

Diversity in Nursing Education: Middle Eastern Students

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ABSTRACT

Background: Culturally diverse students face barriers to success in nursing school. One troublesome obstacle is the faculty-student relationship. This study explored Middle Eastern nursing students in Jordan and identified Eastern-Western cultural differences that may occur in the United States. **Method:** Existential descriptive phenomenology and feminist theoretical framework were used to design, collect data, and analyze results for 24 final-semester students. Six themes were identified: dissatisfaction, time, negativity, gender, culture, and utopia. Findings indicate Middle Eastern students and families have a different view of nursing than U.S. faculty members. **Results:** Strong influences of family, culture, and community directly relate this study's conclusions to Middle Eastern students studying in the U.S. These findings may prevent faculty-student misunderstandings, diminished student academic performance, and loss of culturally diverse U.S. nurses. **Conclusion:** The faculty-student relationship benefits from an understanding of the cultural challenges and experiences identified by Middle Eastern nursing students studying in the U.S. [*J Nurs Educ.* 2022;61(10):570-578.]

Individuals studying nursing in the United States come from many countries and multiple ethnicities. Nursing faculty in the U.S., being predominantly White, frequently encounter students who are culturally different from themselves. Faculty may not be cognizant of cultural variances and therefore may be ill-prepared to mentor, encourage, and guide these diverse students. This research study explored the experience of being a nursing student in the Middle East, specifically nursing students in Jordan. This new

knowledge can provide educators insight into the lives, potential challenges, and social influences experienced by Middle Eastern students studying nursing in the U.S. This research contributes to the literature in several meaningful ways: nursing educators can increase their awareness of the needs and challenges of Middle Eastern nursing students, expand their knowledge of Middle Eastern academic expectations, and understand the drive behind nursing for Middle Eastern students.

BACKGROUND

The increasing diversity of the U.S. is reflected in the composition of individuals who are consumers of health care. Individuals requiring medical assistance will have improved health care outcomes if cared for by someone with a similar culture and language (The Joint Commission, 2021). Culturally diverse, English as a Second Language (ESL) students are entering U.S. nursing programs in ever-growing numbers (National League for Nursing, 2014). However, these students face numerous barriers to success, and many fail to complete their education and do not become RNs (Bennett et al., 2021; Denham et al., 2018; Lewis & Bell, 2020; McNally et al., 2019). Barriers can arise due to language, an unfamiliar educational system, family obligations, finances, or lack of academic preparedness. A common obstacle is the faculty-student relationship. Faculty members are highly influential in the success of students, and frequent communication and interaction are imperative to student learning (Labrague et al., 2020; McNally et al., 2019; Mulready-Shick et al., 2020). Fortunately, through cultural awareness, this obstacle is fixable. Nursing faculty in the U.S. is comprised of mostly White women (National League for Nursing, 2017), and therefore it is likely that culturally diverse students will speak a different primary language, have different academic traditions, and come from different cultural backgrounds than the faculty delivering their instruction. This may lead to misunderstandings that diminish student achievement. However, awareness of another's culture can avoid these misunderstandings.

As immigrant families enter the U.S., their children will become part of the U.S. education system. Even though children of immigrants may be born in the U.S., family members have a significant cultural influence on education expectations and career choices (George Mwangi, 2019). Immigrant parents strongly encourage their children to pursue degrees that result in a clear professional career such as nursing, pharmacy, or engineering (George Mwangi, 2019; Sundean & Polifroni, 2016). Expectations to both uphold cultural traditions of marriage and parenthood and achieve academic success often are in conflict and can lead to student anxiety and role confusion (Stebbleton et al., 2020).

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Researchers van de Pol and van Tubergen (2014) have found that Muslim parents living in a non-predominantly Muslim country, such as the U.S., endeavor to surround their children with a like-minded community to reinforce and support development of Muslim norms and values. The researchers identified three factors that influence children of immigrant families to pursue a college education: (1) the student must want the education, (2) the parents must approve of the intended course of study, and (3) the extended family must be supportive. In addition, research demonstrates students from immigrant families are likely to attain a higher education than children of native parents. This supports the premise that children from diverse cultural backgrounds are a significant part of the U.S. higher education landscape (Lauderdale & Heckman, 2017). The entire health care community benefits when students from diverse cultural backgrounds succeed in becoming nurses.

It is clear that college students of immigrant parents are influenced by the cultural traditions and priorities of their immediate family and community. Therefore, it is vital for U.S. faculty in higher education to be aware of the challenges and priorities of cultural communities. Examining the experiences of Middle Eastern nursing students, this research provides nursing faculty in the U.S. with knowledge that can lead to enhanced Middle Eastern student support, encouragement, and mentoring.

THEORETICAL FRAMEWORK

Feminism is a philosophy that seeks to address inequalities associated with patriarchal norms and power imbalances that lead to oppression, disenfranchisement, and missed opportunities. A feminist philosophy is not only gender specific—it also may be used in any disempowered social structure, such as nursing or teaching (Burton, 2016). Nursing and feminism are tightly linked, as nurses work to collaborate within the paternalistic medical profession, frequently struggle to have their voices heard, and continue to be marginalized (Burton, 2016; Sundean & Polifroni, 2016). The feminist theoretical framework was used for this study to guide research, collect data, analyze, and interpret conclusions.

METHOD

Design

An existential descriptive phenomenological research design provided the foundation for this study. Philosophically, a descriptive phenomenological approach aims to describe the essence of a phenomenon through a lived experience (Ebu Enyan et al., 2021). To remain consistent with a descriptive method, the researcher spent 6 months in Jordan as a Fulbright Scholar; this facilitated an opportunity to achieve a near “real picture” of the students’ lived experiences. The researcher used bracketing to suspend preconceived ideas and beliefs resulting from an employment history as a nursing faculty member. This approach supports an effort to remain open to the meaning of the phenomenon, therefore allowing the researcher a deeper understanding.

Participants

The participants were in their final year of an undergraduate baccalaureate-nursing program at a public university in Amman, Jordan. Two methods were used to collect data from the partici-

pants: semi-structured focus groups and personal narratives. Allowing students to speak for themselves in a safe environment surrounded by friends is consistent with a feminist approach (Ramvi & Ueland, 2019). The interviews were guided by three research questions:

1. What are the lived experiences of Middle Eastern nursing students attending a public university located in Jordan?
2. How does the Middle Eastern culture influence the experience of nursing school?
3. What are the challenges and barriers, if any, experienced by the nursing students?

After institutional review board approval, 24 students volunteered to be part of the study; 19 students were women and five students were men (**Table 1**). Participants were informed about the risks and benefits, including the option to withdraw from the study at any time. All participants provided signed consent forms. Participants received a minimal compensation of five Jordanian dinars (U.S. \$7). Anonymity was assured by separating descriptive demographic information from the oral and written narratives.

Data Collection

Data were collected using both semistructured focus groups and written narratives. All dialogue, whether written or oral, was completed in English. Jordanian students in both public and private school systems study English from elementary school through college and thus are proficient in English. Semistructured interviews were conducted in focus group of two to five students. The interviews were recorded using Audacity® software and were saved on the researcher’s laptop. Additionally, a digital voice recorder was used to create a backup file. All recordings were downloaded and saved to the researcher’s computer and password protected; the recordings were deleted after being successfully downloaded.

RESULTS

Colaizzi’s method for analysis of phenomenological data was used to uncover the essential meaning in the participants’ responses (Vignato et al., 2021). Colaizzi recommends seven steps in the analysis of existential phenomenological data: (1) Read and reread participant’s description of the phenomenon; (2) return to original transcripts and extract significant statements; (3) seek meanings of significant statements and cluster themes using original text to validate; (4) using themes, generate overarching meanings; (5) code segments according to topic and develop an exhaustive description; (6) construct a statement from the exhaustive description and solicit input from participants to validate; and (7) if new data are revealed during the validation, incorporate changes and reproduce the statement. Six themes and several categories then were developed (**Table 2**), and participant responses were summarized (**Table 3**).

During data collection, several students specifically shared anxiety about wearing a hijab in the U.S.; subsequently, an effort was made to validate this emerging theme. Six female students responded, and this information was added to theme 6. This validation approach is consistent with Colaizzi’s final step. Wearing a hijab is frequently but not always a patriarchal requirement from a father, husband, uncle, or brother. Requesting more information about a solely female clothing obligation is consistent with a feminist perspective.

TABLE 1
Participant Demographics

Demographic	Female	Male
Participants, <i>n</i> (%)	19 (79)	5 (21)
Average age, <i>y</i>	21	23
Grade point average	3.5	3.5
First generation, <i>n</i> (%)	8 (42)	2 (40)
Employed, <i>n</i> (%)	1 (5)	2 (40)

Themes

Theme 1: dissatisfaction with nursing education. Four categories emerged: unrealistic expectations, inexperienced clinical faculty, inadequate resources, and expensive books. Participants perceived that faculty had unrealistic expectations. Issues such as arriving late to a clinical experience or wearing the incorrect shoes resulted in a negative grade. Students perceived that clinical faculty lacked current nursing experience. Students frequently commented that clinical faculty only cared about papers and homework, and were not interested in discussing patients and nursing care. Staff nurses in the hospital frequently were unable or unwilling to teach or help students.

Students repeatedly commented that resources, such as textbooks, were extremely limited, expensive, or completely unavailable. One student said:

Not all of the books can you reach easily. For example, for community [nursing course], we have one book and there are two or three in the library, but they are all taken.... We search for the book, but they are not available online.

Textbooks were considered expensive and often were unavailable. Students were using textbooks published in the U.S., and occasionally these books were viewed as culturally inappropriate. For example, one student commented, "We are studying the book, curriculum from the U.S., but we are here in Jordan, the Middle East. There is a difference, a stereotyping for nurses here." The students felt they were being taught U.S. nursing practices while living in an Arabic world in which nurses are viewed quite differently than in the U.S.

Theme 2: inadequate amount of time. Three categories emerged: lack of time, need for time management, and extensive time commitment. Analysis revealed a perceived lack of time to meet the academic requirements of the nursing program. The school of nursing curriculum requires students to attend a clinical rotation in the morning followed by classes in the afternoon extending into early evening. Travel home from campus may take up to 2 hours due to traffic congestion in Amman (Country Reports, 2022). Participants found the length of the academic day followed by travel home to be overwhelmingly difficult and severely limited their ability to prepare for class and clinical. One participant said:

We arrive early, get buses to our clinical areas [that] could be far away. We are working for 6 hours; this is three-credit class.... I arrive back at school at 2, have class 3 to 4, 4 to 5, and 5 to 6. I

TABLE 2
Phenomenological Themes and Categories

Theme	Categories
Dissatisfaction with nursing education	Unrealistic expectations Inexperienced clinical faculty Expensive books
Inadequate amount of time	Lack of time Need better time management More time would enhance the appeal of nursing school
Negative view of nurses and nursing	General population has a negative view of nursing Confusion related to standard nursing practice Lack of respect
Limitation of Middle Eastern gender roles	Social requirement to practice same-gender care Limited exposure to opposite gender care Women to prioritize husband and children above career Desire for male nurses above female nurses
Middle Eastern culture of caring	Nursing attraction due to Rufaida al-Islamiyah Family benefits due to nurse's health care knowledge Followers of Islam should care for all people
Nursing is better in the United States	Nurses are highly paid Nursing practice is standardized and respected Fear of rejection from patients when wearing a hijab (headscarf) Fear of discrimination against Muslims

may have exam. I leave uni [university] at 7, get home at 8, have shower and eat, so this day is a long day.

Several participants blamed incidents of cheating on time. One student said, "Cheating is a problem because we do not have enough time to study. We are in the clinical and then class; it takes us 1.5 hours to get home."

Many students believed time management was critical for success. They frequently were frustrated by heavy traffic, long days on campus, and limited hours to spend with their family. Additionally, students thought the school of nursing had an obligation regarding efficient time management. Several students noted that the school needed to manage students' time by regu-

TABLE 3
Themes and Quotations

Themes	Categories	Quotes
Dissatisfaction with nursing education	Inadequate resources	"The resources—not all of the books can you get easily. For example, for community, we have one book, and there are two or three in the library, but they are all taken."
		"We search for the books but they are not available online."
	Unrealistic expectations	"She gave us each a topic and a deadline. She was good [about] this...but she was rigid about the uniform."
		"Really, they were not flexible about the uniform. The shoes cannot have laces; the scrub, it is professional. It is difficult to find the shoes."
		"Sometimes by accident, we do not come in the right uniform, and we lose marks. They should be more flexible."
	Expensive	"We have to record notes; books [that are] very expensive, we cannot buy."
"In Amman especially, [there is a high] cost of life; they can't buy a car [or] house, can't marry, [can't] travel, can't continue to study because it is so expensive."		
Inexperienced clinical faculty	"[There are] many challenges between us and the health team in the hospital. Sometimes, not all of them are assigned to help us or teach us every single thing. It's hard sometimes to dig deeper and find the information for yourself."	
	"[They] see us as students. Some nurses, they treat [us] like don't touch this; you are a student [and] you don't know much."	
Inadequate amount of time	Lack of time	"We open the university and close it."
		"We don't have time to study. We have no time to do anything else with [our] families, no communication. That is bad and sad for us. Time is not enough for me; if I had enough time, I would do much better."
		"Now I only have time to study, the thing that is required for me; if I had enough time, I would watch videos or read articles. Good school but have some problems; we don't have time from practice in [the] hospital, and coming to school from 8 am to 5 pm."
		"We just do not have enough time to finish the course. The semester is not long enough to finish the course."
	Need better time management	"Perhaps I won't have a life, just work. I'm starting to work on it, good time management to [have time with] family and friends."
		"Our class should study harder; our class should not study. We should do time management. We should go to the student council."
	Extensive time commitment	"When the student goes 6 hours to the hospital, why not regulate his time? Why not work from 8, then [get a] coffee break for 10 minutes? They used to give us 30 minutes but we cannot get to eat and return in time."
		"The teachers ask us to write articles about our knowledge; we don't have time to read articles and discuss it."
		"We don't have enough [time] to study; we fight to have enough time to study."
		"On the same day of exam, [we] skip lectures or clinical training just to have time for the exams."
A negative view of nurses and nursing	Negative societal attitudes	"Cheating is a problem [because] we do not have enough time to study. We are in the clinical and then class; it takes 1.5 hours for me to reach my house at night."
		"They think that we only do needles. They have a small view or small picture of our job that is very frustrating because...we are very generalized and holistic. Sometimes we do the doctor's job, the pharmacist's job, the nutritionist's job. We learn about everything—courses on every aspect, psychology, anatomy, and physiology—everything, so we really need to let the community know by our actions and community services, health services you know."
		They think that you have to work with males at night and be alone with males at night, so they think that nursing is not a better idea."
		"When you marry her, he does not want to take a nurse because of the shift [work], because of the reputation of the nurse [being] not respectable."

TABLE 3 (CONTINUED)
Themes and Quotations

Themes	Categories	Quotes
Limitation of Middle Eastern gender roles	Lack of respect from physician	<p>"The doctor feels like he is the best. I have [to] fight with [the] doctor; he is giving the gentamicin to a patient with kidney failure, and she is deaf and the gentamicin is doing the same thing."</p> <p>"Today, we have a meeting with the instructor; during the meeting, the doctors come and invade the room, and we have to leave."</p> <p>"The older doctors have more experience and think about what you have to say, but the younger doctors, they just shout at you, 'I am right; you are wrong' just because they don't want to feel like they are wrong."</p>
	Role confusion	<p>"The standards we learn are not applied in the hospital, and this is a shock."</p> <p>"We learn this and do this. It is hard for us students. You know you have to go with the flow sometimes because they are bigger than you; they are senior."</p>
	Restricted to practice same-gender care	<p>"For example, the female student does not get taught about inserting catheter for [a] male patient; only [a] male nurse does [a] male patient."</p> <p>"Maybe you will touch men during vital signs or procedures; this is a problem."</p>
	No exposure to opposite gender care	<p>"Nurse and patient—female nurses can care for male patients, but male nurses cannot care for female patients, but male doctor, it is OK."</p>
	Women should prioritize spouse, children, and home over career	<p>"Our community and culture does not like nursing. They think [the] salary is good, but for a women to work in the hospital for 24 hours is bad [and] not a good idea. In the future, when you become a wife, you cannot work all the day and night."</p> <p>"But nursing work, you must be in the hospital for long hours. You can only go home to sleep; [you] cannot care for children or home."</p>
Middle Eastern culture of caring	Attraction to nursing from Rufaida Al-Islamiyah	<p>"Nursing is in Islam since ancient times. The first nurse was Rufaida; she took care of soldiers during war."</p> <p>"[You do] not just take care of people from your religion but all people."</p> <p>"Our culture supports nurses; Islam supports nurses because the first nurse was Rufaida, the wife of prophet Muhammed, [who] provided care for people in the war."</p>
	Families benefit from health care knowledge	<p>"Every problem they have back home, they ask me about everything, medicines. They think I'm a very special thing, you know everything like a doctor, and it is a very cool thing"</p>
	Belief that followers of Islam care for all people	<p>"As Muslim, back in the years [when] our prophet's wife was a nurse, she nursed the prophet and others during the war. I think it is nice [that] our religion supports this."</p> <p>"You do something for others; you get a salary but you do something for others. That is humanity."</p> <p>"You will be nearest to God; doing good things is something preferable in Islam."</p>
Nursing is better in the U.S.	Strong desire to work in the U.S.	<p>"I think I will feel better. I hear a lot from people I know that are already working in America. They say they have supplies. They work ideally; every nurse has one patient. Here, we have five patients even in the intensive care unit. It's difficult to manage five patients when you are able to manage one patient. Working ideally is the major thing I want to do."</p>
	U.S. nurses perceived as highly respected and well-paid	<p>"Perhaps it is better, communication. They know why they are there, to work or study, nothing else. They are focused on the objectives more."</p> <p>"I think it is easier—more respect, more privileges, more benefits, more vacation, more pay, more wonderful."</p> <p>"Excellent practice, more than Jordan—experience, skills, very excellent."</p> <p>"It is a profession; you decide what you want. Here, as we said, there is under appreciation; in America, it is a respectful profession."</p> <p>"High popularity; safe provider; more than caregiver of service."</p>

TABLE 3 (CONTINUED)
Themes and Quotations

Themes	Categories	Quotes
	Clear standards of practice	<p>"I see some people or health services still give care that is not based on research, based on the new trends that all the world is going to. I think that we need to be [better] read about new things, new articles...and give care well."</p> <p>"Knowledge and skills and technology are the best there."</p> <p>"All the references (U.S.), we see that it is the best body of knowledge, clinical practice, and instruments. We see that it facilitates nursing. Most of the nursing students would love to go to the U.S. or the U.K. to continue their education, to see the culture."</p>
	Fear of harassment and rejection for being Muslim and wearing a hijab	<p>"Sometimes I see a threat because of [wearing a] hijab."</p> <p>"Every step you take in a foreign country, you have to think about it. If you want to go to the U.S., I'm not sure they would accept us as a Muslim. If it was the opposite, we accept all of the other countries."</p> <p>"Do they accept Muslim students?"</p> <p>"Another problem is the hijab. There are some Saudi woman killed in Britain because of [a] hijab and nicob. I saw this on YouTube."</p> <p>"In the U.S., they would not give me a job or the patient [would] refuse me because I'm Muslim. I think the community would reject me."</p>

lating clinical breaks more effectively and changing the curriculum to accommodate separate clinical and classroom days.

Theme 3: a negative view of nurses and nursing. Three categories emerged: negative societal attitudes, lack of respect from physicians, and role confusion. When asked how society (the Jordanian community) viewed nursing, the students shared an intriguing perception; they believed the community viewed nursing as an inappropriate career for women because of the potential to be away from home after dark, because women may have to touch male patients, and because the work is exhausting. One participant stated:

They think that [being] a nurse, you should be bad, like a bad woman or with a bad reputation, especially during the night shift... Men will not want to marry the nurse because they have a bad reputation... they give us a bad look.

Supporting this same viewpoint, a male student recounted an Egyptian television show that depicted a male nurse in sexual situations. In addition to female nurses being "bad" women, the public views nurses as submissive handmaidens who only follow the doctor's orders. One student remarked on a common theme, "They think it is a vocation and not a profession. That makes us very sad and inferior in the community."

There is an overarching perception that students were learning to practice as professional nurses and yet the environment in the hospital did not welcome this professionalism. The students believed that upon employment as new nurses, the experienced nurses would laugh at them. One student stated:

We learn something in the school, and we go to the hospital and learn something different. We will not work as we learn... [I am] not excited [about working in the hospital] because other nurses already working will make fun of me because I work in the ideal way.

Several students remarked that the doctors were surprised the nursing students knew anatomy and physiology, treatment options, and pharmacology. One respondent said, "Here they under-

estimate the nurse. [The] doctor is something higher, pharmacy also. [The] health team does not respect the nurse as a knowledgeable person, so it's bad. Seriously, it affects us emotionally."

Theme 4: limitation of Middle Eastern gender roles. Three categories emerged: restricted to practice same-sex care; no exposure to opposite-gender care; and women should prioritize spouse, children, and home over their career. Students routinely were limited to same-sex care whether as a nursing student in school or as a practicing nurse. In Jordan and many Arabic countries, hospital units have designated male and female sides. Except in emergencies, female nurses care for female patients, and male nurses care for male patients. A male student, restricted to the male side of the unit, remarked, "In the labor room, I want to talk to her and give her support, but that will be inappropriate." Male students were concerned that by working with female patients, they would be offending the woman and showing disrespect to both her and her family. Subsequently, male students rarely cared for women regardless of the reason for hospitalization.

Female nursing students believed that professors and employers preferred male nurses because there were more male patients than female patients, and therefore more male nurses were needed. An additional reason was the perception that young female nurses would leave the profession after marriage to manage their home and family. In general, female students avoided care of male patients because of the cultural taboo that women should not touch men who are not members of their family. As expressed by a female student, "Maybe you will touch men during vital signs or a procedure; this is a problem."

Theme 5: Middle Eastern culture of caring. Three categories emerged: attraction to nursing from Rufaida Al-Aslamia, nurses' families benefit from health care knowledge, and the belief that followers of Islam care for all people. One student commented, "It is not about your dress or what you believe.

TABLE 4
Participant Demographics

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	%				
Students in their third year of college are well prepared for the academic rigors of nursing school	0	21	33	46	0
English textbooks are easily understood by nursing students	8	29	8	54	0
Lecturing in Arabic at the baccalaureate level is necessary for students to understand the topic	4	33	17	42	4
The majority of students entering college have an adequate understanding of English	0	62	17	21	0
The general public considers the nursing profession to be an excellent career choice for women	8	25	29	33	4
Resources, such as textbooks, are available to all students at a reasonable cost	4	54	13	29	0
Students do not have an adequate amount of time to study or prepare for class	4	17	8	63	8
All teaching at the baccalaureate, master, and doctorate level should be in English	12	8	0	63	17

have a female nurse, they did not want their daughter to be a nurse. One student said, "When I ask if their son can be a nurse, they say no. My father tells me, 'When the family asks you, what [do] you study? Do not tell them nursing—tell them physics.'" Many students struggle with this misalignment of a need for nurses and positive examples of Muslim nurses, but the negative view of nursing by the community.

Theme 6: Nursing is better in the U.S. Three categories emerged: a strong desire to work in the U.S., the perception that U.S. nurses are highly respected and well paid with clear standards of practice, and the fear of harassment and rejection for being Muslim and wearing a hijab. Many students said that nursing in the U.S. is a highly respected profession. A common statement made by participants was that nursing in America is a "respectful profession" with "high popularity." One participant said:

I want to work in the U.S. because they respect women....They work in the ideal way we learn [in the books].... They say they have supplies, they work ideally, every nurse has one patient. Here, we have five [patients] even in the intensive care unit.

We as nurses believe to give good patient care. We all have to be a team, whatever your religion or your country." The idea of Muslims caring for all of humanity was strongly expressed by many participants. One student said, "Our religion says you have to care for others, you have to give everything to care for others...we are supposed to help others. Not only nurses, everyone in society will be helping others." The sentiment of caring for others as part of Islam was repeated many times.

Rufaida Al-Aslamia, credited as the first Muslim nurse, is celebrated as an empathic and organized nurse who bravely served during the battle of Khaibar in 629 A.D. (Yahya, 2017). Many students recalled this information, and their desire to emulate Rufaida informed their decision to study nursing. One student said, "Nursing is in Islam since the ancient times. The first nurse was Rufaida; she took care of soldiers during the war. [You do] not just take care of people from your religion but all people." One student noted that support for women to be nurses is apparent. However, students said they were told by their family and patients that although they were happy to

The desire to work as a nurse in the U.S. was pervasive. Equally common was the fear of rejection. Several participants stated that in the U.S. they would be denied a job or have patients refuse their care because they were Muslim. Another student said, "If you want to go to the U.S., I'm not sure they would accept us [as] a Muslim. If it was the opposite, we accept all [from] other countries. Do they accept Muslim students?"

The participants communicated several ideas related to faculty. A Likert-type survey that focused on dissatisfaction and time was sent to 55 nursing faculty members; 24 faculty responded for a rate of 48% (Tables 4 and 5). The results indicated 46% perceived students in their third year of college are well-prepared for the rigors of nursing school. In addition, 54% believed that English textbooks were easily understood by nursing students, yet more than 60% of the responding faculty disagreed that students had an adequate understanding of English. Subsequently, 42% of the respondents agreed that lecturing in Arabic was necessary for students to understand nursing content at the baccalaureate level. The faculty view

of the public impression regarding female nurses was divided. In response to the statement, “The general public considers the nursing profession to be an excellent career choice for women,” 33% of respondents agreed, 29% were neutral, and 25% disagreed. The students felt strongly about several areas of their education, primarily related to a lack of time and affordable resources. Faculty mirrored the students’ perceptions. Regarding student access to affordable resources, 54% of the faculty disagreed and 63% of faculty indicated students had an inadequate amount of time to prepare for class and clinical experiences. This is a problem not only in Jordan. A systematic review conducted by Chaabane et al. (2021) found student stress related to academic and clinical expectations, gender, break-time and grades is prevalent in nursing programs throughout the Middle East and North Africa.

DISCUSSION

Using a feminist philosophical approach, the patriarchal nature of health care coupled with the Arabic culture led to feelings of shame and devaluation. Nursing students perceived that the public viewed nursing as disrespectful and inappropriate for women. This attitude demonstrates the cultural prohibition of opposite-sex care of non-family members, working overnight, and long shifts that lead to exhaustion. Furthermore, the community views nurses as poorly paid “maids” lacking in knowledge who are simply following instructions from the doctors and as individuals who merely repeat a basic set of skills throughout the day.

Because nursing is viewed by some of the community as an inappropriate or disrespectful profession for women, students and families may be opposed to nursing as a career option. Additionally, nursing students perceived themselves to be voiceless and oppressed, as their requests for better time management of clinical hours, lectures, and examinations are unheeded by administration. From the feminist perspective, the voices of nursing students speak strongly to both missed opportunities for women’s personal and professional growth and the attitudes that devalue women in health care in Jordan. As more students of Middle Eastern families enter U.S. nursing programs, it is important that U.S. faculty members be aware of the Middle Eastern view of women as nurses.

LIMITATIONS

Limitations to the study include participants’ hesitancy in communicating openly to a visiting faculty member from another culture, the possibility that only students with strong opinions participated, and female perceptions outweighing male perceptions because of the small number of male participants. Additionally, a major in nursing may not have been the first choice for some of the participants. In Jordan, students’ choice of major often is only a minor consideration for their program of study. Frequently, determination of a nursing major is based on test scores and sometimes gender in an effort to achieve same-sex caregivers. Subsequently, a lack of career preference may have influenced their views of nursing. Further research should focus on other potential barriers to nursing education and interventions that may mitigate these obstacles for Middle Eastern students in the U.S.

TABLE 5
Faculty Demographics

Demographic	Female (n = 17)	Male (n = 7)
Age (y)	n (%)	
20-29	3 (17)	0
30-39	9 (53)	3 (43)
40-49	2 (12)	3 (43)
50-59	1 (6)	1 (14)
60-69	2 (12)	0
Rank		
Teacher	1 (6)	0
Lecturer	4 (23)	1 (14)
Clinical faculty	7 (41)	0
Assistant professor	2 (12)	3 (43)
Associate professor	2 (17)	2 (28)
Professor	0	1 (14)
Years in academia		
0-1	1 (6)	0
2-5	7 (41)	2 (28)
6-9	3 (17)	2 (28)
10-15	2 (12)	2 (28)
16-20	2 (12)	1 (14)
20+	2 (12)	0
Years in clinical nursing		
0-1	3 (17)	0
2-5	11 (65)	2 (28)
6-9	2 (12)	2 (28)
10-15	0	2 (28)
16-20	0	1 (14)
20+	1 (6)	0
Location of Master’s of Science in Nursing	(n = 16)	(n = 7)
Jordan	15 (94)	6 (86)
United Kingdom	1 (6)	0
United States	0	1 (14)
Location of PhD	(n = 5)	(n = 7)
Jordan	0	1 (14)
United Kingdom	3 (60)	1 (14)
United States	2 (40)	5 (71)

IMPLICATIONS FOR NURSE EDUCATORS

To create a strong faculty-student relationship, U.S. nursing faculty should be aware of Eastern and Western cultural differences to address the difficulties Middle Eastern students may

have with the realities of nursing school. For students and their families, the requirement and expectation of proficiency in caring for patients of all sexes may be both unexpected and unwelcome. Orientation to nursing school should include an in-person discussion covering this reality, with opportunities for questions and conversation. Because nursing is a highly respected profession with significant monetary and advancement potential, students and their families must understand that earning a position in a nursing program is competitive and that maintaining their position requires considerable academic effort. Faculty should be aware that Middle Eastern Muslim students may have a strong desire to study nursing because of nursing's historical and religious significance in their culture. This desire can bring students to the program with perseverance, grit, and a commitment to fulfill their cultural aspiration of helping all people. Finally, faculty should discuss the reality of shift work. It is important for students to understand that as future nurses, they may be working 12-hour overnight shifts, and it is unlikely that employers will be willing or able to accommodate religious or ethnic preferences regarding shift or patient sex.

CONCLUSION

Middle Eastern students in the U.S. who pursue nursing can be a valuable addition to the U.S. nursing workforce. They have the potential to add language diversity, cultural accommodations and preferences, and religious support to patients' experiences, therefore leading to greater patient safety and satisfaction. To gain a greater number of diverse nurses, nursing programs must actively recruit from diverse communities, sharing both the realities of nursing school and the immense professional respect and honor that is part of being a nurse in the U.S. It is important for faculty to be aware of the Middle Eastern perception of nursing and be prepared to help students and their families understand the realities of nursing education and the profession. Through a new understanding of nursing in the Middle Eastern culture, a strong teacher-student bond can be formed that leads to greater opportunities for teachers to support, mentor, and encourage Middle Eastern nursing students in U.S. schools of nursing.

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