

✧ SCHOLARLY PAPER ✧

Bringing the professional challenges for nursing in Jordan to light

Arwa I Oweis DNSc

Assistant Professor, Faculty of Nursing, Jordan University of Science and Technology, Irbid, Jordan

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The definition of a profession consists of contributing characteristics. Nursing must achieve these characteristics in order to confirm its professional status. These characteristics include: a standard of education; professional organizations; commitment; autonomy; continuing education; body of knowledge and competencies; social value; and a code of ethics. Nursing in Jordan faces a unique set of challenges to meet these criteria. The purpose of this discussion is to bring the professional challenges of nursing in Jordan to light, to motivate collaborative efforts to remediate them and to discuss the value of evidence-based practice in this process. The key to confirming Jordanian nurses' professional status is for nurses to seek every opportunity to prove themselves, earn respect, take control over their work, support their colleagues and to make informed decisions. In addition, a more active and effective role for the nursing organizations is necessary to change the public's view of nursing. Efforts to reform regulation also should be intensified.

Key words: Jordan, nursing, professional challenges.

INTRODUCTION

The quality of Jordan's health-care system has improved dramatically over the last two decades. The quality of health services in Jordan is modelling a higher standard of care for the entire region. For example, numerous privately owned hospitals and clinics market their modern facilities and equipment, as well as their highly qualified staff. From a national perspective, Jordan's health needs are met by a high ratio of medical personnel per capita. For every 10 000 Jordanians, there are 19 doctors, 27 nurses and certified midwives (all categories), six dentists and nine pharmacists.¹

Although there are differences in the levels of care and regional peculiarities, nursing in the Middle East, includ-

ing Jordan, is still more similar than dissimilar to nursing elsewhere in the world. There are long hours, low pay and dedication to the profession.² However, Jordan's high underemployment forces many nurses to consider higher-paying jobs in neighbouring Arab countries, as well as in Great Britain, Canada and the United States of America (USA). The result is a drain on the best-educated and most qualified workers, which then creates a nursing shortage.³

Although Jordan has a well-structured health system, one of the most efficient in the region, nurses still face many professional challenges. Nurses in Jordan, as in other more modern countries, are faced with similar working conditions, such as high workloads, conflicts with other professionals, uncertainty regarding treatment decisions, limited clinical autonomy, unsupportive work environments and feelings of inadequacy.² These conditions contribute to dissatisfaction, burnout and high rates of turnover and attrition among nurses in Jordan.³ One of the most challenging struggles for nurses has been achiev-

Correspondence: Arwa I. Oweis, Jordan University of Science and Technology, Faculty of Nursing, Irbid 22110, Jordan. Email: arwa@just.edu.jo

ing the respect they deserve from other professionals and from the public.⁴ Although people associate a profession with a respectable occupation that includes knowledgeable and skilful individuals of high social status, people are still confused about what nursing is and does, unless they have recently been a patient in a hospital and have been receiving direct care from a nurse.⁵ Likewise, when practising nurses believe that the bureaucracies of hospitals and health-care organizations undermine their autonomy, this places them in a subordinate position to administrators and physicians, and provides little support for the nursing profession.⁶ Jordan is no exception regarding these social and contextual challenges. Nurses in Jordan continue to struggle with attaining the respect they deserve from the public and cannot depart from the subordinate position they inherited through the years.

A profession is based on an understanding of the theoretical underpinnings of a specific knowledge area and its accompanying skills and abilities, which are used for the welfare of people.⁷ The definition of a profession consists of contributing characteristics. Nursing must achieve these characteristics in order to confirm its professional status. These characteristics include: a standard of education; professional organizations; commitment; autonomy; continuing education; body of knowledge and competencies; social value; and a code of ethics.^{4,8} Nursing in Jordan faces a unique set of challenges to meet these criteria. Thus, the purpose of this discussion is to bring these challenges to light, to motivate collaborative efforts to remediate them and to discuss the value of evidence-based practice in this process.

PROFESSIONAL CHARACTERISTICS

Nursing education

Although nursing is among the oldest professions, there are many areas of need that must be addressed to achieve full professional status. One of the primary faults of nursing regards the educational preparation of its members. Nurses cannot demand respect as capable professionals until there are standards for a consistent body of knowledge to be attained before being called a nurse.⁹ The World Health Organization (WHO), at its first World Health Assembly, recognized the importance of nursing care and has promoted the strategy of strengthening nursing through appropriate regulation.¹⁰ World Health Organization resolutions over the past two decades have consistently called on governments to provide adequate and relevant regulation of nurses and nursing. Nursing

programmes in Jordan are making some strides in this regard due to new requirements for accreditation and the standardization of curricula in nursing programmes. This new accreditation programme also will help the public understand the distinction between nurses with different academic preparation. Although diploma programmes for registered nurses in Jordan were phased out and closed just a few years ago, a number of one-year and two-year nursing programmes have been developed and are actively graduating associated nurses and aid nurses. Furthermore, nursing leaders have made several attempts to standardize nursing education at the baccalaureate level to include more biological and behavioural science courses in addition to nursing theory and skills.

However, even three points of entry into nursing practice might be too many when the public believes, and other health-care providers act as if, all nurses are alike. Some observers say that hospitals would prefer to treat all nurses as one worker group to keep down costs and to maintain a more powerful role in shaping health care.¹¹ Others say that hospitals will always advocate for the one-year or the two-year nursing programmes because they produce workers who will be willing to work for less than better-educated nurses.¹² For example, a facility might substitute baccalaureate nurses with less-educated nurses or nurse assistants whenever there is a cutback in the budget or whenever resources have to be constrained.

Body of knowledge and competencies

Although a profession must have a unique knowledge base, it also must have a certain skill level so that the profession's knowledge can benefit and serve the public.¹³ Even though all Jordanian nursing programmes require students to work in various clinical settings, there is no national standard for the number of hours of clinical practice or the skill level that must be obtained before graduation. This can lead to contradictory hiring policies by national health-care agencies. For example, one agency might permit an intensive care unit to hire new graduates with the knowledge that the new graduate will have an adequate skill level at graduation. In contrast, another facility might have policies against hiring new graduates because the nursing programmes in their immediate area do not provide sufficient skills at graduation. This inconsistency in the quality of new graduates might be aggravating for a job applicant but indicates an important problem for both agencies and the profession of nursing in Jordan. Although any nursing graduate may work as a

nurse, there is no formal licensure process in Jordan. Licensure ensures that all nurses are tested for both the clinical and theoretical knowledge components to practice nursing. As a result of the variability of nursing programmes, these tests should also include skills testing to ensure safe and professional practice.^{14,15} To address this problem, the newly established Jordanian Higher Council has begun the process of identifying and developing standard competency measures and skill levels. These measures might include licence exams for practice, as well as job descriptions, work-based orientation programmes, continuing education and accreditation of programmes.¹⁶

Professional organizations

A sense of community among members is another characteristic of professions, but this is very low among nurses.⁴ Professional organizations serve important roles by addressing difficult issues that cannot be achieved by individual members.¹⁶ As seen in many other disciplines, strong professional organizations allied with academic institutions have addressed important issues, such as the standardization of education and the definition of a unique body of knowledge.¹³ According to WHO, nursing organizations worldwide need to collaborate together to advocate for accrediting education programmes, regulating the certification for individual registered nurses, supporting nursing research and encouraging nursing conferences for disseminating research findings.¹⁷ Although Jordan is a small country, it is emerging as a leader in nursing in the region. Thus, it is well-positioned to accelerate its agenda regarding education and standards of practice for nurses and act as a role model for modern nursing in the region.

Commitment and continuing education

Another characteristic of a profession is commitment. Long-term commitment to nursing is necessary to advance to the most highly developed end on the occupation-profession continuum.⁴ Although development of graduate nursing programmes in Jordan has heightened the sense of commitment of many nurses, the overall commitment of nursing is still in question.¹⁸ Like other types of workers, nurses tend to have a higher level of commitment to the work when it requires a more specialized knowledge base. Along with advanced education, certification in specialty areas will be needed in Jordan and the region to allow nurses to validate and maintain their knowledge and skills over time.¹⁸ Again, specialty certification will increase the visibility and importance of nurses

in the health-care system for the general public and among other health-care providers.¹⁶

However, although not formally documented, it has been noted that the attrition rate and migration rate of nurses might be higher than among other professions in Jordan. There are many associated problems and potential explanations for these observations. In some cases, novice nurses might become sensitized to the negative social image of nursing that still remains today. Although the social view of nursing has improved dramatically in the last 10 years, it is still viewed as women's work and often involves menial or unclean tasks. Many men are currently admitted to university-based nursing programmes and their growing ranks have begun to reverse these negative stereotypes of nursing. However, research has begun to show that many nursing students believe that nursing is below their ambitions.¹⁸ Furthermore, this study documented that new nursing students were excited by the possibility of entering professional and research fields. However, as time went on, their aspirations were lowered to more 'practical' fields that were apparently far below their initial expectations.⁴ This low view of nursing and the degradation of students' expectations are critical barriers for nursing as a profession.

Enrolment in nursing at Jordanian universities is at an all-time high. However, the number of open nursing positions at any given time is static. Many new graduates and many experienced nurses find good employment opportunities outside of Jordan. These other jobs offer better working conditions, higher salaries and more upward mobility than is available in Jordan.

The average age of a nursing graduate in Jordan is the early 20s and most are unmarried at the time of graduation. As might be expected, most will marry by the age of 30 years and begin families shortly afterward.^{2,19} As a result, many young female nurses will leave the workforce to raise their families, although their counterparts, the male nurses, will not.

As a result of the limited number of jobs available and the large number of new graduate nurses, health-care facilities have no apparent need to recruit older nurses to re-enter the workforce. Likewise, there are no refresher or retraining programmes available to facilitate re-entry by these workers even if they desire to do so. As technology increases in the workplace, it will become more unlikely that a nurse who has been out of the workforce would be capable of re-entry without a considerable amount of retraining. In that case, new graduates would

appear to be a more economical choice than an older nurse who needs more orientation and more on-the-job training.

Autonomy

Complete autonomy is another characteristic of professions. Autonomy in nursing consists of making unconstrained decisions and being able to act on those decisions.²⁰ Although Jordanian nurses have begun to influence the policy-makers, especially with the recent establishment of the Jordan Nursing Council, medical associations negotiate just as hard to influence the politicians who eventually make the decisions that influence the development of nursing. Nurses in Jordan are attempting to take back some control from the government to regulate their own practice through both the association and the nursing council.

Unfortunately, many nurses feel that the strong bureaucracies within national agencies and the prevalent health-care policies limit their autonomy. In facilities such as hospitals, nurses do not experience the freedom from undue supervision that full professions enjoy.²¹ In Jordan, the traditional culture of most health-care institutions places nurses in a subordinate position to administrators, as well as to physicians.² For example, scheduling might not be permitted at the unit level, thus limiting the flexibility of every worker's schedule. Furthermore, the nurse manager's power to reward or to punish via scheduling is also circumvented by centralized scheduling plans. Besides, the notion of centralized staffing is built on the assumption that any nurse can fill any empty nursing shift in a given facility, which is sometimes referred to as 'A nurse is a nurse, is a nurse'.⁵ Also, some hospitals have taken away nurses' autonomy over nursing care with the increased hiring of unqualified personnel to supplement low staffing.²

Social value

Nursing must not underestimate the views of society while attempting to achieve professional status. Ultimately, the society's views decide which occupations are true professions. Nursing can gain support for professional status by establishing national goals to meet society's changing health-care needs.⁴ According to Lysaught, nurses' hope for status as professionals can still be secured if they clearly state what they believe future health care should be, how nurses think it can be delivered and what responsibility they will assume for it.²² Although nursing

does have goals and concerns for the public's health, clear and concise national goals need to be set and publicized to positively influence nursing in the eye of the public.²¹ Nursing organizations in Jordan should play an important role in the development of a national health plan that assures accessible, affordable, quality care to all Jordanians. Unfortunately, only a limited number of nurses have stepped up to assume leadership roles to bring about unity.² More nurses need to be prepared for leadership roles. It was indicated that the lack of nursing leadership could be attributed to nursing being predominantly a female occupation in a culture that has neither expected women to become leaders nor rewarded them financially.⁹ Currently, despite the high numbers of men in nursing, nurses have not been assertive in leadership roles to address issues, such as subordination to physicians.²

Code of ethics

Given the dynamics of health care, the challenges that all health-care professionals face now and in light of the developing knowledge of the art and science of nursing, the established nursing organizations should give nurses the opportunity to take a proactive role and to participate in the ethical discourse of nursing practice.²³ Caring ought to be the moral ideal of nursing, whereby the end result of their practice is protection, enhancement and preservation of human dignity.²⁴ Therefore, nurses should understand the ethical basis of their practice in order to be able to justify their position on individual patient and broader patient-care issues.²³ Nurses need to be able to understand and apply the basis of their chosen moral reasoning and moral behaviour if they are to be able to make cooperative ethical decisions to protect themselves and their patients. Meanwhile, nurses must be provided with adequate resources to meet the needs of their patients; they no longer should stay on the sideline.^{23,25}

EVIDENCE-BASED PRACTICE

The stereotype of the 'doctor's handmaiden' will not be shaken until nurses can prove that their role is just as essential and deserving of the same amount of respect as other health-care providers.¹⁷ Nurses can overcome the stereotype of limited abilities and knowledge by employing standards of care that are based on scientific proof.¹² Thus, a continuing goal is for nursing practice to fully evolve as a practice profession that is clearly defined by scientific methodologies. Until the time comes when nurses can unify and state who they are and what functions

and roles they deserve to have in the health-care system, nursing cannot be expected to receive the amount of respect and definition as other professions.¹⁷

Nurse clinicians, administrators and researchers can each play a unique role in integrating evidence-based nursing into the health-care system.²⁶ Nurse researchers are charged with conducting relevant clinical studies that will contribute solid evidence for practice.^{27,28} Nurse clinicians should be trained in the mentality of asking the why and how for every observed event.²⁸ The importance of collaboration between nurse clinicians and nurse researchers should be emphasized in nursing curricula. Moreover, the curriculum, especially for undergraduate nursing students, should be broadened to not only include research courses, but also to embody evidence-based practice within the research content.²⁹

Nurse administrators can play an important leadership role by developing and implementing policies that will integrate evidence-based practice into the nursing division.³⁰ Nurse administrators in Jordan should be prepared and selected on the basis of their abilities to utilize, conduct and disseminate clinical studies. Under optimal conditions, these leaders could establish interdisciplinary committees, whose members would be provided with time away from their jobs to review literature and critique and synthesize the research studies in certain topics of interest to the institution. Such committees would propose evidence-based practices that could be adopted, implemented and then evaluated.²⁹ This could be achieved in Jordan when nurse administrators appreciate the importance of implementing nursing evidence-based protocols, not only to show hospital administrators the effectiveness of such changes, but also to show other disciplines and the public that the nursing discipline has a unique scientific knowledge that is verified through research and can contribute to the well-being of patients.²⁸

Skills and resources are needed to evaluate, integrate and diffuse the best evidence into practice.²⁹ However, in Jordan, nursing research is still in its infancy. Fortunately, Jordanian universities have advanced nursing's research capacity immensely by sponsoring nursing faculty members to obtain doctoral degrees from strong nursing research institutions in Great Britain, Canada, Australia and the USA. The trickle-down effect of this is that these nursing educators, through continuing education and staff development programmes, can offer programmes to support clinical nurses to conduct, critique and synthesize research for practice application. At present, nursing

researchers in Jordan have begun to investigate internal and external resources (e.g. WHO) for research funding to advance the conduct of research.

CONCLUSION

Although Jordanian nurses have sought ways to gain more respect for nursing as a legitimate profession and have made great strides toward achieving full professional recognition, the process has been slow and the road is still long and challenging. The key to achieving this important goal is for nurses to seek every opportunity to prove themselves, earn respect, take control over their work, support their colleagues and to make informed decisions.⁴ In addition, a more active and effective role for the nursing organizations is necessary to change the public's view of nursing. Efforts to reform regulation also should be intensified. To meet national goals, nurses' roles and contributions to health care must evolve beyond the areas traditionally assigned to them. At present, many regulatory barriers currently jeopardize the effective use of nurses. Governments and employers are not specifically focused on who does what, but rather, they are focused on achieving specific targets and acceptable health outcomes. However, outdated, inflexible and inappropriate regulatory policies and practices, especially those restricting the scope of nursing education and practice, need to be changed. As regulation is fundamental to the identity, structure and type of services a professional can offer, the way nursing is regulated can either facilitate or impede its ability to remain relevant and its capacity to offer needed services.¹⁶ Regulatory frameworks should clearly define what a health professional is answerable for, and to whom. Scope-of-practice statements, a code of ethics and practice guidelines are some of the tools that should be used to define and clarify accountability issues for nursing.⁴

Issues of shared competencies and overlapping scope of practice are now emerging more strongly as health professionals are increasingly required to work collaboratively and collegially, accepting shared responsibility while, at the same time, maintaining individual accountability for health-care delivery.³¹ Therefore, more emphasis on multidisciplinary health-care delivery, partnerships and collaboration should be emphasized within nursing education and practice. Regulatory systems should strive to function in a coordinated, coherent and cost-effective fashion, ensuring that regulation is neither too much nor too little to accomplish its stated purpose.³² The design of the system should incorporate structural arrangements

appropriate to the local circumstances and avoid overlapping of functions with other agencies. However, this will take some effort in the present health-care system and will not come about until the attitudes of governments and the public are more appreciative of the nursing role.^{2,6}

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