

SAUDI FEMALE NURSING STUDENTS' SENSE OF
BELONGING IN CLINICAL SETTINGS: A MIXED-METHODS STUDY

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For the Degree of Doctor of Philosophy
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By

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ABSTRACT

The objectives of this study were to: (a) explore what sense of belonging in clinical settings means to female Saudi nursing students, (b) identify the factors affecting the students' sense of belonging, (c) identify the consequences of a sense of belonging in clinical settings from the perspectives of female Saudi nursing students, (d) modify, translate, and test the Belongingness Scale–Clinical Placement Experience (BES–CPE) instrument based on the qualitative views of the participants, (e) develop a valid and reliable tool for use in the Saudi context, (f) determine the validity and reliability of the Arab version of the BES–CPE, and (g) measure and compare the extent to which nursing students experience a sense of belonging in clinical settings. This research used an exploratory mixed-methods approach. For the qualitative phase, there were 16 student participants. For the quantitative phase, there were 273 student participants. The study was conducted at three government universities in Riyadh, Saudi Arabia. The qualitative data were collected via semi-structured interviews. The quantitative data were collected using modified and translated versions of the BES–CPE.

The results indicated different personal, clinical, and academic factors influenced female Saudi nursing students' sense of belonging. The participants reported the following influential factors: distinctive characteristics of Saudi cultural values; lack of preparation; limited English language skills; and their relationship with the nursing staff, nurse educators, other health care providers, and clinical peers. The participants also reported positive consequences of a sense of belonging, such as feeling safe, valued and like a real nurse, as well as a motivation to learn. The study found that 75% of participants preferred to work with Saudi nurses who understood their needs, culture, and language. Almost 40% indicated their limited English language skills negatively affected their sense of belonging. The majority (90%) indicated an association of their

sense of belonging with their motivation to learn. Only 15% indicated they liked the nurses they worked with in clinical settings; and only 13% reported feeling welcomed and accepted by the nursing staff all the time. More than 30% of participants indicated making an effort to feel accepted by the nursing staff. Therefore, students must be team members and participate in patient care to become competent nurses who can provide quality and safe care. The lack of belonging, as the students described, decreases their opportunities to learn and leads to different psychosocial problems. Saudi society and families must promote the nursing profession because the country needs national nurses who understand the language and culture of Saudi patients.

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DEDICATION

I dedicate this dissertation to my husband Faisal who has provided me with all the support and encouragement, and who respected me as an independent Saudi woman.

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CHAPTER 1: INTRODUCTION

1.1 Introductions to the Problem

Saudi Arabia has a significant shortage of Saudi nurses, and most nurses who work in Saudi healthcare settings are expatriates who were recruited from various countries around the world (Almalki, FitzGerald, & Clark, 2011). According to the Saudi Commission for Health Specialists (SCHS), the total number of non-Saudi nurses who were registered with the SCHS in 2014 was 107,592 and the total number of Saudi nurses was 52,856. Despite the fact that Saudi Arabia requires between 140,000 and 175,000 nurses, the annual number of nursing graduates from all nursing schools in the country combined does not exceed 1,000 students (personal communication, February 3, 2014). It has been estimated that Saudi nurses will comprise no more than 30% of the total nursing staff in Saudi Arabia by 2025 (Bin Abdulrahman, 2006).

To minimize the shortage of national workforce in Saudi Arabia, the Saudization process was initiated in 1992 (Aboshaiqah, 2016). Saudization is defined as a process to educate and train Saudis to replace expatriates in all professions, including nursing (Gazzaz, 2009). The goal of Saudization is to increase the employment rate among Saudis, create more jobs, and reserve some jobs for Saudis. The Saudization process is facing many challenges, however, such as a lack of accredited nursing programs, poor work environments, the nursing image in Saudi Arabia, and low staff retention (Abu-Zinadah, 2006).

Although the first nursing program in Saudi Arabia was established in 1959, Saudi Arabia suffers from a severe shortage of Saudi nursing staff. The image of nursing and the low status of the nursing profession, family disapproval, Saudi sociocultural values, and mixed-gender working environment have played a significant role in reducing the interest of Saudis in studying nursing (Miligi & Selim, 2013). Alboliteh (2015) reported that a large number of Saudi nurses are planning to leave the profession because of negative perceptions of the

profession and poor working conditions. Nursing students are also influenced by the poor image of the profession in Saudi Arabia. As El-Sanabary (2003) explained, female medical students consider nursing students to be inferior, less intelligent, and less capable. Jackson and Gary (1991) reported that nursing is viewed as an extension of medicine, and that nurses are unable to make decisions and therefore must work as physicians' assistants. Moreover, nurses are viewed as unqualified and uneducated, carrying out orders and providing physical care without critical thinking (Mansour, 1992).

A lack of educational and practical preparation, and language and communication skills were identified as challenges for newly graduated Saudi nurses (Alboliteeh, 2015). The limited existing literature reports that a lack of professional knowledge and skills, as well as a theory–practice gap, were reported as stressors faced by Saudi nursing students during their clinical experiences. Miller-Rosser, Chapman, and Francis (2006) indicated that Saudi nurses were not allowed to provide nursing care because of a lack of adequate clinical preparation. It has been reported that a lack of clinical preparation of students is perceived as one of the factors that negatively influence nursing students' sense of belonging in clinical settings (Kern, Montgomery, Mossey, & Bailey, 2014).

Furthermore, English is spoken as a foreign language in Saudi Arabia. English is not taught in primary schools, and it is not strongly emphasized in intermediate and secondary schools (Al Shehri, 2009). Nursing students are, however, required to move from using Arabic as a medium of interaction with others to English as the language of study and communication in clinical settings (Suliman & Tadros, 2011). Many studies have reported that nursing students face difficulties communicating with nurses and are challenged when attempting to read and

understand the documentation in patients' files (Alonaizi & Paliadelis, 2015; Mutair, 2015). Because of their limited English skills, students may feel excluded, anxious, and distressed.

Many studies have reported that the presence of a supportive clinical nurse instructor is important for the student to feel a sense of belonging, to engage in patient care, and to become motivated to learn. The lack of Saudi nursing students' clinical preparation, however, was a result of the limited number of qualified nurse educators in teaching settings. Most clinical nurse educators in Saudi Arabia are newly graduated nurses with limited clinical and teaching experience (Aldawsari, Babenko-Mould, & Andrusyszyn, 2016; Mutair, 2015). A recent qualitative descriptive study identified that clinical nurse educators suffer from a lack of knowledge and guidance on how to teach and evaluate nursing students, and to create positive clinical experiences. Mutair (2015) also reported that lack of preparation, lack of teaching and communication skills, and lack of ability to motivate nursing students were some challenges that nurse educators face in Saudi Arabia. Ali (2012) indicated that Saudi nursing students wanted experienced clinical instructors who were available in clinical settings to work with students and provide help, guidance, and support, as well as providing students with opportunities to participate in patient care.

Because of the high ratio of students to clinical instructors, the nursing staff, many of whom are expatriate nurses, are overwhelmed by their own workload and may not have the time or interest to teach nursing students. As a result of high workloads and lack of interest in teaching nursing students, Saudi nursing students may suffer from exclusion and rejection by nursing staff. A study that was conducted to explore Saudi nursing students' perceptions of preceptorships identified that preceptors who were staff nurses and were responsible for both providing patient care and teaching students were exhausted due to multiple responsibilities; this

exhaustion negatively affected the students' learning process and student–staff relationships (Ali, 2012).

Lack of belonging was found by Alboliteeh (2015) to be a problem faced by newly graduated Saudi nurses. Because of their nationality, most participants in Alboliteeh's study felt unwelcome in the workplace, and were marginalized, neglected, and ignored by nursing staff, managers, and other health professionals. As a result of the lack of belonging and acceptance, some Saudi nurses in that study thought about leaving the profession. Despite the fact that Alboliteeh's study described the challenges that face newly graduated Saudi nurses, Saudi nursing students may face the same difficulties during their clinical experience, although this has not yet been reported in the literature.

Limited clinical placement is another issue facing nursing students in Saudi Arabia. In fact, more than 100 students are accepted to nursing programs across the kingdom, but with a severe shortage of clinical educators and limited clinical placements, there has been a decline in the level of nursing education in the kingdom (Abu-Zinadah & Banjar, 2006). Despite high enrolment rates since 2000, nursing colleges are losing more than 50% of their applicants due to limited resources (Abu-Zinadah & Banjar, 2006). Abu-Zinadah and Banjar (2006) have indicated that a shortage of qualified nursing educators and clinical instructors, and limited training placements are significant problems.

Because of cultural factors, nursing in Saudi Arabia is not considered a respectable profession because it forces women to work in a mixed-gender environment (El-Sanabary, 1993; Miller-Rosser et al., 2006). Because of the negative image of nursing, Saudis do not consider nursing as a career choice because they do not feel comfortable working with the other gender in the workplace (Aboul-Enein, 2002; Al-Omar, 2003). In addition, some nursing students find it

difficult to work in a mixed-gender environment with male staff or patients because of cultural values and societal restrictions, which cause students to experience stress and feel isolated in the clinical setting (Al-Hazmi & Windsor, 2013).

Nursing students in Saudi Arabia face multiple challenges that require serious attention from Saudi scholars. Some difficulties are related to the Saudi culture, and others are related to the academic preparation, clinical instructors and nursing staff. The academic related factors include a lack of clinical preparation, suboptimal use of the English language, and a lack of qualified nurse clinical instructors. In addition, clinical exposure and experience throughout the nursing program are limited. The lack of belonging that newly-graduated Saudi nurses face is a major challenge that may decrease retention of Saudi nurses. Additionally, the sociocultural background of the society hinders females from pursuing nursing education. In Saudi Arabia, a significant percentage of people dislike nursing as a job due to the social stigma of a nurse being a servant or maid.

Saudi nursing students may be challenged by the segregated role that applies in the Saudi community, lack of preparation, limited English skills, unavailability of knowledgeable and supportive clinical instructors, or a lack of acceptance from nursing staff and other healthcare professionals. Some researchers have found that these challenges can negatively affect students' sense of belonging and their learning in the clinical setting. This study was carried out to answer the following questions: (a) What does a sense of belonging in clinical experience mean to Saudi female nursing students? (b) What are the factors that affect Saudi female nursing students' sense of belonging in clinical settings? (c) To what degree do nursing students from three Saudi universities experience a sense of belonging? and (d) What consequences do students' experiences with a sense of belonging have on their professional practice?

In order to explore and describe Saudi female nursing students' sense of belonging in clinical settings, I used a two-phase, exploratory mixed-methods study to (a) explore the meaning of sense of belonging in clinical settings to Saudi female nursing students, (b) identify the factors affecting a student's sense of belonging, (c) identify the consequences of feeling a sense of belonging in clinical settings from the perspectives of Saudi female nursing students, (d) modify, translate, and test the belongingness scale–clinical placement experience (BES–CPE) instrument based on the qualitative views of the participants, (e) develop a valid and reliable tool that can be used in the Saudi context, (f) determine the validity and reliability of the Arabic version of the BES–CPE, and (g) measure and compare the extent to which nursing students experience a sense of belonging in clinical settings.

When I was interviewing the Saudi nursing students, I remembered being a nursing student myself, and how I struggled to belong to the nursing team. I remembered different experiences when I was a student and how much I felt excluded and isolated. I had the privilege of listening to the Saudi nursing students and having them trust me enough to share their academic difficulties. They shared their experiences, telling me how challenging it was for them to be in the clinical setting, feeling alone and rejected. These women also shared how excited and happy they were when they were included and could participate in providing patient care. They shared different factors and different experiences.

To enhance the students' sense of belonging in clinical settings, the role of the nurse educator is very critical. I learned that not all students were prepared before they went to the clinical setting; I learned that some students were not able to participate in the nursing interventions because of a lack of English language skills; I found out that not all nurses are supportive and helpful. It was difficult for me to listen to the students when they were describing

their experiences of being excluded, but I was amazed at how strong they were, how they learned without the help of their clinical instructors and nursing staff, and how they used the presence of their friends to learn. This research allowed me to share the experiences of Saudi female nursing students with their clinical educators, nursing staff, and other healthcare professionals, and how their experiences affected their sense of belonging. I hope their words will reach others to help in building positive learning experiences and improving learning experiences for nursing students.

1.2 Significance of the Study

This study is very relevant because there is current expansion in the nursing programs in Saudi Arabia and more Saudi students are coming to clinical practice. Understanding the experiences of Saudi female nursing students may help clinical educators and clinical settings to design effective clinical experiences and to better facilitate the learning process in clinical teaching. I hope that the findings of this study contribute positively to improving Saudi female nursing students' experiences in clinical settings. The findings will fill a gap in the literature concerning nursing education in Saudi Arabia and the Saudi female sense of belonging and the factors that enhance or impede their sense of belonging in the clinical setting. The modification and translation of the BES–CPE instrument will make it useful to other nursing educators in Saudi Arabia and other Arabic speaking countries. Overall, the findings of this study may contribute to the creation and support of more effective clinical learning situations for nursing students in Saudi Arabia, thus improving the quality of their educational experiences and retaining them in the nursing profession.

1.3 Organization of the Dissertation

This dissertation is written in a manuscript-style format and consists of five manuscripts presented and organized in a specific sequence. The first chapter includes an introduction to the

dissertation. Chapter 2 contains the first manuscript that describes *The Sense of Belonging from the Perspectives of Psychology, Education, and Nursing Education*. This manuscript was formatted according to the author guidelines for submission to the International Journal of Nursing Education Scholarship. The third chapter includes the second manuscript *Nursing Education in Saudi Arabia: An Integrative Literature Review* and it addresses the development of nursing programs and the sociocultural and educational challenges that face nursing education in Saudi Arabia. This manuscript is considered an integral part of this dissertation because it provides a detailed review of the past, present, and future status of the nursing profession in Saudi Arabia and explains why Saudi female nursing students reported that different factors that affect their sense of belonging were not discussed in the literature previously. This manuscript was formatted according to the author guidelines for submission to the Nurse Education Today Journal.

In chapter 4 of this dissertation, I outline the research design and conduct for both qualitative and quantitative phases. The fifth chapter contains the third manuscript, which addresses the process of translating, modifying, and validating the BES–CPE instrument to assess Saudi female nursing students’ sense of belonging in a clinical setting. The title of this article is *The Translation, Modification, and Validation of the Arabic Version of the Belongingness Scale–Clinical Placement Experience Scale*. This article will be formatted using the author guidelines for submission to the Journal of Nursing Measurement. The consent form, information, interview guide, invitation letter, and all required documents are included at the end of the dissertation.

The sixth chapter involves the fourth manuscript, entitled *The Saudi Female Nursing Students’ Sense of Belonging in Clinical Settings: An Interpretive Description*, and presents the

qualitative findings of this study. This manuscript provides important information about the experiences of Saudi females' sense of belonging in the clinical setting. It will be submitted for review to the International Journal of Nursing Studies, following the guidelines of that journal. two manuscripts, numbers four and five of this dissertation.

The seventh chapter includes the fifth manuscript, entitled *The Saudi Female Nursing Students' Sense of Belonging: A Mixed-methods Study*. This manuscript is formatted according to the author guidelines for submission to the Nurse Education in Practice journal and addresses both the qualitative and quantitative findings of this research, as well as exploring the factors that impact students' experiences of sense of belonging and the related consequences.

The last chapter of this dissertation includes the overall discussion of the findings, conclusion, and recommendation. Appendices include supporting information such as ethical consent certificate, participant consent forms, and interview guide and modified questionnaire.

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CHAPTER 2: MANUSCRIPT 1 A SENSE OF BELONGING: PSYCHOSOCIAL,
EDUCATIONAL, AND NURSING PERSPECTIVES

A SENSE OF BELONGING: PSYCHOSOCIAL, EDUCATIONAL, AND NURSING
PERSPECTIVES

2.1 Relationship of Manuscript 1 to the Dissertation

In this manuscript, I discuss the concept of sense of belonging and its application in the social, psychology, education, and nursing education fields. A review of the literature has identified sense of belonging as one of the most important human needs. The literature also revealed that a lack of belonging has been associated with multiple social and psychological problems. A sense of belonging is required in all aspects of human life and has a significant effect on cognitive processes, emotional patterns, behavioural responses, health, and human well-being. In nursing education, a sense of belonging is important for students, in both their academic lives and clinical experiences. Students' sense of belonging is facilitated by a comprehensive orientation program, length of clinical experience, student–staff relationships, and preceptorships. The literature review showed that no studies carried out in Saudi Arabia have explored nursing students' sense of belonging, and the BES–CPE has never been translated into the Arabic language. This manuscript is formatted according to the author guidelines for submission to the Journal of Nursing Education.

A SENSE OF BELONGING: PSYCHOSOCIAL, EDUCATIONAL, AND NURSING
PERSPECTIVES

2.2 Abstract

Many researchers in the fields of psychology, sociology, education, and nursing have recognized that a sense of belonging is a universal human need; the lack of belonging has been associated with multiple social and psychological problems. A sense of belonging is required in all aspects of human life and has a significant effect on cognitive processes, emotional patterns, behavioural responses, health, and human well-being. A lack of belonging has been reported as a problem that leads to many psychological and social problems. In nursing education, a sense of belonging is reported as an important factor that affects students' clinical learning experience. In the clinical environment, students' sense of belonging is facilitated by a comprehensive orientation program, length of clinical experience, student–staff relationships, and preceptorships. A positive clinical placement experience, high self-esteem, flexibility, increased self-regulatory learning, and increasing self-efficacy have been reported as positive consequences of having a sense of belonging during the clinical experience.

Keywords: sense of belonging, belonging, inclusion, acceptance, nursing students, clinical experience, and stressors

2.3 Introduction

Analysis of the literature in the fields of psychology, social sciences, education, and nursing reveals that a sense of belonging is considered a universal human need; a lack of belonging has been associated with multiple social and psychological problems. The aims of this paper are to review the psychosocial, educational, and nursing literature concerning a sense of belonging; to discuss the theoretical basis of a sense of belonging as a concept; and to describe how a sense of belonging is important in nursing students' clinical experience. Nursing databases were used to search for all studies that were conducted using the sense of belonging as a framework. My search included papers from 1940 to 2016. I also utilized the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Journals@Ovid Full Text, Proquest, PSCHinfo, and Google Scholar for this search. The search included English and Arabic literature, and all titles and abstracts were read for relevance to the purpose and inclusion in this review.

2.4 Theoretical Basis of a Sense of Belonging

According to most evolutionary psychology and anthropological perspectives, a sense of social belonging is a universal evolutionary concept (Lakin, Jefferis, Cheng, & Chartrand, 2003). Throughout history, individuals who lived on their own were unable to survive in most societies (Coon, 1946). Individuals needed to belong and engage with groups or communities to be able to complete necessary survival activities such as "locating and securing food sources, defending against predators, and reproducing and raising offspring" (Lakin et al., 2003, p. 146). In any society, individuals who helped other members and maintained good interpersonal relationships with others were more likely to be welcomed into the group and considered to be members who

belonged with the group, thus being able to achieve basic survival needs. This phenomenon may explain why people in ancient societies developed a strong need to belong to a group and avoid exclusion from society.

A sense of belonging is a widely-used concept in several theoretical approaches and can be observed across multiple disciplines, such as nursing, sociology, psychology, and education. Adler (1959) emphasized that a sense of belonging is an important human need. Erikson's theory of psychological development explained how a sense of belonging is important to facilitate the psychological growth of adolescents and motivate them to find a group that meets their social needs (Erikson & Erikson, 1998).

Abraham Maslow developed the theory of human motivation (Maslow's hierarchy of needs), which describes the stages of human needs: physiological needs, safety, love and belonging, self-esteem, and self-actualization (Maslow, 1943). According to Maslow (1968), a sense of belonging occurs when there is acceptance, recognition, and appreciation by a group. Anant (1967) suggested that a sense of belonging is the missing concept that can be used to understand the relationship between mental health and mental illness. Anant published two studies that examined the relationships among a sense of belonging, anxiety, and self-sufficiency. He proposed that people become more anxious when they are placed in a new environment without a clear direction on what to do, where to go, or to whom to talk (Anant, 1967, 1969). Furthermore, a person who is welcomed as an integral part of a social system feels more secure and possesses a greater sense of belonging (Anant, 1967). Hagerty, Lynch-Sauer, Patusky, Bouwsema, and Collier (1992) used a concept analysis strategy to explore how a sense of belonging was described from different theoretical perspectives. This analysis revealed that a

sense of belonging was a completely different concept but related to more frequently-discussed concepts in the literature, such as loneliness, alienation, and social support (Hagerty et al., 1992).

The sense of belonging concept analysis also determined that “sense of belonging is an important aspect of mental health and social well-being and is integral to the process of relatedness” (Hagerty et al., 1992, p. 173). Relatedness is defined as “an individual’s level of involvement with persons, objects, groups or natural environments and the concurrent level of comfort or discomfort associated with that involvement” (Hagerty, Lynch-Sauer, Patusky, & Bouwsema, 1993, p. 292). The theory of human relatedness addresses a universal human concern: human relatedness to others, objects, environments, society, and self (Hagerty et al., 1993). Relatedness is viewed as “a functional, behavioral system, rooted in early attachment behaviors” (Hagerty et al., 1993, p. 191). Connectedness, disconnectedness, parallelism, and enmeshment are the states of relatedness that individuals move through (Hagerty et al., 1993).

The sense of belonging has been identified as one of the four social processes that contribute to helping individuals move through different states of relatedness (Hagerty et al., 1993). To achieve a sense of belonging from a social perspective, there must be “frequent personal contacts or interactions with the other person. Ideally, these interactions would be affectively positive or pleasant” (Baumeister & Leary, 1995, p. 500). Baumeister and Leary (1995) theorized that a sense of belonging is “a powerful, fundamental, and extremely pervasive motivation” that plays a significant role in the development of “emotional patterns and on cognitive processes” (p. 497). If this sense of belonging is absent, associative negative effects on physiological and psychological well-being may occur. A sense of belonging has been recognized as key to the emergence of social capital and as an indication of membership in groups and social networks (Prusak & Cohen, 2001).

In nursing education, a sense of belonging is defined as a personal experience that evolves in response to feeling included, valued, and accepted by the group and reflects the harmony of the interpersonal and professional relationship between the individual and the group (Levett-Jones & Lathlean, 2008). The Ascent to Competence framework, which resulted from a study conducted by Levett-Jones in 2007, was developed to show how a sense of belonging in clinical experience is important to nursing students' learning and success (Levett-Jones & Lathlean, 2009). The framework was derived from the concepts of motivation to learn and a positive learning environment, and applied a modified version of Maslow's (1943) Theory of Human Motivation to nursing students' clinical experiences. The Ascent to Competence conceptual framework "provides a system of interrelated concepts arranged in a hierarchical sequence of generalizable relationships" (Levett-Jones & Lathlean, 2009, p. 2872).

The framework has five levels of needs: safety and security, belonging and acceptance, healthy self-concept, learning, and competence. The concepts are arranged in a hierarchy, with basic needs placed at the base of the pyramid. The conceptual framework focuses on clinical education, nursing students' sense of belonging, and competence (Levett-Jones & Lathlean, 2009). Furthermore, Levett-Jones and Lathlean adopted and modified the Belongingness Scale: Clinical Placement Experience (BES-CPE) from a tool developed by Somers (1999). This tool was developed to test and compare nursing students' experiences of a sense of belonging in clinical settings. The BES-CPE survey represents three subscales: esteem, connectedness, and efficacy (Levett-Jones, Lathlean, Higgins, & McMillan, 2009a). Many researchers have used the BES-CPE in different studies to assess nursing students' and nurses' sense of belonging in clinical settings in Australia (McKenna et al., 2013), Korea (Kim & Jung, 2012), Malaysia (Mohamed, Newton, & McKenna, 2014), Canada (Sedgwick, 2013), Iran (Ashktorab et al.,

2014), in the USA (Grobecker, 2016), and Japan (Honda, Levett-Jones, Stone, & Maguire, 2016).

2.5 A Sense of Belonging from a Psychological Perspectives

The need to belong and maintain a stable interpersonal relationship is considered an important fundamental motivator for all human beings (Baumeister & Leary, 1995). A sense of belonging is associated with psychological and social functioning (Hagerty et al., 1992). Many psychological, social, spiritual, and physical consequences of a sense of belonging have been reported in the literature. Different authors have emphasized the importance of a sense of belonging in maintaining personal relationships and self-identity (Anant, 1996; Hagerty et al., 1992). A sense of belonging has positive effects on human behaviour, cognitive and motivational functions, and emotions (Baumeister & Leary, 1995), and can lead to positive effects such as happiness and joy, whereas a lack of belonging can lead to depression (Bay, Hagerty, Williams, Kirsch, & Gillespie, 2002; Choenarom, Williams, & Hagerty, 2005; Hill, 2006), high levels of anxiety (Baumeister & Tice, 1990), aggression (Twenge, Catanese, & Baumeister, 2002), guilt, and jealousy (Leary, Twenge, & Quinlivan, 2006), as well as diminished psychological and social functions.

Baumeister and Leary (1995) also indicated that a lack of belonging may increase the risk of mental illness, and Hawkey, Burleson, Berntson, and Cacioppo (2003) suggested that it may reduce immune system functioning. For example, older adults who were rejected by others or had negative social interactions were at risk of having poor health, more illnesses, and functional limitations (Newsom, Mahan, Rook, & Krause, 2008). It has been reported that lower levels of a sense of belonging to a society are associated with higher levels of depression and suicidal ideation among older adults (Bailey & McLaren, 2005). In displaced groups such as immigrants

and disaster survivors, lack of belonging has been associated with anxiety and depression (Hill, 2006). Being excluded from or rejected by a group can also lead to aggressive behaviours (Twenge et al., 2002). It has been reported that people excluded from a group are more aggressive toward the group and, in particular, toward the person who rejected them (Leary et al., 2006).

Moreover, individuals who suffer from a lack of belonging are at a higher risk of heart disease and mental health problems (McInnis & White, 2001). Hawkley et al. (2003) assessed the relationship between loneliness and cardiovascular functioning among undergraduate university students and predicted that loneliness increased sympathetic nervous system activities and caused higher levels of total peripheral resistance, both of which may increase the risk for high blood pressure. Some researchers found that a lack of belonging increased cortisol release in the human body (Dickerson & Kemeny, 2004). For example, people who believed that nobody was interested in working with them or engaging with them as team members had higher cortisol levels than did people who were accepted and welcomed as members of a group (Blackhart, Eckel, & Tice, 2007). When exclusion occurs because of a choice made by the group, individuals may suffer from low self-esteem and score lower on intelligence quotient tests and graduate record examinations (Leary, Cottrell, & Phillips, 2001).

Early parental interactions and life experiences within the family and school may significantly influence children's sense of belonging in adulthood, according to Hagerty, Williams, and Oe (2002), who investigated the relationship between university students' sense of belonging and different childhood experiences, such as a caring relationship with parents and participation in school athletic activities. They found that students' positive childhood experiences were highly correlated with their sense of belonging (Hagerty et al., 2002).

In contrast, an unsatisfied sense of belonging among adolescents has been found to be a factor in their inclination to engage in gang activities and drug abuse (Hagerty et al., 2002). Adolescents search for comfort and support from those who welcome them and strengthen their sense of belonging (Clark, 1992). In a study conducted in a high-crime neighbourhood, Hagerty et al. (2002) reported that gang members were highly influenced by their friends and felt obligated to maintain their friendships to ensure their acceptance and membership in the gang. Carlie (2002) indicated that adolescents who are discriminated against by their peers may join gangs to be accepted and to gain a sense of belonging. Interviews conducted with 22 prisoners found that gang activities are important for self-identity, companionship, participation in social activities, and fulfilling the need for love and belonging (Stretesky & Pogrebin, 2007).

In four different methodological studies conducted to assess the relationship between sense of belonging and meaning in life, researchers found a strong positive correlation between sense of belonging, meaningfulness, social support, and social value. indicating that the sense of belonging enhances the meaning in life (Lambert, Baumeister, Stillman, & Fincham, In press; Lambert et al., 2010; Lambert et al., 2013).

2.6 A Sense of Belonging from an Educational Perspectives

A sense of belonging is one of the most important needs for all students (Osterman, 2000). Many educational researchers have reported that a sense of belonging is highly related to school attendance (Libbey, 2004), academic achievements (Freeman, Anderman, & Jensen, 2007), and attachments formed with peers and teachers (Furrer & Skinner, 2003). Students' abnormal behaviours in school can be influenced by their sense of belonging (Aerts, Van Houtte, Dewaele, Cox, & Vincke, 2012). It has been reported that students with a high sense of

belonging have fewer cases of misconduct, absenteeism, or disciplinary actions for inappropriate behaviour (Demagnet & Van Houtte, 2012).

Students' experiences with a sense of belonging also impact their academic experiences. It has been proposed that students' sense of belonging in the university is linked with student–faculty and student–peer relationships, as well as student–classroom interactions (Hoffman, Richmond, Morrow, & Salomone, 2003). Similarly, students had a high attachment to their university and to their university colleagues (France, Finney, & Swerdzewski, 2009). Students with a low sense of belonging, however, were less attached to their schools and teachers, did not socialize with other students, and were more isolated from and alienated by peers (Pearson, Muller, & Wilkinson, 2007). Low engagement in academic activities, low academic achievement, failing courses, low expectations for further education, and diminished interest in studying are some of the consequences of a low sense of belonging in a university (Johnson, Crosnoe, & Elder, 2001).

Many educational researchers have conducted studies to assess the relationship between students' sense of belonging and their racial and ethnic backgrounds. In the USA, a study that examined a sense of belonging among 2,967 first-year university students from different ethnic groups showed that African American, Hispanic, and Asian Pacific American students had a lower sense of belonging than did White students (Johnson et al., 2007). Their university's racial climate and student residence halls were factors that affected their sense of belonging. Another study in the USA suggested that students' sense of belonging was affected by frequent, positive interaction between students from different ethnic backgrounds; however, perceived racial tension negatively affected students' sense of belonging (Locks, Hurtado, Bowman, & Oseguera, 2008). A study that explored key factors that affect minority students in the biomedical and

behavioural sciences found that college financing, family support and responsibilities, and campus racial dynamics were factors that affected students' adjustment and sense of belonging in the first year (Hurtado et al., 2007). Ninety-two students were included in a randomized control trial to assess the consequences of a sense of belonging on freshmen students' health and academic achievement. The researchers found that social belonging raised the grade point average of African Americans, improved their health and well-being, and reduced their doctor visits (Walton & Cohen, 2011).

Researchers have also identified interaction with faculty and peers, participating in extracurricular activities, and living in a campus residence as factors that affect students' sense of belonging. A study which investigated the sense of belonging of 53 part-time students suggested that the students' relationships with the teaching staff and their sense of belonging were enhanced by interaction, quality teaching, and making a positive initial impression (Kember, Lee, & Li, 2001). Having supportive peers and faculty members can also enhance students' sense of belonging at a university and make the university experience more enjoyable (Johnson et al., 2007). In addition, participating in extracurricular activities and belonging to different student associations, such as religious or social community associations, have a huge influence on students' sense of belonging at university (Hurtado & Carter, 1997). Ferrari and Cowman (2004) reported that students who held roles in student associations and participated in university activities experienced a greater sense of belonging to the university. Different studies have reported that sense of belonging is associated strongly with students' perceptions of the importance of academic activities and choosing their major (Freeman et al., 2007). For example, in the context of mathematics, a group of psychologists developed a tool called the Math Sense of Belonging Scale to assess the gap between male and female students in math. They

determined that women who perceive a high degree of stereotyping in the math community have a low sense of belonging, whereas women who have strong math ability have a stronger sense of belonging and intention to continue studying math as a major (Good, Rattan, & Dweck, 2012).

2.7 A Sense of Belonging from a Nursing Perspective

In the context of nursing education, the sense of belonging is considered to be an important element in clinical education and has major implications for the success of nursing students. A students' sense of belonging is facilitated by a comprehensive orientation program, length of clinical experience, relationship with staff, and preceptorship (Levett-Jones & Lathlean, 2008). Before the beginning of a clinical experience, nurse educators must plan the length of the clinical experience, acknowledging that students require two to four weeks of a well-planned, structured clinical experience to feel comfortable interacting with staff and patients (Levett-Jones & Lathlean, 2009).

Mallaber and Turner (2006) suggested that students' sense of belonging has been proposed to be highly associated with the length of the clinical experience. Australian nursing students from three different universities emphasized "the importance of having adequate time to settle in and to make themselves familiar with the personnel, culture, and practice of each unit or ward they were assigned to" (Levett-Jones & Lathlean, 2008, p. 9). Another study in Australia reported that short clinical rotations negatively affected nursing students' sense of belonging (Nolan, 1998). Many authors have argued that a lack of clinical experience could threaten a student's sense of safety and security in a clinical setting (Elliott, 2002; Mallik & Aylott, 2005).

At the beginning of a new clinical experience, a well-planned orientation program is crucial for reducing nursing students' anxiety and enhancing their sense of belonging (Elcock, Curtis, & Sharples, 2007). Nursing students require a comprehensive orientation to the clinical

setting, which includes: the location of the clinical setting; an introduction to the clinical staff, policies, and procedures; a listing of daily schedules and routines; emergency plans; and patient documentation procedures (Gaberson & Oermann, 2010). In a constructivist grounded theory study Allison, Montgomery, Mossey, and Bailey (2014) conducted a total of 22 interviews to describe undergraduate nursing students' perceptions of how their sense of belonging in clinical settings developed through their relationship with clinical educators and preceptors. Students indicated that their sense of belonging in clinical settings had three dimensions: "positioning of belongingness, persevering of belongingness, and ultimately entering into belongingness" (Allison et al., 2014, p. 133). Students also said that preparation for the clinical experience and meaningful relationships with their clinical educators and preceptors were crucial for them to feel that they belonged to the nursing team (Allison et al., 2014).

During clinical experience, preceptorship and student–staff relationships had the greatest influence on students' sense of belonging. The consistency and quality of their preceptorships play important roles in helping students fit into clinical settings and building their sense of belonging. Preceptorship is defined by the Canadian Nursing Association (2004) as "A formal, one-to-one relationship of pre-determined length, between an experienced nurse (preceptor) and a novice (preceptee) designed to assist the novice in successfully adjusting to and performing a new role" (p. 13). In clinical settings, preceptors play an important role in helping students build a positive relationship and enhancing their sense of belonging (Andrews, Brodie, Andrews, Wong, & Thomas, 2005). Sedgwick and Yonge (2008) conducted an ethnographic study to determine undergraduate nursing students' sense of belonging experiences in rural hospitals and suggested that working with preceptors enhanced students' sense of belonging. Students felt they belonged to the team when they were known by nursing staff personally and professionally

(Sedgwick & Yonge, 2008). Students who worked with the same preceptors over time reported a high level of satisfaction, especially when they worked with qualified, experienced nurses in formal, structured processes (Brammer, 2006). Students who worked with different preceptors within the same clinical experience felt excluded, however, as if they were just extra hands for the nursing staff (Brammer, 2006).

Participants in a study that explored the experience of belonging and the relationship between student nurses and staff members illustrated that “receptiveness, inclusion, legitimization of the student role, recognition and appreciation, and challenge and support” are the main factors that promote a sense of belonging in clinical experiences (Levett-Jones, Lathlean, Higgins, & McMillan, 2009b, p. 316). Students suggested that the nature and consistency of the nursing staff–student relationship is important to help them feel accepted in the clinical area (Levett-Jones et al., 2009b). A supportive nursing staff and positive student–staff relationships are important requirements which help students become familiar with clinical environments and develop positive learning experiences (Andrews et al., 2005; Pigott, 2001). Using the clinical incident technique, a purposive sample of fourth-year nursing students described the events that influence Canadian undergraduate nursing students’ sense of belonging in rural hospitals. The researchers suggested that students’ sense of belonging is highly influenced by the student–staff relationship (Sedgwick & Rougeau, 2010). Conversely, a negative attitude of preceptors could undermine and ruin students’ experiences (Myall, Levett-Jones, & Lathlean, 2008). A lack of preceptor support will negatively affect students’ confidence, and they will feel disconnected from the learning process, which in turn will hinder their efforts to achieve their learning objectives (Myall et al., 2008).

In Australia, the language barrier was reported as one of the multidimensional factors that affected students' sense of belonging (Levett-Jones, Lathlean, McMillan, & Higgins, 2007). Students who have limited English skills find it more difficult to ask questions, seek help from staff, or build positive relationships with the nursing staff. This situation leads to students feeling isolated, unmotivated, anxious, disempowered, and distressed. Shakya and Horsfall (2000) explored the experiences of international undergraduate nursing students for whom English was a second language and reported that their most challenging aspect was speaking and listening in a clinical context. This limitation reduced their confidence and self-esteem and made them feel alienated.

2.8 Conclusion

This review has indicated the importance of a sense of belonging from a psychosocial perspective. A sense of belonging is a fundamental human need and can positively affect well-being, according to many studies. Conversely, a lack of belonging can lead to serious psychosocial problems. The nursing literature has revealed how a sense of belonging is important to the clinical experience and how student–staff relationships, preceptor-ships, duration of clinical experience, orientation, and language are essential to enhancing students' sense of belonging and their potential for learning.

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CHAPTER 3: MANUSCRIPT 2 NURSING EDUCATION IN SAUDI ARABIA: AN
INTEGRATIVE LITERATURE REVIEW

MANUSCRIPT 2 NURSING EDUCATION IN SAUDI ARABIA: AN INTEGRATIVE
LITERATURE REVIEW

3.1 Relationship of Manuscript 2 to the Dissertation

In this manuscript, I discuss the history of the nursing profession and the development of nursing programs in Saudi Arabia, and provide the context for this study. Saudi Arabia has a significant shortage of Saudi nurses. The image of nursing, low status of the nursing profession, inadequate nursing education programs, and different sociocultural factors are some of the many challenges that have been identified as negatively influencing the development of nursing programs in Saudi Arabia. The poor image of nursing has played a major role in decreasing the number of Saudis joining the nursing program, or working as bedside nurses. Multiple factors such as gender segregation, working conditions, lack of preparation, shortage of qualified nurse educators, lack of English skills, limited clinical placements, and absence of a national nursing exam have been reported as some of the difficulties that face nurses in Saudi Arabia. The review of the literature concerning the challenges faced by Saudi nurses was used as a guide for this research. This manuscript provides background information about the nursing profession, nursing education, and the problems that face both the nursing profession and education in Saudi Arabia. Literature from other Arabic countries was used to support the limited studies that were found concerning nursing in Saudi Arabia. This manuscript will be submitted to the International Nursing Review Journal.

3.2 Introduction

In this paper, the author provides information about the development of the nursing profession and education in Saudi Arabia, particularly about the factors that affect the development of nursing education in Saudi Arabia. The author explores the sociocultural and educational factors that influence the advancement of nursing education in Saudi Arabia. The literature review surveyed work published between 1970 and 2016. All studies that discuss the development of the nursing profession, nursing programs, and challenges that face nurses in Saudi Arabia and other gulf countries were included. The following search terms were used: *nursing, Saudi Arabia, image, profession, culture, perception, nursing education, nursing students, and status*. Databases such as Medline, CINAHL, PubMed, Google Scholar, and ProQuest Dissertation were used to search for articles, and both Arabic and English articles were reviewed. Nonetheless, there were only 51 publications that explore the challenges that confront nursing education in Saudi Arabia. All studies that were not discussing the status of the nursing profession and education in Saudi Arabia and other gulf countries were excluded.

3.3 The Nursing Profession in Saudi Arabia

Saudi Arabia has a significant shortage of Saudi nurses (Aboshaiqah, 2016). The image of nursing, low status of nursing, inadequate nursing education programs, and sociocultural values play a significant role in reducing the interest of Saudis in studying nursing (Aboul-Enein, 2002; Al-Omar, 2003; Tumulty, 2001). Nursing is not a new profession in Saudi Arabia; it began to appear after the emergence of Islam around 613 AD (Miller-Rosser, Chapman, & Francis, 2006). During wartime, Muslim women provided care and support for wounded soldiers. Rufidah Al-Aslamia was the first Muslim nurse to provide care for sick people during and after

battles 625 AD (Al-Hassani). After Rufidah, other Muslim women worked as nurses, helping sick patients and looking after wounded soldiers (Hassan, Hassan, & King, 2012). Despite the fact that nursing was the most preferred profession for Muslim women during the time of the Prophet Mohammed, nursing is not currently a well-respected profession in Saudi Arabia and other gulf countries (Miller-Rosser et al., 2006), mainly because it forces women to spend long hours working in a mixed-gender environment away from their homes. This view is only applied to the nursing profession, however; other health professions, such as medicine, have a better reputation than nursing (El-Sanabary, 2003; Hamadi & Al-Hyder, 1995).

For many years, the nursing workforce in Saudi Arabia has relied mostly on foreign nurses from more than 40 countries with different cultural backgrounds and has suffered from a shortage of qualified Saudi nurses (Aboshaiqah, 2016; Almalki, FitzGerald, & Clark, 2011). The different cultural and religious backgrounds of expatriate nurses have negatively influenced the nursing care provided for Saudi patients (Aboul-Enein, 2002). In 2014, there were 160,448 nurses registered with the Saudi Commission for Health Specialists and only 52,856 were Saudis, and 96% of Saudi Arabian nurses hold a diploma or associate degree in nursing (Alamri & Sharts-Hopko, 2015).

According to many scholars, the shortage of nurses is one of the challenges that face the nursing profession worldwide. For example, in the USA, because of a lack of professional development and continuing education activities, job stresses, and being undervalued, nurses are leaving their jobs (Janiszewski Goodin, 2003). The shortage of nurses in the USA is estimated to be approximately 250,000 nurses by 2025 (Janiszewski Goodin, 2003); in Canada, 50% of currently registered nurses will retire within the next 15 years (Oulton, 2006); and in Denmark, an increase of more than 20,000 nurses will be needed by 2025 (Oulton, 2006).

3.4 History of Nursing Education in Saudi Arabia

In the Middle East, Saudi Arabia is considered one of the leading countries in healthcare delivery systems (Almalki et al., 2011). Despite the advancement in many life aspects, the healthcare system in Saudi Arabia suffers from a significant shortage of Saudi nurses. It is anticipated that Saudi Arabia required a minimum of 25 years to fulfill only 30% of its needs with Saudi graduates of nursing programs (Gazzaz, 2009). Because of the shortage of Saudi nurses, there was a huge expansion of nursing programs offered in Saudi Arabia. In 2013, there were 4614 nursing students registered in 13 nursing schools, and the Saudi government sponsored more than 500 students to go abroad to pursue higher education in nursing and to prepare highly qualified Saudi leaders and educators (personal communication, February, 2014).

In collaboration with the World Health Organization, the first nursing education program in Saudi Arabia was established in 1958 in Riyadh (Aldossary, While, & Barriball, 2008). At that time, the admission requirement was an elementary school education and 15 male Saudi students were enrolled in the institute. Other health institutes were opened in Riyadh and Jeddah to enroll Saudi males and females (Tumulty, 2001). Graduates from these institutes worked as nurses' aides (Miller-Rosser et al., 2006). In 1990, there were a total of 33 health institutes that provided nursing education to Saudi males and females, and a total of 1391 students graduated that year (El-Sanabary, 1993). In 1992, the Ministry of Health changed the length of the program from one year to three years and changed the admission requirement to a secondary school certificate (Tumulty, 2001).

To improve the nursing profession in Saudi Arabia, junior colleges were opened for high-school-prepared students. In 1992, some health institutes were upgraded to post-secondary health institutes and junior colleges, and enrolled high school students, resulting in a total of 46 health

institutes and junior colleges (El-Sanabary, 1993). Recently, all health institutes and junior colleges were transferred to the Ministry of Education (MOE) to improve the quality of nursing programs (Alamri & Sharts-Hopko, 2015).

In 1976, the first Bachelor of Science in Nursing was started in Riyadh under the umbrella of the MOE. Other BSN programs were established at King Abdulaziz University in 1977 and at King Faisal University in 1987 (Aldossary et al., 2008). Furthermore, the first Master of Science in Nursing degree was started at King Saud University in 1987 and offered the degree for female Saudi nurses (Gazzaz, 2009). In 2014, there are 13 nursing colleges offer a bachelor degree in nursing with more than 5000 graduates since the establishment of all nursing programs (personal communication, February 3, 2014).

Prior to 2005, there were no BSN programs for Saudi males (Gazzaz, 2009), limiting opportunities for Saudi males to pursue a higher education in nursing. The first BSN nursing program for Saudi males was established at King Saud University in 2005 (Almalki et al., 2011). Two BSN programs were established later at Aldamam University and Hayl University. For more than 25 years, Saudi males were unable to pursue a BSN, and Master's programs were available for females only. Recently, however, a Master's program was established for Saudi males at King Saud University and 10 students were enrolled in the program in 2014. In addition, a scholarship program was initiated to provide opportunities for Saudi nurses from both genders to study abroad. In 2013, 471 students graduated and returned to Saudi Arabia with a BSN, Masters, or PhD in nursing.

Other post graduate nursing diploma programs were offered by other governmental agencies, such as the Medical Services of the Armed Forces, the National Guard Health, The Prince Sultan Cardiac Center, and King Faisal Specialist Hospital and Research Center

(KFSH&RC) (Almalki et al., 2011). These two-year programs, followed by six months of clinical practice, accept both male and female high school students, and teach nursing care and basic sciences to prepare students to work in different specialized areas, such as operating rooms, critical care units, and emergency rooms (Aldossary et al., 2008). In collaboration with Monash University in Australia, the KFSH&RC established a local scholarship graduate program for Saudi nurses who were unable to study abroad. This program was offered for Saudi nurses who were working in that organization (Aldossary et al., 2008).

In 2001, the College of Nursing and Allied Health Sciences at King Abdulaziz Medical City in Riyadh established a BSN program with two streams. The first stream was for female students who had graduated from high school and the second stream, known as the Graduate Entry Accelerated Program, was for females who held a bachelor's degree in science. Other branches were opened in Jeddah in 2006 and in Al Ahsa in 2007 (Almalki et al., 2011). In 1999 and 2002, the first private health institutes and colleges, respectively, were established in Saudi Arabia. The private institutes provide a diploma in nursing and other healthcare specialists and the private colleges provide a bachelor degree in nursing. In 2013, more than 200 students graduated from three private colleges in Saudi Arabia (personal communication, February 3, 2014).

3.5 Factors that Affect the Advancement of Nursing Education in Saudi Arabia

3.5.1 Nursing Image

The nursing image has been defined as “the sum of beliefs, ideas, and impressions that people have of nurses and nursing” (Kalisch & Kalisch, 1987, p. 2). The nursing image is a challenge faced by the nursing profession worldwide and is a very important factor that affects an individual's decision to choose nursing as a profession (Ten Hoeve, Jansen, & Roodbol,

2013). It has been reported that nurses image influences funding for nursing education, practice, and research, as well as the quality of nurses working life (Rezaei-Adaryani, Salsali, & Mohammadi, 2012). Nurses image is associated with the public perception of nursing, nurses' professional identity, nurses' perception of public image, and the image of nursing in the media (Rezaei-Adaryani et al., 2012). In all Arab countries, including Saudi Arabia, the nursing profession has been considered a profession for the lower classes and academically-poor individuals, and this poor image has directly influenced the shortage of nursing staff (Al-Kandari & Lew, 2005; El-Sanabary, 1993).

The media plays a major role in creating the negative image of nursing in Arabic countries, with most TV programs showing nurses as illegal orphans (Meleis, 1979). Many researchers have reported that the media has negatively impacted the image of nursing, always representing nurses in a very poor manner (Donelan, Buerhaus, DesRoches, Dittus, & Dutwin, 2008; Gordon, 2004; Kazis & Schwendimann, 2009). According to Hereford (2005), the fictional image of nursing in movies and TV shows has been a factor that affects the perception of nursing as a profession and the recruitment of women into nursing.

The lack of respect for nursing and the inferior image of the nursing profession negatively affect the choice of nursing as a profession, as well as the retention and recruitment of highly qualified women. It has been reported that nursing in Qatar and the United Arab Emirates (UAE) suffers from a negative attitude that influences the recruitment and retention of national nursing staff (El-Haddad, 2006). In 2003, the total number of Emirati nurses who worked in UAE hospitals was only 3%. Factors other than the nursing image have also been reported to influence a local student's choice to become a nurse. In Qatar, difficulties with getting married, working as a nurse after getting married, and disapproval and resistance of families allowing

their daughters to work as nurses were also found as factors that affect the decision to consider nursing as a profession (Okasha & Ziady, 2001). The same findings were reported in Saudi Arabia (Al-Omar, 2003) and Kuwait (Meleis, 1979). In addition, Al-Kandari and Ajao (1998) explored the perception of low enrolment in nursing programs in Kuwait and identified that nursing care is like the job of domestic maids, and nursing is therefore viewed as a low-status profession.

In Western countries such as the USA, the view of nursing as profession and the decision to choose nursing is also affected by the nursing image. It has been reported that the image of nursing has negatively affected the recruitment of students and retention of nurses (Emeghebo, 2012). The professional image of nursing was also found to be a factor that contributed to the nursing shortage, the decision to study nursing, and the decision to stay in nursing and advocate for nursing (Buerhaus, Donelan, Ulrich, DesRoches, & Dittus, 2007). A study conducted to assess the perception of 13 American nursing students concerning the image of nursing before and during the nursing program showed that students held negative ideas about the nursing profession after they joined the nursing program. Many nursing students perceived nursing as a noble and caring profession before they joined the nursing program, but after being exposed to clinical settings, their view changed and they viewed the nurse's role as limited to carrying orders, doing procedures, and documenting interventions (Sand-Jecklin & Schaffer, 2006). Safadi, Saleh, Nassar, Amre, and Froelicher (2011) used a descriptive cross-sectional design to describe changes in nursing students' perception over four years. They reported that student perceptions changed over the duration of the four-year study program from "lay altruistic beliefs to theoretical–medical technological views denoting a theory–practice gap" (Safadi et al. 2011, p. 420).

Furthermore, lack of information concerning the nursing profession plays a significant role in creating the poor image about the nursing profession in Saudi Arabia (El-Haddad, 2006). Most information about the nursing profession is inaccessible in Arabic to the public, particularly to the younger generations. El-Haddad (2006) explained that “lack of educational resources in the national language and lack of standardization of nursing programs continue to compromise the quality of nursing education in the region” (p. 285) which thus affects the nursing image. Different career pathways, graduate studies opportunities, the history of nursing in Islam, different work opportunities, and clear job and function descriptions may help to create a positive nursing image (Al-Kandari & Lew, 2005). According to Shukri (2005), the nursing image in Algeria, Egypt, Palestine, Qatar, and Saudi Arabia has improved slightly, but a negative image still exists. The nursing image and many social and cultural challenges in Saudi Arabia have been found to be significant factors that influence the decision of Saudis to join nursing.

3.5.2 Social and Cultural Barriers

In Saudi Arabia, Islam is considered a social system that controls the lives of the Saudi people. Saudi people, however, differ in their perception, understanding, and practice of Islamic rules and guidelines. An individual’s perception of the role of Saudi women in the community will be affected by whether he or she is urban or nonurban, tribal or nontribal, educated or non-educated, conservative or open-minded (Gazzaz, 2009). The segregation of females and males occurs in many workplaces and public places. The separation of women’s roles in Islam has led to a total separation of genders in all public facilities, including schools, universities, restaurants, and some healthcare facilities.

Furthermore, there is a discrepancy in the views of religious people regarding how women work outside the home, particularly when working in a mixed environment (El-Sanabary,

2003). Most conservative Muslims want women to stay at home because it is their belief that working outside the home breaks down the Muslim family values (El-Sanabary, 2003).

Conservative Muslims also encourage women to work as teachers, doctors, social workers, and nurses for women, however, thereby reflecting their conflicted view of the role of women in the community.

These cultural roles are also applied in clinical settings. Some Saudi female nurses find it difficult to work in mixed environments, such as a hospital environment with male staff or patients, because of the gender segregation roles that are applied in the community outside of clinical settings. In a study conducted to assess the role of nurse educators in students' clinical experiences, researchers found that nursing students were challenged by being in mixed-gender clinical placements (Al-Hazmi & Windsor, 2013). To add further difficulties, Saudi female nurses are also required to provide care for male patients in some hospitals. Saudi female nurses may not know how to communicate with a male outside their family (Aboshaiqah, 2016); this limitation makes Saudi female nurses feel isolated and culturally confused.

In 2003, Al-Omar conducted a study in Saudi Arabia to identify factors that discourage high school students from considering nursing as a career. Family disapproval was one of the factors that affected a high school student's decision to become a nurse. Saudi Arabia has a patriarchal social system that allows men to take power and to be guardians for Saudi women (Gazzaz, 2009). Based on Islamic law, a woman's husband, father, brother, and uncle are females' guardians. Saudi women are not allowed to work, study, or travel without their guardian *muhram's* permission (Aldossary et al., 2008).

The Saudi community possesses a strong family-oriented context; it is not easy for the family or a husband to accept that their daughter or wife will be working at night, and working

with male colleagues or dealing with male patients (Gazzaz, 2009). Many families in Saudi Arabia therefore do not see nursing as the best specialty for Saudi females to study. A recent study was done to assess the impact of perceived public image on Saudi female nursing students intention to join the nursing profession identified that 87.8% of parents disagreed with choosing nursing as a profession for their children (Ahmed Mahran & Al Nagshabandi, 2012). Both parents and students believed that there is a need for national nurses who can provide culturally-acceptable nursing care for patients, but they did not see nursing as a suitable choice for themselves and their children. In Qatar, Okasha and Ziady (2001) reported the reasons that influence nursing students' decision to join a nursing program. Thirty-six percent of the participants considered the resistance of their families to allow their children to study nursing to be a factor that results from the poor image of the profession in Qatar. Furthermore, Al-Kandari and Ajao (1998) explored the problems of recruiting and retaining Kuwaiti nursing students and reported that family pressure to leave nursing school was reported by 69% of the participants (Al-Kandari & Ajao, 1998).

As a sign of wealth and social prestige, most Saudi families hire drivers, housemaids, nannies, and cooks to help the Saudi housewife clean the house, cook food, and raise her children (Gazzaz, 2009). This practice has been reported in Kuwait, where 91% of the participants reported that nursing is a physically exhausting job and that some nursing care activities are like a servant's job (Al-Kandari & Lew, 2005). Moreover, El-Sanabary (2003) suggested that nurses are viewed as "an uneducated subservient female hospital worker" in most Arab and Muslim countries (p.1336). These findings may be a factor that influences Saudi females' decisions to study nursing, because they are not used to doing the hard and difficult tasks that are associated with nursing care, such as making beds and bathing patients.

In addition, long working hours and night shifts are barriers to Saudi nurses in practice. Many authors have reported that long working hours and rotating shifts keep young Saudi females from even studying nursing (Gazzaz, 2009; Hamadi & Al-Hyder, 1995; Mansour, 1992; Meleis, 1979; Miller-Rosser et al., 2006). Most Saudi women cannot integrate the long working hours with their family responsibilities, such as being a wife and having children at home. Working hours have been found to be one of the reasons for ranking the nursing profession as the least preferable occupation for Saudi women (Jackson & Gary, 1991). This factor may explain why most Saudi nurses prefer to work in primary healthcare centres and outpatient clinics. According to Tumulty (2001), Saudi women found that working day shifts in primary healthcare centres fit with their family obligations better than working eight- to twelve-hour shifts in the hospitals. Regardless of setting, it is difficult to create a schedule that fits the female Saudi nurse's family obligations because it will be costly to the organization and will potentially affect patient care. To make nursing attractive to Saudi females, however, a reduction of working hours is required to help them fulfill their family obligations and maintain a career in nursing (Aboshaiqah, 2016).

Furthermore, marriage is a social priority in Saudi Arabia. Working in a mixed environment with long working hours has been reported as one reason that reduced the chances of marriage for Saudi nurses (Al-Omar, 2003; El-Sanabary, 2003; Gazzaz, 2009; Jackson & Gary, 1991). Al-Johari (2001) conducted a study in Jeddah to explore the factors that affected Saudi female and male university students' perceptions of nursing as an appropriate profession for Saudi females. This study reported that more than 50% of Saudi male university students would marry a working female, but not a nurse (Al-Johari, 2001). Jackson and Gary (1991) found that 64% of the participants were not willing to marry a nurse because of social reasons.

The lay literature supports this assertion; in an article published on an Arab news website, it was discovered that many Saudi husbands do not want their wives to work as nurses because of the long working hours and the possibility of caring for male patients. Moreover, many Saudi nurses struggle to find husbands because they are nurses (Arab News, 2010). The above study suggested that Saudi female nurses are challenged to maintain their family life and work as a nurse.

Nursing researchers must work to investigate this important issue, which affects the development of the nursing profession in Saudi Arabia and other Arab countries, and thus ultimately affects nursing education.

3.5.3 Educational Barriers

Most education programs do not prepare students to be self-directed learners or to take an active role in their own learning process. Most educators use lectures as the method of education without using any active teaching methods, such as problem-based learning, group discussion, or reflective teaching styles (Abu-Zinadah & Banjar, 2006; Alonaizi & Paliadelis, 2015). Mohamed and Ahmed (2012) conducted descriptive cross-sectional study to investigate clinical stressors as perceived by Saudi nursing students. Students reported that a lack of professional knowledge and skills was one of the significant stressors they faced at the beginning of their clinical experiences. This finding is in alignment with the findings of a similar study, wherein Saudi nursing students reported a lack of clinical experience and a theory–practice gap as anxiety-producing situations at the beginning of their clinical experience (Sharif & Masoumi, 2005). To solve the challenge regarding the shortage of nursing educators, most Saudi Arabian universities recruit new nursing graduates in the country and offer them scholarships to undertake postgraduate degree courses and they become nursing educators after completion of their postgraduate studies. However, the process of recruiting new faculty members does not adhere to the required standard because most

of the faculty members hired lack teaching experience. The key factor that contributes to the shortage of competent faculty members is lack of development and training opportunities (Al Mohesn, 2013).

Most new faculty members are newly graduated Saudi nurses who have no clinical experience and limited teaching skills (Mutair, 2015). Aldawsari, Babenko-Mould, and Andrusyszyn (2016) conducted a qualitative descriptive study to explore Saudi clinical teachers' experiences of being clinical teachers. The researchers reported that clinical teachers suffer from a lack of clear information about their role as clinical teachers, as well as a lack of knowledge and guidance on how they teach and evaluate nursing students, and how they create a positive learning experience for nursing students. Furthermore, clinical teachers face many other challenges, such as a lack of teaching skills, communication skills, ability to motivate students, and preparation (Mutair, 2015).

Nursing education programs are also influenced by the poor image of the profession in Saudi Arabia. A lack of standardized or accredited nursing programs, as well as different nursing programs that offer different curricula, negatively affects the quality of graduates and ultimately, the quality of nursing care provided to the patients (El-Haddad, 2006). Furthermore, students are affected by the negative view of the nursing profession taken by other healthcare providers; as El-Sanabary (2003) noted, female medical students consider nursing students to be inferior, less intelligent, and less capable. Jackson and Gary (1991) reported that nursing was viewed as an extension to medicine, and nurses worked as physicians' assistants and were unable to make autonomous decisions. Moreover, nurses are viewed as unqualified and uneducated people who carry out orders and provide physical care without critical thinking abilities (Mansour, 1992).

According to Gazzaz (2009), “the BSN programs are taught in English and designed to cover comprehensive nursing theories and practical experience in addition to a few university-required general education courses” (p. 5). Nevertheless, English is spoken as a foreign language and is not taught in primary school in Saudi Arabia, nor is it strongly emphasized in intermediate and secondary schools (Al Shehri, 2009). All health sciences students including nursing students, however, are required to move from using Arabic as a medium of interaction with others to using English as the language of study and communication in the workplace (Suliman & Tadros, 2011). As a result of limited English language proficiency, students face difficulties in communicating with the nursing staff and are challenged when trying to read and understand what has been documented in patient files (Alonaizi & Paliadelis, 2015; Mutair, 2015).

Clinical teaching and evaluation are major challenges in Saudi Arabia (Abu-Zinadah & Banjar, 2006). The shortage of nursing educators negatively affects the quality of clinical education due to high student/instructor ratios (Aldawsari et al., 2016; Mutair, 2015). According to Ali (2012), most nursing students want their clinical instructors to be available and accessible to provide help, guidance, and encouragement. In some clinical experiences, the ratio was extremely high and led to a change in the role of the staff nurse, requiring him or her to provide patient care to a minimum of three patients while also working as a clinical instructor for the nursing student. Because of high workload and limited time, staff nurses may not have enough time and interest to train students (Gazzaz, 2009).

Limited clinical placements are another problem faced by nursing education in Saudi Arabia. Annually, there are more than 100 students accepted to nursing programs all over the kingdom, with a severe shortage of clinical educators and limited clinical placements, which has led to a clear decline in the level of nursing education in the kingdom (Abu-Zinadah & Banjar,

2006). Despite high enrolment rates since 2000, nursing colleges are losing more than 50% of their applicants due to limited resources (Abu-Zinadah & Banjar, 2006). The shortage of nursing educators and clinical instructors, limited training placements, and a lack of educational resources are significant problems that nursing programs face.

Although this paper focuses primarily on the problems that nursing education in Saudi Arabia faces, literature from other Islamic countries was reviewed because of the historical, cultural, social, religious, and language similarities. Furthermore, because of the limited literature on Saudi Arabia, similarities to other Islamic countries were assumed regarding the challenges that face nursing education in Saudi Arabia. In contrast however, Shukri (2005) reported that Bahrain and Jordan have more positive images of nursing and well-developed nursing professions. Interestingly, nursing in Oman is considered to be one of the best professions for women and is positively portrayed. Omani nurses represent 63% of the total nursing workforce in Oman. The Omani government, for example, provides free education and increased number of nursing schools that offer a bachelor's degree in nursing to motivate students to study nursing. Remarkably, in Jordan 94% of the nursing workforce are Jordanians because of the advancement of nursing education programs and the significant improvement of the nursing image (Al Jarrah, 2013).

In summary, there is clearly a lack of research that explores the factors that negatively influence the development of nursing education and, in particular, the nursing profession in Saudi Arabia. It appears that there is a significant need to examine the effect of the poor nursing image, as well as the sociocultural and educational factors, on nursing education. There is also a need to examine the effect of qualified nursing educators on the competency levels of students

and the safety of patients. Moreover, the problems and challenges of clinical education must be further investigated to identify students' needs and develop strategies for its improvement.

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CHAPTER 4: METHODOLOGY

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4.1 Relationship of Chapter 3 to the Dissertation

In this chapter, I describe the methodology of the current study. This Chapter includes a description of the theoretical perspectives of the mixed-methods research design and the exploratory mixed-methods approach. It also presents the research designs for the qualitative and quantitative phases (design, setting, sample, data collection, data analysis, ethical consideration), and the process of modifying, translating, and testing the BES–CPE instrument, which is included as a manuscript for submission for publication. This manuscript will be submitted to Journal of Nursing Measurement. All supporting documentation for the study are included in appendices. approval from the participating universities (Appendices A, B, and C), the original version of the BES–CPE instrument (Appendix E), Invitation Letter (Appendix F), Consent Form (Appendix F), Interview Guide (Appendix G), permission to use the Ascent to Competence Framework diagram (Appendix J), permission to use, Translate, and Modify the BES-CP (Appendix I), and the Arabic version of the BS-CPE (Appendix K) are all included in the appendices at the end of this study.

4.2 Introduction

In this chapter, I will discuss the methods that were used to explore and investigate Saudi female nursing students' sense of belonging in clinical settings. I chose to use an exploratory mixed-methods research design to answer the following questions: (a) What does a sense of belonging in clinical experience mean to nursing students? (b) What are the factors that affect nursing students' sense of belonging in clinical settings? (c) To what degree do nursing students from the three different universities experience a sense of belonging? and (d) What consequences do students' experiences with a sense of belonging have on their professional practice? The study was approved by the Saskatchewan Behavioural Research Ethics Board on October 23, 2013, and by the participating universities in Saudi Arabia (Appendices B, C, and D). Data collection and analysis were conducted in two distinct phases, over a period of two years.

4.3 Purpose and Objectives

The overall purpose of this mixed-methods study is to explore and describe Saudi female nursing students' sense of belonging in a clinical setting. The particular objectives are to (a) explore what sense of belonging in clinical settings means to the Saudi female nursing students, (b) identify the factors affecting a student's sense of belonging, (c) identify the consequences of feeling a sense of belonging in clinical settings from the perspectives of Saudi female nursing students, (d) modify, translate, and test the BES–CPE instrument based on the qualitative views of the participants, (e) develop a valid and reliable tool that can be used in the Saudi context, (f) determine the extent validity and reliability evidence for the Arabic version of the BES–CPE, and (g) measure and compare the extent to which nursing students experience a sense of belonging in clinical settings.

4.4 Theoretical Perspectives

A paradigm is defined as “a set of generalizations, beliefs, and values of a community specialist” (Guba, 1990, p.17). To choose a research paradigm and a method, the researcher should consider the current knowledge concerning the research problem, the research objectives, and the research questions. In this study, analysis of the literature in the fields of psychology, social sciences, education, and nursing revealed that the sense of belonging is considered a universal human need; lack of belonging has been associated with multiple social and psychological problems. In nursing education, the sense of belonging is important for students in their academic lives and clinical experiences. With respect to clinical experiences, it has been reported that students’ sense of belonging is associated with many factors, such as comprehensive orientation programs, length of clinical experience, relationship with nursing staff, and preceptorship (Levett-Jones, Lathlean, Maguire, & McMillan, 2007; Thorne, 2016). This study was therefore conducted to explore and describe nursing students’ sense of belonging in a clinical setting and outcomes from the perspectives of Saudi female nursing students, to identify the factors affecting a student’s sense of belonging and their consequences, and to measure and compare the sense of belonging among nursing students at three different universities in Riyadh, Saudi Arabia. The sense of belonging is a complex concept. Understanding a nursing student’s sense of belonging in a context such as Saudi Arabia is challenging. To explore the concept, the researcher was required to study the concept of sense of belonging from different perspectives and to use multiple research methods.

According to Creswell (2014), postpositivism, constructivism, participation, and pragmatism are the four paradigms that can be used to provide a philosophical background to mixed-methods research (Creswell, 2014). Mixed-methods can follow a single paradigm, such as

pragmatism, or multiple paradigms, such as postpositivism and constructivism together.

According to Creswell (2014), postpositivism is usually associated with quantitative methods, whereas constructivism is associated with qualitative methods.

Constructivists “hold assumptions that individuals seek understanding of the world in which they live and work” (Creswell, 2014, p. 8). The understanding of a phenomenon is constructed inductively through individuals’ subjective understandings of the meanings of their experiences. Individuals construct multiple and varied meanings of their experiences from interactions with other people or things (Mojtahed, Nunes, Martins, & Peng, 2014). Inductive knowledge construction occurs when researchers first explore participants’ experiences from broad perspectives and seek to identify codes and themes with which to construct a theory (Holloway, 2008).

Under the postpositivist paradigm, researchers build knowledge deductively based on cause-and-effect thinking (determinist), focusing on the relationship between variables (reductionist), theory verification, and knowledge based on detailed observation and measures of variables (Cohen, Manion, & Morrison, 2011). Constructivist and postpositivist paradigms differ in their epistemologies, ontologies, and methodologies. Epistemologically, postpositivists believe that the knower and the knowledge are independent, whereas constructivists believe that the knower and the knowledge are connected (Teddlie & Tashakkori, 2009). Ontologically, postpositivists believe that there is a single objectively observable reality, whereas constructivists believe that multiple subjective realities exist according to the knower (Creswell & Plano, 2011). Methodologically, the postpositivist prefers to conduct quantitative research and use deductive reasoning to build knowledge, whereas the constructivist conducts qualitative research and uses inductive reasoning to investigate the phenomenon (Holloway, 2008).

Qualitative researchers tend to use open-ended questions to explore these experiences and allow participants to share their perspectives, as “[h]umans engage with their world and make sense of it based on their historical and social perspectives” (Creswell, 2014, p. 8). Qualitative researchers gain a deeper understanding of participants’ sociocultural worlds and how they interact with their worlds by observing their life settings (Denzin & Lincoln, 2011). The basic generation of meaning originates because of human interaction within communities. In qualitative research, the process of knowledge generation is mainly inductive, and the researcher is responsible for the interpretation of the research findings and it can be affected by the researchers’ own experiences and backgrounds (Creswell, 2014).

In most quantitative research, researchers use instruments such as surveys to collect data and conduct research to test a theory. Research is a process of developing, proving, modifying, or rejecting hypotheses when other hypotheses are proven (Creswell, 2014). Researchers use research questions and hypotheses to build and examine relationships between study variables, and it is important to maintain validity and reliability of the research tools.

In mixed-methods studies, researchers can use more than one paradigm, and the selection of the research paradigm determines the research design and how the researcher investigates the problem. In this study, a constructivist paradigm was used to inform the first phase, when interviews were used to collect data; the paradigm then shifted to postpositivism as the researcher turned to surveys.

4.5 Conceptual Framework

The Ascent Competence Conceptual Framework was developed to show the importance of a sense of belonging to students’ learning and success (Levett-Jones & Lathlean, 2009). The ascent to competence conceptual framework was developed deductively from a study conducted

in Australia and the United Kingdom to assess students' experience of a sense of belonging and to identify factors that affected students' sense of belonging in clinical settings (Levett-Jones, 2007).

According to Levett-Jones, the Ascent to Competence Conceptual Framework was derived from long professional experience and interest in the clinical experiences of nursing students. Over the years, she recognized that clinical education was associated with multidimensional problems faced by nursing students that affected their progress in nursing programs (Levett-Jones, 2007). When Levett-Jones was working as a clinical educator, students shared their clinical experience with her, and she began to realize that a sense of belonging might play a significant role in explaining nursing students' clinical experiences. She became interested in exploring the antecedents, attributes, and consequences of a sense of belonging and how these factors differ among cultures and contexts (Levett-Jones, 2007).

Critically, Levett-Jones reviewed studies from psychological and social sciences and developed a detailed explanation of the importance of a sense of belonging and the emotional, psychological, physical, and behavioral consequences of lacking a sense of belonging. Moreover, she recognized that a sense of belonging has not been adequately investigated in nursing literature and more research was required to address nursing students' experience of a sense of belonging (Levett-Jones, 2007).

The Ascent to Competence Conceptual Framework (Levett-Jones, 2007) was developed as a result of a study done by Levett-Jones in 2007. The framework was derived from the concepts of motivation to learn and a positive learning environment and applied a modified version of Maslow (1943) theory of human motivation to nursing students' clinical experiences.

The Ascent to Competence Conceptual Framework “provides a system of interrelated concepts arranged in a hierarchical sequence of generalizable relationships” (Levett-Jones & Lathlean, 2009, p. 2872). The name of the framework indicates that the main goal of clinical education in nursing is to provide an opportunity for nursing students to become competent in providing a high-level quality of care. The framework has five levels of needs: safety and security, belonging and acceptance, healthy self-concept, learning, and competence. The concepts are arranged in a hierarchy, and the basic needs are placed at the base of the pyramid. Nursing student’s sense of belonging is the unique focus of the ascent to competence conceptual framework. In particular, the conceptual framework focuses on clinical education, the nursing students’ sense of belonging, and competence. To be a competent nurse, nursing students must become active learners with the support and guidance of the nursing staff, nurse educators. The clinical staff are required to welcome and accept nursing students. Although the concepts in the Ascent to Competence Conceptual Framework are related to each other and organized in a hierarchical order, it depends on the students’ learning style, experiences, and abilities (figure 4-

1)

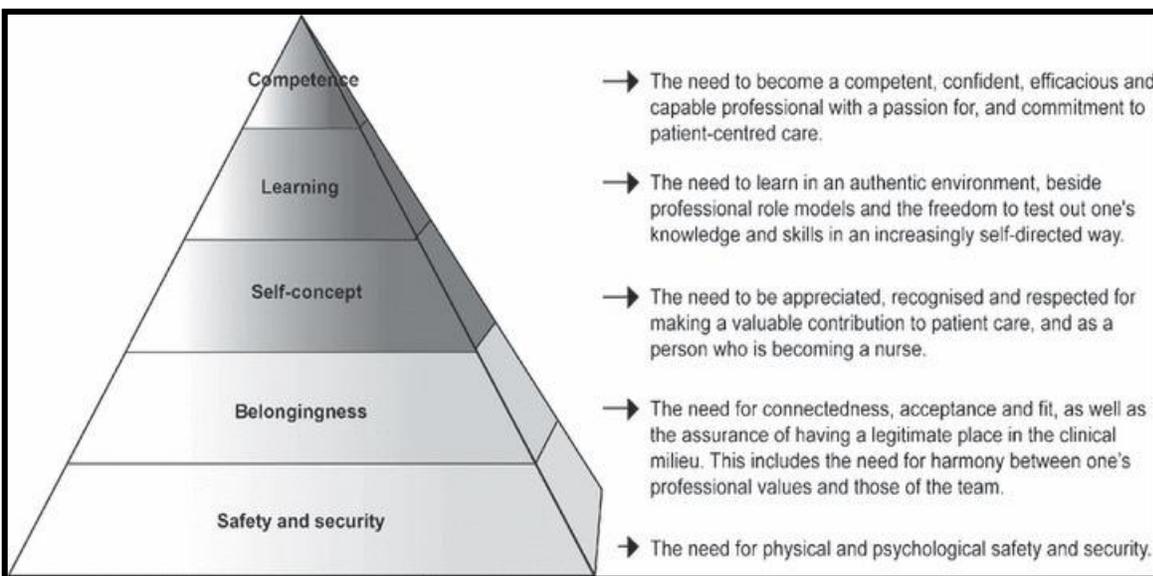


Figure 4-1: The Ascent to Competence Conceptual Framework (Levett-Jones, 2009).

4.6 Mixed-Methods Exploratory Design

The mixed-methods design is a procedure by which to collect and analyze data by mixing quantitative and qualitative research methods within a single study to understand the research problem from different dimensions (Creswell, 2014). An exploratory mixed-methods design was used to capture a broader picture of Saudi nursing students' sense of belonging in clinical settings. By using the mixed-methods design, the researcher was able to investigate the problem from multiple perspectives and answer questions that could not be answered by using either a quantitative or qualitative design alone. The sequential exploratory mixed-methods design is a two-phase design “ in which the researcher first begins by exploring with qualitative data and analysis and then uses the findings in a second quantitative phase” (Creswell, 2014, p. 226).

In this design, the researcher began with the qualitative phase to explore Saudi nursing students' experiences of a sense of belonging in clinical settings. The researcher then modified and tested the BES–CPE (see Appendix A) based on the qualitative phase results and used the modified BES–CPE survey to collect data in the quantitative phase. This design “is most useful when the researcher wants to generalize, assess, or test qualitative exploratory results to see if they can be generalized to a sample and population” (Creswell & Plano, 2011, p. 87). Priority is given to the qualitative phase when the research problem and purpose call for a qualitative emphasis in the study. Thus, the purpose of the first phase of this study was to answer the research questions investigating Saudi female nursing students' sense of belonging in clinical settings by asking Saudi nursing students to describe their experiences during clinical placement. Phase two involved modifying and validating the BES–CPE scale based on these qualitative data. A visual model of the procedures for the sequential exploratory mixed-methods design of this study is shown in (Figure 4-2).

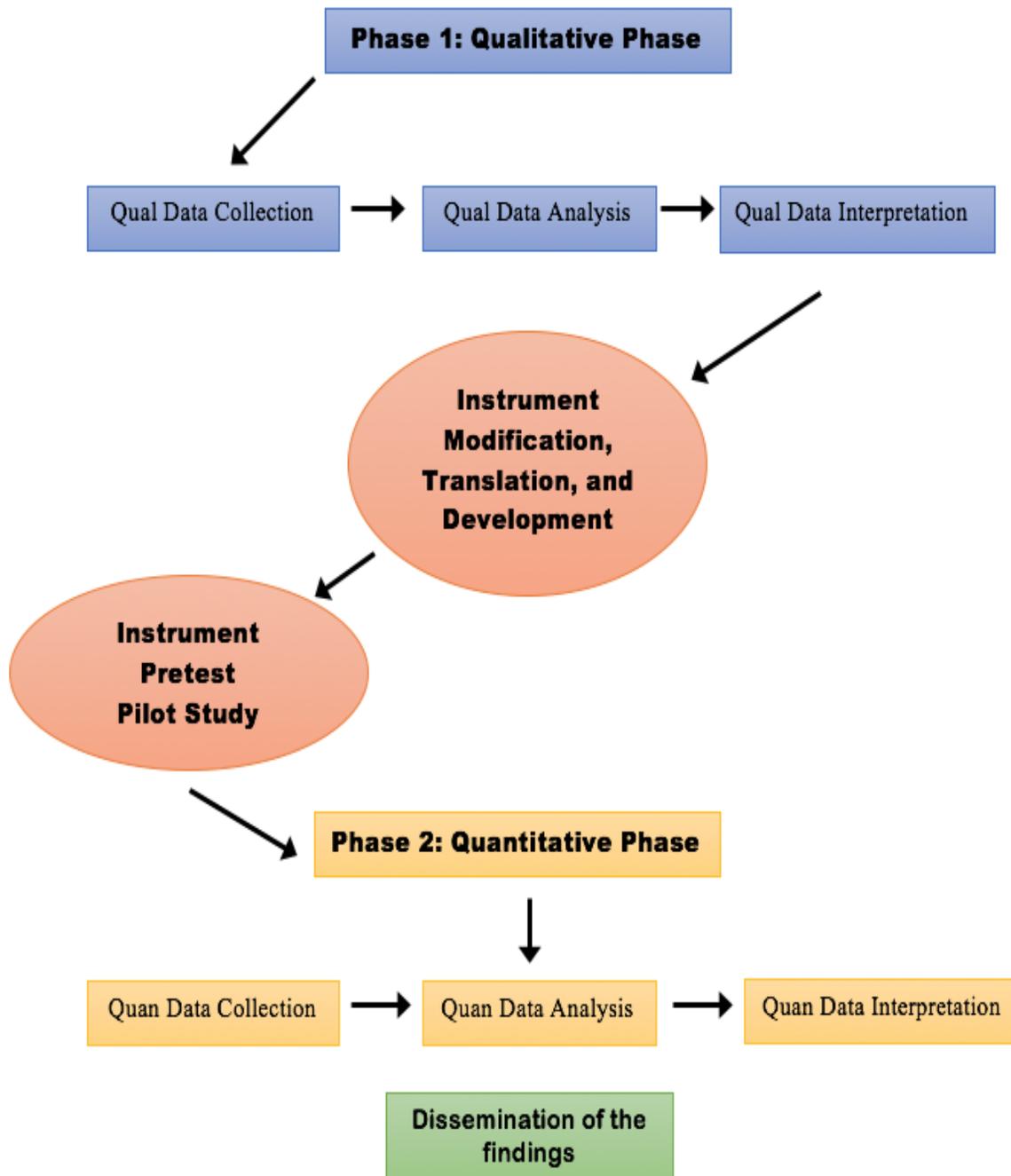


Figure 4-2: A Visual Model of Procedures for the Sequential Exploratory Mixed-Methods Design

4.6.1 First Phase (Qualitative Phase)

This phase was focused on exploring the meaning of a sense of belonging from the perspective of Saudi nursing students. In this section, the researcher described the process of data collection and analysis of the first phase of the current study.

4.6.1.1 Research design. Interpretive description was used as a methodology in this phase. Interpretive description is a qualitative nursing method developed by Thorne and colleagues to guide nursing research and to be used as an alternative method to phenomenology, grounded theory, and ethnography in nursing (Thorne, 2016; Thorne, Kirkham, & MacDonald-Emes, 1997). Nursing researchers can “build methods that are grounded in our own epistemological foundations, adhere to the systematic reasoning of our discipline, and yield legitimate knowledge for our practice” (Thorne et al., 1997, p.172).

Interpretive description is a research method that can be used to gain a deeper understanding of Saudi nursing students’ experiences of a sense of belonging in clinical settings. Because reality does not exist objectively and human experiences are socially constructed, interpretation is useful in nursing research (Thorne, 2016). Interpretive description is a method that increases awareness regarding a specific phenomenon and is used as a foundation for categorizing what will be observed in the study (Thorne, 2016). According to Thorne (2016), interpretive description is “a qualitative research approach that requires integrity of purpose deriving from three sources: (1) an actual real world question, (2) an understanding of what we do and do not know on the basis of available empirical evidence, (3) an appreciation for the conceptual and contextual realm within which a target audience is positioned to receive the answer we generate” (Thorne, 2016, p. 40).

The findings produced by this method may ultimately improve nursing students' clinical experiences. According to Thorne (2016), interpretive description is a process of providing a clear interpretation of a clinical phenomenon by identifying distinctive elements of common realities, analyzing themes and patterns, and identifying variations among individuals' experiences. Interpretive description is used when an area has not previously been investigated (Thorne, 2016). Furthermore, nurse educators can apply the results of this study to improve the quality of clinical teaching for nursing students.

4.6.1.2 Settings. The study was conducted with students from three government universities: King Saud University, Princess Norah bint Abdulrahman University, and King Saud bin Abdulaziz University for Health Sciences. Each of these universities provides a four-year nursing baccalaureate program with a one-year internship; each differs in the curriculum provided, structure of clinical placements, length of clinical experiences, models of clinical supervision, cohort size, and demographic backgrounds of students. Female and male Saudi students are educated separately. The King Saud University established the first BSN program in nursing in 1976 (Aldossary, While, & Barriball, 2008) and introduced the first Master of Science in Nursing in 1987 (Gazzaz, 2009). This institute was the first government university that provides the BSN program for Saudi male students.

King Saud bin Abdulaziz University offers a Bachelor of Science degree in two educational streams. Stream one is open to secondary school graduates and follows what is known as the conventional program, whereas Stream two admits holders of Bachelor of Science degrees. Students in Stream two follow what is known as the graduate-entry accelerated program (Almalki, FitzGerald, & Clark, 2011). In 2014, more than 500 students were enrolled in the nursing program at King Saud bin Abdulaziz University (personal communication, February 3,

2014). Princess Norah bint Abdulrahman University, established in Riyadh city in 1970, is the largest women's university in Saudi Arabia and offers a bachelor's degree in different majors, such as medicine, nursing, and education. Its nursing program was established in 2009, and there were 311 students registered in 2014 (personal communication, February 3, 2014).

4.6.1.3 Sampling strategy. In this study, a purposive sampling strategy was in the first phase of the study to recruit Saudi nursing students. Purposive sampling is used when certain participants within specific settings are recruited based on their knowledge and experiences of the phenomenon under investigation (Thorne, 2016). Saudi female nursing students from three different universities in Riyadh, Saudi Arabia, were included. Fourth-year nursing students were recruited because they have had varied clinical experiences, and it was realistic to expect them to have at least some previous experience of a sense of belonging in clinical settings. For this study, no male students were included due to difficulties inherent with the female researcher conducting interviews with male students and in accessing their campus since female and male campuses are completely separated.

In most interpretive description studies, sample sizes are relatively small. Sandelowski (1995) believed that "an adequate sample size in qualitative research is one that permits the deep, case-oriented analysis that is a hallmark of all qualitative inquiry, and that results in a new and richly textured understanding of experience" (p. 179). In this study, two students were recruited from King Saud bin Abdulaziz University, five from Princess Norah bint Abdulrahman University, and nine from King Saud University in Table 4-1 the 16 students that were interviewed are briefly described. In qualitative research, there is no specific formula to determine the necessary sample size, and sample sizes are determined by data saturation. Data saturation is reached when themes, ideas, and data are repeated and become redundant, with no

new information emerging (Morse, 1991). Saturation was achieved in this study with the 16 participants mentioned above.

Table 4-1: Interview Participants

Participants	Background
Nada	Nada is 21 Years old and was one of the students who chose to study nursing because the Saudi nurses who cared for her sister when she was hospitalized had a positive influence on her.
Ana	Ana is 22 years old, married, and wanted to become a nurse because she was influenced by one of her relatives who was independent and working hard despite the challenges her work presented.
Lara	Lara is a student in her early twenties who regretted studying nursing because of how bad the nurses were treated while in clinical settings.
Kara	Kara is 21 years old and was in her last year of the nursing program. Although she chose to study nursing, she regretted it because of the lack of respect received from nursing staff and from other health care professions.
Dina	Dina is 22 years old, married, and planning to quit nursing after graduating because it is a great deal of responsibility in addition to her family and social commitments.
Laura	Laura is 22 years old and was planning to study engineering but was unable to. She is not happy being a nursing student. She did volunteering activities in Africa and during the annual Islamic pilgrimage to Mecca.
Aiden	Aiden 22-years old and wanted to study medicine but her mom forced her to study nursing.
Ameera	Ameera wanted to study pharmacy but her GPA was low, and she was accepted to nursing school.
Fatima	Fatima was studying accounting, and her mom transferred her to nursing school without her permission.
Lana	Lana is 21 years old and chose to study nursing because she was influenced by her mother's friends who were nurses. However, she regrets studying nursing because she believes there is a huge lack of respect for Saudi nurses from the community, health care professionals, and patients.

Tala	Tala is 21 years old and chose to study nursing because she wanted to work in a hospital to help sick people.
Lina	Lina is 21 years old and wanted to study physiotherapy, but she was not accepted into a program because of her low GPA. Although her sister was a nurse, she did not want to study nursing because she believes that nursing is a very exhausting job.
Nora	Nora believed that Saudi nurses are challenged to work in a mixed environment and work 12-hour shifts.
Sarah	Sarah is 21 years old and from the southern region of Saudi Arabia. She was unable to attend medical school because there was no medical college in her town, so she applied to nursing school and was hoping to transfer to a medical college.
Dana	Dana's first interest was medicine, but she chose to study nursing because she wanted to be in the medical field and respect her mom's wishes for not studying medicine.
Rana	Rana would prefer to stay at home and not study nursing. She wanted to study medicine, but her application was rejected.

4.6.1.4 Data collection and procedures. Ethics approval was obtained from the University of Saskatchewan Advisory Committee on Ethics in Behavioural Sciences Research (certificate number 13-313), as well as from the deans or directors of each nursing college of the three universities in Saudi Arabia (see Appendices B, C, D). A written document that included the study's purpose, data-collection processes, and knowledge transfer processes was submitted for review and approval of the study.

After ethics approval from each university, clinical instructors were contacted to assist with recruiting nursing students. The clinical instructors were provided with information about the study, the researcher's contact information, an invitation to participate in the study (see Appendix E), and consent forms (see Appendix F). Sixteen students contacted the researcher and expressed their interest in participating. The researcher met with all students and provided them

with an overview of the study, explained their rights as participants, and provided them with her contact information. Arrangements were made with the clinical instructors to meet with the students after their clinical experiences.

Before each interview, information about the study was provided, and the consent form was reviewed and signed by both the researcher and the nursing student. Adequate time was provided for each participant to answer each question. The researcher, who is fluent in both English and Arabic, conducted semi-structured interviews in Arabic for approximately one hour in a private room in each setting. A semi-structured interview guide consisting of open-ended questions was used to collect the data (Appendix G). Each interview was audiotaped and transcribed verbatim in Arabic. Based on the participants' English skills, the researcher provided an Arabic translation for the interview guides. The interviews were conducted in Arabic because the participants felt more comfortable and confident speaking and expressing themselves in Arabic. Each interview was transcribed in Arabic, then translated and transcribed in English. After the qualitative interviews, each participant was assigned a pseudonym when the results were analyzed and reported.

The translation process from Arabic to English was conducted by the researcher and a translator with a bachelor's degree in English Language. Both individuals were fluent in both Arabic and English. To ensure accuracy in maintaining the exact meaning of the participants' words, the researcher listened to and reviewed all translated interviews to make sure select words matched the exact meaning in English. The translation process was difficult and time consuming because Arabic is a rich language, and a single Arabic word has multiple meanings in English. Copies of the interview transcripts in Arabic were available for the participants to view, and copies of their English-translated interview transcripts were provided to some nursing students to

read and revise and they accepted the Arabic and the translated versions of the transcripts. No changes were required following the review of the transcripts by the participants.

4.6.1.5 Data trustworthiness. The trustworthiness and rigour of the study were determined by considering the credibility, dependability, confirmability, and transferability of the findings. Credibility is the criterion to evaluate the truth of data and their interpretation. “A qualitative study is credible when it presents such faithful description or interpretation of a human experience that the people having that experience would immediately recognize it from those descriptions or interpretations as their own” (Sandelowski, 1986, p.30). In this study, participants were asked for clarification during interviews to ensure their responses were completely understood. Furthermore, credibility can be enhanced by recording field notes, including reflections, questions, observations, and decisions, during the data-collection process. Independently, the research supervisor reviewed some data to confirm the researcher’s findings of emerging themes and ideas. Credibility cannot, however, be achieved without dependability (Polit & Beck, 2012).

Dependability is “the stability of data over time and conditions” (Polit & Beck, 2012, p. 585). To maintain dependability, the transcript was checked and reviewed to avoid mistakes. Coding categories were checked, compared, and verified by the research supervisor. Regular follow-up and comparison of codes and themes were carried out. Data were collected over 15 weeks and included data from participants from three different sites.

Transferability is the ability to transfer or apply the study findings to other groups or settings (Polit & Beck, 2012). Transferability was addressed by providing rich and detailed descriptions of the research contexts and by using the data to describe different aspects of the phenomenon under investigation (Polit & Beck, 2012).

Confirmability occurs when two or more external evaluators review the data, codes, categories and agree about the data's accuracy, significance, and meaning (Polit & Beck, 2012). The data must reflect the participants' perceptions, ideas, and experiences. The researcher can use triangulation of two methods to enhance the confirmability of the research findings. Triangulation occurs when the researcher uses multiple methods to collect data (Polit & Beck, 2012). By using semi-structured interviews and informal discussion, the researcher was able to develop a comprehensive understanding of the phenomenon and had the chance "to evaluate the extent to which a consistent and coherent picture of the phenomenon emerges" (Polit & Beck, 2012, p. 590).

4.6.1.6 Data analysis. The data in the qualitative phase were transcribed verbatim in Arabic into Microsoft Office Word documents, after which the transcripts were checked for clarity, integrity, and accuracy. Each transcript was checked separately by listening and re-listening to the audiotape and comparing it to the transcript. In addition, the researcher listened to the tape to check for any missing information in the transcripts. With the assistance of the research supervisor, data from each transcript were analyzed. Data analysis was inductive, which required the researcher to repetitively immerse herself in the raw data to record new thoughts and ideas (Thorne, 2016). Each sentence and portion of a sentence from the transcripts was highlighted line by line, coded, and copied and pasted into an electronic file with other participants' quotes to identify similarities among data, leading to the categorization of data and development of themes. The categories were grouped according to their relationship to help the researcher manage the data. In this manner, the researcher was able to make sense of relationships between categories and inductively build categories as a whole, thereby identifying themes (Thorne, 2016). Findings provided the reader with clarity concerning the experiences of a

sense of belonging as perceived by Saudi female nursing students (Thorne, 2016). To represent students' experiences and organize themes, direct quotes from the original transcripts were used.

4.6.2 Instrument development and modification

This phase was focused on the process of modifying, translating, and testing the Belongingness Scale-Clinical Placement Experience (BES–CPE). The survey data were collected using a modified and translated version of the Belongingness Scale-Clinical Placement Experience (BES–CPE) (Appendix K) (Levett-Jones, Lathlean, Higgins, & McMillan, 2009).

4.6.2.1 Instrument. The BES–CPE was developed to measure nursing students' sense of belonging in clinical settings. The original scale is a 34-item self-report instrument that was adopted from the belongingness scale developed by Somers (1999). The BES-CPE has demonstrated a high reliability alpha coefficient of .92 (n= 330) (Levett-Jones et al., 2009). The scale assesses students' feelings, cognitions, and behaviours during clinical experiences and reflects the major components of a sense of belonging: esteem (feeling secure, included, valued, and respected by others) and connectedness (feeling like part of the group, being accepted, and fitting in). The third and fourth aspects also include items relating to active and passive interactions, and the positive consequences that result from being engaged with a group or feeling a sense of belonging. The researcher contacted the instrument developer for permission to use, modify, and translate the tool (T. Levett-Jones, personal communication, April 3, 2012).

The BES–CPE scale has been used to explore the sense of belonging in Malaysia (Mohamed, Newton, & McKenna, 2014), Korea, Australia (Levett-Jones et al., 2009; McKenna et al., 2013), the United Kingdom (Levett-Jones et al., 2009), Finland, Iran (Ashktorab et al., 2014), Canada (Sedgwick, 2013), and the USA (Grobeck, 2016), and has been translated into different languages, such as Korean and Persian (Ashktorab et al., 2014).

In Australia, the scale demonstrated high internal consistency ($\alpha = .92$), and each subscale also demonstrated high internal consistency: $\alpha = .90$ (Esteem), $\alpha = .82$ (Connectedness), and $\alpha = .80$ (Efficacy). Similar results were reported in Iran and in Korea. The Persian version of the BES–CPE whole scale had a high internal consistency (Cronbach’s $\alpha = .92$) and the alpha coefficients of the subscales of “self-esteem”, “connectedness”, and “efficacy” were .85, .86, and .80, respectively. In Korea, the overall Cronbach’s alpha score was .90 and the alpha coefficients of the subscales of “self-esteem”, “connectedness”, and “efficacy” were .84, .74, and .81, respectively.

4.6.2.2 Modification of the tool. This step involved the modification of the BES–CPE instrument to make it usable and culturally appropriate in Saudi Arabia. First, the researcher used the results of the first phase of the study (the qualitative phase) to modify the survey and adapt it to the Saudi cultural context. The modification of the BES–CPE survey included changes that were made to the demographic questions to appropriately address the Saudi nursing students’ sense of belonging in a clinical setting. Some of the questions were modified or removed, and new questions were added. For example, the question that asked about the participant’s gender was removed because all participants in the current study were women. In addition, two questions that addressed the origin of the students and their native languages were removed because all the students were Saudis, and their native language was Arabic. Four questions were added to the demographic section that address the nationalities of preceptors, students’ marital status, and whether nursing was their first choice of study. The decision to add a question about the nationality of the preceptors stemmed from the qualitative findings because the nursing students believed that non-Saudi nurses were unsupportive and excluded the students because they were afraid that Saudi nursing students would take their jobs after graduation.

The second part of the modified BES–CPE survey included questions that directly addressed the nursing students’ sense of belonging within clinical settings. The modifications for this section included adding the meaning of some words in Arabic to make the statements clearer for the Saudi nursing students. In addition, the researcher modified 24 questions to use words that are commonly used in Saudi Arabia, such as clinical settings, nursing staff, and preceptors. The researcher added 16 new questions that were identified as factors that affect students’ sense of belonging in the qualitative phase of the study. These included items such as acceptance from patients, nursing staff, and other healthcare professionals; English language skills; working with Saudi nurses versus nurses who are not Saudi; and the student–clinical instructor relationship. Of the 55 items included in the modified BES–CPE instrument, 31 were unchanged from the original instrument.

4.6.2.3 Translation into Arabic. Step two involved translating and back-translating the modified BES–CPE instrument. Because of suboptimal English language skills among some Saudi nursing students, and to facilitate participants’ understanding of the survey, the researcher translated each statement of the BES–CPE survey into Arabic. The survey tool included statements written in both English and Arabic. Three PhD students and one nurse educator from Saudi Arabia who were fluent in both languages were asked to review the modified and translated BES–CPE instrument. Two of the PhD students were in Canada, one was in Australia, and the nurse educator was a graduate student of Canada who had moved back to Saudi Arabia after obtaining her master’s degree in nursing science. Next, the Arabic-modified BES–CPE instrument was back-translated by the researcher, who is a current PhD student in Canada and fluent in both Arabic and English. The researcher then reviewed all the suggestions and made the required modifications, ensuring that each item was translated and modified correctly. Both the

researcher and the PhD students who assessed the accuracy of the modified and translated BES–CPE instrument agreed that the revised questions conveyed the same meaning in both languages.

4.6.2.4 Assessment of the content validity. After modifying and translating the survey tool, seven female nurse educators from Saudi Arabia who are fluent in Arabic and English, and working as nurse educators, were asked to review the modified survey tool. The group consisted of two nurse educators with PhDs in nursing, two lecturers, and three PhD candidates studying in the West. Their experiences as nursing educators ranged from 5 years to 30 years. All nursing educators were working in the participating settings. The group of nurse educators checked the survey for clarity, simplicity, and the relevance of each statement.

All seven nurse educators considered most statements simple, clear, and relevant to clinical settings, but there were some questions that they believed were unclear. For example, “feeling part of things is one of the things I like about going to clinical settings” was considered unclear and they suggested modifying it to “feeling like part of a team is one of the things I like about going to clinical settings.”

The nurse educators agreed that the following statements should be removed because they are not common in the Saudi context: “It’s important to me that someone at my placement acknowledge my birthday in some way,” “I am invited to social events on the unit by nursing staff,” and “My preceptors invite me to eat lunch with them.” The final copy of the modified BES–CPE (see Appendix K) was reviewed by the researcher before the pilot studies were conducted.

4.6.2.5 Pilot studies. Following the translation and modification process, an online BES–CPE Arabic survey was created, and the researcher contacted three clinical instructors from the three participating universities and asked them to share the online survey link with all nursing

students who had completed at least one clinical experience. The online survey included a letter that explained the aim of the research study, the participants' rights, and researcher contact information. Pretest students took approximately 10 minutes to complete the survey and did not report any difficulties in understanding the questions. Two pilot studies were conducted. In the first pilot study, 10 students filled out the online survey, five from King Saud University and five from Princess Norah bint Abdulrahman University.

Because of the small sample size of the first pilot study, the researcher conducted a second pilot study and invited different students to fill out the online survey. Sixty-eight students filled out the survey and the reliability coefficient improved to .839. A Cronbach alpha for the entire scale was calculated to assess the internal consistency of the BES–CPE scale (Arabic version). Results suggested an acceptable overall reliability coefficient of .839. The majority of participants (48%) were from King Saud bin Abdulaziz University for Health Science; 35.7% were from Princess Norah bint Abdulrahman University; and only 15.7% were from King Saud University. The age of most participants was 22–24 years. Eighty percent of the participants were single, and 96% had had previous clinical experience. The majority (87%) did not choose nursing as a first career choice. The tool was deemed to demonstrate evidence of face and content validity, was clear, and understandable for its intended purpose.

4.6.3 Second Phase (Quantitative Phase)

This phase was focused to measure and compare the extent to which nursing students experience a sense of belonging in clinical settings. In this section, the researcher described the process of data collection and analysis of the second phase.

4.6.3.1 Research design. A questionnaire was the method used for collecting data at this stage. A questionnaire is one of the most common ways of collecting data from a sample of the

population. It includes a list of questions that must be answered according to specific criteria indicated on the scale, and it is designed to be completed by participants. The questions in a questionnaire are used by researchers to answer the research question and to test the hypothesis. In Web-based questionnaires, participants are required to respond electronically. A questionnaire is usually used to collect data on demographics, attitudes, beliefs, perceptions, feelings, and behaviours. Questionnaires usually provide quantitative data that can be used to examine relationships between variables, and the findings can be used to provide data to decision-makers in practice and education (Dillman, Smyth, & Christian, 2014).

The focus of phase 2 was a psychometrically test (i.e., a tool demonstrating evidence of validity and reliability) the Arabic version of the BES–CPE that can be used in the Saudi context to address the research questions and measure and compare the extent to which nursing students experience a sense of belonging in a clinical setting. Before designing the questionnaire, the researcher considered the participants, how the questionnaire would be accessed, the research questions, and the objectives.

For this study, the researcher used multiple-choice questions to ask demographic questions and a rating scale to measure and compare the Saudi female nursing students' sense of belonging in a clinical setting, whereby participants were required to choose answers ranging from 1 to 5 on a Likert scale. By using the online self-administered questionnaire as the method of data collection, the researcher was able to access participants in Saudi Arabia. The translated questionnaire with associated psychometrics will be available for use in other Arabic countries in the future. However, a low response rate and uncompleted questions can negatively affect the quality of the data (Dillman et al., 2014).

4.6.3.2 Population and sample. Polit and Beck (2012) defined sampling as a process that is carried out to select participants who represent the whole population. To generalize this study's findings to the entire population, the data were collected from a smaller portion that represents the study population, and the sample size was increased. The participants in the quantitative phase were different from the participants who were involved in the qualitative phase. For this study, representative samples of female nursing students from three different universities in Riyadh, Saudi Arabia were selected. The inclusion criteria determined the eligibility of each participant; all third- and fourth-year female nursing students were included in the study. Hence, all female students who had at least one previous clinical experience and were exposed to different clinical experiences were eligible for participation in this study.

4.6.3.3 Data collection procedure. The researcher first collected the qualitative data and analyzed it, then used the results to modify the BES–CPE tool. After modification, the BES–CPE was translated and tested. The researcher then contacted different nurse educators from the participating settings, discussed the objectives of the study, provided them with information about the study, students' rights as participants, the importance of students' input in the study, and the researcher's contact information. The researcher arranged with the clinical instructors to share the online survey link with all third- and fourth-year nursing students and to encourage them to participate in the study. The first page of the online survey included information about the study, the purpose of the study, and the participants' right to refuse to answer any questions or not to complete the survey at all. The participants were also informed that their participation was voluntary. The survey required 7 to 10 minutes to complete, and participants were also informed that their answers would not be shared with their clinical educators and would be confidential. No personal information that identified the participants was recorded in the online

survey. The submission of a completed online survey was considered consent that each participant was willing to participate in the study. The IP addresses of participants were removed from the data when they were entered into the Statistical Package for Social Sciences© (SPSS) software, and each participant was assigned a different number. The data were managed and stored after completion in the researcher's account and could not be accessed without a username and password.

4.6.3.4 Data analysis. SPSS© version 21 (IBM Corp, 2012) was used to code and analyze the quantitative data. Before the quantitative data were analyzed, the researcher screened the data to identify potential missing data and outliers. Descriptive and inferential statistical testing were undertaken to identify significant findings and any relationships among the study's variables. Descriptive statistics for the scale items were summarized in a text-and-tables format. All statistical analysis of the quantitative results was conducted with the help of my committee members. Data were displayed in tables and graphs to simplify the findings.

4.7 Ethical Considerations

Ethics approval was obtained from the University of Saskatchewan Advisory Committee on Ethics in Behavioural Science Research prior to beginning the study (Beh.13-313). To protect the welfare and rights of participants, ethics approval for the study was sought from each university. Informed consent included participants' rights to withdraw or refuse to participate in the study, their agreement to participate in the study, and an acknowledgement to protect participants' rights. All participants were provided with an informational statement written in Arabic, along with a clear and concise description of the study. Data were and continue to be stored in password-protected computer files and in locked filing cabinets in my home office. After the study is completed, all contact details will be destroyed. Data, however, will be stored

for at least five years following publication of the results. Participants were reminded that their participation in this study was voluntary and that they were able to withdraw from the interview or survey process at any time. They were also reminded of their right to remove any part of the qualitative data or survey if they chose. Contact details were provided to participants so that questions or concerns could be addressed by the researcher during and after the data-collection process. All participants were asked to complete the online survey anonymously, and all surveys were numerically coded for the data-entry process. No identifying personal information was required to complete the survey. All completed questionnaires were secured, and no one was able to access them except the researcher. During the transportation of data from Saudi Arabia to Canada, all data were kept on a secure computer and carried on the plane in a locked bag. The data never left the view of the transporter.

The researcher made sure that she was not involved in a teaching relationship with any of the participants, and participants were recruited based on their interest in participating in the study. They were told that summary findings would be disseminated to the professional community, but that it would in no way be possible to trace responses to individuals. Participants were not harmed and did not receive unfair advantages or disadvantages by participating in the study.

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CHAPTER 5: MANUSCRIPT 3 SAUDI FEMALE NURSING STUDENTS' SENSE OF
BELONGING IN CLINICAL SETTINGS: AN INTERPRETIVE DESCRIPTION STUDY

SAUDI FEMALE NURSING STUDENTS' SENSE OF BELONGING IN CLINICAL
SETTINGS: AN INTERPRETIVE DESCRIPTION STUDY

5.1 Relationship of Manuscript 3 to the Dissertation

This manuscript discusses the qualitative findings of this study. Nursing students described the meaning of sense of belonging, the consequences of sense of belonging and the factors that affected Saudi female nursing students' sense of belonging in clinical settings. The qualitative findings of this study were very important because they were used as guide to modify the BS-CPE instrument. In this section students described different positive and negative experiences and how they felt in both experiences. Different factors were identified and were summarized in the figure provided at the end of the study. The findings of this study provide a comprehensive view of how the perception of nursing as a profession and the cultural beliefs in Saudi Arabia negatively influenced the nursing students' learning and their sense of belonging.

SAUDI FEMALE NURSING STUDENTS' SENSE OF BELONGING IN CLINICAL SETTINGS: AN INTERPRETIVE DESCRIPTION STUDY

5.2 Abstract

Clinical education is considered an essential part of any nursing education program. Many studies reported that nursing students' sense of belonging during their clinical experiences is essential to their motivation to learn. The Saudi Arabia culture is unique, and this study was conducted to learn more about the meaning of sense of belonging, the consequences of sense of belonging and the factors that affect Saudi female nursing students' sense of belonging in clinical settings. Using the interpretive description methodology, the data were collected via semi-structured interviews. Sixteen students answered questions that explored their sense of belonging in clinical settings. The study was conducted in three baccalaureate nursing programs in government institutions in Saudi Arabia. Each interview was audiotaped, transcribed verbatim in Arabic, and translated into English, and the data were analyzed using thematic analysis. The results indicated that participation in patient care, acceptance by nursing staff, patients, and other health care professionals, a welcoming environment, English language skills, and the nationality of nursing staff are some of the factors that affect Saudi female nursing students' sense of belonging in clinical settings. However, the distinctive characteristics of Saudi cultural values had a profound effect on the Saudi students' sense of belonging in clinical settings.

Keywords:

Sense of belonging, Clinical settings, Saudi Arabia, Culture, Interpretive description, Nursing student, Staff-student relationships, Factors, Consequences.

5.3 Introduction

In undergraduate nursing education, clinical learning experiences are essential because they provide students with opportunities to apply theory, practice nursing skills, and build communication skills, and they facilitate students' interactions with nurses, patients, families, and other health care professionals. Previous studies reported that students who work in a welcoming environment and those who work with a supportive preceptor are more motivated to learn, more confident in asking for help, and more likely to feel that they are valued, important, and safe. However, lack of belonging is associated with negative effects on students' self-esteem and competence level and on students' psychological, social, behavioral and physical well-being. Many studies reported that feeling a sense of belonging during clinical experiences is associated with many factors such as preceptorship, duration of clinical placement, and student-staff relationships. Although nursing students' sense of belonging has been explored in many countries such as Australia, the United Kingdom (UK), the United States of America (USA), Iran, Japan, and Canada, there have been no studies to date of the Saudi female nursing students' sense of belonging. Therefore, this study was conducted to gain more knowledge about Saudi female nursing students' sense of belonging and the factors that affect students' sense of belonging, which have not been adequately discussed in the literature.

5.4 Background

According to many psychologists and anthropologists, a sense of belonging is a universal human need (Lakin, Jefferis, Cheng, & Chartrand, 2003), and in most communities, people who are excluded or isolated from others are unable to survive (Coon, 1946). Maslow (1968) asserted that people need to be accepted, recognized, and appreciated, and he considered belonging to be one of the stages of the hierarchy of needs. In many disciplines, such as sociology, psychology,

and education, sense of belonging is a widely-investigated concept. Levett-Jones, a nurse educator and researcher, conducted a mixed method study exploring Australian and British nursing students' sense of belonging; she defined sense of belonging as a personal experience that evolves in response to feeling included, valued, and accepted by a group and that reflects the harmony of the interpersonal and professional relationship between an individual and the group (Levett-Jones & Lathlean, 2008).

Various studies have reported that during clinical experiences, students' sense of belonging has considerable influence on creating a positive learning experience (Gerrard & Billington, 2014; Kim, 2010; Kim & Park, 2011) and fostering student-staff relationships (Sedgwick, Oosterbroek, & Ponomar, 2014). Sense of belonging is also associated with higher levels of self-esteem (Begen & Turner-Cobb, 2012), confidence, motivation (Gerrard & Billington, 2014; Grobecker, 2016), and satisfaction (Lamont, Brunero, & Woods, 2015; Levett-Jones & Lathlean, 2008, 2009). Nursing students who experience a high sense of belonging become more competent in providing high-quality care and achieve more in their studies (Mohamed, Newton, & McKenna, 2014). Students' future plans and student retention are also influenced by the level of sense of belonging (Levett-Jones & Lathlean, 2008; Metsälä, Heiskanen, & Kortelainen, 2012; Sedgwick & Yonge, 2008; Vinales, 2015).

Conversely, students who feel excluded or rejected are less motivated to learn and have low self-esteem. Lack of belonging can negatively affect students' psychosocial and health well-being: Anger, distress, confusion, conformity, and uncertainty are some of the consequences of lack of belonging during clinical experiences.

5.5 Methods

The interpretive description method was used in this study to describe Saudi nursing students' sense of belonging and outcomes during clinical placement and to identify the factors affecting students' sense of belonging as well as the related consequences and to provide nurse educators and clinical nursing staff with practical findings that can be used to enhance the nursing student's clinical experiences. The interpretive description is a qualitative research method that can be used as an approach to investigate a problem within the applied professions such as nursing and to enable the researcher to practically apply the findings. By not using traditional research methods, the researcher can use interpretive description as an alternative way to investigate problem within the nursing profession.

5.5.1 Context of the Study

The study was conducted with female nursing students from three government universities in Riyadh, Saudi Arabia. Each of these universities offers a four-year nursing baccalaureate program followed by a one year internship, although the universities differ in terms of program curricula, the structure of clinical placements, the length of clinical experiences, models of clinical supervision, cohort size, and students' demographic backgrounds.

5.5.2 Research Participants

A purposive sampling strategy was used to recruit fourth-year Saudi female nursing students with varied clinical experiences; thus, it was realistic to expect them to have at least some previous experience associated with a sense of belonging in clinical settings. No male students were included in this study due to difficulties in accessing their campuses, because of the gender segregation role that applies in most institutions in Saudi Arabia. Sixteen nursing students from three government universities in Riyadh, Saudi Arabia were recruited to

participate in this study. Ethical approval was obtained from the University of Saskatchewan Advisory Committee on Ethics in Behavioural Sciences Research and from the three universities' research centers in Saudi Arabia.

5.5.3 Data Collection and Procedure

In-depth, semi-structured interviews were conducted for one hour in a private room in each university setting. A semi-structured interview guide consisting of open-ended questions was used to collect the data; participants were provided with the interview questions in both English and Arabic. Each interview was audiotaped and transcribed verbatim. The interviews were conducted in Arabic because the participants felt more comfortable and confident speaking and expressing themselves in Arabic. Each interview was initially transcribed in Arabic and then translated and transcribed in English. Transcripts were reviewed by the researcher who is fluent in both English and Arabic to ensure that translation was accurate for content and meaning.

5.5.4 Data Analysis

The data analysis involved transcription of all transcripts into Microsoft Office Word documents, each transcript was checked separately by listening and re-listening to the audiotape and comparing it to the transcript. In addition, the researcher listened to the tape to check for any missing information in the transcripts. Transcripts were then translated into English and were checked for accuracy by the researcher. By referring to the research questions, each transcript was read and re read again, similar quotes were grouped and categories formed according to their relationships, these were copied and pasted into a table and organized under different themes.

5.6 Findings

The findings of this study provide important information about Saudi female nursing students' sense of belonging during their clinical experiences. Themes revealed by the analysis

were specifically related to the experiences of Saudi female nursing students who were interviewed in the study. The findings were clustered into three main categories, and three main themes were identified. The first theme was the meaning of sense of belonging from the perspectives of the Saudi nursing students; the second theme was the factors that affected the students' sense of belonging. The last theme related to the consequences of feeling a sense of belonging in clinical settings. Within each category, several sub-themes and factors affecting the students' sense of belonging were identified.

5.6.1 Theme 1: Meaning of Sense of Belonging

To these participants, their sense of belonging meant acceptance from patients and nursing staff, being supported and included by nurses, and participating in the unit activities. There were components of their understanding of sense of belonging, which include acceptance, being part of the team and feeling safe.

5.6.1.1 Acceptance. Being accepted from nursing staff and patients was very essential for some students. Nursing students described how their sense of belonging and acceptance was enhanced by the support and help that nursing staff provides to them and by allowing them to participate in all nursing interventions. The acceptance from the patient was illustrated in thanking the student after she finished the nursing care. It's apparent that the attitude of nursing staff and patients can have important influence on nursing student's perception of sense of belonging. For example, Aiden commented,

“A sense of belonging means to me being accepted by the nursing staff and when nursing staff provide help and support and when they give me more than they take from me.”

In Contrast, Kara found that her sense of belonging in clinical settings was associated with acceptance by patients: “When I do something good for a patient and they thank me that is an amazing feeling. When the patient accepts me as a Saudi nurse.”

5.6.1.2 Being part of the team. During the clinical experiences, the primary motivation for most nursing students is to participate in patients' care and to engage with nursing staff and become an integral member of the nursing team. To feel a sense of belonging, students indicated that they wanted to be treated as part of the nursing team, sharing the same responsibilities as other members of the team, and fully involved in care. Dina expressed this position by saying “To feel as one family, sharing one heart, sharing responsibilities, and to work as team member.” Nora described a similar meaning related to being included as part of a team:

When they make me feel like we are a one group and we work together as team, and when they know something about me and I know about them. When we have a positive communication, and when they teach me something that I didn't know before.

5.6.1.3 Feeling safe. Feeling safe and secure is considered one of the basic needs for nursing student, nursing students need to feel safe, free from anxiety and fear to be able to learn and to become competent (Levett-Jones & Lathlean, 2009). Receptiveness of nursing staff is essential for nursing students to feel more comfortable during their clinical experiences. Teaching nursing students what they need, including them during nursing procedures and providing them with help and support was important for nursing students to feel safer. For some of the students, working in a safe environment and feeling safe represented sense of belonging in clinical settings. Nora stated, “It's like being in a safe place with no fears.” For Nora, being in a welcoming environment enabled her to feel a sense of belonging, motivated her to learn, and helped her to feel comfortable and safe. She recounted, “I feel safe if they welcome me, and I will give more and come to the clinical setting every day because I am motivated to learn.”

5.6.2 Theme 2: Factors Influencing Nursing Students' Sense of Belonging

From the participants' perspectives, the quality of clinical experiences and the degree of a sense of belonging is generally affected by different personal, clinical and academic factors.

Within each category, number of themes and factors were identified. Under the personal factors, students described that the perception of the nursing profession in Saudi Arabia and working in a mixed environment negatively influenced how the nursing students interact with male colleagues, and male patients because this is against the Saudi culture and students will be challenged to learn and will not be able to participate in patient's care. Students also suffer from lack of family support and how nursing is perceived by others especially other health care providers. Most participants in this study were forced to study nursing because of their low GPA, family, and chances to be recruited after graduation.

The attitudes of nursing staff negatively affected how nursing students experience sense of belonging. As result of lack of acceptance, students felt excluded and rejected and unable to learn. Different clinical factors were identified by nursing students that have a negative impact on nursing student's clinical experience. For example, nursing students in this study reported that working with non Saudi nurses was difficult because they were not welcoming nursing students, they don't speak Arabic and understand nursing student's needs, and they don't respect Saudi culture. During their clinical experiences, some nursing students suffered from lack of support and appreciation of other health care professionals and most of them used "no communication" as way to describe how was their relationship with other health care professionals.

Furthermore, students identified different academic factors that affected their sense of belonging and learning in clinical settings such as that lack of preparation, lack of English skills, passive nurse educators' role, and availability of nurse educator. Students described that they were challenged by lack of preparation and lack of English skills and because of that they were not allowed to participate in patient care and they were excluded. The availability of nurse educator was essential for nursing students to feel a sense of belonging and to engage in nursing care and

to become motivated to learn. The presence of friends for the participants was important to feel supported, secure, and to collaborate, and it also enhances their motivation to learn and to share knowledge (Figure 5-1). In the next section the researcher provided a detailed description of each theme and I used students' quotes to support my findings.

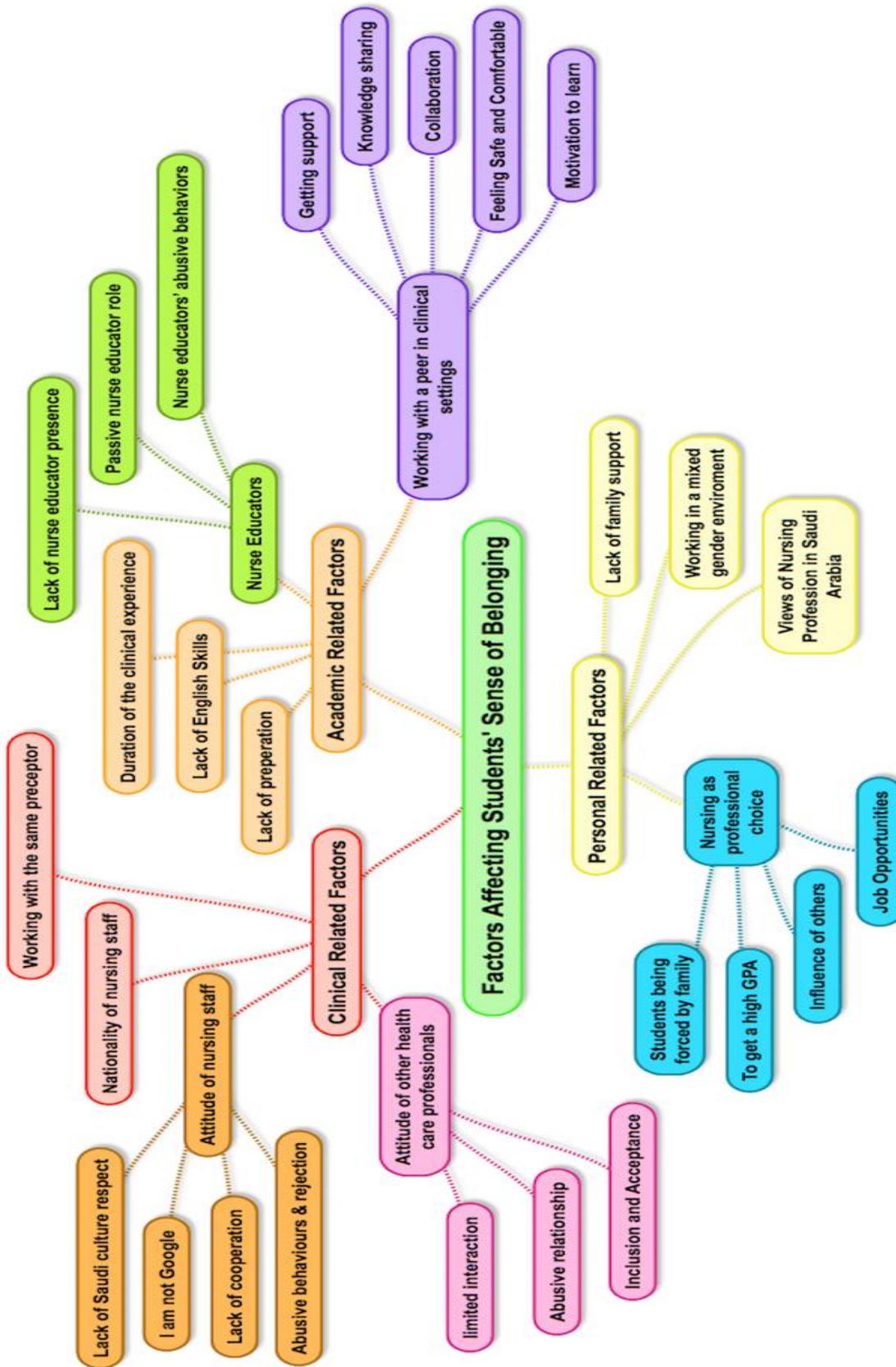


Figure 5-1: Factors that Affect Saudi Female Nursing Students Sense of Belonging

5.6.2.1 Personal factors. Each student described how nursing is perceived in Saudi Arabia, what does it mean to work in a mixed gender environment without the support of their family and how it was challenging for them to study something that they did not like. The clinical experiences for nursing students were negatively influenced by how nursing is perceived and the past and present challenges as being a nursing student. The personal factors that were described by nursing students are discussed below along with the related themes.

Perception of the nursing profession in Saudi Arabia. The students described how nursing is viewed as a profession in Saudi Arabia and the challenges they faced as Saudi nurses. According to the students, Saudis do not generally respect the nursing profession, and this image of nursing had a strong influence on the students' clinical experiences. Because nurses are required to work in a mixed-gender environment and provide care for male patients, some family members do not want their daughters to study nursing due to the perceived risk of harassment. Dina did not want to study nursing because of the negative image of nursing in Saudi Arabia. She also reported that most nursing students lack family support for their career choice and assumed that this situation was due to the harassment that occurs in clinical settings. In her interview, Dina said,

The Saudi community views nursing as the least important profession, and most families don't support their daughters in studying to be nurses. I did not want to be a nurse. We take many difficult courses, and we feel we are one of the most important professions, but when we go to the hospital, we feel that we are the least important profession. The Saudi community believes that our main role is to give injections and carry out orders, and they think that there is no need for us as nurses. In general, I think some families don't prefer the nursing profession for their daughters because they don't want them to work in a mixed environment....

Lara regretted studying nursing because of the lack of respect that the community and patients have for nursing:

The community views a nurse as a person who has no knowledge and skills, and patients don't appreciate what the nurses are doing for them. I regret studying nursing. Nursing in Saudi Arabia is viewed as a bad profession.... Some people believe that all nurses do is measure vital signs, and most patients don't like to listen to a nurse....

Working in a mixed-gender environment. Although the students did not explicitly discuss how the public's image of the nursing profession affected their sense of belonging, they mentioned having difficulty providing care for male patients and communicating with male health professionals, and this increased their stress level and risk of isolation and exclusion. Aiden reported that many Saudi females are interested in becoming nurses but that they find it difficult to do so because they are required to work in a mixed-gender environment and are viewed as servants. She commented,

...[There] are many Saudi females interested in studying nursing. However, it is difficult for them to go to nursing school because they are required to work in a mixed environment...the community views nurses as maids....

From Nora's perspective, the Saudi culture is very strict with respect to people of both genders working together in the same place. She explained that "In Saudi Arabia, for cultural reasons, women are not allowed to work in a mixed environment. During their clinical experiences, students will face difficulties in providing care for male patients."

Lack of family support. Some of the students stated that their families rejected their decision to become nurses and described their families' perceptions of nursing before they became nursing students. Rana explained that her mother and brother did not support her decision to study nursing, and they repeatedly told her that nursing was not suitable for her. She said, "My mother and my brother rejected my decision to apply to nursing school, and my brothers told me that they would find a good job for me after graduation...."

Kara stated that her father was very supportive of her but that she faced rejection from other family members because of her decision. Although her brother is a doctor, he did not encourage her to choose nursing. She also described how a patient was disrespectful to her:

My father was supportive; he encouraged his relatives to allow their daughters to study nursing. In my family, the males are allowed to study what they want, and most of them are doctors, while most females are teachers. No one chooses to study nursing; even my brother, who is a doctor, was not supportive. Some people asked my dad how he allowed me to study nursing and work with men....

Nursing as a professional choice. Most participants indicated that nursing was not their first choice of career and that they did not initially wish to study nursing. They said they were forced to study nursing because of their families, their GPAs, or because nursing as a profession offers more job opportunities. Under the Saudi law, all Saudi females must have a male guardian and they must have family permission to study, to work, and to marry. It was difficult for some of the student in the current study to choose what they want to study because it's against their families' permission. Most of them chose to study nursing not because they were interested in nursing but because they wanted to work in the medical field. This perception may indicate that the students did not feel a sense of belonging in the nursing profession.

To study in medical colleges, Saudi students need to get a high GPA and to pass two qualifying exam and interviews. The analytical thinking and general knowledge exams allow students to study basic science and English. In order to go to medical school, Saudi students need to get a high GPA. If not, they will be accepted to study nursing even if they did not choose nursing. What most students do, is study nursing for one or two semesters to get the high GPA required for other medical schools and then transfer.

Family influence. Dana was forced to study nursing because her mother did not want her to become a doctor. She chose nursing to please her mother and to work in a specialty that

was close to medicine. She explained that “I wanted to study medicine, but Mom refused to allow me to go to medical school. Then I chose nursing to satisfy my interest and to please my mom.” Fatima was interested in becoming an accountant, but her mother transferred her to nursing school without informing her. Fatima’s experience is a clear example of how decisions concerning Saudi females are controlled by their families regardless of the females’ interests or wishes. As she stated,

I studied accounting for one semester. It was what I want to study, but my mother's desire was stronger. She wanted me to study nursing, and she transferred me without my permission to nursing because she loves nursing. She wanted one of her daughters to become a nurse because all her friends are nurses....

Opportunity to earn a high GPA. As the researcher explained above most students who were not accepted in other medical schools study nursing for one or two semesters to get the GPA that required studying medicine for example and requesting a transfer. If they did not get the required GPA they will finish studying nursing even if it was not their first career choice. Ameera described her feelings when she observes students using nursing school to earn a high GPA and transfer to other colleges:

I feel bad because I see a lot of students who don't want to study nursing, and they chose nursing to get a high GPA and transfer to other colleges...

Lina’s views were similar, and she said,

The nursing profession is nothing in Saudi Arabia; they treat the nurses like a machine that carries out orders. It’s too bad how nurses are treated in some hospitals. Some students study nursing to get a high GPA and then transfer to medicine or pharmacy colleges.

Job Opportunities. The abundance of job opportunities in nursing influenced some of the students to study nursing. Many professions in Saudi Arabia are either saturated with Saudi females, such as teaching, or have few jobs available for Saudi females, such as law. This situation was the case for Dina, who was interested in studying law:

I choose to study law, but the chances of getting a job after studying law are very low, so I chose to study nursing because it offers many jobs, and I would find a job and earn money easily after graduation.

Influence of others. Some of the students chose nursing because a family member, a friend, or an experience influenced them in a positive manner. For example, Nada commented, I love nursing, and it was my decision to study nursing. I was in high school when my sister had surgery, and I was with her and saw how the Saudi nurses were working. I told my mom, and she encouraged me to study nursing.

Lara chose nursing because her mother's friends were nurses. She visited them at the hospital, and she appreciated how they provided care for patients. She explained,

My dream was to study nursing; honestly, it was a dream, and it came true. I chose nursing because my mother's friend was a nurse and we used to visit her in the hospital when I was a child. I liked how she used to deal with patients.

5.6.2.2. Clinical factors. Students described the characteristics of their clinical experiences and different factors that influenced their sense of belonging in clinical settings. Students clearly articulated how their positive clinical environment facilitated their learning experience and how their negative clinical experiences adversely affected their sense of belonging and learning. Students' sense of belonging in clinical settings is linked to the attitudes and behaviors of nurses, clinical instructors, and other health-care professionals. The nursing students described different positive clinical experiences where they felt included, welcomed, and supported by their preceptors. They also described how negative clinical experiences made them feel isolated, lonely, excluded, and hindered in their learning, as well as that their clinical experiences were "a waste of time." The quality of students learning experience and their feeling of sense of belonging is affected by a range of clinical factors such as attitude and nationality of

nursing staff, lack of cultural respect, working with the same preceptors and attitude of other health care professionals.

Nursing staff. Nursing staff have a big influence on the nursing students' experience of sense of belonging. In this study, nursing students described different situations when they were excluded, ignored, and abused by nursing staff. Working with Saudi nurses positively affects nursing students learning experiences and sense of belonging. Most nursing students preferred to work with Saudi nurses who understand students' language and culture. Nursing students found that working with the same preceptor was important for their sense of belonging.

Attitude of nursing staff. The students described the attitudes of both supportive and unsupportive preceptors and how those attitudes affected their experiences and sense of belonging. When the students worked with unhelpful preceptors, they were excluded from participating in patient care, and the nurses were not supportive and not interested in working with or teaching the nursing students. For example, Ameera described her experiences during her clinical placement:

Most of them were not helpful; they didn't allow me to do anything. I was observing what they were doing. The nurse was so bad, she ignored me. I was working by myself. I checked the patient's vital signs and wrote the report without any help. I asked her about something, and she said to go and look for it. She was not cooperative at all.

Two of the students recalled times they felt excluded and the nurses were uncooperative. One of the students said, "I had a bad relationship with them. They were not cooperative, and I think that they were not knowledgeable. I had to ask them 10 times to get an answer. They always told me that they were busy and had no time for me". The other stated, "Some nurses refused to work with us, did not allow us to see patients, did not cooperate with us and didn't give us enough information...No one was helping us or answering our questions".

Ana also described a similar situation in which she had “no relationship” and “no communication” with nursing staff, and she noted that she was “ignored and excluded” and no one helped her: “No one answered me when I asked questions; no one talked with me.”

Abusive behaviors and rejections. Many students described the nursing staff members’ behaviors as unwelcoming and expressed that they were ignored as students. Lara described her routine in the clinical setting and mentioned that the nurses lacked interest in working with and did not respect nursing students:

The nurses either refused to work with us or abused us by giving us the difficult nursing tasks...they were not welcoming and some of them said frankly that they didn’t want students, told us to get out, or raised their voices in front of others in the nursing unit. Every day we went to the nursing unit to take the patients’ vital signs and read the files, and then we went to the station until break time. After that, we went to ask the patients if they needed something, and then we went back to the station until the lunch break.

Lana also mentioned that her preceptors assigned her simple nursing procedures and excluded her from direct patient care. She believed that she was not valued as a student and that she was in the clinical setting “to help” the preceptors. She explained,

My preceptor said to me, “I can’t teach you, you are here to help me.” I hated them when they asked me to make beds... when I tried to work with the nurses, they did not allow me to.... We suffered from the nursing staff a lot.

Nora’s account also explains how the attitude of some of her preceptors negatively influenced her sense of belonging and caused her to feel invisible, excluded, unsupported, ignored, and unwanted:

I hated most of the preceptors because they rejected me, they did not help me, and they didn’t care about my presence; they ignored me, and when I asked about something, they didn’t answer me. I asked her once to come with me to a patient’s room and explain his case to me, and she refused to come, turned her back, and told me to go alone.

Sarah believed that the nurses excluded the nursing students because they were afraid that the students would make mistakes. She described her clinical experience as “boring” because she

was not able to participate in patient care and did not learn what she needed to learn:

We rarely provided direct patient care. The nurses did not give us the chance to participate in patient care because they thought that we would make mistakes with the patients. Some of the nurses were not welcoming at all. It was boring to go to the hospital because we didn't participate in patient care and we didn't learn anything new.

I am not Google; Google it. Some of the nursing students mentioned that the nursing staff did not provide needed help and rejected the students; some told the students to Google the information they needed or said they were “not Google”. For example, Kara reported,

We could not trust the preceptors because some of them were not ready to teach us and were not willing to help. I asked one nurse about something, and she said, “I am not Google.” I told her, “You are supposed to know this,” and she said, “Please leave me alone.” They did not allow us to work, and they did not want us to be involved in patient care, and when we asked them if we could join in patient care they said, “The patient has the right to reject you.” The rejection comes from the nurses and from the patient. I had to ask them again and again to do some work.

Nora described a negative clinical experience. She believed that she was unable to change preceptors because the other nurses were busy with patients, and she had to work very hard to be included in patient care activities. The nurses also told her to consult Google when she asked a question:

One time, the nurse was busy, and I tried to help her and she refused. I did not listen to her and helped; after that she started to talk with me. Some of the nurses were careless; they didn't answer our questions or to teach us what we really needed to know...and even when we had important questions and asked them about the action of a medication, their answer was to “Google it.”

Being Ignored. Nora expressed that some of her preceptors ignored her questions: “Some of them were not helpful; they turned their backs on me when I asked them.” Nada also described a similar experience when her preceptor ignored her:

Most nurses didn't want to teach us; they wanted us to follow them without asking questions. One time, my preceptor was ignoring me and she was using the computer and she was wasting my time, and then another nurse came to me and asked me, “Why are you sitting here? Come with me to learn.”

Dina articulated that her preceptors ignored her and did not answer her questions or help her when she asked for assistance:

The nurses did not teach us at all and did not focus on what we had learned in the practical courses. For example, last week the nurse was not cooperative at all. Whenever I asked her, she said to read the file.

Because she was rejected, Dana felt lonely and worked independently to learn what she needed and “to be responsible for [her] learning.” She described how her lack of a sense of belonging increased her fears of being rejected by patients and feeling unready to provide patient care:

The nurses were not cooperative or helpful at all. I asked one of them to read and explain a task for me, and she refused to do that. In another situation, I asked one of them to read and explain a word for me in the final exam, and she didn’t help. I was scared because I was alone and did not know what to do; no one was helping me.

Nationality of nursing staff. Some of nursing students reported that working with non-Saudi nurses was challenging. They believed that non-Saudi nurses excluded the students because they were afraid that nursing students would take their jobs after graduation. As some students explained, most of the foreign nurses were not supportive and refused to work with the students. The students also reported various situations in which they felt included, welcomed, wanted, and engaged in patient care. However, not all the students were happy with their preceptors, and some of the preceptors were very unsupportive. For example, Laura described the foreign nurses’ behavior with the nursing students and noted that the students were not included in patient care activities because they were Saudi:

Sometimes the non-Saudi nurses were negative with us because we are Saudis. They should know that we are students and won’t take their jobs. They think that we will take their jobs, and so they leave us alone and don’t involve us in patient care.

Nada described one of her clinical experiences as “amazing” because she worked with Saudi nurses who understood the students’ language, motivated them, involved them in patient care, and provided them with the support they needed:

Most of the foreign nurses don’t want Saudi nurses; that’s why they don’t want to help us. One of my clinical experiences was amazing because I was with Saudi nurses who understood me. If all the nurses were Saudi, we would have the chance to learn. They would teach us, and we could work together to change the view of the community. When I was in level four, the Saudi nurse encouraged me and taught me. She said, “I want you to be excellent nurses and to work with me in this department.”

Ana described another instance in which the Saudi nurses were helpful, welcoming, and accepting of the students and understood the students’ needs. Ana’s experience demonstrates that the nursing students were supported and valued when they worked with Saudi nurses:

The Saudi nurses were helpful, but the foreign nurses were not. They didn’t provide us with help or answer our questions. The physicians told us, “Learn by yourself because they will not help you. They are afraid of you. They feel that you will take their jobs.” The Saudi nurses were good because they explained everything to us and asked us if we had questions, and they helped us with our assignments. Because they are Saudi, they wanted to help us.

Kara described feeling excluded and disappointed because the foreign nurses did not welcome nursing students and did not provide them with learning opportunities:

All of them were foreign nurses. When we went to the hospital, we were so excited, but after meeting the nurses, we were disappointed. They were not willing to help us or provide us with information. I worked with Filipinos and British; there was no difference between them. They were not supportive at all.

Lack of cultural respect. Fatima was the only student who reported working with a preceptor who did not respect Saudi culture and who was uncomfortable to use the staff lounge. Fatima believed that nurses such as this nurse do not belong in the clinical setting because of their lack of respect for the Saudi culture and because they do not accept nursing students. Fatima remarked,

The nurses called us Casper because of our Hijab, and one preceptor pulled my scarf when I was sitting at the computer. We don't take breaks or use the staff lounge because there are men there, so we cannot remove our hijab when we want to eat. We don't belong in this place because they don't accept us as students and because they don't accept our culture.

Working with the same preceptor. Aiden preferred to work with the same preceptor because she wanted to feel supported and welcomed when she was in the clinical setting. Her experience was similar to those of some of the other nursing students: not all the nurses were supportive of her, and some excluded her from participating in patient care. Aiden remarked,

I want the preceptor to be with me during the entire clinical rotation, and I want to feel that they are supporting and welcoming me. Some nurses allow me to work with them, and some told me, "You are here to observe." I think it is better to have one preceptor because when I listen to her every day I can understand her. It is so easy for me to learn her accent and to be able to communicate with her.

Attitudes of other health care providers. Most of the nursing students stated that they had limited or no relationship with other health care providers and that most of the other providers did not care about the students' presence in the clinical setting. Some of the students suffered from rejection and from a lack of support and appreciation. Although the students did not explicitly state that they did not feel a sense of belonging with other health care professionals, lack of interaction and abusive relationships were indicators that the students were not welcome in the clinical setting. Laura described her experience when attending a conference and how hard the situation was for her and her friend. From what she described, nursing is viewed negatively not only by the community and patients but also by health care professionals who know the key role that nurses play in the health system:

One time, I attended a conference and there was a question about nursing, and a doctor said, "Why are there nurses attending the conference? Nurses are like maids, and nursing is nothing." When my father came to drive me home, I told him I didn't want to attend the next day and that I wanted to drop out of nursing school, and my father was shocked. It was a terrible feeling....

Lana expressed that she was unable to defend herself to a physician who knew that she was a nursing student:

The image of nursing in Saudi Arabia is very bad. One of the physicians told me, “I feel sorry for you because you spend four years studying nursing, and then you will become a maid [a sister].” I did not reply to him because I believe that one day the image of the nursing profession will change.

Limited interaction. Saudi female nursing students have limited interaction with other health care professionals because of the Saudi culture restrictions. The participant did not indicate why they don’t communicate with other health professionals, but may be when they feel unwelcomed they prefer to be away from others. Dina indicated that when she was in clinical settings, her relationships with other health care professionals were limited. She talked with other professionals only when one of them wanted more information about a patient: “We have no relations with them at all, but when I need to know something about my patient, I ask the attending physician.”

Fatima indicated that her communication with other health care providers was limited. However, she found them to be more supportive and helpful than the nurses. “We don’t communicate with other health care professionals,” she remarked. “But in some situations, the physicians are more helpful than the nurses.”

Abusive relationship. Lack of acceptance from other health care professionals was illustrated in some student’s clinical experiences. Two students described the difficulties they experienced in working with other health care providers and mentioned situations in which they felt abused, excluded, and unwanted. Lara stated, “We had a bad relationship with them. Some of them treated us with disrespect, they asked us to leave the room, and they raised their voice to say in front of everybody that they don’t want nursing students.”

From Kara’s perspective, physicians undervalue the nursing profession and nursing

students and think that the main role of nurses is to serve doctors. She commented, “I think some doctors don’t know what the nursing student’s role is, and they think that a nurse is an assistant for them. One time, a doctor asked me to bring a file to him; another one asked me to get a chair for him. We are not maids.”

Inclusion and acceptance. Although some of the students reported that the physicians did not welcome them, others described different situations in the clinical setting in which they were accepted and included by both doctors and nurses. Dana stated that in some situations, the doctors were helpful and supportive and that they attempted to include and help the nursing students understand the patients’ health conditions. She remarked,

Some of them are good. When they know that I am a nursing student, they try to help me. We don’t feel that we are isolated or excluded. It is wonderful when a doctor explains something in a simple way to help me understand more about a patient.

Lina described a situation in which a physician asked her to attend a teaching session because the doctor was not happy that Lina was wasting her time and not gaining any benefit from being in the clinical setting:

One time a doctor said to a nurse, “Why don’t you teach her? She spends her time reading the file.” The doctors here are so good. One of them asked me to join them and attend his presentation to the medical students. He said it’s better than reading the file.

5.6.2.3 Academic factors. A range of academic factors affected the participants’ sense of belonging in clinical settings. The students expressed that they were challenged by (a) the lack of preparation they received from the university, (b) their lack of good English skills, (c), the lack of a nurse educator’s presence, and (d) the passive nurse educator’s role. From the students’ experiences, lack of preparation and lack of English skills were reasons for excluding them from participating with the nursing staff to provide nursing care. The students expressed a range of experiences on how lack of preparation negatively affected their learning experience. Lack of

English skills is also discussed as a challenge for nursing students were unable to explain their needs, and to seek help. The nursing students reported that the presence of their nurse educator was very critical for them to belong and to learn. Because of the presence of their nurse educators, nursing students were able to participate in patient care and became a team member. However, the role of the nurse educator is so limited and they don't play a role to improve the clinical experiences of nursing students as they discussed below.

Lack of preparation. Most of the nursing students found that lack of preparation and the theory-clinical gap were important factors that affected their sense of belonging and their learning experiences in clinical settings. Because of their lack of preparation, the nursing students were not allowed to participate in patient care and were excluded by nursing staff. Laura described her experience: "I was not prepared to provide full nursing care. I worked as a nurse assistant, and the nurse was providing all the care to the patient, and I was observing...."

Dana expressed similar feelings regarding being "lost" and having little confidence in her ability to provide care. She also described the difficulties she experienced in becoming involved in patient care because the nursing staff believed that the students were not prepared to provide direct nursing care to patients:

I don't feel that I am prepared or have the confidence to perform a new procedure. I feel lost; I don't know what to do. There are a lot of procedures that we don't know, and before we do it, we have to read about it. They always say "you are not prepared well to provide patient care; you are here to observe and to do vital signs."

In the following example, Sarah described her fear of making mistakes and being rejected by patients. She said that "we rarely provide direct patient care" and expressed that the students were not included as part of the nursing staff and were not allowed to participate in patient care because they were not prepared to work in hospitals:

I am afraid of doing something for first time. I don't think that we are really prepared to

be nurses because we don't practice with our hands. We rarely provide direct patient care. The nurses do not give us the chance to participate in patient care because they think that we will make mistakes with the patient.

Lack of English skills, communication barriers. Some of the students believed that their sense of belonging was directly associated with their ability to communicate with the nursing staff. The students felt excluded because they were unable to ask for help or communicate their needs to the nursing staff who did not speak Arabic. It was also difficult for the students to understand what the nurses were saying, so the nurses excluded the students from conversations. For example, Sarah assumed that the nursing staff did not welcome or include the students because of the lack of communication that resulted from the students' limited English skills. She commented that "Language is a reason for the lack of communication with the nurses because we cannot tell them what we need and ask them for help. I think that's why they did not welcome us because there was no communication between us."

For Aiden, good English skills were important to feeling a sense of belonging because the nurses would then understand her needs better and she would be able to speak up when she needed help or encountered a problem. She noted that "It would be easy to belong if I had good language skills because I would have the confidence to ask questions, and we would understand each other, and they would understand my needs."

Fatima said that the language barrier was one of the factors that influenced her sense of belonging:

Some of the foreign nurses are good, but the problem is the language. Because of the language barrier, when I cannot understand what they are saying, they leave me and go. I try to learn from them and ask them again and again for help.

Clinical nurse educators. Nursing student described how nurse educators impact their learning experiences. They described that the presence of their nurse educators was very important to facilities students' participation and engagement. Nurse educators, however, did not play a significant role when students struggled to belong to the nursing staff or when they were excluded.

Nurse educator's presence/absence. For some students, the presence of a nurse educator during the clinical experience was important because these educators provided instruction, assessment, and opportunities to participate in patient care. Nurse educators played a significant role in creating a positive clinical environment and supporting the students in learning, feeling safe and secure, and having the confidence to participate in patient care. Lana mentioned that the presence of her clinical instructor enhanced her sense of belonging and helped her provide patient care. The presence of nurse educators appeared to be a key factor in Dana's best clinical experience. Dana noted that because the nurse educator was present, the nursing staff were helpful and cooperative and engaged the students in patient care. According to Dana, the preparation the students received before they began their clinical experiences was important to feeling that they belonged to the team and to their confidence in their ability to provide patient care:

Obstetrics and gynecology was the best experience because what we studied was what we practiced in the hospital. The clinical instructor was supervising us in the clinical practice, so we were prepared before we went into the clinical settings. The nursing staff helped us and allowed us to work. They were so cooperative; they helped our clinical instructor to explain patient care to us. It was a great experience, and I want to work there after graduation.

Tala found that the presence of her nurse educator was "helpful" because she was able to participate in patient care. Tala stated that "The pediatric experience was the best because our nurse educator was helpful. She came with us to the unit, explained everything to us, and gave

me the chance to work.” Similarly, Lina mentioned the significant role that her nurse educator played in ensuring the learning experience was positive and rewarding. The presence of the nurse educator helped Lina feel a sense of belonging and motivated the nursing students to learn:

My best experience was obstetrics because the nurse educator was with us. She made me feel like there was no difference between the nursing staff and me as a student. She explained every step to us, she provided us with guidance and support, and she motivated us to learn.

Although some of the nursing students described very positive clinical experiences associated with the presence of their nurse educators, other students expressed that their nurse educators did not play a significant role in the students’ learning experiences. Most nurse educators do not work in hospitals, and they rarely belong to clinical settings because they do not spend time establishing strong relationships with nursing staff. Nurse educators and nursing students are considered outsiders, particularly when the nurse educators are unfamiliar with the clinical setting. In these cases, it is more difficult for nurse educators to help students learn or belong. Tala considered her geriatric experience the “worst” because her nurse educator was not available most of the time and the nursing staff ignored her. Because her nurse educator was absent, Tala did not benefit from being in the clinical setting because no one cared about her presence. She said, “The geriatric experience was the worst because the clinical instructor was absent all the time and I had to do everything by myself. Nobody was helping me or teaching me what to do.” Aiden clearly stated that her clinical instructors were not visible and came only to verify the students’ attendance. She explained, “Some of them, we can’t feel their presence....”

Passive nurse educator role. According to some of the students, the clinical instructors were not involved in the students’ clinical experiences and did not help the students fit into clinical settings where they were considered outsiders. Some students’ stated that their clinical instructors clearly had no impact on their learning experience and did not help students who were

struggling to belong and experiencing stress. For example, Rana mentioned that her clinical instructors were not helpful or supportive and that their main role was to verify the students' attendance and conduct oral exams. She also described the passivity of her clinical instructors when she asked them to change her preceptor:

They come to the unit to check our attendance, and when I asked one of them to change my preceptor, she refused. Attendance and oral exams are what they do when they come to the unit; they don't stay with us and help us.

Nurse educators' abusive behaviors. In the clinical setting, students experience stress because they are learning new skills, and the role of the clinical instructor is to help nursing students learn and feel accepted and engaged. However, according to the students' reports, their clinical instructors clearly did not help the students feel safe and welcome in clinical settings. Sara stated that the clinical instructors were not supportive, did not accept students' mistakes, and treated them poorly:

Not all of them are good...they don't accept our mistakes; they don't understand that we are here to learn; it is normal to make a mistake. They embarrass us in front of everybody when we don't know how to answer a question.

Ameera recounted a similar situation in which her clinical instructor verbally abused her in a patient's room. Nursing students face several challenges in the clinical setting, such as being in a new place with strange people, feeling alone, and being an outsider. Clinical instructors should be available to help students cope with these problems, but instructors who are unsupportive and abusive only add to the students' difficulties. "I had a bad experience with one of the clinical instructors," Ameera commented. "She treated me so badly in front of a patient because she couldn't hear my voice and it was not clear to her."

The clinical instructors did not provide some of the students with the support they needed or did not help the students to learn or participate in patient care. These instructors did not

recognize that nursing students need to feel safe and secure and that they require assistance in coping with the stress of being a part of nursing team. Lina stated,

Some teaching assistants are not good...they treat us like children, they get angry when we ask questions and never provide us with answers. Usually, they tell us to go and read about it or Google it.

Working with a peer in clinical settings. Most of the students indicated that having friends in the same clinical setting was very important to their ability to exchange knowledge, collaborate, and feel safe and supported. Although the students did not explicitly state how the presence of their friends enhanced their sense of belonging in clinical settings, they reported that the sense of belonging to a group was associated with motivation to learn and high academic achievement.

Knowledge sharing. Some participants discussed that knowledge sharing was one of the important effect of being with a friend in the clinical setting. Dana appreciated having her peers in the same placement because it allowed them to share knowledge and feel supported. She noted, "It's better to have my friends in the same unit because we can support each other and share knowledge."

Rana noted that knowledge sharing was the greatest benefit of working with a friend in the same clinical setting. She commented that "It is good to have my friends in the same setting because we can exchange knowledge and learn from each other."

However, Laura articulated a different perception of having a classmate in the same placement:

Having my friends in the same setting has its negative and positive effects. When there is a weak student who needs a lot of clarification, she will waste my time because I will try to help her and explain what is not clear to her, and in this situation I will not have time to learn. It's good because we can share knowledge and discuss new cases and learn from each other.

Lara confirmed that working with a friend in the same unit was important because they were able to share knowledge and build their clinical skills. She stated, “We help each other, and if she has a procedure I did not see before, she will call me to come and observe with her, and I do the same. It’s good to be with my friends because we can share knowledge.”

Receiving support. Some of the students reported that the presence of a peer in the same placement enabled them to ask for help when needed, support each other, and find answers to their questions. Nada stated,

It is better to be together in the same section. When I find something difficult, I can ask her, and she will help me. It’s good to have my friend in the same unit because we can support and help each other when we face difficulties or need someone to answer our questions.

Lina agreed that working with a peer was beneficial because they collaborated to learn new concepts and skills and to help each other. She commented, “I prefer to have my friends with me because when I want to know about something and the nurses are busy, I go to my friend, and we work together to find what we need.”

Collaboration. Some of the students mentioned that collaboration was also a benefit of working with a peer same setting in addition to support, help, and knowledge sharing. As Sarah described, “It’s great to have my friends in the same unit because we can help each other, collaborate to solve a problem, ask each other questions and share knowledge.” Kara agreed that having a friend in the same clinical placement increased collaboration and provided them with opportunities to discuss new cases, nursing interventions, and knowledge. She remarked that “We collaborate with each other, and we share cases, procedures, and knowledge with each other.”

Feeling safe and comfortable. Some of the students reported that working with peers in the same clinical placement helped them to feel safe and comfortable, in addition to the support and

encouragement and knowledge sharing benefits they received. Aiden stated, “My friend’s presence helps me to feel comfortable and safe. I don’t feel alone.” For Dina, having friends in the same clinical setting is beneficial because they can help and support each other and not feel alone:

My relationship with my friends is so good. We try to help each other and to benefit from each other as much as we can. When I work with my friend, I feel comfortable, unlike when I am alone. We encourage each other to learn and to look for information that we need.

Lina mentioned that, in addition to the help that her peer provided during the clinical experience, the presence of her friend made her feel safe:

I think it’s good to have my friends with me because if I have a question I can ask her, and if we have questions and nobody is willing to help us, we can ask one of the doctors to help us. I feel safe being with my friend.

Motivation to learn. Placement with a peer in a clinical setting helped some of the students become motivated to learn. As Ameera said,

It’s good to have my friends with me because we help each other and we share knowledge with each other. I feel comfortable when my friends work with me. We encourage each other to learn and to find new opportunities to learn.

For Kara, being with her friend helped her become more motivated to learn. As she noted, “When my friend was with me, I had the courage to learn with her.”

Duration of the clinical experience. The duration of the clinical experience and working with the same preceptor were very important to Sarah in experiencing a sense of belonging and in gaining opportunities to participate in patient care. Sarah said that working with the same preceptor helped her to pass her clinical examinations and gain confidence in her ability to provide care. She also described her preceptor as a “caring” person:

My best experience was in orthopedics and oncology.... We worked with the same preceptor for eight weeks. It was good because she became familiar with my strengths and weaknesses and she knew my learning needs. She supported me in preparing for the

oral exam and helped me to provide care for patients. She encouraged me, and she always said, “You are good and you love to work, but you need motivation to work with patients and avoid being shy”.

5.6.3 Theme 3: Consequences of a Sense of Belonging

The participants indicated that the receptiveness of the nursing staff during their clinical experiences was critical to feeling valued and part of the team. They also recounted that the nursing staff’s positive attitudes toward the students made the students feel safe, less anxious, and motivated to learn. Nursing staff can ensure that students feel valued and accepted by welcoming students, offering them the opportunity to participate in patient care, and providing them with valuable learning experiences.

5.6.3.1 Feeling like a real nurse. The participants described different clinical experiences during which they felt welcomed, and the students believed that their sense of belonging was directly related to their feeling of being a real nurse. Different students described how the positive attitude of the nursing staff enhanced their feeling of being a true nurse – feeling included, safe, and part of a team.

For Aiden, the medical surgical experience was “amazing” because she felt safe and was treated as “a real nurse.” Simple actions such as adding the students’ names next to their preceptor’s name on the board were important for experiencing a sense of belonging. She expressed,

The medical surgical experience was amazing. Although it was the first clinical experience, we had no fear and felt safe and secure. They treated us like real nurses. Sometimes they added our name beside our preceptors’; they respected us, and their reception was so good.

Nora felt that she was valued and experienced a sense of belonging because she actively participated in patient care, learned about various nursing procedures, and had positive relationships with her preceptors. The positive behavior of the nursing staff also motivated her to

learn more and to spend more time in the clinical setting:

The pediatric experience was my best experience. I worked with nurses as a part of the team. I learned so many things, and they made me feel important. I enjoyed working with them; they treated me as a nurse and not student. They behaved with me in a good way.... When I saw their positive behavior toward us, the fear about hospitals was gone. I felt that I belonged with them and was a real nurse. I used to come in early with the nursing staff. From the first day, they showed me different procedures such as suction and how to give injections.

Ana expressed that her sense of belonging was directly linked to the feeling of being included in the clinical experience. Ana never felt “invisible” and said she was “a member of the nursing team.” She remarked,

I learned more than I did at the other hospitals. The head nurse gave me the chance to choose a patient and preceptor. The preceptors usually engaged me in patient care, assessment, and documentations. I felt I was a real nurse. They accepted my questions. They gave me the chance to ask questions, to do nursing procedures, and to feel like I was a member of the nursing team. I never felt I was nothing or invisible.

5.6.3.2 Feeling valued. Some of the students mentioned that their preceptors and other members of the nursing staff were welcoming. The positive attitudes of the nurses and their clinical instructors were strongly associated with whether the students felt safe, welcomed, and trusted to participate in patient care.

Ameera believed that her sense of belonging in the clinical setting was directly associated with feeling included and valued when she was offered opportunities to provide direct patient care and learn different nursing procedures. She appreciated the opportunity to improve her English language skills by being included in conversations with her preceptors. She explained,

In the medical surgical unit, the nursing staff was so cooperative. The preceptor prepared a list of our names and what we had to do. She helped us to provide direct patient care and get a lot of information. We worked all day, and she kept us busy doing different procedures such as wound dressing. My language in that area was perfect because I was communicating a lot with the preceptor. That was a great experience because the preceptor valued me.

In some clinical settings, the nursing staff and other health care professionals such as physicians included the nursing students when they discussed patients' conditions. Dina shared a situation in which she felt included, supported, and involved by the nurses and other health care professionals with whom she worked:

The critical care unit was so good. The relationship with nurses and other health care providers was perfect. They helped and taught us. The nurses depended on me and trusted me to do some procedures. They gave us the chance to take the patients' vital signs. In this hospital, we felt we were important, unlike in the other hospitals. The nursing here is totally different and well respected by other health care providers.

5.6.3.3 Motivation to learn. During most of the students' clinical experiences, a sense of belonging was necessary to motivate the students to learn. Laura noted that a good clinical placement influenced her motivation: "If you feel you are in a good place you will be motivated to learn without a limit...."

When the students felt that they were welcomed and the nursing staff was supportive and cooperative, their motivation to learn was higher and they had the confidence to ask questions. "If the nurses were cooperative, I would ask more questions and feel motivated to learn." According to Aiden, feeling a sense of belonging and being accepted was the main reason she became interested in learning more and improving herself. "When I feel I belong to a place, I will do better," she explained.

For Ameera, being accepted and welcomed by the nursing staff encouraged her to improve her clinical skills: "If I have a sense of belonging with the staff, I will be motivated to improve my skills". Nora found that working in a welcoming environment encouraged her to work and participate more during her clinical experiences. She said, "If the staff welcomed me, I learned more and was motivated to do more." Lana needed to be part of a team to become more enthusiastic about learning and gain the desire to participate in patient care. "If I feel a sense of

belonging with the nursing staff, I will be motivated to learn more and participate in patient care,” she noted. Lina wanted to work with a supportive and helpful preceptor and be part of a team so that she could improve her weaknesses and become motivated to learn: “When I belong to them, I will improve myself and be motivated to learn and be part of the team, but they have to support me and help me first.”

There is no question that nursing students were not experiencing a sense of belonging in all clinical settings. clinical learning experiences are important to nursing students. Students describe how the sense of belonging was important for their learning and how some clinical experiences were unwelcoming. Many students were excluded and were not learning and considered their clinical experiences as " a waste of time. Students' sense of belonging was influenced by different personal, academic, and clinical factors.

5.7 Discussion

This study’s main aim was to investigate the meaning of a sense of belonging, its consequences, as well as the factors influencing a sense of belonging among female nursing students in Saudi Arabia in their clinical settings. The researcher found out that a strong sense of belonging played a key role in enhancing clinical learning experiences among these students. In particular, these students acknowledged the significance of a sense of being valued, included, and accepted to their motivation to learn. The majority of these students claimed that positive outcomes associated with a strong sense of belonging in the clinical setting included feeling valued, feeling like a professional and competent nurse, and the motivation to learn. Despite the fact that many researchers have found that a strong sense of belonging is among the key factors affecting the clinical experiences of nursing students (Grobeck, 2016; Mohamed et al., 2014; Vinales, 2015), the majority of the nursing students who participated in the study reported that

their respective clinical experiences were a “waste of time” and “boring” since they were isolated and excluded. The research subjects further identified various factors that affect their sense of belonging including clinical, academic, and personal factors.

Many of the Saudi female nursing students’ responses were guided by Saudi cultural values and beliefs in terms of the perception of the nursing profession. Although the participants did not provide an explicit statement regarding the effect of the gender segregation rules in Saudi workplaces or the nursing profession’s perceptions on the sense of belonging. They often encountered various challenges when providing healthcare for male patients and when working in the clinical settings with both male and female healthcare providers. Particularly, female nursing students are often reluctant to communicate with their male colleagues because doing so will amount to a lack of respect to the Saudi culture. This may make female nursing students feel culturally confused and isolated. This finding resonates with the findings by Al-Hazmi and Windsor (2013) who examined the role played by nurse educators in the clinical experiences of students. This study found that female nursing students experienced challenges while working in the clinical settings with mixed gender staff. The study further revealed that female nursing students were reluctant to work with their male colleagues and vice versa.

Apart from the challenge of gender segregation female nursing students experience in Saudi Arabia in their clinical placements, they are also required to be proficient in the English language and switch from using Arabic language to using English because the latter is the language used in the workplace, language of study, and medium of interaction (Suliman & Tadros, 2011). In contrast, the students who participated in the current study had limited English skills and this impaired their ability to read and comprehend patient files and reading notes, create positive relationships with their colleagues, seek assistance from other nursing staff, and

ask questions. As a consequence, such students felt distressed, disempowered, anxious, unmotivated, and excluded. The language barrier was among the various multidimensional factors with a strong influence on the sense of belonging of students in Australia (Levett-Jones, Lathlean, Higgins, & McMillan, 2007). Moreover, Al-Hazmi and Windsor (2013) found that the language barrier was among the various clinical challenges encountered by nursing students in Saudi Arabia, with a negative impact on the students' self-esteem. (Shakya & Horsfall, 2000) also reported a similar finding in their study that investigated the international nursing students' experiences who used English as a second language. The researchers found that students' most challenging aspect was listening and speaking in the clinical setting and this challenge reduced their self-esteem and confidence, making them to feel alienated (Shakya & Horsfall, 2000).

The results obtained from this study reveal that most the participants did not choose the nursing profession as their first career choice. Some of them were interested to undertake other professions in health care including medicine, physiotherapy, and pharmacy. In contrast, these students were forced by their parents or families to undertake nursing, while others took the profession because nursing jobs were available, or because they had low grades that could not allow them to undertake other health care professions. Prior studies revealed that the factors influenced the creation of a professional identity and the socialization process were the acceptance of the profession and feeling a sense of belonging (Zarshenas et al., 2014). In order for students to develop a professional identity, they must participate in all the tasks including clinical rounds, and communicate with each other especially using health care terminologies. In this study, the researchers found that students were treated with disrespect and excluded in certain situations, and they did not interact fully with other professionals in the health care setting.

From the perspective of the nursing students, one of the factors that strongly influenced their sense of belonging was lack of preparation. Such lack of preparation resulted in the exclusion of the nursing students from participating in patients care, the exclusion by other nursing staff, and lack of confidence in providing patient care. Prior studies also revealed that the nursing students in Saudi Arabia reported in clinical setting's anxiety-producing situations included the theory-practice gap, fears of being assessed by other members of the faculty, and lack of relevant clinical experience (Sharif & Masoumi, 2005). Moreover, the Saudi nursing students also reported that among the key stressors in their clinical settings was lack of professional skills and knowledge (Mohamed & Ahmed, 2012). The fears relating to uncertainty and lack of skills and knowledge have a negative impact on the students learning process. Consistent with our findings in this study, previous studies revealed that clinical preparation among nursing students enhances the students' sense of belonging (Kern, Montgomery, Mossey, & Bailey, 2014). Moreover, nurses with inadequate preparation and limited skills in the clinical setting may not be able to provide patients with safe care.

In this study, the study participants reported that the nursing staff's attitudes had an influence on their ability to learn and sense of belonging. These students felt unwelcomed, unwanted, excluded, rejected, and ignored due to lack of cooperation, support, and help from nursing staff. They also felt excluded due to lack of assistance and unwelcoming nature of some nurses. In the studies that had been conducted previously, students claimed that their preceptors' negative attitudes had a negative impact on the clinical learning experiences of the students (Bennett, 2002; Eby, Butts, Lockwood, & Simon, 2004). Such studies are consistent with the assertion by Webb and Shakespeare's (2008) that the nursing staff's attitude toward the student nurses could ruin and undermine the clinical experiences of these students. A supportive nursing

staff is important in the sense that it can enhance the learning experiences of nursing students as well as their sense of belonging (Myall, Levett-Jones, & Lathlean, 2008). When these students experience some difficulties while interacting with health care staff, they become passive in their learning process (Brown, Herd, Humphries, & Paton, 2005) as well as frightened and disengaged (Gillespie, 2002). Lack of the nursing students' sense of belonging results in low self-esteem, depression, and anxiety (Levett-Jones, Lathlean, Maguire, & McMillan, 2007).

In contrast, some research participants in the current study reported that the nursing staff's receptiveness during their clinical placements played a significant role in helping them to feel included in the team and valued by other nursing staff. They also claimed that the positive attitude among the nursing staff towards the nursing students made them feel motivated to learn, less anxious, valued, and safe. Prior studies found similar results, implying that the most critical factors that enhance the ability of the students to learn in their clinical environments included providing them with opportunities take part in the provision of nursing care, and positive attitudes with their respective preceptors (Levett-Jones, Lathlean, Higgins, & McMillan, 2009; Matua, Seshan, Savithri, & Fronda, 2014; Zarshenas et al., 2014). The nursing staff's welcoming nature in the clinical environment makes the nursing students feel secure and empowered (Spouse, 2001). In a similar manner, the nursing staff must be supportive towards the nursing students in order to enable the students to learn, and they have to recognize the students as an integral part of the nursing staff (Bradbury-Jones, Irvine, & Sambrook, 2010). According to Gillespie (2002), positive relationships between the nursing students and the nursing staff help students to experience a positive self-regard, feel respected and valued, and feel at ease.

The majority of the participants noted that a strong sense of belonging among them was critical to making them feel more motivated towards learning, supported, and feeling safe.

Sedgwick et al. (2014) found similar results in their study that involved Canada's minority nursing students. These researchers found that feeling part of the clinical group and connected was important in enhancing socialization and learning. Prior research also found that peer learning helped nursing students to become an integral part of the nursing staff, and acclimated themselves to the clinical placements while decreasing their anxiety level (Parr & Townsend, 2002; Stone, Cooper, & Cant, 2013; Wilkinson, 2002). Many studies have also acknowledged that socialization and a sense of belonging are the prerequisites for improving the learning competence levels of the nursing students (Secomb, 2008), a sense of autonomy and ability to learn (Stone et al., 2013), self-confidence (Aston & Molassiotis, 2003), and their motivation to learn (Higgins, 2004; Secomb, 2008).

From the perspective of the nursing students, nurse educators are important in helping them to become active members of the nursing team, take an active role in patient care, and building a positive learning environment. A similar finding was reported by Sedgwick et al. (2014) suggesting that nursing instructors in the clinical setting have a great impact on the sense of belonging of the nursing students in the clinical settings, in addition to the students' peers and the nursing staff. The study conducted by Matthew-Maich et al. (2015) established that positive relationships between nursing clinical educators and nursing students had a positive impact on the nursing students' motivation to learn and to belong. In the current study, the participants expressed various views regarding the effect that clinical instructors have on their clinical experiences. In particular, the participants identified various clinical instructors' characteristics that enhance the nursing students' involvement in patient care and their sense of belonging. These characteristics included whether the instructors were motivating, cooperative, supportive, and helpful, as well as their approach to supervision. Nevertheless, some nursing students noted

that some of the clinical educators were not helpful and available, especially when the nursing staff ignored and excluded the nursing students. According to Levett-Jones (2007), the role of the clinical nurse instructors is critical, especially when the nursing students are undergoing stressful experiences or struggling to belong.

The nursing students claimed that they experienced abusive behaviors not only from their clinical instructors, but also from other health care providers, patients, and their preceptors. They felt unwanted, excluded, and rejected in a number of clinical experiences and they described their experiences using phrases and words like “no one knows me”, “outsider” and “alone”. The abusive behaviors of health care professionals towards their nursing students is a problem that has been inherent in the nursing education (Clarke, Kane, Rajacich, & Lafreniere, 2012). Prior researchers revealed that these students experience verbal abuse, lack of respect, and humiliation. These abusive behaviors result in negative physical and psychological effects among the nursing students, and they make them to be disconnected from the nursing staff and become invisible. The findings from the present study reveal that these students encounter many challenges within their clinical environments. Their clinical instructors’ role was limited with regard to enhancing their sense of belonging. As described earlier, they were also excluded for various reasons. Therefore, such students failed to gain the requisite experience to prepare them as competent nurses.

5.8 Conclusion

In this paper, the researcher discussed the meaning of a sense of belonging, the consequences of sense of belonging and the factors that affected Saudi female nursing students’ sense of belonging in clinical settings. The students’ descriptions clearly reflected their perceptions of sense of belonging in the clinical setting. The various experiences of the nursing

students provided a deep understanding of the factors that affected their sense of belonging. In positive clinical environments, the students felt included and were motivated to learn. By contrast, not all the students' experiences were welcoming, and in those cases, the students felt excluded and were unable to learn. When they experienced a lack of belonging, the students occasionally used self-directed learning techniques as a strategy to learn and avoid wasting their time during their placement. The findings of this study provide a comprehensive view of how the perception of nursing as a profession and the cultural beliefs in Saudi Arabia negatively influenced the nursing students' learning and their sense of belonging.

5.9 References

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CHAPTER 6: MODIFICATION, TRANSLATION, AND PSYCHOMETRIC TESTING OF
THE ARABIC VERSION OF THE BELONGINGNESS SCALE-CLINICAL PLACEMENT
EXPERIENCE

MODIFICATION, TRANSLATION, AND PSYCHOMETRIC TESTING OF THE ARABIC VERSION OF THE BELONGINGNESS SCALE-CLINICAL PLACEMENT EXPERIENCE

6.1 Relationship of Manuscript 4 to the Dissertation

In this manuscript, I discuss the process of modifying, translating, and psychometric testing of the Belongingness Scale–Clinical Placement Experience (BES–CPE). To measure the Saudi female nursing students’ sense of belonging, Levett- Jones et al.’s (2009) Belongingness Scale–Clinical Placement Experience BES-CPE was considered appropriate for this study. However, the scale language was English, had been developed in Australia, and reflected a different cultural and contextual background. The process of modifying, translating, and testing the (BES–CPE) were integral steps in this study because there was no available Arabic version of the (BES-CPE), and no instruments had been used to assess Saudi nursing students’ sense of belonging. The process included the following steps: (a) modification of the BES–CPE instrument based on qualitative interviews (Chapter 5); (b) translation and back-translation of the modified BES–CPE instrument; (c) assessing the content validity of the new tool; (d) conducting the pilot studies; and (e) testing the psychometric properties of the Arabic version of the BES–CPE with Saudi nursing students. To measure the Saudi female nursing students’ sense of belonging, Levett- Jones et al.’s (2009) Belongingness Scale–Clinical Placement Experience BES-CPE was considered appropriate for this study. However, the language that was used in this scale was English and the scale was used in different countries that have different cultural and contextual background. Findings of this study indicated that the Arabic version of the (BES–CPE) demonstrates acceptable psychometric properties and can be used to assess other nursing students in Saudi Arabia and other Arabic speaking countries.

6.2 Abstract

In the context of nursing education, a sense of belonging has major implications for nursing students' success. Belongingness is considered an important element of clinical education because it increases students' motivation to learn and their self-esteem and self-efficacy. The aim of this paper is to develop an instrument that fits the Saudi context, and used the original BES-CPE (Levett-Jones et al., 2009) as a foundation to modify, translate, and test the psychometric properties of the Arabic version of the BES-CPE. Previous qualitative findings were used to modify the BES-CPE because the scale had not been used previously in Saudi Arabia and female nursing students reported different factors that had not been reported previously in the literature. The BES-CPE was developed by Levett Jones in 2007 to measure nursing students' sense of belonging in clinical placement and it has been tested and used in different countries; however, no Arabic version of the scale is available for use in Arabic speaking countries such as Saudi Arabia.

The first step involved modifying the original BES-CPE based on the qualitative findings from the first phase of the study. The tool was translated into Arabic and back translated into English. Seven experts from Saudi Arabia were invited to evaluate the content validity, and then a pilot study was conducted to check the reliability of the Arabic BES-CPE. Two hundred and seventy-six female nursing students completed the BES-CPE. The reliability of the Arabic BES-CPE and all subscales were evaluated. A Principal Axis Factor Analysis was conducted using oblique (i.e., direct oblimin) rotations of the 45 items. The results demonstrated acceptable psychometric properties. The overall scale showed a high reliability coefficient of .899; the coefficients for the subscales were as follows: esteem (14 items), .922; alienation (8 items), .706; sense of belonging (7 items), .784; student's relationship with preceptors and clinical instructors

(8 items), .858; and experience working with non-Saudi nurses (3 items), .679. Based on the results of the principal axis factor analysis, five items were excluded from the analysis. The five subscales were positively correlated and most factors were moderately to strongly correlated. The strongest correlations were between factor 4 and 1 ($r = .60$) and between factor 4 and 3 ($r = .51$).

Keywords: Saudi, nursing students, clinical experience, sense of belonging, psychometric testing, translation, modification, Saudi Arabia, Arabic

6.3 Introduction

Clinical education is important for nursing students because it provides them with the opportunity to apply various nursing interventions and to develop communication skills with patients, families, and health care providers. In the context of nursing education, the sense of belonging has major implications for nursing students' success. A sense of belonging is considered one of the most important elements of clinical education because it increases students' motivation to learn and their self-esteem (Gailliot & Baumeister, 2007) as well as their self-efficacy (Kim & Park, 2011; Levett-Jones, Lathlean, Higgins, & McMillan, 2009). It also enhances students' academic achievement (Levett-Jones & Lathlean, 2008; Metsälä, Heiskanen, & Kortelainen, 2012; Sedgwick & Yonge, 2008), mental health (Nolan, 2011), resilience (Levett-Jones et al., 2009; Kim & Park, 2011), and ability to become self-directed learners (Kim, 2010; Kim & Park, 2011). In the clinical settings, students' sense of belonging is facilitated by a comprehensive orientation program (Brodie et al., 2005; Elcock, Curtis, & Sharples, 2007), the length of their clinical experience (Mallaber & Turner, 2006; Mallik & Aylott, 2005), positive staff-student relationship (Andrews, Brodie, Andrews, Wong, & Thomas, 2005), and a preceptorship (Andrews et al., 2005).

In 2007, Levett-Jones developed a scale to measure nursing students sense of belonging. The scale includes 34-items, and uses a 5- point Likert Scale ranging from 1 (never true) to 5 (always true) (Levett-Jones et al., 2009). The BES-CPE scale was originally adopted from a general non-nursing specific belongingness scale developed by Somers in 1999 (Levett-Jones et al., 2009). The BES-CPE demonstrates high reliability coefficients (i.e., Cronbach alpha = 0.92) for the overall scale (Levett-Jones et al., 2009). The scale assesses students' feelings, cognitions, and behaviours during clinical experiences and reflects the major components of a sense of

belonging using three subscales: self-esteem (feeling secure, included, valued, and respected by others), connectedness (feeling like part of the group, being accepted, and fitting in), and efficacy (efficacious behaviors undertaken to enhance one's experience of belongingness in the clinical environment). The BES–CPE has been used to explore nursing student's sense of belonging in Malaysia (Mohamed, Newton, & McKenna, 2014) Korea (Kim & Jung, 2012), Australia (Levett-Jones, Lathlean, McMillan, & Higgins, 2007; McKenna et al., 2013), United Kingdom (Levett-Jones et al., 2007), Finland (Metsälä et al., 2012), Iran (Ashktorab et al., 2014), Canada (Sedgwick, 2013), and the USA (Grobecker, 2016) and has been translated into different languages such as Korean (Kim & Jung, 2012) and Persian (Ashktorab et al., 2014). During the process of translation and back translation of the Persian BES-CPE, researchers were required to modify 6 items and items 2,6,8,12, and 19 were changed after interviewing 6 Iranian nursing students (Hassanvand, Ashktorab, Seyed-Fatemi, & Zayeri, 2014).

A valid and reliable assessment tool to assess the Saudi nursing students sense of belonging in Saudi Arabia is required because the literature review revealed that an Arabic version of the BES-CPE is not available; the original BES-CPE was developed in Australia and was tested in different countries that have different language, cultural, and contextual backgrounds. The aim of this article is to report the process used to ensure that the BES–CPE can be used in Saudi Arabia and to use the original BES-CPE as a base to: (a) modify the BES–CPE; (b) translate and back-translate the modified BES–CPE; (c) assess the content validity; (d) conduct the pilot study (E) test the psychometric properties of the BES–CPE Scale.

6.4 Method

6.4.1 Design

This study included four phases: (a) modification of the original BES-CPE based on the qualitative findings from a previous study; (b) translation and back translation of the scale; (c) evaluation of the content validity by experts from Saudi Arabia; and (d) evaluation of the internal consistency reliability and other psychometric properties of the Arabic version of the BES–CPE scale.

6.4.2 Sample

The researcher chose to recruit female nursing students from three different universities in Riyadh, Saudi Arabia. The inclusion criteria determined the eligibility of each participant; all third- and fourth-year female nursing students who had at least one previous clinical experience and were exposed to different clinical experiences were included in the study. For the pilot studies, 78 students were recruited and two hundred and seventy-six different female nursing students filled out the Arabic BES-CPE in the second phase.

6.4.3 Context of the Study

The study was conducted with female nursing students from three government universities in Riyadh, Saudi Arabia: King Saud University (KSU), Princess Nourah bint Abdulrahman University (PNU), and King Saud bin Abdulaziz University for Health Sciences (KSAU-HS). Each of these universities offers a four-year nursing baccalaureate program and a one-year internship, although the universities differ in terms of program curricula, the structure of clinical placements, the length of clinical experiences, and models of clinical supervision, cohort size, and students' demographic backgrounds.

6.4.4 Ethical Consideration

Ethical approval was obtained from the University of Saskatchewan Advisory Committee on Ethics in Behavioral Sciences Research prior to the beginning the study and from the three universities' research centers in Saudi Arabia. All nursing students were provided information about the study, students rights as participants, the importance of students input in the study, and the researcher contact information. They also were informed that their participation in the study was voluntary and they could withdraw from the study at any time. Completion of the Arabic BES–CPE scale was considered as implied consent.

6.4.5 Instrument

The data were collected using a modified and translated version of the BES–CPE (Appendix D) (Levett-Jones et al., 2009). The BES–CPE was developed to measure nursing students' sense of belonging in clinical settings. The BES–CPE assesses students' feelings, cognitions, and behaviours during clinical experiences and reflects the major components of a sense of belonging: esteem (feeling secure, included, valued, and respected by others), connectedness (feeling like part of the group, being accepted, and fitting in). Efficacy subscale includes items relating to active and passive interactions, and the positive consequences as result of being engaged with a group or feeling a sense of belonging. The author of the BES-CPE provided permission to use, modify, and translate the tool (T. Levett-Jones, personal communication, April 3, 2012).

In Australia, the scale demonstrated high internal consistency (alpha 0.92), and each subscale demonstrated high internal consistency: 0.9 (Esteem); 0.82 (Connectedness); 0.8 efficacy. Similar results were reported in Iran and in Korea. The Persian version of the BES-CPE had a high overall internal consistency (Cronbach's alpha = 0.92) and the alpha coefficients of

the subscales of “self-esteem”, “connectedness”, and “efficacy” were 0.85, 0.86, and 0.80 respectively. In Korea, the overall Cronbach’s alpha score was .90 and the alpha coefficients of the subscales of self-esteem”, “connectedness”, and “efficacy” were 0.84, 0.74, and 0.81.

6.4.6 Data Analysis

SPSS© version 21 was used to code and analyze the quantitative data. By using mean, and standard deviation, the descriptive analysis was conducted. However, before the quantitative data were analyzed, they were screened to identify potential missing data and outliers. Descriptive statistics for the scale items were summarized in a text-and-tables format. All statistical analyses of the quantitative results were conducted with the help of my committee members. Data were displayed in tables and graphs to simplify the findings. Cronbach’s alpha was used to assess the BES-CPE internal consistency and reliability. The validity of the BES-CPE was tested by using Exploratory Principle Axis Factor Analysis.

6.5 Process of Modifying, Translation, and Psychometric

Testing of the BES-CPE

The steps in this process including modifying the BES-CPE by using the Saudi female nursing students experiences of sense of belonging in the clinical settings, translating, and back translating the modified version, assessing the content validity, conducting a pilot study, and assessing the psychometric properties of the Arabic BES-CPE (Figure 6-1).

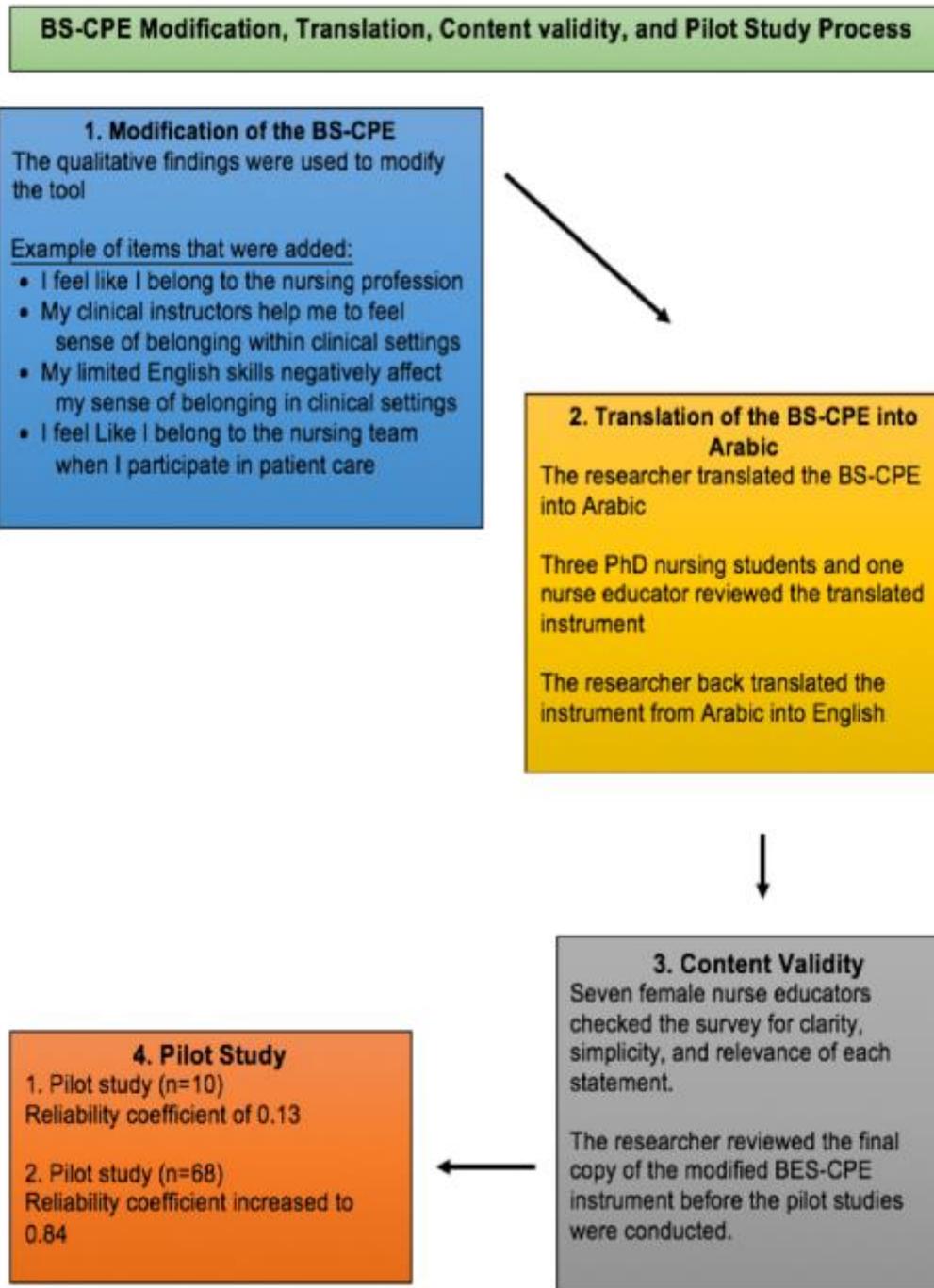


Figure 6-1: The Process of Modification, Translation, and Testing the BES-CPE

6.5.1 Modification of the Tool

This step involved the modification of the BES–CPE instrument to make it usable in Saudi Arabia. The first phase of this modification of the survey consisted of a qualitative study in Saudi Arabia to describe and explore the female Saudi nursing students' sense of belonging in clinical settings. The BES–CPE was modified by using the first phase of the study (the qualitative phase) results to adapt the instrument to the Saudi context. The qualitative phase involved interviews with sixteen nursing students, where they shared experiences about their sense of belonging in the clinical settings. Moreover, they were asked about the factors affecting their experiences and the outcomes of feeling sense of belonging. According to the findings, several clinical, academic and personal factors impact their sense of belonging.

As per the findings, the nursing profession was not chosen by most of the participants as their first choice of career and they felt that they had no preparation for performing nursing care in the clinical settings. The students were unable to participate in patient care due to their limited English language skills (the language of practice in the setting) and lack of preparation. Therefore, they failed to establish a positive relationship or ask for assistance and were also excluded from nursing activities. In addition to the abusive behaviours that nursing students reported were which were encountered by nursing students during their clinical experiences, the negative attitude of nurses and lack of acceptance are other reasons that lead students to feel alone, unwanted and outsiders. Nonetheless, the students sometimes felt valued and active members of a team because of the friendly nature of the nursing staff and other health care professionals.

From the viewpoints of these nursing students, a positive and conducive learning environment can be established due to the presence of nurse educators. Moreover, such an

environment can assist the nursing students become active team members and positively contribute in patient care. The nationality of nursing staff was linked with the Saudi female nursing student's sense of belonging and it emerged as a recurrent theme in the qualitative findings. The qualitative findings of the mixed methods study were important in modifying the BES–CPE instrument because Saudi female nursing students reported additional factors that were not included in the original the BES–CPE instrument.

The modification of the BES–CPE survey included changes that were made to the demographic questions to appropriately address the Saudi nursing students' sense of belonging in a clinical setting. Some of the questions were modified or removed, and new questions were added. In addition, two questions that addressed the origin of the students and their native languages were removed because all the students were Saudis, and their native language was Arabic. Four questions were added that addressed the nationalities of preceptors, students' marital status, and nursing was their first choice of study. The decision to add a question about the nationality of the preceptors stemmed from the qualitative findings since the nursing students believed that non-Saudi nurses were unsupportive and excluded the students because they were afraid that Saudi nursing students would take their jobs after graduation. The qualitative findings resulted in the decision to add questions about the nationality of the preceptor since the non-Saudi nurses were thought to be uncooperative and the students were excluded because they had a fear that Saudi nursing students would replace them after completion of their studies (Table 6-1).

Table 6-1: Examples of How the Qualitative Data were used to Build the Arabic BES-CPE

Quotes from qualitative data	Corresponding survey item
Nationality of nursing staff	
Most of the foreign nurses don't want Saudi nurses; that's why they don't want to help us. One of my clinical experiences was amazing because I was with Saudi nurses who understood me.	Working with Saudi nurses enhances my sense of belonging
Lack of communication/ English language skills	
Language is a reason for the lack of communication with the nurses because we cannot tell them what we need and ask them for help. I think that's why they did not welcome us – because there was no communication between us	My limited English skills negatively affect my sense of belonging in clinical settings

Questions that directly addressed the nursing students' sense of belonging within clinical settings were included in the second part of the BES-CPE. To make the statements clearer for the Saudi nursing students, adding the meaning of some words in Arabic were required. Moreover, 24 questions were modified to use words that are more commonly used in Saudi Arabia, such as clinical settings, nursing staff, and preceptors (Table 6-2).

Table 6-2: Items of the BES-CPE Before and After Modification

Items Before Modification	Items After Modification
Esteem	
1. I feel like I fit in with others during my placements.	10. I feel like I belong to the nurses during my clinical experience.
3. Colleagues see me as a competent person.	12. My preceptor sees me as a competent person to provide patients care.
4. Colleagues offer to help me when they sense I need it.	13. Nursing staff in the clinical settings offer help when they perceive I need it.

7. I get support from colleagues when I need it.	16. I get support from nurses of the clinical settings when I need it
9. I like the people I work with on placements.	17. I like the nurses I work with in the clinical settings.
10. I feel discriminated against on placements.	18. I feel discriminated against in clinical settings because I am a student.
14. On placements I feel like an outsider.	19. In the clinical settings I feel like an outsider to nursing staff in the clinical settings.
17. I feel understood by my colleagues.	Deleted
21. People I work with on placements accept me when I'm just being myself.	24. Nurses I work with accept me when I'm just being myself.
23. When I walk up to a group on a placement I feel welcomed.	46. I feel welcomed when I meet any nursing staff in the clinical setting
24. Feeling "a part of things" is one of the things I like about going to placements.	27. Feeling "a part of team" is one of the things I like about going to clinical settings
27. It seems that people I work with on placements like me.	28. It seems that nurses I work with in the clinical settings welcome and accept me
33. I like where I work on placements.	35. I like where I work in the clinical settings.
8. I am invited to social events outside of my placements by colleagues.	Deleted
16. Colleagues ask for my ideas or opinions about different matters.	Deleted
25. There are people on placements with whom I have a strong bond.	Deleted
29. Colleagues notice when I am absent from placements or social gatherings because they ask about me.	30. The nurses notice when I am absent from the clinical setting because they ask about me
34. I feel free to share my disappointments with at least one of my colleagues.	36. I feel free to share my disappointments regarding my training with at least one of my preceptors

Connectedness

13. I invite colleagues to eat lunch/dinner with me.	Deleted
15. There are people that I work with on placements who share my values.	21. I feel sense of belonging in the clinical settings when the nurses respect my culture and my values.

Deleted

26. I keep my personal life to myself when I'm on placements.

28. I let colleagues know I care about them by asking how things are going for them and their family.

30. One or more of my colleagues confide(s) in me.

29. I let nurses know I care about them by asking how things are going for them and their family.

31. One or more of my preceptors trust me to provide patient care.

Efficacy

2. It is important to feel accepted by my colleagues.

5. I make an effort to help new students or staff feel welcome.

11. I offer to help my colleagues, even if they don't ask for it.

18. I make an effort when on placement to be involved with my colleagues in some way

19. I am supportive of my colleagues.

20. I ask for my colleagues' advice.

31. I let my colleagues know that I appreciate them.

32. I ask my colleagues for help when I need it.

Total number of items: 30

Items were deleted: 8

11. It is important to feel accepted by nursing staff.

Deleted

20. I offer to help other nurses, even if they don't ask for it.

22. I make an effort to be involved with my preceptors in some way

23. My preceptors support me in the clinical setting.

Deleted

32. I let my preceptors know that I appreciate them

33. I ask my preceptors for help when I need it

Total number of items: 22

The modification of the BES-CPE, also included adding 16 new questions, and altering the definitions of the belongingness, esteem, connectedness, and efficacy by making them more specified to nursing students' sense of belonging during their clinical experiences. The 16 new items noted above were incorporated as factors influencing students' sense of belonging in the qualitative phase of the study (Table 6-3). These comprised of items such as recognition from nursing staff, patients and other healthcare experts; the student–clinical instructor relationship, English language skills in addition to working with Saudi nurses versus non-Saudi nurses. As a result of the qualitative study, the definition of belongingness was modified to be:

A deeply personal and contextually mediated experience that evolves in response to the degree to which nursing students feel (a) secure, accepted, included, valued and respected by preceptors, nursing staff, doctors, patients, other health care professionals, and nurse educators; (b) connected with or integral to the nursing staff; and (c) that their professional and or personal values are in harmony with their preceptors and other nursing staff. The experience of belongingness may evolve passively in response to the actions of the nursing staff to which one aspires to belong and or actively through the action initiated by nursing staff.

This definition of sense of belonging has guided the development of the Arabic BES-CPE instrument and the modified definitions for each of the subscales to better fit nursing students' experiences. The definitions for each sub-scale in the modified Arabic BES-CPE are indicated in (table 6-3) at the top of each subscales.

Table 6-3: BES-CPE before and After Modifications

Original BES-CPE	Modified Arabic BES-CPE
<p>Subscale 1 Esteem (feeling secure, included, valued, and respected by others)</p> <p>Total number of items =11</p> <p>10. I feel like I belong to the nurses during my clinical experience.</p> <p>12. My preceptor sees me as a competent person to provide patients care.</p> <p>16. I get support from nurses of the clinical settings when I need it.</p> <p>13. Nursing staff in the clinical settings offer help when they perceive I need it.</p> <p>17. I like the nurses I work with in the clinical settings.</p> <p>18. I feel discriminated against in clinical settings because I am a student.</p> <p>19. In the clinical settings I feel like an outsider to nursing staff in the clinical settings.</p> <p>24. Nurses I work with accept me when I'm just being myself.</p>	<p>Subscale 1 Esteem (feeling secure, accepted, included, valued and respected by preceptors, nursing staff, doctors, patients, other health care professionals, and nurse educators)</p> <p>Total number of items=11</p> <p>10. I feel like I belong to the nurses during my clinical experience.</p> <p>12. My preceptor sees me as a competent person to provide patients care.</p> <p>16. I get support from nurses of the clinical settings when I need it.</p> <p>13. Nursing staff in the clinical settings offer help when they perceive I need it.</p> <p>17. I like the nurses I work with in the clinical settings.</p> <p>18. I feel discriminated against in clinical settings because I am a student.</p> <p>19. In the clinical settings I feel like an outsider to nursing staff in the clinical settings.</p> <p>24. Nurses I work with accept me when I'm just being myself.</p>

27. Feeling “a part of team” is one of the things I like about going to clinical settings.

28. It seems that nurses I work with in the clinical settings welcome and accept me.

35. I like where I work in the clinical settings.

Factor 2 Connectedness (Feeling part of or integral to the group, being accepted, and fitting in

Total number of items = 3

21. I feel sense of belonging in the clinical settings when the nurses respect my culture and my values

29. I let nurses know I care about them by asking how things are going for them and their family

31. One or more of my preceptors trust me to provide patient care.

Factor 3 Efficacy (An active or passive interaction, what the individual receives or perceives that they receive from others, as well as the efficacious action they engage in to either enhance belongingness or in response to belonging)

27. Feeling “a part of team” is one of the things I like about going to clinical settings.

28. It seems that nurses I work with in the clinical settings welcome and accept me.

35. I like where I work in the clinical settings.

Connectedness (Belonging to the profession, feeling part of or integral to nursing staff, being accepted, fitting in, motivated, and able to participate in patients care)

Total number of items =13

37. I feel I belong to the nursing profession

44. I feel motivated when I feel I belong to the nursing team

39. I feel I belong to the team when I participate in patients’ care

40. Working with Saudi nurses enhances my sense of belonging

45. Being accepted from patients makes me feel sense of belonging in clinical settings

42. I don’t feel that other health care professionals accept me as a nursing student

52. I feel that I am not welcomed by medical staff

38. My limited English skills negatively affect my sense of belonging in clinical settings

25. I am uncomfortable to use the staff lounge in the clinical settings

43. I prefer to work with the same preceptor all time

53. I feel I am not welcomed when some nurses speak their native language

55. I don’t feel I belong to the nursing team when I work with non-Saudi nurses

(items 37 to 55 are all new items)

Factor 3 Efficacy (An active or passive interaction, what the nursing students receives or perceives that they receive from preceptors, nursing staff, and nursing educators as well as the efficacious action they engage in to either enhance belongingness or in response to belonging)

Total number of items = 9

- 46. I feel welcomed when I meet any nursing staff in the clinical setting
- 11. It is important to feel accepted by nursing staff
- 20. I offer to help other nurses, even if they don't ask for it
- 22. I make an effort to be involved with my preceptors in some way
- 23. My preceptors support me in the clinical setting
- 31. One or more of my preceptors trust me to provide patient care
- 32. I let my preceptors know that I appreciate them
- 14. I make an effort to be welcomed by nursing staff of the clinical settings
- 33. I ask my preceptors for help when I need it

Total number of items = 7

- 48. My clinical instructor offers help when I need it
- 50. I get help from my clinical instructor when I need
- 51. My clinical instructors offer help when they perceive I need it
- 34. I ask my clinical instructor for help when I need it
- 47. My clinical instructors help me to feel secure when I feel scared in the clinical settings
- 49. My clinical instructors help me to introduce myself to the nursing staff
- 26. I feel sense of belonging when I enter the clinical setting

(Items 48 to 26 are all new items)

15. I view my clinical setting as a place to experience a sense of belonging

Deleted

6.5.2 Translation into Arabic

Translating and back-translating the modified BES–CPE instrument was step two. Because of suboptimal English language skills among some Saudi nursing students, each statement of the BES–CPE survey was translated into Arabic to facilitate participants' understanding of the survey. The translated and modified BES–CPE instrument was reviewed by one nurse educator and three PhD students from Saudi Arabia who were fluent in both languages. Out of the three PhDs, one student was in Australia and two of them were in Canada, and the nurse educator was a graduate student of Canada who had moved back to Saudi Arabia after obtaining her master's degree in nursing science.

Subsequently, I back-translated the Arabic-modified BES–CPE instrument. Moreover, this researcher is fluent in both English and Arabic and is a current PhD student in Canada.

Besides the required modifications, all the suggestions have been reviewed by the researchers and it was ensured that each item was modified and translated appropriately. Both the researcher and the PhD students who assessed the accuracy of the modified and translated BES–CPE instrument agreed that the revised questions conveyed the same meaning in both languages.

6.5.3 Assessment of the Content Validity

Once the survey was modified and translated, seven female nurse educators from Saudi Arabia who were fluent in Arabic and English and working as nurse educators were asked to review the modified survey. Besides three PhD candidates studying in the West, the two lecturers and two nurse educators with PhDs in nursing formed this group. They had five years to 30 years working experience as nurse educators. The simplicity, clarity and the relevance of each statement was thoroughly examined by the group. Most statements were believed to be clear and applicable by all the seven nurse educators; however, there were some unclear questions according to them. For instance, “one of the things I like about going to clinical settings is feeling part of things” was considered vague and they proposed altering it to “one of the things I like about going to clinical settings is feeling like part of a team.” Further, it was decided that they should exclude the following statements because they are not common in the Saudi context: “It’s gives me preference that some of my colleague wishes me happy birthday in a way,” that “the nursing staff may invite me at social events,” and “I invite colleagues to eat lunch/dinner with me”. Before the pilot studies were performed, the researcher reviewed the final draft of the modified BES–CPE instrument.

6.5.4 Pilot Studies

After the translation and modification process, an online Arabic BES–CPE was created. Three clinical instructors from the three participating universities were contacted and they were

asked to share the online survey link with all nursing students having one clinical experience as a minimum. A letter containing the aim of the study, researcher contact information and the participants' rights were included in the online survey. The survey was completed in approximately 10 minutes and no difficulty was reported by the students in understanding the questions. Two pilot studies were conducted. The online survey was completed by 10 students, five from Princess Norah bint Abdulrahman University and the rest of the five from King Saud University. Because of the small sample size, another pilot study was conducted and more students were invited to fill out the online survey. The survey then was completed by sixty-eight students and the reliability coefficient was enhanced to .839. Most of the students (48%) were from (KSAU-HS); only 15.7% were KSU and 35.7% were from (PNU). Most participants were between 22–24 years of age. In addition, 96% had earlier clinical experience and 80 % of the participants were single. Nursing was not chosen as a first career choice by majority of the students (87%). Based on the psychometrics of the second larger pilot study, the tool utilized was believed to be clear, valid and comprehensible for its proposed aim.

6.6 Results

6.6.1 Demographic Characteristics of the Research Participants

Two hundred and seventy-six female nursing students completed the Arabic Version of the BES-CPE scale. The participants were from three government universities in Riyadh, Saudi Arabia: King Saud University (KSU), King Saud Bin Abdulaziz University (KSAU-HS), and Princess Nourah bint Abdularahman University (PNU). Most of the students who completed the survey were from KSU ($n = 101$), ranged in age from 19 to 21, and were single. Most of the participants had previous clinical experience, and over two-thirds did not choose nursing as their preferred profession. Only 20 percent or so of the students reported choosing nursing as a

profession. Students were asked if they had a family member or friend as nurse and 63.3 percent had a family member or a friend working as nurse. Over three quarters of the participants did not have a Saudi nurse or preceptor despite the fact that nearly two thirds of participants had Saudi nurses on their units. Students were also asked to identify the nationalities of their current instructors. Over half the students were supervised by Saudi instructors, one-quarter worked with Arabic nurses, and even less were supervised by Asian instructors; only five participants had Western instructors.

Table 6-4: Demographic Characteristics of the Participants

	Sample	Percent
Participants from each University		
KSU	101	36.9
PNU	89	31.1
KSAU-HS	86	39
Age		
19-21	147	53.7
22-24	104	37.9
25 and above	23	8.4
Marital status		
Single	242	88.4
Married	26	9.5
Divorced	6	2.2
Participants' exposure to clinical experience		
First Clinical Experience	57	20.7
Previous Clinical Experience	262	79
Family member/ a friend working as nurse		
Yes	172	62.3
No	37	37.7
Nursing as a professional choice		
Yes	59	21.4
No	217	78.6

Nationality of current preceptor		
Asian	169	61.2
Saudi	61	22.1
Western	25	9.1
Arabic	21	7.6
Nationality of the current instructor		
Saudi		
Arabic	159	57.6
Asian	69	25
Western	43	15.6
	5	1.8

6.6.2 Psychometric Testing (Factor Analysis)

Factor analysis was used to test the original BES-CPE, the Arabic BES-CPE, and the scale after combining the original and additional items resulting from the qualitative findings. Factor analysis is a statistical process that done to reorganized the items within a scale into a smaller number of subscales or factors (Devellis, 2017). According to Devellis, this process is done to assess the dimensionality of a scale and to make sure whether the items are measuring the same construct or different constructs. Different factor analyses were conducted to assess the psychometric proprieties of the Arabic-BES. First, a factor analysis was done to the original BES-CPE, the new items were added to the BES-CPE, then all items were forced into 3, 4, and five factors.

6.6.2.1 Exploratory factor analysis for the original BES-CPE. Items Initially, the factorability of the original 23 BES-CPE items were examined. Several methods were used to assess the assumptions for factor analysis. Firstly, all items correlated at least .3 with at least one other item, suggesting reasonable factorability. Secondly, the Kaiser-Meyer-Olkin measure of sampling adequacy was .99, above the recommended value of .6, and Bartlett's test of sphericity was significant ($p < 0 .001$), and therefore the factor analysis was appropriate. Principal Axis

Factoring with Direct Oblimin rotation of all items of the BES-CPE was conducted on data gathered from 276 students. The three factor solution explained 47% of the variance. The results of a direct oblimin rotation of the solution are shown in (Table 6-5). Items that failed to load on at least one factor were excluded, and doublet items were assigned to the factors with a higher loading. Ten items loaded onto factor 1 (esteem) with factor loadings more than 0.3. Two items only loaded on factor 2 (connectedness), and both items perfectly loaded onto the second factor. Eight items loaded onto Factor 3 (Efficacy). Items 21, 31, and 11 did not load in any factor and were removed from the analysis.

Table 6-5: Factor Loading Based on a Principal Axis Factoring with Direct Oblimin Rotation of 23 Items of the Original BES-CPE

Items	Factor 1 Esteem	Factor 2 Connectedness	Factor 3 Efficacy
10. I feel like I belong to the nurses during my clinical experience	.635		
13. Nursing staff in the clinical settings offer help when they perceive I need it	.504		
16. I get support from nurses of the clinical settings when I need it	.828		
17. I like the nurses I work with in the clinical settings	.938		
24. Nurses I work with accept me when I'm just being myself	.772		

27. Feeling “a part of team” is one of the things I like about going to clinical settings	.393	
28. It seems that nurses I work with in the clinical settings welcome and accept me	.617	
35. I like where I work in the clinical settings	.483	
23. My preceptors support me in the clinical setting	.794	
18. I feel discriminated against in clinical settings because I am a student		-.717
19. In the clinical settings I feel like an outsider to nursing staff in the clinical settings.		-.752
12. My preceptor sees me as a competent person to provide patients care		.327
46. I feel welcomed when I meet any nursing staff in the clinical setting		.464
30. The nurses notice when I am absent from the clinical setting because they ask about me		.576

36. I feel free to share my disappointments regarding my training with at least one of my preceptors	.418
29. I let nurses know I care about them by asking how things are going for them and their family	.385
20. I offer to help other nurses, even if they don't ask for it	.377
32. I let my preceptors know that I appreciate them	.498
33. I ask my preceptors for help when I need it	.529
21. I feel sense of belonging in the clinical settings when the nurses respect my culture and my values	
31. One or more of my preceptors trust me to provide patient care	

11. It is important to feel accepted by nursing

staff

The internal consistency of the items within the original BES-CPE was measured using Cronbach's alpha. Cronbach's alpha is a commonly statistical test that used to measure the scale reliability (Devellis, 2017). To measure the correlation among the items, alpha coefficient is used and the high alpha coefficient indicates that the items within the scale measure the same construct. In this study, the alpha coefficient was used to measure each subscale and the original BES-CPE in this study. The overall original BES-CPE showed a high reliability coefficient of .88; the coefficients for the subscales were as follows: esteem (9 items), .894; connectedness (2 items), .77; and efficacy (8 items), .728.

6.6.2.2 Exploratory Factor Analysis for the New Items (Saudi Students Experiences).

To ensure that the factor analysis, the sampling adequacy tests were conducted. The Kaiser-Meyer-Olkin measure of sampling adequacy was .08, above the recommended value of .6, and Bartlett's test of sphericity was significant ($p < 0 .001$). Principle Axis Factoring with Direct Oblimin rotation of 20 items of the new items added to the BES-CPE was conducted on data gathered from 276 students. The two factor solution explained 36.9 % of the variance. The results of a Direct Oblimin rotation of the solution are shown in Table 5.6. Twelve items loaded onto factor 1 (connectedness) with factor loadings more than 0.3. Eight items loaded onto factor 2 (alienation). The factor loading matrix for this factor analysis is presented in Table 5-6.

The internal consistency of the new items of the Arabic BES-CPE was measured using Cronbach's alpha. The overall original BES-CPE showed a high reliability coefficient of .88; the

coefficients for the subscales were as follows: esteem (12 items), .843; connectedness (8 items), .658.

Table 6-6: Factor Loading Based on a Principal Axis Factoring with Direct Oblimin Rotation of the New Items Added to the BES-CPE

Items	Factor 1	Factor 2
44. I feel motivated when I feel I belong to the nursing team	.504	
39. I feel I belong to the team when I participate in patients' care	.585	
40. Working with Saudi nurses enhances my sense of belonging	.360	
45. Being accepted from patients makes me feel sense of belonging in clinical settings	.348	
47. My clinical instructors help me to feel secure when I feel scared in the clinical settings	.712	
49. My clinical instructors help me to introduce myself to the nursing staff	.646	
51. My clinical instructors offer help when they perceive I need it	.651	
48. My clinical instructor offers help when I need it	.725	
37. I feel I belong to the nursing profession	.522	

50. I get help from my clinical instructor when I need	.681
34. I ask my clinical instructor for help when I need it	.557
26. I feel sense of belonging when I enter the clinical setting	.463
53. I feel I am not welcomed when some nurses speak their native language	.400
54. I feel scared because I don't feel sense of belonging in clinical settings	.519
55. I don't feel I belong to the nursing team when I work with non-Saudi nurses	.462
52. I feel that I am not welcomed by medical staff	.621
43. I prefer to work with the same preceptor all time	.313
38. My limited English skills negatively affect my sense of belonging in clinical settings	.418
25. I am uncomfortable to use the staff lounge in the clinical settings	.338

6.6.2.3 Exploratory three factors analysis for the Arabic BES-CPE. Following the factor analysis of the original BES-CPE and the new items that were added as result of the qualitative study findings (phase one of the current study), 42 items were retained and subjected to factor analysis as one scale. A Principal Axis factor analysis was conducted using an oblique (i.e., direct oblimin) rotations of the 42 items. Direct oblimin provided a solution with a better simple structure. Factor solution from three to five components were carefully examined. Initially, all the 42 items were forced to load in the three factors solution. The Principal axis factor analysis was used to extract factors with eigenvalues greater than 1.0. The three factor solution explained 39.4 % of the variance. This solution was conducted by forcing all the factors to load on three factors because the original BES-CPE had three subscales. The items for each factor were selected if they were highly loaded on one factor. In this model, the factor loadings ranged between .31 and .80, with five doublets items and item 20, 22, and 53 did not load on any factor and should be removed from further analysis because they had less than the minimum acceptable loading value of .3.

Sixteen items loaded onto factor 1 (esteem), and nine items loaded onto the second factor related to students experiences of sense of belonging and alienation, and 14 items were loaded onto factor 3 (efficacy) identifying students' interaction with preceptors, nursing staff, and nursing educators and what enhance their sense of belonging. The internal consistency of the new items of the Arabic BES-CPE was measured using Cronbach's alpha. The overall original

BES-CPE showed a high reliability coefficient of .88; the coefficients for the subscales were as follows: esteem (15 items), .901; connectedness (8 items), .717, and efficacy (14 items), .869.

Table 6-7: Factor Loading Based on a Principal Axis Factoring with Direct Oblimin Rotation of the Arabic BES-CPE

Items	Factor 1	Factor 2	Factor 3
10. I feel like I belong to the nurses during my clinical experience	.571		
13. Nursing staff in the clinical settings offer help when they perceive I need it	.649		
16. I get support from nurses of the clinical settings when I need it	.742		
17. I like the nurses I work with in the clinical settings	.779		
24. Nurses I work with accept me when I'm just being myself	.682		
28. It seems that nurses I work with in the clinical settings welcome and accept me	.761		
23. My preceptors support me in the clinical setting	.752		
12. My preceptor sees me as a competent person to provide patients care	.534		
46. I feel welcomed when I meet any nursing staff in the clinical setting	.661		

30. The nurses notice when I am absent from the clinical setting because they ask about me	.580
36. I feel free to share my disappointments regarding my training with at least one of my preceptors	.313
29. I let nurses know I care about them by asking how things are going for them and their family	.357
26. I feel sense of belonging when I enter the clinical setting	.666
15. I view my clinical setting as a place to experience a sense of belonging	.579
18. I feel discriminated against in clinical settings because I am a student	.608
19. In the clinical settings I feel like an outsider to nursing staff in the clinical settings.	.600
54. I feel scared because I don't feel sense of belonging in clinical settings	.402
55. I don't feel I belong to the nursing team when I work with non-Saudi nurses	.316
43. I prefer to work with the same preceptor all time	.342

25. I am uncomfortable to use the staff lounge in the clinical settings	.393	
38. My limited English skills negatively affect my sense of belonging in clinical settings	.421	
42. I don't feel that other health care professionals accept me as a nursing student	.481	
52. I feel that I am not welcomed by medical staff	.626	
27. Feeling "a part of team" is one of the things I like about going to clinical settings	.301	.386
35. I like where I work in the clinical settings	.364	.397
32. I let my preceptors know that I appreciate them	.473	
33. I ask my preceptors for help when I need it	.661	
44. I feel motivated when I feel I belong to the nursing team	.649	
39. I feel I belong to the team when I participate in patients' care	.674	
40. Working with Saudi nurses enhances my sense of belonging	.397	
45. Being accepted from patients makes me feel sense of belonging in clinical settings	.485	

47. My clinical instructors help me to feel secure when I feel scared in the clinical settings	.360	.432
51. My clinical instructors offer help when they perceive I need it		.385
48. My clinical instructor offers help when I need it		.574
37. I feel I belong to the nursing profession		.482
50. I get help from my clinical instructor when I need	.358	.383
34. I ask my clinical instructor for help when I need it		.624
49. My clinical instructors help me to introduce myself to the nursing staff	.419	.310
20. I offer to help other nurses, even if they don't ask for it		
53. I feel I am not welcomed when some nurses speak their native language		
22. I make an effort to be involved with my preceptors in some way		
Total number of items	15	09 14

6.6.2.4 Exploratory five factors analysis for the Arabic BES-CPE. The qualitative phase findings of this study were then used as guide to modify the original BS-CPE. Nursing students described how they were excluded from non-Saudi nurses, and how the attitude of nursing staff, preceptors, educators, patients, and other health care professionals negatively affected students' sense of belonging. As result of qualitative findings, the five factors solution was seen the most appropriate solution because it revealed more cohesive relationships among the items, included subscales that were identified as main themes in the qualitative phase of this study, and explained the Saudi nursing students sense of belonging experiences in clinical settings. The five factors solution best met the criteria of simple structure.

Factor analysis for all 42 items of the Arabic BES-CPE were conducted. Different criteria are used to ensure that factor analysis can be conducted. First, the Kaiser-Meyer-Olkin measure of sampling adequacy was .87, above the recommended value of .6, and Bartlett's test of sphericity was significant ($p < 0 .001$). Four and five and factor solutions were examined, using oblimin rotations of the factor loading matrix. The five factors solution explained 48.3% of the variance. One item was eliminated because it did not contribute to a simple factor structure and failed to meet a minimum criterion of having a primary factor loading of .3 or above, and no cross-loading of .3 or above. The rotated component loadings and percentages of variance for the five-factor model are shown in Table 5-8. The items for each factor were selected if they were highly loaded on one factor. Factor 1 consisted of 12 items and was labeled "self-esteem" because the items described how the nursing students perceived themselves during their clinical experiences: whether they felt competent, a sense of belonging, accepted, welcomed, trusted, and supported. Factor 2 contained nine items and was called "alienation" because all items described the students' sense of exclusion, their impression of being outsiders, feeling unwelcomed, and

feeling uncomfortable in their clinical settings, as well as their preference not to work with the same preceptor and feeling discriminated against. Factor 3 consisted of seven items and was called “connectedness” because all items described what made the nursing students feel a sense of belonging during their clinical experiences; responses related to being part of the team, feeling that the students belonged to the nursing profession, becoming more motivated to learn, being respected by the nurses, participating in patients’ care, and being accepted by the patients. Factor 4, with seven items, was called “Efficacy” these items focused on exploring the students’ relationships with their preceptors and clinical instructors: whether the nursing students were provided help and support when they needed it, and whether the students felt safe because of their clinical instructors. Factor 5 includes three items and was titled “experience working with non-Saudi nurses”; these items related to how the students felt scared and not welcomed, and as though they did not belong, when they worked with non-Saudi nurses.

Table 6-8: Exploratory Five Factors Analysis of the Arabic BES-CPE

Items	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
10. I feel like I belong to the nurses during my clinical experience	.643		.310		
13. Nursing staff in the clinical settings offer help when they perceive I need it	.664				
16. I get support from nurses of the clinical settings when I need it	.739				
17. I like the nurses I work with in the clinical settings	.814				
24. Nurses I work with accept me when I'm just being myself	.715				
27. Feeling "a part of team" is one of the things I like about going to clinical settings	.343		.478		
28. It seems that nurses I work with in the clinical settings welcome and accept me	.703				
35. I like where I work in the clinical settings	.421		.458		
23. My preceptors support me in the clinical setting	.739				
12. My preceptor sees me as a competent person to provide patients care	.556				

46. I feel welcomed when I meet any nursing staff in the clinical setting	.621	
30. The nurses notice when I am absent from the clinical setting because they ask about me	.571	
29. I let nurses know I care about them by asking how things are going for them and their family	.334	
26. I feel sense of belonging when I enter the clinical setting	.628	
49. My clinical instructors help me to introduce myself to the nursing staff	.352	.394
15. I view my clinical setting as a place to experience a sense of belonging	.648	.343
18. I feel discriminated against in clinical settings because I am a student	.641	
19. In the clinical settings I feel like an outsider to nursing staff in the clinical settings.	.305	.607
43. I prefer to work with the same preceptor all time	.473	

25. I am uncomfortable to use the staff lounge in the clinical settings	.441	
38. My limited English skills negatively affect my sense of belonging in clinical settings	.439	
42. I don't feel that other health care professionals accept me as a nursing student	.529	
52. I feel that I am not welcomed by medical staff	.610	
14. I make an effort to be welcomed by nursing staff of the clinical settings	.537	-.376
22. I make an effort to be involved with my preceptors in some way	-.437	.386
44. I feel motivated when I feel I belong to the nursing team	.707	
39. I feel I belong to the team when I participate in patients' care	.735	
40. Working with Saudi nurses enhances my sense of belonging	.360	
45. Being accepted from patients makes me feel sense of belonging in clinical settings	.602	
37. I feel I belong to the nursing profession	.682	

36. I feel free to share my disappointments regarding my training with at least one of my preceptors	.364
32. I let my preceptors know that I appreciate them	.384
33. I ask my preceptors for help when I need it	.767
47. My clinical instructors help me to feel secure when I feel scared in the clinical settings	.546
51. My clinical instructors offer help when they perceive I need it	.631
50. I get help from my clinical instructor when I need	.661
34. I ask my clinical instructor for help when I need it	.741
53. I feel I am not welcomed when some nurses speak their native language	.658
54. I feel scared because I don't feel sense of belonging in clinical settings	.690
55. I don't feel I belong to the nursing team when I work with non-Saudi nurses	.667

20. I offer to help other nurses, even if they
don't ask for it

(Factor 1 Esteem, Factor 2 alienation, Factor 3 connectedness, factor 4 efficacy, Factor 5 working with none-Saudi nurses)

6.6.3 Relationship Between Subscales

Pearson correlation coefficients were computed to assess the relationships between the five subscales as seen in Table 5-4. There was a positive correlation between most factors and moderately positive statistically significant association between most subscales. The strongest correlations were between factor 4 and 1 ($r = .60$) and between factor 4 and 3 ($r = .51$). There were no significant correlations between factor 3 and 5, factor 2 and 3, factor 2 and 4 factor 4 and 5.

Table 6-9: Correlation Between the Five Subscales

	Factor 1	Factor 2	Factor 3	Factor 4
Factor 2	.26***			
Factor 3	.49***	-.02		
Factor 4	.60***	.07	.51***	
Factor 5	.13*	.26***	-.01	.03

Note. *** $p < .001$; ** $p < .01$; * $p < .05$ (Factor 1 Esteem, Factor 2 alienation, Factor 3 connectedness, factor 4 efficacy, Factor 5 working with none-Saudi nurses)

6.6.4 The Internal Consistency of the Arabic BES-CPE

Cronbach's alphas were calculated to assess the internal consistency and reliability of the Arabic BES-CPE and each subscale. The overall scale showed a high reliability coefficient of .89; the coefficients for the subscales were as follows: esteem (12 items), .89; alienation (9 items), .68; connectedness (7 items), .78; efficacy (7 items), .79; and experience working with non-Saudi nurses (3 items), .68. Participants responded to the items using a five-point Likert-type scale where in 1 = never true, 2 = rarely true, 3 = sometimes true, 4 = often true, and 5 =

always true. The participants completed a modified translated version of the scale, which was administered through Survey Monkey©. To reduce response bias, statements were written in both positive and negative terms. Questions (18, 19, 25, 38, 42, 52, 55) were reversed scored.

Table 6-10: Cronbach's Alpha Coefficient for the Arabic BES-CPE and Subscales Scores

Scale/ Subscale	Number of items	Cronbach's alpha coefficient score
BES-CPE	40	.89
Esteem	15	.89
Alienation	9	.68
Connectedness	7	.78
Efficacy	7	.79
Working with non-Saudi nurses	3	.68

6.7 Discussion

The purpose of this study was to create a self-report instrument that demonstrates strong psychometric properties and can be used to assess nursing students' sense of belonging in Arabic-speaking countries like Saudi Arabia. To do this, I used the original BES-CPE as a foundation and then modified and translated it into Arabic. Prior to this study, the BES-CPE had not been translated to Arabic or used in Saudi Arabia. The original BES-CPE was developed by Levett-Jones to assess nursing students' sense of belonging in clinical settings; however, most of the items included in the scale were too general to be useful in assessing students' sense of belonging. For example, the scale used terms like "colleagues" instead of "preceptors" and "group" instead of "nursing students."

The BES-CPE has been used in different countries such as Australia (Levett-Jones, Lathlean, McMillan, & Higgins, 2007; McKenna et al., 2013), England (Levett-Jones & Lathlean, 2009), Finland (Metsälä, Heiskanen, & Kortelainen, 2012), South Korea (Kim & Jung, 2012), Iran (Ashktorab et al., 2014), Canada (Sedgwick, 2013), Japan (Honda, Levett-Jones, Stone, & Maguire, 2016), and the United States of America (Grobeck, 2016). It has also been translated into different languages such as Korean (Kim & Jung, 2012), Japanese (Honda et al., 2016), and Persian (Ashktorab et al., 2014). All these studies were conducted in countries with different cultures, education systems, and contexts. As reported in the literature, the Cronbach's alpha of the BES-CPE ranged from 0.7 to 0.8 for all subscales. Metsälä et al. (2012) published a study featuring an instrument that assesses students' sense of belonging and uses the BES-CPE as its base; however, the researchers deleted four items from the scale and added five new items related to participation spaces and public communities (Metsälä et al., 2012). In Iran, Ashktorab et al. (2014) changed items 2, 6, 8, 12, and 19 and deleted five items from the BES-CPE. The results of this study indicated that the modified Arabic BES-CPE and all its subscales were useful tools and represented acceptable psychometric properties. The modified BES-CPE I developed was based on the qualitative findings from phase one of this study and feedback from nursing education experts from Saudi Arabia.

To improve the cultural equivalence of the BES-CPE instrument, I conducted several steps to ensure that the Arabic BES-CPE was relevant to the Saudi context. I modified and translated the BES-CPE, and bilingual graduate Saudi nursing students with expert-level English and Arabic skills checked the translated BES-CPE for accurate word choice. I further backward translated the BES-CPE and made all the required changes to make the instrument useful in the

Saudi context. The translation process followed the recommendation of multiple translation guidelines (Lee, Li, Arai, & Puntillo, 2009; Weeks, Swerissen, & Belfrage, 2007).

Seven nurse educators from Saudi Arabia then performed a review of the content's validity. In doing so, the nurse educators reviewed each survey item and provided important modification suggestions. The nurse educators also examined the accuracy, relevance, and clarity of each statement. They provided constructive recommendations to improve the modified and translated BES-CPE. Based on their suggestions, I removed the following statements because they were not relevant to the Saudi context: "It's important to me that someone at my placement acknowledge my birthday in some way," "I am invited to social events on the unit by nursing staff," and "My preceptors invite me to eat lunch with them." I reviewed the final copy of the modified Arabic BES-CPE instrument before conducting the pilot studies.

The modification of the BES-CPE involved adding more items to the scale based on the results of the qualitative findings of the current study. Sixteen nursing students reported different clinical, academic, and personal factors that affected their sense of belonging. The experiences of the Saudi nursing students were different from those of students in other cultures to which the BES-CPE was adapted in previous studies; for example, they were challenged by the following factors: lack of English skills, exclusion by nursing staff and other health-care professionals, and negative interactions with non-Saudi nurses who were not willing to help or teach them. I first tested the Arabic BES-CPE with a Cronbach's alpha of 0.13 throughout the scale, with 10 nursing students. Following this study, I conducted another study, for which 68 nursing students filled out the BES-CPE. The results indicated that the Cronbach's alpha improved from 0.13 to 0.84 with the larger sample.

The Arabic BES-CPE includes many of the items from the original BES-CPE, as well as new items I added as a result of the qualitative study. The original BES-CPE has 23 items. The internal reliability of the original BES-CPE was demonstrated by a Cronbach's alpha of 0.88 in a sample of 276 Saudi nursing students, and the coefficients for the subscales were as follows: esteem (9 items): 0.894; connectedness (2 items): 0.77; and efficacy (8 items): 0.728. The Arabic BES-CPE is made up of 20 items with a Cronbach's alpha of 0.88; the coefficients for the subscales were as follows: connectedness (12 items): 0.843 and alienation (8 items): 0.658.

I conducted different factor analyses to evaluate the psychometric properties of the Arabic BES-CPE. For the three factors analysis, I found the KMO value to be within the acceptable range, indicating the sample size was adequate, and the Bartlett's test of sphericity was significant, demonstrating that the factor analysis was appropriate. I conducted a principal axis factoring with a direct oblimin rotation of all the items of the BES-CPE on data gathered from 276 students. The three factors' solution explained 39.4% of the variance. Sixteen items loaded onto factor one (i.e., esteem), 9 items onto factor two (i.e., students' sense of belonging and alienation), and 14 items onto factor three (i.e., efficacy) to identify students' interactions with preceptors, nursing staff, and nursing educators and what factors enhance their sense of belonging.

I reached this solution by forcing all the factors to load in three factors because the original BES-CPE had three subscales. The items for each factor were assigned to the factor with the highest coefficient. In this model, the factor loadings ranged between 0.31 and 0.80, with five doublets. Items 20, 22, and 53 did not load on any factor and were removed from further analysis because they had less than the minimum acceptable loading value of 0.3. I measured the internal consistency of the new items of the Arabic BES-CPE using Cronbach's alpha. The overall

original BES-CPE showed a high reliability coefficient of 0.88; the coefficients for the Arabic-BES-CPE subscales were as follows: esteem (15 items): 0.901; connectedness (8 items): 0.717; and efficacy (14 items): 0.869. Items 10, 13, 16, 17, 24, 28, 12, 30, and 15 loaded in the esteem subscale. These findings are similar to the findings of the original BES-CPE (Levett-Jones & Lathlean, 2009 ; McKenna et al., 2013). In the current study, items 18 and 19 loaded in the connectedness subscale and items 27 and 35 in the efficacy subscale. These findings are contrary to the study by Levett-Jones and Lathlean (2009).

The psychometric testing in this study resulted in a 40-item Arabic BES-CPE, which consists of five subscales. The Arabic BES-CPE consists of new items that were not included in the original scale to better reflect Saudi nursing students' senses of belonging. I conducted a principal axis factor analysis to assess the construct validity of the Arabic version of the BES-CPE. The principal axis factor analysis is a commonly used technique that combines a large number of items into a few subscales and reduces the number of items in the instrument (DeVellis, 2017). The results from the factor analysis revealed five meaningful subscales that provide a reasonable connection to the qualitative findings, which I used as a guide to modify the original BES-CPE. The Arabic BES-CPE can be used to assess female Saudi nursing students' self-esteem, connectedness, alienation, efficacy, and work with non-Saudi nurses. The results demonstrated that all subscales included three or more items, and the item loadings were correct. The five factors have a cumulative contribution of 46%. I eliminated one item because it did not load in any factor. Seven items were doublets, which I assigned to the factor with a higher loading.

The five factors extracted in this study, of which two were Saudi-specific factors and three were from the original test, were similar to the findings of the original BES-CPE scale. I

loaded twelve items into factor one, which described how the nursing students perceived themselves during their clinical experiences: whether they felt competent, accepted, welcomed, trusted, and supported. Factor two contained nine items and described the students' sense of exclusion: their impression of being outsiders, feeling unwelcomed, and feeling uncomfortable in their clinical settings, as well as their preference not to work with the same preceptor due to feelings of discrimination. Factor three included seven items and referred specifically to how the nursing students experienced a sense of belonging during their clinical experiences, including responses related to being part of the team, feeling that they belonged to the nursing profession, becoming more motivated to learn, being respected by the nurses, participating in patient care, and being accepted by patients. Factor four examined students' role with preceptors and clinical instructors, contained seven items, and focused on the students' relationships with their preceptors and clinical instructors: whether the nursing students were provided help and support when they needed it and whether the students felt safe because of their clinical instructors. Factor five included three items that examined nursing students' experiences working with non-Saudi nurses. All subscales were dissimilar to the original three factors. However, items 10, 13, 16, 17, 24, 28, 12, 46, and 15 loaded in the esteem subscale, items 18 and 19 loaded in the connectedness subscale, and items 32 and 33 loaded in the efficacy subscale. These findings are similar to those of (Levett-Jones & Lathlean, 2009).

In this study, the Arabic BES-CPE generated an overall Cronbach's alpha of 0.896. The values for the five subscales ranged from 0.679 to 0.922. Cronbach's alpha is used to measure the internal consistency of a research scale. According to Polit and Beck (2012), a Cronbach's alpha of 0.80 reflects a high internal consistency, and 0.70 is considered adequate. As reflected in the findings, the overall scale showed a high reliability coefficient of 0.89; the coefficients for

the subscales were as follows: esteem (12 items): 0.89; alienation (9 items): 0.67; connectedness (7 items): 0.79; efficacy (7 items): 0.79; and experience working with non-Saudi nurses (3 items): 0.68. The lowest subscale value was the working with non-Saudis subscale, with a Cronbach's alpha of 0.679, and the highest value the esteem subscale, with a Cronbach's alpha of 0.896. The working with Saudi nurses subscale had the fewest number of items, three, which might explain why it had the lowest reliability value among the subscales. Tavakol and Dennick (2011) reported that the number of items in a subscale can lower the value of its Cronbach's alpha.

The significant correlation between the esteem and interpersonal relationships with the preceptors and clinical instructors subscales suggests that preceptors and clinical nursing students' attitudes are strong influencers of nursing students' self-esteem. The strong correlations between the sense of belonging subscale and the interpersonal relationship subscale also indicated that the way clinical instructors and preceptors treat nursing students affects students' sense of belonging in clinical settings. The Arabic BES-CPE can be used in other Arabic countries to assess nursing students' sense of belonging; however, such studies should exclude the fifth factor (i.e., working with non-Saudi nurses) because it reflects the Saudi Arabian context. Data analysis revealed that nursing students' sense of belonging was influenced by different personal, academic, and clinical factors. These factors not only affect students' sense of belonging but also their safety and security, learning, self-concepts, and competence levels. According to (Levett-Jones & Lathlean, 2009), to be competent nurses, nursing students need to feel safe, feel like they belong, learn, and have a high self-concept. The findings of this study represent the key concepts in the Ascent to Competence Conceptual Framework. Nursing students' feelings of safety and security are influenced by the attitudes of nursing staff, nurse

educators, patients, and other health-care professionals toward the nursing students. If nursing students are not prepared to work in clinical settings, their feelings of safety and security would decrease and their anxiety levels would increase (Levett-Jones & Lathlean, 2009).

The relationship between nursing students and staff is also a factor that can enhance or impede students' sense of belonging. Nursing students reported that their lack of English skills and limited interactions with nursing staff resulted in their exclusion from participating in patient care. As a result of being excluded, the students were less confident and interested in learning, which affected their education and competency. The Arabic BES-CPE extends the original BES-CPE. It can be used to examine the quality of nursing students' clinical experiences, and it expands the description of each stage of the Ascent to Competence Conceptual Framework.

6.8 Conclusion and Implications

Nursing education literature asserts that sense of belonging is a very important requisite for nursing students to learn. Students who were excluded were not able to learn and to participate in providing patients care. Nursing students sense of belonging should be assessed to enhance their learning experiences. Results of this study indicated that the Arabic BES-CPE demonstrated acceptable psychometric properties and it can be used to assess nursing students sense of belonging. The data that will be collected by using the Arabic BES-CPE will help nurse educators and hospitals to prepare effective clinical experiences and help nursing students to learn. It will also help the nurse educators to evaluate the effectiveness of the clinical experiences and identify strategies to improve the nursing students learning experiences. The Arabic BES-CPE can be used to conduct more studies to assess nursing students sense of belonging in Saudi Arabia and other Arabic countries.

6.9 References

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CHAPTER 7: SAUDI FEMALE NURSING STUDENTS' SENSE OF BELONGING: A
MIXED-METHODS STUDY

SAUDI FEMALE NURSING STUDENTS' SENSE OF BELONGING: A MIXED-METHODS STUDY

7.1 Relationship of Manuscript 5 to the Dissertation

In this chapter, the researcher discusses the findings of both the qualitative and quantitative phases of the current study. In this section, the process of conducting and integrating the findings of both stages were described. The researcher chose to report the themes that affect students' sense of belonging and their learning experiences. The findings of the quantitative phase are discussed and compared with the findings of previous studies, as reported in the literature. In this manuscript, I summarize the findings of both phases and concisely describe the whole study.

7.2 Abstract

Clinical education is a critical and integral part of the nursing education programs, while a sense of belonging is deemed as among the critical factors that impact on the learning experiences of the nursing students in their clinical placements. However, previous studies have not investigated the sense of belonging among female nursing students in Saudi Arabia and the effect of Saudi culture on the clinical experiences of these students. This two-phase-mixed methods study's main purpose was to investigate as well as describe the sense of belonging of the Saudi female nursing students in their clinical setting, and to measure and perform a comparison of the student's sense of belonging at three universities located in Riyadh, Saudi Arabia. In phase one, semi-structured interviews were used to collect qualitative data, and in phase two, the translated and modified version of the Belongingness Scale–Clinical Placement Experience (BES–CPE) was used to collect quantitative data. Phase one of the study included 16 participants (female nursing students) who answered questions regarding their sense of belonging within their clinical settings while phase two employed 276 participants who accessed the online BS-CPE instrument that was in the Arabic version. The results obtained from this study identified various factors that affect the sense of belonging of these students including clinical peers, the relationships between these students and nurse instructors, nursing staff, as well as other health care professionals, limited proficiency in English language, lack of preparation, and the Saudi culture. Moreover, the participants also reported a challenge when working with non-Saudi nursing staff. In general, the Saudi cultural values' distinctive characteristics has a remarkable effect on the sense of belonging of the Saudi female students in their clinical placements.

Keywords:

Sense of belonging, Clinical settings, Saudi Arabia, Culture, Mixed methods, Nursing student, Preceptors, Lack of preparation, Nurse educators

SAUDI FEMALE NURSING STUDENTS' SENSE OF BELONGING: A MIXED-METHODS STUDY

7.3 Introduction

Nursing students are required to practice in the clinical setting in order to become competent nurses, and both their learning process and sense of belonging are affected by attitudes of nursing staff toward them (Bjørk, Berntsen, Brynildsen, & Hestetun, 2014). Working with supportive preceptors provides nursing students with opportunities to participate in patient care (Chen, Duh, Feng, & Huang, 2011), to work as a members of nursing teams, and to build their communication skills with nursing staff and patients (Walton & Cohen, 2011). A sense of belonging is considered to be a very important factor that influences students' physical and psychosocial well-being (Hagerty & Patusky, 1995; Levett-Jones & Lathlean, 2009).

Students who work in positive clinical environments with supportive nursing staff have a higher sense of belonging than those who do not work in such environments (Gerrard & Billington, 2014; Kim, 2010; Kim & Park, 2011; Sedgwick, Oosterbroek, & Ponomar, 2014). A sense of belonging is associated with higher levels of self-esteem (Begen & Turner-Cobb, 2012), motivation to learn, confidence (Gerrard & Billington, 2014; Grobecker, 2016; Mohamed, Newton, & McKenna, 2014), and satisfaction (Lamont, Brunero, & Woods, 2015), as well as affecting nursing students' future plans and employment (Metsälä, Heiskanen, & Kortelainen, 2012; Vinales, 2015).

Saudi nursing students are challenged by a lack of educational and practical preparation (Mutair, 2015), limited language and communication skills (Al Shehri, 2009; Suliman & Tadros, 2011), and a shortage of qualified nursing educators (Aldawsari, Babenko-Mould, & Andrusyszyn, 2016; Mutair, 2015). All of these factors have been found to negatively influence

nursing students' sense of belonging in other countries, such as Australia (Levett-Jones, 2007), Canada (Kern, Montgomery, Mossey, & Bailey, 2014), and the USA (Grobecker, 2016).

Because of the high ratio of students to clinical instructors, the nursing staff, many of whom are expatriate nurses, are overwhelmed by their own workload and may not have the time or interest to teach nursing students (Gazzaz, 2009). Because of high workloads and staff's lack of interest in teaching nursing students, Saudi nursing students may suffer from exclusion and rejection by nursing staff. A study that was conducted to explore Saudi nursing students' perceptions of preceptorships showed that preceptors who were staff nurses and were responsible for both providing patient care and teaching students were exhausted due to multiple responsibilities. This reported exhaustion negatively affected the students' learning process and student-staff relationships (Ali, 2012).

Lack of belonging was demonstrated to be a problem faced by newly-graduated Saudi nurses Alboliteh (2015). Because of their Saudi nationality, most participants in Alboliteh's study felt unwelcome in the workplace and were marginalized, neglected, and ignored by nursing staff, managers, and other health professionals. Because of a lack of belonging and acceptance, Saudi nurses in that study considered leaving the profession.

In Saudi Arabia, most people do not consider nursing to be an appropriate profession for Saudi females because it requires women to work in a mixed-gender environment (El-Sanabary, 1993; Miller-Rosser, Chapman, & Francis, 2006). Saudis female typically do not feel comfortable working with the male gender in the workplace (Aboul-Enein, 2002) because of cultural values and societal restrictions, which causes students to experience stress and feel isolated in the clinical setting (Al-Hazmi & Windsor, 2013).

The purpose of this two-phase, exploratory, mixed-method study was to identify the factors affecting a student's sense of belonging and learning, and to measure and compare the sense of belonging among nursing students at three different universities in Riyadh, Saudi Arabia.

7.4 Methods

7.4.1 Design

In this study, an exploratory sequential mixed-methods approach was used. The researcher started with the qualitative phase to explore Saudi female nursing students' experiences of sense of belonging in their learning rotations in clinical settings. This phase was followed by the quantitative phase, when the researcher modified the Belongingness Scale–Clinical Placement Experience (BES–CPE) (Appendix. D) (Levett-Jones, Lathlean, Higgins, & McMillan, 2009) instrument and used the Arabic version of this instrument to measure the extent to which Saudi female nursing students experience sense of belonging in the clinical setting (Appendix. K).

7.4.2 Context of the Study

The study was conducted with students from three government universities in Saudi Arabia. Each of these universities provides a four-year nursing baccalaureate program and followed by one-year internship in specific acute care clinical settings; each differs in curriculum provided, structure of clinical placements, length of clinical experiences, models of clinical supervision, cohort size, and demographic backgrounds of students.

7.4.3 Research Participants

for the qualitative phase, a purposive sampling strategy was used to recruit undergraduate Saudi female nursing students, 16 fourth-year nursing students were recruited for interviews

because they had acquired varied clinical experiences in their programs. For the quantitative phase, a convenience sample of 276 students from three different universities was used to complete an online Arabic BES–CPE.

7.4.4 Data Collection

Ethics approval was obtained from the University of Saskatchewan Advisory Committee on Ethics in Behavioural Sciences Research, as well as the research centres of the three universities in Saudi Arabia. Before each interview, the consent form was reviewed and signed by both the researcher and the nursing student. Semi-structured interviews were conducted to collect the data in the qualitative phase, using the interview guide consisting of open-ended questions (Appendix G). Interviews were conducted in Arabic because the participants felt more comfortable and confident speaking and expressing themselves in Arabic. Afterwards, each interview was transcribed in Arabic, then translated and transcribed into English by the Arabic researcher and a translator. The researcher confirmed the accuracy of all translations and transcriptions prior to analysis of data. With the permission of the original author, the BS-CPE Arabic version was a modified quantitative tool based on the findings of the qualitative phase to make the tool more culturally appropriate in the Arabic context.

In the quantitative phase, the researcher used the Arabic version of the BES–CPE instrument to collect the data (Albloushi et al., In press). The Arabic version of the BES–CPE is a modified and translated version of the BES–CPE instrument that was initially developed by Levett-Jones in 2007. The Arabic BES–CPE is a self-report 45 item instrument using a five point Likert scale (1 = Never true, 2 = Rarely true, 3 = Sometimes true, 4 = Often true, and 5 = Always true). Seven questions were reversed scored. The original BES–CPE instrument has been used in

previous studies and has represented highly reliable scores (Ashktorab et al., 2014; Kim & Jung, 2012; Levett-Jones et al., 2009).

Clinical instructors in Saudi Arabia sent the online survey link to all third- and fourth-year nursing students in their respective programs and encouraged them to participate in the study. The first page of the online survey included information about the study, the purpose of the study, and the participants' right to refuse to answer any questions or not to complete the survey at all. The participants were also informed that their participation was voluntary. The survey required 7 to 10 minutes to complete, and participants were also informed that their participation would be confidential and not shared with their clinical educators. The submission of a completed online survey was considered to be consent that each participant was willing to participate in the study.

7.4.5 Data Analysis

In phase one, each interview was audiotaped in Arabic and transcribed verbatim into a Microsoft Office Word document, translated into English, and then examined for clarity, integrity, and accuracy. Translations were completed by a professional with language skills in both Arabic and English, and reviewed by the researcher for accuracy in translation. The researcher analyzed the data from each transcript with the assistance of her dissertation supervisor. Transcripts were reviewed line-by-line, coded, then copied into an electronic file with participants' quotes to identify similarities, which were then grouped into themes according to their similarities to aid the researcher in managing the data.

SPSS version 21 (IBM Corp, 2012) was used to code and analyze the quantitative data. Descriptive statistics were conducted to describe the demographic characteristics of the

participants. The internal consistency reliability for the Arabic version of the BS-CPE and all subscales were assessed by computing the Cronbach's alpha.

7.5 Results

7.5.1 Qualitative Results

The qualitative findings were clustered into three main themes and have been reported in full in another manuscript (Albloushi et al., In press). As previously described, Saudi nursing students sense of belonging was influenced by a range of clinical, personal, and academic factors. It was also evident that nursing students were more welcomed and included when they were working with Saudi nurses. Nursing students also reported different positive consequences of sense of belonging such as feeling safe, valued, and motivated.

This study focused on discussing how lack of preparation, lack of English skills, relationship with nursing staff, and nurse educator's quality influenced students learning experiences and sense of belonging.

7.5.1.1 Theme one: Lack of preparation. Nursing students pointed out that lack of preparation negatively influenced their participation in nursing care. Because of their lack of preparation, nursing students were excluded from providing patient care, as Laura described her experience: "I was not prepared to provide full nursing care. I worked as a nurse assistant, and the nurse was providing all the care to the patient, and I was observing..."

Dana expressed similar feelings regarding being "lost" and having little confidence in her ability to provide care. She also described the difficulties she experienced in becoming involved in patient care because the nursing staff believed that the students were not prepared to provide direct nursing care to patients:

I don't feel that I am prepared or have the confidence to perform a new procedure.... They always say, "You are not prepared well to provide patient care; you are here to

observe and to do vital signs.”

7.5.1.2 Theme two: Lack of English skills. Lack of English skills was also discussed as a challenge for nursing students during their learning experiences. Nursing students are required to have good English language skills to communicate their needs to nurses, preceptors, and instructors. As nursing students described, they were excluded and were not able to ask for help because they work with nurses whose first language is not Arabic. For example, Sarah assumed that the nursing staff did not welcome or include the students because of the lack of communication that resulted from the students’ limited English skills. She commented that, “Language is a reason for the lack of communication with the nurses because we cannot tell them what we need and ask them for help. I think that’s why they did not welcome us – because there was no communication between us.”

For Aiden, strong English skills were important for feeling a sense of belonging because the nurses would then understand her needs better, and she would be able to speak up when she needed help or encountered a problem. She noted that, “It would be easy to belong if I had good language skills because I would have the confidence to ask questions, and we would understand each other, and they would understand my needs.”

7.5.1.3 Theme three: Relationship with nursing staff. Most participants in this study described different experiences of being a student working with preceptors who were not speaking Arabic, some of whom were not welcoming, supportive, encouraging, or respectful of the Saudi culture. As a result of lack of belonging, nursing students were not able to fit in and learn. During clinical experiences, Saudi nursing students’ sense of belonging was influenced by the attitudes of nursing staff and preceptors. Many previous studies have reported that working with supportive preceptors increases students’ sense of belonging and motivation to learn

(Levett-Jones & Lathlean, 2008; Sedgwick et al., 2014). In the current study, most students reported that not all nurses and preceptors were supportive, helpful, and welcoming. As nursing students reported, they had worked with preceptors who were not cooperative and who excluded them from participating in patient care. For example, Ameera described her experiences during her clinical placement:

Most of them were not helpful; they didn't allow me to do anything. I was observing what they were doing. The nurse was so bad, she ignored me. I was working by myself. I checked the patient's vital signs and wrote the report without any help. I asked her about something, and she said to go and look for it. She was not cooperative at all.

The other student stated, "Some nurses refused to work with us, did not allow us to see patients, did not cooperate with us and didn't give us enough information...No one was helping us or answering our questions."

In different situations, nursing staff were not helpful when nursing students asked for help or asked questions. "I am not Google/Google it" was used by nurses many times when students sought help. For example, Kara reported,

We could not trust the preceptors because some of them were not ready to teach us and were not willing to help. I asked one nurse about something, and she said, "I am not Google." I told her, "You are supposed to know this," and she said, "Please leave me alone." They did not allow us to work, and they did not want us to be involved in patient care, and when we asked them if we could join in patient care they said, "The patient has the right to reject you." The rejection comes from the nurses and from the patient. I had to ask them again and again to do some work.

7.5.1.4 Theme 4: Nurse educator qualities. Nursing students identified that availability of nurse educators was essential for them to be able to participate in patient care and engage with nursing staff. For example, Lana mentioned that the presence of her clinical instructor enhanced her sense of belonging and helped her provide patient care, and the presence of nurse educators appeared to be a key factor in Dana's best clinical experience. Dana noted that because the nurse

educator was present, the nursing staff was helpful and cooperative and engaged the students in patient care

The clinical instructor was supervising us in the clinical practice, so we were prepared before we went into the clinical settings. The nursing staff helped us and allowed us to work. They were so cooperative; they helped our clinical instructor to explain patient care to us. It was a great experience, and I want to work there after graduation.

Not all nurse educators, however, were present to help nursing students belong and learn in the clinical setting. Most nurse educators were considered outsiders because they did not work in hospitals, were not familiar with the clinical environment and staff, and did not have strong relationships with nursing staff. Tala considered her geriatric experience the “worst” because her nurse educator was not available most of the time and the nursing staff ignored her. Because her nurse educator was absent, Tala did not benefit from being in the clinical setting because no one cared about her presence. She said, “The geriatric experience was the worst because the clinical instructor was absent all the time and I had to do everything by myself. Nobody was helping me or teaching me what to do.” Aiden clearly stated that her clinical instructors were not visible and came only to verify the students’ attendance. She explained, “Some of them, we can’t feel their presence...”

Some students reported that the role of their nurse educators was limited when students were excluded and stressed during their learning experiences. For example, Rana mentioned that her clinical instructors were not helpful or supportive, and that their main role was to verify the students’ attendance and conduct oral exams. She also described the passivity of her clinical instructors when she asked them to change her preceptor:

They come to the unit to check our attendance, and when I asked one of them to change my preceptor, she refused. Attendance and oral exams are what they do when they come to the unit; they don’t stay with us and help us.

Nursing students also reported that their nurse educators did not help them to learn or feel safe and welcomed in clinical settings. As Sara stated, the clinical instructors were not supportive, did not accept students' mistakes, and treated them poorly:

Not all of them are good...they don't accept our mistakes; they don't understand that we are here to learn; it is normal to make a mistake. They embarrass us in front of everybody when we don't know how to answer a question.

The nurse educators were also not helpful for nursing students. As some nursing students described, these instructors did not recognize that nursing students need to feel safe and secure, and that they require assistance coping with the stress of being a part of nursing team. Lina stated,

Some teaching assistants are not good...they treat us like children, they get angry when we ask questions and never provide us with answers. Usually, they tell us to go and read about it or Google it.

The participants in this study were from three different sites and they provided similar perspectives on their sense of belonging and how it influenced their learning. All participants believed that having a sense of belonging during the clinical experiences was essential for them to learn. To be able to learn, students needed to be prepared clinically, and linguistically. The role of nursing staff and nurse educators is central to facilities students learning.

7.5.2 Quantitative Results

To measure the extent to which nursing students experience a sense of belonging in clinical settings, 276 students completed an online Arabic version of the BES-CPE (Albloushi et al., In press). Students rated each statement using a scale ranging from 1 to 5. Mean and standard deviation for each statement in the Arabic version of the BES-CPE are presented in Table 7-1, ranked highest to lowest.

Table 7-1: Mean and Standard Deviation for the Arabic BES-CPE Scores Ranked Highest to Lowest

Items	Mean	Std. Deviation
11. It is important to feel accepted by nursing staff	4.63	.682
44. I feel motivated when I feel I belong to the nursing team	4.59	.731
45. Being accepted from patients makes me feel sense of belonging in clinical settings	4.58	.785
21. I feel sense of belonging in the clinical settings when the nurses respect my culture and my values	4.55	.667
39. I feel I belong to the team when I participate in patients' care	4.37	.832
33. I ask my preceptors for help when I need it	4.32	.839
48. My clinical instructor offers help when I need it	4.31	.855
50. I get help from my clinical instructor when I need	4.30	.806
34. I ask my clinical instructor for help when I need it	4.28	.884
32. I let my preceptors know that I appreciate them	4.22	.794
40. Working with Saudi nurses enhances my sense of belonging	4.20	1.036
37. I feel I belong to the nursing profession	4.19	1.034
27. Feeling "a part of team" is one of the things I like about going to clinical settings	4.07	1.065
22. I make an effort to be involved with my preceptors in some way	4.07	1.049
51. My clinical instructors offer help when they perceive I need it	3.97	1.083
49. My clinical instructors help me to introduce myself to the nursing staff	3.94	1.194

20. I offer to help other nurses, even if they don't ask for it	3.93	1.032
47. My clinical instructors help me to feel secure when I feel scared in the clinical settings	3.86	1.107
52. I feel that I am not welcomed by medical staff	3.81	1.197
15. I view my clinical setting as a place to experience a sense of belonging	3.80	1.072
35. I like where I work in the clinical settings	3.74	1.056
24. Nurses I work with accept me when I'm just being myself	3.70	.976
10. I feel like I belong to the nurses during my clinical experience	3.66	1.051
12. My preceptor sees me as a competent person to provide patients care	3.63	.984
16. I get support from nurses of the clinical settings when I need it	3.59	.973
23. My preceptors support me in the clinical setting	3.59	.940
38. My limited English skills negatively affect my sense of belonging in clinical settings	3.58	1.431
46. I feel welcomed when I meet any nursing staff in the clinical setting	3.55	1.157
13. Nursing staff in the clinical settings offer help when they perceive I need it	3.50	1.110
42. I don't feel that other health care professionals accept me as a nursing student	3.47	1.339
17. I like the nurses I work with in the clinical settings	3.39	1.002

19. In the clinical settings I feel like an outsider to nursing staff in the clinical settings.	3.38	1.255
55. I don't feel I belong to the nursing team when I work with non-Saudi nurses	3.36	1.604
28. It seems that nurses I work with in the clinical settings welcome and accept me	3.36	1.050
26. I feel sense of belonging when I enter the clinical setting	3.30	1.062
31. One or more of my preceptors trust me to provide patient care	3.26	.951
54. I feel scared because I don't feel sense of belonging in clinical settings	3.26	1.400
53. I feel I am not welcomed when some nurses speak their native language	3.13	1.504
18. I feel discriminated against in clinical settings because I am a student	3.09	1.175
25. I am uncomfortable to use the staff lounge in the clinical settings	3.05	1.349
36. I feel free to share my disappointments regarding my training with at least one of my preceptors	2.95	1.330
43. I prefer to work with the same preceptor all time	2.94	1.408
30. The nurses notice when I am absent from the clinical setting because they ask about me	2.71	1.306
29. I let nurses know I care about them by asking how things are going for them and their family	2.64	1.350

14. I make an effort to be welcomed by nursing staff of the clinical settings	2.16	1.146
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The ages of participants ($M = 1.55$, $SD = 0.65$) ranged from 19 to 21, 88.4% were single, and 79% of the participants were previously exposed to multiple clinical experiences. The scores for questions 11, 21, 39, 44, and 45 were the highest, with number 11 the highest scoring of the five. All these questions related to feeling accepted by nursing staff, and patients. Question 11 was: “It’s important to feel accepted by nursing staff” ($M = 4.63$, $SD = 0.68$). A mean score of 4.63 shows that most participants, or more than 80 students ($n = 255$), indicated that being accepted by nursing staff was an important factor that enhances students’ sense of belonging in clinical settings. Fewer than 30% of participants from each site, however, selected “always true” when they answered item 10: “I feel like I belong to the nurses during my clinical experience” (Figure 7-1). This indicates that, although it was important for the participants to feel accepted, fewer than 30% felt that they belonged, which shows that nursing students did not feel a sense of belonging often during their clinical experiences.



Figure 7-1: A Histogram Showing the Percentage of Students Answers to Question 10

For question 44, “I feel motivated when I feel I belong to the nursing team”, 71% of the nursing students selected “always true” and nearly 20% selected “often true” as their responses. This indicates that students need to feel a sense of belonging in clinical settings to become motivated to learn ($M = 4.59, SD = 0.73$).

For question 45, “Being accepted by patients makes me feel a sense of belonging” ($M = 4.58, SD = 0.78$), the mean score reflects that most the nursing students selected either “always true” or “often true” (Figure 7-2). Being accepted by patients was a very important factor that affected sense of belonging in the clinical setting for 72% of nursing students and only 1% chose “never true” when they answered this question.

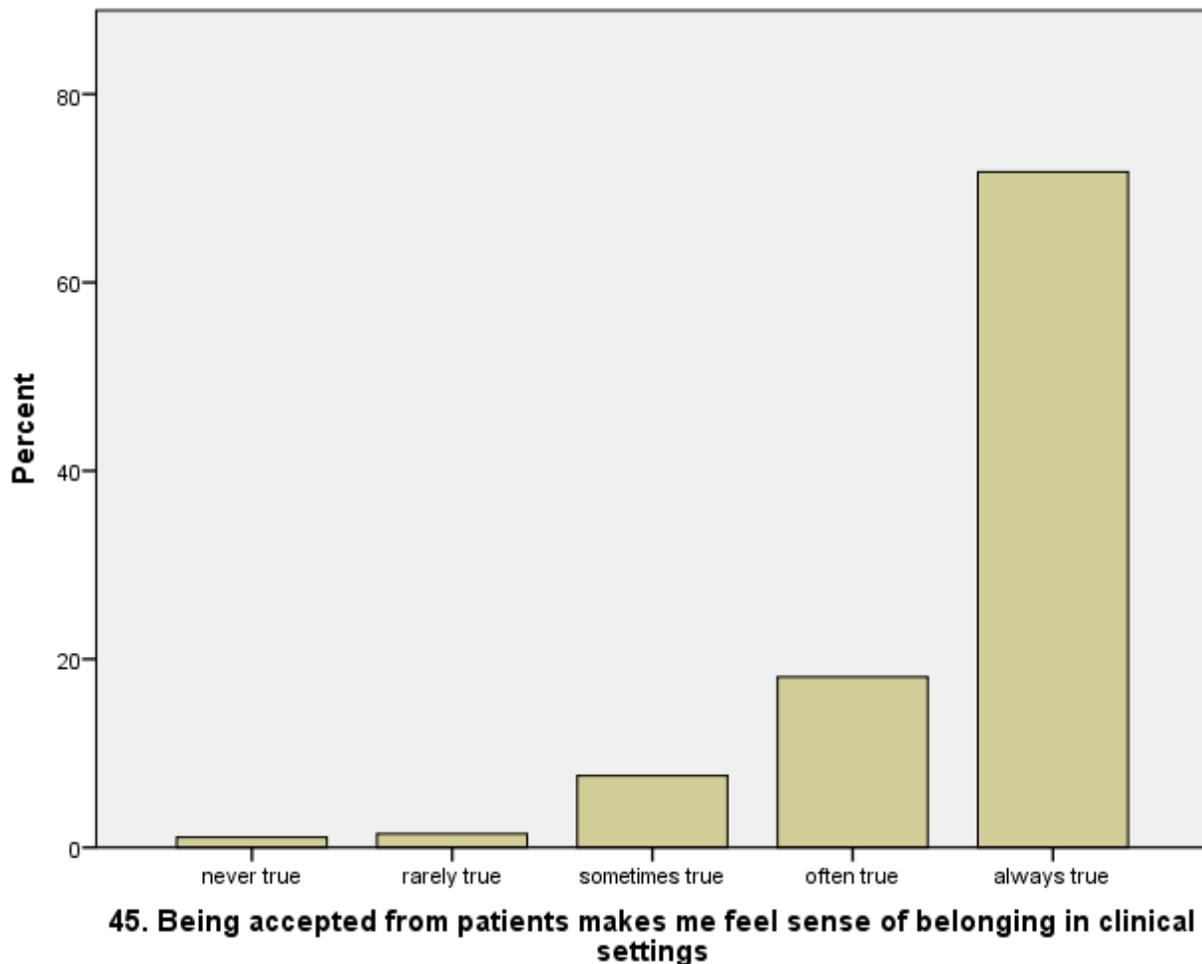


Figure 7-2: A Histogram Showing the Percentage of Students Answers to Questions 45

For question 21, “I feel a sense of belonging in clinical settings when the nurses respect my culture and values,” most students indicated by their responses that they did experience a greater sense of belonging when the nursing staff respected their cultures and values. At KSU, nearly 100% of the students indicated that they always, often, or sometimes felt a sense of belonging when they worked with nurses who respected Saudi culture and values; at PNU, all students indicated that they always, and often felt this sense of belonging; and nearly all students at KSAU-HS indicated the same thing.

The lowest-scoring questions were 29, 30, and 36. For question 29, “I let nurses know I care about them by asking how things are going for them and their families” ($M = 2.64$, $SD = 1.35$), more than half of the sample selected “always true,” “often true,” or “sometimes true”; for students who worked with different preceptors (question 43) or did not stay for long in their clinical settings, it is not surprising that they did not build relationships with their preceptors, and not all students ($n = 99$) felt free to share their disappointments with their preceptors (question 36). Additionally, not all nurses noticed when their students were absent from their clinical settings (question 30); for this question, close to half of the students ($n = 115$) indicated that not all nurses noticed their absences. This may explain why 40% ($n = 116$) of the nursing students preferred to work with the same preceptor (question 43). One hundred and nine students (40%) felt excluded when they were working with non-Saudi nurses and 61 students (22.1%) felt not welcomed when the foreign nurses spoke languages other than Arabic. Notably, 17.4 % students were also not comfortable using the staff lounge. Nonetheless, most students chose “always true,” “often true, when they answered question 28, “It seems that nurses I work with in the clinical settings welcome and accept me”; additionally, only ($n = 21$) 7.6 percent of nursing students were trusted by their preceptors to provide patients care. Nearly 40% of the participants in the quantitative phase indicated that their limited English skills negatively affected their sense of belonging and 54% reported that working with Saudi nurses enhances their sense of belonging. Being included in patients care or being able to participate increased ($n = 152$) 55 % students sense of belonging.

7.6 Discussion

The purposes of this two-phase, exploratory, mixed-method study was to explore and describe nursing students’ sense of belonging on clinical placement, to identify the factors

affecting a student's sense of belonging and their consequences, and to measure and compare the sense of belonging among nursing students at three different universities in Riyadh, Saudi Arabia. The findings indicated that a sense of belonging was key to facilitating the nursing students' clinical learning experience, with participants indicating that their sense of belonging was affected by different personal, academic, and clinical factors.

Nursing students in this study stated that limited language and communication skills negatively affected student–staff relationships and increased the risk for exclusion. Nearly 40% of the participants in the quantitative phase indicated that their limited English skills negatively affected their sense of belonging. Many previous studies conducted in Saudi Arabia have identified the English language barrier as a challenge for Saudi nursing students in clinical settings (Al Shehri, 2009; Suliman & Tadros, 2011), negatively influencing nursing students' self-esteem (Al-Hazmi & Windsor, 2013). Levett- Jones and her colleagues also identified the language barrier as one of the multidimensional factors that affect students' sense of belonging (Levett-Jones & Lathlean, 2008). Similarly, a study that explored the experiences of international undergraduate nursing students for whom English was a second language found that the most challenging aspect for these students was to speak and listen in a clinical context, and their difficulties in this area reduced their confidence and self-esteem and caused them to feel excluded (Shakya & Horsfall, 2000).

Students who suffered from a lack of belonging reported that they felt rejected, excluded, unwanted, worthless, and, most importantly, as though they gained no benefit from being in the clinical setting. Many studies have reported similar findings that lack of belonging negatively affects student motivation to learn and decreases students' confidence (Grobeck, 2016; Levett-Jones & Lathlean, 2008). Levett-Jones (2007) reported that anxiety, depression, and low self-

esteem were some of the negative effects of a lack of sense of belonging among students. Lack of belonging was also found by Alboliteh (2015) to be a challenge for new Saudi nurses. Because of their nationality, most participants in Alboliteh's study felt unwelcome in the workplace, and were marginalized, neglected, and ignored by nursing staff, managers, and other health professionals. Similarly, in this study, nursing students suffered from exclusion because they were Saudis, and 75% of the students preferred to work with Saudi nurses who understood their needs, culture, and language (Alboliteh, 2015).

Nursing students in this study reported that one of the positive consequences of a sense of belonging is being motivated to learn. The majority (90%) of students selected either "always true" (70.1 %) or "often true" (19.2 %) in response to the statement "I feel motivated when I feel I belong to the nursing team". Levett-Jones (2007) reported a similar finding in a previous study. Not all students in the current study were supported and included, however; some nursing students reported that they were excluded, rejected, and unwelcome during their clinical experiences. As a result of being excluded, students in the current study were unable to practice and used self-directed learning as a strategy to learn in the clinical environment. Different studies conducted with nursing students have found that students' sense of belonging is associated with self-directed learning (Kim & Park, 2011; Levett-Jones & Lathlean, 2008). Students who feel a high sense of belonging have been found to be more self-directed learners, motivated to learn and confident in providing patient care (Levett-Jones & Lathlean, 2008). In the current study, however, students who suffered from lack of belonging became self-directed learners because they did not want to waste their time during their clinical experiences.

In addition to being motivated to learn, nursing students felt valued, included, safe, and less anxious when they were with supportive and welcoming nursing staff. In alignment with this

finding, other studies have reported that positive interpersonal relationships with preceptors and opportunities to participate in providing nursing care are essential to creating a positive learning environment for nursing students (Matua, Seshan, Savithri, & Fronda, 2014; Zarshenas et al., 2014). According to Spouse (2001), being with welcoming nursing staff is a prerequisite for nursing students to feel a sense of belonging, empowered, and secure during their learning experience (Myall, Levett-Jones, & Lathlean, 2008). Similarly, nursing students who were supported, appreciated, and included as team members were able to learn (Bradbury-Jones, Irvine, & Sambrook, 2010). Prior research has also indicated that positive student–staff relationships help students “feel at ease, feeling valued and respected and experiencing positive self-regard” (Gillespie, 2002, p. 569).

Conversely, not all students in the current study worked with welcoming and supportive preceptors. Nursing students described different experiences where they felt excluded and unwanted by the nursing staff, preceptors, and the head nurse. Previously, many studies have reported that working with nurses who ignored nursing students’ learning needs negatively affected clinical learning experiences for nursing students (Bennett, 2002; Eby, Butts, Lockwood, & Simon, 2004). These studies align with Webb and Shakespeare's (2008) assertion that the attitude of nursing staff toward nursing students could “undermine and ruin” nursing students’ clinical experiences. Students became more passive, disengaged, and scared when they face difficulties in dealing with nursing staff (Brown, Herd, Humphries, & Paton, 2005).

Nurse educators emerged as an important theme that influenced nursing students’ learning and engagement with nursing staff for providing patient care. The students expressed a range of opinions about how nurse educators impacted their learning experiences and sense of belonging. The presence of nurse educators and attitude of nurse educators toward nursing

students were reported to be essential when it comes to students' sense of belonging. As some of the students described, however, when nursing students were excluded and ignored, nurse educators were not there to advocate for nursing students and provide help to them. This finding is supported by Sedgwick et al. (2014), who stated that clinical nursing instructors represent one of the factors – in addition to nursing staff and students' peers that influence students' sense of belonging in clinical settings. Another study found that positive student–teacher relationships had positive effects on students' engagement and motivation to learn (Matthew-Maich et al., 2015), and the clinical nurse educator has a significant role in helping nursing students learn and belong when they are struggling in clinical settings.

7.7 Strength and Limitation

This study provided a clear picture of Saudi female nursing students' experiences with sense of belonging in clinical settings. The nursing students provided a range of factors that affected their sense of belonging. Knowing about students' sense of belonging, the factors that enhance and hinder their sense of belonging, and the related consequences is very important for nursing educators and preceptors, because there was previously no literature concerning Saudi female nursing students' sense of belonging. This study is limited because the perceptions of nurse educators, clinical nursing staff, health professionals, and male nursing students should also be assessed to deepen and widen the scope of this study's results.

7.8 Recommendations

Since this study was conducted in one city in Saudi Arabia, it will be useful to conduct further research including nursing students from other cities, as well as male nursing students. Additionally, as this study focused on the experiences of Saudi female nursing students' sense of belonging, it will be valuable to conduct another study that assesses male Saudi nursing students'

sense of belonging using the Arabic BES–CPE (Albloushi et al., in press). Nursing staff, other health care professionals, and nursing educators must improve their attitudes toward nursing students. It is further recommended that nurse educators become more available and provide nursing students with help and support when they are needed. To promote clinical learning, policies should be initiated that protect nursing students from abusive behaviors. Students must be prepared to work in clinical settings by improving their language skills, and enhancing their knowledge and clinical skills. Contentious training must be provided for nursing staff and nursing educators on how they teach, precept, and communicate with nursing students. Collaboration between nurse educators and clinical staff must occur to enhance students' sense of belonging and improve their learning experience.

7.9 Conclusion

The results of this study indicate that nursing students face multiple personal, academic, and clinical challenges that negatively influence their sense of belonging. Unsupportive attitudes from nursing educators and nursing staff negatively affect students' motivation to learn. Students need to become team members and participate in patient care in order to become competent nurses who can provide quality and safe care to patients. Lack of belonging, as students described, decreases students' opportunities to learn and to develop competence in nursing practice. Saudi society and families must promote the nursing profession because the country needs national nurses who understand the language and culture of Saudi patients.

7.10 References

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CHAPTER 8: CONCLUSION, STRENGTHS AND LIMITATIONS, AND
RECOMMENDATIONS

CONCLUSION, STRENGTHS AND LIMITATIONS, AND RECOMMENDATIONS

8.1 Relationship of Chapter 8 to the Dissertation

In chapter 8, I discuss the main findings, strengths and limitations, and recommendations of the current study. The section includes integrative discussions of both phases and summarizes the process of modifying and translating the Belongingness Scale–Clinical Placement Experience (BES–CPE).

8.2 Introduction

This two-phase study was conducted in three government universities in Riyadh, Saudi Arabia. Through this research, the author described the Saudi female students' meaning of sense of belonging in the clinical settings, its consequences, and the factors it. The literature review showed little data on the Saudi nursing students' sense of belonging during their clinical experiences; therefore, this study is considered the first to investigate Saudi female nursing students' sense of belonging and to identify different personal, clinical, and academic factors influencing it. The findings have important implications for nursing education in Saudi Arabia.

The findings of both phases were summarized in the previous sections and the implications of the main findings will be discussed in this one. I found that nursing students struggled during their clinical experiences, and they did not have the support they needed from the preceptors and nurse educators. They described different experiences of feeling excluded, unwelcomed, and unwanted, as well as lacking participation in patient care. They described their experiences as “a waste of time.” The findings indicated that a sense of belonging was a very important factor in facilitating their clinical learning experience. Most previous studies reported similar findings (Grobecker, 2016; Levett-Jones, Lathlean, Higgins, & McMillan, 2009; Mohamed, Newton, & McKenna, 2014; Sedgwick, 2013; Vinales, 2015).

Nursing students also indicated in their experiences that a sense of belonging highly influenced their motivation to learn. This finding is in alignment with previous studies that identified a sense of belonging as increasing student motivation to learn, confidence (Gerrard & Billington, 2014; Grobecker, 2016), and self-esteem (Begen & Turner-Cobb, 2012). In the Arabic version of Belongingness Scale–Clinical Placement Experience (BES–CPE) used in this study, item 11's statement “It's important to feel accepted by nursing staff” had the highest mean

score ($M = 4.63$, $SD = 0.68$). This item also scored the highest in a study by Levett-Jones, Lathlean, McMillan, and Higgins (2007) and in a study by Kim and Jung (2012) ($M = 4.63$). Item 44 also showed that a sense of belonging positively enhanced students' motivation to learn. Levett-Jones et al. (2007) reported a similar finding.

Nursing students referred feeling of rejection, exclusion, unwantedness, and worthlessness to describe their experiences of lack of belonging. Previous studies reported similar findings in which students may have suffered from less confidence (Grobecker, 2016; Levett-Jones & Lathlean, 2008), low self-esteem (Levett-Jones et al., 2007), and reduced motivation to learn (Grobecker, 2016; Levett-Jones & Lathlean, 2008) as result of marginalization in clinical settings. Alboliteh (2015) had identified that lack of belonging was one of the challenges new Saudi nurses faced. Most participants similarly reported feeling unwelcomed, neglected, and ignored by the nursing staff, managers, and other health professionals because they were Saudi nurses. Similarly, in this study, nursing students felt that they suffered from exclusion because they were Saudi, and 75% of them preferred to work with Saudi nurses who understood their needs, culture, and language.

As a result of exclusion, students in the current study stated they were unable to engage in patient care and, instead, used self-directed learning as a strategy in clinical settings. This study's findings contradict those of previous studies that reported an association of sense of belonging with self-directed learning (Kim & Park, 2011; Levett-Jones & Lathlean, 2008). For instance, according to Levett-Jones and Lathlean (2008), students who felt a high sense of belonging were more self-directed learners.

In addition to a motivation to learn, nursing students stated that they felt valued, included, safe, and less anxious when they were with supportive and welcoming nursing staff. In alignment

with this finding, other studies have reported that positive interpersonal relationships with preceptors and opportunities to participate in nursing care are essential to creating a positive learning environment for nursing students (Matua, Seshan, Savithri, & Fronda, 2014; Zarshenas et al., 2014). According to Spouse (2001), welcoming nursing staff is a prerequisite for nursing students to feel a sense of belonging, empowerment, and security during their learning experience (Myall, Levett-Jones, & Lathlean, 2008). Similarly, nursing students who were supported, appreciated, and included as team members were able to learn (Bradbury-Jones, Irvine, & Sambrook, 2010). Prior research also indicated that positive student–staff relationships helped students “feel at ease, feeling valued and respected and experiencing positive self-regard” (Gillespie, 2002, p. 569).

8.3 Saudi Culture

Saudi Arabia is considered one of the most conservative societies in the Middle East. In this study, for instance, nursing students reported they were challenged to work in a mixed gender environment with male nursing staff or to provide direct nursing care to male patients. To avoid a lack of respect to the Saudi culture, students did not communicate with male patients or staff. Al-Hazmi and Windsor (2013) reported a similar finding in a study that explored the role of nurse educators in Saudi nursing students’ clinical experiences. Nursing students were overwhelmed in a mixed gender environment and they were not ready to work with the opposite gender (Al-Hazmi & Windsor, 2013). Recent studies report that Saudi nurses have considered leaving the profession because they had to care for male patients (Alboliteeh, 2015), and because of the negative perception of the nursing profession in Saudi Arabia (Aldiabat et al., 2016). Al Mutair and Redwan (2016) contradicted those findings and reported the nursing profession as having greater acceptance in Saudi Arabia: in that study, more than 96% of the students and their

families held positive attitude towards studying nursing. The current study, however, identified a similar finding: nursing was not the students' first choice of career. Most nursing students were forced to study nursing because of their low grades, their families, or the availability of nursing jobs.

8.4 Lack of English Language Skills

Students reported exclusion from participating with the non-Saudi nursing staff in the direct care of patients, the inability to communicate with the nursing staff and seek help, and the inability to read and understand nursing notes and patient files because of students' limited English language skills. This finding is in alignment with a study conducted in Australia, which identified the English language barrier as a factor that negatively affected international nursing students' sense of belonging (Levett-Jones et al., 2009; Levett-Jones et al., 2007) and self-esteem (Al-Hazmi & Windsor, 2013). The English language barrier also caused nursing students to feel alienated and reduced their confidence (Shakya & Horsfall, 2000). Another study reported a similar finding when exploring the attitude of undergraduate Saudi nursing students towards studying nursing. More than 50% of the students identified a lack of English language skills as one of the difficulties they faced during the nursing program (Al Mutair & Redwan, 2016). In the second phase of the study, 59% of the student reported that their limited English skills negatively affected their sense of belonging.

8.5 Lack of Preparation

These nursing students participants considered a lack of clinical preparation as a significant factor seriously affecting their sense of belonging. Exclusion from participating in patient care and a lack of confidence were some of the negative effects of lack of preparation. Regardless of the advancement of nursing education programs in Saudi Arabia, many students

move on to the clinical settings without enough clinical and theoretical preparation. Sharif and Masoumi (2005) reported that Saudi nursing students suffer from theory practice gap and lack of clinical experience; they described this gap as anxiety producing situations in clinical settings.

Consistent with the current study's findings, Saudi nursing students rated a lack of professional knowledge and skills as one of the significant stressors they faced during their clinical experiences (Mohamed & Ahmed, 2012). Students' clinical preparation was required to enhance their sense of belonging. Therefore, to provide patients with safe care, nursing students must be adequately prepared themselves and they must practice their nursing skills before entering clinical settings.

8.6 Lack of Belonging to the Nursing Profession

Students reported they did not choose nursing as a profession: they were forced to study nursing because of their low GPAs, their family, or the availability of job opportunities. Seventy nine percent of the students did not consider nursing a profession. Al Mutair and Redwan (2016) contradicts the current study and reported that 97% of students who participated in his study held a positive attitude toward the nursing profession and chose to enroll in it. In a study by Aldiabat et al. (2016), however, these researchers identified that Saudi nursing students were interested in studying nursing but not working as a bedside nurse because of many factors, such as low income, administrative regulations, job dissatisfaction, and negative societal and family perceptions of the nursing profession and Saudi nurses. To develop a professional identity, and to be able to socialize as nurses in clinical settings, nursing students must experience a sense of belonging to and acceptance of the profession (Zarshenas et al., 2014). Nursing students must communicate with the nursing staff and health care teams, and in order to learn effectively, they must participate in all unit activities, such as clinical rounds. Some students described their

exclusion from participating in the unit activities and interacting with other health care professionals, however, they even reported being treated with disrespect in some situations.

8.7 Influence of Nursing Staff and Preceptors

The attitude of the nursing staff and preceptors was one of the factors that negatively influenced the nursing students' sense of belonging and learning experience. The nursing students described feeling ignored, rejected, and unwanted, and the nursing staff did not support or help them in most situations. Previous studies noted that the negative attitudes of preceptors, reflected in behaviors such as ignoring students, damaged the students' clinical learning experiences. These studies align with Webb and Shakespeare's (2008) assertion that the attitude of the nursing staff toward nursing students could "undermine and ruin" the latter's clinical experiences. Conversely, not all clinical experiences were bad, and nursing students indicated that in some clinical experiences they were welcomed, supported, and made part of the team. The students also reported that the nursing staffs' positive attitudes toward them caused them students to feel safe, valued, less anxious, and more motivated to learn. In another study, working with a supportive preceptor was reported to be crucial for nursing students to learn and to belong (Myall et al., 2008).

Previous studies reported similar findings; namely, that having a positive interpersonal relationship with preceptors and an ability to participate in patient care were required for nursing students to learn in clinical settings (Matua et al., 2014; Zarshenas et al., 2014). Prior research also indicated that positive student–staff relationships helped students "feel at ease, feeling valued and respected and experiencing positive self-regard" (Gillespie, 2002, p. 569).

8.8 Nationality of Nursing Staff

Nursing students reported preferring to work with Saudi nurses who understood their

needs and could speak the same language. Nursing students also reported that Saudi nurses were very helpful, supportive, and welcoming. This finding is in alignment with Alharazi's (2015) study exploring the experiences of mentees and mentors in Jeddah, Saudi Arabia. The researcher identified that "Saudi nurses were more friendly, helpful, and empathic" than non-Saudi nurses (Alharazi, 2015). He also suggested that Saudi nursing students are considered "a future threats" for non-Saudi nurses because of the Saudization policy to increase the number of Saudis working in the health care sector (Alharazi, 2015). Al-Dosary and Rahman (2005) similarly reported finding that most hospitals preferred to recruit Saudi nurses because of the Saudization policy. The Saudization policy may negatively affect students-staff relationship and explained why nursing students were ignored in some situations.

Previous studies reported that students preferred to work with preceptors with same ethnic background (Campbell & Campbell, 2007; Gonzáles-Figueroa & Young, 2005). More than 30% of the students in the second phase chose "always true" or "often true" when they answered item 55 "I don't feel I belong to the nursing team when I work with non-Saudi nurses." When asked if they preferred to work with Saudi nurses, 54% selected "always true" as their answer. This finding might explain that not all foreign nurses excluded nursing students and that nursing students were happy to work with non-Saudi nurses who helped them learn, though they preferred to work with Saudi nurses.

8.9 Nurse Educators

From the nursing students' perspectives, the presence of a nurse educator was important in creating a positive learning environment, as well as to help nursing students engage and participate in patient care. Sedgwick et al. (2014) reported a similar finding, indicating that clinical nursing instructors were a factor affecting students' sense of belonging in clinical

settings. Matthew-Maich et al. (2015) found that positive student–teacher relationships had positive effects on student participation and motivation to learn. The educators’ presence and approach to supervision, as well as whether they were helpful, supportive, co-operative, and motivating, were some of the characteristics that created the students’ sense of belonging and participation in patient care. However, as nursing students described, not all nurse educators were available and supportive, particularly when the students were ignored and excluded by the nursing staff. Levett-Jones (2007) asserted that the clinical nurse educator’s role is “pivotal” when students struggle to belong or when they have stressful experiences.

8.10 Abusive Behaviors

The students reported facing abusive behaviors from their preceptors, patients, clinical educators, and other health care professionals. In these situation, students felt rejected, excluded, and unwanted in various clinical experiences. They used words and phrases such as “alone,” “no one knows me,” and “outsider” to describe their feelings when excluded and rejected. Abusive behavior toward nursing students is not a new problem in nursing education (Clarke, Kane, Rajacich, & Lafreniere, 2012). Previous studies reported that nursing students suffer from humiliation, lack of respect, and verbal abuse. Students who experience these abusive behaviors in clinical settings become invisible, distant from the nursing staff, and suffer various psychological and physical effects (Clarke et al., 2012). The researchers highlighted that nursing students reported clinical instructors, followed by the nursing staff, were the highest source of bullying in clinical settings. In alignment with the current study findings, the nursing students reported the most frequently abusive behavior experienced in the UK as being ignored, undervalued, and humiliated (Stevenson, Randle, & Grayling, 2006).

Only 15% of students indicated they liked the nurses they work with in clinical settings and 13% reported they were welcomed and accepted by the nursing staff all the time. Between 30% and 35% selected “sometimes true” when answering item 19 “I feel like an outsider in clinical settings” and item 18 “I feel discriminated against in clinical settings.” This finding indicates that they were not included all the time, and, in some situations, they were excluded and marginalized. More than 30% of nursing students indicated they made an effort to feel accepted by the nursing staff and fewer than 20% indicated the nursing staff supported them in clinical settings.

8.11 Influence of Clinical Peers Group

As nursing students reported, the presence of a clinical peer group was important for their feeling safe, supported, and motivated to learn. Sedgwick et al. (2014) reported similar findings in a study involving students in Canada. Nursing students indicated that “feeling connected and part of the students clinical group was a vital component in the learning and socialization” (Sedgwick et al., 2014, p. 91). In alignment with the current findings, many previous studies reported that peer learning decreased nursing students’ anxiety, helped them acclimate to clinical placements, and enabled them to become part of a nursing team (Parr & Townsend, 2002; Stone, Cooper, & Cant, 2013; Wilkinson, 2002).

Saudi female students did not experience a sense of belonging in their clinical experiences, a very significant factor that in fact limited their clinical learning and their future effectiveness as registered nurses in the Saudi health care system. The findings of this study uncovered how Saudi female nursing students were challenged in the clinical settings. It was clear that nursing students were not prepared to work in the hospitals and they suffer from lack of support from nursing staff, and nurse educators. Lack of belonging appeared to be a very

important issue that negatively affect students learning experiences. Further research is required to explore the other difficulties that Saudi female nursing students encounter and strategies to improve their clinical experiences.

8.12 Modification of the BES-CPE

The modification of the BES–CPE was a very important phase of the current study. The Arabic version of the BES–CPE was developed based on the qualitative findings of the mixed method and the feedback from experts in nursing education from Saudi Arabia. The translation process was essential because most students reported that limited English language skills was a problem for them.

The BES–CPE had not been translated into Arabic and not used in Saudi Arabia prior to this study. The Arabic version of the BES–CPE survey and all subscales are a useful tool and represented acceptable psychometric properties. The original BES–CPE was developed in Australia and was used in South Korea, Iran, Canada, Japan, and the USA. It was also translated into several different languages, such as Korean, Japanese, and Persian. As reported in the literature, the BES–CPE demonstrated strong psychometric properties. To make the instrument useful for research in Saudi Arabia, I translated and re-translated the BES–CPE. The translation was reviewed and checked by Saudi nursing educators who were bilingual experts. The translation process of the Arabic BES–CPE followed the recommendation of different translation guidelines (Lee, Li, Arai, & Puntillo, 2009; Weeks, Swerissen, & Belfrage, 2007).

To maintain the content validity of the Arabic BES–CPE, seven Saudi nurse educators performed the content validity, provided important suggestions to modify the survey, and examined the accuracy, relevance, and clarity of each statement. The Principle Component Analysis (PCA) assessed the construct validity of the Arabic BES–CPE instrument. Results from

the PCA revealed five meaningful subscales providing a reasonable connection to the qualitative findings used as a guide to modify the BES–CPE. The Arabic version assessed Saudi female nursing student’s self-esteem, sense of belonging, alienation, interpersonal relationship with preceptors and clinical instructors, and work relationships with non-Saudi nurses (five subscales) that reflected the gender culture and clinical settings of Saudi Arabia. All subscales included three or more items and the item loading were generally acceptable. The Arabic BES–CPE was different than the original BES–CPE, as the latter had three subscales (esteem, connectedness, and efficacy).

Cronbach’s alpha scores for the entire scale and all subscales were within the range of acceptable values. The Arabic BES–CPE generated an overall Cronbach’s alpha of .899 and the values for the five subscales ranged from .679 to .922. The lowest subscale value was .679 for working with non-Saudis subscale and the highest was observed for the esteem subscale with Chronbach’s alpha = 0.922. Working with non-Saudi nurses’ subscale has the lowest number of items (less than five items) in the scale and this might explain why it got the lowest score among other subscales. According to Polit and Beck (2012), a Chronbach’s alpha of 0.80 reflects a high internal consistency and 0.7 is considered adequate. The Cronbach’s alpha score for the Arabic BES–CPE was considerably lower than the original BS–CPE and the Persian and Korean scales as described previously. For a better fit, however, removal of items 11, 20, 29, 36, and 40 was required because they were cross-loaded in all subscales.

The significant correlation between esteem and interpersonal relationship with preceptors and clinical instructor suggests that preceptor and clinical nursing student attitude and relationship has a strong influence on nursing students’ self-esteem. The strong correlation between sense of belonging scale and interpersonal relationship also indicates how clinical

instructors and preceptors treat nursing students affect their sense of belonging in clinical settings. Previous studies reported a correlation between students' sense of belonging and students' self-esteem and interpersonal relationship between students and nurse educators, and students preceptors also influenced students; sense of belonging (Sedgwick et al., 2014). Future studies are recommended, because the Arabic BES–CPE is different from the original BES–CPE. The factor analysis was done to check the construct validity of the Arabic BES–CPE. The researcher recommends conducting more studies to assess the validity of the Arabic BES–CPE. From this study, the psychometric properties of the revised BS-CPE are acceptable and it can be used as tool to assess Saudi nursing students' sense of belonging.

8.13 Implication and Recommendation

The findings of this research have uncovered many challenges nursing students face during their clinical experiences that can negatively influence their sense of belonging. The main purpose of writing this section is to provide nursing educators and nursing staff in Saudi Arabia and around the world with recommendations to improve nursing students' clinical experiences. This study will benefit nursing students, clinical nursing staff, nurse educators, head nurses, decision makers of clinical settings, and universities by informing them that nursing students need to feel that they belong in a clinical setting to become competent nurses and lack of belonging was affecting students' learning experiences in clinical settings.

Clinical experiences in Saudi Arabia must improve to prepare competent nurses, including nursing students to be prepared theoretically and clinically before entering clinical settings. Nursing students must possess good English language skills and need to learn how to communicate with the nursing staff and other health care professionals. In addition, continuous

evaluation of their clinical experiences is very important to identify the challenges they face and to build a positive learning environment.

There must be collaboration between universities, clinical settings, and regulatory bodies to improve the clinical experiences and to provide students with opportunities to participate in patient care and to be a team member. Although one student reported that the duration of clinical placement was important for her to build a positive relationship with the nursing staff, the duration of clinical experiences must be evaluated and the clinical placements arranged based on the needs of the nursing students. Nurse educators must provide nursing students with a comprehensive orientation before each clinical experience and must introduce the nursing students to the nursing staff. Serious attention must be given to clinical preparation and students' English language skills because most reported they were challenged by a lack of preparation and English skills; as a result, they were excluded from participating in patient care. Preceptors must be prepared to work with students by providing workshops, courses, and incentives. In addition, the use of non-Saudi preceptors should be evaluated, since there seem to be factors in these relationships that impedes learning. Head nurses, charge nurses, and clinical coordinators in the participating hospitals must recognize the importance of the attitude of the nursing staff to enhance students' belonging and learning.

Nurse educators must empower nursing students, encourage them, support them to learn, and help them when they struggle. Their role must be more than evaluating students and checking attendance. They need to allow students to report their clinical problems without being abused. Nurse educators must work to promote student belonging and confidence, and encourage students to participate in providing direct care to patients. To protect the patients, nurse educators should prepare students by using the clinical and simulation labs in the nursing colleges and by

allowing students to practice nursing procedures prior to directly caring for patients. Nurse educators and preceptors must know the negative consequences on student learning and belonging when excluding them in clinical settings.

The Arabic BES–CPE will be useful to assess nursing students’ sense of belonging, to provide statistics about their sense of belonging experiences, and to evaluate the effectiveness of clinical experiences and help nurse educators, and clinical staff to organize effective clinical experiences. Further studies are required with a larger sample size from different universities in Saudi Arabia to measure the validity and reliability of the tool. Using the Arabic BES–CPE in future studies that compare the experiences of nursing students from different countries in the Middle East will provide more insight about nursing students’ experiences of sense of belonging in clinical settings because students reported that their nurse educators and preceptors were very important factors on their sense of belonging. Further research is required to explore the perception of the nurse educators and preceptors to enhance students’ learning experiences and sense of belonging.

8.14 Study Strength and Limitations

Conducting a mixed methods study is very challenging and time consuming. This mixed methods study required a great commitment and effort. Mixed methods however, strengthens the study because the researcher uses more than one method to investigate the research problem. In this research, I chose a mixed methods study because I wanted to explore nursing students’ sense of belonging and to use a tool developed in Australia. The tool needed to be modified and translated before it could be used in the Saudi context. The qualitative findings were used to make the required modification, and then the modified and translated BES–CPE was pretested and then used to collect the data in the second phase. Mixed methods research allowed me to

present the female nursing students' sense of belonging by using both qualitative and quantitative methods. Both methods however, have different limitations. Also, to avoid the risk of engaging in a single context, the data were collected from three government universities.

The qualitative phase provided a detailed description of Saudi nursing students' sense of belonging. The change to the original BES–CPE was based on the students' real experiences. To enhance the transferability, a detailed description of each step in the study and all themes and subthemes were provided. The sample size was adequate but the sample from KSAU-HS is relatively small because only two students were willing to participate in the study. Although nursing students were from three different sites, recurrent themes and experiences enhanced the credibility and dependability of the study.

In the qualitative phase, to avoid bias, all nursing students were fourth-year nursing students and during the data collection I was not involved with them in any teaching activity and they graduated after the study was conducted. However, the participants seemed relaxed and willing to share their positive and negative experiences and were not afraid to share their difficult experiences with their preceptors and nurse educators. The semi-structured interviews provided me with a rich description of Saudi female nursing students' sense of belonging. As a previous nurse educator, I did not know how much students were suffering and how many were feeling lonely and excluded. I was happy to hear their voices and to make their experiences known to nursing educators, nursing leaders, and clinical staff in Saudi Arabia and worldwide. I also was a graduate student and the participants were less stressed during the interviews and relaxed enough to share their negative experiences.

Obtaining ethical approval was challenging because most nursing colleges do not have a system for research ethical approval. It took me a month or more to get approval to conduct the

interviews. The nurse educators, however, were welcoming and facilitated the recruitment of the participants. I was allowed to meet with the students, explain the study, and provide them with information and a contact information sheet. I obtained the contact information of all participants to make arrangements with them directly. It was hard to arrange the time for interviews because most participants had busy schedules and limited free time.

Although the nursing students came from different nursing colleges with differences curriculum and clinical placements, the students shared the same problems, such as lack of preparation and exclusion in most clinical placements. One main limitation of the study was not including male students; however, male students were inaccessible due to the cultural restrictions explained previously and that also applied to the female researcher. As a result, a future study should include male students to compare female and male nursing students' sense of belonging. Including students from three universities, however, increases the chances to generalize the findings and allow for comparison between student experiences.

When I conducted the interviews, I felt that nursing students trusted me. They shared their challenges, stories, and experiences without any hesitation or fear. Students were assured that all their experiences and data would be kept confidential and be used for research purposes. No one would have access to the data except for the researcher.

To minimize the selection bias, all participants volunteered and they contacted me to participate in the study. Recording the interviews was important, because it provided me with opportunities to listen to the students and to interact with them without being preoccupied with note-taking. I was challenged in finding a place to conduct the interviews because the students wanted to be interviewed away from their clinical instructors and teachers.

To allow students to speak about their experiences, all interviews were conducted in

Arabic, transcribed into Arabic, and then translated into English by a bilingual translator. I checked the translated transcripts to ensure the translated transcripts reflected what the students said in the Arabic transcripts. The process of transcribing and translating was very difficult and time consuming. Allowing the students to speak Arabic, however, was very necessary because it enabled them to express their feeling, thoughts, and share their experiences freely.

A further limitation was the lack of recent literature about nursing education in Saudi Arabia and sense of belonging. Most studies found were quantitative in method. I did find much useful literature, though most were very old, and only 51 articles reflected the real context of nursing in Saudi Arabia.

The online survey enabled the collection of qualitative data within three weeks. I did not need to be in Saudi Arabia to collect the data. By creating the online survey, I reached the participants faster and tracked the number of participants from each site. It was easier for the students to access the survey through their phone when it was convenient for them. Students were not asked to provide any personal information, which increased their privacy. Some students reported an inability to fill the online survey because of a bad internet connection.

The process of modification and translation of the BES–CPE was difficult, and it required much revision and modification to ensure the BES–CPE was clear, simple, and applicable for use in Saudi Arabia. The researcher incorporated suggestions from the Saudi nursing students, PhD students, and expert nurse educators from Saudi Arabia to modify the BES–CPE. The Arabic BES–CPE version is used to assess Saudi nursing students’ sense of belonging during their clinical experiences.

The researcher did all the data analysis, which might increase the risk for potential bias. To avoid bias during data analysis, the research supervisor verified all emerging themes. The

emerging themes covered all the aspects of Saudi nursing students sense of belonging and were interrelated and meaningful. The students from three sites provided similar findings, which provided more insightful meaning to the study.

8.15 Conclusion

This study was conducted to explore the Saudi female nursing students' experiences of sense of belonging in clinical settings. The findings have revealed that personal, clinical and academic factors affect Saudi nursing students' sense of belonging. Nursing students shared different situations of where they felt included and supported but not all experiences were positive. In other situations, students felt excluded, marginalized, and unwelcomed. Overall, Saudi culture, lack of preparation, limited English skills, attitude of nurse educators and preceptors, and the nationality of nursing staff contributed significantly to these experiences. As nursing students reported, a lack of belonging negatively affected their learning experience.

This study might be one of the few conducted in Saudi Arabia to explore Saudi nursing students' experiences in clinical setting and the only study to investigate their sense of belonging. Nursing students need the efforts of nurse educators, administrative peoples, and nursing staff to prepare nursing students to clinical settings and organize effective clinical experiences. I wish this research to be a catalyst for addressing the problems that nursing students face and nursing education in Saudi Arabia. I hope it contributes to improve the nursing education and clinical experiences for nursing students.

8.16 References

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Appendix A: Ethical Approval from King Saud bin Abdulaziz University for Health Sciences

King Saud bin Abdulaziz University
for Health Sciences



جامعة الملك سعود
للعلوم الصحية

Research Unit, College of Nursing-Riyadh (CON-R)
CONR-Research@ksau-hs.edu.sa
☎ 51158 / 51171 📠 51313 📠 3105
Date: (G) 06-05-2014
(H) 07-07-1435

Dear Ms. Monirah Abloushi,

Greetings,

Your research proposal entitled "**Female Saudi Nursing Students Sense of Belonging in Clinical Settings: A Mixed Methods Study**" has been reviewed and approved by the research unit committee members. You can collect data from our students but you need to provide us with the following documents:

- Data collection consent form
- Detailed information regarding data management and security
- A copy of the results of the study after you finish

Thank You.

Sincerely,

Dr. Hala Saied

Chairperson, CON-R Research Unit

Assistant Professor, Nursing Department

College of Nursing-Riyadh

King Saud bin Abdulaziz University for Health Sciences

Tel. No.: (1) 801-1111 Ext: 51158 Pager: 2870

E-mail: saiedH@ksau-hs.edu.sa

Appendix C: Approval from Princess Nourah Bint Abdulrahman University

Hana Ibr. Alsobayel December 21, 2013 at 11:51 PM
To: Albloushi, Monirah Cc: Bridget Stirling Inbox - Exchange  HI
RE: A Research Project to be Conducted in The Nursing College

Dear Ms. Monirah,
In regards to your request below. I am pleased to inform you that we approve your request and we wish you the best of luck.

Best regards

College Dean

Dr. Hana Al-Sobayel

Hana I. Al-Sobayel, PT, MSc., PhD
Assistant Professor
Dean of Nursing College
Princess Nourah Bint Abdulrahman University
Riyadh, Saudi Arabia
Mobile: +966505140031
Email: hialsobayel@pnu.edu.sa

Appendix D: Belongingness Scale Clinical Placement Experience (Original)

Belongingness Scale Clinical Placement Experience

In the next pages, you will find a list of statements. Read each statement and then select the response that best indicates **how often the statement is true for you**.

For example, if you eat desert after dinner almost every night you would select '*Often True*'. If you rarely eat desert you would select '*Rarely True*'.

For each question:

- **Please answer every item**, even if one seems similar to another one
- **Answer each item quickly**, without spending too much time on any one item.
- **Think generally about your clinical placement experiences** when considering your responses to the questions, or if this is difficult **reflect on your last clinical placement experience**.

In the statements below, '*placement/s*' refers to your supernumerary clinical placement experience as a nursing student, and '*colleagues*' refers to clinical staff in the area of your placement.

01	I feel like I fit in with others during my placements	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
02	It is important to feel accepted by my colleagues	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
03	Colleagues see me as a competent person	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
04	Colleagues offer to help me when they sense I need it	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
05	I make an effort to help new students or staff feel welcome	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
06	I view my placements as a place to experience a sense of belonging	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
07	I get support from colleagues when I need it	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
08	I am invited to social events outside of my placements by colleagues	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
09	I like the people I work with on placements	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
10*	I feel discriminated against on placements	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
11	I offer to help my colleagues, even if they don't ask for it	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>

12	It is important to me that someone at my placement acknowledges my birthday in some way	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
13	I invite colleagues to eat lunch/dinner with me	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
14*	On placements I feel like an outsider	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
15	There are people that I work with on placements who share my values	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
16	Colleagues ask for my ideas or opinions about different matters	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
17	I feel understood by my colleagues	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
18	I make an effort when on placements to be involved with my colleagues in some way	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
19	I am supportive of my colleagues	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
20	I ask for my colleagues' advice	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
21	People I work with on placements accept me when I'm just being myself	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
22*	I am uncomfortable attending social functions on placements because I feel like I don't belong	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
2 3	When I walk up to a group on a placement I feel welcomed	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
24	Feeling "a part of things" is one of the things I like about going to placements	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
25	There are people on placements with whom I have a strong bond	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
26*	I keep my personal life to myself when I'm on placements	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
27	It seems that people I work with on placements like me	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
28	I let colleagues know I care about them by asking how things are going for them and their family	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>
29	Colleagues notice when I am absent from placements or social gatherings because they ask about me	<input type="radio"/> Never True Always True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/>

30	One or more of my colleagues confides in me	<input type="radio"/> Never True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/> Always True
31	I let my colleagues know that I appreciate them	<input type="radio"/> Never True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/> Always True
32	I ask my colleagues for help when I need it	<input type="radio"/> Never True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/> Always True
33	I like where I work on placements	<input type="radio"/> Never True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/> Always True
34	I feel free to share my disappointments with at least one of my colleagues	<input type="radio"/> Never True	<input type="radio"/> Rarely True	<input type="radio"/> Sometimes True	<input type="radio"/> Often True	<input type="radio"/> Always True

¹ Items indicated with an asterisk are reverse-scored

Appendix E: Invitation Letter

Invitation to participate in a research study

I am a current PhD student at the University of Saskatchewan College of Nursing in Saskatoon, Saskatchewan, Canada. I am recruiting third and fourth years female Saudi nursing students to participate in my mixed method research, “Female Saudi Nursing Students Sense of Belonging in Clinical Settings”. The researcher will conduct face-to-face audiotaped interviews for 1 hour. Interviews will be done in a private room after arrangement with the clinical coordinators. The Belongingness Scale–Clinical Placement Experience (BES–CPE) will be distributed to nursing students to collect more data about their sense of belonging experience in clinical settings.

The purpose of this study is to explore Saudi nursing students’ experiences’ of sense of belonging in clinical settings. Potential benefits of the study include improving the clinical placements experiences of Saudi nursing students. Participants’ identities shall remain anonymous and their data will be confidential. Code names will be used on all interviews transcripts.

Participation is voluntary. Participants can answer questions that they are comfortable with answering, and participant can ask to have the tape turned off at anytime. Withdrawing from the study at anytime is possible with no penalty for participants. If you wish to withdraw, your data will be destroyed and will not be included in the study. However, if you withdraw after the analysis of findings, it will not be possible to remove your data from the analysis. A summary of study results will be distributed among participants from hospital and university.

This study has been approved by the University of Saskatchewan Research Ethics Board (Behavioural) on DATE, and the Saudi Arabia Ministry of Health on DATE. My research supervisor is Dr. Linda Ferguson, Professor, College of Nursing, University of Saskatchewan +1(306)966-6264. She can also be contacted at linda.ferguson@usask.ca.

If you are willing to be interviewed or have questions about participating in this study, please contact Monirah Albloushi at cell phone number: +966 559477770, or email moa687@mail.usask.ca

Thank you for considering this invitation.

Respectfully,

Monirah Albloushi, RN, BSN, MSN

Appendix F: Consent Form

Project title: Female Saudi Nursing Students Sense of Belonging in Clinical Settings: A Mixed Methods Study

Researcher: Monirah Albloushi, PhD nursing student, College of Nursing, University of Saskatchewan, Phone Number +1(306) 8811081, +(966) 559477770, moa687@mail.usask.ca.

Supervisor: Dr. Linda Ferguson, Professor college of nursing University of Saskatchewan 107 Wiggins Road Saskatoon, Saskatchewan, Canada, + 1(306) 966-6264, linda.ferguson@usask.ca.

Purpose of the study: Is to explore the experience of sense of belonging in clinical experience from the perspective of third and fourth year nursing students.

Procedure: The researcher will conduct face-to-face audiotaped interviews for 1 hour. Interviews will be done in a private room after arrangement with the clinical coordinators. The Belongingness Scale–Clinical Placement Experience (BES–CPE) will be distributed to nursing students to collect more data about their sense of belonging experience in clinical settings.

Fund by: The study is funded by Ministry of Education in Saudi Arabia through the Saudi Cultural Bureau In Ottawa.

Potential risks: None

Potential Benefits:

Information gained from this study will be used to improve the clinical placement experiences of nursing students.

Confidentiality: Participants' identities will remain anonymous and their data will be confidential. Within written records all names, including those of universities will be deleted. Data will be stored on password-protected computer files and in locked filing cabinets in my home office. Only researcher will have access to the data. Assigned names or numbers will be used to identify interviews transcripts and Questionnaires. Anonymity of participants will be maintained when the researcher plan to use direct quotes by assigning code names on the transcripts. After the study completed the participants contact, and data will be deleted. Consent forms will be separated from other files and will be kept in a secured cabinet. Data however will be stored for at least five years following publication of the result.

Right to Withdraw: participation is voluntary. Participants are able to withdraw from the interview process at any time with no penalty on participants. Participants have the right not to answer some of the questions, and to turn off the recorder at any time during the interview process. At any stage, if you wish to withdraw, your data will be destroyed and will not be included in the study. But, if you withdraw after dissemination of findings, it is not possible to remove your data from the analysis.

Follow up: Study findings will be shared with all students in each setting.

Questions and Concerns: By using the contact information at the top of the first page, please feel free to contact the researcher. The research has been approved on ethical ground by the University of Saskatchewan, Research Ethics Board on if you have any concern or questions about your right in the study you can contact the Research Ethics Office ethics.office@usask.ca +1(306)9662975.

Signed consent: my signature below indicates that I have read and understand the description provided; I have had an opportunity to ask questions and my questions have been answered. I consent to participate in the research study. A copy of this consent form has been given to me for my records.

Name of the participant Signature

Researcher's Signature Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix G: Interview Guide

- Tell me why you decided to study nursing?
- What does sense of belonging mean to you?
- What does lack of belonging mean to you?
- Describe your relationship with nurse educator, nurses, peers, and other staff?
- Can you describe the best clinical experience for you? And why was it the best for you?
- Can you describe the worst clinical experience for you? And why was it the worse for you?
- Describe what make you feel you belong to the team?
- Describe what does not make you feel belong to the team?
- Do you think that your belonging can affect your clinical training? If yes, how would it affect your learning?

Appendix H: Translator's Promise of Confidentiality Agreement

Confidentiality Agreement for Translation Services

INoura Abdulaziz Al-Rajhi.....translator agree to maintain full confidentiality in regards to any and all audiotapes and documentations received from **(Monirah Abloushi)** related to her research study on the researcher study titled **(Saudi female sense of belonging in clinical settings a mixed methods study)**.
Furthermore, I agree

1. To hold all strictest confidence the identification of any individual that may be inadvertently revealed during the translation of the interviews transcripts, or any associated documents.
2. To not make copies of any transcribed interviews, unless specifically requested to do so by the researcher **(Monirah Abloushi)**
3. To secure all study related materials in a safe, secure location as long as they are in my possession.
4. To return all study related materials to (Monirah Abloushi) in a complete and timely manner.
5. To delete all electronic files containing study related documents form my computer and my email.

I am aware that I can be held legally responsible for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the files to which I will have access.

Translator's name (printed): Noura Abdulaziz Al-Rajhi _____

Translator's signature: _____

Date: 1st.January.2015 _____

Appendix I: Permission to use, Translate, and Modify the BES-CPE

● **Tracy Levett-Jones** <tracy.levett-jones@newcastle.edu.au>

09/01/15 at 6:14 PM ★

To Monirah Albloushi

Hello Monirah

You have my permission to translate and modify the BES-CPE.

All the very best with your research

Kind regards

Tracy

Appendix J: Permission to use the Ascent to Competence Framework Diagram

● **Tracy Levett-Jones** <tracy.levett-jones@newcastle.edu.au>
To Monirah Abloushi

Dec 13 at 11:40 PM

I am happy for you to use this diagram with full acknowledgement Monirah.
All the very best with your research
Tracy

Appendix K: Arabic Version of the BS-CPE

أداة قياس الشعور بالانتماء أثناء التدريب الإكلينيكي لدى طالبات التمريض في السعودية

عزيزتي الطالبة

اشكر لك مشاركتك في تعبئة الاستبيان، الاستبيان الذي بين يديك يقيس الشعور بالانتماء والعوامل المؤثرة على الشعور بالانتماء أثناء التدريب الإكلينيكي لدى طالبات التمريض في المملكة العربية السعودية. أنا طالبة دكتوراه في كندا وحاليا في مرحلة جمع المعلومات وكتابة النتائج.

مشاركتك في الإجابة على الاستبيان سوف تكون سرية ولن يتمكن أحد من الاطلاع عليها سوى الباحث الرئيس. علما بأن الإجابة على الأسئلة تستغرق ٥ الى ١٠ دقائق ويمكنك الإجابة على الاستبيان من هاتفك المحمول.

يحتوي الاستبيان على جزئين:

الجزء الأول يحتوي على أسئلة عامة
الجزء الثاني يحتوي على ٤٥ جملة تقيس شعورك بالانتماء

الأسئلة التالية لها علاقة بتجربتك خلال التدريب الإكلينيكي الحالي أو السابق:

ملاحظات قبل الإجابة على الأسئلة:

- يجب عليك قرآه الجمل واختيار الإجابة التي تصف تكرار حدوث الموقف معك
- يفضل الإجابة على جميع الأسئلة حتى لو كانت متشابهة
- أجبني على السؤال بسرعة ولا تركزي في الإجابة أو تحاولي فهم الجملة
- عند الإجابة تذكر التجارب السابقة لك أثناء التدريب الإكلينيكي وفي حال صعوبة التركيز بين التجارب يمكنك التركيز على آخر تجربة تدريب إكلينيكي
- سوف تتكرر الكلمات التالية خلال الإجابة على الأسئلة
- مكان التدريب (القسم) **Unit, Clinical setting**
- المعرصة المدربة أو المعرصة التي تعملين أو عملتي معها في مكان التدريب **Preceptor**
- المسؤولة عن التدريب / المشرفة على التدريب (الأستاذة أو الدكتورة) من الجامعة التي تدرسين فيها **Clinical instructor**
- الشعور بالانتماء **Sense of belonging**

الجزء الأول

- في أي الجامعات التالية تدرسين؟
 - جامعة الملك سعود
 - جامعة الملك سعود بن عبد العزيز للعلوم الصحية
 - جامعة الأميرة نورة بنت عبد الرحمن
- كم عمرك؟
 - ٢١-١٩
 - ٢٤-٢٢
 - ٢٥ فما فوق
- هل أنتي:
 - عزباء
 - متزوجة
 - مطلقة
- هل سبق لك الذهاب للتدريب الإكلينيكي؟
 - نعم
 - لا
- هل هذه أول تجربة تدريب إكلينيكي؟
 - نعم
 - لا
- هل لديك قريبة أو صديقة تعمل كممرضة؟
 - نعم
 - لا
- هل التمريض كان الرغبة الأولى لك عند دخولك الجامعة؟
 - نعم
 - لا
- ماهي جنسية المسؤولة عن تدريبك من الجامعة؟
 - سعودية
 - عربية
 - آسيوية
 - غربية
- ماهي جنسية الممرضة التي تدرّيك حالياً؟
 - سعودية
 - عربية
 - آسيوية
 - غربية

الجزء الثاني

Item الفقرة	Always True صحيح دائما	Often True صحيح في أحيان كثيرة	Sometimes True صحيح أحيانا	Rarely True صحيح نادرا	Never True غير صحيح أبدا
10. I feel like I belong to the nurses during my clinical experience أشعر بالانتماء للممرضات أثناء التدريب الإكلينيكي					
11. It is important to feel accepted by nursing staff من المهم الإحساس بالقبول من قبل الطاقم التمريضي في موقع التدريب الإكلينيكي					
12. My preceptor sees me as a competent person to provide patients care الممرضة المدربة ترى أنني شخص مؤهل للمشاركة في العناية بالمريض					
13. Nursing staff in the clinical settings offer help when they perceive I need it الطاقم التمريضي في موقع التدريب الإكلينيكي يعرض على المساعدة عند إدراكهم بحاجتي لذلك					
14. I make an effort to be welcomed by nursing staff of the clinical settings أبذل جهدا لكي أشعر بالترحيب من قبل الطاقم التمريضي في موقع التدريب الإكلينيكي					
15. I view my clinical setting as a place to experience a sense of belonging أنا أعتقد أن موقع التدريب الإكلينيكي هو موقع يشعرنى بالانتماء					
16. I get support from nurses of the clinical settings when I need it أحصل على الدعم من الطاقم التمريضي في موقع التدريب عند حاجتي لها					
17. I like the nurses I work with in the clinical settings أرتاح للطاقم التمريضي الذي أعمل معه في مكان التدريب الإكلينيكي					
18. I feel discriminated against in clinical settings because I am a student أشعر بالتمييز ضدي في مكان التدريب الإكلينيكي لأنني طالبة					
19. In the clinical settings I feel like an outsider to nursing staff in the clinical settings. أشعر بأنني دخيلة على الممرضات في مكان التدريب الإكلينيكي					
20. I offer to help other nurses, even if they don't ask for it أعرض المساعدة على الطاقم التمريضي حتى لو لم يطلبوا المساعدة					

21. I feel sense of belonging in the clinical settings when the nurses respect my culture and my values أشعر بالانتماء عند إحساسي بأن الممرضات يحترمون ثقافتني وقيمي					
22. I make an effort to be involved with my preceptors in some way أبذل جهد حتى أتمكن من مشاركة الممرضة المدربة لتقديم الرعاية للمريض					
23. My preceptors support me in the clinical setting أشعر بالدعم من الممرضة المدربة في مكان التدريب الإكلينيكي					
24. Nurses I work with accept me when I'm just being myself الممرضات اللاتي أعمل معهن في مكان التدريب يتقبلونني كما أنا					
25. I am uncomfortable to use the staff lounge in the clinical settings لا أرتاح لاستخدام غرفة العاملين في القسم					
26. I feel sense of belonging when I enter the clinical setting أشعر بالترحيب عند دخولي مكان التدريب الإكلينيكي					
27. Feeling "a part of team" is one of the things I like about going to clinical settings الشعور بأنني جزء من الطاقم التمريضي هو أحد الأمور التي أحب في مكان التدريب الإكلينيكي					
28. It seems that nurses I work with in the clinical settings welcome and accept me أشعر بالقبول والترحيب من قبل الممرضات اللاتي أعمل معهن في مكان التدريب الإكلينيكي					
29. I let nurses know I care about them by asking how things are going for them and their family أشعر الممرضة المدربة بأنني أهتم لأمرها بالسؤال عن أحوالها وعائلتها					
30. The nurses notice when I am absent from the clinical setting because they ask about me يلاحظ الطاقم التمريضي غيابي عن التدريب لأنهم يسألون عني					
31. One or more of my preceptors trust me to provide patient care الكثير من الممرضات المدربات يثقون بي لتقديم الرعاية للمريض					
32. I let my preceptors know that I appreciate them أشعر الممرضة المدربة بالتقدير					
33. I ask my preceptors for help when I need it أطلب المساعدة من الممرضات المدربات في مكان التدريب الإكلينيكي					
34. I ask my clinical instructor for help when I need it أطلب الدعم من المسؤولة عن التدريب عند الحاجة إليها					
35. I like where I work in the clinical settings أحب المكان الذي أتدرب به					

36. I feel free to share my disappointments regarding my training with at least one of my preceptors أشارك الممرضة المدربة ما يشعرني بالإحباط أثناء التدريب الإكلينيكي					
37. I feel I belong to the nursing profession أشعر بالانتماء لمهنة التمريض					
38. My limited English skills negatively affect my sense of belonging in clinical settings ضعف لغتي الإنجليزية يعزلني عن الممرضات في مكان التدريب الإكلينيكي					
39. I feel I belong to the team when I participate in patients' care أشعر بالانتماء للطاقم التمريضي عند مشاركتي في العناية بالمرضى					
40. Working with Saudi nurses enhances my sense of belonging العمل مع ممرضات سعوديات يقوي إحساسي بالانتماء في مكان التدريب					
41. I prefer to work with the same preceptor all time أفضل العمل مع نفس الممرضة طول فترة التدريب					
42. I feel motivated when I feel I belong to the nursing team أشعر بالحماس للتعلم عندما أشعر بالانتماء للطاقم التمريضي					
43. I don't feel that other health care professionals accept me as a nursing student أشعر بأن الطاقم الطبي لا يرحب بوجودي في مكان التدريب					
44. Being accepted from patients makes me feel sense of belonging in clinical settings تقبل المرضى لي يشعرني بالانتماء في مكان التدريب الإكلينيكي					
45. I feel welcomed when I meet any nursing staff in the clinical setting أشعر بالترحيب عندما ألتقي أي مجموعة من الممرضات في مكان التدريب					
46. My clinical instructors help me to feel secure when I feel scared in the clinical settings مدرباتي الإكلينيكيات يجعلونني أشعر بالأمان عندما أكون خائفة في مكان التدريب					
47. I ask my clinical instructor for help when I need it أطلب المساعدة من مدرباتي الإكلينيكيات عند حاجتي لذلك					
48. My clinical instructors help me to introduce myself to the nursing staff مدرباتي الإكلينيكيات يساعدوني على تقديم نفسي للطاقم التمريضي في أول أيام التدريب					
49. I get help from my clinical instructor when I need أحصل على المساعدة من مدرباتي الإكلينيكيات عند حاجتي لها					
50. My clinical instructors offer help when they perceive I need it مدرباتي الإكلينيكيات يعرضون على المساعدة عند إدراكهم بحاجتي لها					

51. I feel that I am not welcomed by other health care professionals لا أشعر بالترحيب من قبل المهنيين الصحيين الآخرين					
52. I feel I am not welcomed when some nurses speak their native language أشعر بأني غير مرحب بي عندما تتحدث الممرضات بلغتهم الأم في مكان التدريب					
53. I feel scared because I don't feel sense of belonging in clinical settings أشعر بالخوف نتيجة لعدم إحساسي بالانتماء في مكان التدريب					
54. I don't feel I belong to the nursing team when I work with non-Saudi nurses لا أشعر بالانتماء للطاقم التمريضي عندما أعمل مع ممرضات غير سعوديات					
55. I feel that I am not welcomed by medical staff لا أشعر بالترحيب من قبل الأطباء					