VERLAF
MANAGEMENT CONSULTANCY

BUILDING NATIONAL HEALTH WORKFORCES

Making nursing a first-choice career for nationals

Six levers that turn a growing national nursing workforce into a career young people choose

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04 / 04

EXECUTIVE SUMMARY

The idea that nationals will not choose nursing is out of date. **Saudi Arabia added nearly 40,000 Saudi nurses between 2017 and 2024, and about 40% of Saudi nurses are men.**[1, 2] Omanis rose from 12% of Ministry of Health nurses in 1990 to 66% in 2020.[3] Across the GCC, nationals' share of the nursing workforce rose to 30.3% in 2024, from 29.6% in 2023.[4]

+59%

growth in Saudi nurses, 2017 to 2024

MOH yearbooks via GLMM [1]

~40%

of Saudi nurses are men (2023)

GASTAT [2]

66%

of Oman MOH nurses were Omani in 2020, up from 12% in 1990

Oman Observer [3]

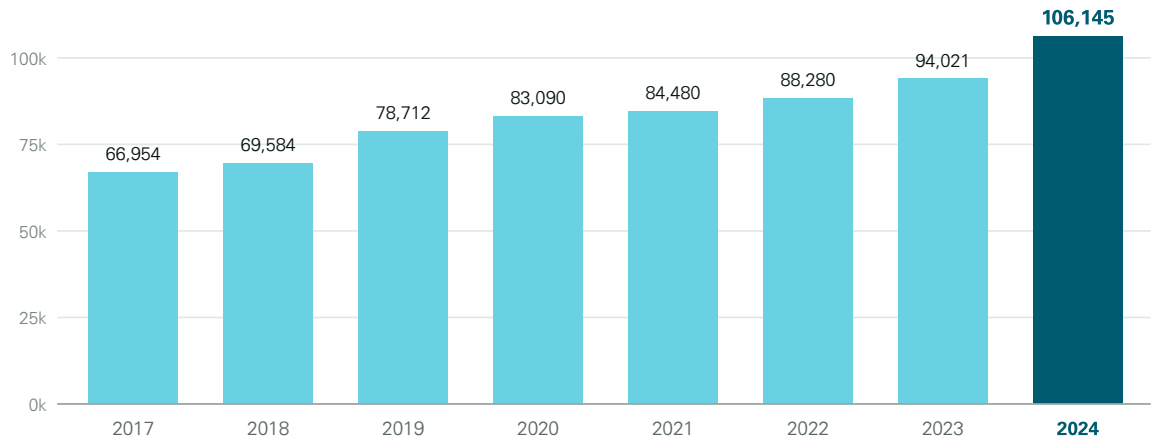
87.2%

first-year retention after a nurse residency, against a reported 67.2% nationally

AACN / Vizient [5]

Saudi nurses rose 59% in seven years

Saudi nationals in the nursing workforce, all sectors, 2017–2024



Source: Saudi MOH Statistical Yearbooks 2017–2024, compiled by GLMM [1].

The first three pieces in this series covered supply, investment and institutions. This one covers the last lever: the career itself. When nursing is a career that young nationals and their families choose first, every other part of a localisation programme becomes easier to deliver.

What shapes the choice

Research across the region points to four influences on whether young nationals choose nursing, and whether they stay.

Knowledge and image. Negative views of nursing are linked to low awareness of what nurses actually do. In a 2020 survey of 502 Saudi adults, half scored below 50 out of 100 on knowledge of the

profession. The authors linked the profession's image to poor awareness and socio-cultural barriers, which suggests the image can be changed.[6] Among female Emirati high-school students, attitude was a strong predictor of intention to study nursing.[7]

Family. In an early Saudi study (2004), only 22.4% of secondary-school students felt their family encouraged nursing.[8] Later research found that support from family, friends and others was linked to stronger commitment to the career among Saudi nurses.[9]

Working patterns. Long hours (59.3%) and night shifts (56.2%) were among the barriers students cited most often.[8] International evidence confirms that they matter. In a study of 31,627 nurses in 12 countries, shifts of 12 hours or more were linked to higher burnout and a higher intention to leave.[10]

Satisfaction once in post. Among nurses in Saudi public hospitals, most of them expatriates, job satisfaction was strongly linked to a lower intention to leave, and income and incentives shaped that satisfaction.[11] Intention to leave is higher among younger nurses,[12] so the early-career years matter most.

The global context raises the stakes. The world has 29.8 million nurses, and one in seven is foreign-born; in high-income countries the figure is 23%.[13] Every system is competing for the same people, so making the career attractive at home is the most sustainable source of supply.

Six levers that make nursing a first choice

01 Win families, not only students

Campaigns work best when they reach parents as well as students. Saudi Arabia's #All4Nurses_KSA campaign, launched in 2019 under the National Transformation Program, targeted the public, school and university students, and parents.[14] The UAE's 2015 national initiative to attract citizens to nursing combined a family-awareness programme, a "Little Nurse" programme for schoolchildren, nursing in secondary-school career guidance, and the Salma Award named after the first Emirati nurse.[15]

02 Make national role models visible, including men

About 40% of Saudi nurses are men,[2] and research with Saudi male nursing interns found that role models shaped their choice. The authors highlight social media as a way to show the importance of Saudi male nurses.[16] In England, the national "We are the NHS" campaign was credited as one factor in a 38% rise in 18-year-old nursing applicants.[17]

03 Pay that competes, and a ladder that shows where the career goes

Young nationals compare nursing with other options, so the offer has to compete from the first day. Emirates Health Services funds full tuition for Emirati nursing students, pays AED 25,000 a semester to those with a GPA of 3.0 or above, and recruits its graduates on completion.[18] The ceiling matters as much as the entry point. Saudi Arabia has introduced nurse practitioner programmes, developed with Duke University, and a Doctor of Nursing Practice programme run by Johns Hopkins with Johns Hopkins Aramco Healthcare.[19, 20] One US health system reports turnover below 6% among nurses on its clinical ladder.[21]

04 Protect the first year

The early-career years carry the highest risk of leaving. Structured transition-to-practice programmes address this directly. New-graduate nurses in the Vizient/AACN Nurse Residency Program had 87.2% first-year retention, against a reported national average of 67.2%.[5] In 2024, Emirates Health Services' new-graduate programme became the first in the UAE accredited by the American Nurses Credentialing Center.[22]

05 Design shifts and workplaces people can sustain

Work environment is the lever that the evidence supports most strongly. Nurses in US Magnet-recognised hospitals were 18% less likely to be dissatisfied with their jobs.[23] In the European Magnet4Europe evaluation across 56 hospitals, those that implemented more of the model saw lower burnout and lower intention to leave.[24] Self-rostering has been found to improve nurses' work-life balance and job satisfaction.[25] Shift options that suit family life address one of the barriers students name most often.

06 Give time back to patient care

Nurses spend an estimated 19% to 40% of a shift on documentation. A workflow redesign in one US system cut documentation time from 162 to 132 minutes per shift.[26] Early reports, including a vendor case study from one US system, suggest AI documentation assistants can reduce this further, though independent trials are still needed.[27] Time returned to the bedside makes the job closer to what people entered nursing to do.

When nursing is a first choice, every other lever gets easier.

FOR LEADERS

Questions for leaders

Six questions can test whether nursing is set up to be a first choice:

1. **Families:** do recruitment campaigns speak to parents as well as students, and show national nurses, women and men, in real roles?
2. **The offer:** does a national graduate's starting package compete with the other careers open to them?
3. **The ladder:** can a new nurse see a defined path to specialist, advanced practice and leadership roles, with pay attached to each step?
4. **The first year:** does every new graduate join a structured transition-to-practice programme, and is first-year retention reported?
5. **Shift design:** are there rostering options that suit family life, and is the effect of long shifts on retention monitored?
6. **Time to care:** has anyone measured how much of a nurse's shift goes on documentation, and is there a plan to reduce it?

Taken together, the series makes one argument: national health workforces are built by sequencing supply, investment, institutions and careers, not by targets alone.

SOURCES

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All sources were opened and checked in October 2026. This paper uses publicly available information only; no client material is used.

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Discuss how these ideas apply to your organisation

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