in order to determine whether any possible correlation exists between all demographic data and the main groups of factors. To examine whether any significant differences existed between the factor analysis groups of respondents and their demographics, correlation coefficients were calculated for each factor analysis group. This analysis provided a better understanding of the relationship between demographics and the main groups (Kuwait's attitude, work-related barriers, and community perceptions and intention to study nursing).

To examine any potential significant differences between survey groups, Pearson's correlation coefficients were calculated using survey measurement scales. A correlation analysis and Pearson's *r* correlation coefficients were conducted to examine the relationship between demographics and factor analysis groups. This is summarised in Table 5.77.

Table 5.77: Pearson's correlation coefficient for the four factors

Variable	Intention to study nursing	Kuwait's attitude towards the nursing profession	Work-related barriers	The community's perception of the nursing profession
Intention to study nursing	1	−0.049	−0.201**	−0.244**
Kuwait's attitude towards the nursing profession	−0.049	1	0.342**	−0.013
Work-related barriers	−0.201**	0.342**	1	0.183**
The community's perception of the nursing profession	−0.244**	−0.013	0.183**	1

Note: ** Correlation is significant at the 0.01 level (2-tailed)

Table 5.77 indicates that there is a weak negative significant relationship between work-related barriers and the community's perception of the intention to study nursing (r = −0.201**, r = −0.244**, p < 0.001). This illustrates that the intention to study can be influenced by work-related barriers and the community's perception of the nursing profession. However, there was no significant correlation between Kuwaiti attitudes towards nursing and intention to study nursing (r = −0.049, p = 0.405). A weak positive correlation was found between Kuwait's attitude and work-related barriers (r = 0.342**, p = 0.001). In addition, a significant positive correlation was found between work-related barriers and community perception (r = −0.183**, p = 0.002).

Table 5.78: Pearson coefficient correlation between age and factor groups

Variable	Age	Intention to study nursing	Kuwait's attitude towards the nursing profession	Work-related barriers	Community's perception of the nursing profession
Age	1	0.144*	−0.147*	−0.163**	0.059
Intention to study nursing	0.144*	1	−0.049	−0.201*	−0.244**
Kuwait's attitude towards the nursing profession	−0.147*	−0.049	1	0.342**	−0.013
Work-related barriers	−0.163**	−0.201*	0.342**	1	0.183**
The community's perception of the nursing profession	0.059	−0.244**	−0.013	0.183**	1

Note: *. Correlation is significant at the 0.05 level (2-tailed); ** Correlation is significant at the 0.01 level (2-tailed)

Table 5.78 illustrates that there are both negative and positive significant relationships between participants' ages and the four factor groups. No significant correlation was found between age and community's perception ($r4 = 0.059$, $p = 0.339$). There are two weak negative significant relationships between age and Kuwait's attitude, work-related barriers ($r2 = -0.147$*, $p = 0.016$; $r3 = -0.163$**, $p = 0.007$). This indicates that the older the person, the more negative their attitude towards nursing as a career. Also, the older the person the more negative their attitude towards the work-related barriers that exist in nursing. There is a weak positive significant relationship between age and intention to study ($r1 = 0.144$*, $p = 0.019$) this illustrates that age can influence one's intention to pursue a nursing career.

5.6.2.1 Pearson coefficient correlation between gender and factor groups

Pearson's coefficient illustrates that there is no significant relationship between participant gender and the other four factors ($r1 = -0.064$, $r2 = -0.070$, $r3 = 0.003$, $r4 = -0.016$) (see Appendix O, Appendix Table 25).

5.6.2.2 Pearson's coefficient correlation between marital status and factor groups

Pearson's coefficient shows that there is no significant relationship between the participants' marital status and the other four factors ($r1 = -0.055$, $r2 = -0.030$, $r3 = 0.070$, $r4 = -0.007$) (see Appendix O, Appendix Table 26).

5.6.2.3 Pearson's coefficient correlation between family members and factor groups

Pearson's coefficient shows that there is no significant relationship between participants' family members and the four factor groups ($r1 = 0.077$, $r2 = 0.108$, $r3 = 0.015$, $r4 = -0.111$) (see Appendix O, Appendix Table 27).

5.6.2.4 Pearson's coefficient correlation between qualifications and factor groups

Pearson's coefficient correlation illustrates that there is no significant relationship between participants' qualification and the four factor groups ($r1 = -0.078$, $r2 = 0.056$, $r3 = 0.106$, $r4 = -0.000$) (see Appendix O, Appendix Table 28).

Table 5.79: The Pearson coefficient correlation between occupation and four factor groups

Variable	Occupation	Intention to study nursing	Kuwait's attitude towards the nursing profession	Work-related barriers	The community's perception of the nursing profession
Occupation	1	0.126*	−0.046	−0.109	0.018
Intention to study nursing	0.126*	1	−0.049	-0.201**	−0.244**
Kuwait's attitude towards the nursing profession	−0.046	−0.049	1	0.342**	−0.013
Work-related barriers	−0.109	−0.201**	0.342**	1	0.183**
The community's perception of the nursing profession	0.018	−0.244**	−0.013	0.183**	1

Note:* Correlation is significant at the 0.05 level (2-tailed); ** Correlation is significant at the 0.01 level (2-tailed)

Pearson's coefficient correlation illustrates that there are no significant relationships between participants' occupations and three of the factor group. ($r2 = -0.046$, $r3 = -0.109$, $r4 = 0.018$) (see Table 5.79). However, there is weak positive significant relationship between occupation and

intention to study nursing ($r1 = -0.126^{*}$, $p = 0.033$). Overall, this indicates that occupation is likely to have some influence on choosing nursing as a future career for students.

Table 5.80: The Pearson coefficient correlation between when family members work as a nurse and the four factor groups

	Family members work as nurse.	**Kuwait's attitude towards the nursing profession**	**Work-related barriers**	**Community's perception of the nursing profession**	**Intention to study nursing**
Family members work as nurse	1	−0.087	−0.169**	−0.151*	0.106
Kuwait's attitude towards the nursing profession	−0.087	1	0.342**	−0.013	−0.049
Work-related barriers	−0.169**	0.342**	1	0.183**	−0.201**
Community's perception of the nursing profession	−0.151*	−0.013	0.183**	1	−0.244**
Intention to study	0.106	−0.049	−0.201**	−0.244**	1

Note: * Correlation is significant at the 0.05 level (2-tailed); ** Correlation is significant at the 0.01 level (2-tailed)

Table 5.80 illustrates that there are weak negative relationship between participants' family members working as nurses and work-related barriers and community's perception. A significant correlation was found between occupation and three of the factor groups ($r2 = -0.169^{**}$, $r3 = -0.151^{*}$), while no significant relationship was found between family members working as a nurse and remaining factors. Overall, this indicates that having family members working as a nurse is more likely to negatively reflect on choosing nursing as a future career for students.

Table 5.81: The Pearson coefficient correlation between relatives or friends who work as a nurse and the four factor groups

	Relatives or friends work as nurse	Kuwait's attitude towards the nursing profession	Work-related barriers	Community's perception of the nursing profession	Intention to study
Relatives or friends work as nurse	1	−0.126*	−0.146*	0.055	0.018
Kuwait's attitude towards the nursing profession	−0.126*	1	0.342**	−0.013	−0.049
Work-related barriers	−0.146*	0.342**	1	0.183**	−0.201**
Community's perception of the nursing profession	0.055	−0.013	0.183**	1	−0.244**
Intention to study	0.018	−0.049	−0.201**	−0.244**	1

Note: * Correlation is significant at the 0.05 level (2-tailed); ** Correlation is significant at the 0.01 level (2-tailed)

Table 5.81 illustrates a weak negative significant relationship between participants' relatives or friends working as nurses and Kuwait's attitude and work-related barriers ($r1 = -0.126^{*}$, $r2 = -0.146^{*)}$. There was no significant relationship found between relatives or friends working as a nurse and the remaining factors. Overall, this indicates that having relatives or friends who work as a nurse is more likely to result in a negative attitude and negative influence on the decision to choose nursing as a future career for students.

Table 5.82: The Pearson coefficient correlation between advising others to study nursing and the four factor groups

	Advising others to study nursing	Kuwait's attitude towards the nursing profession	Work-related barriers	Community's perception of the nursing profession	Intention to study
Advising others to study nursing	1	−0.006	0.187**	0.289**	−0.499**
Kuwait's attitude towards the nursing profession	−0.006	1	0.342**	−0.013	−0.049
Work-related barriers	0.187**	0.342**	1	0.183**	−0.201**
Community's perception of the nursing profession	0.289**	−0.013	0.183**	1	−0.244**
Intention to study	−0.499**	−0.049	−0.201**	−0.244**	1

Note: * Correlation is significant at the 0.05 level (2-tailed); ** Correlation is significant at the 0.01 level (2-tailed)

Table 5.82 illustrates one negative and two positive significant relationships between parents advising others to study nursing and the three factor groups. No significant correlation was found between parents advising others to study nursing and Kuwait's attitude. There are two weak positive significant relationships between advising others and Kuwait's attitude, work-related barriers (r = 0.187**; r = 0.289**). This indicates that the more positive the community's perception towards nursing as a career is, and the better the nurse's work condition are, the more parents would advise others to study nursing. There is a weak negative significant relationship between advising others and intention to study (r = −0.499**). This illustrates that intention to pursue nursing as career can be influenced by parent's advising others to enter nursing.

Table 5.83: The Pearson coefficient correlation between parents encouraging their sons to study nursing and the four factor groups

	Encourage son to study nursing	**Kuwait's attitude towards the nursing profession**	**Work-related barriers**	**Community's perception of the nursing profession**	**Intention to study**
Encourage son to study nursing	1	0.071	0.203**	0.146*	−0.401**
Kuwait's attitude towards the nursing profession	0.071	1	0.342**	−0.013	−0.049
Work−related barriers	0.203**	0.342**	1	0.183**	−0.201**
Community's perception of the nursing profession	0.146*	−0.013	0.183**	1	−0.244**
Intention to study	−0.401**	−0.049	−0.201**	−0.244**	1

Note: * Correlation is significant at the 0.05 level (2-tailed); ** Correlation is significant at the 0.01 level (2-tailed)

Table 5.83 illustrates that there is one negative and two positive significant relationships between parents encouraging their sons to study nursing and the three factor groups. No significant correlation was found between parents encouraging their sons to study nursing and Kuwait's attitude. There are two weak positive significant relationships between parents encouraging their sons to study nursing and work-related barriers and community's perception (r = 0.203**; r = 0.146*). This indicates that the more positive the community's perception towards nursing is as a career, and the better nurses' working conditions are, the more parents would advise their sons to study nursing. There is a weak negative significant relationship between advising others and intention to study (r =

−0.401**), illustrating that advising others to pursue nursing as a career can be influenced by parent's advising their sons to study nursing.

Table 5.84: The Pearson coefficient correlation between parents encouraging their daughters to study nursing and the four factor groups

	Encourage daughter to study nursing	Kuwait's attitude towards the nursing profession	Work-related barriers	Community's perception of the nursing profession	Intention to study
Encourage daughter to study nursing	1	0.071	0.231**	0.101	−0.378**
Kuwait's attitude towards the nursing profession	0.071	1	0.342**	−0.013	−0.049
Work-related barriers	0.231**	0.342**	1	0.183**	−0.201**
Community's perception of the nursing profession	0.101	−0.013	0.183**	1	−0.244**
Intention to study	−0.378**	−0.049	−0.201**	−0.244**	1

Note: * Correlation is significant at the 0.05 level (2-tailed); ** Correlation is significant at the 0.01 level (2-tailed)

Table 5.84 illustrates one negative and two positive significant relationships between parents encouraging their daughters to study nursing and the two factor groups. No significant correlation was found between parents encouraging their daughters to study nursing and the community's perception and Kuwait's attitude. There are two weak positive significant relationships between parents encouraging their daughters to study nursing and work-related barriers (r = 0.231**). This indicates that the more positive the community's perception towards nursing as career is, and the better the nurse's working conditions are, the more parents would advise their daughters to study nursing. There is a weak negative significant relationship between advising others and intention to study (r = −0.378**), illustrating that advising others to pursue a nursing as career can be influenced by parents encouraging their daughters to study nursing.

5.6.3 Age effect

The participants were divided into three age group categories (35–40, 41–49, 50–60), which were compared across the four groups from the factor analysis. Table 5.85 indicates that the majority of participants were in the 41–49-years group.

Table 5.85: Descriptive statistics of the parents' age groups of the four groups

Questions	Age (years)	*n*	*M*	*SD*	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
Kuwait's attitude towards the nursing profession	35–40	94	4.18	0.63	0.06	4.05	4.32	1.67	5.00
	41–49	98	4.08	0.71	0.07	3.94	4.23	1.00	5.00
	50–60	75	3.91	0.81	0.09	3.73	4.10	1.00	5.00
	Total	**267**	**4.07**	**0.72**	**0.04**	**3.98**	**4.16**	**1.00**	**5.00**
Work-related barriers	35−40	94	4.03	0.81	0.08	3.86	4.19	1.67	5.00
	41−49	98	3.93	0.89	0.09	3.75	4.11	2.00	5.00
	50−60	75	3.67	0.83	0.09	3.47	3.86	1.00	5.00
	Total	**267**	**3.89**	**0.85**	**0.05**	**3.79**	**3.99**	**1.00**	**5.00**
Community's perception of the nursing profession	35-40	94	2.62	1.05	0.10	2.40	2.83	1.00	5.00
	41−49	98	2.68	0.95	0.09	2.49	2.87	1.00	5.00
	50-60	75	2.76	0.87	0.10	2.56	2.96	1.00	5.00
	Total	**267**	**2.68**	**0.97**	**0.05**	**2.56**	**2.80**	**1.00**	**5.00**
Intention to study nursing	35−40	94	2.78	0.78	0.08	2.62	2.94	1.00	4.20
	41−49	98	2.77	0.78	0.07	2.61	2.93	1.00	4.20
	50−60	75	3.07	0.72	0.08	2.90	3.24	1.60	4.40
	Total	**267**	**2.86**	**0.77**	**0.04**	**2.76**	**2.95**	**1.00**	**4.40**

The results of the ANOVA in Table 5.86 indicate a statistically significant difference between age and all four group of parents' findings from the factor analysis to aid understanding the intention to study nursing and the impact of Kuwait's attitude to nurses.

Table 5.86: Analysis of variance results showing the significance of age to the intention to recommend children study nursing

		Sum of Squares	*df*	Mean Square	*F*	Sig.
Kuwait's attitude towards the nursing profession	Between groups	3.10	2	1.55	2.997	0.052
	Within groups	136.73	264	0.51		
	Total	139.83	266			
Work-related barriers	Between groups	5.68	2	2.84	3.932	0.021
	Within groups	190.71	264	0.72		
	Total	196.39	266			
The community's perception of the nursing profession	Between groups	0.86	2	0.43	0.460	0.632
	Within groups	249.42	264	0.94		
	Total	250.29	266			
Intention to study nursing	Between groups	4.77	2	2.38	4.055	0.018
	Within groups	155.55	264	0.58		
	Total	160.33	266			

Table 5.87: Post-hoc Bonferroni results

Multiple Comparisons							
Dependent Variable	**Age (years)**	**Age (years)**	**Mean Difference (I–J)**	**Std. Error**	**Sig.**	**95% Confidence Interval**	
						Lower Bound	**Upper Bound**
Kuwait's attitude towards the nursing profession	35–40	41–49	0.10	0.10	0.583	−0.14	0.34
		50–60	0.27*	0.11	0.040	0.00	0.53
	41–49	35–40	−0.10	0.10	0.583	−0.34	0.14
		50–60	0.16	0.11	0.278	−0.09	0.42
	50–60	35–40	−0.27*	0.11	0.040	−0.53	−0.00
		41–49	−0.16	0.11	0.278	−0.42	0.09
Work-related barriers	35–40	41–49	0.09	0.12	0.711	−0.19	0.38
		50–60	0.36*	0.13	0.018	0.05	0.67
	41–49	35–40	−0.09	0.12	0.711	−0.38	0.19
		50–60	0.26	0.13	0.108	−0.04	0.57
	50–60	35–40	−0.36*	0.13	0.018	−0.67	−0.05
		41–49	−0.26	0.13	0.108	−0.57	0.04
The community's perception of the nursing profession	35–40	41–49	−0.06	0.14	0.892	−0.39	0.26
		50–60	−0.14	0.15	0.603	−0.49	0.21
	41–49	35–40	0.06	0.14	0.892	−0.26	0.39
		50–60	−0.08	0.14	0.852	−0.43	0.27
	50–60	35–40	0.14	0.15	0.603	−0.21	0.49
		41–49	0.08	0.14	0.852	−0.27	0.43
Intention to study nursing	35–40	41–49	0.00	0.11	0.998	−0.25	0.26
		50–60	−0.29*	0.11	0.037	−0.57	−0.01
	41–49	35–40	−0.00	0.11	0.998	−0.26	0.25
		50–60	−0.30*	0.11	0.030	−0.57	−0.02
	50–60	35–40	0.29*	0.11	0.037	0.01	0.57
		41–49	0.30*	0.11	0.030	0.02	0.57

Note: *. The mean difference is significant at the 0.05 level

Table 5.85, Table 5.86 and Table 5.87 illustrate that therefore a statistically significant difference between age and Kuwait's attitude towards the nursing profession (F = 2.997, p = 0.052). Group One (Kuwait's attitude towards the nursing profession) was statistically significantly different from

the other four groups (p = 0.05). Participants aged 50–60 years showed the lowest mean score (M = 3.9178, SD = 0.81113) compared to those aged 41–49 (M = 4.0867, SD = 0.71925), and the highest mean was found in those aged 35–40 (M = 4.1897, SD = 0.63810).

Table 5.86 illustrates that there is statistically significant difference between age and work-related barriers (F = 3.932, p = 0.021). Participants in the group with work-related barriers were statistically significantly different from the three other groups (p < 0.05). Participants aged 50–60 years showed the lowest mean score (M = 3.6711, SD = 0.83916) compared to those who are aged 41–49 (M = 3.9354 SD =.0 89117), and the highest mean was found in those aged 35–40 (M = 4.0319, SD =0.81367).

Table 5.86 also illustrates that there is statistically significant difference between age and intention to study nursing (F = 4.055, p = 0.018). Participants in Group three (intention to study nursing) are statistically and significantly different from the three other groups (p < 0.05). Participants aged 41–49 years showed the lowest mean score (M = 2.7735, SD = 0.78734) compared to those aged 35–40 years (M = 2.7809, SD = 0.78209), and the highest mean was found in those aged 50–60 years (M = 3.0747, SD = 0.72169). Therefore, there a significant effect was found between age and other groups. Also, the results illustrate that there are no statistically significantly differences between age and other groups (the community's perception of the nursing profession, F = 0.460, p = 0.632)

5.6.4 Parent's gender

The *t*-test analysis of gender and the four groups found no statistical significance. Therefore, the null hypothesis was eliminated (see Appendix O, Appendix Table 28, Appendix Table 30).

5.6.5 Parent's marital status

The ANOVA results illustrate no statistically significant difference between marital status and the four groups (F = 0.143, p = 0.867; F = 0.828, p = 0.438; F = 0.252; p = 0.777, F = 0.765, p = 0.466) (see Appendix O, Appendix Table 31, Appendix Table 32).

5.6.6 Parent's family members

Table 5.88: Descriptive statistics of the parent's family members and the four groups

						95% Confidence Interval for Mean			
		n	***M***	***SD***	**Std. Error**	**Lower Bound**	**Upper Bound**	**Minimum**	**Maximum**
Kuwait's attitude towards the nursing profession	1–2	27	3.67	1.06	0.20	3.258	4.099	1.00	5.00
	3–4	64	4.01	0.67	0.08	3.849	4.187	2.17	5.00
	5–6	97	4.22	0.59	0.06	4.102	4.343	2.17	5.00
	7 or more	100	4.04	0.76	0.07	3.896	4.200	1.00	5.00
	Total	**288**	**4.06**	**0.73**	**0.04**	**3.980**	**4.151**	**1.00**	**5.00**
Work-related barriers	1–2	27	3.81	0.92	0.17	3.450	4.179	2.00	5.00
	3–4	64	3.84	0.87	0.10	3.624	4.062	1.00	5.00
	5–6	97	4.00	0.74	0.07	3.850	4.149	2.00	5.00
	7 or more	100	3.85	0.92	0.09	3.670	4.036	1.67	5.00
	Total	**288**	**3.89**	**0.85**	**0.05**	**3.798**	**3.996**	**1.00**	**5.00**
The community's perception of the nursing profession	1–2	27	2.88	1.05	0.20	2.471	3.306	1.00	5.00
	3–4	64	2.80	1.01	0.12	2.547	3.054	1.00	5.00
	5–6	97	2.73	0.97	0.09	2.537	2.931	1.00	5.00
	7 or more	100	2.56	0.90	0.09	2.386	2.744	1.00	5.00
	Total	**288**	**2.70**	**0.96**	**0.05**	**2.592**	**2.817**	**1.00**	**5.00**
Intention to study nursing	1–2	27	2.82	0.79	0.15	2.513	3.145	1.40	4.00
	3–4	64	2.78	0.85	0.10	2.574	3.000	1.00	4.20
	5–6	97	2.83	0.79	0.08	2.671	2.990	1.00	4.20
	7 or more	100	2.96	0.71	0.07	2.822	3.105	1.00	4.40
	Total	**288**	**2.86**	**0.77**	**0.04**	**2.776**	**2.957**	**1.00**	**4.40**

Table 5.89: Analysis of variance results and significance level for family member's effect

		Sum of Squares	*df*	Mean Square	*F*	Sig.
Kuwait's attitude towards the nursing profession	Between groups	6.623	3	2.208	4.170	0.007
	Within groups	150.346	284	0.529		
	Total	156.969	287			
Work-related barriers	Between groups	1.584	3	0.528	0.722	0.540
	Within groups	207.694	284	0.731		
	Total	209.277	287			
The community's perception of the nursing profession	Between groups	3.545	3	1.182	1.260	0.288
	Within groups	266.368	284	0.938		
	Total	269.913	287			
Intention to study nursing	Between groups	1.509	3	0.503	0.826	0.480
	Within groups	172.984	284	0.609		
	Total	174.493	287			

Table 5.88 and Table 5.89 present the results when participants were asked about the number of family members divided into four categories (1–2, 3–4, 5–6, 7 or more members in the family). Table 5.81 illustrates that there is a statistically significant difference between the number of family members and Kuwait's attitude towards the nursing profession (F = 4.170, p = 0.007). Participants who have 1–2 members showed the lowest mean score (M = 3.6790, SD = 1.06310) compared to those who have 3–4 members (M = 4.0182, SD = 0.67594), 7 or more members (M = 4.0483, SD = 0.59749), and the highest mean was found in those who have 5–6 members (M = 4.2234, SD = 0.76479). However, no significant difference was found between the number of family members and other groups (work-related barriers, the community's perception of the nursing profession, intention to study nursing).

5.6.7 Parent's qualification

Participants were asked about their qualifications and were divided into four categories (less than high school, high school, bachelor's degree, postgraduate). No statistically significant difference between qualifications and the four groups was found (F = 0.823, p = 0.482; F = 1.796, p = 0.148; F = 0.933, p = 0.425, F = 0.722, p = 0.540) (see Appendix O, Appendix Table 33, Appendix Table 34).

5.6.8 Parent's occupation

Participants were asked about their occupation, which was divided into three categories (government employee, civil servant, I don't work). No statistically significant difference was found between occupation and the four groups (F = 0.782, p = 0.458; F = 0.2437, p = 0.089; F = 0.070, p = 0.932; F = 2.375, p = 0.095) (see Appendix O, Appendix Table 35, Appendix Table 36).

5.6.9 Family members who work in nursing

Table 5.90: Descriptive statistics of family members working in nursing across the four groups

	Do any of your family members work in the field of nursing?	*n*	*M*	*SD*	Std. Error Mean
Kuwait's attitude towards the nursing profession	Yes	103	4.15	0.76	0.07
	No	185	4.01	0.72	0.05
Work-related barriers	Yes	103	4.09	0.79	0.07
	No	185	3.78	0.86	0.06
The community's perception of the nursing profession	Yes	103	2.90	1.04	0.10
	No	185	2.59	0.90	0.06
Intention to study nursing	Yes	103	2.75	0.83	0.08
	No	185	2.92	0.74	0.05

Table 5.91: The results of the *t*-test considering family members working in nursing

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	*t*	*df*	Sig(2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Kuwait's attitude towards the nursing profession	Equal variances assumed	0.095	0.759	1.478	286	0.141	0.13	0.09	−0.04	0.31
	Equal variances not assumed			1.451	199.663	0.148	0.13	0.09	−0.04	0.31
Work-related barriers	Equal variances assumed	1.940	0.165	2.908	286	0.004	0.30	0.10	0.09	0.50
	Equal variances not assumed			2.987	227.914	0.003	0.30	0.10	.102	0.50
The community's perception of the nursing profession	Equal variances assumed	4.196	0.041	2.579	286	0.010	0.30	0.11	0.07	0.53
	Equal variances not assumed			2.474	186.530	0.014	0.30	0.12	0.06	0.54
Intention to study nursing	Equal variances assumed	2.669	0.103	–1.795	286	0.074	−0.17	0.09	−0.35	0.01
	Equal variances not assumed			–1.735	190.788	0.084	−0.17	0.09	−0.36	0.02

Table 5.90 and Table 5.91 illustrate a statistical significance between those parents who have family members working in nursing and the intention for their children to study nursing ($t(286) = –1.795$, $p = 0.074$). Likewise, Kuwait's attitude is found to have a statistically significant effect with family members working in nursing towards the community's perception of the nursing profession ($t(286) = 2.579$, $p = 0.010$). In addition, there was significant difference between family members working in nursing and work-related barriers ($t(286) = 2.908$, $p = 0.004$). However, no statistical significance was observed between family members working in nursing and Kuwait's attitude towards the nursing

profession ($t(286) = 2.464$, $p = 0.014$). Therefore, the null hypothesis is eliminated, concluding that there is significant different between yes and no with all four groups.

5.6.10 Parents with relatives or friends working in nursing

An independent sample *t*-test was conducted to compare the four factors in relation to friends or relatives who work in nursing. Table 5.92 and Table 5.93 present the results.

Table 5.92: Descriptive statistics of relative and friends working in nursing across the four groups

	Relatives or friends work in the nursing profession?	***n***	***M***	***SD***	**Std. Error Mean**
Kuwait's attitude towards the nursing profession	Yes	163	4.14	0.72	0.05
	No	125	3.96	0.74	0.06
Work-related barriers	Yes	163	4.00	0.79	0.06
	No	125	3.75	0.90	0.08
The community's perception of the nursing profession	Yes	163	2.65	1.03	0.08
	No	125	2.76	0.88	0.07
Intention to study nursing	Yes	163	2.85	0.80	0.06
	No	125	2.88	0.75	0.06

Table 5.93: The results of the *t*-test considering relatives and friends who work in nursing

Independent Samples Test										
		Levene's Test for Equality of Variances		*t*-test for Equality of Means						
		F	Sig.	*t*	*df*	Sig(2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Kuwait's attitude towards the nursing profession	Equal variances assumed	0.921	0.338	2.143	286	0.033	0.18	0.08	0.01	0.35
	Equal variances not assumed			2.135	262.988	0.034	0.18	0.08	0.01	0.35
Work-related barriers	Equal variances assumed	5.025	0.026	2.499	286	0.013	0.25	0.10	0.05	0.44
	Equal variances not assumed			2.459	248.731	0.015	0.25	0.10	0.05	0.45
The community's perception of the nursing profession	Equal variances assumed	4.458	0.036	−0.937	286	0.350	−0.10	0.11	−0.33	0.11
	Equal variances not assumed			−0.956	282.563	0.340	−0.10	0.11	−0.33	0.11
Intention to study nursing	Equal variances assumed	1.009	0.316	−0.301	286	0.763	−0.02	0.09	−0.21	0.15
	Equal variances not assumed			−0.304	274.374	0.761	−0.02	0.090	−0.20	0.15

Table 5.93 shows that there is a no statistical significance between relatives or friends working in nursing and intention to study nursing ($t(286) = -0.301$, $p = 0.763$). The mean score for no ($M = 2.8832$, $SD = 0.75357$) was higher than for those who responded yes ($M = 2.8832$, $SD = 0.75357$). Likewise, The community's perception of the nursing profession was not found to have a statistically significant effect on relatives or friends working in nursing ($t(286) = -0.937$, $p = 0.350$). The mean score for no ($M = 2.7660$, $SD = 0.88260$) was higher than for yes ($M = 2.6580$, $SD = 1.03188$). However, there is significant difference between relatives or friends work in nursing and work-related

barriers ($t(286) = 2.499$, $p = 0.013$). The mean score for yes ($M = 4.0061$, $SD = 0.79907$) was higher than for no ($M = 3.7547$, $SD = 0.90414$). Also, there is a significant difference between relatives or friends who work in nursing and Kuwait's attitude towards the nursing profession ($t(286) = 2.143$, $p = 0.033$). The mean score for yes ($M = 4.1472$, $SD = 0.72563$) was higher than for no ($M = 3.9600$, $SD = 0.74698$). Therefore, the null hypothesis was eliminated and it can be concluded that there is a significant different between yes and no in all four groups.

5.6.11 Parents' intention to encourage male children to study nursing across the four groups

Table 5.94: Descriptive statistics of intent to encourage sons to study nursing across the four groups

	Do you intend to encourage any of your male children towards the field of nursing?	***n***	***M***	***SD***	**Std. Error Mean**
Kuwait's attitude towards the nursing profession	Yes	79	3.98	0.75	0.08
	No	209	4.09	0.73	0.05
Work-related barriers	Yes	79	3.61	0.83	0.09
	No	209	4.00	0.83	0.05
The community's perception of the nursing profession	Yes	79	2.47	0.83	0.09
	No	209	2.79	1.00	0.06
Intention to study nursing	Yes	79	3.37	0.617	0.06
	No	209	2.67	0.74	0.05

Table 5.95: The results of the *t*-test considering the intention to encourage sons to studying nursing

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	*t*	*df*	Sig(2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Kuwait's attitude towards the nursing profession	Equal variances assumed	0.101	0.751	–1.200	286	0.231	−0.11	0.09	−0.30	0.07
	Equal variances not assumed			–1.185	137.186	0.238	−0.11	0.09	−0.31	0.07
Work-related barriers	Equal variances assumed	0.187	0.666	–3.499	286	<0.001	−0.38	0.11	−0.60	−0.16
	Equal variances not assumed			–3.505	141.004	<0.001	−0.38	0.11	−0.60	−0.16
The community's perception of the nursing profession	Equal variances assumed	3.903	0.049	–2.499	286	0.013	−0.31	0.12	−0.56	−0.06
	Equal variances not assumed			–2.710	167.179	0.007	−0.31	0.11	−0.54	−0.08
Intention to study nursing	Equal variances assumed	7.275	0.007	7.396	286	<0.001	0.69	0.09	0.51	0.88
	Equal variances not assumed			8.062	169.111	<0.001	0.69	0.08	0.52	0.87

Table 5.94 and Table 5.95 illustrate the independent sample *t*-test used, and shows no statistical significant difference between the intention to encourage sons to study nursing and Kuwait's attitude towards the nursing profession ($t(286) = -1.200$, $p = 0.231$). The mean score for no ($M = 4.0981$, $SD = 0.73331$) was higher than for yes ($M = 3.9810$, $SD = 0.75390$), whereas there were significant differences between the intention to encourage male children to study nursing and work-related barriers ($t(286) = -3.499$, $p = <0.001$). The mean score for no ($M = 4.0032$, $SD = 0.83844$) was higher

than for yes (*M* = 3.6160, *SD* = 0.83562). Intention to study nursing (*t*(286) = 7.396, *p* = <0.001) shows a statistical significant difference between intention to encourage sons to study nursing and the community's perception of the nursing profession (*t*(286) = −2.499, *p* = 0.013). The mean score for no (*M* = 2.7919, *SD* =1.00347) was higher than for yes (*M* = 2.4747, *SD* = 0.83742). Therefore, the null hypothesis was eliminated, and it can be concluded that there is a significant difference between encouraging sons to study nursing and all four groups.

Table 5.96: Descriptive statistics of intent to encourage daughters to study nursing across the four groups

	Do you intend to direct any of your daughters towards the field of nursing?	***n***	***M***	***SD***	**Std. Error Mean**
Kuwait's attitude towards the nursing profession	Yes	75	3.97	0.75	0.08
	No	212	4.10	0.73	0.05
Work-related barriers	Yes	75	3.56	0.86	0.09
	No	212	4.01	0.82	0.05
The community's perception of the nursing profession	Yes	75	2.54	0.88	0.10
	No	212	2.76	0.99	0.06
Intention to study nursing	Yes	75	3.36	0.62	0.07
	No	212	2.68	0.75	0.05

Table 5.97: The results of the *t*-test considering the intent to encourage daughters to study nursing

Independent Samples Test										
		Levene's Test for Equality of Variances		*t*-test for Equality of Means						
		F	Sig.	*t*	*df*	Sig.(2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Kuwait's attitude towards the nursing profession	Equal variances assumed	0.018	0.894	–1.256285		0.210	−0.12	0.09	−0.31	0.07
	Equal variances not assumed			–1.237126.361		0.218	−0.12	0.10	−0.32	0.07
Work-related barriers	Equal variances assumed	0.816	0.367	–4.068285		<0.001	−0.45	0.11	−0.67	−0.23
	Equal variances not assumed			–3.975124.685		<0.001	−0.45	0.11	−0.68	−0.22
The community's perception of the nursing profession	Equal variances assumed	1.657	0.199	–1.697285		0.091	−0.22	0.13	−0.47	0.03
	Equal variances not assumed			–1.791144.195		0.075	−0.22	0.12	−0.46	0.02
Intention to study nursing	Equal variances assumed	6.334	0.012	6.926285		<0.001	0.67	.09	0.48	0.86
	Equal variances not assumed			7.578155.712		<0.001	0.67	0.08	0.49	0.84

An independent samples *t*-test was used to determine if intention to direct daughters towards the field of nursing influenced the dependent variables (Table 5.96 and Table 5.97). It showed no statistically significant effect on Kuwait's attitude towards the nursing profession ($t(285) = -1.256$, $p = 0.210$) and the community's perception of the nursing profession ($t(285) = -1.697$, $p = 0.091$); however, there were statistically significant differences with work-related barriers ($t(285) = -4.068$, $p = <0.001$). The mean score for no ($M = 4.0189$, $SD = 0.82078$) was higher than for yes ($M = 3.5644$,

SD = 0.86120). Also, there was significant difference for the intention to study nursing (*t*(285) = 6.926, *p* = <0.001), with the mean score for yes (*M* = 3.3627, *SD* = 0.62445) higher than for no (*M* = 2.6896, *SD* =0.75494). Therefore, the null hypothesis was eliminated and it can be concluded that there are significant differences between encouraging daughters to study nursing with all four groups.

5.6.12 Parents' recommendation to others to study nursing

Table 5.98: Descriptive statistics of recommending others to study nursing across the descriptive statistics of the four groups

	Do you recommend studying nursing?	*n*	*M*	*SD*	Std. Error Mean
Kuwait's attitude towards the nursing profession	Yes	183	4.06	0.69	0.05
	No	105	4.06	0.81	0.07
Work-related barriers	Yes	183	3.77	0.84	0.06
	No	105	4.10	0.83	0.08
The community's perception of the nursing profession	Yes	183	2.49	0.89	0.06
	No	105	3.07	0.99	0.09
Intention to study nursing	Yes	183	3.16	0.64	0.04
	No	105	2.35	0.72	0.07

Table 5.99: The results of the *t*-test considering the intention to encourage others to study nursing

Independent Samples Test										
		Levene's Test for Equality of Variances		*t*-test for Equality of Means						
		F	Sig.	*t*	*df*	Sig.(2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Kuwait's attitude towards the nursing profession	Equal variances assumed	3.062	0.081	0.098	286	0.922	0.00	0.09	−0.16	0.18
	Equal variances not assumed			0.094	189.448	0.925	0.00	0.09	−0.17	0.19
Work-related barriers	Equal variances assumed	0.100	0.753	–3.227	286	0.001	−0.33	0.10	−0.53	−0.12
	Equal variances not assumed			–3.238	218.906	0.001	−0.33	0.10	−0.53	−0.12
The community's perception of the nursing profession	Equal variances assumed	1.169	0.281	–5.099	286	<0.001	−0.58	0.11	−0.80	−0.35
	Equal variances not assumed			–4.946	197.395	<0.001	−0.58	0.11	−0.81	−0.34
Intention to study nursing	Equal variances assumed	3.873	0.050	9.746	286	<0.001	0.80	0.08	0.64	0.97
	Equal variances not assumed			9.452	197.391	<0.001	0.80	0.08	0.63	0.97

An independent samples *t*-test was used to determine if recommending studying nursing to others influenced the dependent variables of the four group factors (Table 5.98 and Table 5.99). There was no statistically significant effect on Kuwait's attitude towards the nursing profession ($t(0.098) = 286$, $p = 0.992$). However, the findings illustrate there were significant differences in work-related barriers ($t(286) = -3.227$, $p = 0.001$); the mean score for no ($M = 4.1079$, $SD = 0.83397$) was higher than for yes (M=3.7760, *SD*=.84383). Furthermore, the intention to study nursing ($t(286) = 9.746$, p = <0.001) in the mean score for yes ($M = 3.1617$, $SD = 0.64762$) was higher than for no ($M = 2.3543$, $SD = 0.72497$). Also, the community's perception of the nursing profession ($t(286) = -5.09$, $p = <0.001$) in the mean score for no ($M = 3.0738$, $SD = 0.99634$) was higher than for yes ($M = 2.4932$, $SD = 0.8905$). Therefore, the null hypothesis was eliminated and it can be concluded that there is a significant difference between encouraging others towards the field of nursing with all groups.

5.7 The effect of gender on items within each of the components

This section presents the results of the examination of whether fathers and mothers differed on each of the four factors using an independent sample *t*-test. The mean overall scores for both males and females for each item in the parent's survey, and the overall score (average items and factors), found that male and female participants have no significantly different scores, with all items generally showing greater scores ($p < 0.05$) (see Appendix O, Appendix Table 37, Appendix Table 38).

5.8 Open response question

Table 5.100 presents the suggestions made by the parents of year 12 students to enhance the image of the nursing profession.

The participants were asked to suggest ways in which the nursing image could be improved in Kuwait. The recommendation was determined based on the most repeated responses to the question.

Table 5.100: Recommendations for improvement

Recommendations	**Parents suggestions *N* = 288**	
	n	**%**
Nurse salaries and incentives should be improved.	200	69.4
Enhance the media's portrayal of nurses.	190	65.9
Encouraging young people to join the nursing profession.	120	41.6
Improving working hours and night shift work.	220	76.3
School visits to increase public awareness of the nursing profession.	215	74.6
An enhanced nursing environment contributes to a better nursing picture overall.	165	57.2
Increase the number of Kuwaiti nurses in hospitals.	140	48.6
There is a lack of awareness among parents about the role of the nurse.	165	57.2

Table 5.100 above illustrates that both questionnaires ended with an open-ended question so that participants could relate their answers to the above questions in more depth and provide a more detailed description of how the Kuwaiti community views the nursing profession in Kuwait and their attitudes towards nursing professions generally. Moreover, the study participants offered the

researcher suggestions regarding how the nursing image in the community might be improved from their point of view, based on their perception of the current nursing image in Kuwait. Parents (*n* = 288) and year 12 students (*n* = 302) from the participants were asked the same question. The following ideas were the result of collecting and analysing the comments they made from the participants, and the ideas have been ranked according to their frequency of occurrence based on the number of comments they have seen. Furthermore, among the findings of the table above, it was observed that the majority of participants believe that the attitude of the community towards the nursing profession, the work hours, nurses' salaries and the media are among the most important factors that can have a significant impact on the nursing profession's image in Kuwait.

5.9 Summary

This chapter presented the study's quantitative findings on the Kuwaiti community's attitudes towards nursing, specifically Kuwaiti attitudes and factors that influence the views of year 12 students and their parents. The data analysis tools used were chi-square tests, Pearson correlations, factor analysis, *t*-tests and ANOVA. The first questionnaire (of year 12 students) showed that boys and girls overall had positive perceptions of nursing in the Kuwaiti context. Furthermore, the chi-square tests indicated significant associations between intentions to study nursing after high school and family members or friends working in (and recommending) nursing. Moreover, the factor analysis yielded three groups (intention to study nursing, Kuwait's attitude towards the nursing profession and nursing image) enabling performance of further to perform further *t*-tests and ANOVA on the data. The *t*-tests also showed that there are significant differences between the intention to study nursing and family members working in nursing, and between friends working in nursing and advising others to do so; advice to others was significantly different than Kuwait's general attitude towards the nursing profession and nursing image.

The second questionnaire targeted parents of year 12 students. The chi-square analysis indicated that there are significant associations between the intention to encourage children to study nursing after high school and recommending that others should study nursing; between gender and recommending others to study nursing; and between the intention to encourage male children to study nursing and parental qualifications. Moreover, the factor analysis yielded four groups (Kuwait's

attitude towards the nursing profession, work-related barriers, the community's perception of the nursing profession and intention to study nursing), which were subject to further *t*-tests and ANOVA. The *t*-tests showed that there was a significant difference between Kuwait's attitude towards the nursing profession and friends working in nursing. Furthermore, the findings indicated that there was a significant difference between the community's perception of the nursing profession and family working in nursing. There were also significant differences between intentions to study nursing, parents encouraging male and female children to study nursing, and parents advising others to study nursing. The findings indicated differences between Kuwait's attitude towards the nursing profession, work-related barriers, the community's perception of the nursing profession and intention to study nursing. The ANOVA analysis indicated that there were significant differences between Kuwait's attitude towards the nursing profession, age, and family members. Finally, there were significant differences between work-related barriers and age, and ANOVA revealed significant differences between intention to study nursing and age.

CHAPTER 6: Part 1, Quantitative Study – Discussion

6.1 Introduction

This chapter presents a discussion of the results from the quantitative study conducted with year 12 students and their parents. As contributing members of the Kuwaiti community, determining the factors that influence year 12 students to choose nursing as a career in Kuwait is believed to be one of the most effective ways of increasing student recruitment into nursing from school.

Kuwait is in the Middle East and is an Arabic–Islamic country. It is considered a conservative society that holds strong cultural values (Atkinson, 2015). The results of this current study indicate that nursing in Kuwait is characterised by diverse restrictions resulting from social challenges, cultural influences and religious influences. For year 12 students and their parents, nursing is considered a less desirable occupation when compared to the expectations that are socially imposed on a student's social class. This chapter discusses the results of the current research in relation to the previous literature on community perceptions of the nursing profession, focusing on year 12 students and their parents in Kuwait. The current research explored community perceptions of the nursing profession, evaluated the image of nursing and highlighted the factors that influence students' and parents' decisions for students to join the nursing profession as described in section 1.11-1.14 in the introduction in chapter one as research aim, questions and objectives.

This study was conducted to explore the Kuwaiti community's perceptions of the nursing profession. A discussion of the factors that influence the perceptions of students and their decisions to choose nursing as a profession is provided in this chapter. Furthermore, the sociocultural impact of choosing nursing as a future career is discussed. The results are reviewed with consideration of the influence of family and parents, and friends and relatives who have worked as nurses, and the social stigma associated with the nursing profession, as well as gender roles in nursing.

6.2 Perceptions about nurses

A discussion of the factors that influence the perceptions of students and their parents about nursing, and the resultant decision-making about nursing as a profession, follows.

6.2.1 Parents' perceptions of the nursing profession and their influence on their children's choice

Kuwaiti society encompasses a wide range of elements, and is characterised by strong relationships between individuals. The study found that the parents with family and friends who work as nurses had a negative perception of the nursing profession and no intention of encouraging their children to study nursing. Although they respected nurses, they were not interested in encouraging their children enter the nursing profession. These results differ considerably from those of Mahran and Al-Nagshabandi (2012), who state that parents encouraged their children to study nursing and have a positive attitude towards the nursing profession in Saudi Arabia. Another study's results illustrate that parents perceived nursing positively but discouraged their year 12 students from joining the nursing profession in Bahrain (Tawash & Cowman, 2018).

It was essential to determine whether there was a relationship between the parents' occupational background and the year 12 students' choices about their future careers. A significant correlation was found, confirming previous results that illustrate how students' decisions and intentions to study nursing can be influenced by their parents' occupation (Saleh et al., 2020; Tawash & Cowman, 2018). However, all results showed that there was no correlation between parents' gender or qualifications and intention to encourage their children to study nursing, unlike the results from Alroqi (2017) and (Tawash and Cowman (2018), which indicated that the gender and qualifications of parents can influence their children's choice about their future careers after graduation.

It is generally acknowledged that the elderly in Kuwait are highly respected by the younger generation, who seek advice from their elders on various aspects of life (Edes et al., 2022). The results in this current study indicate that the older the parent, the more negative their attitude towards nursing as a career. Also, the older the parent, the more negative their attitude towards the work-related barriers that exist in nursing. There was a statistically significant result indicating a weak correlation between age and intention to study nursing, illustrating that age can influence a parent's intention to encourage a nursing as a career in Kuwait. Therefore, parents' life experiences may prevent them from advising their children to pursue a career in nursing. The results indicate that students follow their parents' advice about entering the nursing profession, which has a considerable

impact on students' decisions about their future careers (Subu et al., 2022; Tawash & Cowman, 2018).

The finding that parents do not want their children to study nursing confirms previous studies conducted in Saudi Arabia and in the Middle East and North Africa (MENA), which also illustrate that parents do not advise their children to enter the profession because of low wages, poor social recognition and an inability to advance their careers (Degazon et al., 2015; Öncü et al., 2022; Shahbal et al., 2022). The results indicate that the parents in this study believe that nursing is a humanitarian occupation, and a nursing career is suitable for a small group of individuals who belong to a lower income and social class in the community. Other studies have reached similar conclusions (Mahran & Al-Nagshabandi, 2012; Olubiyi et al., 2020; Subu et al., 2022).

The results indicate that Kuwaiti parents do not view the nursing profession as a job for women from their family. These results contradict results from previous studies, where the community perceives nursing as only suitable for females (Abbas et al., 2020; Albougami et al., 2020; Azadi et al., 2017; Elewa & Abed, 2017). The results from this study indicate a quandary; the Kuwaiti community would like to see more Kuwaiti nurses and yet does not encourage their children to be nurses. The Kuwaiti community holds a negative view of the nursing profession; therefore, parents suggest better occupations for their children. However, the nursing profession offers various job opportunities and options for both male and female nurses in hospitals, and it is widely recognised that the nursing profession offers a high level of job security for nurses worldwide (Olubiyi et al., 2020; Tawash & Cowman, 2018; Wilkes et al., 2015). According to another study, male nurses leave the nursing profession in search of other suitable occupations due to a lack of recognition within the profession (Chen et al., 2020). Despite parents' desires to have all nurses in Kuwait be Kuwaiti, they do not wish their children to become nurses. This illustrates a disconnect between the need for nurses and the willingness parents to encourage their children to become nurse health professionals to enter the field. Hence, it is imperative that parents recognise the importance of the profession and encourage their children to pursue it to satisfy the growing demand. In the literature, there is a major gap between the perceptions of nursing among parents in the community and the belief that nursing is an acceptable profession for their children.

6.2.2 Students' perceptions of the nursing profession

The results from this study illustrate that students who have family and friends who work as nurses have a negative perception of the nursing profession and no intention to study nursing after secondary school. According to a study conducted using the same tools as this current study, participants with friends or relatives who are nurses have negative perceptions of nursing, which may influence their decision to study it (Alroqi, 2017; Mahran & Al-Nagshabandi, 2012). Interestingly, the current study's results illustrate that the students respect the nursing profession; nevertheless, are not interested in joining or studying nursing. Another study indicates that having a friend who works as a nurse could have a negative impact on a student's decision to join the nursing profession (Degazon et al., 2015; Subu et al., 2022). Previous research conducted in Turkey shows that a positive perception of the nursing image has a significant influence on year 12 students' choice of profession and their decision to remain in the profession (Öncü, 2022). The current results differ considerably from those of Mahran and Al-Nagshabandi (2012), which indicate that year 12 students do not wish to study nursing, as in this current study, but also that students do not appreciate those who work as nurses. In the current study, year 12 students appreciated those who work as nurses even though students themselves did not want to pursue a career in nursing.

The current study's results indicate that the students do not see the nursing profession as a suitable future occupation. This is partly due to gender stereotypes and the perception that it is not socially acceptable for males to pursue the nursing profession, which is typically seen as female oriented. Other studies highlight similar attitudes by Arabic communities towards the nursing profession (Alroqi, 2017; Kandil et al., 2021; Mahran & Al-Nagshabandi, 2012; Maymoun & Sohail, 2020; Tawash & Cowman, 2018; Shahbal et al., 2022). According to public opinion, nursing is highly regarded, largely because it is mostly held by women, and it is often believed that nurses are mostly female. In addition, in Turkey, researchers found that men are less likely to enter a profession that tends to be dominated by women and choose nursing only when there are no other options available (Öncü et al., 2022). Studies conducted in the Middle East indicate that nursing is still considered a stigmatised profession due it being seen as a female profession (Shahbal et al., 2022). Previous studies indicate that the nursing profession is associated with characteristics that are considered

feminine (Alroqi, 2017; Elewa & Abed, 2017; Öncü et al., 2022; Roshangar et al., 2021; Subu et al., 2022; Tawash & Cowman, 2018; Wałowska & Domaradzki, 2023; Woldasemayat et al., 2022).

As evidenced by the results of this study, Kuwaiti perceptions of the nursing profession, particularly regarding nursing roles and the workplace setting, are largely negative, especially in comparison to perceptions of other professions. According to Tawash and Cowman (2018) and Mahran and Al-Nagshabandi (2012), nursing is viewed as a profession that primarily performs a caregiving role. The results of Akosah-Twumasi et al.'s (2018) systematic review indicate that parents and family play an important role in impacting young people's career decisions. However, there have been no prior studies conducted in Kuwait that assess the Kuwaiti community's perceptions of the nursing profession or student attitudes towards nursing as a career after graduation. The current study found that Kuwaiti sociocultural factors play a significant role in shaping the community's perception of nursing, and consequently in influencing the career choices made by parents of year 12 students. The number of females working as nurses in Kuwait is higher than the number of males, with most being expatriate nurses. This indicates that Kuwaiti culture still perceives nursing negatively and highlights the need for more research to understand the underlying factors that influence this perception. Cultural awareness and education can potentially improve negative perceptions of the nursing profession in Kuwait.

6.3 Nursing and social status

In cultures where nursing is stereotyped as a job for maids, a nurse is often seen as a servant. Based on the results of this current study, year 12 students perceive nursing as an honourable profession and do not believe that nursing is a profession exclusively for women. Previous studies have found that stereotypes and conflicts associated with gender roles play a significant role in limiting the number of male nurses (Arreciado Marañón et al., 2019). In studies from Arabic countries, participants' closest relatives and parents reinforced stereotypes about nursing being a female-dominated profession. This is considered an obstacle to men pursuing nursing as a profession (Alghabashi & Sayed, 2022; Mahran & Al-Nagshabandi, 2012; Saleh et al., 2020; Shahbal et al., 2022; Subu et al., 2022). In contrast to previous studies, the participants in this study indicated that the COVID-19 pandemic made a significant contribution to the reduction of harmful stereotypes

about nurses. Furthermore, it served as a beneficial way to promote nursing as a career that rewards hard work, a high level of education and a high level of independence (Wałowska & Domaradzki, 2023). Despite the perception students have of nursing within the community, they did not hold a negative opinion about it. However, the lack of interest may be attributed to the students' previous hospital experiences, inadequate information about the nursing profession and the influence parents have on the student's decision to enter nursing.

In Kuwaiti culture, communities are known for being conservative and religious, and gender segregation is considered a major factor in choosing a profession. Nursing workplaces are typically mixed-gender environments, with male and female nurses working together as a team. Recruiting Kuwaiti females from conservative families can thus be a difficult task, especially for those from religious backgrounds. Kuwaiti female nurses provide medical care to patients but do not interact with male patients for religious reasons, which may prove to be a barrier for Kuwaitis. A mixed-gender environment can be uncomfortable for Muslim women who feel that dignity and personal space are crucial. A previous study on the nursing profession looked at gender segregation, finding that many families continue to be hesitant to encourage their children, particularly girls, to become nurses (Abbas et al., 2020; Alroqi, 2017; Öncü et al., 2022; Subu et al., 2022; Tawash & Cowman, 2018). Nursing is negatively viewed by Kuwaiti society due to stereotypical representations of women, a lack of respect for nurses and low pay. Moreover, nurses are viewed with disrespect, which discourages women from joining the profession. Nurses of both genders are affected by this negative image of nursing (Tawash & Cowman, 2018; Woldasemayat et al., 2022).

Male nurses have been disadvantaged by the stereotype that nursing is a female occupation, which leads to a lower acceptance rate for male nurses, as society tends not to view nursing as an appropriate career for men (Abbas et al., 2020). In accordance with Arabic cultural stereotypes of male nurses, male nurses also experience social bias and discrimination. A variety of sociocultural factors associated with individuals and organisations contribute to the discrimination against, and harassment of, male nurses. Furthermore, in Arabic communities, daughters are not allowed to be married to male nurses. This issue has been perceived as culturally restrictive by male nurses (Chang & Jeong, 2021; Olubiyi et al., 2020; Saleh et al., 2020). The stereotype of a male being a

nurse is one of the biggest barriers that males face when seeking to become nurses (Squires et al., 2019). A male nurse may find it challenging to cope with gender stereotypes expressed by the public and patients because of the nature of the job (Raghavan et al., 2023). It is common for male nurses to be stereotyped as gay on account of cultural and social factors. Accordingly, male nurses have been subjected to discrimination and social exclusion during certain medical procedures and treatments (Budu et al., 2019; Mahran & Al-Nagshabandi, 2012; Subu et al., 2022; Younas et al., 2022). The results in this study indicate that the participants had no concerns about working in mixed-gender workplaces. Studies conducted in Saudi Arabia, however, indicate that nursing is viewed negatively and not seen as a viable career choice, most notably since Saudis are not comfortable working with the opposite gender in mixed-gender workplaces; moreover, the social obligation to family duties makes rotating shifts in nursing unsuitable for female nurses (Alghabashi & Sayed, 2022; Al-Marashi & Al-Zghool, 2018; Alroqi, 2017; Elmorshedy et al., 2020; Mahran & Al-Nagshabandi, 2012). It is a noteworthy aspect of Arab culture that women hold a prominent position in the family, and that women are responsible for caring for their husbands and children. Women are the core of every family and are closely associated with family honour and dignity (Al-Asfour et al., 2017; Syed et al., 2018).

6.4 The role of the media

Undoubtedly, media portrayals of nursing play an essential role in influencing public perceptions. According to the results of this study, the Kuwaiti media does not pay sufficient attention to nursing or make an adequate effort to convey an accurate picture of the nurse's role in practice. Other studies indicate that there is a negative impact on the nursing profession's reputation when the media portrays nurses as low-status females who are servants of doctors (Abbas et al., 2020; Alroqi, 2017; Mahran & Al-Nagshabandi, 2012; Roshangar, et al., 2021). The media present the nursing workplace and work conditions of nurses as stressful and exhausting (Alghabashi & Sayed, 2022; Elewa & Abed, 2017; Tawash & Cowman, 2018). Research from Iran suggests that it is imperative that policymakers develop a healthy relationship with the media to avoid misrepresentations in media portrayals of nursing, which can potentially cause mistrust among nurses as a profession (Jadidi et al., 2022; Roshangar et al., 2021). The results from a Chinese study suggest that nursing

policymakers should develop plans to promote positive views of the nursing profession via social media to encourage year 12 students to pursue nursing (Zhu et al., 2022). González et al. (2023) conducted a systematic review of the impact of the media on the public image of nursing, suggesting that, to improve nursing's image, nurses from a variety of backgrounds as well as academic and hospital settings must maintain an attitude of active engagement, which ensures appropriate representations of nursing within the profession. There are many negative stereotypes of nursing in the media that continue to affect society's perceptions of nursing.

The results in this study are consistent with previous results regarding working conditions for nurses, indicating that parents and students view the nursing profession as an exhausting job and that half of the students believe society despises nurses. These factors may affect students' decisions about whether to enter the nursing profession. Public perception in Kuwait is strongly influenced by social media in relation to a wide range of issues, opinions and points of view.

6.5 Nursing and financial status

Based on the results in this study, it appears that financial considerations have a strong influence on the decision to enter the nursing profession, suggesting that families with lower incomes should encourage their year 12 students to pursue a nursing career, whereas higher-income families are unlikely to encourage their children to do so. The results indicate that students have no knowledge about how much nurses earn. On the other hand, many parents believe that nurses do not earn a high income in comparison to other fields of work and that the financial benefits are relatively low. A study with similar results indicates that students from higher-income families are less interested in studying and joining the nursing profession (Zhu et al., 2022). Furthermore, it can be concluded that salaries have a significant influence on people becoming nurses, and that nurses often encourage others to pursue nursing careers when the nursing profession is well paid (Abbas et al., 2020). Numerous previous studies have been conducted on the factors that influence the choice to join nursing, including the stability of the financial position of the profession (Akinyemi et al., 2022; Albougami et al., 2020; Alroqi, 2017; Christensen et al., 2018; Dewanto & Wardhani, 2018; Labrague et al., 2020; Öncü et al., 2022; Powers et al., 2018; Subu et al., 2022). According to a study

conducted in Bahrain (Tawash & Cowman, 2018), nurses' salaries are relatively low compared with those of other occupations, such as medicine, engineering and law.

To be regarded as a financially rewarding career with a high level of job security, nursing must be presented positively (Tawash & Cowman, 2018). One study conducted in Ghana showed that salary was one of the most significant indicators of turnover intentions. This indicates that nurses are attempting to join higher-paying occupations (Boateng et al., 2022). In another study, the factors influencing Saudi Arabian nurses' turnover were discussed. Low salaries were identified as one of the organisational factors that contribute to nurses leaving their profession. According to this study (Alshareef et al., 2020), Saudi Arabia's unfair and unequal salary system for nurses is the major factor leading to nurse turnover. It was pointed out by the participants in the current study that other occupations have better opportunities than the nursing profession, and that one of the reasons for this is that nurses in Kuwait are relatively low paid; the public in Kuwait may be more willing to consider entering the nursing profession if the occupation is financially stable and pays well.

6.6 Nursing and cultural influences

Islam has specific rules for every aspect of life, including work, which is included in its comprehensive lifestyle guidelines. Female nurses have found that following certain religious instructions, such as wearing head covers or avoiding physical contact with male patients and nurses, can be extremely challenging in the clinical setting. Furthermore, men are discouraged from entering the profession due to religious obstacles to men touching women (Azim & Islam, 2018; El Hachi, 2020; Simon & Peter, 2022). In Muslim countries, the recognition of Rufaidah Al-Aslamia's historical role as the first nurse has been acknowledged to an extent, both on an official and informal level. Nursing is recognised as an honourable profession in the Islamic religion, but it is not recognised as such in cultural and traditional societies. A prominent symbol of nursing's acceptance was the fact that Rufaidah was the first Arab female Muslim nurse and was recognised by the Prophet Mohammed. Nursing in the religion was recognised by Rufaidah nurses as followers of Rufaidah (Bodrick et al., 2022).

Religious considerations are key in determining individual pathways in different aspects, such as the nature of one's occupation. This study's results illustrate that there is no allocation of male nurses to male patients and female nurses to female patients in Kuwait, which impacts student decisions to study nursing after high school, as students are raised in an Islamic country where the religious element is vital in their daily activities. According to previous studies, religious beliefs are considered a barrier to promoting nursing as a profession after high school. In addition, female and male nurses are prohibited from caring for patients of the opposite gender in clinical practice and at work due to religious beliefs and cultural norms (Abbas et al., 2020; Alroqi, 2017; Alshammari and Adam et al., 2019; Banakhar et al., 2021; Hussein & Abou Hashish, 2023; Mahran & Al-Nagshabandi, 2012; Tawash & Cowman, 2018). Moreover, male nurses are forbidden from working in female wards, while female nurses are permitted to work both in female and male wards. However, due to religious beliefs in Kuwait, it has been suggested that female nurses are considered more suitable to be healthcare providers for female patients and male nurses for male patients. The presence of male patients may be uncomfortable for some Muslim nurses, particularly if the patients are not related to the nurse. Along the same lines, a study conducted in the United Arab Emirates indicates that female Muslims should wear hijabs to be considered appropriate from the religious perspective (El Hachi, 2020). Other research from Saudi Arabia illustrates that a woman is traditionally expected to cover her face when in public places. Islamic law prohibits women from having public associations with men other than their fathers, husbands and brothers (Simon & Peter, 2022).

The recruitment of Muslim nurses can be influenced by a variety of factors, including religious beliefs. Gender segregation separates people based on their gender. Traditionally, women are expected to work in female-only spaces in Arabic countries (Azim & Islam, 2018). Therefore, healthcare facilities may face challenges recruiting and keeping qualified Muslim nurses. It is possible that Muslim families may be unwilling to allow their daughters to work in healthcare settings because of concerns about their safety or ability to adhere to religious beliefs.

A social constructionist approach can be applied to community perception by examining how individual interactions and processes influence experiences within a profession and within a community, as well as in communities. As the community operates on individual interaction, and

constructs its own beliefs or phenomena, social constructionists have the ability to shape society's ideas and conceptions. Examining the knowledge, experiences and identities of nurses, patients, and families can shed light on how these interactions contribute to the formation of the individual's experience and identity.

In addition to influencing cultural values and beliefs, religion can also influence the perception of nursing in the community. Nursing, for example, may be viewed by some cultures as a vocation or a form of service to others, and this may have an influence on how nursing will be perceived within those cultural communities as a profession. In addition, religious beliefs may have an impact on a person's attitude towards health care, the role of nurses within the healthcare system, and how the public perceives the nurse's role within that system, as well as the expectations that are placed upon their roles.

6.7 Summary

This chapter addressed the quantitative responses to the research questions; it also presented a discussion and analysis of the data on year 12 students' and their parents' perceptions of the nursing profession. The students and their parents emphasised the importance of Kuwaiti nurses, especially for improving patient safety and addressing the labour shortage in the nursing profession. Nevertheless, the results illustrate that Kuwaiti parents and students view nursing negatively due to sociocultural factors. The results indicate that both parents and students appreciate and respect the nursing profession in Kuwait; however, there are negative perceptions of nursing in the Kuwait community. Further barriers to nursing include the mixed-gender environment, where female nurses look after male patients. In addition, the results highlight that while society does not view nursing negatively, students believe that society despises those who work in the nursing profession, although the student themselves did not. The results demonstrate that parents and students see nurses as honourable and respectful, yet there is no intention to study nursing.

These results contribute new knowledge concerning Kuwaiti perceptions of the nursing profession in Kuwait. The study investigated the relationship between Kuwait perceptions of the nursing profession and the factors influencing year 12 students who intend to study nursing. Furthermore,

this thesis is the first in Kuwait to provide a thorough understanding of the views of nursing held by year 12 students and their parents. The information could be helpful in identifying the social and cultural barriers to nursing recruitment. It is anticipated that the results of this study will be useful in increasing the number of nurses, promoting a positive image of nursing, and improving patient safety and quality in Kuwait.

CHAPTER 7: Part 2, Qualitative Study – Method

7.1 Introduction

The current study conducted an in-depth investigation of the Kuwaiti community's perceptions of the nursing profession as a phenomenon, striving to comprehend individuals' feelings. A mixed-methods design utilising both quantitative and qualitative methods was applied to the study overall because this research design provides the opportunity to gain a deeper insight into the opinion of the people of Kuwait. Part 2 of this study comprised an in-depth investigation of the Kuwaiti community's perceptions of the nursing profession as a phenomenon, striving to comprehend individuals' feelings by utilising a qualitative method. Qualitative methods are suitable for studying small samples, often collecting data through interviews with individuals, thus are appropriate for the current study (Taherdoost, 2022). This part of the study collected qualitative data through online audio interviews with the participants. These participants connected with the researcher at a time convenient for them.

Due to the COVID-19 pandemic, it was recommended by the supervisor and MOH to use video or audio interviews using Zoom, which also encouraged participants to participate in the study. Zoom provided the opportunity to see and interact with the interviewees and record the sessions without being in the same room. This was necessary during COVID-19 to protect the participants and researcher from infections during a global pandemic. The students and parents were all over the age of 17 years and provided full consent to participate in the research. Conducting interviews via Zoom, there is one limitation that researchers need to be aware of: in some cases, you may not be able to see a participant's face or facial expression at the time participants are discussing their feelings.

A series of qualitative interview questions for Part 2 of the study were formulated by the researcher based on the quantitative results from Part 1. Moreover, the study assessed whether there were contradictory results through identifying the concerns found in Part 1 compared to the findings in Part 2. The Part 2 interview findings were analysed and the results considered with the results from Part 1 to provide a deeper understanding of the community perception of the nursing profession. The interviews explored participants' perceptions, views and opinions of the nursing profession, and were analysed in association with knowledge about the shortage of Kuwaiti nurses in the MOH

(Kreedi, et al., 2022). Moreover, the study identified the factors that impact the image of nursing in the Kuwaiti community.

The qualitative data, collected using semi-structured interviews, identified the factors that impact the image of nursing in the Kuwaiti community. The interviews improved understanding of the quantitative statistical correlations and results discussed in Chapters 4–6 by establishing the setting and facts (Creswell, 2002). Moreover, integrating the quantitative and qualitative approaches (discussed in Chapter 10) assisted in the development of complete research findings and aided in addressing the research questions.

7.2 Sample selection

The inclusion and exclusion criteria for the current study are justified as follows: Kuwaiti adults and students in year 12 are included in the study because both groups are considered to be members of the community. In addition, year 12 students were included to assess student intentions regarding nursing, since the purpose of this study is to assess community perceptions of nursing. The nurses' group (RNs, head nurses and nursing directors) was invited to participate in Part 2 of the study to gain an understanding of their perceptions of the Kuwaiti community's reaction towards nurses and their perception of how Kuwaiti nurses perceive the Kuwaiti community's attitude towards them. Kuwait's public hospitals and schools were selected due to the larger number of Kuwaitis in the public sector compared to the private sector. In Kuwait, Arabic is the most widely written and spoken language (Fatima & Al Qenai, 2021) All interview questions were written and spoken language in Arabic. By using Arabic, participants were able to express themselves freely in response to the questions. Students consisted of male and female year 12 students over the age of 16 enrolled in year 12 of secondary school. RNs were Kuwait nationals.

The inclusion and exclusion criteria for Part 2 of the study are detailed in Table 7.1.

Table 7.1: Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Kuwaiti national and citizen	Non-Kuwaiti national and citizen
Aged over 16 years with their parent's consent	Aged under 16 years
Year 12 students secondary school students	Work at a private hospital
Parents of year 12 secondary school students	Student at a private school
Nursing students enrolled in a Bachelor of Nursing degree in a Kuwait school of nursing	Nursing students who cannot read and write in Arabic
Registered nurse, head nurse, assistant nursing director or nursing director	Registered nurse who cannot read and write in Arabic
Have more than two years' work experience at a public hospital in Kuwait	

7.3 Ethics approval

Ethics approval is an essential step before beginning a study to evaluate the research risks placed on participants (National Health and Medical Research Council [NHMRC], 2007). Ethics approval was obtained from the Flinders University HREC (project number 4387, see Appendix H). Ethics approval was also obtained in Kuwait from a research committee under the MOH (see Appendix I). The MOH provided two letters; one letter addressed to the MOE to provide a permission letter for this researcher to conduct the research in girls' and boys' secondary schools and the College of Nursing. The second letter was addressed to the hospital directors and director of the health region's hospitals to provide a permission for the researcher to conduct the research in hospital, and it went from the MOH to the allocated study sites. A letter of introduction (see Appendix P) was given to the principals of these schools and to the Director of Hospitals to gain permission to enter their facilities to place the recruitment flyers in the common areas in the hospital and cafeterias in the schools. This allowed for students and nurses to have access to information about the study. The flyers (see Appendix N, Appendix T and Appendix U) informed the potential participants that the study was voluntary, that their information would be confidential, and that their identities would be anonymous to their school and university and the researchers. All completed data from the surveys and interviews were stored electronically at Flinders University's OneDrive.

7.4 Recruitment of participants

Flyers and posters were placed at designated locations where potential participants were likely to be recruited. Participants then contacted the researcher via email or telephone, who explained that a web-based application (Zoom) would be used to conduct and record online interviews in Arabic. The researcher encouraged the participants to ask questions about nursing in Kuwait prior to participating in the research. The data for the qualitative phase was collected between April and June.

The following section describes the interview steps; gaining permission, preparation of an interview question guide and pilot testing of those questions.

7.4.1 Interview permission

Ethics approval was obtained from the Flinders University HREC (project number 4387, Appendix H). Section 7.9 outlines the process by which ethics approval was gained.

The first step prior to the interviews was to ask the participants to provide written consent by return email to the researcher's email. Their initiative for first contact ensured the interviewees volunteered for the interview. Due to the COVID-19 situation and health precautions, the interviews were conducted through audio recordings on Zoom. The participants were encouraged to express any concerns they had about being interviewed and recorded. None of the participants expressed any concerns about the recording equipment. Furthermore, participants were advised that the interviews would be conducted in Arabic; this encouraged the participants to be comfortable with expressing their experiences and ideas concerning Kuwaiti nursing.

The participants consisted of year 12 students aged 17 years and older, parents of year 12 students, nursing students at a nursing college and nurses from selected public hospitals. All participants were informed that once the audio recordings were conducted, the interview transcripts would be transcribed and translated into English for the supervisor's feedback. The participants were also informed that the audio recordings would be stored. The audio interviews took between 25 and 35 minutes.

7.4.2 Interview question guide

The semi-structured interview questions were formulated from the questionnaire used in Part 1 in consultation with the supervisors to align with the objectives of the research and ensure that the aim of the study was appropriate in the Kuwaiti context (Alroqi, 2017; Mahran & Al-Naqshbandi, 2012). The interview questions were developed based on the Part 1 results to ensure they contributed to the subsequent merger with the findings in Chapter 5 as presented in Chapter 10. Three sets of interview questions were developed: questions for year 12 students, questions for parents of year 12 students, and questions for nursing students and multi-level nursing staff (see Appendix Q, Appendix R and Appendix S).

The key objective of the interview questions was to gain a deeper understanding of the Kuwaiti community's perceptions of the nursing profession and Kuwaiti nurses. For this research, it was imperative to assess society's perceptions of nursing as a profession and to determine how aware society is of the role of nursing and nursing work-related matters, the nursing environment, and factors that influence student discussions and parental recommendations about nursing. Nurses were asked to answer questions regarding their own views of their profession as nurses in the Kuwaiti community as well as the opinions of the Kuwaiti community (Abuhammad et al., 2021; Lazzaro-Salazar, 2017).

7.4.3 Pilot testing the interview questions

Testing of the interview questions was undertaken to ensure that the language and process were appropriate. Four participants were interviewed: two fathers and two male nursing staff. This convenience sample represented two of the four groups. The participants were informed that the pilot interview was voluntary, that confidentiality would be maintained and that they had the right to refuse to participate in the research. The pilot interviews were conducted over Zoom using audio recordings due to the COVID-19 situation at the time. The pilot test interviews were held at a time and location convenient to the participants. Before conducting the pilot interviews, the researcher's supervisors reviewed the final translations of the interview guides to clarify doubts and add additional questions for inclusion to enhance its quality. No changes were required as a result of the pilot testing.

7.5 Data collection

The data collection method for the study consisted of semi-structured interviews. The use of semi-structured interviews allowed for an in-depth examination of participants' experiences, and interpretations within their nursing practice and in relation to broader healthcare issues (Low et al., 2019). Participants were free to express their perspectives in the semi-structured format, in line with social constructivism's emphasis on understanding each individual's perspective within their professional, social and cultural contexts (Adeoye-Olatunde & Olenik, 2021; DeJonckheere & Vaughn, 2019). Furthermore, these interviews were audio-recorded for the purpose of transcription and data analysis. While the nurse participants expressed concerns about anonymity, especially because the members of this nursing group are well known to other nurses in the hospital, all agreed, and a consent form had to be signed and dated by each participant before the interview began. The researcher emphasised that if the questions were unclear, participants could ask for clarification. Also, if participants did not feel comfortable answering, participants could simply state they had no answer. During the interview, it was necessary to maintain privacy and minimise interruptions. A single interview was scheduled each day, and it was conducted by Zoom according to the availability and schedules of the participants. To minimise conflicts within the workplace and to provide additional confidentiality, nursing staff, head nurses and directors of nursing had their interviews after work hours. The other three groups were also interviewed over Zoom, with the parents, students and nursing students contacting the researcher to coordinate the times and dates that were convenient for the participants.

7.5.1 Participant recruitment strategy

The strategy of recruitment for students and parent participants in the qualitative research phase involved posting flyers in the cafeterias at girls' and boys' secondary schools, and at the College of Nursing. The flyers contained details on how to participate in the study (see Appendix N and Appendix T).

For nursing staff, flyers were posted in nurses' common rooms, such as tearooms, in selected hospitals by the MOH for the researcher to conduct the study. The flyers contained details on how to participate in the study (see Appendix P).

7.5.2 Transcription and translation of the interviews

Audio recordings were made using Zoom software and transcribed verbatim. The researcher used the transcription steps that guide the researcher in transcribing all the interviews conducted in Kuwait. These steps included reading each transcript as a whole and then rereading for familiarisation and themes. First, the researcher transcribed the first few interviews to obtain insight into the challenges associated with verbatim transcription. As a result, the researcher developed a list of transcription guides. Translating the Arabic conversations into English posed a number of challenges. Even though Arabic is a complex language, there are many Arabic terms that correspond to a single English term. If the participant's own words are not used during translation, the message may be lost in translation, and it is therefore vital to ensure the meaning of the participant is maintained (Albloushi, et al., 2019; Almansour, et al., 2020).

7.5.3 Coding of participants

All research data including the participant codes were stored by the principal researcher and co-researchers. The Flinders University and the NHMRC complied with all protocol requirements in the storage of data. Data retention and confidentiality are the responsibility of the research team. To ensure confidentiality, each participant was coded using the following format: group name (e.g. year 12 student), sex (M or F) and their allocated number (1, 2 etc.). All co-researchers had access to the datasets, including the principal researcher. A locked metal filing cabinet at Flinders University was utilised to store the hard copies of the data, and a secure computer with a password was used to store the soft copies. The data were accessible only to the research team. In accordance with the National Statement on Ethical Conduct in Human Research, and the NHMRC, data collected for this thesis will be stored for at least five years after publication (NHMRC, 2018). Following the five years all hardcopy data files will be destroyed by confidential waste disposal.

7.6 Data analysis

The qualitative data from the semi-structured interviews in this study were analysed using thematic analysis (Byrne, 2022). A thematic analysis adheres to the principles of inductiveness and the social construction of knowledge, it is an excellent option for socially constructed research (Christou, 2023).

The approach is aligned with the principles of social constructivism, which emphasises that a good understanding of subjective experiences and interpretations is essential to the analysis process, which is in alignment with the approach's recognition of subjectivity (Campbell, et al., 2021).

The advantages of using thematic analysis to extract rich, detailed and nuanced analyses of qualitative data are flexibility, low cost and nuanced analyses of the qualitative data (Christou, 2023). A systematic approach to identifying and analysing meaning patterns, such as those associated with nursing, is offered by the use of this method of exploring and understanding complex phenomena in various fields, including nursing (Byrne, 2022). Research using social constructivist methodologies, including thematic analysis, as part of a mixed-methods approach to investigating how individuals construct meaning within their social context, involve qualitative and reflexive methods (Rai, 2018). This is a dynamic process in which themes are identified and analysed to gain a deeper understanding of reality as being socially constructed (Campbell et al., 2021; Labrague et al., 2020; Rai, 2018).

The process of interpretation of the interview data underwent six phases of thematic analysis: familiarisation with the data, coding, searching, reviewing themes, defining themes, and writing themes (Naeem et al., 2023; Vaismoradi & Snelgrove, 2019). The interviews were transcribed verbatim to ensure the data for coding remained intact and NVivo was used to manage the interview transcripts. This provides a richness of data not available through quantitative methods (Campbell et al., 2021).

7.6.1 Familiarisation with the data

The researcher listened to the audio-recorded information repeatedly to become familiar with that data, transcribed each interview and reviewed the data transcripts multiple times to create any preliminary analytic insights, as is typical of all methods of qualitative analysis. The increased level of familiarity with the data ensures the development a list of appropriate ideas based on the identification of significant ideas (Braun & Clarke, 2006; Naeem et al., 2023). It is important to separate the different groupings of interview data during the familiarisation process in order to

identify and capture the different attitudes and perceptions of Kuwaitis regarding nursing, and to gauge how the nursing image in Kuwait could be improved with the participation of Kuwaitis.

7.6.2 Coding the data using NVivo 20

After becoming familiar with the data, the researcher made clear notes for critical data points that were significant for the general study objectives guiding the analysis. The researcher created codes that provided both a philosophical and theoretical review of the data and then closed this phase by collecting all the codes and extracting relevant data. For example, the participants supplied information regarding why students do not wish to choose nursing as a future occupation. Community attitude factors, which may be associated with culture and the media, affect the individual's perceptions of nursing, especially towards Kuwaiti nurses in the Kuwait community. These factors also allowed the researcher to extract the subtheme nursing image with associated codes of humanitarian work and servant/maid.

7.6.3 Searching for themes

The researcher analysed each group of participants separately, with associated codes being created after all 22 interviewees were individually coded following data collection. The first group consisted of all year 12 students who participated in the study, the second group consisted of the parents of the year 12 students, the third group consisted of nursing students and the fourth group consisted of nurses. The codes were refined to be representative of the four groups at this point.

The researcher developed themes by generating codes to differentiate similarities in the data, followed by evaluating all the data sources relevant to each theme (Braun & Clarke, 2022). The search for themes assisted in the development of a classification of the themes by extracting data from the interviews (Campbell et al., 2021).

7.6.4 Reviewing the themes

The created themes were compared to the entire dataset and transcribed extracts. When themes were compacted, others were removed to establish new themes. After examining the coded extracts and the entire data, the next step was to check if it worked. The analysis and design of the

questionnaire identified and constructed common themes and ideas for use in this qualitative part of the research. During the generation of the themes, it was confirmed that each one corresponded with both the full dataset and the coded extracts. Due to searching for new themes, a few themes were collapsed together, and others were discarded (Christou, 2023).

7.6.5 Defining and naming themes

As part of the research project, the researcher had regular meetings with his supervisor. A major purpose of these meetings was to reapproach and discuss the research findings, themes and subthemes so that the researcher can identify the most appropriate method for answering the research questions through reanalysis and discussion of the findings. Upon identifying compelling themes, the researcher examined and wrote up each theme, demonstrating which story each theme informed and what each theme contributed to the overall story of the data, identifying the 'meaning' of each theme and establishing a concise and useful title for each (Herzog, et al., 2019; Vaismoradi & Snelgrove, 2019).

7.6.6 Writing up the thematic analysis

The researcher developed an interpretive process through thematic analysis to present understandable voices about the information using the interviews and data extraction and producing a conclusion categorising them in connection to the current literature as presented in the literature review in Chapter 2.

7.7 Integration

'Display joint integration" is a term used to refer to the process of presenting a composite of both qualitative findings and quantitative results on a single display that is intuitive to the viewer (Guetterman et al., 2021). This is accomplished by combining qualitative insights and quantitative data results and displaying them in a way that facilitates comparison, coordination, synthesis interpretation of the findings (Haynes-Brown & Fetters, 2021), thereby integrating qualitative and quantitative findings jointly through integrated tables, graphs or figures. It may be necessary to use these displays to illustrate similar themes, provide additional insights, or demonstrate how

quantitative and qualitative research data can inform one another within the context of the study (Younas & Durante, 2023; Younas et al., 2020)

Integrated mixed-methods research is an essential component of the traditional research model since it involves effectively incorporating quantitative and qualitative data to gain a deeper insight into research phenomena (Battista & Torre, 2023). Integrating data allows researchers to gain a comprehensive understanding of participant perceptions and experiences by merging quantitative and qualitative databases (Herzog et al., 2019). For research to be considered as a valid mixed-methods approach, the interview data should be appropriately merged at one or more phases of the research process (Guetterman et al., 2015). In integrating the information, the researcher must analyse the interconnectedness between all outcomes that may arise at any step of the research process, including data collection, data analysis and the conclusion. The quantitative and qualitative information were gathered and analysed separately in this study. It must be emphasised that the quantitative findings influenced the qualitative study's gathering of information, such as question design, which can be seen as an interaction rather than a combination (Campbell et al., 2021; Vaismoradi & Snelgrove, 2019).

Integration, according to Andrew and Halcomb (2009), is a core part of mixed-methods research that occurs in the data collection and analysis phases, as well as in how the research topic is structured. In addition, questions that arise at crucial points throughout the study influence when and how the data are integrated. For research to be considered as a valid mixed-methods approach, the interview data should be appropriately merged at one or more phases of the research process (Rai, 2018). In integrating the information, the researcher must analyse the interconnectedness between all outcomes that may arise at any step of the research process, including data collection, data analysis and the conclusion. Both quantitative and qualitative information were gathered and analysed separately in this study; the merging occurred at the topic of conversation. The researcher needs to describe how various outcomes connect and offer concordant and discordant solutions to the study questions. The questionnaire's findings in Part 1 guided the data collection in Part 2. The integration of quantitative and qualitative findings is addressed in Chapter 10.

The researcher employed a mixed-model research design that included both qualitative and quantitative methods. Data from qualitative and quantitative sources were combined and analysed for triangulation and complementarity. Integration is achieved by utilising verified data from more than two distinct sources (Fàbregues et al., 2023; Morgan, 2019). In addition to the quantitative data collected from year 12 students about their attitudes and opinions, the researcher gathered extensive quantitative data on student and parent attitudes towards nursing as a profession and Kuwaiti nurses. The qualitative data in Part 2 of the study were gathered using semi-structured interviews with all interviewees (year 12 students, parents, nursing students and nursing staff).

The findings from the multiple data-gathering approaches were triangulated to emphasise each method's strong and weak points (Morgan, 2019). In addition, the study findings provided more information than a single research approach could offer. Using different research approaches reduced the errors or biases that might have arisen from using only one research method. The advantages of one approach outweigh the disadvantages of another. The researcher organised and progressed to the qualitative investigation using the findings of the quantitative analytical method. The qualitative research clarified unclear or limited answers generated from the quantitative analysis, as respondents described their opinions and perceptions of nursing professionals regarding the collected quantitative data (Battista & Torre, 2023). Figure 7.1 illustrates the integration process.

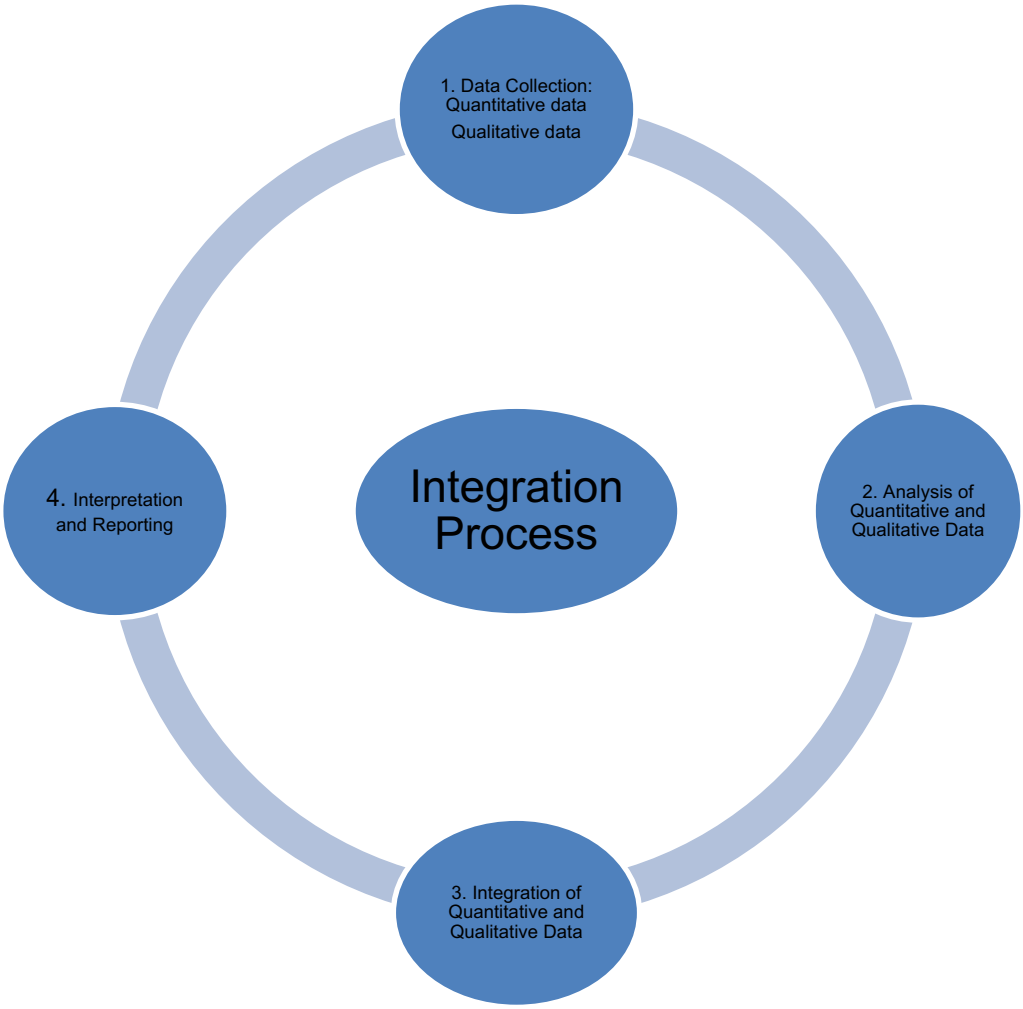


Figure 7.1: Integration process in mixed-methods research

7.8 Academic rigour and trustworthiness

Academic rigour refers to the strength of a research design and its procedural compliance, accuracy and consistency, as well as the level to which researchers aim to improve and enhance the quality of their study (Daniel, 2019; DeJonckheere & Vaughn, 2019). The present study is sufficiently rigorous; it made use of an established information-gathering instrument that was created, tested and verified in Middle Eastern regions such as Saudi Arabia (Mahran & Al-Naqshbandi, 2012).

Many terms are used to demonstrate the trustworthiness of qualitative content analysis, including credibility, dependability, conformability, transferability and authenticity (Ramjan et al., 2024; Stahl & King, 2020). An in-depth analysis of the survey results was conducted in Part 1 of the study to inform Part 2 and gain a deeper understanding of the community's perceptions and views. Different types of questions were asked in the interviews and the questionnaire. The interviews provided

additional information that added meaning and depth to help explain the questionnaire results. During Part 2 of the study, several rules were followed in order to ensure that the qualitative findings were accurate, credible, transferable, trustworthy and conformable, as well as to ensure that bias was not introduced. It was therefore possible to categorise some predefined themes, but it was also possible to generate new themes inductively that were not included in Part 1.

7.8.1 Credibility

Credibility refers to confidence in the validity and accuracy of a study's findings (Adeoye-Olatunde & Olenik, 2021). Similar to internal validity in quantitative research, it is an important criterion in qualitative research. For researchers to feel confident in the findings of a study, credibility is needed to determine the trustworthiness of its findings. Thus, credibility contributes to the accuracy of a study and reliability of the study's findings. Data may be collected from a variety of sources and examined by researchers using techniques such as member checks and participant reviews (Kyngäs et al., 2020). In order to maintain credibility, qualitative researchers should dedicate adequate time to their study participants to understand their experiences. Participants in a qualitative study should be consulted regarding emerging analyses of their interviews, and their confirmation should be sought (Schneider et al., 2016). To ensure the transcription of the interviews reflected what the participants had said in the interview, the researcher returned the transcripts to each participant for review (Connelly, 2016). Qualitative research distinguishes between credibility and reliability. An evaluation of a study's credibility assesses whether its findings can be considered credible and trustworthy, and that the findings are in accordance with reality. The reliability of findings is demonstrated by their consistency and stability over a long period of time and across different contexts. Intercoder reliability involves making sure data are coded consistently using multiple coders independently (Dyar, 2022; Stahl & King, 2020). Both credibility and reliability play a role in establishing the trustworthiness of qualitative research, though they serve different purposes. In the current study credibility was met by the allocation of sufficient time, the interview being conducted in the native language, and the use of appropriate technical tools.

7.8.2 Dependability

The trustworthiness of qualitative research requires dependability. This contributes to the stability and consistency of findings, regardless of context or researcher. In addition, it increases confidence in the validity and accuracy of study results. By definition, dependability refers to the reliability and trustworthiness of the results of a study (Kyngäs et al., 2020). In qualitative research, dependability serves to establish the credibility of findings by demonstrating their consistency and stability, regardless of the researcher or method used to obtain them (Schneider et al., 2016). By using these strategies, the researcher can make tacit assumptions that enhance the reliability of the findings and create a perception of reality for the researcher (Kyngäs et al., 2020; Stahl & King, 2020). The researcher conducted a systematic coding analysis of each step of the research process and shared it with the supervisor's team to ensure that the entire analysis procedure was followed. This process maintains credibility and dependability of the study while remaining compatible with the planned methodology (Hayre, 2021). In the current study, dependability was met by a pilot test being conducted to identify potential issues and address the concerns. Also, a documentation process and a discussion of the analysis verified the consistency of the data, subthemes and themes.

7.8.3 Confirmability

In qualitative thematic analysis, confirmability refers to the accuracy of the data and the absence of bias resulting from the interpretation of the data. The aim is to ensure that the findings are accurate, and that the researcher has not invented interpretations as a result of the information provided by the participants (Schneider et al., 2016). A researcher's bias or perspective may influence the findings, while confirmability determines whether the findings reflect the participants' voices and conditions of inquiry (Dyar, 2022; Nassaji, 2020). According to Kyngäs et al. (2020), it is imperative to ensure that qualitative analysis provides an accurate representation of the data gathered from the participants by ensuring confirmability. It is important to note that the researcher constructs the interpretation of those data. Especially critical is the analysis of non-verbal content, such as sighs and silences. In addition to preventing over-interpretation, confirmity enhances data comprehension and enables accurate interpretation of data (Hayre, 2021; Korstjens & Moser, 2018; Stahl & King, 2020). This study followed a logical sequence throughout by the researcher following analysing steps

and processes. The recording of these steps was later approved by the team responsible for supervision. In the current study confirmability was met by an evaluation and analysis of the interpretation process examined by the researcher and supervisory team, and a summary was made.

7.8.4 Transferability

In qualitative research, transferability refers to the extent to which findings can be applied to another context. This is one of elements of trustworthiness. It establishes that findings from qualitative research can be transferred to other contexts by demonstrating that certain patterns and descriptions may be used in other contexts. Readers will be able to assess the transferability of research findings by reading detailed and rich descriptions of the research context and participants (Kyngäs et al., 2020; Stahl & King, 2020). Transferability is a key component of qualitative research; it ensures that the findings are relevant beyond the unique context of the study. A researcher may demonstrate the transferability of their findings by showing that the results have broader application and contribute to a deeper understanding of a concept (Dyar, 2022; Stahl & King, 2020). The transferability of qualitative research findings refers to their ability to be applied or generalised to other settings or groups. The subject matter of this study extends beyond its specific context. Assessing the relevance and applicability of the results in different contexts is important (Schneider et al., 2016). The trustworthiness of qualitative research is dependent on the validity of this component. Transferability facilitates understanding of how well researched findings can be applied to a variety of scenarios. Qualitative research can be enhanced as a result of transferability (Dyar, 2022; Elo et al., 2014). In the current study transferability was met by a detailed description of the participant's demography and the study context, including addressing the sociocultural factors in the community, acknowledging any personal perspectives and the setting. In addition, consideration of the extent to which those findings can be transferred to other countries is required. Due to the shared cultural and religious backgrounds, the findings may also apply to other Muslim countries. It is important to consider a number of factors when determining whether these findings are transferable to countries other than Muslim countries, including the political climate, social norms and economic conditions.

7.8.5 Authenticity

An accurate representation of the experiences and perspectives of the subjects is essential to the authenticity of a researcher's research. A variety of approaches may be followed to interpret the findings, including direct quotations from participants, rich descriptions of their experiences, and the avoidance of bias and preconceived notions that could influence interpretations (Daniel, 2019; Kyngäs et al., 2020). Research findings should be grounded in the participants' experiences and perspectives. Readers can gain an understanding of a concept by establishing its authenticity and experiencing it through the views of the participants (Elo et al., 2014; Ramjan et al., 2024). Authenticity occurs by ensuring that researchers use rigorous methods to collect and analyse data, including using verbatim quotes from participants to illustrate key themes or concepts. Authenticity is also the willingness of researchers to reflect on their own biases and assumptions in order to acknowledge how these might have affected their interpretation of data (Hayre, 2021; Kyngäs et al., 2020). As part of the validation process of qualitative research findings, authenticity is used to ensure that it represents the experiences and perspectives of participants accurately. In qualitative research, researchers can establish credibility and validity by establishing authenticity, which can increase the trustworthiness of the research findings. Consequently, authenticity is essential to the long-term relevance and application of qualitative research findings (Connelly, 2016; Dyar, 2022). In the current study, authenticity was met by making sure the research used appropriate sample sizes and participants, and that Part 1 statistical calculations and Part 2 thematic analyses were undertaken according to the descriptions given about the study that are accurate and complete.

7.9 Advantages and limitations of the study design

The current research design has several advantages. Qualitative research is an effective method for providing an in-depth understanding of personal experience (Chang & Jeong, 2021). This was important for this study as the different views of the participants not covered in the questionnaire in Part 1. Furthermore, qualitative research explores the nature of the phenomenon of perceptions of the nursing profession from the individuals in the interviews. Finally, such research is designed to allow the research to gain further insight into participants' perspectives towards community

perceptions of nursing and help to identify the factors that influence the participant's view towards the nursing profession (Creswell & Poth, 2016; Polit & Beck, 2017; Schneider et al., 2016).

A number of limitations of Part 2 were identified, including those caused by COVID-19, which included restrictions on accessing school sites because of the high risk of infection, the inability to meet with participants face-to-face, nursing staff's fear of expressing opinions that are not supported by their employers, and a lack of access to the latest recruitment information about nurses from the MOH. The research design also has some limitations. The research design semi-structured interview schedule was written in Arabic, and the participants' responses were in Arabic. Therefore, the researcher translated the interviews and feedback into English to obtain the results and conduct the data analysis. Moreover, the research case was designed to explore the Kuwaiti community's perception of nursing as a career, limiting the context to Kuwait only; thus, the results may not be generalised to other countries due to the social, cultural, beliefs and values being different in countries that do not share the same cultural and belief practices as Kuwait. There are also other challenges in a mixed-methods design; for example, it consumes a large amount of time for researchers since it conducts the different phases separately. To elaborate further, the researcher conducted the study in two parts; Part 1, the questionnaire, used time distributing the questionnaire and collecting and analysing, then Part 2 consisted of conducting interviews, analysing and finally integrating data from both studies. The data collection procedures for both types of data require careful planning and execution, both of which can be time-consuming and resource-intensive, to gather valuable information (Rai, 2018).

CHAPTER 8: Part 2, Qualitative Study – Findings

8.1 Introduction

This chapter presents the findings of the qualitative study collated and analysed from the interviews with the four groups of participants (year 12 students, their parents, nursing students and nurses), including narrative quotations derived from the data analysis. An overview of the demographic characteristics of the group participants is also presented.

8.2 Participant sampling

Four groups participated in the online interviews in April and May 2022: year 12 students, parents of year 12 students, nursing students and nurses. Table 8.1 presents a demographic overview of the characteristics of the four groups. A total of 22 participants (11 males and 11 females) volunteered to participate in the interviews.

The two year 12 students requested to be interview together. Six female nurses and four male nurses were at different levels of nursing management and ranged in age from 17 to 50 years, with different levels of experience. The majority of participants were young to middle-aged. There were only five participants aged between 41 and 50 years, and none were aged over 50 years.

Table 8.1: The demographic characteristics of the four groups

Demographic variables		Nurses	Nursing student	Year 12-student	Parents	Total
Gender	Male	6	1	0	4	11
	Female	4	2	2	3	11
Age (years)	17–29	2	2	2	0	6
	30–40	6	1	0	4	11
	41–50	2	0	0	3	5
	51–60	0	0	0	0	0
Marital status	Single	6	1	2	0	9
	Married	3	2	0	7	12
	Divorced	1	0	0	0	1
Family members	1–2	2	1	1	0	4
	3–4	0	1	1	2	4
	5–6	5	1	0	1	7
	7 or more	3	0	0	4	7
Qualification	Less than high school	0	0	0	1	1
	High school	0	3	0	1	4
	Diploma	1	0	0	1	2
	Bachelor's degree	9	0	0	3	12
	Postgraduate	0	0	0	1	1
Occupation	Government employee	10	0	0	7	17
	Private employee	0	0	0	0	0
	Not in paid work	0	0	0	0	0

Recruitment flyers and information packages were placed in the staff common rooms in the hospitals, in the nursing college cafeteria and in the high school cafeteria to inform potential participants about the study (Appendix G, Appendix H, Appendix I). The interviews were conducted with two girls in year 12, three mothers and four fathers, three nursing students and 10 nurses. All volunteered to participate, and the purpose of the interviews was to collect a variety of perspectives related to gender, age, marital status, family, qualifications and occupation. Arabic was the language used,

which was then translated into English and transcribed verbatim. There were no native English speakers among the participants.

8.3 Ethical and confidentiality considerations

An ethical approach was taken to ensure the credibility of this research into Kuwait's perception of the nursing profession. The study involved 22 participants in total (year 12 students, *n* = 2, parents *n* = 7, nursing students, *n* = 3 and nurses, *n* = 10), and parent consent was obtained for year 12 students under 18 years to be participants in the study. In order to initiate the study, the researcher obtained permission letters from the MOH and MOE, as well as the participating schools and the study participants (Creswell, 2008). The researcher provided the MOE and the participants with an information package prior to data collection, which explained the research problem, the purpose of the study, the types of evidence to be collected and the data collection methods. A number of privacy concerns were addressed prior to, and during, the study for example the participant's name, workplace, job title, protecting women's privacy by not asking to show women's face during the interview, and including the use of codes and pseudonyms. Participants from the nursing community were particularly concerned about the issue of anonymity as there are few of them and they are well known within their profession. However, those selected for the study were willing to participate despite realising that they may be identified as participants. The researcher assured participants that their anonymity would be respected. Participants were assured anonymity throughout the study, and neither the questionnaires nor any other data collection documents were written in a way that could identify the participants who participated in the study. Access to data was restricted to researchers and supervisors only, and all participant responses were kept confidential.

Parents and adult participants provided signed authorisations and consent for the current study. During to the COVID-19 health restrictions all interviews were conducted online.

8.4 Findings of online semi-structured interviews

In this study, the researcher was able to conduct a face-to-face interview, so that the researcher could observe the participants and provide feedback regarding their nonverbal communication. Nevertheless, all interviews were conducted online as a precaution due to the COVID-19 pandemic.

The following sections discuss each of the three themes that emerged from the interviews in more detail. The findings are illustrated by several quotations drawn from the interviews to provide an understanding of the responses.

The themes and their subthemes are presented in depth from all four groups. The themes and subthemes derived from the data analysis are presented in Table 8.2.

Table 8.2: Extracted themes from semi-structured interviews.

Category	Themes	Subthemes	Sub-sub-themes
Cultural	The barriers affecting Kuwaiti students' and parents' perceptions of the nursing profession	Nursing image	Humanitarian work
			Servant/maid
		Role of the media	Media portrayal
		Cultural and traditional values	Image associated with nursing work
			The conditions of nursing work
Personal	The factors influencing a student's career choice	Obstacles to choosing nursing as a profession	Social views 'inferiority'
			Nurse's income 'salaries'
			Lack of family support
			Lower chance of marriage
		Challenges related to gender	Gender segregation
			Mixed-gender environment
Procedural	Kuwaiti nurses' experience and challenges related to nursing as a profession	Policy and regulation of nursing	Outdated job description
			Lack of nursing description
		Lack of a supportive system	Appreciation
			Recognition
			Kuwaitisation program

8.4.1 Data analysis steps

Initially, the researcher manually translated the interview transcripts into English from Arabic. NVivo software was then used to analyse and sub-themes. The relevant excerpts from the transcript were the pasted into a Word document with each group question on a separate page. A theme was then assigned to each statement, and these were highlighted. The data were reorganised according to the themes because it is appropriate to group statements that say similar things together, even if the

theme does not fit neatly into the original categories. New themes and subthemes were created as necessary. The descriptive summary contains quotations drawn from the themes/subthemes as evidence. A quotation provides the reader with an insight into how the participants spoke. Chapter 7 (Section 7.5.3) detailed the coding system.

A detailed discussion of each of the themes and subthemes in Table 8.1 is presented in the following sections.

8.4.2 Perception of nursing in Kuwait

The focus of this first theme was on the perceptions of parents and year 12 students in Kuwait regarding nursing in Kuwait and nursing as a future profession for Kuwaitis. It is worth noting that participants provided contradictory descriptions of nursing, with some perceiving nurses as humanitarian professionals, and with others seeing them as serving the same functions as servants responsible for dealing with the problematic aspects of healthcare delivery. A number of barriers were identified under this theme that affect Kuwaiti parents' perceptions of the suitability of nursing as a profession for their children.

8.4.2.1 Nursing image

Two subthemes emerged from the nursing image subtheme: that nursing is perceived primarily as humanitarian work, or as being a servant.

Nurse as humanitarian

The majority of year 12 students, parents, nursing students and nurses stated that the community views nursing as a humanitarian job. A considerable majority of participants described nursing as a profession that entails caring and a humanitarian aspect. A key characteristic of nursing is its ability to provide treatment for others. It is noteworthy that respondents believed nursing to be a challenging and demanding job, with a minority believing it required patience. The participants confirmed that nursing is an honourable and humanitarian profession with no exceptions. The participants, however, qualified this point by suggesting that nurses should provide comprehensive care to their patients and have personal contact with them. When asked what they knew about nursing, one high school student stated:

The nursing profession is a humanitarian profession and not just work. Year 12 student F1

This student saw nursing as providing care to a patient in different health departments. Nursing is known symbolically as the Angel of Mercy. The student's knowledge indicates she has information about a nurse's role and has a positive attitude towards nursing in general.

Another high school student responded to the question on her knowledge about nursing:

Nurses are the ones who help us measure temperature, sugar and pressure, and this is in general what I know about the nursing profession. Year 12 student F2

This excerpt indicates that the student may had an experience or encounter with a nurse. Interestingly, the student described part of the nursing role in the health setting regarding looking after patients and delivering care.

Generally, the parents perceived the nursing profession as a humanitarian job. These participants were fathers and mothers of year 12 students. They viewed nursing as a profession delivering care for sick individuals in different health facilities. One of the fathers stated:

The nursing profession is a humanitarian profession more than a job – a profession called the profession of angels, and those who work in the nursing profession are characterised by good qualities, good reputation and humanity. Parent M1

The fathers also stated that nursing is one of the medical professions. Nursing, according to one father, involves providing assistance to others so that they can heal and complete their daily tasks:

It is a humanitarian profession that aims to provide a therapeutic service to the community and preserve the health of the individual and keep patients healthy by monitoring the limit of any other complications. Parent M2

The mothers held a similar perception as the fathers towards the nursing profession. One of the mothers added that it is also an honourable job:

They see it as an honourable profession – and the nursing profession is called the profession of angels of mercy. Parent F1

The nursing students were asked why they decided to study nursing after high school. One participant responded that it was because of the nursing role and providing help to others in need. The nursing students believed that the community perceive and view the nursing profession as a humanitarian occupation. Furthermore, the nursing students highlighted that the public have no knowledge of the nurse's role nor duties, yet still perceive nursing as an honourable occupation:

The nursing profession is humanitarian job. Nursing student F2

Nurses with different titles and levels at the MOH in Kuwait were asked about their perception of being a nurse and how they think the public views the nursing profession. The participants responded positively about their occupation, with both male and female nurses viewing the nursing profession as a humanitarian profession:

Nursing is a beautiful profession and a humanitarian profession. Nurse F1

Another nurse stated that the community views the nursing profession as a humanitarian occupation that interacts with the majority of individuals in Kuwait society. Moreover, one of the nursing participants pointed out that nurses in the health context are essential for hospitals to be operational. Nurses are unexchangeable health workers and in higher demand among those who work in the health industry:

First, the nursing profession is a humanitarian profession. Secondly, the nursing profession deals with all members of society. I believe that the nursing profession is the backbone of any hospital – hospitals will not operate or work without nursing. Nurse F2

Nurse as servant

The second sub-sub-themes in the nursing image subtheme was that of the nurse as a servant. Kuwaiti society is no different from other societies in the region in that maids are used by families in order to help them support their daily needs. Kuwaiti families typically hire expatriate maids from abroad who do the laundry and cook for them on a daily basis. Generally, the maid, also known as the hired maid, follows the instructions of the sponsor. One parent saw the doctor's behaviour towards the nurse in the hospital setting as indicating that nurses work for the doctors:

Most of the doctors feel like nurses working for them are maids. Parent M3

The nursing students pointed out that the community viewed the nursing profession negatively. There is a possibility that a negative image of the nursing profession could affect a nurse's social wellbeing. This misconception associated with the nursing profession can be attributed to the wrong nursing image being projected in the minds of the general public. A negatively perceived perception of nurses in the community could influence nurses to leave nursing in search of another career that is accepted by the community:

> *The community deal with you as if you are a servant, they said your job is only to service me like a servant. Nursing student M1*

Another nursing student stated that patients perceive nurses as their maid or their servant rather than healthcare providers. The nursing student highlighted the lack of appreciation and recognition of nurses within the medical field, which may lead to nurses' stress:

> *They treat us as their servant, not as if we were a nurse, not like medical staff. Nursing student F1*

Another nurse shared a similar view:

> *Nurse is a servant. This picture is true in the society, and we still see it in the work environment. Nurse F2*

8.4.2.2 Role of the media

The second subtheme affecting perceptions of the nursing profession is the role of the media, which plays a vital role in presenting concepts to the public, and a significant role in building social attitudes towards a phenomenon within a community, and aiding in constructing public opinion towards it (Alharbi et al., 2022). There was general concern expressed about the media's portrayal of the nursing profession. Moreover, participants noted that the media fail to acknowledge the nursing role in the process and do not conduct interviews with nurses in order to inform the public about their role. This lack of recognition was seen as a form of disrespect and a disservice to the profession, and to the public who rely on nurses for health care. Participants also noted that the media's portrayal of nurses was often inaccurate and incomplete.

The influence that the media has on an individual's beliefs and attitudes towards others is significant. One high school student observed that the media does not present the nursing profession on television, televised programs do not play shows with nurses or conduct interviews with nurses as often in comparison with other medical professions. Furthermore, she stated that the media has a significant role in promoting the nursing profession:

> *Honestly, I do not see much talking about the nursing profession in school or in the media. The media has an important role to play because the media helps raise awareness about the nursing profession. Year 12 student F2*

> *I do not think the media has given nursing its importance compared to the profession of doctor or other professions. Year 12 student F2*

In the parent group, the mothers agreed that there is no representation of nursing as a profession in the media, or as a profession in real life. One participant also suggested that the media can play a major role in improving community attitudes towards nursing professions and roles by improving how it portrays the profession and its functions:

> *I see that the media is unfair to the nursing profession. The media does not present the correct image of the nursing profession – the media oppresses the nursing profession. Parent F2*

Participants in the parent group pointed out that people in social media, such as on Twitter (now known as X), express their wish to see more Kuwaiti nurses on the floor, yet people have no intention for their children to become nurses. As one father stated:

> *Some people refuse the idea of nursing, as we see on Twitter some people demand Kuwaitis as a nurse. Parent M1*

The majority of the nurses who participated in the study shared the same opinion about the media's portrayal of the nursing profession. Nursing participants felt they were ignored as being as important as other healthcare providers who are regarded as respected and recognised in the community. In contrast, the media generally portray the medical profession (doctors) in a positive and accurate manner. The lack of recognition and respect has resulted in a reduction in the number of individuals

considering nursing as a career option. Therefore, hospitals and other healthcare facilities are experiencing a shortage of nurses:

> *The media has not done its part towards nursing, especially during the COVID-19 period – I didn't see anyone covering nursing in the hospital during the pandemic. The media showed other professions but ignored the role of nurses during the pandemic. And I didn't see any kind of appreciation for nursing. I didn't see any kind of support like financial, psychological and social support towards the nursing profession. Nurse F2*

Public opinion is divided as to how acceptable it is to become part of the nursing profession in Kuwait. According to one of the participants, a male nurse, the community can be divided into two groups: one group accepts the nursing profession, and the other group continues to oppose it. This nurse stated that the media plays an important role in contributing to the negative perception of nurses:

> *The view of the public is divided into two parts, the first of which is accepting nursing, and the other is an unacceptable view. It's a negative image. Nurse M1*

8.4.2.3 Cultural and traditional values

The final subtheme affecting perceptions of the nursing profession concerns cultural and traditional values, which included two sub-themes: the image associated with nursing and nursing conditions. A community's view of nursing is influenced by its social, cultural and traditional values, which are likely the views that communities have can also positively influence recruitment. Nursing shortages can cause inadequate care to be provided to residents of the community, leading to poorer health outcomes. Consequently, communities must recognise the value of nursing and provide appropriate resources and incentives to nurses to address this problem. To elaborate, it should be noted that most Kuwaiti hospitals rely on expatriate nurses as their primary nursing workforce. During the COVID-19 pandemic, some expatriates returned home be with their families.

Participants in the study expressed their opinions on the role culture and tradition have played in building the current perception of nurses in society, as well as factors that contribute to hesitation on the part of parents and students to pursue a career in nursing. Among the factors identified as influential were traditional gender roles and expectations, as well as a lack of knowledge about the nursing profession.

Image associated with nursing

The first sub-sub-themes that emerged from this subtheme is that of the image associated with nursing work. One of the female nurses expressed her feeling about the community's view of female nurses, especially their white uniforms, as being inferior to the public. There could be a belief among people that white-coloured clothing is a garment worn by an older generation of nurses. Furthermore, it is the white colour of the uniform that makes it easy to see the features of the human body and is often associated with the negative image of nurses displayed in the media. With Kuwait being an Islamic country where women should not reveal or expose their bodies, nurses' uniforms may also reveal the female nurse's body as she does her job. Discrimination based on gender, harassment by males, and even violent behaviour, may result from this situation. According to the MOH and the Nursing Department, nurses are required to wear a white-coloured nursing uniform at work; however, no rule or written agreement specifies that nurses must wear the white uniform at the workplace. Uniforms for nurses should be selected based on the country's traditions and customs. It is extremely important for women to dress modestly in Islamic countries, where it is expected that clothes do not show too much of their bodies. Employers may be able to reduce harassment and violence in the workplace by adopting uniforms that are more traditional. As one nurse stated:

> *Personally, I do not prefer the white uniform – especially if the nurse works in the men's department. I also prefer other colours while respecting the general appearance and customs and traditions of Kuwaiti society. I think if they change the white colour it is better, especially for women. Nurse F2*

In addition, a father stated that Islamic beliefs and traditional values set limitations to that prevents encouragement by parents for their children to study nursing. He expressed his concern about female nurses interacting with male personnel in hospital settings:

> *The Islamic customs do not allow a man to meet with a woman in one place. For example, the Muslim female nurse should not remain with the male nurse in a close place after the patient leaves the room discharged. Parent M3*

Another father mentioned that cultural values might be one of the factors that prevent others from entering the nursing profession because of the negative attitudes towards nursing in the community. As a result, participants in the study pointed out that society does not accept nursing as a profession

and it is highly unlikely that parents will encourage their children to pursue a career in nursing. One father drew attention to the fact that a person's cultural background could be an important factor in influencing their decision to pursue a nursing career:

> *It is the culture of the Kuwaiti people that we can say that 90% of the population are not accepting the idea of working as nurse. Parent M1*

One nursing student stated that the public perceived nurses as inferior as a result of their experience in hospitals. As a result, the participant believed that nursing has a negative reputation in the community. Thus, there may be a tendency for parents and students to become discouraged about becoming nurses in the future:

> *For nursing, unfortunately, the view is inferior and negative. Very negative and has an inferior look. I deal with patients and unfortunately, the view in the public is not good yet about a nurse. Nursing student M1*

One of the fathers said that he supports Kuwaiti nurses in their work. According to him, Kuwaiti female patients have a high need for female nurses due to the traditional and cultural values that are part of their Kuwaiti country:

> *I frankly encourage Kuwaiti nurses because there are many women who need the Kuwaiti nurse to understand with her need and someone to share the same culture. Parent M2*

Another father suggested that the nursing profession is not suitable for men. Additionally, men are more interested in promotion than careers in nursing, and he indicated that the nursing profession is unpromising:

> *This profession must be suitable and preferable for women only, not a profession for men. It's a profession that many men don't favour because they don't see it as a job with a future in nursing. Parent M3*

Nursing work conditions

The second sub-sub-theme that emerged in the cultural and traditional value subtheme was the conditions related to nursing work. The majority of nurse participants believed that nursing work hours had an impact on their social life and quality of life, such as social and family gatherings, which

have become hard to attend due to afternoon shifts. Kuwait is a country of traditional values and a cultural setting that recognises the importance of family life and social activities. Nurses mostly have to work nights and afternoons, which could be unsuitable for women, so families may be deterred from allowing their children to qualify as a nurse. Parents will accept their children joining the nursing profession if their working shifts are restricted to morning shifts only:

> *My mother accepted that I work in nursing. However, she refused work hours because it limited my social activities with family and family relatives. Nurse F2*

There is a need to dedicate appropriate time to the upkeep of family customs within the family, as one of the fathers pointed out. He believed that this is essential for the preservation of family values and traditions. It is apparent from his statement that individuals are hesitant to join the nursing profession due to the perceived obstacles of work hours. The participant stated that the long hours of work and difficulty managing family life can be overwhelming. In addition to considering long hours, it is vital to take into account the woman's family, social obligations and children. Obligations are for women in the family in Kuwait. There is a strong expectation that Kuwaiti women take on traditional roles in the family, such as caring for their children, managing their households and providing support to their husbands when they enter into marriage. As well as dressing respectfully in public, Kuwaiti women are expected to adhere to the customs and traditions of the country:

> *It is a tiring profession and the working hours are long and tiring, especially if the woman has a family, social obligations and children must be taken into account in this aspect. Parent M1*

According to one of the nurse participants involved in the study, work hours are viewed as an obstacle to socialising. It has been suggested that this barrier may have originated from families with family members who are nurses and lead stressful lives:

> *It's hard because I think it's tiring to work two shifts. From a social point of view, it is true that it is considered one of the obstacles. Nurse M3*

One of the year 12 students expressed her concerns about the nursing profession as well as the long shifts involved. It is important to note that many female participants in this study were seeking

flexible schedules at their workplaces or fixed duties in the morning. Moreover, female participants expressed concerns about a shift-work schedule as a potential source of conflict:

> *It is a tiring job and also working times like night shifts, so it does not suit me, that work at night shifts. Year 12 student F2*

Furthermore, another high school student reported that working hours may be a reason for parents discouraging students from studying nursing:

> *Working hours are the reason because working at night is a little difficult especially for us as girls because it will take our time. and we are used to the idea of working only in the daytime. Year 12 student F1*

8.4.3 The factors influencing a student's career choice

The focus of the second theme was the factors that influence a student's career choice. According to one study, the role that cultures and religion play in defining the role of nurses is significant, in part due to cultural sensitivities regarding the interactions between nurses and patients and the attitude of a community towards nurses that are found among Muslims (Abbas et al., 2020). Another study conducted in Saudi Arabia established that sociocultural influences can adversely affect the Saudi community's perception of nursing as a career opportunity; sociocultural influences are identified as one of the most significant barriers that impact the Saudi community's perception of nursing (Elmorshedy et al., 2020).

8.4.3.1 Obstacles to choosing the profession of nursing

The first subtheme relates to the obstacles to choosing nursing as a profession. Four sub-sub-themes emerged from this subtheme: inferior social views, the income of nurses, lack of family support and lower chances of marriage.

Inferior social views

Social beliefs play an important role in shaping society's views on any phenomenon or profession (Ndirangu et al., 2021). These beliefs also serve as a double-edged sword for society. Due to a number of factors, including customs and traditions that limit the entry of school students into the nursing profession, the way Kuwaiti society sees nursing as an occupation has greatly influenced the perception of nurses in Kuwait. The view of society towards a profession is a major factor in the

decision-making process for children and parents. This is primarily because in society, a profession's image is often associated with respect and prestige. It is therefore possible for parents to discourage their children from pursuing a profession when society views it as low paying (the second sub-sub-themes in this subtheme). The majority of participants agreed that social values may play a significant role in preventing children from entering the nursing profession. Additionally, the majority of participants noted that social values may discourage year 12 students from pursuing nursing careers after graduation. Kuwaiti society values do not generally accept nursing as a profession, so this might affect the choice of students to go into nursing.

One high school student stated that the community perception towards nursing used to be inferior, but has changed:

> *In my opinion the old generation people sometimes look at the nursing profession [as being] inferior because of their ignorance of the importance of this profession, [during COVID -19 pandemic], people are looking and seeing that nursing is a good profession, and they do not look at it [as being] inferior. Year 12 student F2*

According to one of the fathers, Kuwaiti traditions may discourage other Kuwaitis from entering the nursing profession in the future. This is a result of the stigma that exists within the health context when it comes to the opposite gender in terms of care. There are obstacles arising from Kuwaiti social customs influenced by Islamic beliefs and values, which are a barrier to pursuing nursing education due to social norms. These factors have contributed to the reluctance of nurses entering into the profession.

> *The social challenge finds it difficult for the Kuwaiti male nurse to work with women nurses and vice versa, and this is due to the customs and traditions in Kuwait community. When I accompanied my sister to the hospital in the morning and there were male nurses there, she refused to accept care of male nurses. She preferred female Kuwaiti nurses or female nurses. Parent M2*

Nurse participants shared similar perspectives regarding the traditional barriers that the Kuwaiti community perceives in the perception of Kuwait among parents in the community. These barriers discourage year 12 students from entering the nursing profession. The nurses also believed that the

traditional values of their community may have contributed to a negative image of the nursing profession, resulting in a less favourable perception of nurses:

> *The point of view of people towards nursing is very inferior towards the nursing profession. Nurse M2*

The values of tradition and social norms are also regarded as challenges when it comes to encouraging year 12 students to study nursing. This is because traditional gender roles and stereotypes frequently discourage young men and women from entering fields that are traditionally occupied by the opposite gender. For young men thinking about a career in nursing, nursing is still regarded as a profession primarily occupied by women. Kuwaiti nurses tend to be preferred by the vast majority of participants, largely due to their familiarity with the local language and their respect for cultural traditions, especially when it comes to the elderly population. Yet parents still do not want their children, either female or male, to become nurses. Here is the dilemma.

Income

The second sub-sub-themes emerging from this subtheme relates to the income of nurses. High school graduates tend to seek jobs that will provide them with financial stability when it comes to deciding what occupation their career path will take. This is because financially stable jobs generally provide a student with a better future. Financial stability is particularly important for parents when selecting jobs for their children. Most participants in the study expressed their opinion that nursing is considered by the Kuwaiti community to be a low-paying occupation. Income might be a challenge for year 12 students who want to become nurses. Participants suggested that financial incentives for nurses could be an effective way to encourage both parents and students to consider nursing as a career, for example:

> *There are ways, by giving them incentives of their salary and privileges, that may encourage them to work in the nursing profession. Parent M2*

One of the nurses agreed that the nursing income is low and needs to be increased:

> *From my point of view, first, I think it is about increasing the salary in the nursing profession. Nurse M4*

Ninety per cent of participants were in agreement that increasing the salary for nurses would assist in attracting year 12 students to nursing. Furthermore, an increase in the nurse's salary may have the effect of attracting others to the profession and preventing nurses from leaving the profession. Participants also emphasised the need for more awareness of nursing job opportunities.

Another nurse participant felt their profession is an underpaid and underappreciated job:

> *Yes, with all due respect to the Ministry of Health. As nurses, we are not taking our rights, for example, the salary and other allowances. We are totally tired of underappreciation honestly. Nursing student F2*

As a result of the lack of appreciation of nurses in the community, along with low pay, year 12 students may be hesitant to pursue a career in nursing. Generally, the public's perception of nurses reflects the demanding nature of the profession and may discourage students from pursuing a career in nursing.

Lack of family support

The third sub-sub-themes associated with this subtheme is the lack of family support, which is one of the obstacles to choosing the profession of nursing that affects students' career choices. Family support makes a significant difference in a student's decision to choose a career.

As one female nurse pointed out, there is a lack of community awareness regarding the nursing profession. Families can be considered to be members of the community. It is possible that the lack of family support is caused by a lack of awareness by family members of the nurse's role and the perception that it is low paying. It is therefore possible that the parents of year 12 students may discourage their children from studying nursing due to a lack of information about nursing in the community or as a result of a negative perception of nursing in the community:

> *For example, other medical professions have an awareness of their respective roles, while nursing still lacks a clear role in society. In other words, society is ignorant of the role of the nurse due to the lack of community awareness towards nursing. Also, the nurse and the tasks and roles of other professions. Nurse F2*

According to one high school student, her parents are more interested in other medical professions than the nursing profession for their children. There are many factors that have contributed to this

situation, including the lack of interest on the part of parents and the difficulty of selecting nursing as a career path. The student stated that students' choice of occupation is influenced by their family's support:

> *Mother and Father prefer pharmacy and medicine to a nursing but that doesn't mean they don't see it as a good career. Kuwaiti people in general prefer other professions rather than nursing. Year 12 student F1*

A nursing student stated that school visits were not scheduled to explain and educate students about the nursing profession:

> *Now I'm studying to complete my bachelor's degree and not once I went to school to explain or talk about the nursing profession. Nursing student F1*

An improvement in the image of nursing among students in schools could result from raising awareness of students and their parents about the nursing profession and, as a result, create an environment that supports the student's decision to become a nurse.

Chance of marriage

Finally, a sub-sub-theme emerged in this subtheme regarding the lower chance of marrying resulting from choosing nursing as a career. The marriage factor can influence choosing a future job for year 12 students, which is also based on the individual's cultural background and personal beliefs. Among the Arabic countries, marriage is a major societal factor that may impact their career decisions, including their decision to pursue nursing. Students' religious beliefs and gender roles can also play a significant role in why a student might decide to pursue nursing as a career. It is still customary in Arabic cultures to assign gender roles according to traditional customs. Women are expected to prioritise their families and take care of their children after marriage. As a result, more flexible and compatible careers may be preferred by individuals to meet their family obligations.

Among the disadvantages of a career as a nurse, most participants mentioned that getting married is one of the challenges associated with the job, with several participants reporting that the possibility of getting married might be limited by their profession. A female nurse reported that women who work as nurses may have greater difficulty getting married than men:

It can limit and delay the marriage by 60% more for women than for men. Nurse F2

One of the fathers stated that there are two groups within the community: one group supports the idea of marrying male nurses, whereas the other group opposes it. This participant indicated that Kuwaiti customs and traditions affect the view of the suitability of marrying a male nurse:

According to some people, they do not mind getting married to male nurse. However, another group they do mind getting married to male nurses, and this is due to the customs and traditions of Kuwait and the Arab countries tradition. Parent M2

One of the mothers stated that the limited availability of marriage opportunities among nurses is thought to be due to the mixed-gender workplace environment:

I also mentioned that previously Kuwaiti society did not accept it because of the mixing gender in workplace. Parent F1

It is interesting to note that both female and male nurses stated that there is no connection between the nursing profession and limitations in marriage:

I don't think that's true, and I personally worked as a nurse before marriage, meaning that nursing didn't stop me from getting married. Nurse F4

This is an excuse for those who have no excuse for marriage. To be honest, I don't think it's a reason. For me, there's no relationship, and I don't support the idea. Nurse M3

8.4.3.2 Challenges related to gender

The second subtheme related to factors influencing career choice is the challenges related to gender. This subtheme generated two sub-sub-theme: gender segregation and mixed-gender environment.

Gender segregation

The year 12 students indicated that their parents would be more willing to allow their children to study nursing if there was gender segregation in the workplace. Furthermore, the demand for gender segregation is due to religious beliefs. Religion plays a vital role in the formation of social structures and in the segregation of men and women. Religion and tradition often determine gender roles in these societies:

> *We are Muslims, and my parents will accept the idea more if it's a same gender environment. In the end, the decision is my decision, but this idea will help my parents to accept me working as nurse. Year 12 student F2*

A female nurse reported that she usually prefers working in female departments such as wards or units because all workers would be women:

> *For women, I think, they prefer outpatient clinics because there are no evening shifts and also maternity departments because it is a department where all employees are women. Nurse F2*

Parents are concerned about gender segregation in the nursing profession, a concern shared by the majority of parents. It is also more likely that parents will accept nursing if the workplace environment for their children is the same as that for their parents, especially if the workplace environment is more beneficial to women than to men:

> *There should be a place designated for female nurses and a place designated for male nurses for their activities. There are many people who do not agree with the idea of mixed gender in the work environment. Parent M2*

Mixed-gender environment

The second code, mixed-gender environment, refers to the combination of male and female nurses working together in the same facility. There is an imperative requirement that minimum staffing levels be maintained in nursing units due to the nature of the nursing profession. Kuwait's current nursing work environment largely consists of mixed-gender nursing units, in which female and male nurses work side by side.

A mother stated that the public respects the nursing profession; however, the Kuwaiti community has concerns about mixed-gender working environments and is unlikely to accept night duty shifts:

> *Mixing gender with men and the shifts duties in Kuwaiti society. I have never heard previously [of] anyone who accepted or supported mixed gender in the nursing profession, but they see it as an honourable profession. Parent F1*

A male nurse stated that religious beliefs may have an effect on the type of interaction between patients and nurses, including whether male nurses are interacting with female patients, among other

things. Religious beliefs in Kuwait have contributed to the construction of a social view in Kuwait, but the work in the mixed environment remains socially unacceptable:

> *Yes, of course, male nurses are forbidden to deal with or touch female patients because of their religion first, second socially. However, some people reject the idea of a female nurse looking after him, medically they prefer male nurses, whereas others have no idea that the healthcare provider is a female nurse. Nurse M2*

> *As for the subject of mixing gender, I think that there is still a hand for those who are not in favour of the work of the nursing profession because of the mixed-gender environment. My personal opinion is that the majority of people support the work of the nursing profession. Nurse M2.*

One of the female nurses highlighted a similar concern; that social barriers are a reason for female nurses being unwilling to work in a mixed-gender environment:

> *In the environment, working with a mixture of opinions is one of the social obstacles we have in Kuwait, where some families refuse girls to work in nursing. For example, a family or spouse is required to work as a nurse to be in a non-mixed work environment. Nurse F4*

Nevertheless, a female high school student emphasised that mixing genders in the workplace is not the reason why students do not want to become nurses. Furthermore, the student mentioned that other professions have mixed-gender environments, with both females and males working together, which suggests other factors could have affected their interest in nursing:

> *I do not think mixing gender is the reason for this because the professions they plan to enter are also mixed because most of the professions are mixed gender too. It may be that some people have an objection because of mixing. However, the majority of them do not mind, like the doctor and the engineer. Year 12 student F2*

According to one of the fathers, working with mixed genders may create hesitation or restrict the possibility of marriage for either the male or female nurse. It is generally accepted in the nursing community that mixed environments are not allowed in nursing due to religious or social customs, which are well known to the public:

> *The working 'mixed gender' condition and this may be the reason why people are hesitant to marry from either female/male nurses. Parent M2*

8.4.4 Kuwaiti nurses' experience and challenges related to the nursing professionalism

This is the third and final theme of the study, in which nurses discussed their experiences as nurses and the challenges they face on a daily basis. The nurses also provided feedback regarding community perceptions of their profession, noting that this contributes significantly to satisfaction and retention. Nurses should acknowledge and appreciate that they have heavy workloads and long working hours. Recognition of their conditions will contribute to creating a positive work environment for nurses, which will enhance their ability to be adequately supported in their role.

8.4.4.1 Policy and regulation of nursing

The first subtheme under this theme concerns the policies and regulations relating to nursing. Two sub-sub-themes emerged from this subtheme: an outdated job description and the lack of a registered nursing description.

Outdated job description

Nurses were asked about their perception of the nursing profession and their role within the community. The nurses expressed concern that the community does not have a complete understanding of their profession and its role in the community. They stressed the importance of updating nursing job descriptions to minimise the conflict between nurses' roles and those of other healthcare providers. Having an updated job description can contribute to a better community understanding of nursing and rectify previous nursing stereotypes:

> *Okay. For example, other medical professions have an awareness of their respective roles, while nursing still lacks a clear role for society. In other words, society is ignorant of the role of the nurse due to the lack of community awareness towards nursing. Also, the nurse and the tasks and roles of other professions, for example, the tasks of the pharmacist and the public relations officer, and this reflects negatively on highlighting the clear role of nursing to members of society. Lastly is the lack of a clear nursing job description for hospital nurses, meaning that the nurse with a bachelor's degree works the same role as the nurse with a diploma, and this in itself leads to unfairness from a scientific point of view for certificate holders. Nurse F2*

One of the male nurses stated that nurses express frustration regarding outdated nursing job descriptions that are unsuitable for their experience and education. He reported that there is a

nursing description that is categorised according to a current degree; however, it does not differentiate between nurses with bachelor's degrees and those with diplomas:

> *Currently, there is no job description for nursing according to the academic degree, but there is a general nursing description in Kuwait. Nurse M1*

It was pointed out by another male nurse that it is important for the nursing administration to keep nursing descriptions up-to-date, which will contribute to improving the public's perception of nursing:

> *First, you must ensure that the nursing job description is as clear as possible and that there is mutual respect among the nurses. Nurse M2*

A female nurse stated that it is likely that an improvement in nursing descriptions will lead to nurses feeling more confident about their abilities and being regarded by others with a higher level of respect. A more accurate description of nursing could ultimately contribute to a positive perception of the nursing profession in general:

> *I don't think there is, and this may contribute to the loss of rights for a nurse to work because of the lack of clarity on the role of nursing in the health sector compared to other medical professions. Nurse F4*

Lack of a nursing description

The second sub-sub-theme emerging from this subtheme concerns the lack of a registered nursing description. The male nurses emphasised the need to establish the autonomy of the nursing profession in the workplace, which would greatly enhance the clarity of the role of nursing in the healthcare system. Furthermore, the participants reported that gaining nursing autonomy would likely enhance the community's perception of the nursing profession as a profession with a responsibility and tasks to fulfil for patients.

> *Because nurses don't have a job identity and autonomy, honestly the nurse does a job of all other professions including cleaning worker and public relations employee and pharmacist and help anyone and you can say that you are a servant for a hospital in general, not a profession [which] has its own work scope and practice. you will be the representative and the messenger and everything else. Yes, what are the requirements of the job, what are my obligations, and the responsibilities that I give medicines, it is not reasonable to give medicines and wash the patient, where is the importance of the practical certificate? Nurse M5*

This male nurse illustrated that, regardless of the nurse's background, the lack of nursing autonomy has a negative impact on the community's perspective on nursing. The participant stated that the nursing profession is viewed as a career, but that there is no job description, and no recognition of the role nurses play in the healthcare system. The participant further explained that the lack of nursing descriptions and autonomy encourages others to take advantage of nurses by demanding tasks outside the scope of nursing. Therefore, nurses lose trust in their ability to provide health care for patients. As a result of this lack of trust, nurses may feel undervalued and burned out, which may negatively impact the quality of care they provide to patients:

> *There is no clear definition of nursing autonomy for people in the community, and I think that has led to a misleading image of nursing. That is, the nursing identity is not defined as Kuwaiti or non-Kuwaiti nurses in Kuwait. Always has no respect for nursing and no appreciation for nurses at many levels in society. I think that the reason for the lack of nursing identity is because of the absence of a job description for each nurse according to his degree that explains the role of each nurse over others. For example, If I graduated with a nursing diploma, a bachelor's degree in nursing, or a master's degree in nursing, I am doing the same job, and the practical certificate has no role and has no value, meaning determining what are the tasks and duties of holders of nursing degrees. I think the defect is in the job description. The job description with a bachelor's degree is the same as holding a master's degree in nursing in terms of the scope of practice in the health context. Of course, the subject is rejected by many nurses, especially in the job description itself, which must be in respect of holders of degrees and higher degrees. I was surprised for this, especially in Kuwait we don't have bachelor's or master's. Nurse M2*

One of the fathers also emphasised that there is no clear understanding of the nurse's role among the general public regarding what nurses do on a daily basis. This participant stated that the public is under the impression that nurses must obey orders in order to perform any tasks other than those directly related to patient care:

> *There is nothing specifying your role or your work. You knew how they order them and ask the nurses to do something that is out of their scope of practice. Parent M4*

One of the nursing students reported that it would be beneficial to have an updated nursing description in accordance with the new standards as it clarifies the scope of practice for nurses in the healthcare sector. In her experience as a nursing student, it is imperative that the public's

perception of nurses be enhanced, and job descriptions be clarified that are likely to improve the presentation of the nursing role in society:

> *An important matter is to upgrade the job description to meet the newest characterisation of nursing. Especially after the COVID-19 crisis. If there is a clear job description, I think it would be much better. Nursing student F2*

8.4.4.2 Lack of a supportive system

The second subtheme relating to the nurses' experience concerns the lack of a supportive system, which generated the sub-sub-themes appreciation, recognition and the Kuwaitisation program.

Appreciation

One of the male nurses stated that nurses' opinions towards patient care at the hospital are underappreciated by the management. He further stated that the doctors interfere with the nurses' assignments and roles at the hospital, a matter that cannot be handled by the doctors because it does not fall within their authority. It may, therefore, contribute to a negative perception of the autonomy of the nursing profession. As a result, nurses may feel undervalued and disrespected, and this could be seen as an abuse of power. It may also result in a decrease in job satisfaction, which will negatively impact patient care:

> *In Kuwait, the first and last opinion of nursing matters are doctors, who interfere with the work of nursing and interfere with the fate of the nursing workplace in the department. In other words, the doctor's opinion is important if nurses [want] to work in the department or not. Nurse M4*

However, a female nurse reported that nurses received appreciation from the public and the community:

> *Kuwaiti society, I see a lot of appreciation, a lot of appreciation for the right of the Kuwaiti nurse from the view of society. Nurse F3*

Interestingly, one parent participant who works as a male nurse reported that nurses are underappreciated in the hospital, where doctors do not appreciate the nursing role. Furthermore, injustice and persecution are perpetrated against Kuwaiti nurses by the nursing department:

> *How come that? Doctors treat nurses in here, like the way they show disrespect as professionals, some of them treat nurses as servants for them. This is all a rule that negatively affects the Kuwaiti environment on the Kuwaiti nurses. There are many nursing directors, oppressing nurses at the expense of, for example, a doctor's satisfaction. I mean when I joined work I was subjected to injustice and persecution because I was the only Kuwaiti nurse in the place. Parent M4*

A parent with experience as a nurse stated that the unappreciative attitude of the nursing department towards nurses may have detrimental effects on nurse skill improvement and development ambitions. This decreases job satisfaction, which leads to resignations:

> *Directors are supposed to encourage, there is no encouragement, and therefore they create obstacles for others to prevent them from getting to develop, this is what made the nurses resign from the work. Parent F2*

Recognition

Recognition of the profession is the second sub-sub-theme for this subtheme. Recognition is likely to contribute to an increase in self-esteem and job satisfaction among the nursing cohort. According to one of the female nurses, her co-workers and other healthcare providers did not recognise her efforts and had a very negative attitude towards it. The nurse emphasised the need for legislation that regulates nurses' roles and legalisation to protect nurses from abuse:

> *First, the respect of nursing workers for the nursing professions, meaning that he does nursing work only and does not allow others to transgress any kind of abuse of the profession or fabricate it. Second, providing appreciation for the nursing profession from others by providing a law that protects the nurse legally and financially, all according to the nature of his work. Nurse F2*

A male nurse also stressed how important it is for nurses to be recognised as members of the nursing profession. Recognition plays an important role in enhancing the image of nurses in the workplace and among the general public. According to him, nurses are not sufficiently recognised by the public for their roles and duties, especially when it comes to patient care. There is a lack of recognition for nurses who dedicate time and effort to providing their patients with quality care. Furthermore, the participant reported that nurses are underappreciated for their important contributions to the healthcare system as a result of this lack of recognition:

Recognition of a nursing role by nursing staff and the patient. I think improvement starts with recognising the role of nursing. An example of this is the time when the patient is discharged from the hospital, the doctor is the person who is thanked for his work, while the nurses have not been thanked by the patient, knowing that the nurse has spent too much time with the patient compared to the doctor's time. Nurse M1

One of the fathers suggested that the lack of recognition of nursing as a profession may be the reason for the unprofessional manner in which nurses are treated by others. Consequently, fathers are unlikely to encourage their children to pursue a career that is not recognised by other professions or the general public as a legitimate career choice:

I mean that not after what I went through and what they are exposed to, we become aware of the conflict in nursing. How come that? Doctors treat nurses in here like you may see, and others see too; the way [they] show disrespect as professionals, some of them treat nurses as servants for them. Parent M4

A male nurse student expressed concern that there is no nursing professional representative at the higher administrative levels of the MOH to represent the interests of nursing students; that is, a nursing employee with legal capacity in the nursing profession who offers assistance to nurses in solving their problems. In the opinion of the participant, it should be a requirement of the nursing department to designate an official representative to the decision-makers in the MOH as an official representative of the nursing department:

And two dimensions of the causes of our nursing weakness. By any means, we do not have an undersecretary of the Ministry who is specialised in nursing work and tasks. We are nurses. We don't have one to represent us. Nurse student M1

Kuwaitisation program

One of the female nurses who responded to the question indicated that the Kuwaitisation program seems to not be attracting enough year 12 students from the nursing perspective. According to one participant, Kuwaitisation processes can be enhanced by more effective practical measures in order to increase the number of Kuwaiti nurses as part of the Kuwaitisation process:

I think that the Kuwaitisation process is still limited from my personal experience. Nurse F2

Notably, nursing students emphasised the need for Kuwaitisation, even though the supply of nurses to the nursing market remains inadequate. The participant argued that Kuwaitisation policies are necessary if the public is to be attracted to nursing. Further, in order to avoid a nursing shortage as a result of the immigration of expatriate nurses overseas, it will be necessary to ensure a stable supply of nursing personnel:

> *There is still a demand for the Kuwaiti nurse profession, their number is still small, on the contrary, because expatriate nurses started to immigrate to other countries. Nursing student M1*

Interestingly, a male nurse stated that there is a possibility that the Kuwaitisation progress may be negatively impacted by insufficient support from the hospital administration, which may lead to Kuwaiti nurses resigning from their positions as a result of lack of support from the hospital administration. The participant also stressed the fact that Kuwaitisation policies are of no use if the unsupportive nursing administration is not addressed and left untreated. This is because the work environment is not conducive to attracting and retaining new nurses in the organisation. The nursing profession is developing and improving but very slowly compared to other jobs:

> *But there are problems in the nursing administration. In other words, some methods are used to harass Kuwaiti nurses from the nursing department at their workplace, which in turn contributes to submitting resignations or requesting a transfer to a profession other than nursing because of the lack of encouraging and supporting departments for Kuwaitis' nursing. Some employees try indirectly to harass the Kuwaiti nurse at his workplace, and I think this may cause difficulty in the process of levelling in nursing. Kuwaitisation in nursing is currently very slow. Nurse M4*

8.5 Summary

This chapter reported the themes generated from the findings from the qualitative study. The interviews were with female year 12 students, parents, nursing students and nurses. The main focus of this chapter was the perceptions of nurses as professionals by themselves and others and the factors that contribute to those perceptions. Participants reported awareness of negative images of nursing on both a professional and a social level. Three organising themes were examined: barriers affecting Kuwaiti students' and parents' perceptions of the nursing profession, the factors influencing a student's career choice, and Kuwaiti nurses' experiences and challenges related to nursing as a

profession. Several barriers to becoming a nurse were identified: inferiority, religion, lack of family support, salaries, mixed-gender environment and perceived lower chances of getting married.

There was a considerable difference in the challenges and barriers faced by male and female participants regarding studying nursing. The majority of participants believed that nurses are perceived by the public as maids while acknowledging their humanitarian role. Participants also discussed their views on how cultural and traditional values influence the image associated with nursing work and their working conditions. The nursing staff and nursing students shared similar views as the school students and parents about how the public sees the nursing profession. Moreover, both nurses and nursing students encountered varying degrees of social resistance as a result of choosing nursing as a career path.

CHAPTER 9: Part 2, Qualitative Study – Discussion

9.1 Introduction

A mixed methodology was used for this research to examine the relationship between the public's perception of the nursing profession in Kuwait and its impact on the shortage of Kuwaiti nurses. No studies to date have been conducted in Kuwait regarding Kuwaiti perceptions of the nursing profession, including the views of Kuwaiti parents and the perceptions of Kuwaiti year 12 students secondary school students. This thesis demonstrates an in-depth understanding of the Kuwaiti community's views and perceptions regarding the nursing profession, providing valuable information to support the enhancement of the image nursing has in the Kuwaiti community and to increase the number of Kuwaiti nurses practicing in this field. These findings are supported by a broad range of studies in the literature (Abbas et al., 2020; Alghabashi & Sayed, 2022; Alroqi, 2017; Adhikari et al., 2023; Alshareef et al., 2020; Elmorshedy et al., 2020; González et al., 2023; Hussein & Abou Hashish, 2023; Jadidi et al., 2022; Öncü et al., 2022; Rodríguez-Pérez et al., 2022; Roshangar et al., 2021; Tawash and Cowman, 2018). There are numerous factors influencing nursing in Kuwait, including social challenges, cultural influences, and religious influences. For year 12 students and their parents, nursing is considered a less desirable occupation when compared to the expectations that are socially imposed on a student's social class. Additionally, the nurses described their opinions and perceptions about being nurses and how the community views nurses. The present study investigated year 12 students and their parents, nursing students and nurses in Kuwait, relating the findings to previous research on community perceptions of the nursing profession. The study examined community perceptions of the nursing profession, evaluated the image of nursing and highlighted the factors that influence students' and parents' decisions to pursue nursing as a career. This chapter discusses the findings of the qualitative results that directly address the focus of the thesis. The results and discussions here provide summaries of the themes that emerged from the interviews with parents, students and the nursing staff. The themes are present in order of the most frequent to the least frequent in the results. The themes are also divided into subthemes to capture the depth of the qualitative results and illustrate the robustness of the research. The use of quantitative and qualitative research produces a convergence of evidence that provides a holistic

perspective of the data (Matiaz, Wood, & Sliva 2023). This provides the triangulation of the data and reduces the risk of bias to improve the robustness of the results (Roomaney & Coetzee 2018). Each sub theme is described in the manner that provides the best illustration of the findings and in accordance with nursing results protocols. The use of percentages is qualitative as it is descriptive and provides an accurate summary of results to illustrate the numbers of participate that expressed that theme.

9.2 Discussion of findings

The purpose of this chapter is to provide a brief overview of community perceptions of the nursing profession and the factors that influence the choice of a career in nursing by year 12 students, parents, nursing students and nurses. It also examines the sociocultural implications of nursing as a profession and the impact of nursing on society. Family members are an important consideration, as are their parents, and friends and relatives who have worked in the nursing field. Participants were asked to offer strategies for improving the perception of nursing by the public. The themes discussed are nursing image, role of the media, culture and traditional values, challenges related to gender, lack of a supportive system, policy and regulation of nursing.

The qualitative study of 22 participants consisted of year 12 students, parents, nursing students and nurses. The themes and subthemes were created and organised after conducting the thematic analysis on the transcribed documents from the interviews. The three major identified themes were: the barriers affecting Kuwaiti parents' perceptions of the nursing profession, the factors influencing a student's career choice and Kuwaiti nurses' experience and challenges related to nursing as a profession. This section discusses the results and compares the findings with those from other relevant studies.

9.2.1 Barriers affecting Kuwaiti students' and parents' perceptions of the nursing profession

This section discusses the influences on students and their parents' perceptions of nursing.

9.2.1.1 Nursing image

Kuwait's parents' perception of the nursing profession can be influenced by a variety of factors, such as cultural beliefs, social norms and personal experiences, all of which may have a significant impact on their perceptions. In addition, it is important to note that the factors listed above can have a profound impact on parents' attitudes towards the profession, particularly when it comes to trust in the profession, confidence in its performance, and the likelihood of parents recommending it to others (Alroqi, 2017; Tawash and Cowman, 2018).

The data show that the majority of the year 12 students, parents, nursing students and nurses interviewed perceive nursing to be a humanitarian profession in the study. The participants reported that it is a career dedicated to helping others and providing medical assistance. A study by Tawash and Cowman (2018) also found that parents perceive the nursing profession as a humanitarian occupation. These findings are also similar to those in a study conducted in Saudi Arabia aimed to assess the community view of the nursing profession that indicated that participants view nursing as a humanitarian job (Mahran & Al-Nagshabandi, 2012). Another study conducted in Jordan with Jordanian nursing students found that they perceived nursing as a humanitarian occupation, with the community positively respecting the profession (Allari, 2020). However, a study conducted in Iran indicated that society does not respect nursing for its scientific capabilities, nor does it take into consideration the humanitarian aspects of the profession (Rafiee, 2023). The participants in this current study emphasised that the nursing profession is viewed as a humanitarian profession by the community at large. The participants reported that nursing is a profession that focuses on providing care and comfort to those in need in the community. Several other studies have shown that there is a general understanding within the general public in the community that nursing is a humanitarian profession that provides assistance to others (Adhikari et al., 2023; Ahmed et al., 2018; Kandil et al., 2021; Subu et al., 2022). It is important to recognise that nurses are valuable members of the healthcare team, as they play an important role in providing quality care to patients.

While participants personally see nursing as a humanitarian profession, some believe that the community sees nurses as servants (maids) for patients and doctors. Additionally, the nurses in this study indicated that their view of how the community views nursing as maids had not changed since

they first began working as nurses. Researchers have found consistent evidence that nurses are perceived as being more like servants than assistants to doctors when studying the perceptions of nurses in the community (Elmorshedy et al., 2020; Mahran & Al-Nagshabandi, 2012). A study conducted in East African countries, Kenya, Tanzania and Uganda, on nurses, community perception and the perception of nursing, indicated that the general public views nurses as maids. Additionally, healthcare providers have been shown to perceive nurses as inferior to other healthcare professions (Ndirangu et al., 2021). The findings of a study involving year 12 students and parents assessing the perception of nursing in the community indicated that the general public was less likely to pursue a nursing career because of the public's perception of nurses as being maids (Tawash & Cowman, 2018). A more recent study by Alsadaan et al. (2021) found that one of the stereotypes associated with the nursing profession in the community is that the nurse is a housemaid and a doctor's assistant in the hospital. These findings are contrary to those found from North America, which concluded that community views have changed as a result of women becoming politically active in the USA. As a result of their efforts, the image of nursing has been transformed (Lingel et al., 2022).

9.2.1.2 Role of the media

The media plays a crucial role in reshaping the general public's perception towards ideas and phenomena in a positive or negative manner in the community (Alghamdi et al., 2018; Alroqi, 2017; Pawłowski et al., 2019). The current nursing image in the community can largely be attributed to media representation (Elmorshedy et al., 2020). According to 95% of the participants in this study, the media in Kuwait, such as social media, do not present the nursing profession positively in the local community. It was further noted by participants that the media's misrepresentation of nursing contributed to shaping negative stereotypes of the nursing profession. In addition to this study, other studies suggest that portraying nurses as low-status females who are the personal assistants of doctors has a negative impact on nursing's reputation across the board as professionals (Abbas et al., 2020; Jadidi et al., 2022; Roshangar et al., 2021).

The findings in Part 2 of this current study are in concordance with the study findings presented in Part 1 of this thesis, and are similar to previous studies were undertaken in cultures similar to Kuwait

in the matter of the influence of the media on public perception of nursing in the community (Alghabashi & Sayed, 2022; Alroqi, 2017; González et al., 2023; Mahran & Al-Nagshabandi, 2012). As stated by the students in this current study, social media can be utilised for the purpose of enhancing the image of nursing, illustrating the true role of nurses in health care and increasing public awareness of the nursing profession. Alharbi et al. (2022) conclude that social media has a positive effect on modifying the perception of nursing among undergraduate nursing students. Moreover, those who developed a positive professional image and identified as nurses were more likely to establish a strong professional image. Interestingly, Pawłowski et al. (2019) illustrated that professional image is a fundamental component of a person's professional image, and is especially important for young professionals. Their professional image helps them build credibility, gain respect and create new opportunities.

9.2.1.3 Cultural and traditional values

The values of culture and tradition may negatively influence the recruitment of nurses in a community in several ways. An individual's beliefs and values can affect their view of the nursing profession in the community and their intention to study nursing after graduation. Students may be discouraged from joining the nursing profession for cultural and traditional reasons (Tawash & Cowman, 2018). A culturally aware nursing practice that integrates cultural needs and beliefs is necessary to address this issue. It aims to increase one's awareness of one's own cultural characteristics and integrate cultural needs and beliefs into nursing practice so that clients can receive care that is appropriate and customised to their needs (Alroqi, 2017; Elmorshedy et al., 2020).

It is imperative to recognise the consequences of misperceptions about nurses, since these misconceptions constitute a lack of respect for the profession. A study by Elewa and Abed (2017) found that the community perceived nurses as being assistants to doctors, with no power of their own and a consequent lack of professional autonomy. A number of studies have shown that nurses are perceived as a subordinate profession to physicians and that a minimum level of academic training is necessary to qualify in the healthcare environment as a nurse. This is highly indicative of the fact that there are numerous negative stereotypes about the nursing profession within society (Elmorshedy et al., 2020; Rodríguez-Pérez et al., 2022; Woldasemayat et al., 2022). According to

the findings from the nurses in this study, changing the white uniform of nurses could contribute to the community's perception of nurses and cultivate more respect for them since the white uniform has traditionally been seen as a negative stereotype of nurses. Cukljek et al. (2017) also found that nurses who wear uniforms other than white have a more positive attitude towards nursing. The findings of this study suggest that wearing different colour uniforms might enhance a positive perception of nursing (Aperibense et al., 2019).

As a result of this study's findings from the parents, the conclusion was reached that the current image of nursing work is primarily for women and not for men, as the participants believe that nursing lacks a future as an occupation. One finding indicated that nurses lack independence and flexibility in their work, resulting in a lack of autonomy. As a result, nurses perceive themselves as less safe from bullying at work, as lacking autonomy, as not being able to achieve alignment with their employer's values and as having lower self-efficacy (Aperibense et al., 2019; Moloney et al., 2018). Furthermore, according to the findings of another study, the nursing work image is influenced by public perceptions regarding nursing as underpaid and a woman's job, contributing to the decision of young people not to enter nursing as a career, especially among men who have higher social status (Moloney et al., 2018).

A nurse's work hours may discourage others from joining the profession for a variety of reasons. Keeping a healthy work–life balance is difficult for nurses due to the demanding working hours they are required to maintain. The impact of working long hours and experiencing high-stress levels on job satisfaction is negative. As a result, individuals may be discouraged from pursuing nursing careers or may be forced to leave the profession earlier than expected. Based on a study's finding that examined nursing work hours and the nursing shortage, it was concluded that some nurses continued to work while others reduced their hours to part-time, and others left their positions entirely as a result of long work hours (Buerhaus, 2021; Kakemam et al., 2019).

The findings from the parents and students in this study indicate that there are concerns about work conditions such as night duty due to the higher risk to female safety at night and abandoning family cultural obligations. To elaborate further, one of the year 12 students stated that parents would encourage their children if there were morning shifts specifically for female nurses. This is a similar

finding about work conditions to the original work conducted by Mahran and Al-Nagshabandi (2012), who state that women find working hours prohibitive because women must fulfil the obligations of being a wife and mother. According to a systematic literature review examining the nursing shortage in Saudi Arabi by Albougami et al. (2020), excessive work hours and a shortage of nursing staff led to stress among Saudi Arabian nurses. A study conducted in Taiwan by Chiao et al. (2021) indicated that nurses still face significant challenges in the workplace when it comes to improving the work process, including working hours, because of the increased workload.

9.2.2 The factors influencing a student's career choice

A range of factors and obstacles influence a student's career choice, including those related to family support and gender.

9.2.2.1 Obstacles to choosing the profession of nursing

Most communities around the world accord a high level of respect and value to the nursing profession (Rodríguez-Pérez et al., 2022; Terry et al., 2020). Nonetheless, cultural, economic and social factors may have a significant influence on public attitudes towards nursing (Alshareef et al., 2020; Öncü et al., 2022). A study conducted in Singapore found that Singaporean nursing students believed that nursing should only be occupied by women due to the influence of social factors on community perceptions of nursing as inferior to other healthcare professions (Liaw et al., 2016). This study highlighted that nursing is considered to be mainly concerned with caring for and assisting patients, as opposed to the work performed by doctors. Moreover, nurses are not perceived as having a high status in society by young people, who are unaware of the educational requirements and career pathways within the profession. As a result, nurses are typically depicted in a negative and stereotypical way, making nurses appear to be inferior to physicians (Glerean et al., 2017; Liaw et al., 2016; Rodríguez-Pérez et al., 2022; Terry et al., 2020). A study that examined the social stereotype of nurses found that stereotypical images of nurses could negatively impact a man's marriage opportunities (Teresa-Morales et al., 2022). Researchers have examined the inferior view of nurses in the community as physician assistants, indicating that nurses follow the orders of doctors and perform their duties as directed. As a result, nurses are not considered important to the

community, are not respected by patients and have a low social status (Bastias et al., 2020; Chen et al., 2020; Cirik et al., 2022; Uysal & Demirdağ, 2022).

A person's religious beliefs play a very important role in determining their career path in various aspects, including the nature of their occupation (Abbas et al., 2020; Al-Khunizi et al., 2021; Alroqi, 2017; Tawash and Cowman, 2018). Previous studies have found that religious beliefs are barriers to a nurse's promotion. Additionally, due to religious beliefs and cultural norms, nurses are not allowed to care for patients of the opposite gender in clinical practice (Abbas et al., 2020; Mukhlid Alshammari et al., 2019; Hussein & Abou Hashish, 2023). The findings in this current study illustrate that religious factors were seen by the participants as playing a significant role in parents' and students' intentions to study nursing. To elaborate, religious values and beliefs dictate rules about the interaction between male nurses and female patients. Moreover, these findings are similar to the findings of the questionnaire in Part 1 of this study. In accordance with the findings of previous studies that investigated the factors that influence students' intentions to study nursing, the findings from this current study are consistent with the findings of previous studies. Religion has been found to be one of the most significant factors that influence students to choose nursing as a career (Alroqi, 2017; Mahran & Al-Nagshabandi, 2012; Tawash & Cowman, 2018). Muslim women are generally discouraged by community pressures from entering nursing because it appears to be contrary to their religious and cultural beliefs. Further, some researchers suggest that a better understanding of the motivational aspects of religious beliefs can offer the nursing education staff a better opportunity to recruit and retain nursing students with greater success (Alharbi et al., 2019; Saleh et al., 2020). An individual's values and beliefs can be influenced by their religion and those factors can impact the choices these individuals make in terms of their career (Firdaus et al., 2020; Huy et al., 2022).

9.2.2.2 Lack of family support

Families play a critical role in helping children develop a positive attitude towards their careers and futures. The study findings indicate that the role played by parents in supporting the career development of their children, setting career expectations for their children and planning their careers is very significant. A study by Zhang et al. (2021) found that parental support is associated with career adaptability, which is in line with the findings of the current study. According to another study

conducted on the effectiveness of family support, family support was significantly correlated with students' intentions to pursue a nursing career. There was a significant difference between students and parents who supported their decision to pursue nursing education and those who did not (Zhang et al., 2023). The findings in this current study suggest that family support is likely to have a significant influence on a student's decision to pursue a future profession in nursing. This study found that year 12 students, nursing students and nurses believed that family support could have an impact on individual decisions. Further, the majority of participants in the study emphasised that strong family support should be provided to year 12 students in order for their children to be able to pursue a nursing career; also, nurses and nurse students reported that encouragement could be considered as support to study nursing.

This current study's findings are in line with other studies that examined the factors that influence students' intentions to study nursing. Among the most significant factors that have been found to influence students to choose nursing as a career is the lack of family support from parents or families (Alroqi, 2017; Mahran & Al-Nagshabandi, 2012; Tawash & Cowman, 2018). It is interesting to note that young people's perceptions of nursing are influenced by parental support and information about the nursing profession. It has also been found that family support significantly influences young people's decision to enter the nursing profession when the child's mother is a nurse (Glerean et al., 2017). Another study concluded that a family member who worked as a nurse had a negative influence on relatives with high educational backgrounds (Degazon et al., 2015).

The findings in this current study suggest that a nurse's income is likely to have a significant influence on their decision to enter the nursing profession. The interview transcripts show that both parents and their year 12 students believe that strong financial support should be provided to students in order for them to be able to pursue a nursing career; nursing students also reported that the nursing profession requires incentives as part of their salaries. It has been established in a number of previous studies that the financial position of the profession is one of the factors that influence someone's decision to enter the nursing profession (Akinyemi et al., 2022; Albougami et al., 2020; Dewanto & Wardhani, 2018; Labrague et al., 2020; Öncü et al., 2022; Subu et al., 2022).This current study findings suggest that nursing salaries have a significant influence on the number of people in

the profession, and that nurses encourage others to enter the profession at times of high salaries (Abbas et al., 2020). Furthermore, according to the interviews, parents, their year 12 students and nursing students are uncertain of the amount nurses are paid. Meanwhile, many parents believe that nurses earn a relatively low salary when compared to other professions, despite many nurses earning a higher income than those in other fields of work. Bahraini researchers found that nurses' salaries are relatively low when compared to those of other occupations, such as medicine and law. Nursing must be presented as a rewarding career with a high level of job security in order for it to be considered a financially rewarding career (Tawash & Cowman, 2018). According to a study conducted in Ghana, salary is one of the most significant indicators of turnover intentions; nurses seek higher-paying professions (Boateng et al., 2022). Another study examined the factors influencing the turnover of Saudi Arabian nurses. Low salaries within hospitals were found to be one of the main reasons for nurses leaving the profession, along with an unequal salary structure (Alshareef et al., 2020).

It is essential to recognise that marriage can play a vital role in a student's future career path after high school. The role of marriage is also influenced by the cultural background and personal beliefs of the individual. This current study found that approximately 80% of respondents felt that there were limitations to getting married for nurses. A number of cultures have strong social norms that prohibit males and females who do not have a marriage relationship from having any personal contact with one another (Abbas et al., 2020; Jadidi et al., 2022), including in Jordan, where Saleh et al. (2020) found that there were a number of Jordanians in the community who refused to agree to their daughters being married to male nurses. A study from China found that nursing has a negative impact on the chances of young men being able to marry. In addition, Chinese male nurses found that their opportunities for marriage were negatively impacted by the gender stereotypes prevalent in the profession of nursing (Zhang & Tu, 2020). In Saudi Arabia, marriage is regarded as one of the highest priorities, with any compromise taking place viewed with great concern. Women are also less likely to choose nursing because it negatively impacts their chances of getting married. (Elmorshedy et al., 2020). There is a cultural difficulty in providing care from female nurse to male patients since the public views it as being culturally inappropriate (Alsadaan et al., 2021; Falatah &

Conway, 2019). According to the findings of a study conducted on university students in Nigeria, nursing might play an important role in social decisions such as marriage and relationship decisions in later life for someone who chooses to study this profession (Olubiyi et al., 2020). The foundation work by Mahran and Al-Nagshabandi (2012) demonstrate that women who work in nursing are viewed in society as unsuitable wives by the general public.

9.2.2.3 Challenges related to gender

Gender segregation within the nursing profession may influence year 12 students' willingness to pursue nursing careers. Nursing has historically been a female-dominated profession. It is important to note that this might be the case for male students who believe nursing is an inappropriate profession (Alsadaan et al., 2021; Tawash and Cowman, 2018). A gender imbalance in nursing must be addressed in order to attract more students to consider nursing as a career, as well as the promotion of diversity in nursing education and practice. In certain Muslim countries, there is occupational segregation based on gender, and nursing has a poor status that can adversely affect the demand for nurses to meet demand (Öncü et al., 2022). In nursing, gender segregation is limited because of necessity. As a result, many Saudi female nurses as well as their families are uncomfortable with the idea of caring for a male patient, which negatively impacts the nursing image in Saudi Arabia (Alsadaan et al., 2021).

This current study found that the majority of participants believe that the community supports gender segregation in the nursing workplace. Furthermore, year 12 students reported that their parents would prefer segregation at the workplace due to their cultural values and religious beliefs. According to Islam, women are allowed to work outside the home, but Saudi Arabia's conservative groups promote gender segregation within the workplace and do not permit females to mix with males (Al-Asfour et al., 2017). Several Islamic studies have found that Muslim women are more likely to avoid choosing the nursing profession because the public may be adversely affected in terms of their chances of marriage, which is considered inappropriate from a cultural standpoint due to strict gender segregation (Elmorshedy et al., 2020; Falatah & Conway, 2019). Segregation by gender has been reinforced by sociocultural norms. Since society does not consider nursing to be a suitable profession for men, evidence suggests that men are finding it increasingly difficult to become

accepted in their profession due to this social bias (Abbas et al., 2020). A major concern related to the health profession is the possibility of mixing with people of a different gender during a healing process. This positive view of nursing and the high level of religious acceptance in the community may be attributed to the gender-based segregation of patients and facilities in most Saudi Arabian hospitals and clinics (Azim & Islam, 2018).

This current study found that the 60% of participants believe that a mixed-gender work environment represents a challenge to those who wish to pursue a nursing career due to cultural differences caused by working in a mixed-gender work environment. Similar studies indicate that mixed-gender workplaces are viewed as one of the factors preventing students from studying nursing. The concept of females working as nurses is stigmatised culturally. In particular, if the woman is married and has children, there is a cultural stigma associated with it, as the wives should be at home providing care for the children (Alroqi, 2017; Mahran & Al-Nagshabandi, 2012). It has become a social custom in Saudi Arabia as Arabic country that women are expected to work in environments where practices that are not socially acceptable may be a result of the cross-gender interactions that are necessary for nursing (Alsadaan et al., 2021). According to a study carried out in Saudi Arabia, gender-mixed working environments have been reported to be perceived as a barrier to participation in nursing jobs (Elmorshedy et al., 2020). It was found in another study that Saudi female nurses prefer not to work in mixed-gender environments generally because of the increased chances of harassment from males against females. This finding has been cited as a reason for Saudi female nurses not wanting to work in mixed-gender facilities (Alotaibi et al., 2016). Another study examined the opinions of year 12 students, parents, career advisors, and nursing students in Bahrain regarding the nursing profession. The findings indicated that if a woman works the night shift at a nursing facility, they are required to mix with men. Therefore, nurses are viewed as unworthy professionals and cannot fulfil their motherly obligations (Tawash & Cowman, 2018).

In summary, the literature indicates that a variety of factors contribute to the decision to pursue a nursing career or leave it. Developing a positive work environment for nurses and improving the organisation’s culture may help maintain their employment.

9.2.3 Kuwaiti nurses' experience and challenges related to nursing as a profession

Policy and regulation, and the lack of a support system pose challenges to nurses.

9.2.3.1 Policy and regulation

Nursing regulations and policies play a crucial role in shaping nursing education and training, and defining nursing's scope of practice, improving patient safety, supporting professional development and facilitating the mobility of nurses and other healthcare workers. In Kuwait, RNs work under the MOH code of practice. Nurses should be aware of policies and regulations affecting their practice, and should advocate for those that will enhance the quality of care and their own professional development.

This current study found that the vast majority of nurses who participated believe that it is essential to have an updated and clear job and role description for nurses. Moreover, the participants stated that nurses work out of their scope of practice, and other health professionals take advantage of the unclear nursing job description in Kuwait, which affects the image of nursing in the community. Nursing practices in Lebanon, too, are outdated and inadequate to meet nurses' needs, and a uniform update to meet religious expectations is urgently needed. The scope for some nurses in Lebanon goes beyond what the nurses have learned in their training, while for others the scope of nursing practice is not fully utilised (Younan et al., 2019). The results of another study point out the need to update a nurse's scope of practice as the profession becomes more complex and continues to expand. Nursing requires judgement as to which responsibilities are accepted, which guidance is sought and which tasks are delegated to others (Hussein & Abou Hashish, 2023). A systematic review by Shayan et al. (2019) concluded that nursing evidence is not available and of limited utility due to lack of recognition of nursing as an autonomous profession. In this review, most studies focused on Iran, sub-Saharan Africa, the Middle East, and Asia. Furthermore, there is a concern that nurses are not in a position to make changes to patient care procedures due to, in their opinion, insufficient authority in the nursing profession. Another study showed that nurses need professional autonomy to ensure the safety of their patients, improve the quality of care they deliver, stay in their

profession, and make sure that they are satisfied with their jobs. Professional autonomy can help nurses to make this type of decision and maintain patient safety (Asl et al., 2022).

Findings in a study conducted in Iran with Iranian nurses indicate that nurses are faced with a great deal of job confusion due to the lack of clarity in their job description and unclear scope of nursing practice, job responsibilities and workloads. Accordingly, professional autonomy was undermined *(*AllahBakhshian et al., 2017*).* The current study determined that the majority of nurses and nursing students who participated believe that it is essential to have a clear job description and a clear role description. The nurses also expressed the importance of nursing autonomy in the healthcare industry, which would add to the nurses' reputation as public figures. Accordingly ŞİMŞEK et al. (2020) state that there was a lack of job descriptions among nurses in their study, which resulted in them performing medical procedures that were not part of their job description. Moreover, it was found that nurses who refused to perform medical procedures beyond the scope of their nursing job description received negative reactions from managers and doctors as disobeying orders. Many general practitioners reported a lack of clarity regarding the roles and responsibilities of RNs, which was concerning to the majority of participants. Misunderstandings and problems in the working relationship can result from a lack of clarity (McInnes et al., 2017). A study conducted in East Africa found that nurses had roles and responsibilities that differed from their scope of practice, and therefore were not in compliance with the rules (Spies, 2016). A study conducted in South Africa found that the scope of practice in the field of health care was frequently mentioned as being influenced by job descriptions. Nursing staff felt mistreated as a result of their employer's outdated job description, which used 'any other duties' in the job description (Feringa et al., 2020).

9.2.3.2 Lack of supportive system

A nurse may suffer from the absence of a supportive system from the hospital directors like good leadership as well as from underappreciation from the community. These factors are likely to contribute to the negative perceptions of year 12 students about nursing as a career choice. Nurses often experience underappreciation from the community and the lack of a supportive environment. Among the examples are that year 12 students may not consider nursing as a career option due to the perception that nursing is a low-paying profession (Hamadeh, 2019). According to the

participants in this study, expressing appreciation towards the nursing profession is one of the most effective methods for improving nurse satisfaction and enhancing nursing's image among the public and healthcare professionals by recognising the nursing profession's role in hospitals and other healthcare facilities. In similar findings, Mahran and Al-Nagshabandi (2012) found that the vast majority of year 12 students do not know who works in the nursing field and do not know how to appreciate it. Among nurses, Aljohani et al. (2022) found a correlation between nurse dissatisfaction and low levels of appreciation and respect, which are all associated with weak relationships with co-workers, especially physicians. Another study demonstrated that nurses should be appreciated and provided with incentives, with the nurses pointing out that managers and administrators were not appreciative of the hard work the nurses do in taking care of patients (Rathnayake et al., 2021). The findings illustrate that participants in the research appreciated the Saudi nursing students and held positive attitudes towards Saudi nurses. Furthermore, the study reported that the vast majority of the students received positive feedback from patients and were able to connect with them easily because they shared the same cultural background as those patients and identified that this helped facilitate their communication (Alharbi et al., 2019). According to the findings of the study conducted in Saudi Arabia regarding the perception of the nursing profession (Al-Khunizi et al., 2021), the Saudi government is planning to improve the perception of nursing by further enhancing the recognition and value placed on nurses' knowledge and abilities. The study also noted that nursing appreciation is one of the approaches that could be used in the community to improve the perception of nursing.

Nurses in the current study expressed frustration and unhappiness due to the lack of recognition of the nursing profession. In turn, this negatively affected the participants' job satisfaction. As a result of this lack of recognition, nurses have a high turnover rate, which is negatively affecting the healthcare system. Nursing professionals need to be adequately supported and valued in their professional roles, so it is imperative that this issue be addressed. All nurse participants highlighted that they encounter a lack of recognition of their profession in many aspects. A study by Firouzkouhi and Abdollahimohammad (2022) that examined nursing appreciation showed that nursing has reached a level of importance at which all people now recognise and thank nurses for their heroic service in combating the COVID-19 pandemic. Many governments have designated 12 May

International Nurse Day as a day in recognition of nursing as a valuable profession. The majority of participants in the current study indicated the need for nurse recognition as a profession, which means improving nursing's image as perceived by the public and healthcare professionals. Moreover, recognition of nurses is a key part of them feeling valued and respected, as well as appreciated for the dedicated work they do daily. In addition, healthcare professionals and the public need to recognise the significant role nurses play in society. According to one study's findings, nursing during the COVID-19 pandemic contributed to nursing students realising the value of nursing and the importance of nursing as a profession, in addition, the COVID-19 campaign contributed to a growing public awareness and recognition of nursing and the nursing profession (Shengxiao et al., 2021). The WHO recognises and values the professional distinctions of a nurse as well as the scope of practice. Furthermore, in many countries a nurse's education and professional background do not match their actual scope of practice, which is a major problem. (World Health Organization, 2020)

All participants were asked about their opinions towards the program that the government established in order to increase the number of Kuwaiti nurses in the health sector, and regarding the growth of Kuwaiti nurses in the MOH. In 2020, Kuwaiti nurses represented only 5% of the nursing workforce, which the nurses stated should be increased by the Kuwaitisation program; however, the majority reported that the policy does not meet the stakeholder demand for the increase to the nursing workforce. The findings of the Kuwaitisation program indicate that it has not attracted year 12 students to study nursing after graduation, nor rectified the current nursing image. All participants in the study were also asked whether they preferred Kuwaiti nurses or expatriate nurses to take care of them during their hospital stay. Approximately 90% of participants felt that more Kuwaiti nurses are needed in the healthcare sector because of the shortage of Kuwaiti nurses. Participants also said that they felt comfortable when interacting with a Kuwaiti nurse due to the similarity in culture and language.

9.3 Summary

This chapter provided a discussion of the themes and the subthemes of the interview data analysis of the interviews conducted with year 12 students, parents, nursing students and nurses about their

perceptions of the nursing profession. The study's findings indicate that year 12 students, parents, nursing students and nurses believe the perception of the nursing profession needs to be improved due to various barriers preventing students from studying nursing. Moreover, nurses expressed their concerns about the obstacles to reaching professionalism, with policy and supportive system shortfalls. The Kuwaiti community believes that the nursing profession is not a suitable profession for their children due to the work conditions and working hours that are associated with nursing. Additionally, participants in the study recommend that Kuwaitis consider joining the nursing profession because of the traditional and cultural norms of Kuwaiti nurses, which makes it easier for them to understand a Kuwaiti patient's needs.

CHAPTER 10: Integration

10.1 Introduction

Mixed-methods research is a strategy for conducting research that incorporates both qualitative and quantitative approaches. Data were collected sequentially through a quantitative phase (Part 1 of this research) followed by a qualitative phase (Part 2 of this research) (Schneider et al., 2016). In this study, the researcher collected and analysed data in multiple stages. Depending on the nature of the data collection, either the quantitative or qualitative research may be conducted first. Mixed-methods research requires data integration throughout the research process, which requires the integration of both quantitative and qualitative results to reach a conclusion. In any stage, such as during data collection, analysis or interpretation of the findings, there is the possibility of integrating this data and establishing relationships. Data were collected and analysed separately for the quantitative and qualitative components. Part 1 consisted of the collection and analysis of quantitative data, followed by Part 2, consisting of the collection and analysis of qualitative data. The data integration took place as part of the data analysis.

10.2 Integration

The purpose of this study was to explore Kuwaiti community members' perceptions of nursing as a future career. The Kuwaiti community was represented by its year 12 students, parents of year 12 students, nursing students and Kuwaiti nurses working at different levels in the nursing field in Kuwait.

In particular, the research questions were:

- How does the Kuwaiti community perceive nurses in general and Kuwaiti nurses in particular?
- What are year 12 students' perceptions of nursing in Kuwait?
- What factors influence the Kuwaiti community's perceptions of nurses?
- Does the Kuwaiti community's perceptions of Kuwaiti nurses impact the recruitment, retention and attrition rate of Kuwaiti national nurses?

From the research questions, the following research objectives were formulated:

- Identify the factors that influence parent and year 12 students' decisions to pursue or not pursue nursing as a profession in Kuwait.
- Explore the sociocultural factors that affect consideration of nursing as a future career in Kuwait.
- Investigate if there is an association between the public image of nurses, the shortage of Kuwaiti nurses and nursing attrition rates in Kuwait.
- Suggest strategies that can be used to improve the image of nursing within the community.

There were both quantitative and qualitative steps involved in the integrative process. Most commonly, the integration of quantitative and qualitative data occurs at the data analysis and interpretation stage. The present study collected and analysed separate quantitative and qualitative datasets in order to address the research questions. Part 1 of the study involved the collection and analysis of quantitative data (via instruments) followed by Part 2, which involved the collection and analysis of qualitative data (via online interviews) based on the analysis of Part 1. The findings from Part 1 and Part 2 were integrated and Table 10.1 compares the findings.

Research that utilises mixed methods generally generates confirmations, discordances and expanded findings as a result of integrating qualitative and quantitative data (Othman et al., 2020; Younas et al., 2023).

The term 'confirmed integrated' refers to results obtained through quantitative analyses that support or confirm those obtained through qualitative findings analyses within the same study (Guetterman et al., 2021; Hands, 2022). Furthermore, expanded integration findings are derived when qualitative results provide interpretations of quantitative findings that are not previously available (Ramjan et al., 2024; Younas & Sundus, 2022). Discordant findings occur when qualitative and quantitative findings are not in agreement or conflict with one another, and fail to support the same interpretation (Younas et al., 2020; Younas et al., 2023)

Table10.1: Joint display drawn from the quantitative results and qualitative findings.

Variables	Quantitative results	Qualitative findings	Integration (confirmed, discordant, or expanded)
Integrated finding 1: In Kuwait the image of nursing continues to be undervalued for multiple reasons			
Nursing image is inferior	27% of parents agree. 15,7% students agree. Also, 54% of student are unaware of nursing current image. 31% of students and 52 % of parents view nursing image as positive.	70% of nurses, nursing students and parents who participated in the parent group believe that the current nursing image in the community is still inferior.	**Confirmed:** most of participants do believe that nursing profession is seen as inferior by others. However, half of year 12 student do not know while 52% of parents do not believe that nursing image is inferior.
Nurse's income 'salaries' **Kuwaiti nurses paid A$7500 a month**	55% of parents believe that nurses are underpaid, while 32.9% are unaware of the nurse's income. For year 12 students, 47.8% unaware of the nurse's income, while 25.1% do not believe that nurses are underpaid and 27% believe that nurses are underpaid.	Most participants in all groups suggested that a nurse is low paid.	**Expanded**: the findings indicated that participants agreed that nurses are underpaid.
Mixed-gender environment	Parents would not advise others to study nursing (48.7%), while 36.8% of parents would. On the other hand, the findings indicate that year 12 students do not think that mixed-gender environments prevent others from studying nursing (56.1%), or do not know whether the mixed-gender environment prevents others from studying nursing (24%).	75% of participants express the need for gender segregation in workplace.	**Confirmed**: participants agreed that having to provide care for both male and female patients could prevent a person wanting to become a nurse.
Being employed as a nurse lowers the chances of that nurse becoming married.	47.3% of year 12 students are unable to determine whether marriage as a result of being a nurse is limited or not; however, 30% disagree that nursing limits the chance of marriage, whereas 22.4% agree that nursing limits the chances of marriage.	60% of all participants from the nursing profession, nursing students and parent groups agreed that the nursing profession was likely to limit the probability of getting married when they became nurses	**Expanded**: the findings explored more of the conception of marriage from the parent point of view.
Nursing is only for females	71.5% of parents do not believe that nursing is only for females and 63.5% of year 12 students do not believe that nursing is only for female, whereas 20.1% of students believe that nursing is only for females.	75% of the participants did not share or agree with the perception that nursing is only for females	**Discordant**: the findings indicated that participants have rejected this concept because they say nurses should be both male and female.

Variables	Quantitative results	Qualitative findings	Integration (confirmed, discordant, or expanded)
Working across 24 hours with early, late and night shifts is a barrier to becoming a nurse	Results found that 61.4% of parents do not believe that nursing work hours are appropriate, 24.2% of parents do not know what the nursing working hours are and 67.5% of year 12 student participants do not know what nurses working hours are.	90% of the participants from all four groups agree that the working hours of the nursing profession are inappropriate for the profession.	**Confirmed**: participants agreed work hours could prevent others from studying nursing.
Integrated finding 2: **In Kuwait the community view nursing work as humanitarian but do not want family members to become nurses**			
The community appreciates nurses and their work	91.5% of parents and 94.7% of students believe that the nursing profession is appreciated.	The majority of participants in all groups believe nurses are underappreciated	**Discordant:** most participants believe that nursing is humanitarian work.
The work nurses undertake is a form of humanitarian work	90.8% of parents see the nursing profession as humanitarian work as well as 86.9 % of students.	The majority of participants in all groups state nurse work is seen as humanitarian work by the community.	**Confirmed:** most participants believe that nursing is humanitarian work.
Servants	No quantitative data	The majority of nurses, nursing students and parents believe that the Kuwaiti community see nurses as servants.	**Unexplored**: most participants in the qualitative study believe that the community sees nurses as servants; there is a need to explore this further in quantitative studies.
Intention to study nursing	Year 12 students answered yes: 11%, no: 50.8%, undecided 37.1%; whereas the parent group reported intention to encourage their children to study nursing as being yes: 26.8%, no: 73.1%.	75% of participants don't intend to study nursing. Whereas 25% do.	**Expanded**: conduct more interview with year 12 students to identify their intention towards the nursing profession.
Media	66% of parents in the study believe that the media does not support nursing, while 33.4% of students agree, and only 30.1% of year 12 students nursing participants believe that nursing does not receive media support. However, 36.5% of students do not know whether the nursing profession has sufficient media support.	The majority of participants in all groups believe that nursing receives insufficient coverage from the media.	**Confirmed**: participants agreed that the media neglect the nursing profession role.

Variables	Quantitative results	Qualitative findings	Integration (confirmed, discordant, or expanded)
Integrated finding 3: Currently nurses in Kuwait feel undervalued and lack professional scope of practice			
Lack of current job description or standards for practice	Approximately 76.1% of parents agree that there is a lack of awareness among community members of the nursing profession, 43.1% of students agree that there is a lack of awareness among students of nursing, and 45.4% of students are unsure whether there is a lack of knowledge in the community regarding nursing roles.	The majority of nursing students and nurse participants indicated that the current description is outdated.	**Confirmed**: participants agreed there is an insufficient nursing description of the nursing profession role.
Nurses are not appreciated or formally recognised for their work	The majority of participants reported that their parents showed appreciation for their work as nurses but their relatives did not.	Most nursing students and nurse participants indicated that nurses do not receive sufficient recognition for their work by the general public.	**Confirmed**: participants agreed there is insufficient recognition for the nursing profession role.
Integrated finding 4: The Kuwaiti community agree that the positive professional image of nurses needs to be promoted			
Nurses' salary needs to be increased	The majority of parent and student participants reported that nurses need an increase in their income.	The majority of participants in all groups agreed on an incentive for nurses by increasing their income.	**Confirmed**: participants agreed salary could prevent others from studying nursing.
Adequate media coverage of the nursing profession	The majority of parent and student participants reported that media does not support the nurse's role.	The majority of participants in all groups agreed on promoting media involvement to present the role of the nurse.	**Confirmed**: participants agreed that misleading media could prevent others from studying nursing.
There is a need for flexible nursing work schedules, especially for married nurses.	The majority of parent and student participants reported that nurses' work hours are inappropriate.	The majority of participants in all groups agreed on improving nurse's working hours, especially for women.	**Confirmed**: participants agreed that work hours could prevent others from studying nursing.
The necessity to spread nursing awareness among year 12 students through field visits	The majority of parent and student participants reported a need for arranging visits from nursing students to year 12 students' schools.	The majority of participants in all groups agreed on the need for arranging visits from nursing students to year 12 students' schools to talk about the experience of being a nurse in the workplace.	**Confirmed**: participants agreed that arranging visits from nursing students would enhance the nursing image.

Variables	Quantitative results	Qualitative findings	Integration (confirmed, discordant, or expanded)
A field trip is necessary to promote nursing among year 12 students	The majority of parent and student participants reported that year 12 students need to be invited to visit the College of Nursing.	The majority of participants in all groups agreed that year 12 students be invited to attend the College of Nursing to gain a deeper understanding of the nursing profession.	**Confirmed**: participants agreed that year 12 students be invited to attend the College of Nursing.

10.3 Discussion

The major findings from the qualitative and quantitative research were categorised into the many factors that influence parent and student decision-making on whether to study nursing or not. This section examines in detail the factors responsible for the decrease in the number of nurses along with the challenges and opportunities posed based on the findings of the study and taking into consideration important social issues relevant to the nursing profession. In addition to government policies that aim to encourage Kuwaitis to enter nursing, Kuwaitisation programs are also responsible for driving change in the nursing profession. The general statistics in Kuwait indicate that there has been a decrease in the number of Kuwaiti national nurses over the last decade, with the number decreasing from 6.6% to 5%, indicating that Kuwaitisation has not led to an increase in the number of nurses (Annual Statistical Abstract, 2021). Therefore, Kuwait's MOH still faces the challenge of recruiting enough nationals to work in the nursing sector. The findings of the study contribute by identifying factors that influence parents' and students' decision-making about studying nursing after high school. Moreover, the findings identify factors that affect the community's views about the nursing profession via the nurses' points of view.

The quantitative findings showed a significant association between intention to study nursing and friends working in nursing, family members working in nursing and advising others to pursue nursing. It was concluded that low salaries and long working hours of nurses means that students are not likely to pursue nursing careers. Hence, it is undeniable that changes to working hours and income can play a crucial role in attracting young people in Kuwait to study nursing.

According to the findings from the qualitative study, all participants (students, parents, nursing students and nursing staff) feel that their community perceives nursing as a service profession and that nursing is seen as being a servant. Additionally, the majority of nurses indicated that the perception of nurses as maids was derived from their personal experience with nurses in their hospital environment.

The results of the quantitative study showed that parents do not think the community despises nurses (54.7%), whereas students believe the nursing profession is despised by the community (76.2%). In

the qualitative study the nurses reported that perceptions of the general public have slightly changed over time. However, the community still perceives nursing as having a negative image, despite the fact that there is a high demand from the community for Kuwaiti nurses.

10.3.1 Discussion of integrated finding 1: In Kuwait the image of nursing continues to be undervalued for multiple reasons

Based on the results of Part 1 of the study (the questionnaire) and Part 2 (the interview), the majority of participants had a negative impression of the nursing profession in general. The study explored the nursing image in the Kuwait community, identified elements that constructed the current image and related it to the nursing profession.

It is also noteworthy that year 12 students in both Part 1 and Part 2 discussed social views regarding the nursing profession that were identified as inferior. Part 1 found that 52% of parents do not believe that the image of nursing is inferior, while 15.7% of students agree that the image of nursing is inferior, and 53.5% are unaware of how nursing is viewed in the community. In Part 2 of the study, the qualitative findings showed that the majority of nurses, nursing students and parents believe that the current nursing image in the community is still inferior. However, the qualitative findings from the year 12 students indicate that nursing is an acceptable profession in the community, as perceived by its image. The findings of this study are supported by the literature that relates to the nursing profession's image in the community through perceptions made by the general public (Adhikari et al., 2023; Al-Khunizi et al., 2021; Allari, 2020; Alroqi, 2017; Alshareef et al., 2020; Mahran & Al-Nagshabandi, 2012; Nair, 2021; Tawash & Cowman, 2018).

There are similarities between the findings about nurses' income from all participants, with 55% of parents believing that nurses are underpaid, and 32.9% being unaware of their income. For year 12 students, 47.8% are unaware of a nurse's income, while 25.1% do not believe that nurses are underpaid and 27% believe that nurses are underpaid. Most participants in the qualitative groups suggested nursing income incentives to attract people to the nursing profession.

The results of the quantitative results for year 12 students show that 47.3% are unable to determine whether marriage as a result of being a nurse is limited or not; however, 30% disagree that nursing

limits the chance of marriage, whereas 22.4% agree that nursing limits the chances of marriage. According to the qualitative findings of the research, 60% of all participants from the nursing profession, nursing students and parent groups agreed that the nursing profession was likely to limit the probability of getting married. It is interesting to note that the majority of year 12 students tend not to know if marriage is limited or not. These findings are similar to those discussed by Abbas et al. (2020) and Elmorshedy et al. (2020). The study also concluded that women are faced with numerous barriers in the nursing profession, including limited opportunities for marriage and negative effects on their social lives as a result of the profession. According to Tawash and Cowman (2018) and Mahran and Al-Nagshabandi (2012), based on social perceptions found in the public sector, working as a nurse could restrict one's ability to marry because of the stigma associated with the profession.

It appears that these findings are in line with those provided in the quantitative results in which it was determined that 71.5% of parents do not believe that nursing is only for females and 63.5% year 12 students do not believe that nursing is only for female whereas 20.1% of students believe that nursing is only for females. The qualitative findings indicate that most of the participants did not share or agree with the perception that nursing is only for females. There is discord between the quantitative and qualitative findings regarding whether a mixed-gender environment limits the study of nursing. The quantitative findings indicate that parents would not advise others to study nursing (48.7%), while 36.8% of parents would. On the other hand, the findings indicate that year 12 students do not think that mixed-gender environments prevent others from studying nursing (56.1%), or do not know whether the mixed-gender environment prevents others from studying nursing (24%). Further, the qualitative findings indicate that the majority of participants expressed concern about the mixed-gender environment in nursing. It was suggested by most of the participants that if gender segregation were to be enforced in the nursing workplace, other people would probably be more likely to study nursing.

The quantitative results found that 61.4% of parents do not believe that nursing work hours are appropriate, 24.2% of parents do not know what the nursing working hours are and 67.5% of year 12 student participants do not know what nurses working hours are. Only 18.3% of students agreed

that nurses' working hours were inappropriate for their jobs. There was also qualitative evidence that most of the participants from all four groups shared or agreed with the sentiment that the working hours of the nursing profession are inappropriate for the profession. The qualitative data provided by the parents and year 12 students showed that neither believe that women and wives staying out at night for night shifts is acceptable on a social level.

10.3.2 Discussion of integrated finding 2: In Kuwait the community view nursing work as humanitarian but do not want family members to become nurses

Based on the findings of this study, Kuwait's community attitudes towards the nursing profession appear to be negative. The findings of this study are supported by the literature relating to community perceptions towards the nursing profession (Adhikari et al., 2023; Al-Khunizi et al., 2021; Allari, 2020; Alroqi, 2017; Alshareef et al., 2020; Mahran & Al-Nagshabandi, 2012; Nair, 2021; Tawash & Cowman, 2018). The findings of this study show that Kuwaitis may have different perceptions of the situation.

It is also noteworthy that participants in both Part 1 and Part 2 of the research discussed the perception of the nursing profession. Most of the student and parent participants in the qualitative study showed appreciation of the people who work in the nursing profession. There were also similarities in the quantitative findings, with 91.5% of parents and 94.7% of students believing that the nursing profession is appreciated. The findings in this study showed the intention to study nursing from the student group as being yes: 11%, no: 50.8%, undecided 37.1%, whereas the parent group reported intention to encourage their children to study nursing as being yes: 26.8%, no: 73.1%. In concordance with the qualitative findings, when year 12 students were asked about how their parents felt about nursing, the majority reported that their parents did not reject nor recommend the study of nursing. Based on the research findings, it appears that parents may play a significant role in influencing the decision of a student to pursue a nursing degree. It is also essential to take into account other factors, such as the nurse's religious beliefs and how the public perceives the nursing profession in general, in order to make an informed decision. Providing guidance and support to children interested in pursuing a career as nurses can encourage them to do so. Additionally, parents can provide their children with an understanding of what the profession entails as well as the rewards

that can be obtained by bringing change to the lives of others (Mohsen et al., 2022). In line with the quantitative findings, 90% of parents and 86.9% of year 12 students surveyed believe that nursing is a humanitarian profession. The qualitative findings of the study demonstrated that the majority of participants in all groups view nursing as a humanitarian profession that deserves to be recognised as such by the general public.

There was discordance in the findings about media support, with 66% of parents in the quantitative study believing that the media does not support nursing, while 33.4% of students agree, and only 30.1% of year 12 students nursing participants believe that nursing do not receives media support. However, 36.5% of students do not know whether the nursing profession has sufficient media support or not. The qualitative findings of the study demonstrated that the majority of participants in all groups believe that nursing receives insufficient coverage from the media. Moreover, nursing participants expressed their belief that the media could play a large role in improving the image of nursing in the community. In addition, participants expressed their concern that the media is a vital source of influence. Furthermore, all of the group participants in the qualitative analysis expressed the opinion that the majority of people in the community believe that nursing is like being a maid and that nursing is seen in a negative light by the public.

10.3.3 Discussion of integrated finding 3: currently nurses in Kuwait feel undervalued and lack professional scope of practice

This section discusses the lack of a nursing description and appreciation and recognition for nurses.

10.3.3.1 Lack of nursing description

Nursing students and nurses share similar opinions regarding the need to update the current nursing job description. The majority of nursing students and nurse participants indicated that the current description is outdated and does not include guidelines regarding nurse duties and tasks in the workplace according to their job titles. Approximately 76.1% of parents agree that there is a lack of awareness among community members of the nursing profession, 43.1% of students agree that there is a lack of awareness among students of nursing, and 45.4% of students are unsure whether there is a lack of knowledge in the community regarding nursing roles. This conflict arises from the fact that society has not been able to recognise nursing as a profession.

10.3.3.2 An appreciation and recognition

The findings show discordance between the qualitative and quantitative data regarding appreciation and recognition of the nursing profession in the community. The qualitative findings show that the majority of nursing students and nurse participants believe that nurses do not receive sufficient recognition for their work by the general public, nor do the nurses receive adequate recognition for their work as nurses in the field. In concordance with these findings, when participants were asked about their parents' feelings about nursing, the majority of nursing participants reported that their parents showed appreciation for their work as nurses, but their relatives did not. On the other hand, 91.5% of parents and 94.7% of students in the qualitative study believe that the nursing profession is highly valued in their communities.

10.3.4 Discussion of integrated finding 4: The Kuwaiti community agree that the positive professional image of nurses needs to be promoted

Participants from all groups in both the quantitative and qualitative research proposed strategies to improve the perception of nursing and the recruitment of more people to study nursing.

All participants suggested the following:

1. An incentive for nurses by increasing their income annually.
2. Promoting media involvement to present the role of the nurse and to change the image of nursing to become more positive for the general public. This can be done through television interviews and workshops.
3. That year 12 students be invited to attend the College of Nursing to gain a deeper understanding of the nursing profession, as well as arranging visits from nursing students to year 12 students to talk about the experience of being a nurse in the workplace.
4. Improving the nurse's working hours, especially for women. To elaborate, women should not be expected nor required to work afternoon or night shifts due to family obligations at home.

As a strategic step to improve community perception within Kuwaiti society, the above suggestions were the most significant points forwarded by participants. Further, nurse group participants highlighted the importance of updating the nursing job description in order to make it a better match

with the nurse's qualifications. In the nursing field, this could be an important strategic step. Those who participated in the study deemed an updated job description is important to prevent any misunderstanding by other healthcare providers and the general public of the nurse's role.

CHAPTER 11: Conclusion and recommendations

11.1 Introduction

The main reason for this study was to address the continuing shortage of Kuwaiti nurses and understand why Kuwaiti nationals enter the nursing profession as a career choice. In addition, it explored the relationship between community perceptions of nursing and factors that influence parents' and year 12 students' decisions to study nursing. This chapter makes recommendations to stakeholders and policymakers in Kuwait in order to help improve the image of nursing in Kuwait and ultimately increase the number of Kuwaiti nurses. There are many discouraging factors that stakeholders need to consider if they want to encourage the study of nursing. There are several factors contributing to this problem, such as unsocial work hours, insufficient administration support, a lack of gender segregation within the nursing profession and the public perception of nursing. The recommendations presented are based on the findings from both the qualitative and quantitative components of this research.

11.2 Findings of the study and their implications

Relevant and appropriate recommendations for Kuwaiti healthcare policymakers and stakeholders in the MOH are based on the integrated findings of this research as detailed in Chapter 10. These recommendations are related to both stakeholders in the MOH, as well as institutions of higher education (colleges of nursing) as part of updating the job descriptions for nurses in the MOH. Furthermore, stakeholders within the MOH have a duty to update the nursing work policy concerning salary levels, work hours and policies related to mixed-gender environments to ensure that the nursing work policy remains relevant. As a result of the recommendations, the Kuwaiti government, health policymakers and stakeholders will be able to develop strategies that will increase the number of students and families considering nursing as a future career in Kuwait and change the perception of nursing in Kuwait among Kuwaiti students and families.

11.2.1 Recommendation I: Ministry of Health

The MOH should play a role in attracting the new generation to join the nursing profession and improving the community perception of nursing in Kuwait.

It is therefore recommended that:

1. Stakeholders in the MOH encourage nurses to participate in public workshops that will provide them with the opportunity to interact with the general public about nursing.
2. Stakeholders in nursing to establish a committee that includes the nursing administration departments, the Kuwait Nursing Association and the College of Nursing in order to analyse and improve the current nursing job descriptions based on nurses' qualifications and the proposed income incentive proposals.
3. Stakeholders propose and suggest flexible working hours for Kuwaiti nurses, especially for married nurses. Further, for female nurses, enable evening and night shifts to be optional, not mandatory, to cater for the variety of social and traditional obligations.
4. The MOH hold an annual recognition ceremony with monetary rewards for Kuwaiti nurses to show their appreciation and recognition of the role that nurses play in the medical system.
5. Nursing leadership and stakeholders in the nursing profession play the increasingly important role of ensuring that policies, standards and guidelines are implemented and enforced to ensure that, regardless of nurse nationality, all nurses are protected from discrimination, harassment and bullying practices in their workplace.
6. Stakeholders initiate a public awareness campaign in the multimedia space including social media, free to air TV, radio and print media in the common languages to ensure wide distribution of the media campaign and to educate the public about Kuwaiti nursing and its practices, to recognise and respect the profession throughout the country and increase public awareness about the valued role Kuwaiti nurses play in the health system.
7. Nursing leadership and stakeholders in the nursing profession maintain a positive and supportive workplace where bullying is not tolerated, and employees are appreciated.
8. The colour of the nurse's uniform be changed so it is not white.

11.2.2 Recommendation II: Ministry of Education

The MOE refers to the College of Nursing and year 12 students in this study. Kuwaitis continue to perceive the nursing profession as an unacceptable career choice for Kuwaitis, which becomes very disadvantageous to the process of Kuwaitisation, as the image continues to shape their perception

of nursing as an appropriate career choice. There is an imperative need for Kuwaiti nurses to take responsibility for improving the social image of Kuwaiti nurses to promote a more positive image, and Kuwaiti nurses have a central role to play in this process. Based on the findings of this study, most of the year 12 students lack knowledge about the nursing profession and the nursing role.

It is therefore recommended that:

1. Government authorities conduct an education campaign as part of the Kuwaitisation policy to educate Kuwaiti men and women that nursing is an appropriate career for men and women in Kuwait and that these careers should be pursued.
2. Government authorities plan regular visits to nursing colleges for students attending high schools in year 12 as part of their education. Additionally, the College of Nursing to organise visits for nursing students to go to girls' and boys' high schools annually to educate and present the nursing field to students.
3. With the cooperation of the Department of Media in the Ministry of Information, the Department of Education host nurses and nursing lecturers to discuss what the nursing profession is really like, what its role in society is and how the nursing profession contributes to the community.

11.2.3 Recommendation III: Research and projects

There is a lack of research in the field of Kuwaiti nursing. Nursing research plays an essential role in the development of nursing practice as well as nursing education. A research-based approach is one way of ensuring that the quality of patient care is maintained. This lack of research also demonstrates a need to update nursing job descriptions, as found in the qualitative study, which have become out-of-date.

It is therefore recommended that:

1. The Kuwaiti nursing profession participate in public debates and television programs to promote public awareness of health and social provision in Kuwait, and the crucial role of nurses.
2. Nursing research is encouraged to enable stakeholders to gain a better understanding of nursing careers and the factors that contribute to Kuwaiti nurses leaving their organisations.

3. Faculty members and nurses in hospitals collaborate with nursing schools to develop a strategy for following up on all student nurses who decide to leave the field of nursing and not return to determine any trends on how many, and why, students leave nursing courses.

11.3 Dissemination plan

This study will offer a number of opportunities for local and international conferences to present the results and findings of the different components. The Flinders University library will make this thesis available online through digitalisation to disseminate the findings of this study to a wider audience, the study results will be published in journals of a professional and international nature. To assist policymakers, hospital management and nurse leaders in developing appropriate workplace policies and procedures that encourage nurses to report positive attitudes, a short presentation of a brief summary of the research findings will be sent to all nursing directors in Kuwait, as well as policymakers in the Kuwaiti Ministries of Health and Education.

It is planned that the researcher will schedule a meeting with a policymaker from the MOH to discuss the factors that contribute to the reshaping of the current nursing image and increasing retention among Kuwaiti nurses. Furthermore, the researcher will meet with officials from the MOE to explain how we can best recruit students to join nursing programs in year 12 through what is considered the best recruitment method. Moreover, decision-makers, policymakers, and education leaders should support educational programs, administrative regulations, and research in order to enhance Kuwaiti national recruitment and retention in these hospitals. The study will be presented to managers at Kuwaiti hospitals and at local conferences. Publicising research results and findings in popular media (newspapers, television programs, etc.) is an excellent means of disseminating research results and findings to a wider audience in Kuwait. Also, it is essential to underline the value of these findings to the greater MENA region who are all experiencing a similar shortage of nurses from their own countries and who are constantly in need of nursing recruits from other countries, many of whom hold Muslim beliefs, in order to maintain their nursing workforces.

11.4 The limitations of this study

Due to the COVID-19 pandemic, there were very few female year 12 students who participated in the quantitative research. Additionally, the researcher had no influence over the MOE regarding school selection for data collection, consequently three of the five schools selected were boys' schools. Second, the qualitative studies were conducted with only a small number of female year 12 students, with no male year 12 students. There is a possibility that it would be more appropriate to have an equal number of male and female participants in both studies in order to ensure that the findings reflect the views of the community. This study was conducted during the pandemic period of COVID-19, which could have had an impact on the findings since the data collection process was affected by the health restrictions that were imposed at the time of the study. It was difficult to collect research data using Zoom's online meeting platform, and Zoom was the only source of data collection as face-to-face interviews were not optional due to the COVID-19 condition, which limited the researcher's recruitment options. Online meeting platforms such as Zoom limit the researcher's recruitment options in terms of data collection. In addition, participant engagement: Zoom can occasionally undermine the effectiveness of participant engagement. Communication Barriers: The inability to observe body language and other non-verbal cues was cited as a limitation during the interview study. It is likely that this limitation may negatively impact the depth and quality of data collected as a PhD student, particularly in fields that require a great deal of complex communication or observation

11.5 Future research

The following recommendations for future research are based on the findings of this study:

1. Collect data from parents of children of the same age to establish similarities and differences in their perception of the nursing profession. This current research selected year 12 students between the ages of 17 and 20 years.
2. When recruiting year 12 students for the interview, it is important to consider recruiting a sufficient number of students from different genders.

3. The different geographical locations of Kuwait's schools and hospitals should be taken into consideration when collecting data since this is likely to help in gaining a better understanding of the differences in the social conditions and backgrounds of families and children.
4. To address these similar issues in nursing recruitment, retention, and career growth, researchers are seeking joint funding from other countries from the MENA region.

11.6 Conclusion

This study was conducted in Kuwait, with girls and boys in year 12 in public high schools and their parents, nursing students from the College of Nursing and nursing staff from three public hospitals. A student or a parent can be considered as representative of the community regarding their view of nursing, as their views represent the views of the community. This study also investigated nurses' experiences with the Kuwaiti community and assessed how nurses perceived their image in the local community. This study explored in detail how perceptions of the nursing profession relate to factors that influence parents' decisions concerning nursing as a career choice for their children, as well as what factors influence the future career decisions of students in Kuwait regarding nursing.

The main reason for undertaking a mixed-methods study was to explore the concepts and phenomena in depth and comprehensively, while closely relating them to the perceptions that the community holds about the role of nurses and the nursing profession within the community in Kuwait. Essentially, the study consisted of two parts: a questionnaire and an interview. First, a questionnaire was designed to examine how year 12 students and parents perceive nursing and the factors that affect their decision to attend nursing school. Second, year 12 students, parents, nursing students and nursing staff members were interviewed, helping to establish themes regarding barriers that discourage year 12 students and parents from pursuing nursing and perceptions of the nursing profession. A number of important recommendations have been made, including to the MOH (participating in public workshops, updating nursing job descriptions, initiating flexible working hours, using the media to educate the public and eliminate bullying in the workplace), the MOE (regular visits by students to nursing colleges, conducting interviews with nurses and nurse lecturers) and research in nursing (promoting a positive image of the Kuwaiti nursing profession, public debates and television programs, and performing nursing research).

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Appendices

Appendix A: Literature review table

Author(s)	Year	Study aims	Country	Study design.	Sample	Main findings
Abbas et al.	2020	To explore the social and cultural challenges faced by nurses while creating their professional image within the regional context of Lahore in Pakistan.	Pakistan	Qualitative Semi-structured interview	Interviews with 12 nurses from three large public hospitals	Nursing faces a variety of social and cultural challenges, such as gender segregation, inappropriate media portrayals, issues surrounding the settlement of marriages, and issues surrounding religious identities.
Aboshaiqah	2016	To investigate the nursing shortage in Saudi Arabia and specifically the shortage of Saudi nurses in the healthcare workforce and to propose solutions.	Saudi Arabia	Literature review	Literature published from 1993 to 2013	It is imperative that nurses' image is improved, especially in regions were cultural beliefs influence career decisions. Furthermore, improving the public perception of nursing by educating the public and using the media as well as improving the work environment and cultural aspects may allow Saudi nationals to work in nursing more comfortably.
Achilles	2010	To assess knowledge and attitudes of secondary school students in Ilala district towards the nursing profession.	Tanzania	Quantitative	100 students were participated in survey	The public perception of nursing that high school students have about the profession has led to a lack of interest in entering the nursing profession, despite knowing most of the challenges surrounding it.
Al Jarrah	2013	To describe the associate nursing students' perception about the image of the nursing profession.	Jordan	Quantitative Questionnaire	100 nursing students were participated in survey	Changes in the image of nursing are most influenced by family members' opinions, which have the greatest negative effect on the image of nursing and the lowest positive effect on nursing students. Financial reasons and work availability were the most common reasons for joining the faculty of nursing.
Arreciado Marañón, et al.	2019	To identify how male nurses manage their relationship with hospitalised children's families compared to those established by female nurses.	Spain	Qualitative Semi-structure interview	A sample of 12 male nurses were interviewed	Male nurses reject nursing stereotypes exists in the workplace. The limited number of male nurses is a result of stereotyping and conflicts relating to gender roles
Albougami et al.	2020	To explores the aspects that affect the intention of nurses who work in Saudi Arabia to leave their current jobs.	Saudi Arabia	Quantitative Questionnaire	318 nurses working in hospitals participated in survey	According to the findings, nurses' needs should be met through the establishment of policies. Aiming to increase the satisfaction of nurses and improve the quality of their lives to facilitate their retention. A high salary was strongly correlated with nurse retention, whereas a low salary increased the likelihood of nurses leaving.
Alotaibi et al.	2016	To determine factors that influence the job satisfaction of Saudi nurses.	Saudi Arabia	Qualitative Semi-structure interview	Data were gathered from Saudi nurses	The study suggested that If Saudi nurses were given greater access to educational opportunities, they would be more satisfied with their jobs. Also, if the workload was reduced and perceived inequalities were addressed in the workplace. The role of religion in promoting job satisfaction was also significant.
Alshareef et al.	2020	To identifies and analyse the risk factors contributing to nursing turnover in Saudi Arabia and identifies practical solutions to decrease turnover and encourage nurses to stay in their jobs.	Saudi Arabia	Quantitative Questionnaire	Survey of 502 nurses completed the survey	Organisational factors that influence nursing retention include social support from immediate supervisors and managerial support. Nurses who experience a poor working environment are more likely to leave the profession. Additionally, nurses were influenced to leave their jobs due to a lack of appreciation, as well as poor treatment by physicians.

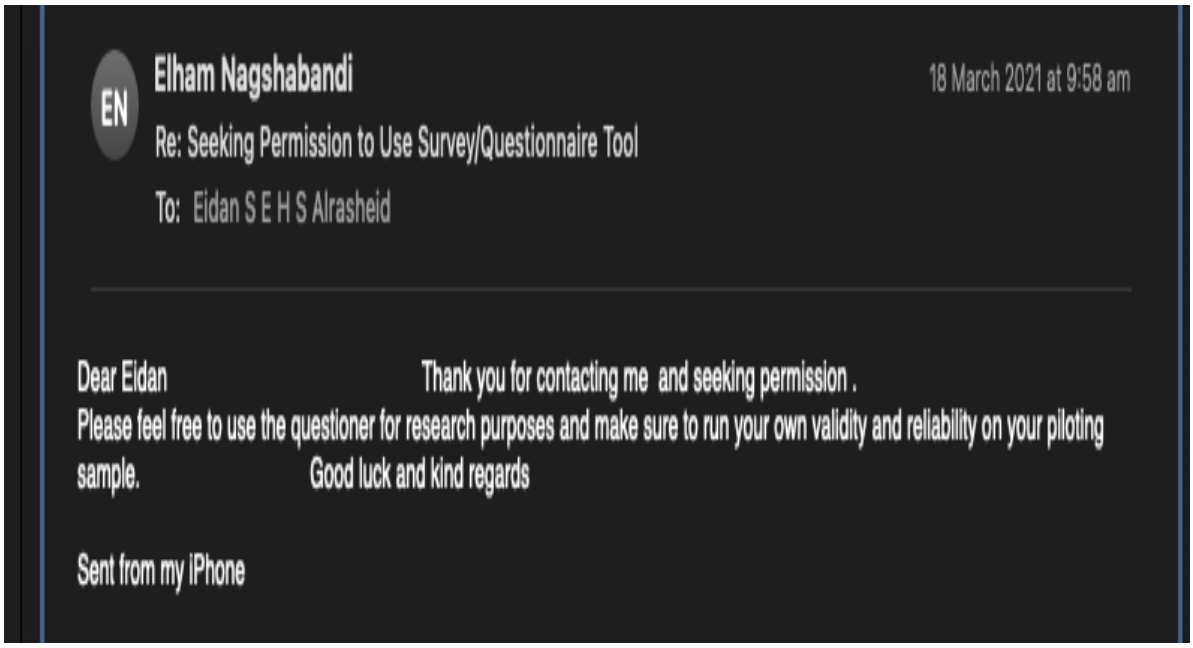
Author(s)	Year	Study aims	Country	Study design.	Sample	Main findings
Atkinson	2015	To identify the perception among Muslim nurses in Kuwait of the role of Islamic values on their nursing practice.	USA	Qualitative	18 Muslim nurses were participated in survey	Nurses who practice Islam are greatly influenced by the practice of Islam, which emphasises relationships and respects both the spiritual and physical aspects of nursing. It has been found that religion may have a very significant impact on one's decision about what career he or she wishes to pursue in the future, according to the study.
Azadi	2017	To explore the process of Iranian male nurses' professional socialisation and how they negotiate a gendered identity.	Iran	Qualitative Semi structured interviews	22 male nurses were recruited from six public hospitals	Men may be discouraged from entering and staying in nursing due to gender stereotypes in traditional societies such as Iran. A study showed that Iranian patients preferred nurses of their gender to provide care, which in turn led to male Iranians having little interest in going into nursing as a career choice.
Cirik et al.	2022	To determine the image of nursing in the eyes of undergraduate health sciences students; identifying factors affecting that image; and evaluating students' views and experiences regarding that image.	Turkey	Mixed-method study	29 participants were recruited for the qualitative sample. The quantitative sample was 1556 participants	The Turkish community perceives nursing as a profession dominated by women and undereducated individuals. Traditionally, nurses are viewed as the subordinates of physicians, who choose their profession as a means of earning a living.
Clow et al.	2015	To examine perceptions of male and female nurses regarding their perceptions of nurses in advertisements.	Canada	Quantitative Questionnaire	167 Canadian undergraduate	In nursing, non-traditional gender roles are still not fully accepted by society. Therefore, if people wish to attract and retain more men in female-dominated careers, companies should portray a diverse array of individuals in advertisements. The number of male nurses remains relatively low.
Elewa & Abed	2017	To assess nursing profession as perceived by staff nurses and its relation to their career commitment at different hospitals.	Egypt	Quantitative Questionnaire	135 female and 49 male nurses participated in survey	The study found that nurses chose to pursue nursing as a profession in order to provide care and assistance to people. In addition, the nursing profession still has a negative image. It was concluded that nurses' perceptions of their profession were significantly correlated with their experience level.
Elibol & Seren	2017	To determine the reasons why vocational high school students choose the nursing profession by examining their image perceptions and the future plans related to this choice.	Turkey	Quantitative questionnaire	352 nursing students participated in survey	The factors that influence the perception of nursing among nursing students. Nursing is perceived negatively by families with higher salaries and less interest in joining the profession. Furthermore, nursing professions are more popular in low-income families because of high job opportunities and securing financial support.
Elmorshedy et al.	2020	To explore the level of community awareness and public image of the nursing profession in Saudi Arabia.	Saudi Arabia	Quantitative Questionnaire	502 adults volunteers participated in survey	Nursing is perceived negatively by the general public as a profession. There was a lack of awareness of the nursing profession. Numerous barriers were identified in the study, including the presence of a gender-mixed work environment, the delay in female marriages, and poor social relations.
Hamadah	2019	To identify the facets influencing job satisfaction and intention to quit of nurses employed in Kuwait.	Kuwait	Quantitative Questionnaire	311 nurses were recruited from three medical departments	In Kuwait, the nursing profession is undergoing significant changes at this time. According to the study, 38% of respondents don't agree with the idea of changing jobs, 57% don't agree with the tendency to leave nursing, and 47% disagree with the tendency to change nursing careers. In this study, nurse satisfaction with the nature of the job and social prestige are among the strongest predictors of decision to leave nursing.
Ibrahim et al.	2015	To explore and compare the perceptions of undergraduate male nursing students regarding the image of the nursing profession in the two different Arabian countries of Egypt and Jordan.	Egypt and Jordan	Quantitative Questionnaire	41 Egyptian and 100 Jordananian nursing students at two nursing faculties participated in survey.	The study clearly demonstrated the importance of maintaining good relationships with medical staff and faculty members to enhance the image of the nursing profession. Nursing's public perception is one of the most significant factors that negatively impacts the profession's image. In the context of nursing, there are many harmful stereotypes linked to societal norms, culture, and misguided beliefs.

Author(s)	Year	Study aims	Country	Study design.	Sample	Main findings
Liaw et al.	2016	To identify the factors influencing the career choice of Singaporean healthcare students and determine the deterrents in choosing nursing as a career choice.	Singapore	Qualitative Semi-structured interview	Four nursing and four non-nursing students were interviewed	A significant influence on the students' decisions was their personal interest in assisting patients. The salary and job reliability were considered as well. In choosing nursing as a career, students were deterred by misconceptions about the job description and social stigma.
Liu	2010	To explore nurses' perceptions of their work role on the basis of the perspectives of Chinese gender role and culture.	China	Qualitative Semi-structure interview	20 nurses were interviewed	In China, nursing is not viewed as a favourable profession, and work culture influences nursing students' perceptions. Nurses' perceptions of their job role and the work environment are greatly impacted by Chinese culture and gender stereotypes.
Lovering, 2008	2008	The aim of this study was to understand the meaning of caring as experienced by Arab Muslim nurses within the context of Arab culture.	Saudi Arabia	A qualitative approach using ethnographic methodology	five participants as nurses	The professional health belief system blends into the nurses' cultural and religious belief system, forming a culturally distinct explanatory health belief system. This finding suggests that in non-Western health contexts, professional models are not dominant but incorporated into nurses' indigenous worldviews in a way that makes sense within the culture.
Mahran & Al-Nagshabandi	2012	To explore the impact of public image on turnover intention of female students from joining to nursing profession at King Abdul-Aziz University.	Saudi Arabia.	Quantitative Questionnaire	100 Saudi female students and their 90 parents at university participated in survey	Many of the parents expressed their dissatisfaction with the nursing instruction provided to their sons. As a profession, nursing suffers from a poor reputation; it is viewed as a job for 'maids' or uneducated women. Also, media portrayal of nurses should be improved.
Meadus & Twomey	2011	To explore the phenomenon of being a male in a predominately female-concentrated undergraduate baccalaureate nursing program.	Canada	Qualitative	27 students from a collaborative nursing program participated in focus groups	The nursing profession needs to re-evaluate its teaching strategies and be aware of possible gender biases that exist in the profession. The recruitment and retention of more men in nursing should also benefit the nursing profession and the communities it serves.
Moore et al.	2019	To explore how African American nursing students perceive the image of African American nurses in the media.	USA	Qualitative Semi-structure interview	Six women and one man were interviewed	Recognising that nurses are underrepresented in the media is especially relevant during times of nursing shortages. Lack of depictions and generally negative representations of nurses and male nurses in the media could negatively impact recruitment.
Nair	2021	To explore the views, perceptions and choices of nursing from the perspective of students.	India	Qualitative study Semi-structured interview	10 nursing students were recruited	According to the study, economic factors were the most important reasons for choosing nursing as a career in India. Being a nurse is considered more challenging than choosing any other profession due to the degree of responsibility and sacrifice that a nurse is expected to make.
Ndirangu, et al.	2021	To explore views regarding the image of nursing and midwifery among nurses and midwives in three East African countries.	Kenya, Tanzania and Uganda	Quantitative Questionnaire	551 nurse participated in survey	Nursing is traditionally viewed as a female profession, but 35% of nurses are males. Despite the negative public perceptions of nursing in East Africa, men are more willing to accept nursing as a profession or career.
Norman, K.	2015	To investigate the perceptions of nursing among young people.	UK	Qualitative Semi-structured interview	20 male and 20 female from four schools were recruited	Nursing in the community is not considered to be 'real' nursing by young people. Also, there is a need for the nursing profession to develop strategies to raise awareness about the nursing profession in the community.
Öncü et al.	2022	To evaluate the nursing image and social status characteristics on young people's decision to choose nursing as a career.	Turkey	Quantitative Questionnaire	745 high school students and 349 nursing students participated in survey	Students in high school do not have a positive perception of nurses' professional image. A person's perception of nursing as a profession may be influenced by sociocultural factors, such as religious beliefs, or social class, and all of these things can have a significant impact on their perception of nursing in general.

Author(s)	Year	Study aims	Country	Study design.	Sample	Main findings
Price & McGillis Hall	2014	To explore the history of nurse imagery in light of recent career choice research and the need for contemporary images to assist in nursing recruitment.	Canada	Literature review	Literature from databases from 1970 to 2012	A positive image of nursing must be promoted by professional organisations, educational institutions, and nurses themselves. Also, more accurate and believable messaging should be provided about nursing in the future.
Roshangar, et al.	2021	To investigate the association between the nurses' perception of the public image of nursing and the quality of nursing work life.	Iran	Quantitative Questionnaire	250 nurses from 12 hospitals participated in survey	To improve the public perception of nursing, nurses' managers promote the real roles, responsibilities, and competencies of nurses. A positive public image is achieved by promoting community awareness of nurses' role within healthcare systems
Saied Beshi, et al.	2016	To explore the Saudi community perception regarding nursing.	Saudi Arabia	Quantitative questionnaire	500 Saudi citizens, males, and females, living in Riyadh	Nursing careers should be explained to the community and their benefits, such as salary increases and reduced working hours, should always be maintained. Community attitudes should be incorporated into the recruitment process to increase candidates.
Shahbal et al.	2022	To highlight the social perception of the ways of expression through social stigmatisation regarding the nursing profession.	Saudi Arabia	Literature review	38 articles were reviewed	Nursing is still perceived as a stigmatised profession in the Middle East, as it is seen as a feminine profession. To improve the nursing profession's social image, the professional's self-image must be strengthened, which can be accomplished through an increase in identity and leadership.
Squires et al.	2019	To gain a better understanding of nursing's professional image within the Republic of Georgia.	Republic of Georgia	Qualitative Semi-structure interview	33 healthcare professionals were recruited and interviewed	In order to effectively recruit and retain nursing staff, a positive image of the profession is essential. Males within the profession are limited by gender stereotypes in terms of their development and professional scope. Lastly, the study indicates that the findings of the study can assist policymakers and nursing leaders in understanding perceptions of nursing and promoting nursing careers.
Saritaş et al.	2009	To evaluate the opinion of all female nursing and midwifery students about the concept of male nurses introduced with the new Turkish nursing law.	Turkey	Quantitative Questionnaire	331 students participated in survey	Researchers demonstrated that the Turkish community was interested in male nurses joining the nursing workforce and were hopeful that the male nurses would contribute to advancement in the nursing profession.
Subu et al.	2022	To explore male nursing students' perspectives of the nursing profession and understand why they chose nursing as a career.	United Arab Emirates	Qualitative semi-structured interview.	30 male students participated in survey	The perceptions of male students about nursing are affected by their early exposure to nursing, the influences of their family members and friends, and other individuals in the healthcare field. In addition to economic factors, men may also choose a profession based on the fact that men want to obtain a job easily and earn an adequate salary.
Tawash & Cowman	2018	To identify factors influencing high school students' choice of nursing and explore strategic interventions to promote nursing as a career in the Arab region.	Bahrain	Mixed-method study	Eight parents were interviewed, 764 students and 38 university students participated in survey	The developed model showed that recruitment of nurses in Arab societies should be coordinated with Islamic views on nursing, caring, nursing education, and healthcare policy, for nursing recruitment strategies to be effective.
Valizadeh et al.	2014	Explored how Iranian male nurses perceived the public view of nurses, and their perceptions of themselves.	Iran	Qualitative Semi-structure interview	18 male nurses were interviewed	A positive image of the nursing profession can help recruit and retain nurses. Despite traditional gender roles and patriarchal societies, Iranian male nurses have learned how to cope with them, and their perspectives can enhance the profession's image on the world stage.

Author(s)	Year	Study aims	Country	Study design.	Sample	Main findings
Zamanzadeh et al.	2023	To describe the perceptions of nursing applicants about their chosen profession and to explore the factors which influenced their understanding.	Iran	Qualitative Semi-structure interview	19 nursing applicants were interviewed	It is generally believed that nursing is a profession with a low status or priority among the general public. Furthermore, the study emphasises close collaboration between nursing schools and high schools. Students from high schools may benefit from the opportunity to visit nursing schools to create a positive and realistic image of nursing in their communities. Therefore, the public might be influenced by this perception of nursing.

Appendix B: Author's permission to use the questionnaire



EN

Elham Nagshabandi

18 March 2021 at 9:58 am

Re: Seeking Permission to Use Survey/Questionnaire Tool

To: Eidan S E H S Alrasheid

Dear Eidan Thank you for contacting me and seeking permission .
Please feel free to use the questioner for research purposes and make sure to run your own validity and reliability on your piloting sample. Good luck and kind regards

Sent from my iPhone

Appendix C: Parents' questionnaire – English version

- Section A: General information
- Part 1
- 1- Age: ..... years
- [ ] 35-40 [ ] 41-49 [ ] 50-60 [ ] prefer not to say
- 2- What is your gender?
- [ ] Male ..... [ ] Female

  [ ] Prefer not to say

3- Marital status:

a) [ ] single ` b) [ ] married c) [ ] divorced

4- Family members:

a) [ ] 1–2 b) [ ] 3–4
c) [ ] 5–6 d) [ ] more than 7

- 5- Qualifications

  a) [ ] Less than high school b) [ ] High school
- c) [ ] Bachelor's degree..... .....d) [ ]

  Postgraduate
- 6- Occupation:
- a) [ ] government employee ..... b) [ ]

  private employee ..... c) [ ] I

  don't work
- 7- Do any of your family members work in the field of nursing?
- [ ] Yes ....[ ] No
- 8- Do any of your relatives or friends work in the nursing profession?
- [ ] Yes ..... [ ] No
- 9- The monthly income of your family is approximately: .....
- Part 2: The trend towards the profession of nursing:
- 1- Do you intend to encourage any of your male children towards the field of nursing?
- [ ] Yes ..... [ ] No

- 2- Do you intend to direct any of your daughters towards the field of nursing?
- [ ] Yes ..... [ ] No
-
- 3- Do you recommend studying nursing?
- [ ] Yes ..... [ ] No
-

Section B: Perceptions regarding the nursing profession

No	Statement	Strongly agree	Agree	I don't know	Disagree	Strongly disagree
1	I appreciate those who work in the nursing profession.					
2	When I see a nurse, I hope that my son or daughter will have this career like him/her.					
3	The profession of nursing is a humane profession.					
4	Nursing work is suitable for a specific segment of society.					
5	I refuse to have any of my sons' children work in the nursing field.					
6	I refuse to have any of my daughters work in the nursing field.					
7	Nursing is an exhausting profession.					
8	Society despises those who work in the nursing profession.					
9	Our traditions in Kuwait prevent us from working in the field of nursing.					
10	The financial benefits for workers in nursing are considered low in comparison to those of other professions.					
11	There are few educational institutions that specialise in qualifying for the nursing profession.					
12	The work hours for nursing staff are not fixed. Nursing work is done 24 hours a day.					

13	I would not like my children to work in nursing because of the chance of them being mixed with other genders (e.g. female patients & male nurses).					
14	I am thinking about directing one of my sons towards nursing.					
15	Many view the nursing profession as inferior.					
16	I would not like my son deal with patients.					
17	I always recommend nursing.					
18	The nursing profession is not for Kuwaiti nationals.					
19	There are few employment opportunities in the nursing profession.					
20	I hope to see all of the nurses working in Kuwait being Kuwaiti nationals.					
21	Nursing is an honourable profession.					
22	There should be sufficient numbers of qualified Kuwaiti nurses working in Kuwait.					
23	The presence of large numbers of foreign workers in the nursing profession is a long-term risk to society.					
24	There should be a plan to develop national competencies in the field of nursing.					
25	It is not possible to dispense with foreign labour in the field of nursing.					
26	The Kuwaiti nurse is more competent than expatriate nurses in dealing with Kuwaiti patients.					
27	There is a lack of awareness of the importance of the nursing profession in society.					
28	The media gives enough attention to the profession of nursing.					

29	Other job opportunities are better than those in the nursing field.					
30	The nature of the nursing profession is stressful. It also involves working during weekends.					
31	Working with patients increases the risk of psychological stress.					
32	Working with patients increases the risk of infection transmission.					
33	Kuwaiti nurses are as competent as expatriate nurses.					
34	The community has a positive image towards the nursing profession.					
35	Expatriate nurses are aware of and understand Kuwaiti norms and traditions.					
36	I believe that the nursing profession is only for females.					

Section C: Discussion
What are your suggestions for improving the nursing image in Kuwait?

- ……

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Do you wish to participate in a face-to-face interview in this Study?

- [ ] Yes ....
- [ ] No

If do you wish to participate in a face-to-face interview. you could connect the researcher by email at alra0148@flinders.edu.au.

Appendix D: Parent's questionnaire – Arabic version

- استبيان (أولياء الأمور)

- القسم أ : معلومات عامة
- الجزء الأول
-

- العمر: .....سنة
- أفضل عدم التصريح ( ) ٣٥-٤٠ ( ) ٤١-٤٩ ( ) ٥٠-٦٠ ( )

2- ما هو جنسك؟
(أ) ذكر (ب) أنثى (ج) أفضل عدم التصريح

3- الحالة الاجتماعية:

(أ) أعزب (ب) متزوج (ج) مطلق

4- عدد أفراد الأسرة:

(أ) 1-2 (ب) 3-4

(ج) 5-6 (د) أكثر من 7

5- المؤهل التعليمي:

(أ) أقل من الثانوية العامة (ب) ثانوية عامة (ج) درجة بكالوريوس (د) دراسات عليا

6- المهنة:

(أ) موظف حكومي (ب) موظف أهلي (ج) لا اعمل

7- هل يوجد أحد من أفراد العائلة يعمل في مجال التمريض؟

(أ) نعم (ب) لا

8- هل يعمل أي من أقاربك او أصدقائك في مهنة التمريض؟

(أ) نعم (ب) لا

9- الدخل الشهري للأسرة تقريباً .....دينار

<u>الجزء الثاني : الاتجاه نحو مهنة التمريض</u>

1- هل تنوي تدريس أي من أبنائك الذكور في مجال التمريض؟ (أ) نعم (ب) لا

2- هل تنوري تدريس أي من بناتك قي مجال التمريض؟ (أ) نعم (ب) لا

3- هل تنصح بدراسة التمريض؟ (أ) نعم (ب) لا

القسم ب : التصورات المتعلقة بمهنة التمريض

الرقم	العبارة	موافق جداً	موافق	لا أعرف	لا أوافق	لا أوافق بشدة
1	أقدر من يعمل في مهنة التمريض					
2	عندما أشاهد ممرضا أتمنى أن يعمل ابني أو ابنتي مثله					
3	مهنة التمريض مهنة إنسانية					
4	العمل في مجال التمريض يصلح لفئة معينه من المجتمع					
5	أرفض أن يعمل أي من أبنائي الذكور في مجال التمريض					
6	أرفض أن يعمل أي من بناتي في مجال التمريض					
7	مهنة التمريض مهنة متعبة					
8	يحتقر المجتمع من يعمل في مهنة التمريض					
9	عاداتنا في الكويت تمنعنا من العمل في مجال التمريض					
10	المردود المالي للعاملين في التمريض قليل					
11	مؤسسات التعليم المتخصصة في التأهيل لمهنة التمريض قليلة					
12	أوقات عمل العاملين في التمريض غير مناسبة وغير ثابتة					
13	أكره أن يعمل أبنائي في مجال التمريض بسبب البيئة المختلطة					
14	أفكر في تدريس أحد من أبنائي التمريض					
15	ينظر الكثيرون إلى مهنة التمريض نظرة دونية					
16	أكره أن يتعامل ابني مع المرضى					
17	انصح دائما بدراسة التمريض					
18	مهنة التمريض ليست للكويتيين					
19	فرص العمل في مجال التمريض قليلة					
20	أتمنى أن أرى جميع من يعمل في مجال التمريض كويتيين					
21	التمريض مهنة شريفة					
22	ينبغي تأهيل أعداد كافية من الممرضين الكويتيين					
23	وجود اعداد كبيرة من العمالة الأجنبية في مهنة التمريض خطر على المجتمع في المدى البعيد					
24	سنبغي وجود خطة لإعداد كفاءات وطنية في مجال التمريض					
25	من غير الممكن الاستغناء عن العمالة الأجنبية في مجال التمريض					
26	الممرض الكويتي أقدر على التعامل مع المرضى الكويتيين من الممرض الاجنبي					

27	هناك نقص في الوعي بأهمية مهنة التمريض في المجتمع					
28	تعطي وسائل الإعلام اهتماما كافياً لمهنة التمريض					
29	فرص العمل في المجالات الأخرى افضل من تلك الموجودة في مجال التمريض					
30	طبيعة مهنة التمريض متعبة لأنها تتضمن العمل خلال عطلات نهاية الأسبوع					
31	العمل مع المرضى يزيد من مخاطر الإجهاد النفسي					
32	العمل مع المرضى يزيد من خطر انتقال العدوى					
33	الممرض الكويتي كفؤ كالممرض الأجنبي					
34	المجتمع لديه صورة إيجابية اتجاه مهنة التمريض					
35	الممرضين الأجانب لديهم وعي وفهم كامل للثقافة والتقاليد الكويتية					
36	اعتقد أن التمريض هي مهنة للإناث فقط.					

القسم ج: مناقشة

ماهي اقتراحاتك لتحسين صورة التمريض؟

- .....

.....

.....

.....

.....

.....

هل ترغب في المشاركة في مقابلة وجهًا لوجه في هذه الدراسة؟

[ ] نعم

[ ] لا

إذا كنت ترغب في المشاركة في مقابلة وجهًا لوجه. يمكنك مرسلة الباحث خلال طريق البريد الإلكتروني على

(Alra0148@flinders.edu.au)

Appendix E: Students' questionnaire – English version

Section A (Questions 1–8):
Part 1. Personal information

How old are you? ……. Years

- [ ] 17 ..... [ ]

18 [ ] 19. ..... [ ] Prefer not to say

What is your gender?

- [ ] Male ..... [ ] Female

[ ] Prefer not to say

Do any of your family members work in nursing?

- [ ] Yes ..... [ ] No

Do any of your friends or relatives work in nursing?

- [ ] Yes ..... [ ] No

What is your family income? ……
How many people are in your family?

- a) [ ] 1–2 ..... b) [ ]

3–4

- c) [ ] 5–6 ..... d) [ ]

more than 7

Part 2. The trend towards the profession of nursing

Do you intend to study nursing after high school?

- [ ] Yes ..... [ ] No

..... [ ]

Not decided yet

Do you advise others to study nursing?

- [ ] Yes ..... [ ] No

Section B: Perceptions regarding the nursing profession

No	Statement	Strongly agree	Agree	I don't know	Disagree	Strongly disagree
1	I appreciate those who work in the nursing profession.					
2	When I see a nurse, I hope that I will have this career like him/her.					
3	The profession of nursing is a humane profession.					
4	Nursing work is suitable for a specific segment of society.					
5	My family rejects the idea of me working in the nursing field.					
6	Nursing is an exhausting profession.					
7	This society despises those who work in the nursing profession.					
8	Our traditions in Kuwait prevent us from working in the field of nursing.					
9	I reject the idea of working in nursing.					
10	The financial benefits for workers in nursing are considered low in comparison to those of other fields.					
11	There are few educational institutions that specialise in qualifying nursing professionals.					
12	The working hours of nursing shifts are inappropriate.					
13	I refuse to work in nursing because of the chance of being mixed with other genders (e.g. female patients & male nurses).					
14	I am seriously considering studying nursing.					
15	If my parents agree for me to study nursing, I will do so.					
16	Many people view the nursing profession as inferior.					
17	I would not like to be dealing with patients.					

18	I advise my colleagues to study nursing.					
19	I would like to study nursing, if I am accepted by a nursing school.					
20	The nursing profession is not for Kuwaitis.					
21	There are few employment opportunities in the field of nursing.					
22	I hope to see all of those working in the nursing field in Kuwait to be Kuwaiti nationals.					
23	Nursing is an honourable profession.					
24	The presence of large numbers of foreign workers in the nursing profession is a long-term risk to society.					
25	There should be a plan for the preparation for national competencies in the field of nursing.					
26	It is not possible to dispense with the foreign labour in the field of nursing.					
27	Kuwaiti nurses are more competent than expatriate nurses in dealing with Kuwaiti patients.					
28	I think that enrolment in the nursing profession limits the chances of getting married, especially for females.					
29	Non-allocation of male nurses to male patients and female nurses to female patients affects the quality of care.					
30	There is a lack of awareness of the importance of the nursing profession in society.					
31	The media gives positive attention to the profession of nursing.					

32	There are other job opportunities that are better than those in the nursing field.					
33	The nature of the nursing profession is stressful, and it involves working during weekends.					
34	Working with patients increases the risk of psychological stress.					
35	Working with patients increases the risk of infection transmission.					
36	Kuwaiti nurses are as competent as expatriate nurses.					
37	The community has a positive image regarding the nursing profession.					
38	Expatriate nurses are aware of and understand Kuwaiti norms and traditions.					
39	I believe that the nursing profession is only for females.					

- Section C: Discussion
- What are your suggestions for improving the nursing image in Kuwait?
- ……

  ……

  ……

  ……

  ……

  ……

Do you wish to participate in a face-to-face interview in this Study?

- [ ] Yes ....
- [ ] No

If do you wish to participate in a face-to-face interview. you could connect the researcher by email at alra0148@flinders.edu.au.

Appendix F: Students' questionnaire – Arabic version

استبيان الطالبات والطلاب:

الجزء الاول. :القسم أ (الأسئلة 1-8)
المعلومات الشخصية

كم عمرك؟ .....سنة

أفضل عدم التصريح ( ) ١٧ ( ) ١٨ ( ) ١٩ ( )

ما هو جنسك؟

- ( ) ..... ( ) ذكر

( ) ..... أنثى

يفضل عدم التصريح

هل يعمل أي من أفراد أسرتك في التمريض؟

- ( ) لا ..... ( ) نعم

هل يعمل أي من أصدقائك أو أقاربك في التمريض؟

- ( ) لا ..... ( ) نعم

ما هو دخل عائلتك؟

- .....

كم عدد أفراد عائلتك؟

(ب) 3-4 2-1

(ج) 5-6 (د) اكثر من 7

الجزء الثاني: الاتجاه نحو مهنة التمريض.

هل تنوي دراسة التمريض بعد الثانوية العامة؟

- ( ) نعم .....

( ) ..... ( ) لا

لم تقرر بعد

هل تنصح الآخرين بدراسة التمريض؟

- ( ) ..... ( ) نعم

لا

القسم ب: تصورات عن مهنة التمريض.

الرقم	العبارة	موافق بشدة	موافق	لا اعرف	لا أوافق	لا أوافق بشدة

1	أقدر من يعمل في مهنة التمريض					
2	عندما أرى ممرض او ممرضة أتمنى لو أنني اعمل مثله\ مثلها					
3	مهنة التمريض مهنة إنسانية.					
4	العمل في مجال التمريض مناسب لفئة معينة من المجتمع.					
5	عائلتي ترفض فكرة عملي في مجال التمريض.					
6	التمريض مهنة متعبة.					
7	يحترم المجتمع العاملين في مجال التمريض.					
8	التقاليد في دولة الكويت تمنعنا من العمل في مجال التمريض.					
9	أنا أرفض تماماً فكرة العمل في مجال التمريض.					
10	المردود المالي للعاملين في مجال التمريض قليل.					
11	المؤسسات التعليمية المتخصصة في مهنة التمريض قليلة نسبياً.					
12	العمل بنظاف الورديات في التمريض غير جيد.					
13	أنا أرفض العمل في مجال التمريض وذلك لأن فرصة الاختلاط مع الجنس الآخر مرتفعة.					
14	أنا أفكر في دراسة التمريض بشكل جدي.					
15	إذا وافق والدي على دراسة التمريض سوف افعل ذلك.					
16	ينظر معظم الناس إلى مهنة التمريض نظرة دونية.					
17	لا أرغب في التعامل مع المرضى.					
18	أنصح زملائي بدراسة التمريض.					
19	أرغب في دراسة التمريض اذا تم قبولي في كلية التمريض.					
20	مهنة التمريض ليست مناسبة للكويتيين					
21	هناك عدد قليل من فرص العمل في مجال التمريض					

22	أتمنى أن أرى جميع من يعمل في مجال التمريض كويتيين					
23	التمريض مهنة شريفة.					
24	وجود أعداد كبيرة من العمالة الأجنبية في مهنة التمريض يشكل خطر على المجتمع على المدى البعيد.					
25	ينبغي وجود خطة لإعداد كفاءات وطنية في مجال التمريض					
26	لا يمكن الاستغناء عن العمالة الأجنبية في مجال التمريض					
27	الممرضين الكويتيين أكثر كفاءة في التعامل مع المرضى الكويتيين مقارنة بالممرضين الأجانب.					
28	مهنة التمريض يحد من فرص الزواج بالنسبة للإناث.					
29	عدم تخصيص الممرضين للمرضى الذكور والممرضات للمرضى الإناث يؤثر على نوعية الرعاية الصحية					
30	نقص في الوعي بأهمية مهنة التمريض في المجتمع					
31	تعطي وسائل الإعلام اهتماما كافيا لمهنة التمريض					
32	هناك فرص عمل أخرى أفضل من مهنة التمريض					
33	طبيعة مهنة التمريض متعبة لأنها تتضمن العمل خلال عطلات نهاية الأسبوع					
34	العمل مع المرضى يزيد الضغط النفسي					
35	العمل مع المرضى يزيد من خطر انتقال العدوى					
36	الممرض الكويتي كفؤ كالممرض الأجنبي					
37	المجتمع لديه صورة إيجابية اتجاه مهنة التمريض					
38	الممرضين الأجانب لديهم وعي وفهم كامل للثقافة والتقاليد الكويتية					

39	اعتقد أن التمريض هي مهنة للإناث فقط.					

- القسم ج: النقاش
- ماهي اقتراحاتكم لتحسين صورة التمريض في الكويت؟
- .....

  .....

  .....

  .....

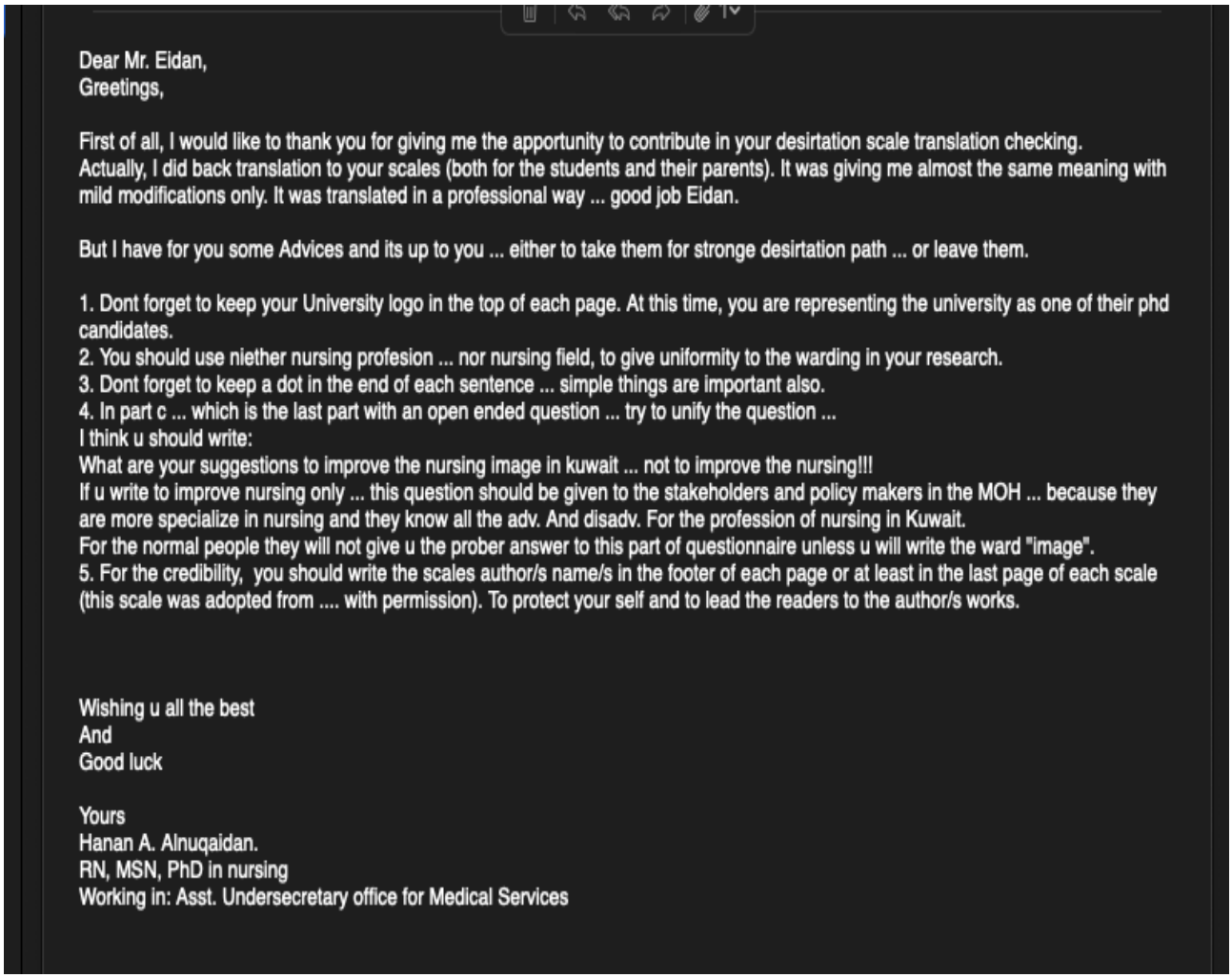
  .....

  .....
-

هل ترغب في المشاركة في مقابلة وجهًا لوجه في هذه الدراسة؟
[ ] نعم
[ ] لا
إذا كنت ترغب في المشاركة في مقابلة وجهًا لوجه. يمكنك مرسلة الباحث خلال طريق البريد الإلكتروني على

(Alra0148@flinders.edu.au)

Appendix G: The approval of professional validation and translation of instrument



Dear Mr. Eidan,
Greetings,

First of all, I would like to thank you for giving me the apportunity to contribute in your desirtation scale translation checking.
Actually, I did back translation to your scales (both for the students and their parents). It was giving me almost the same meaning with mild modifications only. It was translated in a professional way ... good job Eidan.

But I have for you some Advices and its up to you ... either to take them for stronge desirtation path ... or leave them.

1. Dont forget to keep your University logo in the top of each page. At this time, you are representing the university as one of their phd candidates.
2. You should use niether nursing profesion ... nor nursing field, to give uniformity to the warding in your research.
3. Dont forget to keep a dot in the end of each sentence ... simple things are important also.
4. In part c ... which is the last part with an open ended question ... try to unify the question ...
I think u should write:
What are your suggestions to improve the nursing image in kuwait ... not to improve the nursing!!!
If u write to improve nursing only ... this question should be given to the stakeholders and policy makers in the MOH ... because they are more specialize in nursing and they know all the adv. And disadv. For the profession of nursing in Kuwait.
For the normal people they will not give u the prober answer to this part of questionnaire unless u will write the ward "image".
5. For the credibility, you should write the scales author/s name/s in the footer of each page or at least in the last page of each scale (this scale was adopted from .... with permission). To protect your self and to lead the readers to the author/s works.

Wishing u all the best
And
Good luck

Yours
Hanan A. Alnuqaidan.
RN, MSN, PhD in nursing
Working in: Asst. Undersecretary office for Medical Services

Appendix H: Ethics approval

6 August 2021

HUMAN ETHICS LOW RISK PANEL

APPROVAL NOTICE

Dear Mr Eidan Alrasheid,

The below proposed project has been **approved** on the basis of the information contained in the application and its attachments.

Project No:	4387
Project Title:	The impact of community perceptions of nursing on the shortage of Kuwaiti nurses
Primary Researcher:	Mr Eidan Alrasheid
Approval Date:	06/08/2021
Expiry Date:	31/07/2024

Please note: *Due to the current COVID-19 situation, researchers are strongly advised to develop a research design that aligns with the University's COVID-19 research protocol involving human studies. Where possible, avoid face-to-face testing and consider rescheduling face-to-face testing or undertaking alternative distance/online data or interview collection means. For further information, please go to* https://staff.flinders.edu.au/coronavirus-information/research-updates.

RESPONSIBILITIES OF RESEARCHERS AND SUPERVISORS

1. **Participant Documentation**

   Please note that it is the responsibility of researchers and supervisors, in the case of student projects, to ensure that:

   - all participant documents are checked for spelling, grammatical, numbering and formatting errors. The Committee does not accept any responsibility for the above mentioned errors.
   - the Flinders University logo is included on all participant documentation (e.g., letters of Introduction, information Sheets, consent forms, debriefing information and questionnaires – with the exception of purchased research tools) and the current Flinders University letterhead is included in the header of all letters of introduction. The Flinders University international logo/letterhead should be used and documentation should contain international dialing codes for all telephone and fax numbers listed for all research to be conducted overseas.

2. **Annual Progress / Final Reports**

   In order to comply with the monitoring requirements of the *National Statement on Ethical Conduct in Human Research 2007 (updated 2018)* an annual progress report must be submitted each year on the approval anniversary date for the duration of the ethics approval using the HREC Annual/Final Report Form available online via the ResearchNow Ethics & Biosafety system.

   Please note that no data collection can be undertaken after the ethics approval expiry date listed at the top of this notice. If data is collected after expiry, it will not be covered in terms of ethics. It is the responsibility of the researcher to ensure that annual progress reports are submitted on time; and that no data is collected after ethics has expired.

   If the project is completed *before* ethics approval has expired please ensure a final report is submitted immediately. If ethics approval for your project expires please either submit (1) a final report; or (2) an extension of time request (using the HREC Modification Form).

   For student projects, the Low Risk Panel recommends that current ethics approval is maintained until a student's thesis has been submitted, assessed and finalised. This is to protect the student in the event that reviewers recommend that additional data be collected from participants.

3. **Modifications to Project**

   Modifications to the project must not proceed until approval has been obtained from the Ethics Committee. Such proposed changes / modifications include:

- change of project title;
- change to research team (e.g., additions, removals, researchers and supervisors)
- changes to research objectives;
- changes to research protocol;
- changes to participant recruitment methods;
- changes / additions to source(s) of participants;
- changes of procedures used to seek informed consent;
- changes to reimbursements provided to participants;
- changes to information / documents to be given to potential participants;
- changes to research tools (e.g., survey, interview questions, focus group questions etc);
- extensions of time (i.e. to extend the period of ethics approval past current expiry date).

To notify the Committee of any proposed modifications to the project please submit a Modification Request Form available online via the ResearchNow Ethics & Biosafety system. Please note that extension of time requests should be submitted prior to the Ethics Approval Expiry Date listed on this notice.

4. Adverse Events and/or Complaints

Researchers should advise the Executive Officer of the Human Research Ethics Committee on at human.researchethics@flinders.edu.au immediately if:

- any complaints regarding the research are received;
- a serious or unexpected adverse event occurs that effects participants;
- an unforeseen event occurs that may affect the ethical acceptability of the project.

Yours sincerely,

Hendryk Flaegel

on behalf of

Human Ethics Low Risk Panel
Research Development and Support
human.researchethics@flinders.edu.au

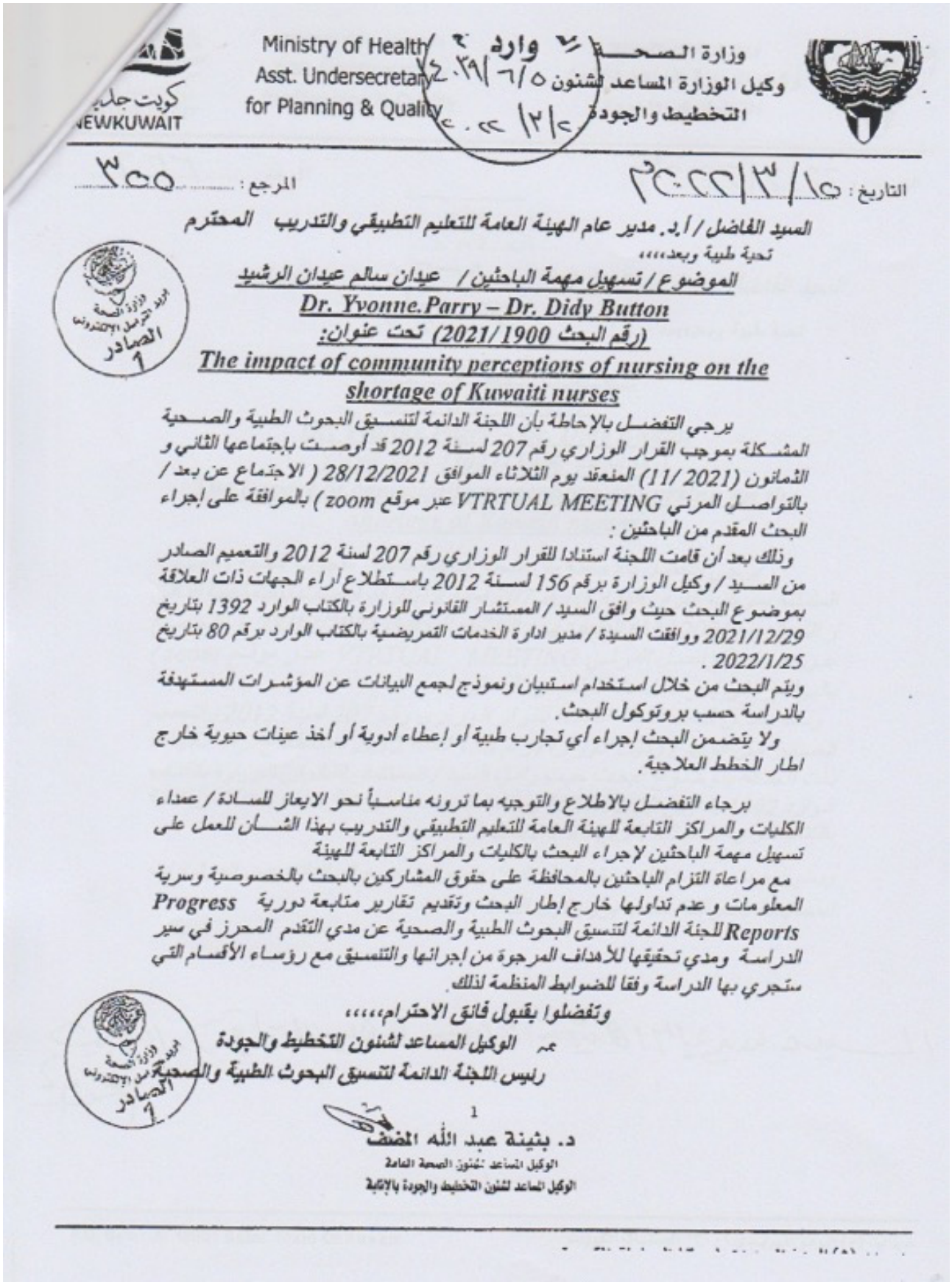
Flinders University
Sturt Road, Bedford Park, South Australia, 5042
GPO Box 2100, Adelaide, South Australia, 5001

http://www.flinders.edu.au/research/researcher-support/ebi/human-ethics/human-ethics_home.cfm

ResearchNow
Ethics & Biosafety

Flinders Proactively supporting our Research

Appendix I: Ministry of Health letters – Arabic and English versions



وزارة الصحة
وكيل الوزارة المساعد لشئون التخطيط والجودة

Ministry of Health
Asst. Undersecretary for Planning & Quality

كويت جديد
NEWKUWAIT

وارد ٢٠٢١/٦/٥

التاريخ: ٢٠٢١/١٢/٢٢

المرجع: ٣٥٥

السيد الفاضل / أ.د. مدير عام الهيئة العامة للتعليم التطبيقي والتدريب المحترم

تحية طيبة وبعد،،،

الموضوع / تسهيل مهمة الباحثين / عيدان سالم عيدان الرشيد

Dr. Yvonne.Parry – Dr. Didy Button

(رقم البحث 2021/1900) تحت عنوان:

The impact of community perceptions of nursing on the shortage of Kuwaiti nurses

يرجى التفضل بالإحاطة بأن اللجنة الدائمة لتنسيق البحوث الطبية والصحية المشكلة بموجب القرار الوزاري رقم 207 لسنة 2012 قد أوصت باجتماعها الثاني و الثمانون (11/ 2021) المنعقد يوم الثلاثاء الموافق 28/12/2021 (الاجتماع عن بعد / بالتواصل المرئي VTRTUAL MEETING عبر موقع zoom) بالموافقة على إجراء البحث المقدم من الباحثين :

وذلك بعد أن قامت اللجنة استنادا للقرار الوزاري رقم 207 لسنة 2012 والتعميم الصادر من السيد / وكيل الوزارة برقم 156 لسنة 2012 باستطلاع آراء الجهات ذات العلاقة بموضوع البحث حيث وافق السيد / المستشار القانوني للوزارة بالكتاب الوارد 1392 بتاريخ 2021/12/29 ووافقت السيدة / مدير ادارة الخدمات التمريضية بالكتاب الوارد برقم 80 بتاريخ 2022/1/25 .

ويتم البحث من خلال استخدام استبيان ونموذج لجمع البيانات عن المؤشرات المستهدفة بالدراسة حسب بروتوكول البحث.

ولا يتضمن البحث إجراء أي تجارب طبية او إعطاء أدوية أو أخذ عينات حيوية خارج اطار الخطط العلاجية.

برجاء التفضل بالاطلاع والتوجيه بما ترونه مناسباً نحو الايعاز للسادة / عمداء الكليات والمراكز التابعة للهيئة العامة للتعليم التطبيقي والتدريب بهذا الشأن للعمل على تسهيل مهمة الباحثين لإجراء البحث بالكليات والمراكز التابعة للهيئة

مع مراعاة التزام الباحثين بالمحافظة على حقوق المشاركين بالبحث بالخصوصية وسرية المعلومات و عدم تداولها خارج إطار البحث وتقديم تقارير متابعة دورية Progress Reports للجنة الدائمة لتنسيق البحوث الطبية والصحية عن مدي التقدم المحرز في سير الدراسة ومدي تحقيقها للأهداف المرجوة من إجرائها والتنسيق مع رؤساء الأقسام التي ستجري بها الدراسة وفقا للضوابط المنظمة لذلك.

وتفضلوا بقبول فائق الاحترام،،،،

عن الوكيل المساعد لشئون التخطيط والجودة

رئيس اللجنة الدائمة لتنسيق البحوث الطبية والصحية

د. بثينة عبد الله المضف

الوكيل المساعد لشئون الصحة العامة

الوكيل المساعد لشئون التخطيط والجودة بالإنابة

Ref.: 355

Date: 15/03/2022

Honorable Mr. / Mr. Dr. Director General of the Public Authority for Applied Education and Training, Respected

After Greetings,,,

Subject / Facilitating the task of researchers / Eidan Salem Eidan Al Rasheid

Dr. Yvonne. Parry - Dr. Didy Button

(Research number 1900 / 2021) under the title

The impact of community perceptions of nursing on the shortage of Kuwaiti nurses

Kindly be informed that the Permanent Committee for the Coordination of Medical and Health Research formed pursuant to Ministerial Resolution No. 207 of 2012 has recommended its eighty-second meeting (11/2021) to be held on Tuesday corresponding to

28/12/2021, (Remote meeting / by VTRTUAL MEETING via zoom website) by agreeing to conduct the research submitted by the researchers:

After the committee, based on Ministerial Resolution No. 207 of 2012 and the circular issued by the Undersecretary of the Ministry No. 156 of 2012, surveyed the views of the relevant authorities on the subject of the research, where Mr. / Legal Adviser to the Ministry agreed with the letter contained in 1392 dated 29/12/2021. Mrs. / Director of the Nursing Services Department agreed with the letter No. 80 on 25/01/2022.

The research is carried out through the use of a questionnaire and a form to collect data on the indicators targeted for the study, according to the research protocol.

The research does not include conducting any medical experiments, giving medicines, or taking biological samples outside the framework of treatment plans.

Kindly review and direct what you deem appropriate to instruct the Deans/ of the colleges and centers affiliated with the Public Authority for Applied Education and Training in this regard to facilitate the researchers' task to conduct research in the colleges and centers affiliated with the Authority.

Taking into account the researchers' commitment to preserve the rights of the participants in the research to privacy and confidentiality of information and not to circulate it outside the framework of the research and to submit periodic follow-up Progress

Reports of the Permanent Committee for the Coordination of Medical and Health Research on the extent of progress made in the progress of the study and the extent to which it achieved the objectives of its conduct and coordination with the heads of the departments in which the study will be conducted in accordance with the regulations governing that.

Yours sincerely,,,,,

The Assistant Undersecretary for Planning and Quality Affairs

Chairman of the Permanent Committee for the Coordination of Medical and Health Research

//There is a seal of the Ministry of Health//

Dr.. Buthaina Abdullah Al Mudhaf

Assistant Undersecretary for Public Health,

Assistant Undersecretary for Planning and Quality Affairs

//There is a handwritten signature//

ج. غرناطة 24864644 | المرقاب 22462020 | كيفان 24816060 | ج. النزهة 22531818 | ج. الخالدية 24926388 | ج. الشامية 22598966 | ج. الزهراء 25240565 | حولي 22644644

Appendix J: Ministry of Education letter – Arabic and English versions

MINISTRY OF EDUCATION
Educational Research and
Curricula Sector
EDUCATIONAL RESEARCH ADMINISTRATION

وزارة التربية
قطاع البحوث التربوية والمناهج
إدارة البحوث التربوية

Ref.: .....
Date: .....

المرجع: .....
التاريخ: ٢٠٢٢/٤/٢٢

السيد المحترم / مدير عام منطقة العاصمة التعليمية

تحية طيبة وبعد ...

الموضوع: تسهيل مهمة

يقوم الباحث / عيدان سالم الرشيد المسجل بمرحلة الدكتوراه بجامعة فلندرز بدولة استراليا باجراء استبانة بعنوان: -

"تأثير تصورات المجتمع حول مهنة التمريض على نقص التمريض الكويتي"

فيرجى التكرم بتسهيل مهمة المذكور أعلاه من خلال تطبيق الاستبانة المختومة صفحتها من إدارة البحوث التربوية على طلبة مدارس المرحلة الثانوية التابعة لمنطقتكم التعليمية، خلال العام 2022/2021م.

وذلك بما ترونه مناسبا وفق اللوائح والنظم المعمول بها في وزارة التربية، ومراعاة قرارات وزارة الصحة الخاصة في هذا الشأن.

مع خالص الشكر والتقدير،،،

مدير إدارة البحوث التربوية

عبدالله [illegible] العجمي
مدير إدارة البحوث التربوية

نسخ ملف
ابراهيم

وزارة التربية
إدارة البحوث التربوية

AL-Qurain - Block (1) Street No. (1)
Tel.: 25417942 - Fax: 25417694 - 25417943
Email: behooth@hotmail.com

القرين - قطعة (١) - شارع رقم (١)
تلفون: ٢٥٤١٧٩٤٢ - فاكس: ٢٥٤١٧٦٩٤ - ٢٥٤١٧٩٤٣

Website: www.moe.edu.kw

مركز الديوان للترجمة والطباعة والتصوير
Al-Diwan Translation Center
مترجمون محلفون ومعتمدون من قبل جميع الوزارات والسفارات في الدولة وبكافة اللغات العالمية
SWORN TRANSLATORS SPECIALIZED IN ALL APPROVED LANGUAGES AUTHORIZED BY ALL EMBASSIES & MINISTRIES

MINISTRY OF EDUCATION
Educational Research and
Curricula Sector
EDUCATIONAL RESEARCH ADMINISTRATION

//There is a logo of the State of Kuwait//

Ref.: 20

Date: 22/03/2022

Honorable Mr. / Director General of the Capital Educational District,

Greetings and after,,,

Subject: facilitating a Task

The researcher / Eidan Salem Eidan Al Rasheid, who is registered with the phd stage at the Flinders University in Australia conducted a questionnaire entitled: "The impact of community perceptions of nursing on the shortage of Kuwaiti nurses".

Please kindly facilitate the above-mentioned task by applying the sealed questionnaire on its page from the Department of Educational Research to students of secondary schools affiliated to your educational district, during the year 2022 / 2021.

This is done as it deems appropriate according to the rules and regulations in force in the Ministry of Education and taking into account the decisions of the Ministry of Health in this regard.

with all gratitude and appreciation,,,

Director of Educational Research Department

//There is a handwritten signature//

//There is a stamp of Director of Educational Research Department//

//There is a seal of the EDUCATIONAL RESEARCH ADMINISTRATION//

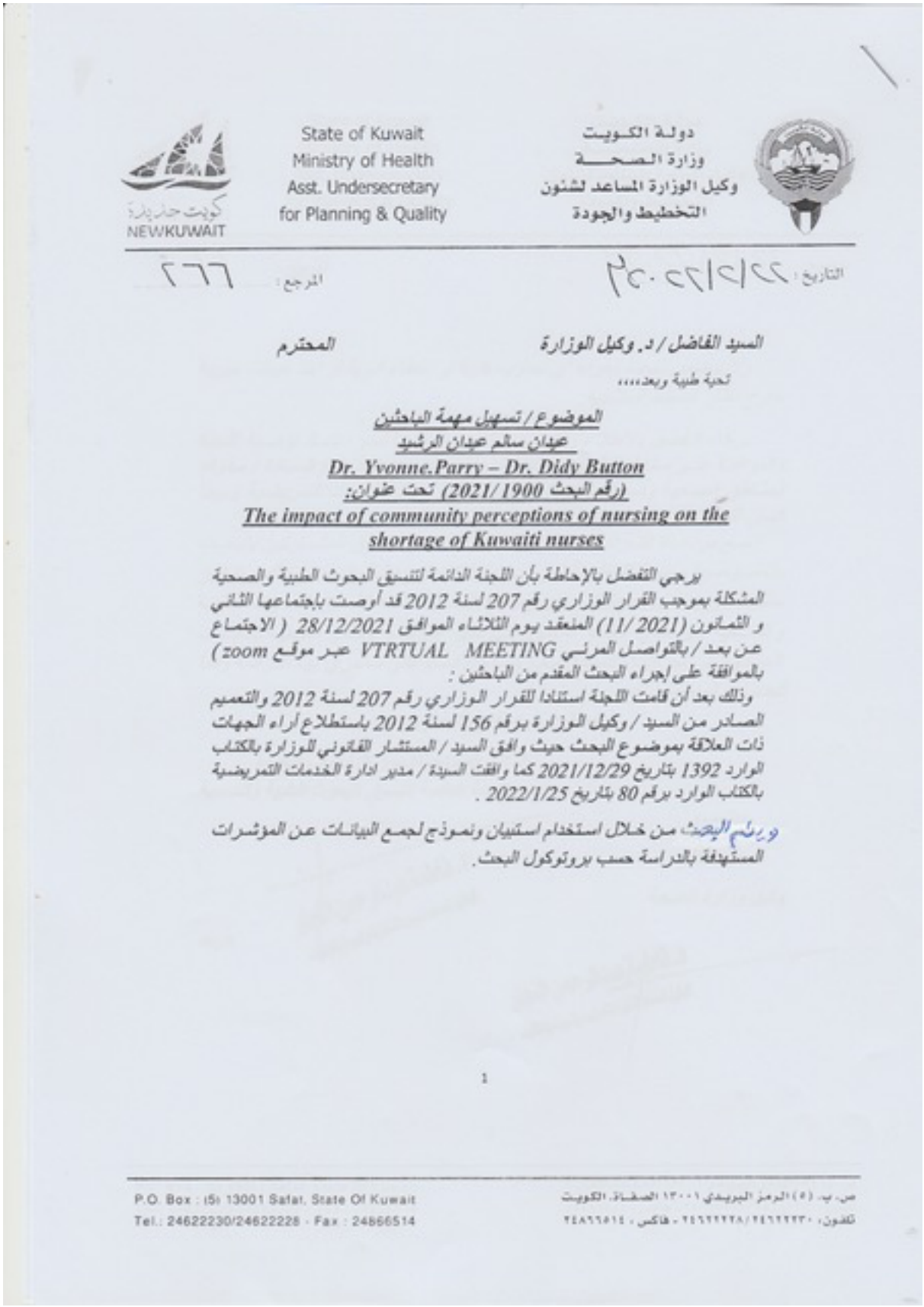
to copy a file

Ibrahim

Al-Qurain - Block (1) Street No.(1)
Tel: 25417942 - Fax: 25417694 - 25417943
Email: [illegible]@hotmail.com

حولي 22644644 | ج. الزهراء 25240565 | ج. الشاميه 22598966 | ج. الخالدية 24926388 | ج. النزهة 22531818 | كيفان 24816060 | المرقاب 22462020 | ج. غرناطة 24864644

Appendix K: Ministry of Education letter – Arabic and English versions



دولة الكويت
وزارة الصحة
وكيل الوزارة المساعد لشئون
التخطيط والجودة

State of Kuwait
Ministry of Health
Asst. Undersecretary
for Planning & Quality

كويت جديدة
NEW KUWAIT

التاريخ: ٢٠٢٢/١/٢٥

المرجع: ٢٦٦

المحترم

السيد الفاضل / د. وكيل الوزارة

تحية طيبة وبعد،،،

الموضوع / تسهيل مهمة الباحثين
عيدان سالم عيدان الرشيد
Dr. Yvonne.Parry – Dr. Didy Button
(رقم البحث 2021/1900) تحت عنوان:
The impact of community perceptions of nursing on the shortage of Kuwaiti nurses

يرجى التفضل بالإحاطة بأن اللجنة الدائمة لتنسيق البحوث الطبية والصحية المشكلة بموجب القرار الوزاري رقم 207 لسنة 2012 قد أوصت باجتماعها الثاني و الثمانون (11/ 2021) المنعقد يوم الثلاثاء الموافق 28/12/2021 (الاجتماع عن بعد / بالتواصل المرئي VTRTUAL MEETING عبر موقع zoom) بالموافقة على إجراء البحث المقدم من الباحثين :
وذلك بعد أن قامت اللجنة استنادا للقرار الوزاري رقم 207 لسنة 2012 والتعميم الصادر من السيد / وكيل الوزارة برقم 156 لسنة 2012 باستطلاع آراء الجهات ذات العلاقة بموضوع البحث حيث وافق السيد / المستشار القانوني للوزارة بالكتاب الوارد 1392 بتاريخ 2021/12/29 كما وافقت السيدة / مدير ادارة الخدمات التمريضية بالكتاب الوارد برقم 80 بتاريخ 2022/1/25 .

و يتم البحث من خلال استخدام استبيان ونموذج لجمع البيانات عن المؤشرات المستهدفة بالدراسة حسب بروتوكول البحث.

1

P.O. Box : (5) 13001 Safat, State Of Kuwait
Tel.: 24622230/24622228 - Fax : 24866514

ص. ب. (٥) الرمز البريدي ١٣٠٠١ الصفاة، الكويت
تلفون: ٢٤٦٢٢٢٣٠/٢٤٦٢٢٢٢٨ - فاكس: ٢٤٨٦٦٥١٤

ولا يتضمن البحث إجراء أي تجارب طبية أو اعطاء أدوية أو أخذ عينات حيوية خارج اطار الخطط العلاجية.

برجاء التفضل بالاطلاع والتوجيه بما ترونه مناسباً نحو اعتماد توصية اللجنة والموافقة على مخاطبة الجهات ذات الصلة بموضوع البحث **(السادة / مدراء المناطق الصحية والمستشفيات / السيدة / مدير ادارة الخدمات التمريضية)** بهذا الشأن للعمل على تسهيل مهمة الباحثين لاجراء البحث.

مع مراعاة التزام الباحثين بالمحافظة على حقوق المشاركين بالبحث بالخصوصية وسرية المعلومات وعدم تداولها خارج إطار البحث وتقديم تقارير متابعة دورية Progress Reports للجنة الدائمة لتنسيق البحوث الطبية والصحية عن مدي التقدم المحرز في سير الدراسة ومدي تحقيقها للأهداف المرجوة من إجرائها والتنسيق مع رؤساء الأقسام التي ستجري بها الدراسة وفقا للضوابط المنظمة لذلك.

وتفضلوا بقبول فائق الاحترام،،،،

الوكيل المساعد لشئون التخطيط والجودة
رئيس اللجنة الدائمة لتنسيق البحوث الطبية والصحية

يعتمد،،

حسب النظم

وكيل وزارة الصحة

د. فاطمة عبدالرحمن النجار
وكيل مساعد لشئون التخطيط والجودة بالتكليف

خليفة

د. فاطمة عبدالرحمن النجار
وكيل مساعد لشئون التخطيط والجودة بالتكليف

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SWORN TRANSLATORS SPECIALIZED IN ALL APPROVED LANGUAGES AUTHORIZED BY ALL EMBASSIES & MINISTRIES

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Ministry of Healthy
Asst. Undersecretary for Planning & Quality

//There is a logo of the State of Kuwait//

Date: 22/02/2022

Ref.: 266

Honorable Mr. / Dr. Undersecretary, Respected

After Greetings,...

Subject / Facilitating the task of researchers / Eidan Salem Eidan Al Rasheid

Dr. Yvonne. Parry - Dr. Didy Button

(Research number 1900 / 2021) under the title

The impact of community perceptions of nursing on the shortage of Kuwaiti nurses

Kindly be informed that the Permanent Committee for the Coordination of Medical and Health Research formed pursuant to Ministerial Resolution No. 207 of 2012 has recommended its eighty-second meeting (11/2021) to be held on Tuesday corresponding to 28/12/2021, (Remote meeting / by VTRTUAL MEETING via zoom website) by agreeing to conduct the research submitted by the researchers:

After the committee, based on Ministerial Resolution No. 207 of 2012 and the circular issued by the Undersecretary of the Ministry No. 156 of 2012, surveyed the views of the relevant authorities on the subject of the research, where Mr. / Legal Adviser to the Ministry agreed with the letter contained in 1392 dated 29/12/2021. Mrs. / Director of the Nursing Services Department agreed with the letter No. 80 on 25/01/2022.

The research is carried out through the use of a questionnaire and a form to collect data on the indicators targeted for the study, according to the research protocol.

حولي 22644644 | ج. الزهراء 25240565 | ج. الشاميه 22598966 | ج. الخالدية 24926388 | ج. النزهة 22531818 | كيفان 24816060 | المرقاب 22462020 | ج. غرناطة 24864644

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Date: 22/02/2022

Ref.: 266

The research does not include conducting any medical experiments, giving medicines, or taking biological samples outside the framework of treatment plans.

Kindly review and direct what you deem appropriate towards adopting the committee's recommendation and agreeing to address the relevant authorities on the subject of the research (Gentlemen / Directors of Health Districts and Hospitals / Mrs. / Director of the Nursing Services Department) in this regard to facilitate the task of researchers to conduct the research.

Taking into account the researchers' commitment to preserve the rights of the participants in the research to privacy and confidentiality of information and not to circulate it outside the framework of the research and to submit periodic follow-up Progress

Reports of the Permanent Committee for the Coordination of Medical and Health Research on the extent of progress made in the progress of the study and the extent to which it achieved the objectives of its conduct and coordination with the heads of the departments in which the study will be conducted in accordance with the regulations governing that.

Yours sincerely,,,,,

The Assistant Undersecretary for Planning and Quality Affairs

Chairman of the Permanent Committee for the Coordination of Medical and Health Research

Signature

According to the regulations,

The Undersecretary of the Ministry of Health

//There is a handwritten signature//

//There is a stamp of Dr. Fatima Abdel Rahman Al-Najjar- The Assistant Undersecretary for Planning and Quality Affairs/

ج. غرناطة	المرقاب	كيفان	ج. النزهة	ج. الخالدية	ج. الشاميه	ج. الزهراء	حولي
24864644	22462020	24816060	22531818	24926388	22598966	25240565	22644644

Appendix L: Letter of introduction

College of Nursing and Health Sciences
GPO Box 2100
Adelaide SA 5001
Tel: +61 882013345
Alra0148@flinder.edu.au
www.flinders.edu.au
CRICOS Provider No. 00114A

LETTER OF INTRODUCTION

Mr Eidan Alrasheid- Postgraduate student

Dr Yvonne. Parry – Supervisor

Dr. Didy Button

College of Nursing and Health Sciences - Flinders University

Phone: +61403359858

Email: alra0148@flinders.edu.au

Phone: +61882013345
Phone: +6182013246
Email: yvonne.parry@flinders.edu.au
Email: didy.button@flinders.edu.au

Dear Sir/Madam,

This letter is to introduce Mr Eidan Alrasheid, and his research project that explores, via Online Survey, the understand of the impact of various factors on the Kuwaiti community's attitude toward nursing. Eidan is a PhD student in the College of Nursing and Health Sciences at Flinders University. He is undertaking research leading to the production of a thesis or other publications on the subject of nursing "The impact of community perceptions of nursing on the shortage of Kuwaiti nurses".

He would like permission from the Minister of Education to conduct an online survey. The survey will be provided to 12th grade year 12 students in a public school of the minter's choice and the students will have the opportunity to provide confidential and anonymous responses. This project will address community perceptions of nursing on the shortage of Kuwaiti nurses. The survey will take no more than 15 minutes to complete.

Be assured that any information provided will be treated in the strictest confidence and none of the participants will be individually identifiable in the resulting thesis, report, or other publications. You are, of course, entirely free to discontinue your participation at any time or to decline to answer particular questions.

Completion of the survey by percipients will infare consent.

Any enquiries you may have concerning this project should be directed to me at the address given above or by telephone on (+**61403359858**) or e-mail (**alra0148@flinders.edu.au**)

Thank you for your attention and assistance.

Yours sincerely
Dr Yvonne K Parry
PhD, Master of Health Service Management, GradCertEdu (Higher Education), BA (Psychology & Public Policy), RN
Senior Lecturer

This research project has been approved by Human Research Ethics Committee in South Australia (Project number: 4387). For queries regarding the ethics approval of this project, or to discuss any concerns or complaints, please contact the Executive Officer of the committee via telephone on +61 8 8201 3116 or email human.researchethics@flinders.edu.au

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Participant Information Sheet

The impact of community perceptions of nursing on the shortage of Kuwaiti nurses

Flinders Ethics Approval Number: 4387

Research Team

Mr Eidan Alrasheid- Postgraduate student

Dr Yvonne. Parry - Supervisor
Dr Didy Button - Co-supervisor

College of Nursing and Health Sciences - Flinders University

Phone: +61403359858
Email:alra0148@flinders.edu.au

Phone: +6182013345
Email: Yvonne.parry@flinders.edu.au
Phone: +6182013312
Email: didy.button@flinders.edu.au

Description:

This study is part of a wider effort that includes additional Kuwaiti participants such as nurse directors, registered nurses, and community members such as 12th high school and their parents.

This study aims to look at the impact of various factors on the Kuwaiti community's attitude toward nursing. Your participation will help us better understand the condition of the nursing profession in Kuwaiti and, as a result, improve the country's healthcare quality. This study is being started as part of a PhD's research project by Eidan Alrasheid.

PARTICIPATION

Your participation in this project is voluntary. If you do agree to participate, you can withdraw once the questionnaire is submitted or interviewee is commenced. Your decision to participate will not have impact on your current or future job. Your participation will involve the completion of an anonymous self-report questionnaire that will take approximately 15 minutes of your time.

ESTIMATED BENEFITS

It is expected that this project will not directly benefit you. However, your participation may contribute towards a greater understanding of the barriers and better understand the condition of the nursing profession in Kuwaiti and, as a result, improve the country's healthcare quality by stop Kuwaiti nursing in hospitals in Kuwait.

RISKS

Risks associated with your participation in this project are low. There is a risk possibly you may experience anxiety or stress related to a feeling of unwillingness to express their feelings toward nursing occupation as future career. You will have access to counselling from a professional within the hospital from the Staff Health Clinic counselling services at your place of employment. There are no risks involved in the questionnaire, besides the disadvantage of researcher time.

CONFIDENTIALITY

All responses and interpretations are anonymous and will be treated confidentially. The names of individual persons are not required in any of the responses.

CONSENT TO PARTICIPATE

The return of the completed questionnaire is accepted as an indication of your consent to participate in this project.

QUESTIONS / FURTHER INFORMATION ABOUT THE PROJECT

Please contact one of the research team members named above if you have any other questions or if you require further information about the project.

Thank you for considering completing the online survey for this project.

ABN 65 524 596 200 CRICOS Provider No. 00114A

inspiring achievement

Appendix M: Flyer for year 12 students and parents in English

Apppendix N: Flyer of 12th grade students and parents (in Arabic)

في الكويت، هناك نقص في الممرضات الكويتيات في المستشفيات:

هذا البحث سري ومجهول الهوية. يرجى مساعدتنا على فهم موقف المجتمع الكويتي تجاه مهنة التمريض والممرضات الكويتيات:

- ويشكل نقص الممرضين والممرضات في الكويت مصدر قلق أكبر لأن غالبية القوى العاملة في مجال التمريض هم من العمال الوافدين.

- إنه يوجد نقص بالمواطنين الكويتيين في مجال التمريض أمر مثير للقلق ولا يزال قيد البحث.

إذا كنت ترغب في المشاركة في هذه الدراسة، يرجى زيارة:
رمز الاستجابة السريعة هنا

تم اعتماد هذه الدراسة من قبل لجنة أخلاقيات البحوث البشرية رقم : 4387

Appendix O: Not significant tables

Appendix Table 1: Significance of the relationship between gender and the intention to study nursing after high school.

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	.421[a]	2	.810
Likelihood ratio	.420	2	.811
Linear-by-linear association	.403	1	.526
N. of valid cases	299		

a. 0 cells (0%) have expected counts of less than 5. The minimum expected count is 8.83.

Appendix Table 2: Significance of the relationship between age and intention to study nursing after high school.

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	6.720[a]	4	.151
Likelihood ratio	9.199	4	.056
Linear-by-linear association	1.646	1	.200
N. of valid cases	297		

a. 1 cell (11.1%) had an expected count of less than 5. The minimum expected count is 2.44.

Appendix Table 3: Significance of the relationship between family members and intention to study nursing after high school

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	5.476[a]	6	.484
Likelihood ratio	6.282	6	.392
Linear-by-linear association	.038	1	.845
N. of valid cases	302		

a. 4 cells (33.3%) had an expected count of less than 5. The minimum expected count is .44.

Appendix Table 4: Significance of the association between gender and recommendation to study nursing

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	.183a	1	.668
Likelihood ratio	.186	1	.666
Linear-by-linear association	.183	1	.669
N. of valid cases	299		

a. No cells (0.0%) have an expected count of less than 5. The minimum expected count is 7.03.

Appendix Table 5: Pearson correlation coefficient among the main factors

Variable	**Intention to study**	**Kuwait's attitude**	**Nursing image**
Intention to study nursing	1		
Kuwait's attitude towards the nursing profession	−0.020	1	
Nursing image		−0.112	1

* Correlation is significant at the 0.05 level (2-tailed);** Correlation is significant at the 0.01 level (2-tailed)

Appendix Table 6: Difference between age and three groups

Descriptive Statistics

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
Intention to study nursing	17 years	188	3.0213	.97094	.07081	2.8816	3.1610	1.00	5.00
	18 years	87	3.0345	.94790	.10163	2.8325	3.2365	1.00	5.00
	19 years	22	3.1705	.87078	.18565	2.7844	3.5565	1.50	4.50
	Total	297	3.0362	.95494	.05541	2.9271	3.1452	1.00	5.00
Kuwait's attitude towards the nursing profession	17 years	188	2.4220	.72360	.05277	2.3179	2.5261	1.00	4.33
	18 years	87	2.6034	.82486	.08843	2.4276	2.7792	1.17	5.00
	19 years	22	2.3636	.68552	.14615	2.0597	2.6676	1.17	4.17
	Total	297	2.4708	.75455	.04378	2.3847	2.5570	1.00	5.00
Nursing image	17 years	188	4.1011	.58454	.04263	4.0170	4.1852	1.57	5.00
	18 years	87	4.1248	.55917	.05995	4.0056	4.2440	2.14	5.00
	19 years	22	4.1364	.61954	.13209	3.8617	4.4111	2.57	4.86
	Total	297	4.1106	.57802	.03354	4.0446	4.1766	1.57	5.00

Appendix Table 7: ANOVA results and significance level for age effect

		Sum of Squares	df	Mean Square	F	Sig.
Intention to study nursing	Between Groups	.439	2	.219	.239	.787
	Within Groups	269.485	294	.917		
	Total	269.923	296			
Kuwait's attitude towards the nursing profession	Between Groups	2.231	2	1.116	1.973	.141
	Within Groups	166.293	294	.566		
	Total	168.525	296			
Nursing Image	Between Groups	.049	2	.025	.073	.929
	Within Groups	98.846	294	.336		
	Total	98.896	296			

Appendix Table 8: The t-test results of the effect of gender on each of the items

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed	Mean Difference	Std. Error Difference	Lower	Upper
I appreciate those who work in the nursing profession.	Equal variances assumed	11.783	<.001	-2.039	297	.042	−0.202	.099	−0.396	−0.007
	Equal variances not assumed			-2.459	213.844	.015	−0.202	.082	−0.363	−0.040
When I see a nurse, I hope that I will have this career like him/her.	Equal variances assumed	.137	.712	−0.857	297	.392	−0.130	.152	−0.429	.169
	Equal variances not assumed			−0.882	148.321	.379	−0.130	.148	−0.422	.162
The profession of nursing is a humane profession.	Equal variances assumed	1.378	.241	-1.363	297	.174	−0.146	.107	−0.356	.065
	Equal variances not assumed			-1.327	133.724	.187	−0.146	.110	−0.363	.072
Nursing work is suitable for a specific segment of society.	Equal variances assumed	4.801	.029	1.745	297	.082	.288	.165	−0.037	.613
	Equal variances not assumed			1.639	125.618	.104	.288	.176	−0.060	.636
My family rejects the idea of me working in the nursing field.	Equal variances assumed	.178	.673	.683	297	.495	.109	.159	−0.205	.422
	Equal variances not assumed			.683	140.353	.496	.109	.159	−0.206	.424
Nursing is an exhausting profession.	Equal variances assumed	.229	.633	−0.301	297	.764	−0.042	.139	−0.315	.231
	Equal variances not assumed			−0.303	142.437	.762	−0.042	.138	−0.314	.230
This society despises those who work in the nursing profession.	Equal variances assumed	.208	.649	−0.485	297	.628	−0.061	.125	−0.308	.186
	Equal variances not assumed			−0.479	137.378	.632	−0.061	.127	−0.312	.190
Our traditions in Kuwait prevent us	Equal variances assumed	1.227	.269	−0.523	297	.602	−0.080	.153	−0.382	.221

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
from working in the field of nursing.	Equal variances not assumed			−0.504	131.552	.615	−0.080	.159	−0.394	.234
I reject the idea of working in nursing.	Equal variances assumed	.369	.544	.072	297	.943	.012	.165	−0.313	.336
	Equal variances not assumed			.074	146.711	.941	.012	.161	−0.307	.331
The financial benefits for workers in nursing are considered low in comparison to those of other fields.	Equal variances assumed	.132	.717	-1.001	297	.318	−0.145	.145	−0.431	.140
	Equal variances not assumed			-1.020	145.480	.310	−0.145	.143	−0.427	.136
There are few educational institutions that specialise in qualifying nursing professionals.	Equal variances assumed	.333	.564	.127	297	.899	.015	.119	−0.219	.249
	Equal variances not assumed			.131	149.991	.896	.015	.115	−0.212	.242
The working hours of nursing shifts are inappropriate.	Equal variances assumed	3.441	.065	-1.267	297	.206	−0.132	.104	−0.336	.073
	Equal variances not assumed			-1.235	133.942	.219	−0.132	.107	−0.343	.079
I refuse to work in nursing because of the chance of being mixed with other genders (e.g. female patients & male nurses).	Equal variances assumed	.017	.897	.628	297	.531	.102	.163	−0.218	.423
	Equal variances not assumed			.631	141.637	.529	.102	.162	−0.218	.423
I am seriously considering studying nursing.	Equal variances assumed	.721	.397	1.202	297	.230	.177	.148	−0.113	.468
	Equal variances not assumed			1.187	137.159	.237	.177	.150	−0.118	.473

Independent Samples Test											
		Levene's Test for Equality of Variances		t-test for Equality of Means							
		F	Sig.	t	df	Sig. (2-tailed	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference		
									Lower	Upper	
If my parents agree for me to study nursing, I will do so.	Equal variances assumed	.039	.844	−0.877	297	.381	−0.145	.165	−0.469	.180	
	Equal variances not assumed			−0.894	145.579	.373	−0.145	.162	−0.465	.175	
Many people view the nursing profession as inferior.	Equal variances assumed	3.808	.052	1.175	297	.241	.152	.130	−0.103	.408	
	Equal variances not assumed			1.128	130.270	.262	.152	.135	−0.115	.420	
I would not like to be dealing with patients.	Equal variances assumed	2.446	.119	.772	297	.440	.125	.161	−0.193	.442	
	Equal variances not assumed			.736	128.640	.463	.125	.169	−0.211	.460	
I advise my colleagues to study nursing.	Equal variances assumed	4.154	.042	-2.064	297	.040	−0.281	.136	−0.550	−0.013	
	Equal variances not assumed			-2.173	155.809	.031	−0.281	.129	−0.537	−0.026	
I would like to study nursing, if I am accepted by a nursing school.	Equal variances assumed	1.013	.315	.471	297	.638	.080	.169	−0.253	.413	
	Equal variances not assumed			.455	131.957	.650	.080	.175	−0.267	.426	
The nursing profession is not for Kuwaitis.	Equal variances assumed	.003	.957	.323	297	.747	.050	.155	−0.256	.356	
	Equal variances not assumed			.316	134.684	.753	.050	.159	−0.264	.365	
Q21_There are few employment opportunities in the field of nursing.	Equal variances assumed	.049	.825	1.847	297	.066	.245	.133	−0.016	.506	
	Equal variances not assumed			1.809	135.165	.073	.245	.135	−0.023	.513	
I hope to see all of those working in	Equal variances assumed	.000	.997	.807	297	.420	.126	.157	−0.182	.434	

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
the nursing field in Kuwait to be Kuwaiti nationals.	Equal variances not assumed			.809	141.354	.420	.126	.156	−0.182	.435
Nursing is an honourable profession.	Equal variances assumed	18.428	<.001	-2.821	297	**.005**	−0.307	.109	−0.520	−0.093
	Equal variances not assumed			-3.368	208.574	<.001	−0.307	.091	−0.486	−0.127
The presence of large numbers of foreign workers in the nursing profession is a long-term risk to society.	Equal variances assumed	3.138	.078	.821	297	.412	.121	.147	−0.168	.410
	Equal variances not assumed			.771	125.623	.442	.121	.156	−0.189	.430
There should be a plan for the preparation for national competencies in the field of nursing.	Equal variances assumed	4.106	.044	−0.770	297	.442	−0.103	.134	−0.366	.160
	Equal variances not assumed			−0.811	155.571	.419	−0.103	.127	−0.354	.148
It is not possible to dispense with the foreign labour in the field of nursing.	Equal variances assumed	.032	.859	1.201	297	.231	.182	.151	−0.116	.479
	Equal variances not assumed			1.193	138.888	.235	.182	.152	−0.119	.483
Kuwaiti nurses are more competent than expatriate nurses in dealing with Kuwaiti patients.	Equal variances assumed	3.384	.067	.631	297	.529	.093	.147	−0.197	.383
	Equal variances not assumed			.663	155.094	.508	.093	.140	−0.184	.370
I think that enrolment in the	Equal variances assumed	3.816	.052	3.457	297	<.001	.498	.144	.214	.781

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
nursing profession limits the chances of getting married, especially for females.	Equal variances not assumed			3.435	138.760	<.001	.498	.145	.211	.784
Non-allocation of male nurses to male patients and female nurses to female patients affects the quality of care.	Equal variances assumed	.894	.345	.321	297	.748	.046	.144	−0.238	.330
	Equal variances not assumed			.319	138.990	.750	.046	.145	−0.241	.333
There is a lack of awareness of the importance of the nursing profession in society.	Equal variances assumed	.116	.734	-3.230	297	.001	−0.427	.132	−0.687	−0.167
	Equal variances not assumed			-3.328	149.016	.001	−0.427	.128	−0.680	−0.173
The media gives positive attention to the profession of nursing.	Equal variances assumed	.152	.697	2.685	297	.008	.401	.149	.107	.695
	Equal variances not assumed			2.688	140.792	.008	.401	.149	.106	.696
There are other job opportunities that are better than those in the nursing field.	Equal variances assumed	4.832	.029	.259	297	.796	.035	.136	−0.232	.303
	Equal variances not assumed			.279	163.737	.781	.035	.126	−0.214	.284
The nature of the nursing profession is stressful, and it involves working during weekends.	Equal variances assumed	7.906	.005	-1.647	297	.101	−0.230	.140	−0.505	.045
	Equal variances not assumed			-1.736	156.191	.084	−0.230	.132	−0.492	.032
Working with patients increases the risk of psychological stress.	Equal variances assumed	1.214	.271	.147	297	.883	.021	.145	−0.264	.307
	Equal variances not assumed			.157	159.189	.876	.021	.136	−0.248	.291

Independent Samples Test											
		Levene's Test for Equality of Variances		t-test for Equality of Means							
		F	Sig.	t	df	Sig. (2-tailed	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference		
									Lower	Upper	
Working with patients increases the risk of infection transmission.	Equal variances assumed	.581	.446	−0.446	297	.656	−0.065	.145	−0.350	.221	
	Equal variances not assumed			−0.458	147.785	.647	−0.065	.141	−0.344	.215	
Kuwaiti nurses are as competent as expatriate nurses.	Equal variances assumed	7.891	.005	-1.217	297	.225	−0.192	.158	−0.502	.118	
	Equal variances not assumed			-1.325	167.694	.187	−0.192	.145	−0.477	.094	
The community has a positive image regarding the nursing profession.	Equal variances assumed	.211	.646	.301	297	.764	.047	.157	−0.261	.356	
	Equal variances not assumed			.310	149.026	.757	.047	.152	−0.254	.348	
Expatriate nurses are aware of and understand Kuwaiti norms and traditions.	Equal variances assumed	.006	.936	.294	297	.769	.045	.154	−0.258	.349	
	Equal variances not assumed			.300	145.783	.765	.045	.151	−0.254	.345	
I believe that the nursing profession is only for females.	Equal variances assumed	12.683	<.001	2.428	297	**.**016	.426	.175	.081	.771	
	Equal variances not assumed			2.605	162.147	.010	.426	.163	.103	.748	

Appendix Table 9: Gender effect on items within each of the subscales—descriptive statistics of all items across genders

Group Statistics					
	gender	**N**	**Mean**	**Std. Deviation**	**Std. Error Mean**
I appreciate those who work in the nursing profession.	Male	219	4.41	.821	.055
	Female	80	4.61	.539	.060
When I see a nurse, I hope that I will have this career like him/her.	Male	219	3.13	1.179	.080
	Female	80	3.26	1.111	.124
The profession of nursing is a humane profession.	Male	219	4.43	.806	.054
	Female	80	4.58	.854	.095
Nursing work is suitable for a specific segment of society.	Male	219	3.68	1.215	.082
	Female	80	3.39	1.392	.156
My family rejects the idea of me working in the nursing field.	Male	219	2.43	1.219	.082
	Female	80	2.33	1.220	.136
Nursing is an exhausting profession.	Male	219	3.57	1.066	.072
	Female	80	3.61	1.049	.117
This society despises those who work in the nursing profession.	Male	219	4.11	.953	.064
	Female	80	4.18	.978	.109
Our traditions in Kuwait prevent us from working in the field of nursing.	Male	219	2.13	1.148	.078
	Female	80	2.21	1.240	.139
I reject the idea of working in nursing.	Male	219	2.61	1.278	.086
	Female	80	2.60	1.218	.136
The financial benefits for workers in nursing are considered low in comparison to those of other fields.	Male	219	3.00	1.123	.076
	Female	80	3.15	1.080	.121
There are few educational institutions that specialise in qualifying nursing professionals.	Male	219	3.32	.927	.063
	Female	80	3.30	.863	.096
The working hours of nursing shifts are inappropriate.	Male	219	3.02	.784	.053
	Female	80	3.15	.828	.093
I refuse to work in nursing because of the chance of being mixed with other genders (e.g. female patients & male nurses).	Male	219	2.50	1.250	.084
	Female	80	2.40	1.239	.138
I am seriously considering studying nursing.	Male	219	2.79	1.122	.076
	Female	80	2.61	1.153	.129

Group Statistics					
	gender	**N**	**Mean**	**Std. Deviation**	**Std. Error Mean**
If my parents agree for me to study nursing, I will do so.	Male	219	2.92	1.275	.086
	Female	80	3.06	1.226	.137
Many people view the nursing profession as inferior.	Male	219	2.79	.968	.065
	Female	80	2.64	1.058	.118
I would not like to be dealing with patients.	Male	219	2.66	1.198	.081
	Female	80	2.54	1.331	.149
I advise my colleagues to study nursing.	Male	219	3.59	1.073	.072
	Female	80	3.88	.960	.107
I would like to study nursing, if I am accepted by a nursing school.	Male	219	3.29	1.269	.086
	Female	80	3.21	1.366	.153
The nursing profession is not for Kuwaitis.	Male	219	2.05	1.174	.079
	Female	80	2.00	1.232	.138
There are few employment opportunities in the field of nursing.	Male	219	3.37	1.002	.068
	Female	80	3.13	1.048	.117
I hope to see all of those working in the nursing field in Kuwait to be Kuwaiti nationals.	Male	219	3.78	1.200	.081
	Female	80	3.65	1.192	.133
Nursing is an honourable profession.	Male	219	4.31	.900	.061
	Female	80	4.61	.606	.068
The presence of large numbers of foreign workers in the nursing profession is a long-term risk to society.	Male	219	3.28	1.080	.073
	Female	80	3.16	1.237	.138
There should be a plan for the preparation for national competencies in the field of nursing.	Male	219	3.87	1.050	.071
	Female	80	3.98	.941	.105
It is not possible to dispense with the foreign labour in the field of nursing.	Male	219	3.46	1.154	.078
	Female	80	3.28	1.169	.131
Kuwaiti nurses are more competent than expatriate nurses in dealing with Kuwaiti patients.	Male	219	3.68	1.157	.078
	Female	80	3.59	1.040	.116
I think that enrolment in the nursing profession limits the chances of getting married, especially for females.	Male	219	3.02	1.098	.074
	Female	80	2.53	1.113	.124
	Male	219	3.20	1.102	.074

Group Statistics					
	gender	**N**	**Mean**	**Std. Deviation**	**Std. Error Mean**
Non-allocation of male nurses to male patients and female nurses to female patients affects the quality of care.	Female	80	3.15	1.115	.125
There is a lack of awareness of the importance of the nursing profession in society.	Male	219	3.36	1.028	.069
	Female	80	3.79	.964	.108
The media gives positive attention to the profession of nursing.	Male	219	3.20	1.144	.077
	Female	80	2.80	1.141	.128
There are other job opportunities that are better than those in the nursing field.	Male	219	3.74	1.081	.073
	Female	80	3.70	.920	.103
The nature of the nursing profession is stressful, and it involves working during weekends.	Male	219	3.66	1.099	.074
	Female	80	3.89	.981	.110
Working with patients increases the risk of psychological stress.	Male	219	3.20	1.147	.077
	Female	80	3.18	1.003	.112
Working with patients increases the risk of infection transmission.	Male	219	3.50	1.127	.076
	Female	80	3.56	1.065	.119
Kuwaiti nurses are as competent as expatriate nurses.	Male	219	3.57	1.259	.085
	Female	80	3.76	1.046	.117
The community has a positive image regarding the nursing profession.	Male	219	3.63	1.221	.082
	Female	80	3.59	1.144	.128
Expatriate nurses are aware of and understand Kuwaiti norms and traditions.	Male	219	3.00	1.194	.081
	Female	80	2.95	1.146	.128
I believe that the nursing profession is only for females.	Male	219	2.39	1.391	.094
	Female	80	1.96	1.195	.134

Appendix Table 10: Significance of the association between parent's age and intention encourage male children to study nursing

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	1.095[a]	2	.578
Likelihood ratio	1.087	2	.581
Linear-by-linear association	.023	1	.879
N of valid cases	267		

a. 0 cells (.0%) had an expected count of less than 5. The minimum expected count is 20.22.

Appendix Table 11: Significance of the association between parent's age and intention encourage female children to study nursing

Chi-Square Tests			
	Value	**df**	**Asymptotic Significance (2-sided)**
Pearson Chi-Square	3.097[a]	4	.542
Likelihood Ratio	3.081	4	.544
Linear-by-Linear Association	.214	1	.644
N of Valid Cases	267		

a. 3 cells (33.3%) have expected count less than 5. The minimum expected count is .28.

Appendix Table 12: Significance of the association between parent's gender and intention encourage male children to study nursing.

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	2.976[a]	1	.085
Likelihood ratio	2.932	1	.087
Linear-by-linear association	2.965	1	.085
N. of valid cases	285		

Appendix Table 13: Significance of the association between parent's gender and intention encourage female children to study nursing

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	1.743[a]	2	.418
Likelihood Ratio	2.025	2	.363
Linear-by-Linear Association	.005	1	.942
N of Valid Cases	285		

a. 1 cells (33.37%) have expected count less than 5. The minimum expected count is 37

Appendix Table 14: Significance of the association between parent's marital status and intention encourage son children to study nursing

Chi-Square Tests			
	Value	**df**	**Asymptotic Significance (2-sided)**
Pearson Chi-Square	4.910[a]	2	.086
Likelihood Ratio	4.374	2	.112
Linear-by-Linear Association	2.592	1	.107
N of Valid Cases	288		

a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is 3.57

Appendix Table 15: Significance of the association between parent's marital status and intention encourage female children to study nursing

Chi-Square Tests			
	Value	**df**	**Asymptotic Significance (2-sided)**
Pearson Chi-Square	5.531[a]	2	.063
Likelihood Ratio	4.828	2	.089
Linear-by-Linear Association	1.447	1	.229
N of Valid Cases	288		

a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is 3.39.

Appendix Table 16: Significance of the association between parents' family members in the field of nursing and intent to encourage any of their male children to join the field of nursing

Chi-Square Tests			
	Value	**df**	**Asymptotic Significance (2-sided)**
Pearson Chi-Square	5.360[a]	3	.147
Likelihood Ratio	5.479	3	.140
Linear-by-Linear Association	.652	1	.420
N of Valid Cases	288		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.41.

Appendix Table 17: Significance of the association between parents' family members in the field of nursing and intent to encourage any of their female children to join the field of nursing

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	2.134[a]	3	.545
Likelihood ratio	2.153	3	.541
Linear-by-linear association	.420	1	.517
N. of valid cases	288		

a. 0 cells (.0%) have an expected count of less than 5. The minimum expected count is 7.41.

Appendix Table 18: Significance of the association between parents' qualifications and intent to encourage any of their daughters to join the field of nursing

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	2.794[a]	3	.425
Likelihood ratio	2.937	3	.401
Linear-by-linear association	2.425	1	.119
N. of valid cases	288		

a. 0 cells (.0%) have an expected count of less than 5. The minimum expected count is 6.77.

Appendix Table 19: Significance of the association between parents' occupation and intent to encourage any of their male children to join the field of nursing

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	2.558[a]	2	.278
Likelihood ratio	2.431	2	.297
Linear-by-linear association	1.487	1	.223
N. of valid cases	288		

a. 0 cells (.0%) have an expected count of less than 5. The minimum expected count is 5.49.

Appendix Table 20: Significance of the association between parents' occupation and intent to encourage any of their daughters to join the field of nursing

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	4.615[a]	2	.099
Likelihood ratio	4.360	2	.113
Linear-by-linear association	3.532	1	.060
N. of valid cases	288		

a. 0 cells (.0%) have an expected count of less than 5. The minimum expected count is 5.21.

Appendix Table 21: Significance of the association between parents' relatives or friends working in nursing and their intent to encourage any of their male children to join the field of nursing

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	2.808[a]	1	.094
Likelihood ratio	2.843	1	.092
Linear-by-linear association	2.798	1	.094
N. of valid cases	288		

a. 0 cells (0.0%) have an expected count of less than 5. The minimum expected count is 34.29.

Appendix Table 22: Significance of the association between parents' relatives or friends working in nursing and their intent to encourage any of their daughters to join the field of nursing

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	2.262[a]	1	.133
Likelihood ratio	2.289	1	.130
Linear-by-linear association	2.254	1	.133
N. of valid cases	288		

Appendix Table 23: Significance of the association between parents' family members work in the nursing profession and intent to encourage any of their male to join the field of nursing

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	.119[a]	1	.730
Likelihood ratio	.120	1	.729
Linear-by-linear association	.119	1	.730
N. of valid cases	288		

a. 0 cells (.0%) have an expected count of less than 5. The minimum expected count is 7.41.

Appendix Table 24: Significance of the association between parents' family members work in the nursing profession and intent to encourage any of their daughters to join the field of nursing

Chi-square tests			
	Value	**df**	**Asymptotic significance (2-sided)**
Pearson chi-square	1.369[a]	1	.242
Likelihood ratio	1.352	1	.245
Linear-by-linear association	1.364	1	.243
N. of valid cases	288		

a. 0 cells (0.0%) have an expected count of less than 5. The minimum expected count is 7.03.

Appendix Table 25: Pearson coefficient correlation between gender and factor groups

Variable	Gender	Intention to study nursing	Kuwait's attitude towards the nursing profession	Work-related barriers	Community's perception of the nursing profession
Gender	1	-0.064	-0.070	0.003	-0.016
Intention to study nursing		1			
Kuwait's attitude towards the nursing profession			1		
Work-related barriers				1	
Community's perception of the nursing profession					1

**. Correlation is significant at the 0.01 level (2-tailed)

Appendix Table 26: Pearson's coefficient correlation between marital status and factor groups

Variable	Marital status	Intention to study nursing	Kuwait's attitude towards the nursing profession	Work-related barriers	The community's perception of the nursing profession
Marital status	1	-0.055	-0.030	0.070	0.007
Intention to study nursing		1			
Kuwait's attitude towards the nursing profession			1		
Work-related barriers				1	
The community's perception of the nursing profession					1

** Correlation is significant at the 0.01 level (2-tailed)

Appendix Table 27: Pearson's coefficient correlation between family members and factor groups

Variable	Family members	Intention to study nursing	Kuwait's attitude towards the nursing profession	Work-related barriers	The community's perception of the nursing profession
Family members	1	0.077	0.108	0.015	-0.111
Intention to study nursing		1			
Kuwait's attitude towards the nursing profession			1		
Work-related barriers				1	
Community's perception of the nursing profession					1

** Correlation is significant at the 0.01 level (2-tailed)

Appendix Table 28: Pearson's coefficient correlation between qualifications and four factor groups

Variable	Qualification	Intention to study nursing	Kuwait's attitude towards the nursing profession	Work-related barriers	The community's perception of the nursing profession
Qualification	1	-0.078	0.056	0.106	0.000
Intention to study		1			
Kuwait's attitude towards the nursing profession			1		
Work-related barriers				1	
The community's perception of the nursing profession					1

** Correlation is significant at the 0.01 level (2-tailed)

Appendix Table 29: Descriptive statistics of the parent's gender groups of the four group

Group Statistics

	gender	N	Mean	Std. Deviation	Std. Error Mean
Kuwait's attitude towards the nursing profession	Male	105	4.1365	.65649	.06407
	Female	180	4.0296	.77499	.05776
Work-related barriers	Male	105	3.8889	.86314	.08423
	Female	180	3.8944	.85401	.06365
The community's perception of the nursing profession	Male	105	2.7310	1.07624	.10503
	Female	180	2.6986	.90108	.06716
Intention to study nursing	Male	105	2.9352	.86001	.08393
	Female	180	2.8333	.71894	.05359

Appendix Table 30: T-test results and significance level for gender effect

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig.(2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Kuwait's attitude towards the nursing profession	Equal variances assumed	1.694	.194	1.186	283	.236	.10688	.09009	−0.07046	.28422
	Equal variances not assumed			1.239	246.986	.217	.10688	.08626	−0.06303	.27678
Work-related barriers	Equal variances assumed	.000	.997	−0.053	283	.958	−0.00556	.10528	−0.21279	.20168
	Equal variances not assumed			−0.053	215.806	.958	−0.00556	.10558	−0.21366	.20255
The community's perception of the nursing profession	Equal variances assumed	5.827	.016	.272	283	.786	.03234	.11901	−0.20191	.26659
	Equal variances not assumed			.259	188.162	.796	.03234	.12467	−0.21359	.27827
Intention to study nursing	Equal variances assumed	5.908	.016	1.072	283	.284	.10190	.09502	−0.08513	.28894
	Equal variances not assumed			1.023	187.931	.307	.10190	.09958	−0.09453	.29834

Appendix Table 31: Descriptive statistics of the parent's marital status and groups of the five group

Descriptive statistics

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
Kuwait's attitude towards the nursing profession	single	13	4.1026	.81234	.22530	3.6117	4.5935	2.67	5.00
	married	245	4.0721	.73661	.04706	3.9794	4.1648	1.00	5.00
	divorced	30	4.0000	.75430	.13772	3.7183	4.2817	2.17	5.00
	Total	288	4.0660	.73955	.04358	3.9802	4.1517	1.00	5.00
Work-related barriers	single	13	4.1538	.76516	.21222	3.6915	4.6162	2.67	5.00
	married	245	3.8966	.84511	.05399	3.7902	4.0029	1.00	5.00
	divorced	30	3.7889	.96086	.17543	3.4301	4.1477	2.00	5.00
	Total	288	3.8970	.85393	.05032	3.7980	3.9960	1.00	5.00
The community's perception of the nursing profession	single	13	2.5385	1.28228	.35564	1.7636	3.3133	1.00	5.00
	married	245	2.7194	.95925	.06128	2.5987	2.8401	1.00	5.00
	divorced	30	2.6583	.93191	.17014	2.3104	3.0063	1.00	5.00
	Total	288	2.7049	.96978	.05714	2.5924	2.8173	1.00	5.00
Intention to study nursing	single	13	3.1231	.83482	.23154	2.6186	3.6276	1.00	4.20
	married	245	2.8596	.77832	.04972	2.7616	2.9575	1.00	4.40
	divorced	30	2.8200	.77433	.14137	2.5309	3.1091	1.00	4.20
	Total	288	2.8674	.77974	.04595	2.7769	2.9578	1.00	4.40

Appendix Table 32: ANOVA results and significance level for marital status effect

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Kuwait's attitude towards the nursing profession	Between Groups	.157	2	.079	.143	.867
	Within Groups	156.812	285	.550		
	Total	156.969	287			
Work-related barriers	Between Groups	1.208	2	.604	.828	.438
	Within Groups	208.069	285	.730		
	Total	209.277	287			
The community's perception of the nursing profession	Between Groups	.477	2	.238	.252	.777
	Within Groups	269.437	285	.945		
	Total	269.913	287			
Intention to study nursing	Between Groups	.932	2	.466	.765	.466
	Within Groups	173.561	285	.609		
	Total	174.493	287			

Appendix Table 33: Descriptive statistics of the parent's qualification and groups of the four group.

						95% Confidence Interval for Mean			
		N	Mean	Std. Deviation	Std. Error	Lower Bound	Upper Bound	Minimum	Maximum
Kuwait's attitude towards the nursing profession	Less than high school	35	4.0524	.59789	.10106	3.8470	4.2578	2.67	5.00
	High school	77	3.9589	.75129	.08562	3.7884	4.1294	1.67	5.00
	Bachelor's degree	150	4.1211	.77308	.06312	3.9964	4.2458	1.00	5.00
	Postgraduate	26	4.0833	.67864	.13309	3.8092	4.3574	2.67	5.00
	Total	288	4.0660	.73955	.04358	3.9802	4.1517	1.00	5.00
Work-related barriers	Less than high school	35	3.6667	.85176	.14397	3.3741	3.9593	2.00	5.00
	High school	77	3.8182	.90409	.10303	3.6130	4.0234	1.67	5.00
	Bachelor's degree	150	3.9978	.84035	.06861	3.8622	4.1334	1.00	5.00
	Postgraduate	26	3.8590	.73135	.14343	3.5636	4.1544	2.67	5.00
	Total	288	3.8970	.85393	.05032	3.7980	3.9960	1.00	5.00
The community's perception of the nursing profession	Less than high school	35	2.8214	.84578	.14296	2.5309	3.1120	1.00	4.50
	High school	77	2.5682	.95769	.10914	2.3508	2.7856	1.00	5.00
	Bachelor's degree	150	2.7633	.98852	.08071	2.6038	2.9228	1.00	5.00
	Postgraduate	26	2.6154	1.05174	.20626	2.1906	3.0402	1.00	4.50
	Total	288	2.7049	.96978	.05714	2.5924	2.8173	1.00	5.00
Intention to study nursing	Less than high school	35	2.9486	.89619	.15148	2.6407	3.2564	1.40	4.20
	High school	77	2.9532	.73835	.08414	2.7857	3.1208	1.20	4.20
	Bachelor's degree	150	2.8173	.78815	.06435	2.6902	2.9445	1.00	4.40
	Postgraduate	26	2.7923	.68930	.13518	2.5139	3.0707	1.00	3.80
	Total	288	2.8674	.77974	.04595	2.7769	2.9578	1.00	4.40

Appendix Table 34: ANOVA results and significance level for qualification effect.

		Sum of Squares	df	Mean Square	F	Sig.
Kuwait's attitude towards the nursing profession	Between Groups	1.354	3	.451	.823	.482
	Within Groups	155.615	284	.548		
	Total	156.969	287			
Work-related barriers	Between Groups	3.896	3	1.299	1.796	.148
	Within Groups	205.381	284	.723		
	Total	209.277	287			
The community's perception of the nursing profession	Between Groups	2.635	3	.878	.933	.425
	Within Groups	267.278	284	.941		
	Total	269.913	287			
Intention to study nursing	Between Groups	1.321	3	.440	.722	.540
	Within Groups	173.173	284	.610		
	Total	174.493	287			

Appendix Table 35: Descriptive statistics of the parent's occupation and groups of the four groups

						95% Confidence Interval for Mean			
		N	Mean	Std. Deviation	Std. Error	Lower Bound	Upper Bound	Minimum	Maximum
Kuwait's attitude towards the nursing profession	government employee	228	4.0892	.71457	.04732	3.9959	4.1824	1.00	5.00
	civil servant	20	3.8833	.95834	.21429	3.4348	4.3319	1.00	5.00
	I don't work	40	4.0250	.76381	.12077	3.7807	4.2693	2.17	5.00
	Total	288	4.0660	.73955	.04358	3.9802	4.1517	1.00	5.00
Work-related barriers	government employee	228	3.9518	.81836	.05420	3.8450	4.0585	2.00	5.00
	civil servant	20	3.6000	.84189	.18825	3.2060	3.9940	2.00	5.00
	I don't work	40	3.7333	1.01611	.16066	3.4084	4.0583	1.00	5.00
	Total	288	3.8970	.85393	.05032	3.7980	3.9960	1.00	5.00
The community's perception of the nursing profession	government employee	228	2.6985	.96744	.06407	2.5722	2.8247	1.00	5.00
	civil servant	20	2.6750	1.09153	.24407	2.1641	3.1859	1.50	5.00
	I don't work	40	2.7563	.94307	.14911	2.4546	3.0579	1.00	4.75
	Total	288	2.7049	.96978	.05714	2.5924	2.8173	1.00	5.00
Intention to study nursing	government employee	228	2.8167	.77328	.05121	2.7158	2.9176	1.00	4.20
	civil servant	20	3.0200	.90356	.20204	2.5971	3.4429	1.00	4.20
	I don't work	40	3.0800	.72296	.11431	2.8488	3.3112	1.20	4.40
	Total	288	2.8674	.77974	.04595	2.7769	2.9578	1.00	4.40

Appendix Table 36: ANOVA results and significance level for occupation effect

		Sum of Squares	df	Mean Square	F	Sig.
Kuwait's attitude towards the nursing profession	Between Groups	.857	2	.429	.782	.458
	Within Groups	156.112	285	.548		
	Total	156.969	287			
Work-related barriers	Between Groups	3.519	2	1.760	2.437	.089
	Within Groups	205.758	285	.722		
	Total	209.277	287			
The community's perception of the nursing profession	Between Groups	.133	2	.066	.070	.932
	Within Groups	269.780	285	.947		
	Total	269.913	287			
Intention to study nursing	Between Groups	2.861	2	1.430	2.375	.095
	Within Groups	171.633	285	.602		
	Total	174.493	287			

Appendix Table 37: The effect of gender on items within each of the components—an analysis of descriptive statistics across genders for all items

Group Statistics					
	gender	**N**	**Mean**	**Std. Deviation**	**Std. Error Mean**
I appreciate those who work in the nursing profession.	Male	105	4.55	.855	.083
	Female	180	4.49	.868	.065
When I see a nurse, I hope that my son or daughter will have this career like him/her.	Male	105	3.00	1.359	.133
	Female	180	2.93	1.228	.092
The profession of nursing is a humane profession.	Male	105	4.70	.774	.076
	Female	180	4.47	.971	.072
Nursing work is suitable for a specific segment of society.	Male	105	3.06	1.460	.142
	Female	180	3.09	1.293	.096
Nursing is an exhausting profession.	Male	105	4.30	.867	.085
	Female	180	4.16	1.079	.080
Society despises those who work in the nursing profession.	Male	105	2.60	1.445	.141
	Female	180	2.60	1.389	.104
Our traditions in Kuwait prevent us from working in the field of nursing.	Male	105	2.77	1.310	.128
	Female	180	2.73	1.306	.097
The financial benefits for workers in nursing are considered low in comparison to those of other professions.	Male	105	3.66	1.082	.106
	Female	180	3.69	1.084	.081
There are few educational institutions that specialise in qualifying for the nursing profession.	Male	105	4.02	.909	.089
	Female	180	3.76	1.060	.079
The work hours for nursing staff are not fixed. Nursing work is done 24 hours a day.	Male	105	3.81	1.039	.101
	Female	180	3.74	1.179	.088
_I would not like my children to work in nursing because of the chance of them being mixed with other genders (e.g. female patients & male nurses).	Male	105	3.09	1.367	.133
	Female	180	2.82	1.297	.097
I am thinking about directing one of my sons towards nursing.	Male	105	2.90	1.348	.132
	Female	180	2.69	1.219	.091
Many view the nursing profession as inferior.	Male	105	2.70	1.315	.128
	Female	180	2.76	1.323	.099
I would not like my son deal with patients.	Male	105	2.53	1.352	.132

Group Statistics					
	gender	N	Mean	Std. Deviation	Std. Error Mean
	Female	180	2.54	1.252	.093
I always recommend nursing.	Male	105	3.26	1.323	.129
	Female	180	3.24	1.252	.093
The nursing profession is not for Kuwaiti nationals.	Male	105	2.14	1.220	.119
	Female	180	2.24	1.185	.088
There are few employment opportunities in the nursing profession.	Male	105	2.90	1.181	.115
	Female	180	3.09	1.127	.084
I hope to see all of the nurses working in Kuwait being Kuwaiti nationals.	Male	105	3.67	1.166	.114
	Female	180	3.74	1.198	.089
Nursing is an honourable profession.	Male	105	4.36	.952	.093
	Female	180	4.38	.965	.072
There should be sufficient numbers of qualified Kuwaiti nurses working in Kuwait.	Male	105	4.33	.828	.081
	Female	180	4.17	1.000	.075
The presence of large numbers of foreign workers in the nursing profession is a long-term risk to society.	Male	105	3.60	1.214	.118
	Female	180	3.46	1.334	.099
There should be a plan to develop national competencies in the field of nursing.	Male	105	4.26	.797	.078
	Female	180	4.11	1.017	.076
It is not possible to dispense with foreign labour in the field of nursing.	Male	105	3.64	1.218	.119
	Female	180	3.59	1.180	.088
The Kuwaiti nurse is more competent than expatriate nurses in dealing with Kuwaiti patients.	Male	105	3.60	1.206	.118
	Female	180	3.70	1.181	.088
There is a lack of awareness of the importance of the nursing profession in society.	Male	105	4.27	1.003	.098
	Female	180	4.00	1.088	.081
The media gives enough attention to the profession of nursing.	Male	105	2.20	1.138	.111
	Female	180	2.41	1.123	.084
Other job opportunities are better than those in the nursing field.	Male	105	3.51	1.218	.119
	Female	180	3.55	1.169	.087
The nature of the nursing profession is stressful. It also involves working during weekends.	Male	105	3.89	1.077	.105
	Female	180	4.03	1.033	.077

Group Statistics					
	gender	**N**	**Mean**	**Std. Deviation**	**Std. Error Mean**
Working with patients increases the risk of psychological stress.	Male	105	3.77	1.094	.107
	Female	180	3.73	1.102	.082
Working with patients increases the risk of infection transmission.	Male	105	4.01	.976	.095
	Female	180	3.92	1.085	.081
Kuwaiti nurses are as competent as expatriate nurses.	Male	105	4.00	1.083	.106
	Female	180	4.11	1.088	.081
Expatriate nurses are aware of and understand Kuwaiti norms and traditions	Male	105	2.80	1.130	.110
	Female	180	2.99	1.091	.081
I believe that the nursing profession is only for females.	Male	105	2.18	1.262	.123
	Female	180	2.41	1.332	.099
The community has a positive image towards the nursing profession. *R	Male	105	2.8476	1.23865	.12088
	Female	180	2.7056	1.19448	.08903
I refuse to have any of my sons children work in the nursing field. *R	Male	105	3.1524	1.45299	.14180
	Female	180	3.0278	1.32205	.09854
I refuse to have any of my daughters work in the nursing field. *R	Male	105	3.0857	1.49431	.14583
	Female	180	2.9778	1.30729	.09744

Appendix Table 38: Gender effect on each item based on *t*-test results

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
I appreciate those who work in the nursing profession.	Equal variances assumed	.160	.690	.599	283	.550	.063	.106	−0.145	.272
	Equal variances not assumed			.601	220.516	.548	.063	.106	−0.145	.272
When I see a nurse, I hope that my son or daughter will have this career like him/her.	Equal variances assumed	1.370	.243	.460	283	.646	.072	.157	−0.237	.381
	Equal variances not assumed			.448	200.339	.654	.072	.161	−0.246	.390
The profession of nursing is a humane profession.	Equal variances assumed	8.876	.003	2.060	283	.040	.229	.111	.010	.447
	Equal variances not assumed			2.185	256.924	.030	.229	.105	.023	.435
Nursing work is suitable for a specific segment of society.	Equal variances assumed	5.169	.024	−0.224	283	.823	−0.037	.167	−0.365	.291
	Equal variances not assumed			−0.217	197.024	.829	−0.037	.172	−0.377	.302
Nursing is an exhausting profession.	Equal variances assumed	4.427	.036	1.162	283	.246	.144	.124	−0.100	.387
	Equal variances not assumed			1.230	255.499	.220	.144	.117	−0.086	.374

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Society despises those who work in the nursing profession.	Equal variances assumed	.177	.674	.000	283	1.000	.000	.173	−0.341	.341
	Equal variances not assumed			.000	210.696	1.000	.000	.175	−0.345	.345
Our traditions in Kuwait prevent us from working in the field of nursing.	Equal variances assumed	.073	.787	.237	283	.813	.038	.161	−0.278	.354
	Equal variances not assumed			.237	217.093	.813	.038	.161	−0.279	.355
The financial benefits for workers in nursing are considered low in comparison to those of other professions.	Equal variances assumed	.228	.633	−0.281	283	.779	−0.037	.133	−0.299	.224
	Equal variances not assumed			−0.281	218.024	.779	−0.037	.133	−0.299	.225
There are few educational institutions that specialise in qualifying for the nursing profession.	Equal variances assumed	7.055	.008	2.130	283	.034	.263	.124	.020	.507
	Equal variances not assumed			2.218	244.923	.028	.263	.119	.029	.498
The work hours for nursing staff are not fixed. Nursing work is done 24 hours a day.	Equal variances assumed	2.420	.121	.509	283	.611	.071	.139	−0.202	.344
	Equal variances not assumed			.527	240.210	.599	.071	.134	−0.194	.335
I would not like my children to work in nursing because of the	Equal variances assumed	1.560	.213	1.656	283	.099	.269	.162	−0.051	.589

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
chance of them being mixed with other genders (e.g. female patients & male nurses).	Equal variances not assumed			1.634	208.503	.104	.269	.165	−0.056	.594
I am thinking about directing one of my sons towards nursing.	Equal variances assumed	2.642	.105	1.350	283	.178	.210	.156	−0.096	.517
	Equal variances not assumed			1.315	200.428	.190	.210	.160	−0.105	.526
Many view the nursing profession as inferior.	Equal variances assumed	.000	.996	−0.313	283	.754	−0.051	.162	−0.370	.268
	Equal variances not assumed			−0.314	218.738	.754	−0.051	.162	−0.370	.268
I would not like my son deal with patients.	Equal variances assumed	1.363	.244	−0.035	283	.972	−0.006	.158	−0.317	.306
	Equal variances not assumed			−0.034	204.391	.973	−0.006	.162	−0.324	.313
I always recommend nursing.	Equal variances assumed	.924	.337	.116	283	.908	.018	.157	−0.291	.327
	Equal variances not assumed			.115	208.087	.909	.018	.159	−0.296	.332
The nursing profession is not for Kuwaiti nationals.	Equal variances assumed	.021	.884	−0.691	283	.490	−0.102	.147	−0.391	.188

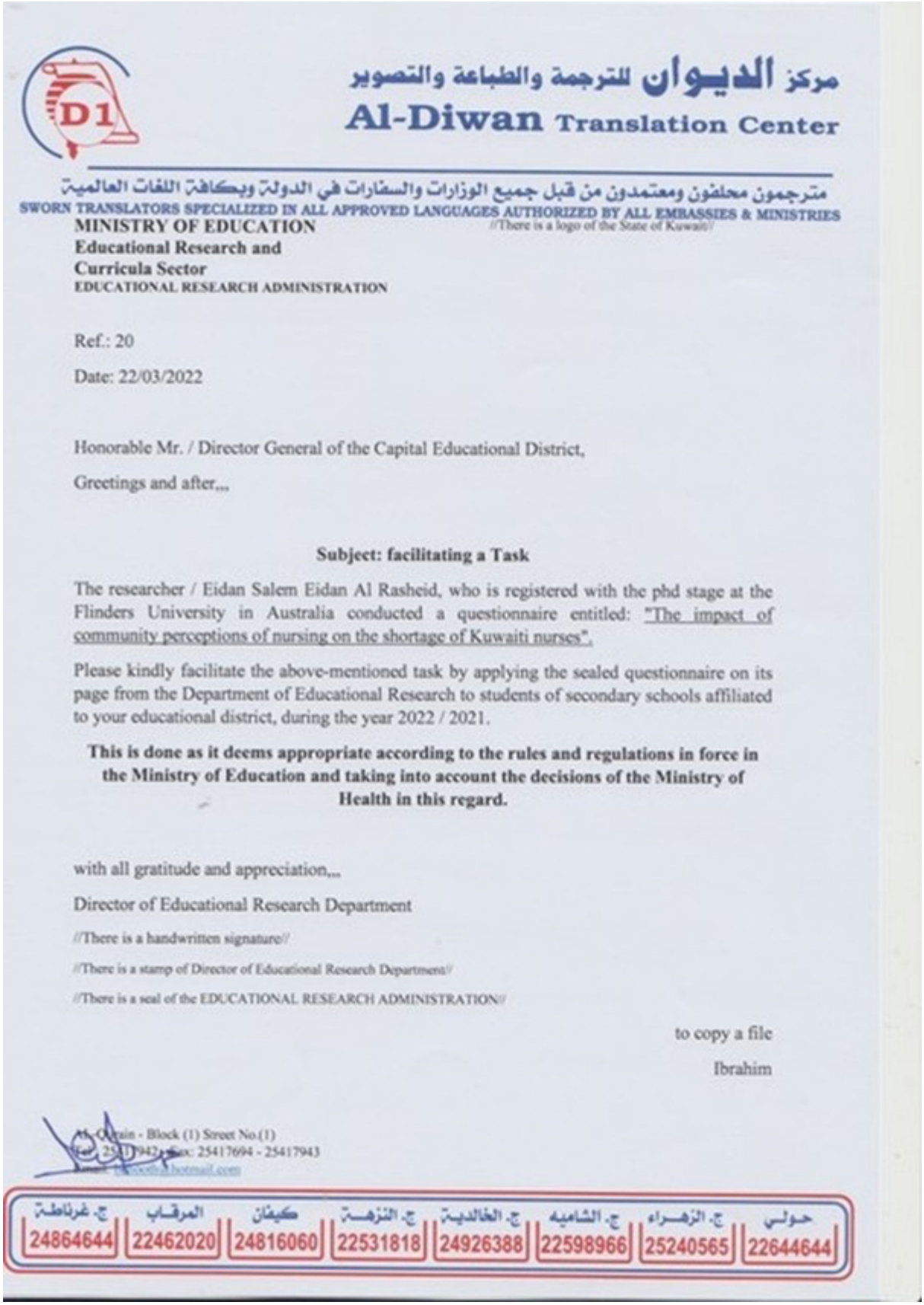
Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
	Equal variances not assumed			−0.685	212.490	.494	−0.102	.148	−0.394	.191
There are few employment opportunities in the nursing profession.	Equal variances assumed	.591	.443	-1.346	283	.179	−0.190	.141	−0.467	.088
	Equal variances not assumed			-1.330	209.512	.185	−0.190	.143	−0.471	.091
I hope to see all of the nurses working in Kuwait being Kuwaiti nationals.	Equal variances assumed	.167	.683	−0.496	283	.620	−0.072	.146	−0.359	.214
	Equal variances not assumed			−0.499	222.478	.618	−0.072	.145	−0.357	.213
Nursing is an honourable profession.	Equal variances assumed	.034	.855	−0.182	283	.856	−0.021	.118	−0.253	.211
	Equal variances not assumed			−0.182	220.026	.855	−0.021	.117	−0.253	.210
There should be sufficient numbers of qualified Kuwaiti nurses working in Kuwait.	Equal variances assumed	1.360	.245	1.443	283	.150	.167	.115	−0.061	.394
	Equal variances not assumed			1.516	250.747	.131	.167	.110	−0.050	.383
The presence of large numbers of foreign workers in the nursing profession is a long-term risk to society.	Equal variances assumed	3.499	.062	.911	283	.363	.144	.159	−0.168	.457
	Equal variances not assumed			.934	234.579	.351	.144	.155	−0.160	.449

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
There should be a plan to develop national competencies in the field of nursing.	Equal variances assumed	5.804	.017	1.311	283	.191	.152	.116	−0.076	.379
	Equal variances not assumed			1.396	259.361	.164	.152	.109	−0.062	.365
It is not possible to dispense with foreign labour in the field of nursing.	Equal variances assumed	.143	.706	.298	283	.766	.044	.147	−0.245	.332
	Equal variances not assumed			.295	212.190	.768	.044	.148	−0.248	.335
The Kuwaiti nurse is more competent than expatriate nurses in dealing with Kuwaiti patients.	Equal variances assumed	.307	.580	−0.684	283	.494	−0.100	.146	−0.388	.188
	Equal variances not assumed			−0.680	214.077	.497	−0.100	.147	−0.390	.190
There is a lack of awareness of the importance of the nursing profession in society.	Equal variances assumed	.000	.991	2.053	283	.041	.267	.130	.011	.522
	Equal variances not assumed			2.098	232.330	.037	.267	.127	.016	.517
The media gives enough attention to the profession of nursing.	Equal variances assumed	.145	.704	-1.523	283	.129	−0.211	.139	−0.484	.062
	Equal variances not assumed			-1.518	215.203	.131	−0.211	.139	−0.485	.063
Other job opportunities are	Equal variances assumed	.454	.501	−0.245	283	.807	−0.036	.146	−0.323	.251

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
better than those in the nursing field.	Equal variances not assumed			−0.242	210.495	.809	−0.036	.147	−0.326	.255
The nature of the nursing profession is stressful. It also involves working during weekends.	Equal variances assumed	.820	.366	-1.103	283	.271	−0.142	.129	−0.396	.112
	Equal variances not assumed			-1.091	210.308	.277	−0.142	.130	−0.399	.115
Working with patients increases the risk of psychological stress.	Equal variances assumed	.054	.817	.282	283	.778	.038	.135	−0.228	.304
	Equal variances not assumed			.283	218.873	.778	.038	.135	−0.227	.304
Working with patients increases the risk of infection transmission.	Equal variances assumed	2.539	.112	.679	283	.497	.087	.129	−0.166	.340
	Equal variances not assumed			.699	236.714	.485	.087	.125	−0.159	.333
Kuwaiti nurses are as competent as expatriate nurses.	Equal variances assumed	.919	.339	−0.833	283	.405	−0.111	.133	−0.374	.151
	Equal variances not assumed			−0.834	218.440	.405	−0.111	.133	−0.374	.151
Expatriate nurses are aware of and understand Kuwaiti norms and traditions	Equal variances assumed	1.545	.215	-1.432	283	.153	−0.194	.136	−0.462	.073
	Equal variances not assumed			-1.419	211.488	.157	−0.194	.137	−0.465	.076

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
I believe that the nursing profession is only for females.	Equal variances assumed	2.682	.103	-1.400	283	.163	−0.225	.160	−0.540	.091
	Equal variances not assumed			-1.420	227.298	.157	−0.225	.158	−0.536	.087
The community has a positive image towards the nursing profession. *R	Equal variances assumed	.019	.889	.955	283	.340	.14206	.14870	−0.150 63	.43475
	Equal variances not assumed			.946	211.310	.345	.14206	.15013	−0.153 88	.43800
I refuse to have any of my sons children work in the nursing field. *R	Equal variances assumed	2.942	.087	.740	283	.460	.12460	.16843	−0.206 94	.45614
	Equal variances not assumed			.722	201.414	.471	.12460	.17267	−0.215 88	.46509
I refuse to have any of my daughters work in the nursing field. *R	Equal variances assumed	5.614	.018	.637	283	.524	.10794	.16933	−0.225 38	.44125
	Equal variances not assumed			.615	195.009	.539	.10794	.17539	−0.237 96	.45384

Appendix P: Ministry of Education letter of introduction



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MINISTRY OF EDUCATION
Educational Research and
Curricula Sector
EDUCATIONAL RESEARCH ADMINISTRATION

Ref.: 20

Date: 22/03/2022

Honorable Mr. / Director General of the Capital Educational District,

Greetings and after,,,

Subject: facilitating a Task

The researcher / Eidan Salem Eidan Al Rasheid, who is registered with the phd stage at the Flinders University in Australia conducted a questionnaire entitled: "The impact of community perceptions of nursing on the shortage of Kuwaiti nurses".

Please kindly facilitate the above-mentioned task by applying the sealed questionnaire on its page from the Department of Educational Research to students of secondary schools affiliated to your educational district, during the year 2022 / 2021.

This is done as it deems appropriate according to the rules and regulations in force in the Ministry of Education and taking into account the decisions of the Ministry of Health in this regard.

with all gratitude and appreciation,,,

Director of Educational Research Department

//There is a handwritten signature//

//There is a stamp of Director of Educational Research Department//

//There is a seal of the EDUCATIONAL RESEARCH ADMINISTRATION//

to copy a file

Ibrahim

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Appendix Q: Year 12 students' interview questions

No	interview questions	Questionnaire question
1	In beginning, could you tell me what do you know about nursing?	- The profession of nursing is a humane profession. - I appreciate those who work in the nursing profession.
2	How does your mother/father/ feel about nursing?	Nursing work is suitable for a specific segment of society. -The working hours of nursing shifts are inappropriate. -Nursing is an honourable profession.
3	What would be your parents' thoughts on you working as a nurse?	-Nursing is an exhausting profession. - Working with patients increases the risk of psychological stress. - Working with patients increases the risk of infection transmission. - I believe that the nursing profession is only for females.
4	What are your thoughts on nursing as a possible future career for Kuwaiti high school graduates?	- My family rejects the idea of me working in the nursing field. - I reject the idea of working in nursing. - I refuse to work in nursing because of the chance of being mixed with other genders (e.g. female patients & male nurses). - If my parents agree for me to study nursing, I will do so.
5	How do you see nursing in relation to other medical professions? In your perspective, how do people see nursing in comparison to other medical professions?	- The financial benefits for workers in nursing are considered low in comparison to those of other fields. - There are few educational institutions that specialise in qualifying nursing professionals. - This society despises those who work in the nursing profession. - Our traditions in Kuwait prevent us from working in the field of nursing. - The nursing profession is not for Kuwaitis. - There are other job opportunities that are better than those in the nursing field.
6	What are your opinions on Kuwaiti male nurses? Is this based on your own experience? Or some other information?	- Kuwaiti nurses are more competent than expatriate nurses in dealing with Kuwaiti patients.
7	In your opinion, what might attract the Kuwaiti people to nursing?	-The media gives positive attention to the profession of nursing.
8	What are reasons that contribute to keeping Kuwaiti nurses in nursing in hospitals?	-The media gives positive attention to the profession of nursing. - The financial benefits for workers in nursing are considered low in comparison to those of other fields
9	What could inspire you to continue your studies and seek a job as a nurse?	- I refuse to work in nursing because of the chance of being mixed with other genders (e.g. female patients & male nurses). - There is a lack of awareness of the importance of the nursing profession in society.

Appendix R: Parents' interview questions

No	interview questions	Questionnaire question
1	In the beginning, could you tell me what do you know of nursing as occupation?	- The profession of nursing is a humane profession. - I appreciate those who work in the nursing profession
2	what are your thoughts on nursing profession?	-Nursing is an exhausting profession.
3	What are the social challenge toward nursing in the Kuwait community?	- Our traditions in Kuwait prevent us from working in the field of nursing.
4	Is it important for people of Kuwait to be nursed by people who have Kuwait nationality? Could you elaborate on your answer?	Seeking a personal experience of/towards Kuwaiti nurses. Seeking the emotional response about care for themselves and their family members in hospital.
5	Is it important for patients to be able to speak their first language when they need to access health care? Could you explain your answer?	Cultural/tradition barriers
6	In your opinion, what might attract the Kuwaiti to nursing?	- The financial benefits for workers in nursing are considered low in comparison to those of other fields
7	What are your opinions on Kuwaiti nurses based on your own experience? Male and Female?	Assess the current image of nursing in Kuwait.
8	If you could choose between a nurse who was a Kuwait national or a nurse from overseas who could not speak your language which would you choose? Why would prefer the nurse you have chosen? Could you elaborate on your answer?	Evaluate the personal preference toward nurses nationality and justification for it.
9	What can be done to improve the public's opinion of nursing?	Seeking the current personal opinion of nursing image.

Appendix S: Interview questions for nursing students and nurses

No	Interview question	Questionnaire question
1	Why did you choose to study nursing?	- The profession of nursing is a humane profession. - When I see a nurse, I hope that I will have this career like him/her. - I appreciate those who work in the nursing profession.
2	How does your mother/father/ feel about nursing?	-Nursing work is suitable for a specific segment of society. -The working hours of nursing shifts are inappropriate. -Nursing is an honourable profession.
3	What are your parents' thoughts on you working as a nurse?	-Nursing is an exhausting profession. - Working with patients increases the risk of psychological stress. - Working with patients increases the risk of infection transmission. - I believe that the nursing profession is only for females.
4	What are your thoughts on nursing as a possible future career for Kuwaiti high school graduates?	- My family rejects the idea of me working in the nursing field. - I reject the idea of working in nursing. - I refuse to work in nursing because of the chance of being mixed with other genders (e.g. female patients & male nurses). - If my parents agree for me to study nursing, I will do so.
5	In relation to the other medical professions, how do you perceive nursing?	- The financial benefits for workers in nursing are considered low in comparison to those of other fields. - There are few educational institutions that specialise in qualifying nursing professionals. - There are few employment opportunities in the field of nursing
6	In comparison to other medical professions, how do people see nursing?	- This society despises those who work in the nursing profession. - Our traditions in Kuwait prevent us from working in the field of nursing. - The nursing profession is not for Kuwaitis. - There are other job opportunities that are better than those in the nursing field.
7	What should be done in your opinion to influence the public perception of nursing? Care to elaborate?	- I think that enrolment in the nursing profession limits the chances of getting married, especially for females. - The media gives positive attention to the profession of nursing.
8	What are your opinions on Kuwaiti male nurses based on your own experience?	- Kuwaiti nurses are more competent than expatriate nurses in dealing with Kuwaiti patients.
9	what are reasons that contribute to keeping Kuwaiti nurses in nursing in hospitals?	- Non-allocation of male nurses to male patients and female nurses to female patients affects the quality of care. - The media gives positive attention to the profession of nursing. - There are other job opportunities that are better than those in the nursing field. -The financial benefits for workers in nursing are considered low in comparison to those of other fields.

10	What are your thoughts on nursing profession?	-The working hours of nursing shifts are inappropriate. - Many people view the nursing profession as inferior.
11	How do you assess the growth of nursing as a career in the last ten years ago?	- There is a lack of awareness of the importance of the nursing profession in society. - There are other job opportunities that are better than those in the nursing field.
12	In regards of nursing knowledge, and skills, how do you evaluate the nursing trainees?	- Kuwaiti nurses are as competent as expatriate nurses.
13	From Nursing Directors perspective, what do you feel of the Kuwaitisation process in nursing in comparison to other professions' programs?	- There should be a plan for the preparation for national competencies in the field of nursing. - It is not possible to dispense with the foreign labour in the field of nursing.
14	From Nursing Directors perspective, which of the nursing workplace fields do Kuwaiti nurses prefer, in your opinion, and why?	- I hope to see all of those working in the nursing field in Kuwait to be Kuwaiti nationals. Seeking for their personal experience as director ?
15	From Nursing Directors perspective, the potential effects of young people's unwillingness to take up the nursing profession	-The presence of large numbers of foreign workers in the nursing profession is a long-term risk to society.
16	what are your suggestions for improving your vision of the nursing profession?	What are your suggestions for improving the nursing image in Kuwait?

Appendix T: Flyer for student nursing interviews

Volunteers are required to participate in a research, if you are :

1. **Kuwaiti students.**
2. **Studying Bachelor of Nursing.**

I am Studying and exploring the impact of various factors on the Kuwaiti community's attitude toward nursing and Kuwaiti nurses. Your participation will help us to a better understand the condition of the nursing profession in Kuwait.

If you would like to participate to this interview, which will be held online(Zoom) at time convenient to you, please contact me using the details below. All interviews will be confidential.

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This study has been approved by Human Research Ethics Committee approval number:4387

Appendix U: Flyer for nurses' interview

Volunteers are required to participate in a research, if you are :

1. **Kuwaiti students.**
2. **Have two years of nursing work experience.**

I am Studying and exploring the impact of various factors on the Kuwaiti community's attitude toward nursing and Kuwaiti nurses. Your participation will help us to a better understand the condition of the nursing profession in Kuwait.

If you would like to participate to this interview, which will be held online(Zoom) at time convenient to you, please contact me using the details below. All interviews will be confidential.

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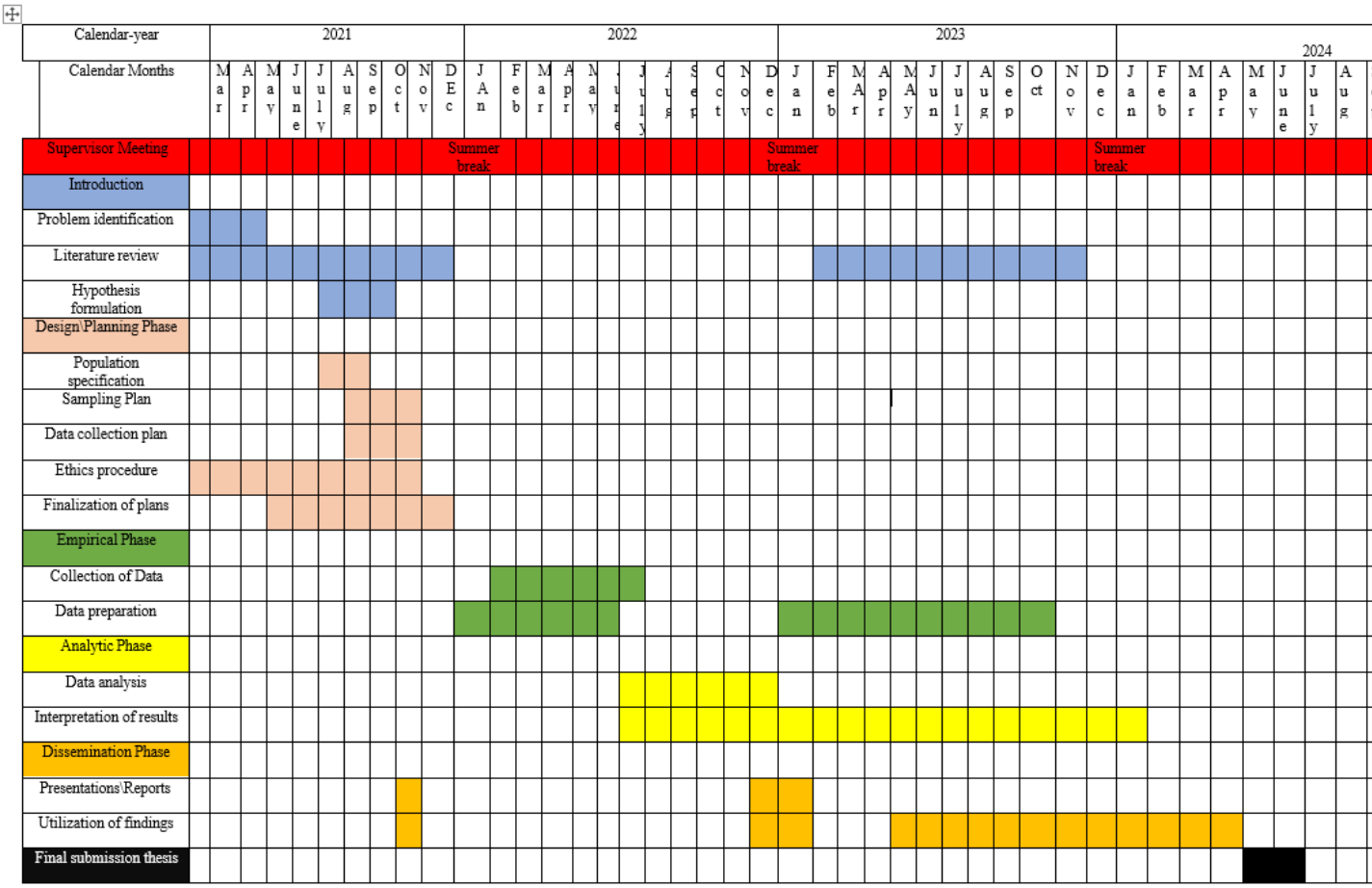
Appendix V: Timeline of the research