NURSING IMAGE IN QATAR: PAST, PRESENT AND FUTURE

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Introduction
Driving through the streets of Qatar instills in us a sense of pride and excitement as we view the images of nurses portrayed in large billboards around the city. We are student nurses enrolled in a 4-year baccalaureate program. Soon we will emerge as health care professionals, equipped to practice the art and science of nursing in Qatar. As we immerse ourselves in classroom, simulation and clinical learning, we realize our potential contribution to the health of Qatar’s diverse population. We are energized as we acquire knowledge about disease patterns and health trends in this country, confident we can make a difference in improving health outcomes. We are inspired by patient-family responses to our helping efforts in hospital and primary healthcare settings. We are encouraged by our professors who emphasize standards of excellence and help us to use scientific and theoretical evidence to inform our thinking.

NURSING IMAGE: THE PAST
To some Qatari residents, these depictions of nurses on street billboards may provoke curiosity as to what is this thing called nursing? Others may muse the nursing posters represent nothing more than marketing propaganda. Some may be opposed at the sight of Muslim women exposing their unveiled faces in public media. To others, the images may induce reflective thought about the perceptions they hold of nursing, whether positive, negative or indifferent.

Variance exists about the image of nursing in Qatar, the Middle East and around the world. Although scant information is available, historical documents about nursing in this geographic region indicate that Muslim nurses did care for sick people and injured soldiers during the era of the Prophet Mohammed. A pioneer nurse leader, Rufaidah Al-Asalmiya, established the first school of nursing in the Arabian Gulf and was actively involved in training nurses. Accounts suggest that, similar to Nightingale’s powerful influence in the non-Arab world, Rufaidah significantly raised the profile of nurses’ work and the image of nurses in the Arab world. Her contribution to health care and nursing education is considered legendary (Jan, 1996; Miller-Rosser, Chapman, & Francis, 2006).

In her historical chronology of health care in Qatar, Gotting (2006) notes that the first Qatari nurse was a male, employed at Al-Jasra Hospital in 1950. Little else is recorded about the contribution, image or distinctive role of male or female nurses in Qatar or the Arabian Gulf during the 20th century. This gap may be rooted in socio-cultural factors as women traditionally assumed a submissive role in Middle East society and a small proportion of men chose nursing as a career, partly because many nursing schools did not enroll male students (Mobarak & Soderfeldt, 2010).

At the dawn of the 21st century, a seminal study conducted in Qatar (Al Meer, 1998) revealed enlightening issues about the image of nursing. Al Meer’s research examined the experiences of 50 Qatari women in their journey to become nurses. Several study participants identified troubling obstacles following their decision to enter nursing, complete their education and join the workforce. Some conveyed that they met resistance because nursing was viewed as a dirty, dishonorable job, suitable only for foreigners; some identified they were cautioned that being a nurse put females at risk of being unmarriageable. Others reported degrading opposition from community and/or family members who perceived nursing as a menial, low status profession. Al Meer’s findings reinforce that the nature of nursing work and working conditions, including requirements to mix with the public unveiled, to work with male staff and patients, to accept responsibility for heavy workloads and to endure difficult work schedules (long hours, weekends, night shifts), conflicted with traditional Muslim family life.

The struggles of Qatari nurses described by Al Meer parallel perceptions of nurses and nursing work described in recent literature from Jordan, Saudi Arabia, United Arab Emirates, Lebanon and Turkey (Shuriquie, While, & Fitzpatrick, 2008; Abualrub, 2007; Almalki, FitzGerald & Clark, 2011; El-Haddad, 2006; El-Jardali, Dumit, Jamal,
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THE PRESENT – STUDENT

Evidence cited suggests the public has little understanding that nursing education is grounded in a unique body of knowledge, that nurses are autonomous professionals with their own scope of practice and that the nursing profession is governed by a code of ethical conduct. All of these conditions represent the basis of professionalism. In the Gulf Cooperation Council (GCC), countries a regulatory body for nursing is being established that will formalize and standardize policies and procedures for registration, self-regulation and continuing competence. Interest has also been expressed in forming a professional nursing organization (Nehring, 2003). It is hoped that these bodies will clarify accountabilities and strengthen the image of nursing.

THE PRESENT - STUDENT PERCEPTIONS

During our clinical experiences as students, we have felt respected by patients and families in the health system. They have welcomed our involvement in their care. Consistent with literature that indicates Middle East families prefer to have nurses familiar with their cultural beliefs and values (Sidumo, Ehlers & Hattingh, 2010), we have observed that Qatari families are grateful to have care providers who are conversant in the Arabic language.

We are now working in fast-paced, intensive care units where patient acuity is high and nurses deal with life-threatening conditions and sophisticated technology on a daily basis. Working in these critical care units demands highly skilled critical-analytical thinking and astute clinical judgment. The status of these acutely ill patients may change from minute to minute and they often require multiple complex therapies. We have been impressed with the knowledge, skills and patience of these experienced nurses; they have offered clear instruction and support to us, as well as to patients and family members.

In primary healthcare and ambulatory clinics, we have seen nurses making an impact in a different way. They monitor women’s health during pregnancy and teach patients how to manage chronic diseases. This involves a different kind of nursing leadership focused on consideration of the multiple determinants of health, such as economic, social, environmental and educational factors. Nurses are working with teams of health professionals to provide coordinated service delivery to patients and families.

Our exposure to different healthcare settings has sensitized us to the many leadership roles open to nurses. The myth that only doctors have the knowledge and professional skills to assume positions of authority has been dispelled. We have observed women with nursing backgrounds in high level executive roles. We have seen important contributions of motivated, qualified nursing leaders in the health system of Qatar.

As student nurses, we have been active members of an inter-professional research team focused on maternal-child health, specifically stillbirth and neonatal morbidity/mortality. This has raised our awareness about nurses’ role in knowledge generation through scientific inquiry. It has reinforced the important link between education, research and practice. We have also learned that nurses have a vital role in global outreach to address health disparities around the world.

All these experiences and observations have influenced our perceptions about the nursing profession. They have increased our understanding about the importance of a solid education grounded in science, ethics, research, pathophysiology and human caring. We are acquiring valuable organizational, teambuilding, communication and problem solving skills that will enable us to enact our nursing roles efficiently. In our minds, the profile of a nurse entails leadership, knowledge, compassion, technical skills, cultural competence, and evidence-based reasoning.

Our enthusiasm for nursing is derived from looking forward, hopeful that nurses will be viewed as respected, knowledgeable professionals. We applaud the commitment and support of Her Highness Sheikha Moza bint Nasser who is an ardent champion of the transformation of women’s image in Middle East cultures. She encourages us to become productive members of society and promotes education, political participation and leadership (Brotzen, 2007). The efforts of Sheika Moza parallel Qatar’s national strategy to develop the capacity of its workforce, regardless of occupation (NDS, 2011). We are optimistic the country’s vision will positively influence nurses and nursing image.

We also realize the crucial importance of nurses being strong self-advocates and professional role models. Our “lived experience” as nursing students has involved privileged human interactions with patients and families who confront
diverse health challenges. Besides exhibiting courage, empathy, knowledge, skill and maturity, we are expected to consistently demonstrate leadership, scholarship and citizenship. Our learning experiences as students have definitely shaped our positive views about nursing and its value to society.

OUR FUTURE VISION
As emerging new graduates, we represent the contemporary generation of nurses determined to forge positive change for our profession. We will achieve this goal by harnessing the collective energy of our peers (males, females, Qataris and non-Qataris). We have the wisdom to challenge deeply entrenched stereotyped images of nurses as maids and physician handmaidens. We have the conviction to elevate the profile of nursing in this country from low status workers to knowledgeable, caring professionals. We will assert our roles and demonstrate our expertise at the forefront of health care, not in the background. In our endeavor to deliver quality health services, we will continually strive to respect the dignity, cultural values and beliefs of the population of Qatar, thereby gaining a reputation as accountable, trusted, competent providers. Through our ongoing involvement in research, we will seek the attention of policy and decision-makers who have the power to affect transformative change at legislative, organizational, and community levels. We are committed to working collaboratively with other health disciplines, including doctors, dietitians, social workers, pharmacists, therapists (respiratory, occupational, physical, speech-language) and emergency service workers to ensure an integrated system of care that is efficient and effective. We are proud of our profession and welcome the future vision of this country from low status workers to knowledgeable, caring professionals. We will assert our roles and demonstrate our expertise at the forefront of health care, not in the background. In our endeavor to deliver quality health services, we will continually strive to respect the dignity, cultural values and beliefs of the population of Qatar, thereby gaining a reputation as accountable, trusted, competent providers. Through our ongoing involvement in research, we will seek the attention of policy and decision-makers who have the power to affect transformative change at legislative, organizational, and community levels. We are committed to working collaboratively with other health disciplines, including doctors, dietitians, social workers, pharmacists, therapists (respiratory, occupational, physical, speech-language) and emergency service workers to ensure an integrated system of care that is efficient and effective. We are proud of our profession and welcome the opportunities that lie ahead in our nursing career.

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