Nursing Education Leaders Experiences of Emirati Nursing Student Recruitment and Retention

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ABSTRACT

Background: Nursing started in the United Arab Emirates with the arrival of expatriate nurses in the latter part of the nineteen century, but fifty years on though, nursing education in the country is still in its infancy, and currently only 3% of the local population are taking up the profession as a career choice in the country.

Objective: The purpose of this paper is to explore the experience of nursing education leaders in dealing with this issue.

Design: Unstructured interviews were conducted with select nursing leaders in the country to explore their experiences.

Findings: Nursing leaders from different spheres of the profession had different experiences and responsibilities, and tackled the problem from different perspectives.

Conclusion: The paper has several implications for nursing education and policy in the United Arab Emirates and the region.

1. Introduction:

There are many challenges to nursing education, with the first and foremost being a shortage in nurses' recruitment and retention in the profession. Leaders in nursing education striving to be change agents and contribute to the field need to be aware of the multifaceted issues involved. Their leadership is enacted within multifaceted dimensions of students in the classroom, with faculty members at meetings, on a local level within the organization, at a national level influenced by government agencies, and on an international platform (Horton-Deutsch et al. 2011). Cooper (2008) argues that the nursing shortage today requires leaders in nursing who will find innovative strategies to meet nursing education needs without compromising quality and patient safety.

2. Background:

The nursing curriculum today has undergone tremendous changes from its humble beginnings in 1850 when the first nursing schools opened in the UK. Giddens and Brady (2007) report on this evolution of nursing curriculum and cite contributing factors like the shift from an industrial age to an information age and global changes in the healthcare delivery system. By the late 1940s, Tyler's curriculum model, which focused on prescribed curriculum development criteria such as measurable objectives (National League for Nursing, 2003), was the framework that nurses used in their educational process. This framework, which at first was thought to be effective in lending structure and shape to the body of knowledge that was nursing, later proved to be a means for content saturation (Giddens & Brady, 2007).

By 2001, the National League for Nursing (NLN) recognized the limitations and in their position statement (National League for Nursing, 2001, p.2) "challenged faculty to think in new ways, integrate research findings into their approaches to teaching and evaluating students, and consider different curriculum models" like cultural congruent models. Responding to these and other factors such as globalization, the global nursing shortage, technological revolution and the changing healthcare environment, nurse educators have begun to develop innovative, interactive and student centred strategies to deal with the new generation (Candela et al., 2006; Diekelmann et al, 2005; Ironside, 2003; Stanley, 2010).

In the healthcare sector, nursing education seeks to provide the theoretical background and technical skill competency required of nurses to meet these educational demands. In the 1970s, Institutes of Nursing in the various Emirates, backed by the Ministry of Health, offered the diploma programme in nursing, and nursing education in the Emirate of Abu Dhabi began with the first nursing school in 1974 (Kronfol & Athique, 1986). Since the 1990s, various schools of nursing affiliated with universities or government agencies have for short periods provided the baccalaureate degree in nursing programme, an example being the Institute of Nursing in Abu Dhabi which was dissolved to give way to the nursing programme in the Higher Colleges of Technology in 2004, which was subsequently closed in 2009. Currently, the Fatima College of Health Sciences in Abu Dhabi, opened in 2006, is offering the nursing degree to its students (Wollin & Fairweather, 2012).

The UAE Nursing and Midwifery Council (NMC) was established in 2010 to provide a platform to develop strategies and implement a national plan of action for strengthening the education of nurses and midwives in the nation. Within the College of Health Sciences, at the end of the recruitment process, and after one year of exhausting college resources as well as student personal time, it is frustrating to bear witness to poor Emirati numbers within the nursing baccalaureate degree programme(s). Nursing leaders in the UAE are at the forefront of this crisis and yet there is no study to date on the challenges they face, milestones achieved, and suggested recommendations for future direction, which is the objective of this paper in exploring their experiences in this study.

3. Scope and Significance of the Paper:

By exploring the experience of nursing educational leaders in the region, I expect to contribute to the general literature in nursing education, to the issues surrounding the nursing shortage in the UAE, the Middle East region, and the international literature. This subject is of particular interest to national policymakers and stakeholders in the country, given the current UAE healthcare climate of rapid evolution to meet high-quality standards, and the crisis of few Emiratis in the nursing workforce to lead the change. This topic is timely because there are poor numbers of current Emirati students in the nursing programme(s), which serves to heighten the nursing shortage crisis in the near future unless solutions are found to identify the issue and develop strategies for a sustainable and committed future workforce.

4. Review of Literature:
4.1. Theoretical Framework:

The phenomenon of leadership is rooted in humanistic psychology especially the works of Carl Rogers (1961) and Abraham Maslow (1968). Burns (1978) first developed the concept of transforming leadership in his

research on political leaders and Bass and Steidlmeier (1999) later expanded on that term by using the word "transformational" instead of "transforming". In transformational leadership "leaders and followers raise one another to higher levels of motivation and morality" (Burns, 1978, p. 20). High standards of performance and accomplishment inspire followers to reach their greatest potential (Bass). Developing relationship is central to the concept of transformational leadership by motivating and inspiring others to reach a common goal (Bass, 1999; Burns, 1978).

The theory was further developed by Bass and Riggo (2006) in to "The Full Range Leadership Model" which includes the essential components of transformational leadership, where Bass and Steidlmeier (1999, p. 6) argues that there is a current need for leaders to be more transformational if they seek to maintain effectiveness. He describes authentic transformational leadership as, "the leader moving the follower beyond immediate self-interests through the four components of idealized influence, inspirational motivation, intellectual stimulation or individualized consideration" (see Figure 1).
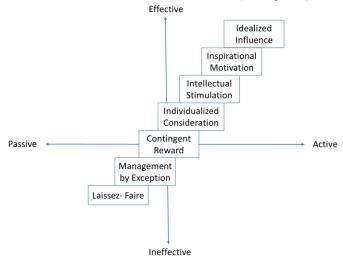

Figure 1. Bass and Riggo (2006) Full Range of Leadership Model.

Nursing education in the UAE has recruitment and retention issues, and the full range of leadership characteristics is necessary to combat this crisis. Nursing leaders in the UAE could use contingent rewards like stipends and bonuses to entice more Emiratis into the profession, while the "idealized influence" component of authentic transformational leadership can lead to the creation of a suitable organizational culture with continuous striving for perseverance until the goal is achieved, and provide a vision for proactive adaptive change (Huston, 2008). Inspirational motivation can influence mentoring and networking within the organization, provide recognition and rewards for the followers (Bass & Steidlmeier, 1999), and build on the

currency of trust. When the authentic transformational leader pays individual consideration to the followers in the organization, the result is open channels of communication, acceptance of advice from experts and an open attitude. Finally, intellectual stimulation brings about empowered followers who share responsibility for innovation and rise to meet the multifaceted challenges facing nursing education in the country.

Scheckel (2009) notes that "a constant theme throughout all of the changes in nursing education has been the presence of nursing leaders who diligently investigated the state of nursing education and advocated for reforms to improve the quality of nursing education" (p. 55). There are several challenges in the area of nursing education and Cooper (2008) stresses that the nursing shortage today calls for nurse leaders who will find innovative strategies to meet nursing education needs without compromising on quality and patient safety. According to Feldman and Greenberg (2005, p. 11), "nurses lead patients, families, groups, communities, committees, and organizations" – all highly challenging and demanding, and therefore the need for effective nursing leadership is critical.

Concerning nursing leadership in clinical practice, Tracy and Nicholl (2006) demonstrate that mentoring is appropriate for novice nurses, and networking is emerging as ideal for progression through all career stages to support nurse leaders in their role. Owens and Patton (2003) similarly argue that effective mentorship among nurses can help build effective nursing leaders to meet the current challenges facing nursing education. However, Samier (1999) cautions that current rates of rotation and downsizing have made it nearly impossible for mentoring relationships to develop. Daly, Speedy, and Jackson (2004) believe that leadership in professional situations is influenced by a diverse range of factors including personalities, psychological make-up and the situational context in which leadership is manifest. Huston (2008) lists several nurse leader competencies for 2020, including " a global perspective, technological skills, expert decision-making skills, ability to create organizational structures, ability to appropriately intervene in political processes, team building skills, ability to balance authenticity, and being challenges" (p. 905).

In an article on the need for resilience in nursing leaders, Allison (2012) describes a scenario of " budget cuts, pink slips, workforce reductions, school closures, changes in teacher and administrator evaluation processes and accountability"(p.79) in store for current nursing leaders. In a study involving multigenerational workplace issues and their implications for nursing leadership, Stanley (2010) reports that each generation has their own set of values, expectations of their leaders and the work environment and therefore dealing with them requires flexibility on the part of the nursing leader. In a study conducted by Horton-Deutsch et al. (2011) among nursing faculty leaders on what it is like to become a nurse leader,

" being thrust into leadership roles, taking risks and facing challenges"(p. 222) were some of the themes that emerged.

The nursing profession in Singapore has yet to reach its required target of qualified nurses at the different levels. Arthur (2008) has succinctly described their current challenges as creating new programs, developing a research agenda in an environment where there are only a few Ph.D. holders resulting in minimal research output, managing faculty who are not familiar with the university system and altering the climate where diploma nurses are the norm. Turale, Ito, Murakami and Nakao (2009) conducted a study to understand nursing scholarship in Japan, concluding that Japanese scholars required " improved English proficiency levels, national and international collaboration with other nurses, political and assertive skills to take control of nursing education and be more involved in research collaborations and international publications" (p. 166) .

Yet another study by Turale, Shih, Klunklin and Chontawan (2010) explored similar perspectives among nurse scholars in Thailand finding that visionary leadership, resource sharing among universities, and scholarships to study abroad were major indicators for growth, while high teaching loads, minimum research publications, lack of mentorship and lack of consensus related to entry nurse practices were some of the barriers to scholarship. Andrew (2008) calls for nursing leaders to hold on to these opportunities and inspire innovation in these changing times. A number of studies have examined the challenges facing nursing leaders today, including multi-generational workplace issues and their implications for nursing leadership (Stanley 2010).

Nurse educators have multifaceted influential dimensions to deal with where their leadership can be enacted: in their experiences with students in the classroom (Horton-Deutsch et al. 2011; Starck et al., 1999); with faculty members at a meeting (Upenieks, 2003); on a local level within the organization (Brady-Schwartz, 2005; Laschinger et al., 2009; Ulrich et al., 2007; Upenieks, 2002); or on national and international platforms (Sofarelli & Brown, 1998; Horton-Deutch, Young & Nelson, 2010). A look at challenges in nursing education leadership in other developing countries has identified several areas for change and significant improvements in the field, with the first and foremost being a global shortage in nurses' attrition and retention in the profession (Antony et al., 2005; Balogh-Robinson, 2012; Mahoney, 2001; Schmidt et al., 2003; Starck et al., 1999; Stechmiller, 2002; Stott, 2004).

Kirk (2010) explains that the UAE has responded to the situation by the "quick-fix" solution of buying educational models and expertise it requires. The UAE government has also recognized the need for capacity building of leaders in every field, in line with the vision of the Ministry of Education to promote enduring, sustainable development in the community (Macpherson,

Kachelhoffer & Nemr, 2007). In a study among Emirati males to gain insight into contributing factors in post-secondary education, Daleure (2011) concluded that "perceived support from parents and siblings, student's own dream of continuing education and the existence of high-quality post-secondary education institutions" (p. 49), were all significant factors in retention and further professional growth.

Several studies have supported the transformational style of nursing leadership as a key factor in the recruitment and retention of nurses and nursing students within the profession (Cadman & Brewer, 2001; Greene & Puetzer, 2002; Ribelin, 2003; Thyer, 2003; Upenieks, 2002; Vitello-Cicciu, 2003). Starck et al., (1999, p. 265), conducted a qualitative study among deans of graduate nursing schools to examine how they were approaching leadership issues and found emerging themes to suggest that leaders in nursing education needed to view matters from different perspectives, akin to wearing "trifocal eyeglasses" where participants described the need to assume roles of "Consensus Builder, Risk Taker, and Interactive Empowerer" in order to meet these challenges.

Springer (2012) describes an 8-year journey of changing the culture and climate of a school of nursing from one of dissatisfaction and distrust to one of high employee satisfaction and trust, using transformational change to improve organizational culture and climate in a school of nursing. She argues that during times of shortages, academic leaders need to be aware of the culture and climate in schools of nursing, as this affects employees, systems, and processes and students, and if the culture becomes problematic, transformational leadership is essential to create change. The 8 year period is reflective of the extensive time period that would be required to create change within an organization or society. There is a paucity of literature concerning nursing leaders in the UAE, the unique challenges, and experiences faced by them, and the strategies that they adopt to deal with the issues. And hence it is the intention of this paper to explore their experiences, possible strategies and recommend directions for future change.

5. Research Methodology:
5.1. Site and Participant Selection:
Politically important purposive sampling scheme was adopted to purposefully select nursing leaders from the UAE who would share their experiences in dealing with the issue of poor Emirati student numbers in the nursing programme(s). Nursing leaders were selected from their respective organization websites and then contacted through the telephone to make an appointment for an interview.

An expert is one who has expert knowledge and is experienced in using this knowledge. Patricia Benner (1982) describes a nursing expert as someone who uses intuitiveness born of experience in addition to principles

and rules in guiding her action, who has a rich background experience and is highly proficient in performance. In line with the above criteria, experienced nurses currently holding leadership positions in the field of nursing in the UAE were recruited for the study. According to Polit and Beck (2006), non-structured interviews are used when the authors do not have a preconceived view of the research problem. In order to acquire information, the interviewer focused on the challenges faced in the field of nursing education especially towards recruitment and retention of Emirati students, the essential leadership qualities, and strategies that work best to influence societal views regarding the nursing profession. The availability of policies at the local and national levels to increase public awareness and influence student attitudes leading to an increase in the influx of Emirati students within the nursing profession would also be a point of discussion. The loosely structured interview guide follows Patton's (2002) sequence of questioning (described above), interspaced with probing techniques to further reveal information to guide the interview.

For the analysis of the qualitative sections of the study, the responses from the interviews were qualitatively analyzed and categorized into themes. Thematic analysis was carried out according to the constant comparative method. In this process information is taken from data collection and compared with the domains that were identified when looking at the ideas, concepts, and statements (relationships of the concepts) of each theory (Creswell, 1998). Domains identified in this manner were coded. This comparison was also guided by the research questions.

5.2. Ethical Considerations:
There was very low risk in this study since the selected nursing leaders were only being investigated about their views regarding factors related to recruitment and retention in the nursing program. Ethical approval from the institutional review board at the College of Health Sciences was obtained. In addition, a consent form was also included. As soon as the interviews were transcribed, they were kept in a locked cabinet to which only the researcher had access. The completed transcripts were sent to the interviewees for checking and then locked away in the drawer by the researcher for safe keeping.

6. Results and Findings:
The first nursing leader who was interviewed was an Associate Professor, teaching at a University in Ras al Khaimah, who was also a member of the Emiratization sub-committee of the United Arab Emirates Nursing and Midwifery Council (UAE NMC). The UAE NMC website declares that

'The UAE NMC Committee for Emiratization was established by the UAE Nursing and Midwifery Council to promote Emiratization of Nursing and Midwifery. The

Committee is responsible for recommending and implementing strategies for the expansion of Emiratization in Nursing and Midwifery in the country.

The second nursing leader is a senior nursing educator working in Al Ain hospital, which is a major hospital in Al Ain in the SEHA health care system. This nursing leader is one key staff member in the SEHA system, involved in the smooth transition of students into practicing nurses in hospitals in the Emirate. SEHA is also involved in creating awareness among high schools and providing benefits for college-level students. The website maintains that

The establishment of SEHA is part of the Government of Abu Dhabi's healthcare sector reform initiatives and represents another step in the realization of His Highness Sheikh Khalifa Bin Zayed Al Nahyan, President of the UAE's vision to provide the people of the UAE with the best healthcare facilities in the world, locally.

The third nursing leader interviewed towards eliciting experiences and strategies related to Emirati nursing education is the Head of the nursing program in the College of Health Sciences. The Head of the nursing programme(s) is a senior academician and nursing professor with close to 25 years of leadership experience as a senior executive in the health, education, welfare, employment, workforce development and economic development sectors, who is currently working on an off-shore assignment as the Australian University representative in the UAE.

Findings from the in-depth interviews demonstrate that nursing leaders from different spheres of the profession had different experiences and responsibilities towards the common issue of poor Emirati student recruitment and retention in the nursing profession in general, and the nursing program specifically, and tackled the problem from different perspectives.

6.1. A representative from the UAE Nursing and Midwifery Council:

The UAE Nursing and Midwifery Council was established by Cabinet Decree in 2009 to "regulate the nursing and midwifery professions, promote and advance nursing and midwifery services and protect and promote the health and safety of the public based on the highest standards" (UAE NMC establishment Cabinet Decree number 10, 2009). Concerning nursing education in the country, the website states that the UAE NMC Council develops and issues national guidelines to prioritize the investments and focus of nursing programs, including standards in the UAE". The Council places top priority on Emiratization of the nursing profession by increasing the number of Emirati women and men practicing in and leading the nursing profession in the country.

The representative participant from the UAE NMC shared her experiences of starting in the year 2010 with a paucity of existing data regarding local nurses in the UAE.

The first thing we had to do was to set task forces for Research and Emiratization.

In 2011, the UAE NMC commenced its second meeting in June, which led to the formation of the national strategy for nursing and midwifery education, the UAE NMC website, and the UAE NMC Research Center. Just five months later, the Emiratization strategy, the goals of nursing and midwifery education, the standards for registration and licensing, and the UAE NMC Council Research Center were established (Annual Report, Ministry of Health, 2011).

Following this several senior experienced nurse educators were invited to brainstorm and come up with strategies to promote nursing among the local population.

The participant was able to provide a chronological sequence of events which led to the present active involvement of the Council in the area of local student recruitment and retention in the nursing profession.

Some of the strategies suggested here… to target high school students, especially those in the science majors, in local schools… to look at how we can retain them…to target boys' schools…

All the strategies identified above are congruent with similar literature in the field. But retrospectively, in the last five years, only the strategy of targeting high school students has been achieved.

The Federal Department of Nursing Annual Report (2011) also notes that the Research Center for the UAE NMC was established in 2010 with an initial task being to conduct a background needs assessment to assess the current status of the nursing in the country.

When questioned about the role of nursing leaders in the community, the participant mentioned that the image profile of nursing needs to be improved. As a UAE NMC example, she explained that,

…the President of the UAE NMC council was none other than Her Royal Highness, Princess Haya Bint Al Hussein, wife of His Highness Sheikh Mohammed Bin Rashid Al Maktoum, Vice – President and Prime Minister of the UAE and Ruler of Dubai.

The current most urgent need she suggested,
…was advanced practice roles for nurses, higher specialization within the nursing program, more clear job descriptions and career pathway visibility, in the

hospitals… because local students would be attracted to the 'advanced specialty roles.'

6.2. Representative from the Abu Dhabi Health Services (SEHA)

The second nursing leader interviewed was from the Abu Dhabi Healthcare services. One of the SEHA strategies is the increase Emiratization across all human resource sectors.

The representative shared that,
A memorandum had been signed with Fatima College and Abu Dhabi Tawteen Council for sponsoring 133 students in clinical fields.

Since SEHA is a government agency, graduating students will be recruited into the public sector, further ensuring competitive salaries and benefits. The representative continued,
Also, the new Muhakat program focuses on promoting health care careers to students at high schools and first-year colleges and universities. Students spend a day shadowing doctors, nurses, and allied healthcare employees. So far, 97 students have been taken through this program (SEHA annual Report 2012).

This is suggestive of their marketing strategies to entice more Emirati locals into the nursing program. SEHA has been targeting schools and universities to attract and train UAE nationals into the healthcare sector. This initiative is timely in helping young locals to better understand the contribution of healthcare professionals in making people's lives better. It will introduce the profession of healthcare to young Emiratis wanting to make a positive difference to the nation's future and would be an initial first step towards a rewarding career in healthcare.

6.3. Head of the Nursing Program at the College:

The third participant was directly in contact with local students on a daily basis and was able to provide valuable information regarding her experiences of being a nurse education leader in the Emirate. Her responses have been categorized into 1) Experiences; 2) Barriers and Benefits, and 3) Roles.

Some of her experiences related to the current status and perception of nursing in the country she reported as,
The UAE is different from other countries in that there are no designated advanced roles for nurses yet, like the independent nurse practitioner roles, with the perception of the role of nursing just emerging in the country. Nurse Leaders still hold only very traditional roles like – Head of School of Nursing or the Director of Nursing in the Hospitals, and nurses are not seen in any other varied roles.

Another observation was regarding the current areas of nursing care needs in the country.
Aged care nursing and community care nursing specialties are still underdeveloped in the country, and in many homes servants provide basic daily care to the elderly in the homes. When these elderly get admitted in the hospitals, and nurses care for them, there is a tendency among the local families to view nurses as servants because of their provision of daily care for the patients.

She shared one graduate local nurse as having a recent bad experience in the hospital.
The local nurse was willing to provide perineal toileting for an elderly local woman but was not allowed to do so because she was a local, and was asked to get somebody else to do the job.

The anecdote provided by the participant shows that acceptance is still in developmental stages and not yet achieved, on both sides: on the side of the local nurse to provide culturally congruent sensitive care, and on the part of the care recipient to accept the local nurse's care. This is contrary to findings reported by El-Sanabary (1993) in Saudi Arabia, where he found that both parents and students had similar views in recognizing the need for local nurses who would be able to provide culturally sensitive care according to Islamic principles, but shied away from making a decision in nursing career choice themselves.

When asked if she knew of any perceptual barriers that the profession was facing in the Emirates, the representative reported that,
The medical community was paternalistic in nature, and the constant reference to 'sister' this and that, was demoting the nurse to a less than professional level.

In terms of benefits, the representative noted that,
*Graduate nurses earn more than some other professions, so that is a positive thing."
"In my talks with some very traditional conservative people, they have shared that they understand that a nurse is a very qualified person. Change in perception is slow but sure. The perceptions that we see in the UAE today have persisted in the West as well, and it took much more time to change. Here the change is faster. When you look at the parallels of where we are, with the West, so much has changed in the last 30 years.*

The participant also described the academic robustness of the nursing programme(s) at the College,
The baccalaureate degree nursing program at the College of Health Sciences is recognized by the Ministry of Higher Education and Scientific Research (MOHESR) and has received initial accreditation from the Commission on Academic Accreditation. Its curriculum is also borrowed from the Australian University curriculum, and customized

to suit local health care needs and priorities. Our students have a benchmarked certificate and they can work anywhere they want.

Concerning the role of the Nurse Leader towards the issue of poor Emirati recruitment and retention, the representative explained that community awareness and marketing were two huge roles.
In the past couple of years, more marketing and campaigning has been happening in the schools and rural areas around the Emirate. Quarterly camps like the 'Emirates skills for Life' at the college and representation at local health exhibitions in the Emirate have all been investments to recruit more Emirati student numbers. The increase in student numbers now (this year and the last) is a result of this marketing strategy.

A five-year campaign by Johnson and Johnson in 2002 and again extended in 2007, involved a multimedia initiative to promote careers in nursing and improve nursing's image through television commercials, a recruitment and retention video, a website and related brochures. Survey findings after the initial campaign indicated high levels of awareness of the campaign among "nurses (59%), nursing students (79%), and chief nursing officers (98%). In the UAE, with the support of the president of the UAE NMC Council, financial constraints would not be a barrier to the recruitment and retention efforts among the nationals.

It was difficult to get an appointment with the representative, simply because she was often not there in the College. A constant representative at the SEHA board, the UAE NMC Council and at HAAD meetings, this nurse leader is at the forefront of the policy-making regarding nurses in the country. In 2005, Buchan and Calman produced a report, "On the global shortage of registered nurses-an overview of issues and actions", for the International Council of Nurses. They suggested a policy intervention framework which includes four components: "Workforce planning, Recruitment and retention, Deployment and performance, and Utilization and skill mix". Drawing on evidence from research done in many countries, they suggested that the components of the framework should be interdependent with effective leadership and stakeholder involvement and that the policy interventions be appropriate to country, context, and objectives.

From an Australian perspective, Lumby (2007) reports that "nurses have lobbied hard to encourage the Federal government to increase funding for more undergraduate nursing places" (p. 16). In the United States, the fact sheet by the AACN (2012) presents several strategies to address the nursing shortage, including partnerships between nursing schools and private agencies, like military hospitals, to increase student capacity; making the baccalaureate degree mandatory for all new nurses;

authorizing capitation grants for nursing schools; subsidizing nursing faculty salaries; reimbursing nurses for their advanced education in exchange for work commitment; flexible scheduling for staff to attend classes; and more public funding for increasing nursing school capacity.

In Jordan, in response to the acute nursing shortage Abualrub (2007) lists several strategies to tackle the challenge. They include the rallying of nursing councils and associations to exercise their active political leadership, lobbying for government funds to expand nursing schools, creating nursing scholarships, and improving the status of the profession. Stringent action against negative stereotyping of nurses by the media needs to be enforced. Abualrub (2007) suggests that male nursing needed to be developed to serve the dual purpose of increasing student capacity and graduating nurses who would not have family restrictions towards night shifts, but the issue of local culture deterring males from attending to females still remained to be tackled. Yet another strategy involved nursing faculty "sharing their stories" through the media to attract students into the profession.

A strong closing remark by the representative nurse leader attested to her faith and advocacy in the current nursing students themselves, to be instruments of change and influence among themselves.
As young Emirati women become nurses, and they become more mature, and they become mothers, and they influence their families, it will change markedly the climate in the UAE. So its family influence, and it's the voice of more and more Emirati nurses that talk, and as they come into leadership roles and some of it is time, and all of the foundations are here for that.

7. Discussion:

The nursing profession is facing an acute nursing workforce shortage internationally and nurses have become a scarce commodity. The situation is similar in the UAE, where to date only a few Emirati nurses have graduated to meet the healthcare of the country, and thus recruitment and retention of local Emirati students in the nursing programs in Abu Dhabi is an urgent need. Concerning the role of the Nurse Leader towards the issue of poor Emirati recruitment and retention, the representatives interviewed reported that community awareness and marketing were two significant roles. One of the leaders envisioned that nursing students themselves would, in time, grow to be instruments of change and influence among themselves, their families, and their societies, in congruence with the ideals of transformational leadership for the nursing profession in the UAE.

In the UAE, in a study conducted among eleven high-school level team leaders, Dada (2011) concludes that the nature of leadership and the hierarchy present in educational organizations is one barrier to the implementation of the program and its ability to be

sustained over time. He maintains that "relationship building held the biggest payoff in problem solving and development" (p.222). Much along the same lines, Goleman (2002) as cited in the West-Burnham, 2009, p.71) remarks that "whether an organization withers or flourishes depends to a remarkable extent on the leaders' effectiveness in the primal emotional dimension".

Jones (2007) believes that in situations where change is rampant, the organization that is flexible and open to change will survive. System transformation is directly related to the transformation of personal relationships, according to West-Burnham (2009), a consultant in education leadership, and he believes that effective leadership is the most significant of a range of complex variables that determine success in schools. He notes that "many variables cannot be controlled directly; of those that can, leadership is easily the most controllable, and the one with the greatest potential impact and leverage" (p. 2).

The Emirates Center for Strategic Studies and Research (ECSSR) in Abu Dhabi, in a featured article on its website, calls the UAE leadership model, "a model of Constructive Engagement with the Nation" (Al Awadhi, 2012), based on the premise that "if the leadership is more interactive and responsive to the people, it will be capable of achieving its goal." This has been accomplished partly by the generous national funding and support from the Nation's leaders which has contributed to the sense of security in its citizens. But Al Awadhi cautions against the view that the materialistic dimension alone is sufficient for positive interaction and stresses palpable social, psychological and economic effects among the society's members. He describes the relationship between the ruler and the people as a model of unique social contract based on a sense of belonging and harmony. A similar attitude is needed among nursing educational leaders in the profession in the UAE. English (2008) proposes that where only schools need to be revolutionized, expert leaders need to step in and guide towards "accreditation compliance and national standards" (p. 203).

Quantitative findings from the study on Emirati students' public perception of the nursing image by Devadas (2017) found that the public perceived a neutral image of nurses in areas of being bold, being influential, and being leaders. The select nursing leaders who were interviewed were also non-Emiratis – one of them being Jordanian, the second participant Indian and the third nursing leader being Australian, all practicing leadership within the sphere of nursing education in the Emirate. A qualitative study was done among Iranian nurse leaders by Varaei et al. (2012) to ascertain their assertiveness qualities and found that themes related to "task generation", "assertiveness behavior", and "executive agents" as well as religious beliefs also played a fundamental role in their nursing leadership behavior.

The National League for Nursing (2001) recognized the importance of nursing education for the future development of internationally qualified clinicians, educators, researchers, and administrators, and developed a model of excellence in nursing education to prepare nurses to a very high caliber. The model consists of eight core elements with components and subcomponents that are required for achieving and sustaining this excellence in nursing education. They are as follows,

Clear Program Standards and Hallmarks that raise Expectation, qualified students, well prepared Educational Administrator, Evidence-Based Programs and Teaching/ Evaluation Methods, quality and Adequate Resources, student-centered, Interactive, Innovative Programs and curricula, recognition of experts, and well-prepared faculty (NLN 2006).

Qualified students are essential for the growth of the profession, and according to the Nursing League for nursing (2001), this qualification needs to be apparent from the criteria set forth for admission until the student meets mandatory graduation standards. Well prepared educational administrators are essential to handle the varied operations in an organization, and quality resources like the library and technological support work together towards the excellence model. The programs and the curricula need to pedagogically sound, include latest research practices, meet stakeholder's expectations, hospital demands for quality, and set clear competencies for each level and role that nurses assume after graduation (NLN 2006). Clear program standards and hallmarks based on the benchmarking process, best practice guidelines and accreditation procedures required for achieving recognition in the delivery of internationally sound, and up-to-date nursing curricula are all added practices that can contribute to recruitment and retention of Emirati students in to the profession.

The three nursing leaders interviewed related that currently statistics were being collected to establish a baseline date for nurses and the nursing profession in the country, while a second nursing leader related that steps were in place to attract more Emiratis into the nursing programs through the use of stipends and role shadowing in the hospitals. The third nursing leader highlighted the collaboration among nursing agencies and organization including hospitals, and the need for role modeling, advertisements and campaigning to gain more awareness, as summarized in Table 1 below. The International Council of Nurses (ICN), in conjugation with its sister organization, the Florence Nightingale International Foundation (FNIF), have identified a framework for policy interventions that could be applied to the nursing shortage in the UAE (International Council of Nurses, 2005).

The overall framework consists of four components, including workforce planning, recruitment and retention, deployment and performance, and utilization

With the appropriate skill mix. These components along with related interventions would be interdependent, functioning under effective leadership and stakeholder

Implementation of evidence-based teaching including best practice guidelines suited to the healthcare needs of the UAE people;

Table 1: *Study Results as Interventions to Combat the Nursing Shortage in Abu Dhabi, UAE (applying the ICN policy interventions frame)*

Component	Interventions	Requirements
Workforce planning	· Needs Assessment, based on Hospital statistics and surveys · Integrated planning with stakeholders at national, emirate-wise and local levels · Linking with the Education Sector- nursing schools.	· Up-to-date statistics · Linkage to the overall health services planning · Labor market behavior patterns of nurses
Recruitment and Retention into the profession	· Recruitment from "traditional" sources such as local high school girls, through incentives, such as government-funded scholarship; and mass media awareness- improving awareness regarding the nursing program · Recruitment from "new" sources-such as males; local Bedouin minority population; diploma holders-to fast-track them, via accelerated programs, into baccalaureate degree holders; working mothers-through flexible part-time weekend programs; potential students from faraway places-through distance education; military personnel from military hospitals-for refresher courses and skill updates · Retention of nursing students- through mentoring, by nursing faculty using authentic transformative leadership skills; study skills workshops; peer support programs; career counseling and guidance · Retention of graduate nurses-through reimbursement of their advanced education in exchange for work commitment; positive practice environments; professional development opportunities; competitive salary scales; creation of magnet hospitals · Attract back returners - through re-evaluation of skills and providing flexible working options	· Career growth ladder and financial/ emotional rewards need to be made more explicit in the general mass media · Better liaison between hospitals and nursing schools · Improving internal disposition through non-pay initiatives · Provide for flexible working models · Attention to safe working conditions · Promote nurses' involvement in autonomy and decision making
Deployment and Performance	· Internationally-accredited programs taught through a culturally sensitive curriculum; · Graduates assessed through internationally valid exams - modified for the UAE environment · Graduate outcomes satisfy UAE nursing standards	· Effective use of available resources on limited budget · Regular benchmarking with national and international standards · Data on recruitment, graduation and internship programs
Utilization and Skill Mix	· Regulatory and Legislative infrastructure leading to policy decisions regarding- qualified/unqualified job description; impact of volunteers and patient relatives	· Need for amendments to make nurses more effective – such as prescriptive authority for nurses, with added amendments for pay and career pathways

involvement and could promote recruitment and retention efforts in the Emirate, as seen in Table 1

Thus transformational nursing leadership in the field of education in the UAE could ultimately lead to excellence in nursing education by achieving these subcomponents and thereby facilitating an increase in Emirati numbers into the nursing profession. According to the National League for Nursing (NLN), a well-prepared nursing faculty teaching a culturally congruent nursing program leading to the accomplishment of a student-centered, innovative, customized curriculum with flexible working options would include the following:
Mentoring and advising of new students;

Recruiting, retaining and graduating qualified students through identification and attraction of both traditional and non-traditional students;
Advancing the profession and building an accredited nursing program leading to recognition in the UAE community while promoting the nursing image; and
Promoting a culturally suitable transformational organizational culture.

These are all possible strategies towards combating the issue of Emirati student recruitment and retention in the nursing program in Abu Dhabi.

The relatively small number of nursing leaders who participated in the study was a limiting factor in the study and was a result of their demanding work schedules.

8. Implications of the Study:
8.1. Nursing Education:
The study findings are relevant for Emirati student recruitment and retention practices in the nursing program in the Emirate of Abu Dhabi today. This was the first study to explore the experiences of nursing educational leaders related to the issue of Emirati nursing student recruitment and retention in the UAE. Administrators in the College of Health Sciences could utilize findings from this study. Social media can be used to project Emirati nurses as serving the country, working in the public sector and recruited by government agencies and sectors like the military.

A more positive image of nursing, including attractive traits like boldness, being influential and being leaders need to be displayed in the public eye. Different strategies including shadowing a nurse, nursing career workshops, and more summer camp experiences need to be introduced to middle school students to join nursing as a career. Marketing campaigns like 'The day in the life of a nurse in the UAE' need to be invested in to further showcase the profession and entice more youth into a career in the healing/helping profession. Advanced specialty programs in nursing need to be developed to further promote the image of nursing, raise its status and better serve the healthcare needs of the UAE community.

8.2. Nursing Practice:
This study has several implications for nursing practice as well. Currently, several prominent human resources planning frameworks and policy documents outline the need to increase nursing recruitment and enrolment as a strategy to address the current nursing shortage. New models of staffing and clinical rotation need to be explored to create more flexibility for the Emirati nurse preparing to join the nursing workforce in the country. More Emirati males need to be attracted to the profession to balance the workload.

8.3. Nursing Policy:
Several strategies can be identified for promoting nursing education and practice, and require congruent policy changes in order to implement them. Professional nursing organizations like the UAE Nursing and Midwifery Council should update and maintain currency in policies regarding how nursing and nurses are portrayed and presented, for the students, their families, and community in the UAE public arena. Professional nursing associations may also need to provide direction, support, and advocacy with respect to the roles and responsibilities of the nurse.

There is a need to campaign for promoting a positive image of nursing in all facets of the UAE society and hold to account anyone portraying a false image. One recruitment strategy currently being practiced is to have a dedicated financial plan to pay search engines to ensure that positive nursing related websites appear more prominently and frequently in the internet search engines (Price, 2011). This is yet another strategy that could be appropriate in the UAE context as students today are technologically savvy as well.

Nursing schools, hospitals, high schools and non-governmental nursing organizations need to become partners in a collaborative effort to increase knowledge and awareness of the nursing career pathway, and policy related to that collaboration need to be formulated for mutual benefits - for securing Emirati students from the schools into the nursing programme(s)s, who will upon graduation go on to get recruited into the various health care facilities and hospitals in the Emirate, in turn stemming, combating and slowly but surely reversing, the acute nursing shortage facing the United Arab Emirates today.

9. Recommendations for Future Research:
The following recommendations for further research are made as a result of the findings of this study:
In the United Arab Emirates:
As the nursing profession is still developing in the country, it would be interesting to note the changes in findings if a follow-up study were to be done five years hence. From continued research and development originating from this germinal study, additional studies involving a transformative strategy of inquiry is recommended, to help clarify best practice guidelines for transformational leaders in nursing in the UAE.

10. Conclusion:
The results of this study have added to the paucity of literature regarding recruitment and retention issues in nursing education in the UAE. Nursing education leaders play an important transforming role both within the college environment and outside in the UAE community. They have been instrumental in setting up the UAE Nursing and Midwifery Council, have promoted collaboration with international universities like the Australian university, brought internationally benchmarked curriculum to the Emirate, provided a database for the existing Emirati nursing population, created partnership with the existing governmental agencies to provide stipends and other benefits, and liaised between college and the hospitals to provide a smooth transition for the graduate students, all in the past decade alone, as the qualitative unstructured interviews with select nursing leaders revealed.

Leaders within the college have also strived to collaborate with the hospitals and nursing organizations to further market and campaign for recruitment, and engage

in academic partnership with clinical practice. Still, there are "miles to go" for the growth and development of the nursing profession in the country - there are no Emirati nursing education leaders at the current time to lead the nursing education forward, and serve as a role model for the UAE people. In addition, more advising, and counseling is required in high schools and pre-entry levels to appropriately guide students based on their interest and motivation into the nursing profession. It is hoped that the results of this study will help nursing education leaders and educators to gain a deeper awareness of the many factors influencing the Emirati nursing student with differing perspectives, and strive for change both within the college and outside in the surrounding community. With the culturally congruent change in nursing policy and practices, this will set the path for more Emirati nurses to be recruited and retained in the profession.

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