Exploring Empowerment of Undergraduate Nursing Students in Saudi Arabia: A Mixed Methods Study

Submitted by

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List of Abbreviations

ANOVA	Analysis of Variance
CDSI	Central Department of Statistics and Information Saudi Arabia
CLEQ	Conditions for Learning Effectiveness Questionnaire
CLEW	Conditions of Work Effectiveness Questionnaire
CLL	Conventional Lecture Learning
ED	Emergency department
GAS	General Authority for Statistics
GE	Global Empowerment
GSE	General Self-Efficacy
ICU	Intensive care unit
KSA	Kingdom of Saudi Arabia
MEP	Ministry of Economy and Planning
MOH	Ministry of Health
NCAAA	National Commission for Academic Accreditation & Assessment
PBL	Problem-based Learning
PBUH	Peace Be Upon Him
PE	Psychological Empowerment
SE	Structural Empowerment
PES	Psychological Empowerment Scale
SA	Saudi Arabia
SPSS	Statistical Package for the Social Sciences
TL	Traditional learning
UNDP	United Nations Development Programs
WHO	World Health Organization

Abstract

Background: The community in the Kingdom of Saudi Arabia (KSA) generally does not view nursing positively, although this is beginning to change. The nursing profession in the Kingdom faces various negative reactions from the community that serve to truncate its development and diminish its appeal, especially for young Saudi women. Nursing students need to experience empowerment during their baccalaureate education, to be prepared for roles in which they may successfully exercise the power to critically reflect on their social status in KSA society and facilitate the change that they desire.

Aim: This study explored perceptions of empowerment among undergraduate nursing students involved in two different educational approaches in the KSA: Problem-based Learning (PBL) and Traditional Learning (TL).

Method: Mixed methods were used, employing quantitative methods to measure levels of Psychological status, Structural Empowerment, Global Empowerment and Self-Efficacy using validated scales. A total of 19 students from the PBL program and 24 students from the TL program completed the questionnaire at two time-points (at the beginning of and after the first clinical placement). In addition, qualitative data were collected through focus group discussions with students and individual interviews with academic staff. Qualitative findings were analysed thematically, and broad themes were identified.

Result: Students from both learning groups perceived their learning environments to be structurally empowering, at moderate levels. There were no statistically significant differences between the time-points within each learning group. The interactional effect of the learning program and its structural empowerment, however, showed significant mean differences between the groups with respect to the Global Empowerment scores, where the PBL group perceived more improvement than their counterparts in the TL group ($p=0.009$). The students described their experiences of empowerment in different ways, namely in terms of their changing perceptions of nursing, their feelings of becoming personally empowered and their acquisition of empowerment in learning.

Conclusion: Regardless of the academic program, there is a need to employ teaching strategies to create empowering learning environments to prepare nursing students for their professional careers.

Statement of Authorship

Except where reference is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis accepted for the award of any other degree or diploma. No other person's work has been used without due acknowledgment in the main text of the thesis. This thesis has not been submitted for the award of any degree or diploma in any other tertiary institution.

Signature:

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" وَإِذْ تَأَذَّنَ رَبُّكُمْ لَئِنْ شَكَرْتُمْ لَأَزِيدَنَّكُمْ" سورة إبراهيم:آية 7

And [remember] when your Lord proclaimed, 'If you are grateful, I will surely increase you [in favour] … (The Holy Qur'an, Ibrahim:7)

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Dedication

I dedicate this work to those I am deeply grateful to,

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Chapter 1: Introduction

"No one is born fully-formed: it is through self-experience in the world that we become who we are." Paulo Freire (1972)

1.1 Introduction

This thesis reports on a research project examining empowerment as experienced by students in a nursing curriculum in the Kingdom of Saudi Arabia (KSA). The thesis begins through me telling my personal story of how I became interested in nursing education in the Saudi Arabian context and how I came to be at Australian universities. I then discuss my chosen research topic and give an overview of the study being reported on in this thesis.

1.2 Section One: My story

1.2.1 Developing an interest in women's education

I grew up in Unaizah, a city in the Qassim region of the KSA (see Figure 1.1), which is considered by some commentators to be one of the more conservative regions of the KSA (Alqefari, 2015; Sharaf, 2015). Many families, including my own, worked to improve the image of Qassim and promote the education of women. My grandfather, for example, established a school for girls in his own home, in Unaizah, sixty years ago. This was after the issuance of a Royal Decree, approving the public education for girls in late 1959 ("Unaizah recalls", 2010), a time when many girls were excluded from mainstream education and limited to attending only elementary schools (katatib Quraniyah), places that teach the Qur'an (the Holy Islamic book), basic reading and writing as well as Islamic studies. My grandfather funded the education of girls through a school run from his own income, seeing this as a temporary move before girls could eventually be enrolled in formal schooling. That home-based school was more advanced than the Quranic school and provided some subjects, such as religion, mathematics, Arabic language and arts (skills for hand-made goods). The school was viewed as ideal by many families who trusted my grandfather's values. Additionally, it was a welcome alternative to the only other

available school that girls could attend, which was located far from our town, in the city. Girls from all families in the surrounding suburbs were able to attend my grandfather's school, whether their families were wealthy or poor. My own mother was one of the first students who attended this school.

My grandfather's efforts were important for creating a transition which bought mainstream schooling for girls closer to reality. A year later, in 1960, the first governmental school for girls opened in the Al-Qassim region, in the city of Unaizah ("Unaizah recalls", 2010) and families were prepared to send their daughters there, particularly since there was now a school bus operating. My mother and aunts were in the first cohort of graduates from the first primary school of the Qassim region. In spite of resistance from some families, my grandfather continued to educate local girls who were unable to attend the regional school, and the number of enrolled students continued to increase. Eventually, due to my grandfather's efforts, another school was opened to meet the demand for girls' education. Finally, with more and more women becoming educated, my home city of Unaizah, which strongly advocated for women's education, established not only the first local primary school, but also the first local secondary school for girls and the first nursing institute in the region of Al-Qassim. This secondary school was the school where my sisters and I attended. While this school did not follow a revolutionary curriculum, attending the school was enough to further develop my commitment to the improvement of women's lives and education, not only in my home city, but across the KSA. I am particularly inspired by my grandfather's leadership and I, too, have become committed to improving the educational status of women in my professional career.

Figure 1.1 Political map of the Kingdom of Saudi Arabia
Nations Online Project (2020)

1.2.2 My journey to becoming a nurse

When I attended secondary school, my dream was not to be a nurse but, rather, I wanted to study medicine. Due to family circumstances, however, I was unable to attend a university with a medical program, as the nearest one was located too far from my home. Entering the nursing field twenty-three years ago, therefore, was not planned; rather, it was my intention to use nursing as a study pathway to medical training. By the second year of my nursing diploma, however, I became increasingly enthusiastic about the nursing profession. Not only were my studies intellectually challenging, the curriculum content was fascinating, and I discovered a strong ability to acquire nursing clinical skills.

Many of my teachers became aware of my passion for nursing and my educational achievements and suggested that I undertake a bachelor's degree. At that time, I could not imagine undertaking a degree, let alone, later, becoming a doctoral candidate. Nevertheless, when a medical degree commenced at the local university in

Qassim, my desire to undertake medicine resurfaced. I discussed my potential application with the Dean of Medicine and that discussion completely changed the direction of my thinking. The Dean was very supportive of my application but noted, "You have entered the nursing profession; you can excel in it." This was a life-changing moment for me. I had been so keen to move towards medicine but, suddenly, I saw that investing my abilities, skills, knowledge and ambition in nursing would be a wonderful career path.

My own parents had no objection to my choice of career. Despite their own limited education, they valued intellectual pursuits, women's education and the nursing profession. My mother, for example, believed that nursing would be a good career pathway for me, and my father had educated me to be independent and autonomous. He did not interfere with my studies. Importantly, my parents have always been extremely supportive of me, in everything related to either my education or my profession. Other family members were also accepting of my choice of career, although they expressed a preference for me to pursue a career with a higher status than nursing. My oldest sister, for example, believed that I was a good scholar and capable of pursuing a career in science, while my older sister believed that "nursing is a job for lower social class people!" I challenged these views, however, explaining that my career goal was to raise the status of nursing, which was, in fact, an interesting and difficult career path that needed well-educated people.

Within a very short time, my family's attitudes became more positive and respectful towards my goal of working within the nursing profession. Indeed, I found that family members started to seek my advice on medical matters. These would be about symptoms of concern or medications, as well as medical procedures or diseases. I can rightly say that I became the health counsellor in my family, as well as for my friends. My father also shares an interest in several fields, such as health, so we began to enjoy sharing our knowledge in this area.

During my nursing training, although the academic staff and facilitators were supportive and provided good teaching, none were Saudi people and few were Arabic speakers. At the time, nursing was an uncommon profession in the KSA and poorly considered in the country, so it was performed widely by international, expatriate nurses. The difference in language was not a big issue for me, I could

follow the lecture-based teaching well and had no difficulties with clinical placements or writing assignments or examinations. I found that many of my teachers, however, were not familiar with the Saudi nursing culture nor the real, public image of nursing in the Saudi context. So, there was no instruction or advice provided to us as new nursing students about to engage in a challenging career. I tended to turn to my classmates for this kind of information. Most of my classmates were already practising nursing and were studying the Diploma of Nursing as an upgrade to their original nursing qualifications. I gained much knowledge from their nursing experience in Saudi but, still, they could not address their experiences with negative perceptions of nursing. In the end, while I was prepared for the skills and knowledge needed in nursing, I was not empowered to respond to the stigma associated with nursing in the workplace and the Saudi community.

1.2.3 My clinical nursing experiences in KSA

After completing the Diploma of Nursing, I began working as a staff nurse in a small hospital. I was assigned to the Emergency Department (ED) and recovery room for women and children (up to 12 years of age). There was a shortage of nurses, limited facilities and few clinical guidelines or policies. Although help from other nursing staff was sometimes available, orientation or special training for new staff nurses did not occur. However, to some degree, I was able to practise autonomously and had many opportunities to extend my clinical skills. For example, within my first week of nursing, I practised complex medical skills, such as intravenous cannulation. Nevertheless, the ED medical head was not pleased with my initiative. He did not expect a new nurse to use these kinds of complex clinical skills. Looking back, I see that I may have been premature in undertaking such skilled nursing interventions, however, the expectations around nursing practice were low and the hospital provided little to no supervision and there were no policy guidelines to support me in my practice.

In the ED department, I cared for many people in acute crises. I supported patients, family members, police officers, nurses, physicians as well as other healthcare providers. This was unusual. Mixed workplaces were viewed as unacceptable to Saudi women, and at this time, Saudi female nurses did not tend to work in the ED, as it is a clinical area that commonly requires nurses to care for both

men and women. The expectation was that female nurses would only provide care for women and children and, hence, their nursing practice was limited. Indeed, on my first day, one of my colleagues advised me against working in the ED. The limited scope of practice of the recovery room, however, did not satisfy my professional passion and so, one day, I decided to cross into the ED, where I faced a critical case requiring immediate nursing care. I was concerned about advocating for my patient, which required my presence in the ED. This was the beginning of me becoming a change agent in nursing. My move to work in the ED, and desire to extend my clinical skills, challenged the workplace culture. I also wished to change the culture of how Saudi women practised nursing, by empowering them to move from limited practice to advanced practice settings while maintaining respect and professional standing and supporting them on their journeys from novice to advanced practice nurse, while also enhancing the image of nursing as a profession.

In fact, that decision improved my own nursing practice, as I developed my own competencies and I learned how to enhance my communication and form positive relationships with colleagues, patients, and visitors. I also gained the respect of colleagues from different specialities, nationalities and backgrounds who began to see the importance of my role in strengthening the perception of nursing as a profession. In recognition of my contribution, I was eventually promoted to an ED charge nurse and, then, an ED head nurse.

1.2.4 My study abroad experience

My passion for advancing the nursing profession led me to undertake advanced qualifications overseas, starting with bridging my diploma to a bachelor's degree. Despite the limited number of scholarships available for nursing, I was fortunate to receive a scholarship from the Saudi Arabian Ministry of Health to study a conversion year at the University of Canberra in Australia. Engaging in a different culture, as well as experiencing a different education and health system, was fascinating. I found that the public view of the nursing profession in Australia was so different from that in my home country. In Australia, nursing is viewed as a valuable career and respected as a profession. The nursing curriculum not only focuses on clinical nursing care but also bestows on the nursing profession a higher status, by focusing on evidence-based practice and legal and ethical issues in nursing.

Furthermore, while undertaking clinical placements, I was introduced to the Australian health system in both private and public hospitals. The workplace culture allowed nurses a high level of autonomy and authority. At university, and during clinical placements, I also had a chance to share my experiences with my student peers and other nurses, including preceptors.

1.2.5 My role as an agent of change

In 2006, I became the first female Saudi nurse in my region to hold a bachelor's degree in nursing. This achievement inspired me to work towards improving the image of Saudi nursing in my community, as well as in other Saudi communities and internationally. I had not only shown that Saudi women can study abroad but I had extended my skills, having worked in different areas of nursing and under difficult circumstances as well as having carried more responsibilities.

Over the following years, I experienced many great opportunities as a Saudi woman in nursing. I was able to participate in nursing education activities, including as a cardiopulmonary resuscitation instructor. I also supervised nurses and other health professionals to comply with international, hospital-quality standards. Furthermore, I supported both female and male nurses to complete their studies and advance their professions and assisted them in making a difference in nursing. These opportunities were essential for assisting me to be an agent of change and for encouraging other nurses to become agents of change in health care.

Aspiring to create change, I found that the most important and, at the same time, the most difficult task was to improve the perception of nursing within Saudi society as well as within the healthcare system, itself. Resistance also came from within nursing. For instance, changing nursing practice and advocating to improve the position of nurses was not always accepted by local nurses, themselves. Over time, many nurses began to see the value of change and, consequently, some improvements to the status and scope of practice of nursing became evident.

Eventually, I was able to act as a role model and demonstrate that nurses could be more than 'handmaidens' and not simply limited to carrying out the doctor's orders, administering medication or taking vital signs. I was even able to change some of the community views of nursing by showing that Saudi female

nurses are capable of working and engaging in the development of the nursing profession and nursing practice. The public generally sees the role of nurses as carrying out doctors' orders and often views this as unskilled work. Indeed, I have even been asked if I can administer an injection! Moreover, many people do not understand that nursing has its own field of research, education, policy and regulation. I was sometimes asked if there were any further degrees in nursing above the bachelor level or whether the notion of research applies to the nursing field. The advent of technology and increased international scholarship have broadened public knowledge about all health specialties and the perception of nursing in western countries. There is, however, a wide stigma against nursing as a career and many people in Saudi Arabia still have a poor regard for a nurse's professional skills, behaviour and morals.

This highlights how culture can affect the way the nursing profession is viewed and, in Saudi Arabia, there is a wide belief that women who work in mixed gender professions, such as nursing, are immoral. A common belief in Saudi communities is that working in mixed gender environments may lead women to be accused of sexual misconduct. Segregation of males and females is used in every public area, including schools, clinics, hospital wards, civil jobs and shops. Thus, some families experience feelings of shame if their daughter studies or works in the nursing field, since they come into contact with mixed genders. Yet, due to the low status of nursing, female nurses are more likely to be stigmatised. Indeed, families feel proud and gain a high reputation in society if their daughter is a physician or a pharmacist. Although women working as medical professionals are not immune to criticism, their status acts as a protective factor. They are generally more respected than nurses and, therefore, the stigma they experience is less intense. Nevertheless, all health professionals must undertake clinical work in hospitals where working with mixed gender patients is difficult to avoid. A broad presentation of these issues will be provided in Chapter Two, with a particular focus on Saudi culture and women's roles in the KSA.

Public misconceptions of nursing remain. Some people change their negative views when they are treated effectively by a Saudi nurse. For example, a patient once criticised my communication with a male administrative staff member, viewing it as

unacceptable, shameful and without modesty. The male staff member had only asked me to read a name in an ED registration record. Later, the same person came to the ED with a friend who required urgent care. Grateful for my nursing intervention, this person apologised for his previous misconception. There have been many positive comments, however, from people who recognise the value of nursing care provided by Saudi nurses. Elderly patients, for example, often call nurses by name and will often ask to be treated by a particular nurse.

Although patients may come to value the work of nursing, in some situations, advocating for the patient may lead to physician-nurse conflict in a Saudi context. For example, one day, a colleague was considering a medication ordered by a doctor for a child and I suggested that she not administer that medication and check with the doctor for alternatives, as it might not be suitable for this child's condition; however, the new emergency room doctor who had prescribed the medicine became angry, saying, "I am the doctor and you are the nurse, do you teach me my job? Do whatever I have ordered". It was an unpleasant situation, however, I would not back down, as I wished to advocate for my patient and to have my professional knowledge respected. I explained that I do have competencies in this area as a registered nurse and I asked him to recheck the order. Unfortunately, the nurse's role in the doctor-nurse relationship has largely been defined as that of a handmaiden, as someone who carries out the doctor's orders without question, as in the example above, despite the fact that doctors cannot work without the presence of nurses. Patient advocacy and critical thinking and questioning are not always well received.

I eventually realised that my attempts to improve the perception of nursing were not sufficient. After a decade of working largely in hospitals, I decided to move into an academic position. This not only allowed me to professionally develop and advance my qualifications but also allowed me to promote change through nursing education. My experiences had clearly demonstrated to me that, in order to raise the profile of nursing in KSA, nurses would need to be agents of change, yet traditional education was not necessarily going to enable this change. I would like to acknowledge that my decision to move into nursing education was strongly supported by a close colleague (A.A.) who worked with me in the ED. He was instrumental in motivating me to continue my studies and advised me to apply for the position of a teaching assistant in a new nursing college at the local university. He

said, “We want hundreds of Latifah’s graduating from this university”. These words of encouragement and support meant a lot to me.

1.2.6 My experiences in academia

I subsequently began teaching at the Nursing College at Qassim University. This nursing college is recognised as the first public college to provide a Bachelor of Nursing program within the Qassim region. As one of the first Saudi academic staff members, I was surprised by the first cohort of students in the nursing program. They were keen to know the reality of life as a Saudi nurse and looked to me to answer their questions. Answering their questions only reinforced and demonstrated their enthusiasm for change and reinforced my sense of responsibility, as an educator and as a researcher, to improve the nursing profession in Saudi Arabia.

It was at the Qassim University where I first came across problem-based learning (PBL). At the time, Qassim Nursing College was the only nursing college in Saudi Arabia using PBL as a teaching method. It was a new teaching approach to me, and I was particularly impressed with it. In brief, PBL is an active, student-centred teaching method that has been shown to promote teamwork skills, confidence in problem solving ability, critical thinking and lifelong learning (Boud & Feletti, 1997; Feletti, 1993). More details about PBL are described in the literature review chapter. I realised that PBL had the potential to empower nurses in their learning and give them the confidence to make changes within their profession. As I was new to the academic field and had short experience in PBL teaching, I wanted to increase my knowledge and skills deeply to provide my best in delivering it within an effective process. Thus, I started attending workshops for PBL teaching, and later, it became an interesting research topic for me. As PBL was introduced into the nursing curriculum in the KSA, however, I realised that more evidence was required to demonstrate its effectiveness in nursing education and to determine if it really was the case that PBL was beneficial for nursing students, beyond my own anecdotal experience.

1.2.7 Becoming a doctoral researcher

My personal and professional life experiences led me to understand that nurses in KSA faced an enormous challenge in raising the status and the scope of practice of their profession. To achieve this, I believed that nursing students needed to feel a

sense of empowerment in order to love, improve, maintain, and protect their profession. They needed to be equipped not only with skills and knowledge of the nursing profession but also with the confidence to negotiate the difficulties of being Saudi nurses. This led me to ask the questions: How can we, as nursing educators, best prepare nurses for the challenges of nursing within the Saudi context? And, how do we motivate our brightest and best students to become agents of change in the nursing profession? I wondered if the PBL teaching methods used in nursing programs in the KSA could improve students' knowledge and empowerment levels. Thus, I decided to conduct research in this area and was accepted as a doctoral student at The University of Sydney (due to circumstances that arose, I later transferred my candidature to La Trobe University). I wanted to examine students' levels of empowerment within undergraduate programs when exposed to PBL compared to traditional lecture-based learning formats. I specifically asked, "Do nursing students feel empowered by PBL? And, if so, how does this manifest in practice?" I wanted to discover the extent to which PBL assists students to be confident enough in their practice to effect changes in the Saudi nursing context.

1.3 Contexts of the current study: Saudi Arabia, nursing and empowerment

The population of the KSA is growing rapidly and, with it, the number of healthcare facilities, in both the government and private health sectors, is increasing. Accordingly, the need for high-quality healthcare and nursing services provided by educated Saudi nursing professionals is required (Miller-Rosser, Chapman, & Francis, 2006). To date, expatriates from a number of source countries have constituted the majority of the nursing profession in the Saudi health system and there have been several difficulties in attracting students and retaining Saudi nurses in the workforce (Aboshaiqah, 2016). While perceptions have begun to change towards more positive views of nursing, these are not necessarily translating into a strong desire by Saudis to pursue nursing careers (Saied, Beshi, Al Nafaie, & Al Anazi, 2016).

As identified earlier, the Saudi Arabian community has not viewed the nursing profession positively (Aboshaiqah, 2016; AlYami & Watson, 2014). The poor image of nursing compared with other health professions, particularly medical professions, has contributed to low enrolments of Saudi people in university nursing

programs (Alharbi, McKenna, & Whittall, 2019; Miller-Rosser et al., 2006). Furthermore, the nursing profession faces various negative reactions, from within the Saudi community, that are truncating its development and diminishing its appeal, especially to young Saudi women (Aboshaiqah, 2016; Miller-Rosser et al., 2006; Mebrouk, 2008). Given the stigma of nursing, Saudi nurses need to graduate with a sense of empowerment. They will need to face the negativity of the community and cope with obstacles, such as social rejection or professional inferiority. In addition, they need to be empowered with critical thinking skills and be prepared to lead innovation and change, which will be essential for dealing with increasingly complex clinical presentations as people live longer with comorbid disease (Wahlin, 2017).

Empowerment is complex. It involves helping people build a critical awareness of the underlying causes of their struggles and threats to their social status and to know how to change this in a systematic and constructive way (Gibson, 1991). From this perception, empowerment is characterised as achieving the power to act with others to effect change. In nursing, empowerment plays an important role in promoting job satisfaction and reducing staff turnover (Choi, Goh, Adam, & Tan, 2016). Nursing students, therefore, need to develop empowerment during their baccalaureate education in order to be prepared for roles in which they may successfully exercise power by critically reflecting on their social conditions and creating change (Siu, Laschinger, & Vingilis, 2005).

Students need to experience such empowerment in the classroom as well as when they engage in clinical practice on their professional practice placements. The rhetoric from various fields of study, such as education and nursing, suggests that PBL is one strategy by which students can become empowered in their preparation for a hostile workplace (Compton et al., 2020; Schuelke & Barnason, 2017), however, the evidence for the efficacy of PBL is limited. Given the growing uptake of PBL in the Saudi context, there is a need to investigate whether PBL can assist with empowering the Saudi nursing profession.

1.4 Overview of problem-based learning

PBL emerged in the mid-1960s in medical education as an innovative approach to education (Solomon, 2011). It has subsequently been used in different

health professional programs throughout the world, including nursing, since the mid-1980s, to promote students' critical thinking and problem-solving skills (Dolmans, Loyens, Marcq, & Gijbels, 2016; Yew & Goh, 2016). PBL promotes student-centred, interdisciplinary education for effective long-term knowledge retention and as a basis for lifelong learning in professional practice (Boud & Feletti, 1997; Yew & Goh, 2016). In my home country of the KSA, PBL has been increasingly taken up by health professional educators over the last two decades ago, since 2000 (Tork & Shahin, 2011). Emphasis is placed on improving academic programs to provide graduates with high levels of knowledge, cognitive skills, interpersonal skills, and psychomotor skills for successful entry to their respective professions (National Commission for Academic Accreditation & Assessment [NCAAA], 2011). Some universities have developed innovative programs for faculties to meet the requirements of academic accreditation, nationally and internationally. For instance, Qassim University employed the PBL model in the College of Medicine in 2000 and then in the College of Nursing in 2009 (Tork & Shahin, 2011). It is suggested that PBL, with its emphasis on self-directed learning, is an ideal educational approach to facilitate the development of students' critical thinking and the reflective practice needed for professional autonomy (Barrows & Tamblyn, 1980; Rideout & Carpio, 2001; Wosinski et al., 2018). Furthermore, PBL motivates students to access and evaluate information required for evidence-based practice (Rideout et al., 2002).

Much of the available literature on PBL in nursing addresses its effectiveness on various student outcomes, such as clinical decision-making, knowledge acquisition and student satisfaction with their learning experiences (Gewurtz et al., 2016; Kilgour et al., 2016; Salari et al., 2018). Wosinki et al. (2018) conducted a systematic review of PBL learning in undergraduate nursing. They found that students learnt about clinical reasoning and leadership skills from their PBL tutors and the quality of group interactions was crucial to effective PBL outcomes. Less is known, however, about students' empowerment in clinical practice. Kanter's theory (1993) indicates that PBL processes, which include small group structures and self-directed learning, are likely to foster students' formal power in a group. In addition, Pastirik (2006) found that PBL enhances undergraduate students' feelings regarding their sense of autonomy and responsibility for their learning and suggested that this may develop a sense of empowerment in students. According to Benson, Noesgaard,

and Drummond-Young (2001), the function of empowerment is to motivate students, as a group, to organise and seek change. In PBL, self-learning is integrated with collaborative learning, which is a skill necessary for efficient nursing and interdisciplinary care (Wosinski et al., 2018). The collaboration in a PBL group leads to enhance the knowledge of students and, over time, students may take the opportunity to assume an active role in the group, to make a necessary change to increase the group efficacy (Hommes et al., 2014).

The existing literature, however, focuses on students' empowerment within their classroom learning, rather than in the clinical arena. There is a real sense that, while PBL has undergone some critical evaluations over the years, there remains a scant evidence base for its efficacy in achieving empowerment in health professional practice and, more specifically, in nursing practice. While the rhetoric for PBL, as a vehicle for empowering students, remains strong in the literature, it is yet to be placed under the lens of a rigorous research process, particularly in the KSA.

1.5 Brief overview of underpinning theoretical perspectives/research concepts

The concepts of empowerment used in this study are derived from three key theories. These are Kanter's (1977) theory of structural empowerment, Spreitzer's (1995a) theory of psychological empowerment and Bandura's (1997) theory of self-efficacy (1997). Kanter's (1977) theory of structural empowerment describes conditions for workplace effectiveness in terms of access to structures of support, information, resources, opportunities and power. Spreitzer's (1995a) developed theory of psychological empowerment focuses on elements of the individual, such as personal perspectives, confidence, feelings of self-determination, and belief in one's ability to make a change. Bandura's (1997) theory of self-efficacy focuses on social cognition as a predictor of performance in achieving goals. A more in-depth review of each concept is provided in Chapter Two and a further discussion on how they were employed in the research data collection and analysis is explained in the methodology chapter.

1.6 Objectives, aims, questions and methodology of the current study

The aim of this study was to examine how the Bachelor of Nursing program, by using problem-based learning, could enhance the level of empowerment of Saudi

undergraduate nursing students. In addition, it sought to explore how empowerment was experienced by nursing students in their courses and to understand students' learning experiences and learning needs as well as self-assessment of their own abilities (self-efficacy). The study included comparisons between students in a PBL course and those in a traditional learning program. By collecting data at two timepoints, namely before and after a clinical semester, it also aimed to examine how students' perceptions changed over time, as they progressed through their clinical placements.

The overarching questions for this research were:

- Do nursing students gain the personal power and strength to deal with real world issues facing Saudi nurses from undertaking a PBL program?
- How do Saudi nursing students experience empowerment in their courses?

It was expected that, if students gained empowerment within their PBL programs, particularly in the clinical setting, they may be able to act as agents of change within the workplace and, thereby, alter the image of the nursing profession in the KSA. For Freire (1972), change starts by assisting people (in this case, students) to distinguish the issues about which they have solid feelings and to find answers for their issues in a dynamic and active way, such as within PBL. In his worldview, students need to be active participants in their education and become curious about the social contexts in which they operate; Freire regards this as the key to social change (Freire, 1972). This study addressed major concepts of the learning environment that had not been previously examined within the Saudi context. Moreover, there are no previous Saudi studies in nursing education linked to, or addressing, the three identified concepts of interest within undergraduate nursing programs. Hence, this study was the first study in the KSA to examine these concepts.

This study employed a mixed methods approach to address the research questions. It involved collecting and analysing both quantitative and qualitative data. The mixed methods approach is noted to be useful for collecting a variety of data on

participants' experiences and perceptions (Greene, Benjamin, & Goodyear, 2001). It can also increase a study's validity, through triangulation, illustrated by using qualitative interviews at multiple levels, such as with academics and students (as individual and focus group discussions), and quantitative questionnaires to assess participants' perceptions and to understand a research problem (Creswell & Guetterman, 2019; Rocco, Bliss, Gallagher, & Perez-Prado, 2003). The methodology is discussed in detail in Chapter Four. In particular, the study involved a survey of students, regarding their empowerment, and semi-structured interviews with students and facilitators, to further explore issues impacting students' empowerment.

1.7 Thesis structure

This thesis consists of seven chapters. This chapter has introduced the background to the study and its context. The following chapter, Chapter Two, presents a more detailed background of Saudi Arabia, including an overview of its culture, nursing workforce, and nursing education. Chapter Three provides a narrative review and an integrative review of the literature on empowerment and PBL. Chapter Four provides an outline of the mixed methods research methodology and explains the research methods used in this study, including both qualitative and quantitative components. Results of the quantitative survey are presented in Chapter Five and the qualitative findings are provided in Chapter Six. Chapter Seven contains the discussion and conclusion. It presents a discussion integrating and synthesising the findings and positioning them in the context of existing knowledge, to draw the overall conclusions and highlight the new knowledge generated. Chapter Seven also presents the concluding commentary to the study, including recommendations for future research, practice and education.

1.8 Chapter summary

This chapter has provided an introduction to the current study. It has provided my own positioning within the study and introduced the KSA context and the status of nursing in the country, the research questions, the research methodology, PBL and its associated theoretical frameworks, and an overview of the thesis. The following chapter, Chapter Two, presents an overview of the KSA, including the culture, the

nursing profession and nursing education, in order to set the context for the current study.

Chapter 2: Background

2.1 Introduction

The previous chapter provided an introduction to the present study, which seeks to explore the empowerment of Saudi undergraduate nursing students. It provided a context for the study and an overview of the nursing profession in the KSA and introduced the concept of PBL. This chapter provides a more detailed overview of the KSA, to provide a clear background of the Saudi context, which is particularly relevant to this study.

2.2 Brief overview of the Kingdom of Saudi Arabia

2.2.1 History and demographic overview

The Kingdom of Saudi Arabia, also known as Saudi Arabia, gained international recognition as an independent state when it was established as the modern kingdom by King Abdulaziz Al-Saud on the 23rd of September, 1932, a day now recognised as Saudi National Day (General Authority for Statistics [GAS], 2014; United Nations Development Programs [UNDP], 2016). The Kingdom is located at the furthermost part of south-western Asia, where it covers about four-fifths of the Arab Peninsula, with a total area of around 2.15 million square kilometres (km^2) and has been divided into thirteen (13) administrative regions, as shown in the political map of Saudi Arabia (Figure 1.1). The map shows Saudi Arabia and surrounding countries with international borders, the location of the national capital Riyadh, region capitals and major cities (Nations Online Project, 2020). Some of the 13 districts are either shared by a geographic border (middle, northern, southern, eastern or western) or separated. Each one of these is divided into a number of governorates, differentiated by a number from one region to another, and each governorate is divided into canters, linked administratively to the governorate itself or to the emirate, which includes a number of population settlements linked administratively to it (GAS, 2014).

Riyadh City is the capital city of the Riyadh Region and is also the capital city of KSA (UNDP, 2016), whereas Mecca is the holy capital city, not only for Saudi Arabia but also for the whole Islamic world. In addition to Mecca, Medina Munawara is also recognised as a holy Islamic city and, thus, KSA has a unique position in the Islamic world (Almalki, Fitzgerald & Clark, 2011a). Hence, Islam is the main and official religion of KSA and the laws and regulations in the country are totally based on the Islamic law, "Sharia'a", including the Holy Qur'an and "Sunnah", the prophet Mohammad's pathway, Peace Be Upon Him (PBUH). There is no official reference linking percentages of the population with type of religion. Thus, we cannot assume that all Saudi citizens are Muslims. Nevertheless, Saudi citizens are all recognised as Muslims. There are many expatriates from various nations and religious or belief backgrounds working in the Kingdom, including in nursing.

The KSA has seen rapid population growth over recent decades. The population census data of KSA four decades ago in 1974 was reported to be just 7,009,466 people, according to the GAS (2016a). In contrast, in 2014, the population was estimated as 30.7 million, based on the preliminary results of the general population and housing census conducted by the Central Department of Statistics and Information (CDSI) in 2010, which compared with previous official census results confirming the population was at 27.2 million in 2010 and 22.67 million in 2004 (GAS, 2014; Ministry of Economy and Planning [MEP], 2015). The population estimates, based on a demographic survey in 2016, revealed that the total population growth rate in 2017 was 2.52%, with a total estimated population of 32.6 million. Of these, national citizens comprised about 62.64% of the total population (50.93% males and 49,06% females). The estimated population in the mid-year of 2019 reached 34.2 million (GAS, 2017, 2019), demonstrating steady increase. Furthermore, the reported rate of unemployment in the Saudi population was 11.5% (GAS, 2016b).

The rapid population growth, combined with the high number of foreign workers, has contributed to the complexity of the healthcare and education systems and presents many challenges to the provision of culturally responsive healthcare. Thus, the country's ninth development plan (2010-2014) considered the quality of life index, which consists of several indicators, including the level and distribution of

income, employment, education and health services, the housing situation, and family and environmental conditions. Trends in these indicators indicate that it is tangible to improve the quality of life of the citizens (MEP, 2015). The development plan laid down the trends for all aspects of the country's socio-economic development for that period and addressed the main challenges expected, along with the policies, programs and resources needed to meet these challenges and to achieve development goals and targets (MEP, 2015; UNDP, 2016).

2.2.2 Saudi Arabian culture, religion and society

As stated in the section detailing my life story, the Saudi culture poses many different challenges for Saudi national nurses. This section provides details about the cultural challenges impacting on the progress of the nursing profession. The actions and attitudes of Saudis are largely governed and dictated by their Islamic faith, which is both a religion and a way of life. As indicated by Carty et al. (1998), Saudi Arabian society is established according to custom and set apart by solid family, religious, and social qualities. Almutairi and McCarthy (2012) described Saudi culture as a unique mixture of Arab tribal traditions and customs and the global Islamic vision, which shapes the mentality and behaviour of Saudis. People, however, range from low to high with respect to allowing the religion's predominance to exert influence over their lives and in the practise of their religious tasks. In addition, there are people who interpret the religion by imposing restrictions or limitations on other’s actions or freedoms, although this is not stated clearly in the Qur’an or the prophet Mohammad’s pathway. In this respect, culture sometimes interferes with religion in different ways. According to Mufti (2000), many families in the KSA and in other Islamic societies confuse religion with culture.

Social customs are based on strong religious values, many of which preclude and limit any connection between men and women (Carty, Moss, Al-Zayyer, Kowitlawakul & Arietti, 2007). Any job that includes the mixing of genders is, therefore, considered a socially unacceptable choice of career, especially for females, and this includes nursing careers which involve working night shifts (Aboshaiqah, 2016). Similarly, given the Saudi Arabian culture, male nursing students/nurses will probably never have the opportunity to care for adult female patients. The Qur'an does warn that the mixing of the sexes could lead to "seduction and the 'evil consequences' that might follow" (AIMunajjed, 1997, p. 40), however, neither the

Quranic nor prophet conversations of “Hadeeth” implicitly prohibit women from participating in public life or from studying (Baki, 2004). The family unit in the KSA is strong, extended, and patriarchal, and it holds advantageous and non-advantageous control over its members, sometimes to an overpowering degree. Within this family unit, the authority of the father and husband predominates (Miller-Rosser et al., 2006) This domination has its roots in social tradition but flows from culture/custom more than religious edicts.

2.2.3 Women’s education in Saudi Arabia

Education is highly valued in both Islamic and Arabic cultures. Islam emphasises the importance of and respect for learning; and the teachings of the Qur’an and Sunnah (Islamic holy books) drive many Muslims to seek accomplishments in science and medicine (Syed, 2015). Until 1956, women were not permitted to be educated and the first government funded women’s school was opened in 1960. Curricula are similar to those for males but are are less extensive (Alsuwaida, 2016). With the reign of King Abdullah bin Abdul Aziz, there has been a new focus on women’s rights and opportunities for employment, with more support for them to be similar as those available for men. This focus has even included opportunities for women to travel abroad for educational opportunities (Alsuwaida, 2016).

The education of Saudi women has assisted in improving the role of women in society, not only in the education and healthcare sectors but also in business. Fostering the development of entrepreneurship in Saudi Arabia is one of the political agendas for empowering women (Nieva, 2015). Nieva’s (2015) study, regarding women’s social entrepreneurship in the KSA, found that priority issues are gaining momentum in Saudi Arabia. Strategies supporting women’s empowerment included job matching to support economic sustainability and combat poverty. Nieva’s (2015) study confirmed that startup enterprises are making social impact and empowering people throughout the country.

2.3 The nursing profession in Saudi Arabia

2.3.1 Development of nursing in the Kingdom

Nursing has a mixed history in the KSA. While early records of nursing are sparse, there are frequent references to the work of Rufaida Al-Asalmiya who

practised nursing at the time of the Prophet Mohammed (PBUH) and who is highly regarded by Saudi nurses. It is believed that Rufaida provided nursing care for wounded soldiers during holy wars, cared for the dying, provided preventative care and worked to grow the status of nursing (Almalki et al., 2011b; Miller-Rosser et al., 2006). Yet, following this time, nursing did not flourish.

As a consequence of gender interaction issues and the cultural imperative which dictates that individuals consistently prioritise family above career, nursing has not been regarded positively in the Kingdom, with nursing and other health care professions traditionally not held in high esteem in Saudi culture (Mansour, 1992). The working hours for nurses add to the opposition against women as nurses, with women required to fulfil their obligations as mothers and wives (Tumulty, 2001). Hence, many Saudi students do not consider nursing as a possible career. Men, in particular, have traditionally distanced themselves from nursing, presumably because, in addition to gender and family issues, nurses are viewed as subjects to the physician, as second-class citizens in a culture where honour is strongly linked to status. This is, however, beginning to change (Alboliteeh, Magarey, & Wiechula, 2017). Overall, there is some concern that, for the above reasons, those who graduate as nurses may not be proud of their profession and may not remain in the work force (Carty et al, 1998).

2.3.2 Population change and Saudisation

With the increasing prevalence of chronic diseases, such as diabetes, heart disease and cancer, the population of the KSA has increasing needs for quality care services (WHO, 2013). More recently, the 2030 Kingdom's Vision was released, on improving health outcomes, with a focus on increasing healthcare capacity, efficiency and quality for Saudi citizens (Al-Dossary, 2018; Kingdom of Saudi Arabia Vision 2030, 2016). Many challenges to achieving this exist, however, and are ongoing. The country depends, primarily, on an expatriate population to supply its sizeable health workforce, which is necessary for the delivery of health care to the population (Aboshaiqah, 2016; Alboliteeh et al., 2017; Miller-Rosser et al., 2006). This dependence jeopardises efforts to provide quality care in Saudi Arabia, as barriers are created by differences in language, religion, culture and social values of patients and nurses (Aboshaiqah, 2016). These barriers are compounded by a rapidly growing population (AlYami & Watson, 2014). In one study of nurses in Riyadh, it

was found that expatriate nurses from Western countries felt less safe and disempowered in their work compared with those from Eastern countries, and this was attributed to communication and cultural issues (Almutairi, Gardner, & McCarthy 2013). This highlights how such issues are paramount for nurses as well as patients.

In 1992, the KSA Royal Monarchy issued a decree for a movement towards Saudisation of all sectors across the workforce (Alboliteeh et al., 2017), entailing a process of gradually filling positions with Saudi nationals, not expatriates (Al-Mahmood, Mullen, & Spurgeon, 2012). As a means to facilitate this, the government initiated, and is continuing, efforts to develop a Saudi health workforce, through increasing the number of medical, nursing and health schools. The government has also facilitated the development of new training centres and scholarship programs to educate medical staff abroad, in leading institutions (WHO, 2013). The Saudi Vision 2030 will help to accomplish Saudisation of the healthcare workforce and will reduce the historically heavy dependence on foreign health practitioners by developing well-trained local healthcare practitioners, including nurses. In order to achieve this vision, the education standards for nursing qualifications need to be considered (Al-Dossary, 2018).

2.3.3 Development of nursing education in the KSA

Nursing education began in Saudi in 1958, in Riyadh, when the Ministry of Health (MOH) introduced a health institute for a small group of boys undertaking a one-year program. This was followed, in 1961, by a two-year nursing program for women in Riyadh and Jeddah. In 1979, the course durations were increased to three years. Subsequently, many health institutions developed across Saudi Arabia (Almalki et al., 2011b).

In 1976, the first university College of Nursing was established at King Saud University, Riyadh, offering the first bachelor's degree level course in nursing. Since that time and, more recently, many more Bachelor of Science in Nursing (BSN) degree programs have been established across the Kingdom (Almalki et al., 2011b). All of these early programs were for women only, with the first BSN for males being introduced in 2006 in Riyadh (Felemban, O'Connor, & McKenna, 2014). The vast majority of Saudi nurses (96 per cent) hold a Diploma or Associate Degree in

Nursing (ADN) as the highest academic credential. In 2011, however, all nursing programs in Saudi Arabia converted, to offer a Bachelor of Science in Nursing (BSN). As a result, the ratio of prepared nurses holding a BSN will increase, dramatically, in the next ten years (Alamri & Sharts-Hopkoaudi, 2015). All educational institutions in Saudi Arabia have two separate similar campuses, for both male and female students, so most specialities are taught separately. At the time of conducting this research, the PBL program for nursing was provided only to female students, as there was no facilities available for delivering a male nursing program at the same university.

While, traditionally, roles such as nursing were not viewed as acceptable for females, recent studies suggest that there is a positive move towards acceptance of nursing education for Saudi females. This often results after commencement of nursing studies and learning what nursing is about. Al Mutair and Redwan (2016) examined the attitudes of nursing students in Al Khobar city towards the nursing profession and found positive attitudes towards the profession. Most participants, however, had commenced their nursing studies because it was their only available choice or their families held positive views (85.3%) and influenced their decision. Similarly, in a qualitative study of students in one university in the western region of the KSA, students reported that, despite initial concerns from their families about pursuing nursing studies, they were able to educate their families about the knowledge and value of the profession (Alharbi et al., 2019). The National Transformation Program (NTP) provided by Saudi Vision 2030 (2016b) is heavily focused on healthcare education and training. There is a recognised need for qualified Saudi healthcare practitioners and support personnel with increased healthcare requirements. Currently, this sector is heavily supported by foreign workers. The growing educational and training needs will be met locally and internationally, with the potential to connect with world-renowned institutions and public-private partnerships, and can also be met through administrative and operational arrangements with internationally recognised service providers (Bassi, 2017).

2.4 Chapter summary

This chapter has provided an overview of the Kingdom of Saudi Arabia, the importance of religion and culture and its impact on women, the nursing profession and education. It introduced a range of challenges facing health care and nursing within the country. The chapter also discussed the evolution of nursing education in the KSA and highlighted how society's perceptions towards the profession are starting to change from traditional views. The following chapter presents a review of the existing literature on the areas of empowerment and problem-based learning, which are important concepts within the current study.

Chapter 3: Literature Review

3.1 Introduction

The previous chapter provided the context for the present study, which seeks to explore the empowerment of Saudi undergraduate nursing students. It provided a context for the study and an overview of the nursing profession in the KSA and introduced PBL. This chapter begins by providing an analysis of the key theoretical underpinnings of PBL and its application in health care education and, in particular, in nursing education. The second half of the chapter examines empowerment as a key concept underpinning the current study, including its relationship to critical social theory. A structured integrative review follows, examining the concept of empowerment in nursing education.

3.2 Overview of Problem-Based Learning

During the twentieth century, PBL emerged as an innovative approach to education, in response to criticism about traditional teaching methods and increasing calls for accountability in higher education (Savin-Baden & Major, 2004). PBL has since been used in many health professional programs throughout the world and was introduced into medical education in the mid-1960s (Solomon, 2011). PBL involves a more student-centred learning approach, unlike traditional didactic approaches, which allows each student to personalise their learning (Barrows, 1996). It achieves this by encouraging the student to be an active participant in the learning process through the problem-solving of meaningful problems (Barrows & Tamblyn, 1980; Yew & Goh, 2016).

PBL is based on principles of adult learning, which value self-directed approaches and assume that learning is most effective when applied to practice. In this sense, it is an active approach that encourages interactions between learners and is very much tied to experience (Gewurtz, Coman, Dhillon et al., 2016). According to Barrows (1986; 1996), the application of the PBL model in clinical and nursing school contexts supports the acquisition of an integrated and structured knowledge base for use in clinical contexts and the development of effective clinical reasoning

and self-directed learning skills, including team skills, and also increases motivation for learning. Much research attests to the value of PBL's goals and its positive outcomes for students provided in the following sections.

3.2.1 What is problem-based learning?

The term 'problem-based learning' refers to an instructional teaching approach used in the curriculum, which involves confronting students with practice-based problems relevant to desired learning outcomes that provide a stimulus for student-centred learning (Boud & Feletti, 1997; Rideout & Carpio, 2001; Yew & Goh, 2016). Problem-based learning has been defined by Barrows and Tamblyn (1980) as "the learning that results from the process of working towards the understanding or resolution of a problem" (p. 1). Hence, it has also been described as a "constructive, self-directed, collaborative and contextual" process (Dolmans, De Grave, Wolfhagen, & van der Vleuten, 2005, pp. 732). PBL promotes independent study, functional knowledge, critical thinking, lifelong learning, and self-evaluation (Rideout & Carpio, 2001). In a review of studies on PBL, Dolmans et al. (2016) concluded that PBL played a role in enhancing deep learning, with little impact on surface level learning.

According to Solomon (2011), the PBL model has students working in small groups presented with a written problem or patient scenario. The tutor acts as a facilitator of learning rather than a conduit of information. A written problem is the stimulus for learning and prompts students to assume responsibility for participating in a problem-solving and self-directed learning process. An example of the process of PBL is presented in Figure 3.1, from Feletti (1993, p. 144). In this case, a group of students is presented with a paper case/problem which is followed by a group discussion to identify the problems, generate hypotheses, identify additional data required and determine learning tasks. Students then work independently to collect relevant information and take this back to the group for synthesis and application to solve the original problems. Hence, PBL has become a method for learning and developing students' problem-solving strategies and relevant basic science through the integration of group discussion and independent studies (Feletti, 1993).

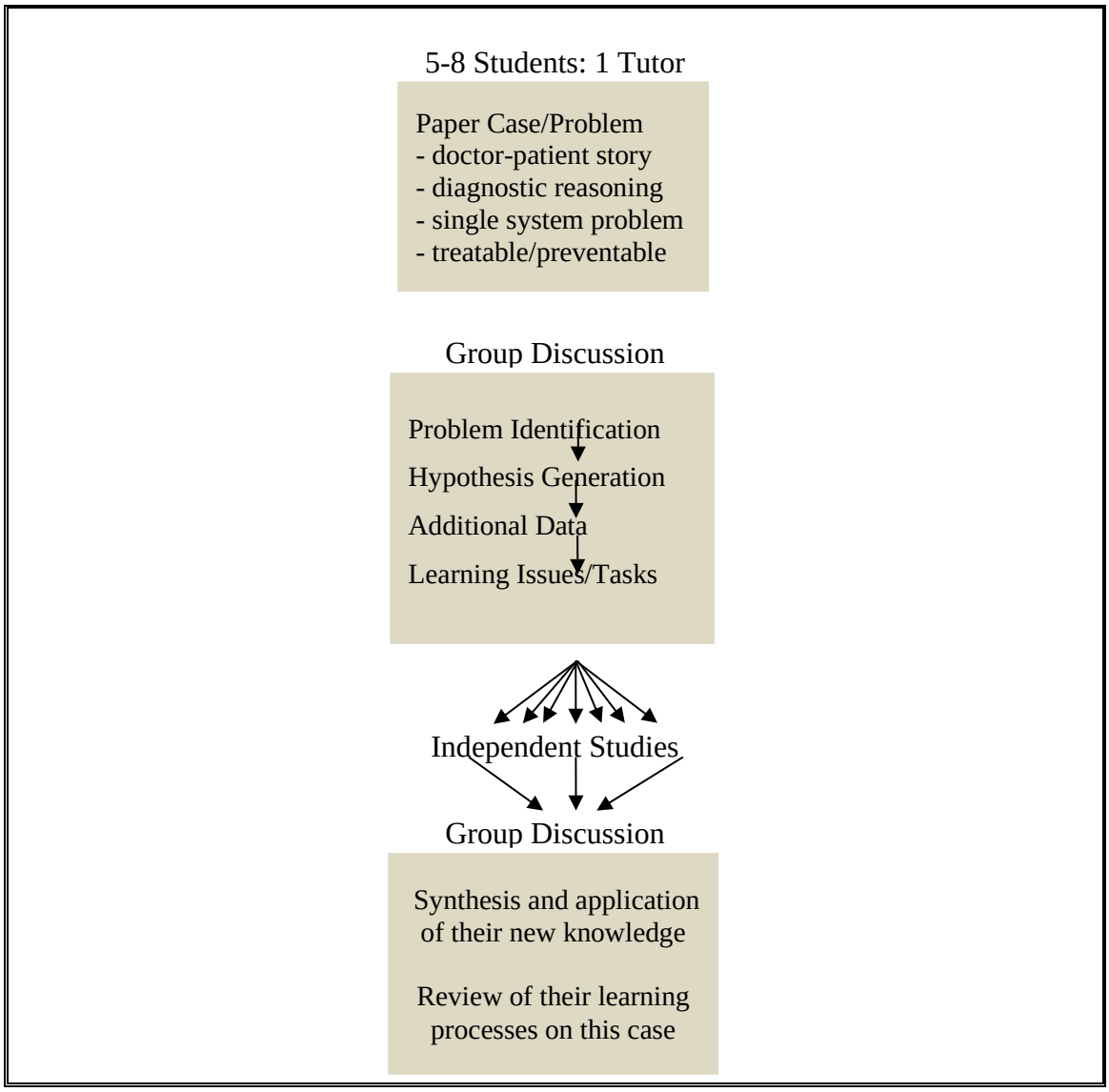

Figure 3.1: The process of problem-based learning

(Feletti, 1993, p. 144)

3.2.2 The Evolution of Problem-based Learning

PBL began in 1969 in a new Canadian medical school at McMaster University which, at the time, had no pre-existing curriculum (Servant-Miklos, 2019). New medical schools at Maastricht University, The Netherlands, and the University of Newcastle, Australia, followed the McMaster model of learning and, in doing so, developed their own spheres of influence. The PBL model has been further developed by these three universities and, as a result of their efforts, it has, subsequently, been used in many countries, including the United Kingdom, Sweden, Switzerland, Brazil, Chile, South Africa and Hong Kong (Savin-Baden & Major, 2004). At McMaster University, the medical faculty not only developed and refined

the PBL tutorial process as an instructional model but also made it central to their philosophy for restructuring an entire curriculum to promote student-centred, interdisciplinary education as a basis for lifelong learning in professional practice (Feletti, 1993; Boud & Feletti, 1997; Servant-Miklos, 2019). The move toward PBL was also undertaken in the United States, in response to a report of the Panel on the General Professional Education of the Physician and College Preparation for Medicine (1984), which made several recommendations for changes in medical education. These recommendations included promoting and evaluating independent learning and problem solving and reducing lecture hours, regarded by medical schools as consistent with a PBL curriculum (Barrows, 1996).

In addition, the use of PBL spread worldwide, not only in medical schools but also into other disciplines, such as nursing in the mid-1980s (Hamdan, Kwan, Khan, Ghafar, & Sihes, 2014; Rideout & Carpio, 2001). Different courses have adapted the PBL curriculum, either by using a "pure" form of PBL or integrating the method within a subject-based course (Frost, 1996) or in hybrid PBL models combined with other teaching and learning strategies (Salari et al., 2018). The integration of clinical and theoretical casework in nursing education sees further evolution of the PBL model (Feletti, 1993). In the Middle East region, while PBL has not been used widely, it has been introduced into nursing and medical schools in a few institutions in some countries, such as Egypt and the KSA (Tork & Shahin, 2011). In one study of Saudi undergraduate medical students across two medical colleges in Riyadh, PBL was seen as a beneficial and valued way to learn but many could not see the relevance of PBL to their clinical work. The authors suggested that educators ensure that problems addressed are common and locally relevant (AlHaqwi et al., 2015).

PBL was also developed to enable students to synthesise and integrate large quantities of knowledge and, hence, to help students navigate complexity (Jones et al., 2010). According to Boud (1985), the approach to learning that underpins PBL is not a new concept in the area of education. The starting point for learning should be a problem, a query, or a puzzle that the learner wants to solve. PBL, however, is often regarded as subordinate to disciplinary content and presented as an innovation in many institutions (Boud, 1985), even though it is no longer new.

Reported dissatisfaction with the results of conventional curricula and teaching approaches used in the training of medical students was another reason for PBL

gaining favouritism in the discipline, further prompting educational reform. Frost (1996) pointed out that lecture-based learning and subject-centred courses in higher education were predominantly criticised for their short comings in promoting teamwork, fostering skills of inquiry and bridging the gap between theory and practice, bearing little relevance to the future practitioner. Nursing education has been similarly criticised, where it has been reported that structured programs related to clinical phases developed nursing students' analytical skills but not their problem-solving skills, which are required for the synthesis of subject material (Frost, 1996) and functioning in the real world of practice.

Importantly, Biggs and Tang (2007) recommended PBL in many teaching settings for quality learning at higher education. For example, effective teaching requires the activation of student motivation and professional practice requires functional knowledge, which students are exposed to in PBL. Indeed, responding to the demands of a changing society requires a skilled, knowledgeable and reflective health care professional who is motivated to life-long learning (Frost, 1996).

Above all, PBL develops the knowledge, skills, and abilities of students to become critical thinkers, independent decision-makers, lifelong learners, effective team members, and competent users of new information technologies (Rideout & Carpio, 2001). PBL was a paradigm shift in professional education, representing a move from theory-based to practice-based and from teacher-centred to student-centred learning approaches, utilising a compartmentalised, curricular approach to knowledge synthesis and valuing practical reasoning as much as scientific reasoning (Pang et al., 2002).

3.2.3 Application of problem-based learning in health-related courses

Various aspects of PBL have been addressed in the literature, including the effectiveness of PBL, the implementation of PBL in different undergraduate programmes, and course-based evaluations of PBL (Allen, Donham, & Bernhardt, 2011). The evaluation of PBL programmes and curricula has been undertaken by students, tutors, and faculties. For instance, a survey was conducted in Australia, with 100 undergraduate nursing students, in order to evaluate PBL-reported positive findings (Cooke & Moyle, 2002). Many of the students reported that the use of PBL had promoted in them critical thinking and problem solving, active participation in

the learning process, including self-direction, identification of their own learning needs, teamwork, creative discussion and learning from peers, and the integration and synthesis of a variety of knowledge. Despite this, there is increasing concern in the literature about the successful implementation of the PBL model and its effectiveness compared with traditional models. Some researchers reported modest positive learning gains, for example, with respect to cognitive outcomes (Leary, 2012). Rowan, McCourt and Beake (2008) identified uncertainty and anxiety related to a lack of course structure, stress with regards to finding resources and disquiet about the contributions or lack of input by other group members (Rowan et al., 2008). One of the most challenging areas of PBL is to ensure the active participation of each member of the team.

The advantages and the value of the PBL approach in medical and nursing undergraduate programs have also been reviewed in the literature. For example, Frost (1996) found that PBL was an acceptable and innovative method to educate health care professional instead of subject-based and teacher-centred programs. Frost asserted that PBL was more likely to prepare health care practitioners deal with constantly changing and evolving modern societies and health care environments.

Moreover, many literature reviews have been conducted to examine the effectiveness of PBL. For example, a meta-analysis review of English-language international literature, conducted between 1972 and 1992, found that PBL was more nurturing and enjoyable compared with conventional instruction and that PBL graduates performed as well, and sometimes better, on clinical examinations and faculty evaluations (Albanese & Mitchell, 1993). A systematic review examined the available evidence on developing nursing students' critical thinking through PBL, from 1990 to 2006, and concluded that using PBL can promote students' critical thinking skills, however, there was no supportive evidence regarding the development of their critical thinking through PBL (Yuan, Williams, & Fan, 2008). Another review (Allen et al., 2011) argued that more research was required to explore a range of outcomes, although this review was limited to considering the origins of PBL and its characteristic methods. The reviewers concluded that PBL methods enhance the affective domain of student learning, improve student performance on complex tasks, and foster better retention of knowledge (Allen et al., 2011).

3.2.4 Problem-based learning in nursing

Increasing complexity in the health care system requires nurses to have effective problem-solving, critical thinking and teamwork skills. Problem-based learning has been widely adopted in nurse education, to develop problem-solving and critical thinking skills (Hamdan et al., 2014). While PBL has been widely used and reported in nurse education in western countries for many years, most of the contemporary literature emerging is about its application in eastern countries. In Iran, Gholami et al. (2016) compared nursing students' critical thinking and metacognitive strategies acquired from traditional lecture methods compared with those acquired from PBL methods in a critical care course. They found no significant changes occurred after the lecture approaches, however, significant increases in both critical thinking and metacognitive strategies occurred after PBL. Similarly, in South Korea, Choi, Lindquist and Song (2014) compared the problem-solving and self-directed learning skills of first year students from two colleges in two cities. One group were exposed to traditional lecture methods while the other was exposed to PBL methods. The findings showed no significant differences in the lecture group but significant increases across all measured skills in the PBL group.

Problem-based learning has been utilised to develop nursing students' decision-making skills. In Egypt, Thabet et al. (2017) examined the effect of PBL on nursing students' decision-making skills and styles. While PBL was found not to have any influence on decision-making style, it was crucial for developing decision-making skills. Khatiban, Falahan, Amini, Farahanchi and Soltanian, (2019) describe the use of a traditional lecture versus PBL approach to teach moral reasoning to nursing students in Iran. They found improvements in moral reasoning scores in both groups, however, after one month, only the PBL group had a significant increase in their mean scores.

Although PBL has enjoyed great popularity because it provides carefully scripted scenarios designed to develop critical thinking and team participation, it has been criticised for its reliance on minimal guidance and feedback – which some students may find challenging; such as engaging in collaborative learning. Wosinski et al. (2018) conducted a systematic review of undergraduate nursing students' perceptions of what contributes to their success in PBL. They concluded that it was important for the tutor to model clinical reasoning and leadership, the quality of

interaction in group discussions played an important role and, when used appropriately, students can understand its purpose for their learning. Hence, it is crucial that its utility for nurses is better understood. Nursing students must experience the development of their clinical reasoning through PBL (Wosinski et al., 2018), which is relevant to enhance their empowerment for their future careers. The need to explore the experience of undergraduate nursing students is, therefore, important for ensuring the effectiveness of their learning program.

3.2.5 Problem-based learning in the Kingdom of Saudi Arabia

In my home country of KSA, academic programs are required to provide graduates with the knowledge, cognitive skills, and psychomotor skills for successful entry into their particular profession (National Commission for Academic Accreditation & Assessment [NCAAA], 2011). The NCAAA guides learning outcomes for higher education programs at the baccalaureate degree level, to assist in the development, assessment, and review of educational programs for different professions, including medicine and nursing. The guidelines take into account the particular requirements of the KSA in the context of international best practice and the standards of international accrediting organisations. The proposed learning outcomes are centred on: (a) knowledge; (b) cognitive skills; (c) interpersonal skills and responsibility; (d) communication, information technology, and numerical skills; and (e) psychomotor skills (NCAAA, 2011).

In response to the above guidelines, some universities in the KSA have developed innovative faculty programs to support academic accreditation, nationally and internationally. Some university faculties have employed the PBL model, including Qassim University's College of Medicine, in 2000, the College of Nursing, in 2009 (Tork & Shahin, 2011), and the College of Medicine at Al-Faisal University, in 2009 (Cowan, 2010).

3.3 Overview of empowerment

3.3.1 Defining empowerment

The Webster's College Dictionary defines 'empower' as:

> to give official or legal power or authority, to endow with an ability or to enable, and the suffix (ment) is used to describe empowerment as a result, act

> or process, and therefore by adding the suffix (ment) to the verb ‘empower’, empowerment becomes a noun defined as the process or result of empowering. (Rodwell, 1996, p. 306).

The word, ‘power’, is a key component in the concept of empowerment, coming from the Latin root word ‘potere’, meaning “to be able and have the ability to choose” (Kuokkanen & Leino-Kilpi, 2000). The ideology of empowerment is considered as a social action committed to urging people, institutions and societies to increase their individual and collective control, achieve political effectiveness, improve quality of life and achieve social justice (Kuokkanen & Leino-Kilpi, 2000; WHO, 2020). An analysis of the concept of empowerment and its deliberative domains in the Arabic language was found in an article by Fatima Hafez (2011), who discussed the concept of empowerment in Western countries and what corresponds to the notion of power in the Arab world, in general. The translation provided for this article states that empowerment (*Tamkeen* in Arabic), is a source of the verb, ‘empower’, (*makknna* in Arabic), as it is in the English language. The verb ‘empower’, is presented as having several meanings, including strong, “solid”, “firm”, “reassured”, “enabled” as well as “to give authority and power”.

Hafez (2011) provided more interpretations of the concept of empowerment, as extracted from the Holy Qur'an. The word, ‘empowerment’, along with its derivatives, has been stated in the Holy Qur'an in eighteen places and, in most of these, empowerment appears as a process, not a static concept; and God Almighty ascribes empowerment to Himself, the supreme being. God (Allah) is one who empowers the human being and it is not the human who empowers himself, whether an individual or group. The Qur'anic verses verify the existence of a close correlation between the concepts of empowerment and the succession. Allah says in Chapter 24, ‘An-Nur’ (the Light), of The Holy Qur’an:

> "وعد الله الذين آمنوا منكم وعملوا الصالحات ليستخلفنهم في الأرض كما استخلف الذين من قبلهم وليمكنن لهم دينهم الذي ارتضى لهم وليبدلنهم من بعد خوفهم أمنا..." سورة النور: آية 55
>
> [Allah has promised those who have believed among you and done righteous deeds that He will surely grant them succession [to authority] upon the earth just as He granted it to those before them and that He will surely establish for them [therein] their religion which He has preferred for them and that He will surely substitute for them, after their fear, security] (The Holy Qur’an, Ch. 24, p. 55)

As indicated by Hafez (2011), in this verse, succession appears on earth as a reason for the empowerment process in religion, while empowerment comes as a consequence result of the succession process. The Qur'anic verses also indicate that as empowerment is achieved at the collective level, it may be also achieved at the individual level (Hafez, 2011). In Chapter 12 'Yusuf' (Joseph), God, the Exalted, says:

"وكذلك مكنا ليوسف في الأرض يتبوأ منها حيث يشاء"
سورة يوسف:آية 56

> [And thus, We, established Joseph in the land to settle therein wherever he willed. We touch with Our mercy whom We will, and We do not allow to be lost the reward of those who do good] (The Holy Qur'an Ch. 12, p. 56)

3.3.2 Emergence of empowerment as a concept

The notion of empowerment was pioneered by works of the 1960s and 1970s in the social action domains of feminism, psychology, theology and the Black Power Movement (Calvès, 2009; Gibson, 1991; Kuokkanen & Leino-Kilpi, 2000). The term, 'empowerment', has been liberally applied, since the late 1970s, by academics and aid workers in the English-speaking world, including by those in social services, social psychology, and public health (Calvès, 2009). In terms of the concept of empowerment in contemporary development discourse, Calvès (2009) summarises it as:

> empowerment initiatives may be quite varied and are implemented in specific cultural contexts with varying degrees of success, they all began with the collective, grassroots action, engage in raising critical consciousness among individuals about their conditions, and aim to transform inequitable power relations (p. 748).

Among the many inspirations for these writings on empowerment, one of the foremost is the approach of conscientisation developed by the Brazilian theorist, Paulo Freire, in his Pedagogy of the Oppressed (Calvès, 2009), published in Brazilian in 1967 and subsequently translated into English in 1970 (Freire, 1972).

In addition, the popularity of empowerment was utilised as a management tool in the business world, influenced by Kanter's (1977) notion of power which influenced structure in organisations to provide a fundamental model of job-related

empowerment (Kuokkanen & Leino-Kilpi, 2000). One to two decades later, empowerment started to be addressed in the nursing literature as a means of liberation from oppressive power (Fulton, 1997; Gibson, 1991) and a way of securing the future of nursing via nurse education (Clay, 1992). Subsequently, more research was undertaken on the development of the nursing profession and organisations by authors, such as Laschinger (1996) and Laschinger et al. (2001), who expanded on Kanter's (1977, 1993) theory of structural organisation. Within the social psychological theory of development, empowerment was described from the point of view of the individual, by Conger and Kanungo (1988) and Thomas and Velthouse (1990), who worked on developing the theoretical background of empowerment (Kuokkanen & Leino-Kilpi, 2000). Furthermore, the theory of psychological empowerment was expanded in the workplace by Spreitzer (1995a; 1995b).

3.3.3 Critical social theory and its relationship to empowerment

Freire's (1972) theory of education, in the pedagogy of the oppressed, discusses power and oppression and highlights how dominant cultural beliefs are internalised and work more by seduction than force. In other words, power imbalances and inequitable social relationships occur when stigma (in this case, against nursing) is internalised and that this reinforces a person's sense of inferiority and influences their capacity to question traditional ways of knowing or seeing (Molloy & Grootjans, 2014). Freire asserted that, through education, power in society is understandable (Freire & Shor, 1987). By advocating an active teaching method, Freire (1972) promotes raising an individual's awareness of their own situation, in order that the individual acquires the skills to raise his political awareness and enable him to make choices (Calvès, 2009).

Education cannot, on its own, solve all the world's problems; still, it can empower those objectified by the power structures of societies, by providing them with the tools for productive political (educational) dialogue and for implementing action as a transformative pedagogy (Freire, 1972; Melling, 2018). Fanon (1967) further elucidates this concept by highlighting how the lens of inferiority contributes to the passivity of people and perpetuates power imbalances. This framework provides an important approach to reflecting on and moving beyond dominant cultural perspectives, to better understand the basis of changing nurse attitudes

(Molloy & Grootjans, 2014). Freire's theory of the oppressed can, therefore, inform critical social theory, with particular relevance to nursing (Roberts, 1983). Of significance, Freire's (1972) ideas of education inform the way this study has interpreted nurse education.

Critical social theory works from the premise that certain groups of society maintain subordinated positions, which applies to nurses, as well as nursing students, in the context of nursing (Kuokkanen & Leino-Kilpi, 2000). The use of a critical social theory for research is based on the premise that individuals have the capacity to self-reflect and to act independently. Oppression, however, is always a factor in the context of critical social theory, and this has relevance in nursing, as nursing is frequently referred to as a 'dominated or oppressed' profession. Freire's (1972) theory aims to transform oppressive structures by engaging with people who are marginalised and drawing on their own experiences, which is seen as a valuable educational approach, used in universities (Fernandes, 2018). That is, the transformative process occurs at four elements: dialogue between students and educators/others (clinical staff and society), knowledge about the existing facts, reflection, and intervention/action (Freire, 1972). By using critical social theory in this study, I aimed to explore nursing students' experiences with the acknowledgement of other contributing influences, such as culture, power and history, within the context of the nursing profession in Saudi Arabia.

3.4 The concept of empowerment in nurse education: An integrative literature review

3.4.1 Introduction

The concept of empowerment in nursing has been explored widely in the literature but there is little concerning empowerment in nursing education, particularly in baccalaureate pre-registration programs. This section of the chapter presents the findings of an integrative literature review, which sought to examine the research that has been undertaken of students' empowerment within undergraduate nursing education. This review uses an integrative method to draw overall conclusions from many studies that have used various research methods (Cooper, 1989). The inclusion of other nursing categories in the education literature, such as

nursing profession, postgraduate or graduate level nurses, were considered beyond the scope of this study.

3.4.2 Purpose

This integrative literature review aimed to critically review the literature which reports on the research-based outcomes of nursing education and empowers students in their undergraduate programs. The review also aimed to identify studies that describe nursing students' empowerment and how this has been measured and/or explored within students' learning experiences. An exploration of what is known about the empowerment of undergraduate nursing students provided insights that informed the current study and may also support nursing educators and curriculum developers to more effectively promote their dual roles in nursing education and student support. There is always a need for review and research to develop and improve the pedagogy of nursing education and to ensure that graduates meet the demands of change, policies and practice of the health care profession. Importantly, this review aimed to achieve an understanding of what is currently known about empowerment for enhancing future research and for supporting educational interventions to enhance the empowerment of nursing students.

The objectives of this review were as follows:

1. To identify students' empowerment within their nursing education.
2. To identify how nursing education involves empowerment strategies.
3. To review, analyse and synthesise the available research on nursing education and its relevance to empowerment, demonstrating the effect of empowerment on undergraduate nursing students.

The question that guided this review was: What is the relationship between empowerment and the learning experiences of nursing students within the classroom and clinical settings of nursing education?

3.4.3 Method

The method for conducting this review was an integrative review, to assess the evidence as well as undertake a systematic analysis and synthesis of research on the topic. An integrative review, as identified by Whittemore and Knafle (2005), is the

broadest type of research review method. It includes experimental and non-experimental research applying different methodologies, simultaneously, to understand a phenomenon of concern more fully. Thus, this review combined qualitative, quantitative, and mixed methods research. Further, according to Whittemore and Knafle (2005), methodological strategies are required to enhance rigour in the integrative review. The framework guiding this integrative review, therefore, was adapted from the method proposed by Whittemore and Knafle (2005), which includes major five stages: problem identification, literature search, data evaluation, data analysis, and presentation of results. The problem identified for this review was the need for evidence to support the notion of empowerment that is associated with undergraduate students' learning experiences in the context of nursing education. Several search strategies for the systematic search were, therefore, applied in the next stage, the literature search methodology. This included the using of Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA), developed by Moher et al. (2009) although this review was not a systematic review or met-analysis of the literature.

3.4.4 Literature search strategy

An electronic search within databases, that included the Cumulative Index to Nursing and Allied Health Literature (CINAHL), the Medline, Nursing and Allied Health, Educational Resources Information Centre (ERIC), and the Education, and Psychology (PsycINFO) databases, was conducted via the La Trobe University library website for pertinent research outcomes and empirical research. The last search was updated on 7th March, 2019. The first two databases were used because they are the most extensive databases in the nursing discipline, in addition to Nursing and Allied Health. ERIC and Education databases via ProQuest were included in the search as they can help locate anything published in education, but not health-related journals. The last search, within the PsycINFO database via OvidSP, was used to identify any relevant behavioural and cognitive studies of students. A hand search was also performed of reference lists and citations of some of the identified papers and literature reviews, to collect any other relevant articles and then find them on library websites or other databases.

In regards to the search limits applied, the language was initially unlimited, to identify any existing articles in my mother language, Arabic, however, there were

none located. Subsequently, limits were applied to encompass only English language and research-based studies. Where the database allowed for selecting research papers, this filter was applied, such as in CINAHL. Although, according to the literature, empowerment in the field of education first emerged in the 1970s, it did not appear in nursing until the early 1990s. To obtain the largest number of available studies relevant to the topic, no date range was applied to the literature search. In addition, choosing a specific time period was not applicable because, as mentioned, the most recent available reviews were very few in number or reviewed only specific concepts related to empowerment in nursing education (Lethbridge, Andrusyszyn, Iwasiw, Laschinger & Fernando, 2011) or included all levels of nursing education, rather than undergraduate education, specifically (Kennedy, Hardiker, & Staniland, 2015).

Key words to guide the literature search were identified through the topic question, with a range of key words used to maximise the amount of literature available for the review. These were reviewed and confirmed by the university librarian. As a result, the literature search included the following keywords: *empowerment* as a major term of the topic as well as a well-known descriptive title; *education* and *learning* as well as *nurs**, to identify work relevant to nursing education, specifically; and *student** as a study population. There were also words used to identify undergraduate students as the study population but which were used differently in some countries, such as undergraduate/baccalaureate/pre-registration/pre-registration. Most of the key words were searched separately because there were limited results when some words were searched together, such as 'pre-registration student'. Some keywords were combined using the Boolean operator 'OR'. Then, searches were combined with 'AND' to find articles that covered all concepts. Search tools, such as 'explode' and 'major concept', were applied as appropriate. Most keywords, however, were searched without mapping terms to subject headings to explore the topic. Tables in Appendix 1 demonstrate the search strategy for relevant papers, including keywords, their combinations and search results within CINAHL, Medline and Psychology databases. The keywords were searched with the combination process, one at a time.

The search strategy initially generated a total of 752 articles from CINAHL, Medline, Nursing and Allied Health, Education, ERIC, and PsycInfo databases and

the manual search, to yield 161, 140, 244, 110, 40, 55 and two articles, respectively (See Figure 3.2 PRISMA flow diagram). After that, removal of duplicate papers was accomplished using the Endnote software program. Hence, the remaining number of articles was 179 (178 articles from the electronic databases and one from the hand search). The primary findings at this stage resulted in many articles that presented and described projects and experiences associated with activities in nursing programs, suggesting their benefit to students' empowerment. There were also some studies that demonstrated the empowerment of nurses, new graduates and patients, while others provided views and opinions about empowerment, such as its importance or benefit or conceptual analysis on empowerment. There were also a few reviews that addressed empowerment through providing an overview, including the theories, profession and education and some dissertations previously conducted.

A screening process was carefully applied using inclusion and exclusion criteria to identify those papers specifically relevant to the review topic. The inclusion criteria included: (a) researched papers related to undergraduate nursing students; (b) studies examining/exploring empowerment of students in nursing education within the baccalaureate/preregistration programs; (c) reports of projects performed from research, and (d) studies undertaken in different countries. The exclusion criteria included: (a) studies about postgraduate courses/students, post-registration students and professional individuals, (b) reports addressing the effect of using a teaching strategy or technology evaluation in the learning program, such as simulation, web-based learning, and virtual learning, or simply suggested or highlighted empowering students without conducting research; and (c) dissertations and non-research papers, including theoretical articles, editorials, commentaries, discussion papers, conference papers and reviews.

In some electronic databases, the option of selecting source types, such as academic journals, and narrowing by subject major was applied, as required, to facilitate the search method. The 179 articles were screened with applying limitations and reviewing the titles of articles and assessing abstracts, which resulted in 34 articles for full-text assessment for prior eligibility inclusion in the review. That ended up with including 21 articles in the review. Figure 3.2 provides the PRISMA flow chart demonstrating details of the systematic search that was conducted to identify the articles included at each stage.

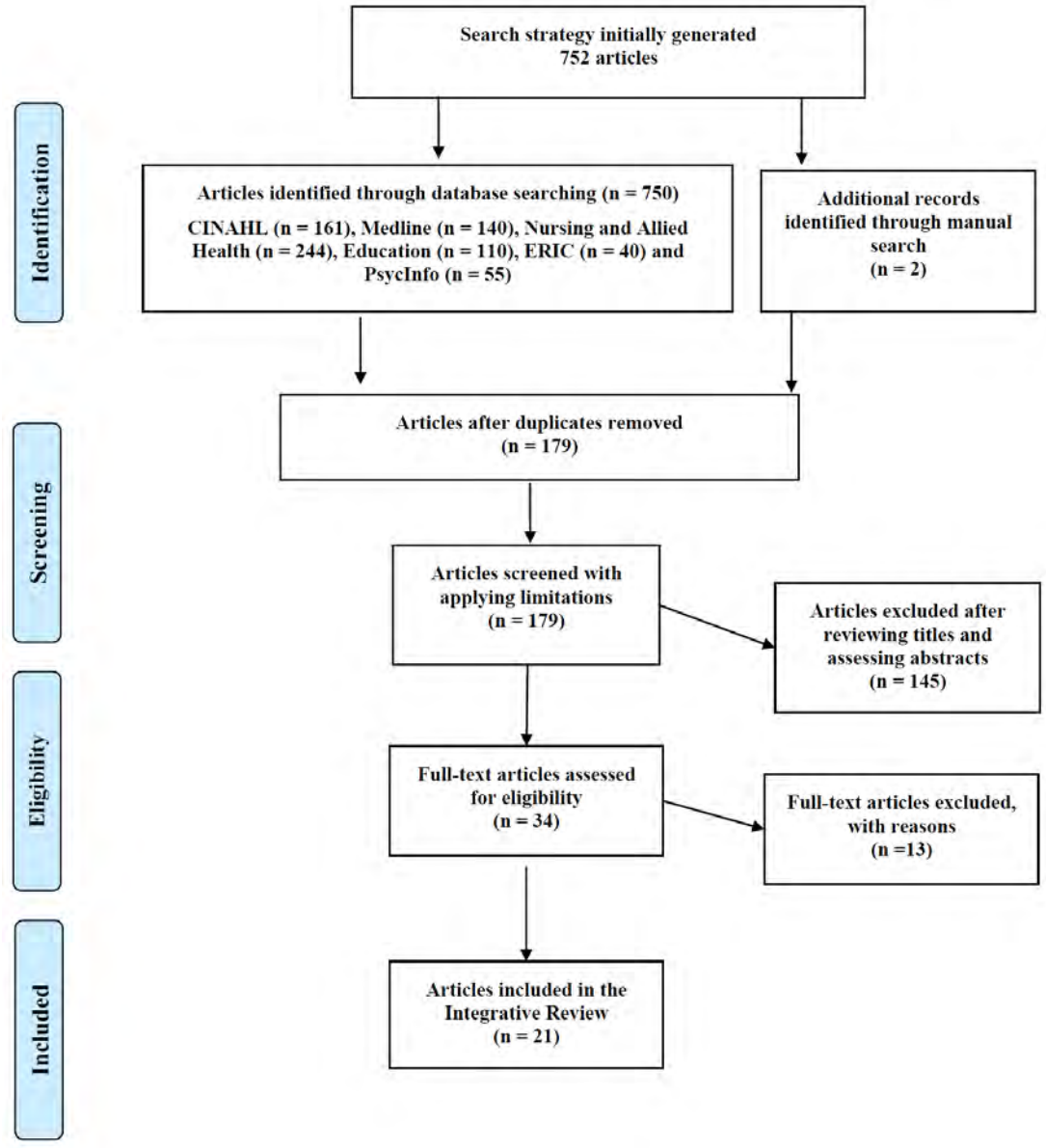

Figure 3.2: PRISMA flow diagram - Screening and search strategy/search outcomes

Additional screening was performed during the scanning and reviewing of the full texts of articles by employing one more exclusion criterion. Evaluation studies of education programs that relied on self-reported knowledge changes were excluded, as they did not include any questions that addressed empowerment. These were studies presenting subjective results relying on participants' feedback/perceptions about their experiences and did not research their experiences or levels of empowerment as a major concept. Analysis of participants' perceptions of the benefits of undertaking these activities might have been useful but did not provide a scientific answer as to whether their own perceptions empowered students or not.

Some studies, however, have been included in the review because they focused on the concept of empowerment and explored or examined students' empowerment, in addition to their perceptions/experiences. Following examination of full text, 21 articles addressing the inclusion criteria were included in this review (see Figure 3.2 and Table 3.1).

Table 3.1: Studies included in the integrative literature review

Author(S) (year) Country of origin of the study	Aim of the study	Study design and context	Participants	Key findings	Study limitations
Ahn & Choi (2015) South Korea	To identify predictors of empowerment for Korean nursing students in clinical practice	Cross-sectional design using a survey designed to measure factors that were hypothesised to influence nursing student empowerment (Psychological Empowerment) in clinical practice.	307 junior and senior nursing students from three nursing colleges in Korea, all of which had similar baccalaureate nursing curricula.	The hypothesised study variables were significantly correlated to nursing student empowerment, including clinical decision making in nursing, being valued as a learner, self-esteem, and a number of clinical practice fields.	The study reports on self-reported data, so potential bias is a limitation. Many other predictors related to nursing student empowerment were not included in this study (e.g., locus of control, information, support, resources). In addition, the results must be interpreted with caution and with consideration of cultural and educational differences among study participants and environments.
Babenko-Mould et al. (2015) Canada	To examine students' structural empowerment during simulated learning and actual nursing practice and assess students' self-efficacy for Public Health Nursing Competencies (PHNC) after involvement in a mass influenza vaccination clinic as a community practice experience	A non-experimental survey design using the Conditions of Work Effectiveness Questionnaire- II-Education: Vaccination Clinic Simulated Learning experience (CWEQ-II-ED-SL) and Actual Practice experience (CWEQ-II-ED-AP) instruments	A convenience sample of baccalaureate nursing students (n=228) enrolled in year three of the nursing education program in Southwestern Ontario	Students perceived themselves as structurally empowered after completing the simulated and actual community vaccination clinics. Students reported a high level of self-efficacy for PHNC after their actual community vaccination clinic involvement. There was a significant correlation between empowerment and self-efficacy,	Self-report bias is a potential limitation to the study. The findings might not be generalisable to programs that are not resourced similarly.

Babenko-Mould et al. (2012) Canada	To examine clinical teachers' and nursing students' empowerment, teachers' and students' perceptions of teachers' use of empowering teaching behaviours, students' perceptions of nurses' practice behaviours, and students' confidence for practice in acute care settings. To understand the influence of practice setting conditions on both teachers and students in acute care practice.	Cross-sectional survey design. This large study involved testing a model linking students' perceptions of teachers' use of Empowering Teaching Behaviours (ETB) to students' structural empowerment and self-efficacy for professional nursing practice.	A multilevel sampling design using clinical teachers (n=64), and baccalaureate nursing students (n=352) involved in an acute care clinical rotation during Year 2 of their four-year nursing program, from seven baccalaureate nursing program sites in Ontario.	Students reported nurses as using a high level of professional practice behaviours. Students felt confident for professional nursing practice. The findings have implications for practice contexts related to empowering teaching-learning environments and self-efficacy. Findings support Kanter's theory in a clinical nursing education context.	It may be difficult with a smaller sample size to determine how teacher empowerment ultimately affects students' confidence.
Beauvais et al. (2014) USA	To describe the relationship between emotional intelligence, psychological empowerment, resilience, spiritual well-being, and academic success in undergraduate and graduate nursing students.	A descriptive correlational design. Multiple instruments were utilised including the Mayer–Salovey–Caruso Emotional Intelligence Test (MSCEIT), Spreitzer Psychological Empowerment Scale, Wagnild and Young Resilience Scale, the Spiritual Well-Being Scale (SWBS)	124 participants including 51 graduate and 73 undergraduate students (70 undergraduate students in a traditional first professional degree program and three students in a RN to BSN program)	Across the entire sample, the relationship between psychological empowerment and academic success was weak but statistically significant ($p = 0{\cdot}033$). For the undergraduate student sample, academic success was not significantly correlated with psychological empowerment, resilience, or overall spiritual wellbeing in the undergraduate sub-group.	Due to the convenience nature of the sample and relatively small sample size, the sample may not be reflective of all nursing students. Thus, the results should be cautiously generalised. Also, self-reporting, which was utilised in the psychological empowerment scale, as well as with the self-reported GPA scores, can be susceptible to potential bias.
Bradbury-Jones et al. (2010) UK	To explore the empowerment of nursing students in clinical practice.	Hermeneutic phenomenology, longitudinal study	A purposive sample of 13 nursing students recruited from one university in the UK, for annual, in-depth interviews from the first to the third year of their undergraduate programme	By the end of the program, most students felt more empowered than they had at the beginning of their study. The participants attributed this to increased knowledge and confidence.	Due to the complexity of empowerment, the researchers could not be sure of isomorphism between their concept of empowerment and that of the student participants.

Bradbury-Jones et al. (2007a) UK and Japan	To explore the phenomenon of empowerment cross-culturally by comparing situations in which nursing students from the United Kingdom and Japan experienced empowerment and disempowerment in clinical practice.	A cross-cultural comparative study that used the Critical Incident Technique (CIT).	A convenience sample of nursing students was recruited from two schools of nursing in the UK (n=66) and Japan (n=20). Participants generated a total of 148 incidents (72 relating to empowerment and 76 to disempowerment).	The study suggests that, as a phenomenon, nursing student empowerment may transcend cultural and historical differences. Participants in both countries were exposed to different educational and clinical environments, but their experiences of empowerment and disempowerment were similar. Depending on the context, learning in practice, team membership and power were associated with either empowerment or disempowerment for both groups. UK students were aware of the importance of acting as patient advocates, although they could not always find the voice to perform this. Japanese students, however, appeared to be unaware of the concept of advocacy.	Methodologically, written, anonymous CIT resulted in an inability of the researchers to probe or check clarification of meaning. Philosophically, the concept of equivalence means that 'empowerment'may not translate well and that is attempting to explore the phenomenon cross-culturally may have been ambitious.
Bradbury-Jones et al. (2007b) UK	To explore the meaning of empowerment for nursing students about their clinical practice experiences.	Qualitative using critical incident technique (CIT) and the data were content analysed.	66 nursing students recruited from each of the three years of a three-year pre-registration nursing degree programme. 109 written critical incidents were collected from the participants relating to empowering and disempowering experiences in clinical practice.	The findings reported in this paper were part of Bradbury-Jones et al.'s (2007a) study, which included similar UK students. Nursing students experienced both empowerment and disempowerment in clinical placements. Continuity of placement, the presence of a mentor and time underpinned empowering experiences, whereas their absence had a disempowering effect. The participants were sometimes able to find a voice to articulate a viewpoint, to challenge, and to act as patient advocates.	The CIT method has inherent limitations in the lack of depth of descriptions generated from the written incidents, although the lack of deep description was, to some extent, balanced by sample size and range of incidents described.
Bradbury-Jones et al. (2011a) UK	To explore nursing students' experiences of empowerment in clinical practice and to capture	Hermeneutic phenomenological in-depth, semi-structured interviews.	A purposive sampling used to recruit first-year nursing students from a university in the UK (n=13). The participants were recruited to undertake an	The findings are part of a larger study (Bradbury-Jones et al., 2010; Bradbury-Jones et al., 2011b) which has the same participants. From the experience of students, there were	Geographically, the study was confined to one area in the UK, which limits transfer claims.

	how this changed as students progressed through their programme.		annual interview as they progressed from the first to the final year of the programme	many influences on nursing students' empowerment in clinical practice, including being valued as a learner, being valued as a team member and being valued as a person.	
Bradbury-Jones et al. (2011b) UK	This paper focused on the phenomenon of 'voice' and the extent to which nursing students could exercise their voices during their clinical practice experiences, as part of a study to explore the experiences of students as they progressed through their undergraduate nursing programme.	A qualitative study underpinned by hermeneutic phenomenology. Data were generated through annual, semi-structured interviews with each student participant, and focus group interviews were also held each year with a different group of students.	13 undergraduate nursing students	The findings are part of a larger study (Bradbury-Jones et al., 2010; Bradbury-Jones et al., 2011a) which has the same participants. Many students were unable to exercise their voice in circumstances where they would have wished to express an opinion, need or concern. In this longitudinal study, the voice was found to increase among most nursing students as they progressed through their programme. Students were aware that a strong voice could be counterproductive. Overall, the findings of the study show that some students relied on the exit option as opposed to exercising voice. The study findings indicated to the place that respecting students as learners could have, in promoting their empowerment, and thus their voice.	In this paper, the authors explored a phenomenon from within nursing, using a theoretical framework drawn from another discipline-economics. This poses questions regarding the appropriateness of transposing knowledge from one discipline to another.
Campbell (2003) USA	A pilot study conducted to explore processes related to empowerment and disempowerment among participants from the baccalaureate nursing program.	A qualitative study employing grounded theory approach used semi-structured interviews.	A sample of 16 participants from a baccalaureate nursing program, including six nursing school administrators, six nursing faculty members and four senior nursing students.	Cultivating, as a basic core process constructed, appeared to influence occurrences of empowerment and disempowerment in nursing education. Faculty members and students were found to be both empowered and disempowered. The study indicated the importance of the socialisation process and belonging in clinical practice, and it concluded that the nurses of today need to assume responsibility for bringing those "behind them with them", in order to	The author described conceptualisation of the empowerment and disempowerment as a cycle process, but this was not explained clearly.

				sustain a positive future for nursing. It was suggested that collaborative efforts between nursing education and clinical practice are necessary.	
Christiaens et al. (2008) USA	To describe nursing students' perceptions of their experiences at an annual conference of the American Holistic Nurses Association (AHNA) and to identify the benefits of professional conference attendance as an educational strategy for undergraduate nursing students.	A qualitative descriptive approach using daily journaling.	16 nursing students in their fourth or fifth semester of a five-semester undergraduate baccalaureate nursing program made daily journal entries about their perceptions of the conference.	Themes suggested that nursing students gained knowledge about holistic nursing and felt empowered through personal interactions with national, holistic, nursing leaders. Students felt empowered to increase their self-care and apply their new knowledge to practice. They felt a sense of support, love, and encouragement at the conference. Students interacted with many holistic nurses and mentors. This exposure caused the students to feel inspired, encouraged, and motivated. Students expressed an appreciation for the importance of lifelong learning.	The positions of the investigator and research assistant and preconceived notions could have affected the findings.
Falk-Rafael et al. (2004) Canada and USA	To determine whether a pedagogy grounded in feminist ideas had the potential to empower students to make changes consistent with those ideals in their personal and professional lives.	This study was conducted in two phases: Phase 1 was conducted using a reflective, descriptive design to elicit students' reflections on a course in which a specific feminist-based pedagogy was used. Phase 2 examined student empowerment using Barrett's Power as Knowing Participation in Change Tool (PKPCT).	A total of 218 students participated in seven-course offerings, four classrooms (n = 198) and three clinical settings (n = 20) in three baccalaureate nursing programs in Canada and the United States. Response rates: 95% of respondents were women, and 40% were post-RN students.	The study results suggest that feminist pedagogy was effective in empowering students and that empowerment in the classroom may extend into students' personal and work lives.	Limitations are related to lose of follow up and low response rates at one site, however, the results of this study supported its hypotheses. The results cannot be generalised to baccalaureate nursing students, as the sample included post-RN students.
Ibrahim (2011) Egypt	To investigate factors affecting assertiveness among nursing students.	Quantitative - a descriptive analytical design was carried out at the Faculty of Nursing. Two scales were used: Rathus Assertiveness	207 nursing students from four different grades of a baccalaureate program	The study results showed that 60.4% of the students were assertive (the fourth-year students recorded the highest percentage, while second-year students recorded	Generalisation is limited because the sample of the students was from one university.

		Schedule, consisted of 30 items to measure the students' assertiveness level, and the other one, a 12-item psychological empowerment scale, was used to measure students' psychological empowerment.		the least percentage), and about half of the students were empowered. There was a positive relationship between student assertiveness and psychological empowerment.	
Liao & Liu (2016) China	To investigate the influence of structural empowerment (an environmental resource) and psychological capital (an intrapersonal resource) on baccalaureate nursing students' competence.	Quantitative - a cross-sectional survey, using a self-assessment questionnaire, The Competence Inventory of Nursing Students (CINS), to measure nursing students' core competencies.	285 out of 300 senior baccalaureate nursing students in China practising in five major tertiary teaching hospitals completed the survey.	The study findings indicate that nursing students had medium-high levels of competence, structural empowerment and psychological capital. Students with perceived higher levels of structure empowerment and psychological capital were more likely to achieve higher levels of competence.	The study was a cross-sectional design so definitive conclusions cannot be drawn about causal relationships among Psychological Capital, structural empowerment and core competency. This study used convenience sampling, the subjects of the study may not be representative which may limit the generalisation of the results to other nursing students.
Livsey (2009) USA	To examine associations between professional behaviours of baccalaureate nursing students and student perceptions of select factors within the clinical learning environment by using a conceptual model developed and tested by Manojlovich in 2003, which proposes that self-efficacy mediates the relationship between structural empowerment and professional nursing practice behaviours	Comparative survey design. The non-experimental descriptive study included student perceptions of structural empowerment in the clinical learning environment, student sense of self-efficacy, student perceptions of nursing leadership provided by clinical faculty, and self-reported professional nursing practice behaviours among baccalaureate nursing students.	A randomly selected list of 1000 members of the National Nursing Students' Association (NSNA) enrolled in baccalaureate nursing programmes from 16 American states. 272 completed survey packets were received (30.6% response rate), and the remaining sample for analysis was n=243.	A direct relationship was found to exist between student perceptions of structural empowerment in their clinical learning environment and professional nursing practice behaviours among students.	The study may include a bias toward students who were likely to participate in professional development activities or who hold leadership positions for students in their programs

Mailloux (2006) USA	To examine the extent to which students' perceptions of faculty teaching strategies, students' contexts, perceptions of the learner, and empowerment predicted perceptions of autonomy.	The descriptive correlational study design used multiple measurements: Learner Empowerment Measure; Autonomy, the Caring Perspective and a demographic data questionnaire.	198 female senior generic baccalaureate degree (BSN) students were drawn from 32 nursing programs.	There was a significant direct effect ($p < .001$) between perceptions of learner empowerment and perceptions of autonomy. The findings from this study support a link between learner empowerment stated as a priority in nursing education, and autonomy identified as a priority in practice.	The results could not be generalised due to sampling. Also, the homogeneity of the sample was a limitation in this study.
Moore & Ward (2017) USA	To assess such perceptions within the learning environment experienced by baccalaureate nursing students in traditional, prelicensure programs.	A descriptive analysis of student perceptions of empowerment within the learning environment to identify a baseline level by using Conditions for Learning Effectiveness Questionnaire (CLEQ)	A convenience sample of 203 baccalaureate nursing students from different nursing schools in 17 states of the US.	Students demonstrated moderate degrees of structural empowerment in their learning environment.	The non-representative sample is a study limitation.
Pines et al. (2012) USA	To examine relations between stress resiliency and psychological empowerment, selected demographic characteristics and conflict management styles among baccalaureate nursing students.	A descriptive and inferential correlational study used multiple instruments, including the Stress Resiliency Profile, the Psychological Empowerment Instrument (PEI), the Conflict Mode Instrument and a demographic inventory.	A sample of 166 generic baccalaureate nursing students and pre-nursing majors in six courses.	Empowerment scores were significantly correlated with stress resiliency scores. Students with high scores on empowerment had high scores on the skill recognition subscale of the Stress Resiliency Profile suggesting more resilience; high scores on empowerment were related to high necessitating subscale scores of the Stress Resiliency Profile suggesting a predisposition to stress. The interpretive habits of deficiency focusing and low skill recognition were also related to empowerment scores.	The study limitation was about the low reliability of the PEI, which was formed primarily among adults in the business community. The use of a convenience sample limits the generalisability of the findings.
Pines et al. (2014) USA	A pilot study to determine the impact of simulated training exercises on nursing students' perceptions of resiliency, psychological empowerment and	A quasi-experimental pre-post design by using survey instruments: the Thomas-Kilmann Conflict Mode Instrument (TKI); the Stress Resiliency Profile (SRP) and the Psychological	60 nursing students enrolled in two upper division courses in the undergraduate baccalaureate nursing curriculum.	Little to no significant changes in empowerment and stress resiliency were demonstrated after training.	Larger sample sizes are needed.

	conflict management styles.	Empowerment Instrument (PEI)			
Pearson (1998) New Zealand	To explore the meaning of the phenomenon of empowerment in teaching-learning contexts from the perspective of the nursing student.	Qualitative – a grounded theory approach informed by emancipatory and feminist philosophies, with semi-structured individual interviews conducted on two occasions.	Six second year undergraduate nursing students	The program of education had the potential to empower students and, by the second year, students experienced empowering of their learning. Empowerment for students occurred, foremost, in the clinical practice setting and occurrence of empowering teaching/learning experiences were conditional, upon the students working with a nurse expert. Empowerment was more likely when certain conditions assisted the students to engage in praxis; students perceived an increase of power and confidence in taking on responsibilities.	No limitations were indicated by the author, but the sample was drawn from a single year level and research sitting. So, the generalisation of the study results is limited.
Siu et al. (2005) Canada	To test Kanter's structural empowerment theory within a university nursing student population. To examine the differences in perceptions of empowerment among students enrolled in either a PBL or a Conventional Lecture Learning (CLL) program, as well as the relationship between perceptions of structural empowerment in the learning environment and feelings of psychological empowerment.	A descriptive correlational survey design including measures of structural and psychological empowerment adapted to educational settings, as well as measures related to exposure to various learning strategies in the programs and clinical problem-solving abilities, after controlling the students in the CLL program.	Full-time nursing students enrolled in the final year of a basic baccalaureate nursing program at two Ontario universities; from the PBL program (n = 41) out of 83 nursing students and from the CLL program (n = 67) out of 70 students.	Structural empowerment was strongly positively related to psychological empowerment. Students in the PBL program perceived their learning environment to be structurally empowering, which was significantly higher than students in the CLL program. PBL students were also significantly more psychologically empowered than the other students from the CLL program. The results of the study support the applicability of Kanter's theory of nursing education.	Generalisation is limited because the sample included students from only two nursing programs. Social desirability bias to self-report questionnaires was also a potential problem.

3.4.5 Evaluation of the studies

Given that integrative reviews include both quantitative and qualitative studies with non-experimental designs, a quality appraisal of study methods was not conducted, and all included studies were published in the peer reviewed literature. No papers, therefore, were excluded due to quality issues once they met the inclusion criteria. On the other hand, critical appraisal is required for determining the quality of the selected literature, because assessing the quality of the studies is associated with the assessment of the risk of bias (Liberati et al., 2009). Thus, the methodological quality, rigour, information value and representativeness of the studies are considered and discussed in the next section of this review, as needed, according to the integrative review guiding framework (Whittemore & Knafle, 2005).

3.4.6 Analysis and findings of the studies

The systematic search identified studies from a range of different countries. The majority of studies (n=8) were undertaken in the USA (Beauvais, Stewart et al., 2014; Campbell, 2003; Christiaens, Abegglen & Rowley, 2008; Livsey 2009; Mailloux, 2006; Moore and Ward, 2017; Pines et al., 2012, 2014). The study by Falk-Rafael, Chinn et al. (2004) was conducted in both the US and Canada. There were also three more studies from Canada (Babenko-Mould, Ferguson, Riddell, Hancock, & Atthill, 2015; Babenko-Mould, Iwasiw, Andrusyszyn, Laschinger, & Weston, 2012; Siu et al., 2005), and five papers from the United Kingdom (Bradbury-Jones, Irvine et al., 2007a, 2007b; Bradbury-Jones, Irvine et al. 2010; Bradbury-Jones, Sambrook and Irvine, 2011a, 2011b). The study by Bradbury-Jones et al. (2007a) was also conducted in Japan. The remaining studies were undertaken in a range of other countries, namely one in each of China (Liao & Liu, 2016); Korea (Ahn & Choi, 2015) and New Zealand (Pearson, 1998). The only single study emerging from the Middle East region was from Egypt (Ibrahim, 2011). Six of the included studies were undertaken within the past five years, thirteen studies within the past 15 years and the remaining two studies were older than 15 years.

The methods used in these studies were varied and included qualitative, quantitative, and mixed methods. To gain an understanding of the magnitude of the similarities and differences in reporting students' empowerment, evaluation, comparison and analysis of the included studies were undertaken. The data elements of the included papers, their aims, methods, study participants and sample size, main findings and limitations are provided in Table 3.1. Studies

were sorted into broad themes according to their theoretical approaches to empowerment and/or generated models of empowerment in academia, to synthesise the data for this review, which explores what is known about the empowerment of nursing students. There were studies that examined the relationship between structural and/or psychological empowerment and learning satisfaction in nursing education (Liao & Liu, 2016; Siu et al., 2005). Both of these types of the study found a relationship between the concepts. The study findings of Liao and Liu (2016) in China indicate that nursing students had medium to high levels of competence, structural empowerment and psychological capital. Students with perceived higher levels of structural empowerment and psychological capital were more likely to achieve higher levels of competence (Liao & Liu, 2016). Siu et al. (2005) found that all students in the PBL program perceived their learning environment to be structurally empowering, which was significantly higher than students in the CLL program, and they were significantly more psychologically empowered than the other students from the CLL program. The results of the study support the applicability of Kanter's theory of nursing education (Sui et al., 2005). In a study of 203 baccalaureate nursing students from different nursing schools in 17 states of the US, students demonstrated moderate degrees of structural empowerment in their learning environment (Moore & Ward, 2017).

According to Siu et al. (2005), students who accessed empowerment structures and mobilised them to further their learning could receive feedback, such as information, guidance or support, and had the opportunity to practise and develop their use of reflective actions as part of their educational program. This assisted students in having more meaningful learning and fostered competence, self-determination and impact. Siu et al.'s (2005) study supports the relationship between the concepts of empowerment in nurse education and within different learning environments. The literature indicated that structural empowerment had been associated with increased self-efficacy in practice and psychological empowerment (Babenko-Mould et al., 2015; Babenko-Mould et al., 2012; Liao & Liu, 2016; Livsey, 2009; Siu et al., 2005).

There were three studies that examined the relationship between structural empowerment and self-efficacy. Livsey (2009) found a direct relationship existed between student perceptions of structural empowerment in their clinical learning environment and professional nursing practice behaviours among students. In Babenko-Mould et al.'s (2015) study of 228 baccalaureate nursing students in Canada, students perceived themselves as structurally empowered and reported a high level of self-efficacy, finding significant correlation between

empowerment and self-efficacy. Another study conducted by Babenko-Mould et al. (2012) that included 352 students, found that students felt confident for professional nursing practice. The findings have implications for practice contexts related to empowering teaching-learning environments and self-efficacy.

Some of the reviewed studies addressed learning characteristics and empowerment in nurse education from a psychological perspective. For example, the findings from Mailloux's study (2006) supported a link between learner empowerment stated as a priority in nurse education and autonomy identified as a priority in practice. The direct effect between perceptions of learner empowerment and f autonomy was significant (Mailloux, 2006), but this was not specifically in relation to clinical practice, focusing on autonomy rather than empowerment. Furthermore, the study of 307 students in South Korea (Ahn & Choi, 2015), identified predictors of psychological aspects of empowerment in clinical practice including clinical decision making, being valued as a learner and self-esteem; and these study variables were significantly correlated to nursing student empowerment. On the other hand, for a sample of 73 undergraduate students in Beauvais et al.'s study (2014), academic success was not significantly correlated with psychological empowerment, resilience, or overall spiritual wellbeing in the undergraduate sub-group. The convenience nature of the sample including graduate and undergraduate students in this study and the relatively small sample size were considered limitations to generalising results, in addition to the self-reporting that could be susceptible to potential bias.

In another study, Pines et al. (2012) examined relations between stress resiliency and psychological empowerment among baccalaureate nursing students. It found that empowerment scores were significantly correlated with stress resiliency scores; students with high scores on empowerment had high scores on the skill recognition subscale of the Stress Resiliency Profile suggesting more resilience (Pines et al., 2012). In another study (Pines et al., 2014) piloting the tool to determine the impact of simulated training exercises on nursing students' perceptions of resiliency, psychological empowerment and conflict management styles, little to no significant changes in the concepts were demonstrated after training. A single study (Ibrahim, 2011) from the Middle East (Egypt) identified in this review was conducted to investigate factors affecting assertiveness among nursing students and to measure students' psychological empowerment. Half of the students were found to be empowered, and there was a positive relationship between student assertiveness and psychological empowerment (Ibrahim, 2011).

The concept of empowerment in nursing has been explored widely in the literature, but there is little around empowerment in nurse education and, particularly, in clinical practice. The literature review identified some studies related to undergraduate nursing students, which quantified empowerment by utilising the organisational theory of Kanter (1993) (Babenko-Mould et al., 2012, 2015; Liao & Liu, 2016; Livsey, 2009; Moore & Ward, 2017); the psychological theory of Spreitzer (1995a) (Ahn & Choi, 2015; Beauvais et al., 2014; Ibrahim, 2011; Pines et al., 2012, 2014) or both theories (Siu et al., 2005). Whereas self-efficacy was measured and addressed in a few studies (Babenko-Mould et al., 2012, 2015; Liao & Liu, 2016; Livsey, 2009). Furthermore, while few studies have measured the impact of empowerment on nursing students, Siu et al. (2005) did conduct a study that examined the differences in students' perceptions of structural and psychological empowerment in a PBL versus a conventional learning program. This demonstrates that empowerment can be understood as having both structural and psychological components, as derived from Kanter's (1977) theory of structural power in organisations and Spreitzer's (1995a) conceptualisations of psychological empowerment.

It has also been seen that other available research used qualitative methods and/or utilised other theories. For example, from a critical social theory perspective, grounded theory approach was used in three studies to explore processes related to empowerment and disempowerment among participants from the baccalaureate nursing program (Campbell, 2003), to examine students' perceptions of empowerment by using feminist philosophy (Pearson, 1998) and to examine pedagogy grounded in feminism (Falk-Rafael et al., 2004). The occurrence of empowerment and disempowerment in nurse education was influenced by constructing a cultivation process in the study by Campbell (2003), and indicated the importance of the socialisation process and belonging in clinical practice although that the study was not focused on empowerment in clinical practice. Pearson's (1998) study in New Zealand found that students' experiences of empowerment were more likely when certain conditions assisted them to engage in praxis; students perceived an increase of power and confidence in taking on responsibilities in the clinical practice setting but the study was limited by sample size. Whereas, the results of a study by Falk-Rafael et al. (2004) suggested that feminist pedagogy was effective in empowering students in the classroom, but this result was concluded from a sample of pre- and post-registration students, not on undergraduate students.

Some qualitative studies identified achievement of empowerment through personal interactions with nursing leaders. One qualitative descriptive study using daily journaling suggested that nursing students gained knowledge about holistic nursing and felt empowered through personal interactions with national, holistic, nursing leaders, and found that students felt empowered to increase their self-care and apply their new knowledge to practice (Christiaens et al., 2008). A critical incident technique was used in a two studies to explore the phenomenon of empowerment cross-culturally from nursing students in UK and Japan; and to elicit the meaning of empowerment for nursing students in clinical practice for UK students by Bradbury-Jones et al. (2007a; 2007b). Participants in both countries were exposed to different educational and clinical environments but their experiences of empowerment and disempowerment were similar depending on the context (Bradbury-Jones et al., 2007a); and the findings from the students in the UK (Bradbury-Jones et al., 2007b) indicated that continuity of placement and the presence of a mentor as well as time underpinned empowering experiences whereas their absence had a disempowering effect.

A hermeneutic phenomenological approach to uncover students' real-life experiences and their understandings of the concept of empowerment was conducted in a longitudinal study of 13 students in the UK, with findings demonstrated in three articles by Bradbury-Jones et al. (2010, 2011a, 2011b). Bradbury-Jones et al.'s research found that students' feelings of empowerment was found by the end of their study rather than at the beginning, and they attributed this to increased knowledge and confidence (Bradbury-Jones et al., 2010); there were many influences on nursing students' empowerment in clinical practice including being valued as a learner, as a team member and as a person (Bradbury-Jones et al., 2011a); and the findings indicated that respecting students as learners promoted their empowerment, and thus their voice (Bradbury-Jones et al., 2011b). The contribution of Bradbury-Jones et al.'s research showed the importance of empowerment in nurse education and practice, although the process of empowerment in practice was not well clarified; there specifically appears to be a lack of literature on how nursing students are empowered in clinical practice (Kennedy et al., 2015).

3.5 Chapter Summary

This chapter has examined the existing contemporary literature around PBL and empowerment, the key underlying concepts in the current study. It has described the origins of PBL through medical education and into nursing. The review has highlighted that PBL is

utilised in nursing education to develop critical thinking, decision making and teamwork skills. While much has been written about PBL in nursing, contemporary literature on the topic has only recently emerged from eastern countries. The integrative review was performed to explore the concept of empowerment in the nursing education, particularly at the undergraduate level. This review provided evidence of insufficient research of the concepts of empowerment and their applicability to undergraduate nursing students in the clinical setting. The reviewed studies used either quantitative or qualitative methods. In addition, the literature, to date, has not examined widely if, and how, PBL enhances students' empowerment. Furthermore, there were no studies of empowerment emerging from the Saudi context. These research gaps form the basis of the current study. The next chapter describes the methodology employed to examine these concepts.

Chapter 4: Methodology

4.1 Introduction

The previous chapter provided an overview of existing literature on the key concepts underpinning the study, namely, empowerment and problem-based learning. It provided a narrative and integrative literature review addressing the concept of empowerment. The review identified that, to date, there had been no previous research examining nursing students' empowerment in Saudi Arabia and considering the concepts of empowerment in nursing education. This chapter introduces the current mixed methods study and describes the methodology employed to answer the research question. The study involved two phases. Phase one involved collecting demographic information and quantitative measures of key variables, including empowerment, that was identified in the literature as being critical to building the capacity of nurses to lead change processes in healthcare. These data were compared between one student group experiencing traditional learning approaches and another using PBL. Findings from phase one subsequently informed the phase two qualitative interviews and focus groups, which allowed for deeper exploration of students' empowerment in learning and the barriers and enabling factors for critical thinking and problem-based approaches to healthcare improvement in Saudi Arabia.

This chapter presents the theoretical framework that guided the two phases of this study, that is, it explains how the study design was informed by the conceptual framework. The chapter also provides an overview of the mixed methods study design and methods for both phases of the study. Phase one includes sampling methods, participant descriptions, instruments and procedures for data collection and analysis, according to the quantitative measures. Phase two consists of qualitative data collected from two categories (students and academics) and the qualitative analysis. Practical and ethical considerations are also presented in this chapter.

4.2 Theoretical Framework

As discussed in Chapter Three, Freire's (1972) ideas of transformation through education was used as the theoretical framework for this study. Freire's (1974) concept of power involves a process of identifying and critically analysing the social, political and historical roots of a current situation, and developing strategies to initiate change and overcome obstacles in achieving goals. Freire did not, however, conceptualise 'empowerment' but considered it as a social act and so provided a critical understanding and consciousness that is the central to critical theory (Freire, 1972; Freire & Shor, 1987). That is, the individual is the centre of his/her life and needs to understand the situation, circumstance and the environment that he/she lives, including the social and educational environment (by reflection and action), to develop the critical awareness required to initiate positive changes (Freire, 1972). Hence, the development of personal awareness facilitates transformation and, in this context, the process of empowerment.

The theoretical framework of empowerment, as outlined by theorists (Kanter, 1977; Spreitzer, 1995a) and associated with Bandura's theory of self-efficacy (1997), guided the design of this study and provided a logical structure that assisted in providing a picture of how the ideas related to each other within the theoretical framework (Grant & Osanloo, 2014). In addition, the three theoretical approaches to empowerment and self-efficacy theory were employed in this study to inform the knowledge generated from its findings. Thus, to better understand both the educational role and cultural influences that impact nursing students during their education, Kuokkanen and Leino-Kilpi (2000) referred to empowerment as an umbrella concept of professional development in nursing and suggested that power and empowerment could be viewed from three substantial perspectives: critical social theory, organisational and management theory, and social psychological theory perspectives. The concepts of empowerment, including both structural and psychological empowerment and the associated concept of self-efficacy, were important to measure as they are regarded as necessary to ascertaining whether problem-based learning can help to enable participants overcome systemic sources of subordination inherent in the way that nursing is perceived as a profession in Saudi Arabia.

For this reason, nursing student empowerment was seen as an important variable in the current study. One challenge, however, is that the concept of empowerment has multiple dimensions. As discussed in Chapter Three, power and empowerment in nursing have been analysed and conceptualised from many perspectives in the literature (Gibson, 1991; Hokanson-Hawks, 1992; Rodwell, 1996). In spite of this, agreement on a clear view of what it means to be empowered is limited (Kuokkanen & Leino-Kilpi, 2000). Therefore, a mixed theoretical approach study was seen to provide an opportunity to view empowerment from a psychological or individual perspective and an organisational perspective, as well as from the perspective of a critical social theory. This provided a broader lens to explore empowerment and how it was experienced by participants.

4.2.1 Empowerment

It is also defined as “the interpersonal process of providing the resources, tools, and environment to develop, build, and increase ability and effectiveness of others to set and reach goals for individuals and social needs” (Hokanson-Hawks, 1992, p. 610). It is also seen as an active experience, mobilising resources and enabling innovative ways to change (Rodwell, 1996) and, therefore, it is recognised as an enabling process or product (Gibson, 1991) resulting from mutual sharing of resources and opportunities that enhance the decision-making process to achieve change. Indeed, empowerment is a process, and a single measurement cannot adequately capture it (Gibson, 1991). Accordingly, multiple measurements and examinations were seen to be the best approach for this study context.

The concept of empowerment in nursing has been explored widely in the literature but little has been written around empowerment in nursing education, particularly in clinical practice. The literature identifies few studies related to undergraduate nursing students but demonstrates that empowerment can be understood as having both structural and psychological components, as derived by Kanter's (1977) theory of structural power in organisations and Spreitzer's (1995a) conceptualisations of psychological empowerment within nursing education (Lethbridge, 2010; Siu et al, 2005), along with the association of self-efficacy in empowerment (Babenko-Mouldet al., 2012; Livsey, 2009).

4.2.2 Organisational/structural empowerment

The organisational theory of Kanter (1977) identifies the dimensions of empowerment as social structures in organisations including access to information, support and resources as well as having opportunity, which all contribute to an empowering workforce and environment, that is, high levels of structural empowerment come from access to these structures. The structure of information refers to the technical knowledge or expertise needed to have effective functions, whereas the access to resources for goal accomplishment includes materials, money, and the time required to meet the goals (Kanter, 1993; Siu et al., 2005). Similarly, the access to support includes receiving feedback, guidance or advice and the ability to make decisions within the organisation.

Access to empowerment structures is enhanced by formal power and informal power. Structures of formal power include characteristics of the workplace, such as discretion for decision-making, visibility and flexibility relevant to organisational goals (Kanter, 1993). Informal power structures refer to social connections within the organisation, including the relationship with sponsors, peers, and subordinates who provide information or support (Kanter, 1977, 1993). According to Kanter (1993), high degrees of formal and informal power perceived by individuals lead to increased access to the organisational work structures, including opportunity, information, support, and resources for learning. Kanter (1993) suggested that, to empower people, organisations must make information more available across all levels of the organisation and through more resources. In the current study, 'organisations' refer to educational environments, across both academic and clinical learning environments. The empowerment of learning organisations provides access to both formal and informal power structures.

4.2.3 Psychological empowerment

Psychological empowerment is determined by Spreitzer (1995a) as an interpersonal process by which individuals gain control or power over their lives. The theory of psychological empowerment, developed by Spreitzer (1995a), recognises a set of dimensions that are necessary in order for an individual to feel empowered by measuring the four dimensions of psychological empowerment, as identified by Thomas and Velthouse (1990), namely, meaning, competence, self-determination and impact. Meaning refers to the conformity between an individual's

beliefs, values and behaviour and the requirements of the workplace (learning environment). Competence refers to the individual's confidence and ability in performing activities in his/her work (learning tasks) skilfully. Self-determination, including choice/autonomy, refers to the feeling the individual has in setting and regulating their work and learning behaviours, and impact is the feeling of effect that individuals believe that they have within their work organisation (learning environment). Positive responses to the four cognitive dimensions indicate that the person feels psychologically empowered and is better able to work more effectively. Low responses to any of the four dimensions indicates limited empowerment (Spreitzer, 1995a). This interpersonal component is believed to be the most important mediator of the relationship between structure and behaviour (Spreitzer, 1995b).

4.2.4 Self-efficacy

The social cognitive theory of self-efficacy, developed by Bandura (1997), also informed the current study. Empowerment has been linked with self-efficacy, as conceptualised by Conger and Kanungo (1988), as a motivational concept of self-efficacy. In terms of Bandura's (1986) model, the belief of an individual's self-efficacy enhances their empowerment. A person's perception of their own self-efficacy is the most important determinant of behavioural change and a stronger indicator of behaviour than any expected outcome or performance (Bandura, 1997). Furthermore, self-efficacy is involved with competence as a component of psychological empowerment (Spreitzer, 1995a); that is, self-efficacy is considered to be an important aspect of professional practice. Because Bandura's work informed the conceptual framework for the current study, the decision was made to include a self-efficacy measurement in the study design. Measuring the self-efficacy of the students in this study allowed further exploration of their capabilities, their self-evaluation, and any perceived increase in their experiences of empowerment.

4.2.5 Conclusion

It is reasonable to expect that developing the concepts of structural social empowerment, psychological empowerment and self-efficacy together during undergraduate nursing programs has the potential to better prepare students for practice. Thus, it is essential to understand whether nursing students in Saudi Arabia perceive their learning environments as both structurally and psychologically

empowering and how they envisage their self-efficacy during their undergraduate studies. Within the proposed theoretical framework, it was possible to examine the role of the educational process in developing these concepts, by measuring students' perceptions quantitatively. Furthermore, studying the concepts of empowerment and self-efficacy within the proposed qualitative methods provided a view on students' perceptions and their experiences that influenced their professional practice behaviours. The next section explains how the resulting study was designed.

4.3 Research design

This research was designed to explore the empowerment of undergraduate nursing students through their learning programs in Saudi Arabia. The focused research questions were:

- Do nursing students gain personal power and strength to deal with real world issues facing Saudi nurses by undertaking a PBL program?
- How do Saudi nursing students experience empowerment in their courses?

The chosen research design for this study was a mixed methods design. It involved two phases to explore the perceptions of empowerment among undergraduate nursing students in two different approaches to nurse education in Saudi Arabia, as well as among facilitators from one program. According to Creswell and Plano Clark (2007, p. 5) the use of mixed methods " involves philosophical assumptions that guide the direction of the collection and analysis of data and the mixture of qualitative and quantitative approaches in many phases of the research process". Mixed methods approaches have gained increasing acceptance across many disciplines, such as nursing, health and education (Creswell & Plano Clark, 2011; 2018).Mixed methods involve the collection of diverse data sources, which is consistent with the observation of Green, Benjamin and Goodyear (2001) that this facilitates the exploration of complex research questions. Collecting quantitative and qualitative data in two phases allows the data from one source to enhance, elaborate, or complement data from the other source (Creswell & Guetterman, 2019). This methodology increased the study's validity, through triangulation of quantitative results with findings from qualitative group interviews (focus group discussions and

individual interview), as indicated by Rocco, Bliss et al. (2003). Since little or nothing was previously known about the concepts of empowerment in nursing education in Saudi Arabia, it was essential to include inductive approaches that could help elucidate participants' perceptions in relation to empowerment through students' nursing studies. Thus, this process needed to incorporate qualitative data because quantitative data could not provide an in-depth understanding of the constructs informing this study.

Phase one of the study involved using psychometric tools, to gather objective data through reasoning tests, and personality and ability assessments, to measure the study variables, including structural and psychological empowerment and self-efficacy. Phase two employed qualitative research methods, including focus group discussions and individual interviews. The following section details the research questions related to each phase and the specific research designs undertaken to address these questions.

4.3.1 Participants and settings

The research was conducted at two academic sites and a teaching hospital in the Qassim and Riyadh regions of Saudi Arabia. The academic institutions included a college of nursing that utilised PBL approaches and another nursing college that relied on traditional learning (TL) approaches. Both were divisions/faculties of Saudi public universities, managed and operated by the Ministry of Higher Education. (the name was later changed to Ministry of Education). These universities were two representatives of the broader educational practice in Saudi Arabia and, particularly, in their regional locations. Furthermore, choosing a college utilising PBL was limited to one site because there was no other nursing school, to our knowledge, using this in Saudi Arabia at the time of commencing this study.

The location of the university utilising PBL style in the nursing program is in the middle region of Saudi Arabia. Given the diverse culture in Saudi Arabia, due to the socio-cultural and geographic factors described by Hamdi and AIHaidar (1996), the other university utilising a TL nursing program was selected based on its location in the middle region of the country. This middle region of Saudi Arabia, including the Qassim and Riyadh region, has a common culture and is more accessible than other regions. The decision to limit the study to these two universities in that region

was also pragmatic, as it was not possible to engage other universities with the available time and resources. In addition, part of this research took place at a teaching hospital, to undertake data collection from participants from the nursing college that was utilising the PBL program. Selecting that hospital was based on arrangements with the educational institution.

4.4 Phase One: Quantitative survey

An inferential longitudinal study design was used to examine how students undertaking two different nursing undergraduate programs (PBL and TL) changed their perceptions of their empowerment and self-efficacy over time during one semester (one academic semester of five months), as they progressed through their first clinical placements. Hence, data were collected at two time points. The first research question being addressed in phase one was: Following a semester of clinical placement, is there a difference between the PBL group and TL group for structural empowerment, psychological empowerment, global empowerment and self-efficacy?

The primary research outcomes of interest for this study were differences in empowerment and self-efficacy scores between the two groups following a semester of clinical placement.

The second research question was: Are there differences in empowerment and efficacy scores within the PBL and TL groups from time I (beginning of clinical placement) to time II (after completing first semester of clinical placement)?

The secondary research outcomes of interest for this study were differences in the empowerment/efficacy scores within the PBL and traditional groups from time I (at the beginning of clinical placement) to time II (after completing first semester of clinical placement).

4.4.1 The sample

The study sample consisted of two groups of undergraduate nursing students located in two different institutions based on their program style, a PBL curriculum and a TL program, from the two public universities in Saudi Arabia. This allowed a better understanding of the effect of two different approaches to learning in nursing education, as suggested by Siu et al. (2005). Convenience sampling was utilised and was based on the availability and accessibility of participants. It was recognised that,

in this sampling approach, people can self-select to participate, so there is a possibility that people who hold strong views might be more inclined to participate (McKenna & Copnell, 2019). Nevertheless, this sampling technique was the most practical and is commonly used in qualitative research because it allows the researcher to select individuals faster and more readily (Johnson & Christensen, 2008; McKenna & Copnell, 2019). Randomisation was not possible with such a new PBL program because the program had only been utilised in nursing education for a few years in Saudi Arabia and at only one institution at the time this study commenced. It was assumed, therefore, that the main sample of PBL would reasonably represent the population for the context of this study. In addition, the choice of two institutions meant that participants came from the same region or regions close to each other in Saudi Arabia, which ensured that cultural aspects were comparable, as mentioned previously with respect to selecting the research settings (section 4.3.1).

Although the educational programs were operating in different public universities, students from both groups were comparable, with regard to their educational levels; that is, a restriction for the sample was applied to students who had entered their programs after completing high school and had completed the university foundation year (an essential year for enrolment in all Saudi universities). The target population was limited to students who were enrolled in their first semester involving clinical placement as a component of their undergraduate nursing program. This clinical placement was included in the second year of nursing studies, more specifically in semester one of the second year. Importantly, students from both groups had attended at least one clinical day/week during their academic semester before participating in the study. This assisted with having comparable subjects and explaining educational access and its effects, either using TL or PBL in early year levels, including in the students' preparation for clinical placements. To determine the sample characteristics, the inclusion criteria applied were:

- Undergraduate female nursing students on their first-year clinical placement
- No previous nursing-related work experience, clinical experience in hospital environments or enrolment in other health professional program

involving clinical experience prior to commencing their current nursing studies.

- Enrolment in the nursing degree course at one of the two sample universities located in the middle region of Saudi Arabia.

Female gender was an inclusion criterion because of two reasons. One of these was that one of the study educational institutions only recruited female students so that the PBL program was available only for females. The other reason was that, although the TL program was provided for both genders, it was not possible to include males in the study because the males are segregated from females in university, which is normal practice across universities in Saudi Arabia, according to the educational system and regulations. The study participants, therefore, were female undergraduate nursing students recruited from two universities in the middle region of Saudi Arabia: one which delivered a PBL curriculum in Qassim and another which delivered a traditional curriculum in Riyadh, the country's capital city. Hence, including the two universities ensured that the study encompassed the experiences of students studying in both a major city location and a regional centre.

4.4.2 Research tools

The concepts of empowerment, including its structural and psychological aspects, and the associated concept of self-efficacy were important to measure, as they were necessary to ascertain whether PBL could help to enable participants to overcome systemic sources of subordination inherent in the way that nursing is perceived as a profession in Saudi Arabia. In the current study, the research concepts were focused on participants' learning environments, particularly in clinical practice. The psychometric questionnaires utilised were chosen to measure the aspects of Kanter's concept of empowerment and concepts of formal power, as well as informal power (Kanter, 1977, 1993; Laschinger Finegan, Shamian, and Wilk, 2001), using the Conditions of Learning Effectiveness Questionnaire (CLEQ), including a global empowerment scale (Siu et al., 2005), to measure aspects of psychological empowerment using the Psychological Empowerment Scale (PES) (Spreitzer, 1995a, 1995b) and to measure self-efficacy beliefs using the General Self-Efficacy Scale (GSES) (Schwarzer & Jerusalem, 1995) (See Appendix 2.1). The tools were utilised in this study with no modification or changes, other than translation from the English to the Arabic language (see Appendix 2.2) (more details in section 4.4.2.5). The

decision was taken to keep the original scoring and wording for all questionnaires, as presented in the studies within nursing education, including Lethbridge's (2010) thesis and Siu et al.'s (2005) study. This had the benefit of allowing the published validity and reliability of those measures to be used and a comparison to be made with the results of previously published research. Permission to use the copyrighted material was obtained from each of the tool developers (See Appendix 3).

To ensure that the questionnaires were legible and relevant for nurses in Saudi Arabia, the questions were reviewed by nursing colleagues, who confirmed their relevance and appropriateness. The questions and their order were clear and relevant to the context of nursing in Saudi Arabia, as commented upon by qualified Saudi nursing professionals and experts in clinical practice and research [MB; NN; and SE] (Personal communication, June 2014). This was considered an important process for confirming the study rigour and careful conduct of the research.

4.4.2.1 Measures of structural empowerment

Structural empowerment was measured by using the Conditions for Learning Effectiveness Questionnaire (CLEQ) (HSIU & Laschinger, 2006), which was developed to assess students' perceptions of structural empowerment in the study by Siu et al. (2005). Siu et al. (2005) tested Kanter's structural empowerment and the relationship between perceived structural empowerment and feelings of psychological empowerment among undergraduate nursing students. The CLEQ is a modification of the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II), developed by Laschinger et al. (2001), which was a modification of the original CWEQ. Siu et al. (2005) developed the CLEQ based on the tenets of Kanter's (1993) theory and a qualitative study of nursing students' empowerment conducted by Sinclair (2000).

The CLEQ comprises the following six components of Kanter's conception of empowerment: access to support, the opportunity to learn and develop, access to information, access to resources, informal power, and formal power. Each of these forms the basis for a subscale rated on a five-point Likert scale (Siu et al., 2005). Each subscale has related items, ranging from two to seven items, with a total of 30 items. The score range for each subscale is from one (none) to three (some) to five (a lot), and the total score is calculated by summing the six mean subscale scores with a total range of 6 to 30 (Siu et al., 2005). Higher scores indicate increased access to

each of the empowerment structures. The reported internal consistency reliability (Cronbach's alpha) for the CLEQ total scale was excellent in Siu et al.'s (2005) study, 0.91 in a sample of 41 students enrolled in a PBL program and 67 from a conventional lecture learning program. It had been also reported in three time points as ranging between 0.93 to 0.95 (Lethbridge, 2010).

4.4.2.2 Measures of psychological empowerment

Students' perceptions of psychological empowerment were measured using the Psychological Empowerment Scale (PES) developed by Spreitzer (1995b), and as worded items by Siu et al.'s (2005) study, to match the learning environment. The PES is a 12-item questionnaire with four subscales that measure aspects of psychological empowerment namely, meaning, competence, self-determination, and impact (Spreitzer, 1995b). Each subscale has three items on a five-point Likert scale ranging from 1 (very strongly disagree) to 5 (very strongly agree). A mean score for each subscale is calculated by summing and averaging the items, and a total score is derived by summing and averaging the mean subscale scores (range 1-5). Higher scores indicate increased perceptions of each dimension of psychological empowerment. The total PES Cronbach's alpha reliability has been established in the range from 0.72 to 0.89 (Laschinger et al., 2001; Lethbridge, 2010; Spreitzer, 1995b; Siu et al., 2005). The PES has been utilised in many nursing educational studies in different countries, as reviewed in the previous chapter. Kennedy et al.'s (2015) review also outlined a range and variety of studies demonstrating that empowerment is relevant and applicable to an international audience and that the PES is not culturally bound. The PES was previously used in a study (Al-Aseeri & Ezzat, 2007) in the KSA with a sample from ICU nurses at Saudi governmental hospitals, hence, has already been applied to a Saudi context. The authors, Al-Aseeri and Ezzat (2007), stated that internal consistency for the questionnaire was assured.

4.4.2.3 Measures of Validation Index

A two-item measure of global empowerment (GE) in the learning environment is included at the end of the CLEQ. It was first added to the CWEQ in 1995 (Laschinger, 2012) and then for the PES and the CLEQ (Siu et al., 2005), as a validation index. Response alternatives are on a five-point scale for both items, ranging from 1 (very strongly disagree) to 5 (very strongly agree). The total score is calculated by summing and averaging the two items, and higher scores represent

more positive perceptions of working (learning) in an empowered environment (Laschinger, 2012). According to the user guide for the CWEQ-II (Laschinger et al., 2001), the GE is used for construct validation purposes, and the score of its two-items is not included in the total structural empowerment score. The correlation between the GE score and the total structural empowerment score provides evidence of construct validity for the structural empowerment measure (Laschinger et al., 2001). In this study, however, correlations, to examine the relationship between scales, were not obtained, due to small samples that would not provide reliable results. Furthermore, this examination is not aimed for the current study. The Cronbach alpha values of 0.91 (PBL program) and 0.80 (Conventional Lecture Learning [CLL] program), which are considered excellent and very good respectively, were reported by Siu et al. (2005).

4.4.2.4 Measures of general self-efficacy

The last psychometric tool used was the General Self-efficacy (GSE) Scale, a 10-item questionnaire derived from the work of Schwarzer and Jerusalem (1995) with Grightmire, 2009). This scale was used to examine students' self-efficacy beliefs of their competencies and confidence to undertake their practice and ability to establish their goals, even in complex situations. This is a construct within nursing domains in clinical practice, provided by Grightmire (2009) and based on Bandura's theory (1997). The GSE scale is self-administered and a unidimensional scale (Schwarzer & Jerusalem, 1995) consisting of a set of items that correlate well with each other. The scale responses are made on a four-point Likert scale, and formatted as 1 (not at all true), 2 (hardly true), 3 (moderately true) and 4 (exactly true). The final composite score yield has a range from 10 to 40, or by using a mean score (Schwarzer, 2011; Schwarzer & Jerusalem, 1995).

The internal consistency (Cronbach's alpha) in a sample consisting of 19,120 persons from 25 countries ranged from 0.75 to 0.91, with the majority in the high 0.80s, which indicates very good internal consistency (Scholz, Gutiérrez-Doña, Sud, & Schwarzer, 2002). According to Schwarzer and Jerusalem (1995), the validity of the scale is reported in numerous correlation studies where positive coefficients were found with favourable emotions, dispositional optimism, and work satisfaction, and negative coefficients were found with depression, anxiety, stress, burnout, and health complaints. The GSE scale has been applied in more than 30 languages globally

(Schwarzer, 2011), including Arabian (Al-Manssour, Schwarzer, & Jerusalem, 1993).

4.4.2.5 Translation of tools

Translation to the Arabic language was undertaken for all the questionnaires. The translation of the GSE scale was as a modification applied to a translated version by Al-Manssour et al. (1993). The use of either English or Arabic as the preferred language in forms/surveys was optional for participants, as long as the content was clear and readily understood. The full set of questionnaires was translated into Arabic was reviewed by two Arabic native speakers, who were Saudi experts in English language teaching. This process also involved back-translation of the Arabic version into English, to ensure that the translation did not change the original meaning. This Arabic language version was also reviewed by another person who is an expert in Arabic language grammar and contexts, to ensure the consistency of meaning between the two languages (see Appendix 2.2). These processes ensured that accurate translation were achieved.

4.4.2.6 Reliability of the tools in this study

The Cronbach alpha coefficient is one of the most commonly used indicators of internal consistency of a scale, used to identify the degree to which a set of items are closely related to form the scale (Pallant, 2013). It is preferable that the Cronbach alpha coefficients of a scale are greater than 0.7. Reliability coefficients greater than 0.80 are considered very good and greater than 0.90 are considered excellent (Pallant, 2013). The Cronbach alpha coefficients of the CLEQ, PES and GSE scales have ranged between good to excellent internal consistency, as described previously. Similarly, the reliability of the scales in the current study was estimated using Cronbach alpha coefficients for both time points as presented in Table 4.1.

Table 4.1: Cronbach alpha reliabilities for each scale by time point and learning environment

Scale	Time I		Time II	
	PBL	TL	PBL	TL
CLEQ	.89	.92	.93	.94
PSE	.73	.88	.74	.90
GSE	.76	.85	.82	.91

4.4.3 Sample size

The primary endpoint is mean differences in the measures of empowerment and self-efficacy at time point II and at time point I using the relevant scale.

4.4.3.1 Methods of analysis

Many techniques can be used to test for significant differences between groups (Pallant, 2013). The proposed statistical analysis plan in this study was to use repeated Analysis of Variance (ANOVA) measures to explore each of the primary outcomes (mean differences between the two groups) on measures of empowerment and self-efficacy at time point II, with the same measures at time point I as a variance. This was considered an appropriate analysis test for the data, which were collected from the same participants over a period of time, as the analysis compared variances between populations (Pallant, 2013). Secondary outcomes (within group change for each of the outcomes) were analysed by using paired t-tests. The study contained continuous variables with normal distribution that were eligible for parametric testing. General assumptions were applied to the parametric techniques in the analyses (Pallant, 2013). The analyses performed for the study data are explained in detail, in a later section (see section 4.4.6).

4.4.3.2 Statistical significance

The demonstration of whether or not there is a difference between two or more groups on some measures usually relies on statistical significance testing. Statistical significance is an indication of how likely the results are to be due to chance (random variation in the data). A researcher sets a maximum threshold (typically $p < .05$), and if the results returned by the relevant statistical test are <.05, the results are said to be statistically significant, or not likely to be due to chance (Cohen, 1988).

While it is optimal for most researchers to have 'significant' results, there is more to research than just obtaining statistical significance; for example, very small differences between groups can become statistically significant in large samples, however, this does not mean that the difference has any practical or theoretical significance (Pallant, 2003). Statistical significance only provides limited, dichotomous information (significant or not significant) and does not show how important any result is in clinical or practical terms. Effect size statistics are now commonplace, as they indicate how meaningful, practical or useful a difference is in

an outcome of a study, by quantifying the magnitude of the differences between means or variables (Creswell & Guetterman, 2019; Pallant, 2003). Unlike statistical significance, where there are well known thresholds, such as the alpha level ($p<.05$ or $p <.01$), the critical value for an effect size statistic is determined by the researchers, based on their experience with the issue under study (Cohen, 1988). The d statistics (sometimes referred to as standardised mean differences) are used when the response variable (dependent) is continuous while the predictor (independent variable) is categorical; d should be measurable for pair-wise variances in any ANOVA-type design as well as intrinsically in two-group studies (Nakagawa1 & Cuthill, 2007).

4.4.3.3 Effect size

Cohen's d is one of the most common effect size statistics. It is used to compare groups to present difference between them in terms of standard deviation units (Pallant, 2003) and it is derived from the difference between the two means divided by the pooled standard deviation (Tabachnick, & Fidell, 2013). There are three standardised effect sizes for Cohen's d: 0.2 (small – the difference can only be detected statistically), 0.5 (medium – the difference can be detected by a trained observer), and 0.8 (large – the difference can be detected by an untrained observer) (Cohen, 1988). For the sample size calculation in this study, an effect size of 0.5 (medium) was deemed appropriate, as at this level a trained observer would be able to observe whether one group of nursing students had increased empowerment and self-efficacy compared to the other regarding their clinical practice. Non-sstandardised effect size statistics include the actual difference between two means, and the associated 95% confidence interval (95% CI) (Kuhberger et al., 2015). If the original units of measurement are meaningful, the presentation of non-standardised effect statistics is preferable (Nakagawa1 & Cuthill, 2007).

4.4.4.4 Power

Power can be considered as the probability of detecting an effect in a sample if it exists in reality and is commonly set at 0.8 or 80% (Kuhberger et al., 2014). Using power of 80% and with alpha set at 0.05, then 142 students (71 per group) is required to detect an effect size of 0.5 between students in the PBL arm and students in the TL arm. An effect size of 0.5 is considered moderate (Cohen, 1988). Sample sizes for this study were calculated using G*Power 3.1 using fixed effects ANOVA (Faul,

Erdfelder, & Buchner & Lang, 2009). The required sample size was inflated by 10% to account for loss to follow-up (156 total, 78 per group).

4.4.4 Recruitment

A recruitment strategy was planned, with the consideration of research ethics, to recruit a convenience sample based on the specific characteristics of the target population that could be included in the study, as described previously (see section 4.4.1). The strategy included:

- gaining permission from the deans of nursing programs to recruit participants into this study;
- contacting faculty and student services administrations to establish students' timetables and likely availability for an explanation of the study and recruitment;
- arranging meetings with students to provide the necessary information about the study and what would be required from them;
- arranging for the questionnaires to be distributed without the presence of academics or any employees to avoid influence on students' participation and responses; and
- maintaining communication with faculty/student services administrations during the data collection period to ensure access to the participants at the second time points.

A demographic data form was developed to gain a profile of the participants (subjects) in this study and provide an accurate description of the required sample. Responses enabled assessing whether they met the inclusion criteria. The questions ascertained information from each student regarding their age, educational background, living arrangements and responsibilities other than their studies (Appendix 2.1 & 2.2). Nationality was manually included in the demographic data form when it was realised that non-Saudi students were enrolled in the TL program.

4.4.5 Data collection

All practical and ethical considerations were complied with, as planned before and during the collection of the research data, including the ethical approvals,

permissions, confidentially, recruitment process of the study sample and conducting the data collection, as explained in sections 4.4.1, 4.4.4 and 4.6.

Accessing the research settings was planned to be undertaken prior to the start of the academic calendar, however, this was delayed for about two weeks due to a range of issues arising. These included a delay in receiving approval for the student researcher's overseas travel to Saudi Arabia. In addition, one of the educational institutions had been moved to a new location just prior to the beginning of the academic year, which occurred after the summer holiday period in Saudi Arabia. This delayed making contact with key personnel earlier.

A total number of 21 students enrolled in year two of the PBL program participated in completing questionnaires at time point I. This was the whole cohort which meant that the overall participation rate was 100%. It is important to affirm, however, that there was no coercion in achieving such a high response rate, and this simply indicates that the study was of interest to students. Unfortunately, this number did not enable reaching the calculated required number of participants in the study. There was a significant reduction in the number of students who were enrolled in the nursing program in that cohort, as many existing students had transferred into other specialities after their first (foundation) year and during the first year of their nursing studies. The Bachelor of Nursing program had changed recently for newly enrolled students, with the length of the program reduced to five instead of six years and consisting of a foundation year, three years for the nursing education program, and one internship year. The new nursing curriculum in Year One contained clinical practice and first year students would attend clinical placement in their second semester. While including more students from Year One may have helped to increase the study sample size, this would not have yielded similar characteristics to enable a comparison with the other university. Furthermore, given this was the only PBL curriculum in the region, it was not possible to recruit more students for this group elsewhere.

The surveys at time point I were collected within a time period of five working days. Six surveys were collected in the second week of clinical placement (one clinical day/week), and then15 more surveys were collected in the following week but before the clinical day. Hence, all students had been exposed to the same number of clinical days (two clinical days). The questionnaires were distributed in both

Arabic and English languages and completed according to the student's preference, in addition to some explanations provided to some students, as per their requests.

At the time of distributing the surveys for the TL cohort, the Saudi National Day fell on the 23rd September, which was a public holiday. Moreover, following this date, there was another holiday for two weeks for all schools and universities in the Kingdom as well as governmental organisations, as it was the Hajj time "pilgrimage" and Eid Al-Adha, the "Festival of Sacrifice". Distribution of the questionnaires to this group was organised with the relevant faculty staff but participation of students was insufficient and, therefore, recruitment took a few days. Out of a total number of 34 TL students, 26 participants returned the questionnaires, representing a response rate of 76.5%. Similarly, there was a reduction in the number of students after completion of the foundation year of the first year of the nursing program.

At time point II of collecting the questionnaires, the number of participants had reduced by two participants from each learning group. From the PBL group, two students had transferred to other specialities whereas from the TL group, two students were not reachable, even though multiple attempts were made. In total, 19 PBL and 24 TL students completed the surveys at time point II.

4.4.6 Data analysis

Demographic characteristics were examined as means and standard deviations (SD) for normally distributed continuous variables, or median and interquartile range otherwise or frequencies and percentages for categorical variables, as appropriate. Normality was assessed using the association between the skew statistic and the standard error (SE) of skew. Data were considered normally distributed if the skew statistic was < 2 times the SE of skew (Tabachnick & Fidell 2013). Repeated measures ANOVA were used to compare outcomes between PBL and TL groups. To determine whether the assumptions of ANOVA were met, homogeneity of the variances was assessed, using Levene's test (Pallant, 2013), as were normality of the residuals was also assessed.

The quantitative phase of this study aimed to explore the impact of the learning program on students' empowerment and self-efficacy levels (using two time-points). It also aimed to explore whether the impact was different for the two

groups. In this case, there were two independent variables: one was a between-subjects variable (learning program group: PBL/TL); the other was a within-subjects variable (time). In this case, the groups were exposed to their first clinical practice placement and their empowerment and self-efficacy levels were measured at time point I (at the beginning of the semester) and, again, at time point II (after completing the semester).

The variables were:

- type of learning program (group): PBL group, TL group;
- scores of structural, psychological and global empowerment measures and self-efficacy measures at time I: at the beginning of the semester of clinical placement; and
- scores of empowerment and self-efficacy measures at time II: after completion of the semester of clinical placement.

Recruitment needed to perform this analysis, and at least three variables were involved:

- one categorical independent between-subjects variable with two or more levels (PBL group/TL group);
- one categorical independent within-subjects variable with two or more levels (time I/time II); and
- One continuous dependent variable (scores on the empowerment and self-efficacy scales measured at each time period).

The advantage of using repeated measures ANOVA was that it allowed the simultaneous testing to determine whether there were significant effects for each of the independent variables on the dependent variable, and it also identified any interaction effect and whether the interaction between the two variables was significant (Pallant, 2003). In this study, an analysis was undertaken of whether there was a change in empowerment scores over the two time periods (main effect for time). The analysis compared the learning programs (PBL/TL) in terms of their effectiveness in enhancing students' perceptions of structural, psychological and global empowerment and their beliefs of self-efficacy (main effect for group) over time. Finally, it provided information about whether there was change in

empowerment and self-efficacy scores over time and if these were different for the two groups (interaction effect).

Secondary outcomes (within group change for each of the outcomes) were analysed using paired t-tests. The paired t-test is used when data are collected from a group of people on two different occasions or under two different conditions (Pallant, 2013). It is used to assess each person [student] from each group [PBL/TL] on some continuous measures, such as empowerment measures and self-efficacy measures, at time point I and then, again, at time point II, after exposing each group to a semester of clinical placement.

Repeated measures ANOVA and t-test results are reported as means and SDs. Non-standardised effect sizes (actual mean difference and 95% CIs) are also reported. Effect sizes equivalent to Cohen's d for ANOVA were calculated based on a formula developed by Taylor (2015). Cohen's d was used for paired t-tests. Social Package for Social Science (SPSS), Versions 24, 25 and 26 were used for all analyses (IBM® SPSS Inc., Armonk, NY, USA). All tests are two sided, with P-values of less than 0.05 considered statistically significant. There was no adjustment for multiple testing. As this was an exploratory study, correction to adjust the Type I error rate, such as the Bonferonni adjustment, was, potentially, overly conservative and failed to reveal potentially interesting findings (Pallant, 2003).

4.5 Phase Two: Qualitative focus groups and interviews

This phase employed qualitative methods to collect data from focus group interviews with students from both groups and data from individual interviews with academic staff and clinical facilitators in the PBL program. This provided a clear and more detailed picture of the research context in exploring the empowerment of undergraduate students and describing empowering learning environments of nursing education used in Saudi Arabia. Focus groups and interviews provided key points for achieving greater understanding of findings emerging through the surveys and broader understandings of how Saudi nursing students experience empowerment during their learning. In this phase of the research, there was an opportunity to further examine the students' perceptions of structural and psychological empowerment and explore whether students who perceived an empowering learning environment would be more likely to believe in their abilities to respond to demands and challenges encountered.

In qualitative research, numerous research methods can be used, such as observations, interviews and focus group discussions. However, choosing a method is based on its appropriateness for the research topic (Silverman & Marvasti, 2008). Given that the current study proposed that empowering nursing students would build their capacities to perform their roles, it was important that qualitative methods were included to further explore this relationship. Empowerment has been defined as the process by which the powerless gain greater control over the circumstances of their lives, including control over resources and beliefs and values (Pradhan, 2003). In the context of the current study, this referred to whether participants had confidence in overcoming barriers to their learning and whether they could access the resources they needed to ensure their care was based on the best available evidence. Overall, the framework of empowerment that underpinned the collection and analysis of data in this study was considered the most appropriate to inform the chosen descriptive qualitative method because it facilitated acknowledging the mismatch between how the profession of nursing was viewed in Saudi Arabia and how this stigma was internalised by students and, potentially, impacted their learning and clinical practice.

The following sections describe the design of each qualitative data collection approach utilised for this descriptive component of the study, starting with the plan and procedure of conducting focus group discussions with students, as this was

considered an important method for phase two. Then, there was the individual interview method that was used to collect data from academics and clinical facilitators for the PBL program.

4.5.1 Student focus groups

The question being addressed in the qualitative phase of the study was: How do nursing students experience empowerment during their undergraduate program, particularly in the first semester of their clinical placements?

Empowerment is, essentially, only viable when two or more persons are interacting with positive intentions (Hokanson-Hawks, 1992). Thus, utilising focus group interviews was considered useful for identifying how students practised and experienced empowerment and in what ways this occurred. Choosing group discussions provided the richness of data that could not be achieved by measuring empowerment quantitatively. Pradhan (2003) notes that women's empowerment is difficult to measure using conventional quantitative approaches that examine socio-economic indicators, such as income and workforce participation. For this reason, a design, guided by the conceptual framework of empowerment (see section 4.2 and Table 4.2), including the constructs of Kanter's (1977; 1993) structural and Spreitzer's (1995a; 1995b) psychological empowerment theories and Bandura's (1997) theory of self-efficacy, was used, in addition to critical social theory, to explore students' experiences of empowerment in their learning environments and clinical practice. The rationale for this was to use a critical approach that ensured the voices of participants could be heard through an issues-based design for the focus groups.

It was considered important to utilise Freire's (1972; 1974) ideas as a critical method to identify how students would respond to interview questions and critique situations and their experiences of empowerment. There were elements that were required in this study to perform a critique of the situations with respect to meeting the educational needs of students. These included a critical examination of the underlying assumptions of the situation, use of reflection to determine conditions that would make knowledge and actions be taken willingly, analysis of constraints and issues, and participation in dialogue with students within the social and professional situations (Burns & Grove, 2005). Dialogue involves open communicating to

promote critical reflection (Freire, 1972; Hokanson-Hawks, 1992). This method is usually utilised in critical social theory.

The focus group method is used to explore perceptions, experiences, and understanding of a group of individuals (Kumar, 2005; Kamerelis & Dimitriadis, 2013), through discussion between participants to generate rich data on a topic (Doody, Slevin, & Taggart, 2013a). In the current study, focus groups encouraged students to feel comfortable and to afford some peer support, as it was recognised that one-on-one interviews could have been challenging for some students. Furthermore, utilising focus groups created a liberating atmosphere that supported participants to express their personal and conflicting viewpoints on the discussed topic. Generating different viewpoints on an issue is considered the aim of the focus group, rather than to reach consensus about or find solutions to the issue discussed (Kvale & Brinkmann, 2009). It was recognised that focus groups might present unanticipated outcomes that could enhance or interfere with the dynamics of the group (Getrich, Bennett, Sussman, Solares, & Helitzer, 2015). Empowerment is, essentially, only viable or possible when two or more persons are interacting with positive intentions (Hokanson Hawks, 1992); thus, utilising the focus group interview is useful for identifying how students practise empowerment and to what extent. Accordingly, focus group interviews were considered more suitable than individual for this exploratory study, to bring forth various views about experiences of empowerment within a collective.

By conducting focus groups at both sites, it was possible to further explore any differences between the experiences of PBL and traditional learning and to elaborate on whether students felt more empowered when they were exposed to PBL. An effective qualitative method, such as focus groups, was needed to facilitate acknowledgement of prior theory while exploring the current context, including the historical and sociological contexts in this study. In addition, the idea of conducting focus group interviews at different times for both learning groups was to find out if and how students' experiences of empowerment developed and/or changed during the first semester of their learning program.

4.5.1.1 The participants

Participants for this phase were drawn from those participating in phase one (see the section: 4.4.1). Students who participated in phase one from each education

program were invited to take part in this component of the study. It was anticipated that the number of participants in each focus group would be six to eight, with the consideration of space and time to provide sufficient opportunity for all participants to contribute. There is a variation on what is considered the optimal number of participants in a focus group. Doody et al. (2013a) suggest that this can range between four and twelve but depends on the topic, a participants' knowledge of the topic, and the skill of the moderator in managing discussions. For this study, the number of focus group interviews was not limited to any specific number but needed to include at least one interview of each learning group at each time point and was guided by the number of volunteers.

4.5.1.2 Recruitment

To recruit participants for the focus groups, the inclusion characteristics were based on the specific characteristics of the target population included in the study, as described previously (see section 4.4.1). In addition to the strategies used in section 4.4.4, further strategies required for this phase included:

- inviting those who participated in surveys;
- providing information about this component of the study and its requirements;
- collecting written consent prior to performing the group discussions;
- arranging time and space suitable for the group discussions; and
- providing information on the importance of the confidentiality of group discussions

4.5.1.3 Developing questions for focus group discussions

The focus group questions were based on guided open-ended questions, to promote open discussion, and sequenced questions, to lead from a general to specific focus on the topic. Questions that led to reflection were used to encourage participants to become involved. Question development was undertaken by linking the theoretical constructs, including the theories of empowerment, theory of self-efficacy and social critical theory and by utilising Freire's idea in critical pedagogy to guide the interviews, using a framework as presented in Table 4.2. (see Appendix 4.1). In Table 4.2, questions designated with an 'A' were asked in the first round of focus groups and 'B' in the second round.

Table 4.2: Theoretical construct and developing focus group interview questions

Theoretical Construct/Idea	Research question	Concepts/Elements	Interview question
Critical social theory Elements required critical examination of underlying assumptions of the situation; use of reflection to determine the conditions that would make knowledge and actions can be taken willingly; analysis of the constraints and issues; and participation in dialogue with the students within the social and profession situation (Burns & Grove, 2005; Freire, 1972) (see sections 3.3 and 4.5.1)	Understanding the situation How do students exercise the power to critically reflect on their social condition, create change and practice the profession effectively? .... How do students' perceptions change over time as they progress through their clinical placements?	Introducing the participants	A.1. What made you choose nursing as a career?
		Critical examination, reflection, analysis	A.2. What attitude/s do you think the following people have about nursing as a career (your patients/community/family/friends)? A.3. In your experience, how do you feel regarding the status of your profession? A.4. How do you feel about the attitudes/perceptions of nursing staff and other health professional regarding nursing as a profession?
		Self-reflection	A.6. How satisfied are you with your study and your future nursing career?
		Critical examination, reflection	A.8. How do you think nursing is seen in Saudi Arabia?
		Reflection, action	A.9. What could you do to change/improve way nursing is seen? B.1. What changes have you noticed about the attitudes/perceptions of your patients/community/ family/friends regarding your nursing study and the nursing profession? B.2. What effect do you think you had on the way “patients/community /family/friends” see nurses? B.3. Can you describe the change? B.4. How were you involved in this change?
		Analysis	B5. To what extent do you feel your program of learning has helped these changes?
Spreitzer’s (1995a; 1995b) theory of Psychological Empowerment and its dimensions (see section 4.2.3)		Meaning, self-determination.	A.1. What made you choose nursing as career?
		Meaning	A.7. What does ‘being a nurse’ mean to you?
		Competence	A.5. Do you feel prepared for your clinical placement? How were you prepared?
		Competence	A.6. How satisfied are you with your study and your future nursing career?
		Competence impact and self-determination.	A.9. What could you do to change/improve way nursing is seen?
		Meaning, competence impact and self-determination.	B.2. What effect do you think you had on the way “patients/community /family/friends” see nurses? B5. To what extent do you feel your program of learning has helped these changes?
		Meaning, competence, impact and self-determination.	B.6. In your opinion, what is the meaning of empowerment in your nursing learning and the nursing profession?
			B.7. Do you feel empowered?

			B.8. How does this appear in your practice? Describe how you feel empowered?
			B9. Did anything happen on clinical placement that made you feel empowered?
			B.10. To what extent have your PBL sessions helped you? How? (for PBL group)
			B.11. How does your learning environment impact/effect your feelings of empowerment?
		Competence and self-determination.	B.12. How does your learning environment impact/effect your feelings of self-efficacy?
		Factors including barriers, enablers, motivators	B13. What else from your experience enhances/inhibits your empowerment?
Kanter's (1977, 1993) theory of structural empowerment and its elements (see section 4.2.2)	How does the Bachelor of Nursing program enhance the empowerment of undergraduate Saudi nursing students to deal with real world issues clinically, socially and psychologically within their nursing studies?	How are students able to access information, support, resources and opportunities?	A.5. Do you feel prepared for your clinical placement? How were you prepared?
		Self-reflection and assessment	A.6. How satisfied are you with your study and your future nursing career?
		Do they have opportunities, support and knowledge required?	A.9. What could you do to change/improve way nursing is seen?
		Assessing empowerment through describing their abilities to have the conditions for workplace (learning) effectiveness	B.2. What effect do you think you had on the way "patients/community /family/friends" see nurses?
			B.3. Can you describe the change
			B.4. How were you involved in this change?
		Describing what could enable their empowerment	B5. To what extent do you feel your program of learning has helped these changes?
		How do they describe empowerment within their learning and profession status?	B.6. In your opinion, what is the meaning of empowerment in your nursing learning and the nursing profession?
		Can they describe themselves as an empowered group	B.7. Do you feel empowered?
		Reflection	B.8. How does this appear in your practice? Can you describe how you felt empowered? B9. Did anything happen on clinical placement that made you feel empowered?
		Describing what could enable their empowerment	B.10. To what extent have your PBL sessions helped you? How? (for PBL group)
			B.11How does your learning environment impact/effect your feelings of empowerment? B.12. How does your learning environment impact/effect your feelings of self-efficacy?

		Factors including barriers, enablers, motivators. Identifying their needs	B13. What else from your experience enhances/inhibits your empowerment?
Bandura's (1997) theory of Self-efficacy, that refers to beliefs in one's capabilities. (see section 4.2.4)	What are students' learning experiences and learning needs, as well as self-assessment of abilities (Self-efficacy)?	Assessing their abilities	A.5. Do you feel prepared for your clinical placement? How were you prepared?
		Assessing their abilities for current and for future	A.6. How satisfied are you with your study and your future nursing career?
		Showing their abilities to reach opportunities and make actions required	A.9. What could you do to change/improve way nursing is seen?
		Assessing their abilities in certain events	B.2. What effect do you think you had on the way "patients/community /family/friends" see nurses?
			B.4. How were you involved in this change?
		Evaluating their achievements through their learning	B5. To what extent do you feel your program of learning has helped these changes?
		Evaluating the effect of their learning environment on their abilities	B.12. How does your learning environment impact/effect your feelings of self-efficacy?

4.5.1.4 Timing and setting

Focus groups were conducted at both sites (see section 4.3.1) and at two times points, at the beginning of the semester where the students first enrolled into their clinical placements and after completing that semester.

4.5.1.5 Conducting the focus groups

Conducting the focus groups was planned with a strategy and the consideration of research ethics. It was important to maintain a clear language, using the mother language in Saudi Arabia, which is Arabic. Language is very important in interview research as it is the tool of the interview (Kvale & Brinkmann, 2009). All interviews were audio-recorded in addition to taking field notes throughout the discussions, as required. During interviews, the moderator, also the student researcher, maintained focused discussion on the topic, listened attentively and asked any further questions as necessary arising out of discussions (Doody et al., 2013b). The focus groups were set up at times and locations that were mutually agreed upon. For the TL group, a classroom was booked by an administrator and organised for the group discussions at both times. For the group discussions undertaken with the PBL group, however, one was conducted in an auditorium room in the hospital where the clinical placement was taking place and the other group discussion was located at the university in a classroom, with some arrangements taken with a student who was the class leader. The environment/space where the focus groups was conducted was quiet, relaxing and comfortable for participants, in order to facilitate discussions (Doody et al., 2013b). Classrooms were the suggested places by students from both programs for conducting the group interviews. It was considered vital to maintain privacy for the participants at all times during the interviews and afterwards. This facilitated protecting their identities and responses, as described in the explanatory statement of the study that was provided to them.

4.5.1.6 Procedure of focus group data collection

Arrangements and permissions to undertake the focus group interviews were performed as planned but with some delay in the planned process. For example, one of the educational institutions had been allocated a new address at the beginning of the academic year and after the summer holiday in the KSA. Contacting this

institution, therefore, to organise the data collection was difficult, however, a range of strategies were undertaken to access the new contact details. When permissions were received from the dean at each institution, arrangements were made with key faculty staff as well as professional staff to assist in scheduling times and rooms/classes to undertake the focus group interviews with the students. It was important to carry out the strategies mentioned earlier, in section 4.5.1.2.

A total of six focus groups were conducted with recruited students meeting the inclusion criteria for this study. The focus groups were conducted at two time points, at the beginning of students' clinical placements (time point I) and after successfully completing their first placement semester (time point II). The interval between the time points was 13 to 14 weeks, including at least eight clinical days (one clinical day/week). Two focus group discussions were conducted with students from the PBL program at two time points that formed four focus groups, whereas focus groups conducted with students from the TL program were only one performed at each time point. Each focus group included six to eight participants from both learning programs. The duration range of conducting the interviews was between 60 to 90 minutes. Focus groups conducted with the TL students were conducted at their educational institution after completion of scheduled lectures. In addition, those conducted with PBL students had the same arrangement but there were two focus groups facilitated after students completed their clinical days, with the training department at the hospital providing a suitable meeting room to conduct the group interviews.

In the beginning, only a few PBL students indicated their willingness and interest in participation after the initial invitation. Nevertheless, some students later expressed interest, after they had the chance to ask peers who had participated in the first group discussion about their experiences and to seek reassurance about the process.

4.5.2 Academic staff interviews

The other category of participants in this phase of the study was academic staff who were assigned to teach and facilitate the clinical training of the PBL group who participated in the study. Educators are important resources and facilitators for learning (Siu et al., 2005). The aim of including academic staff was to explore their perspectives of conducting an innovative learning program, such as PBL, and to

explore their perceptions of empowering student learning environments. Their responses were later grouped with the students' responses, in order to provide multiple perspectives and to enhance understanding of the phenomenon being studied.

4.5.2.1 Recruitment procedure

Recruiting of academic staff was based on criteria that included only academics assigned to teach or provide training to the students who were participating in this study. After gaining acceptance from the Dean of the College, an email invitation was provided to all academics meeting the criteria, which also provided the explanatory statement of the study and information about participation. After that, verbal communication was conducted with the academic staff, to organise a suitable time and date for the interview if they were interested in participating.

Semi-structured individual interviews were conducted with five academic staff who were involved with teaching and providing education to students using PBL methods. The aim of these interviews was to broaden understandings of students' experiences of PBL and empowerment in learning through the perspectives of their facilitators. Three face-to-face interviews were conducted at the university, to allow more time and interaction. The average length of the interviews was between 45 to 60 minutes. Two academics identified that they faced difficulties allowing time for interviews because of their teaching schedules and clinical instruction and, therefore, these two interviews were conducted via email, as this was easier and quicker for the participants. While not optimal, Hesse-Biber and Leavy (2006) note that email should be used as an interview method only if time, money, and other pragmatic factors create barriers to performing an in-person interview. Nevertheless, it was important to include a range of academic perspective in the interviews and email interview was the only available option for these participants. Demographic information about these participants was also collected and is presented in the qualitative findings in Chapter Six, in section 6.2.2.

Although broad questions were utilised in the interviews, the researcher allowed participants to take the lead and to share examples which provided the interviewee with the freedom to discuss items of interest and to raise additional questions (see Appendix 4.2). This approach was informed by Hesse-Biber and Leavy (2006), who indicate that using a semi-structured design allows the

conversation to develop and more topics to be explored that are relevant to the participant. This design also allowed the researcher to gather more information about the knowledge of the interviewee. The interviews started by taking a comprehensive account of their teaching and training; that is, they were asked to describe aspects of importance in clinical education. During question construction, some questions were used to lead the interviewee to encourage further explanation, such as asking them to describe their teaching. To encourage the interviewee to share information and provide extended descriptions of their experiences within the established topics, the interviewer was free to probe a particular question (Patton 2002). At the conclusion of all interviews, participants were asked for their recommendations and were provided with the opportunity to ask or clarify any issues discussed.

4.5.3 Qualitative data analysis

Firstly, the data were prepared for the analysis stage. This included verbatim transcription of interviews (focus group and individual) and translation from Arabic to English. Interviews were transcribed in the Arabic language, verbatim, and then local idiom and common usage of less formal Arabic language were converted to formal language to make it clear for translation purposes as well as for the analysis. The translated transcripts were revised and compared carefully with the original transcripts to ensure that the translations were correct and that meaning had not been lost or altered in the translation. In addition, translated transcripts were back translated into the Arabic language by a bilingual postdoctoral researcher, to ensure original meanings were not lost. Quotations from transcripts were used for the study, in line with ethical considerations. For example, participants have been de-identified for reporting and codes have been allocated to each participant. All transcripts were labelled with the particular learning program type and time point, to identify the development and changes in students' experiences. This is the format that has been applied to the reporting of the findings.

The most suitable method for analysing the descriptive qualitative data in this study was considered to be qualitative thematic analysis. Braun and Clarke's (2006) thematic analysis strategies were used to guide the analysis of the qualitative data, and included the following steps: 1) familiarisation with the data, 2) generation of initial codes, 3) searching for themes, 4) reviewing themes, 5) defining and naming themes and 6) producing a report.

The materials (transcriptions of group discussions and individual interviews) were read and re-read carefully, from which the data were extracted and listed as quotes with generating initial codes to support the finding of recurring and related features in the data. The list of quotes and codes was examined for patterns of meaning and codes were collated into potential defined themes, as findings that could be presented. The themes were then reviewed, named, and compiled (Braun & Clark, 2006) into the findings chapter.

Trustworthiness, or rigor, of qualitative research is vital to ensuring the quality of a study. This involves ensuring credibility, dependability, confirmability, transferability and authenticity (Connelly, 2016; Polit & Beck, 2014) and was a key consideration in this study. To establish the trustworthiness of the study findings, many aspects were considered. The transcripts were read and re-read to fully understand the meanings that participants intended. Unfortunately, member checking was not performed because it was not possible to return to all the participants in the focus groups. Collection of field notes and researcher reflections assisted with achieving credibility of findings. The transcripts were carefully reviewed and analysed by individual team members who came together to review and agree upon the key ideas and final themes emerging. Notes taken during this process assisted with ensuring confirmability and dependability. In reporting findings, the researchers have aimed to achieve authenticity in providing a realistic portrayal of participants' experiences (Polit & Beck, 2014). Although the findings are not generalisable, there is potential transferability of findings to students studying nursing elsewhere in Saudi Arabia and, potentially, more widely.

4.6 Ethical considerations and approvals

Ethical approval for data collection was secured from the ethics committees in all research sites in Saudi Arabia, according to their individual requirements and policies. Although the universities were both managed by the Ministry of Higher Education, both had their own research committees and therefore the ethics application was submitted to them separately (see Appendix 5.1-5.3). In addition, approval to access the clinical areas in the teaching hospital was obtained from the responsible research ethics committee for health sectors under the Ministry of Health (see Appendix 5.4-5.6). Furthermore, a supervisor from one of the research sites that

was the research sponsor was assigned to be responsible during the data collection because the study was being sponsored by the same organisation and the research committee at that site was also responsible for this study.

The University of Sydney was responsible for supervising the candidature of the student researcher undertaking this study at the time of data collection. The need to obtain approval from the Human Research Ethics Committee at the university was waived, as ethical approvals had been covered by the Saudi organisations and participants were to be recruited overseas. In addition, the study was not funded by a grant administered by the University of Sydney (see Appendix 5.7). Further procedures were undertaken for ethical approval when the researcher transferred PhD candidature to La Trobe University. At this point, all data had been collected. The Human Ethics Committee at La Trobe University reviewed all ethics documents, including the approvals, and considered the project to be an externally approved project, hence, no further approvals were deemed to be required (see Appendix 5.8).

Participation in the study was voluntary and participants could withdraw at any stage, without penalty, but it had to be prior to the data being combined. Students were informed that non-participation would not impact on their course participation or outcomes. Data were de-identified through the use of codes provided to maintain participants' anonymity. The participants' codes were recorded in a separate form, with their initials to enable matching of data across the two time points of pre- and post-tests and to return to any participant who may have missed a question, if required. Kumar (2005) confirms the importance of ensuring that participants are fully informed of the processes for data collection. Thus, participant information statements were provided to all recruited samples (see Appendix 6.1-6.3). In addition to the verbal explanation provided to introduce and orient the target sample to the research, participants were provided with a written overview of the study and its aims. The introductory passage was brief and straightforward but effective in getting across the necessary information. At the end of the form, the student researcher's name and contact details were provided. Any questions about the research and its process were answered prior to the data being collected.

Essential principles of ethical conduct such as informed consent and the protection of confidentiality should be applied to the use of a survey as well as with any other research method (Gray, 2009). Participant information sheets and consent

forms were provided to all participants, including students as well as academic staff and facilitators. (see Appendices 6.4 and 6.5) It was clarified to potential participants that completion and return of the questionnaires implied consent. Written consent was received from participants before conducting the group discussions and/or individual interviews. They were also informed that all interviews would be transcribed and de-identified so their information would be kept anonymously. Further, Donalek (2005) states that confidentiality may become an issue in qualitative research. In most qualitative studies, therefore, the identity of participants is hidden and responses are maintained confidential, available only to the research team, and reported as grouped data. In reporting this study's findings, participants are not identified and only codes referring to teaching method and time point are identified.

4.7 Chapter summary

This chapter has provided a detailed overview of the methodology and methods employed in the study, describing how the study was conducted. This includes the application of the conceptual framework of empowerment and the research design, which employed surveys and focus groups with nursing students and interviews with educators. The practicalities of data collection and analysis were outlined, along with the ethical considerations in undertaking the study. The next chapter presents the findings from the first phase of the study, that is, the student surveys.

Chapter 5: Quantitative Results

5.1 Introduction

The previous chapter presented the methodology that was employed in this study. This chapter presents the results of the quantitative analysis of empowerment and self-efficacy of undergraduate nursing students among two different learning approaches to their programs in Saudi Arabia: traditional learning (TL) and problem-based learning (PBL). The research tools used to measure the empowerment variables were the Conditions for Learning Effectiveness Questionnaire (CLEQ) for structural empowerment Global Empowerment (GE) measure (Hsiu & Laschinger, 2006; Siu et al., 2005) and Psychological Empowerment Scale (PES) (Spreitzer, 1995b). The General Self-Efficacy (GSE) scale was used to measure students' self-efficacy beliefs (Schwarzer & Jerusalem, 1995). The aims of the quantitative component of the research were to: (1) identify differences in empowerment and self-efficacy scores between the two groups following a semester of clinical placement (five months) and (2) assess the amount of change in the empowerment and self-efficacy over time for students within each of the learning programs. Data were assessed for normality using the association between the skew statistic and the standard error (SE) of skew. The skew statistic was not more than double the standard error of skew, confirming that the data were normally distributed and, hence, analysed appropriately using parametric tests (Tabachnick & Fidell, 2013). In terms of reliability, Cronbach's alpha coefficients of the CLEQ, PES and GSE scales ranged between good to excellent internal consistency, as described in the previous chapter (section 4.4.2.6).

Between the learning programs, data were analysed by using Repeated Measures (RM) ANOVA, whereas within each learning program, data were analysed by using paired t-tests. Results were considered statistically significant if $p < .05$ (two-tailed). Demographic data of participants from the learning programs and descriptive statistics of their perceptions of their structural and psychological empowerment, global empowerment and their self-efficacy at two time points (beginning of clinical placement and six months later) are presented. The

demographic results are presented as frequencies and percentages while the descriptive results are presented as means and standard deviations. Effect sizes, using Cohen's d, adjusted for the correlation between means within each learning program, are also reported.

5.2 Participants' demographics

This component of the study involved a small sample of 47 full-time undergraduate nursing students who were undertaking studies in either TL or PBL programs and had been newly exposed to a clinical placement as a component of their nursing curriculum. Four participants (two from each program) did not participate in the study at the second time point, resulting in a final sample size of 43 out of the original 47 participants for the within-group comparisons of empowerment and self-efficacy. The students' demographic characteristics are presented in Table 5.1. All participants were female, aged from 19 to 25 years old and the majority were of Saudi nationality. Only three students presented in the TL group who were non-Saudi nationals, but they had been raised in Saudi Arabia so were included.

All students' (TL and PBL) highest levels of education prior to enrolling in the Bachelor of Nursing program was a high school qualification. However, some students had been enrolled for a short time in other faculties before their enrolment into the nursing program: 10.5% (n=2) of the PBL group; and 12.5% (n=3) of the TL group. The type of disciplines from the other faculties varied among health specialities, and included medicine, medical laboratory science, medical imaging, and nutrition, as well as non-health specialities such as Islamic studies. More than the half of the sample (58% of PBL students; 50% of TL students) reported that they had some responsibilities, such as paid and voluntary work and caring responsibilities, that placed demands on their time in addition to their studies (See Table 5.1).

Table 5.1: Demographic characteristics of participants

Characteristic	PBL (n=19)		TL (n=24)	
	Frequency (n)	Percent (%)	Frequency (n)	Percent (%)
Nationality:				
Saudi	19	100	21	87.5
Non-Saudi	-	-	3	12.5
Permanent home location:				
Riyadh	-	-	22	91.7
Qassim	18	94.7	1	4.2
Other place in Saudi Arabia	1	5.3	1	4.2
Currently living with:				
Family	18	94.7	22	91.7
Others	1	5.3	2	8.3
Highest Level of Education:				
High School	19	100	23	95.8
Other	-	-	-	-
Missing	-	-	1	4.2
Place of highest level of education:				
Same area of the University	15	78.9	19	79.2
Other area	2	10.5	3	12.5
Missing	2	10.5	2	8.3
Enrolled in another faculty before the current Bachelor of Nursing - Total	2	10.5	3	12.5
Type of the Faculty/Speciality:				
Health Speciality	1	5.3	2	8.3
Other Speciality	1	5.3	-	-
Multiple Specialities	-	-	1	4.2

Additional responsibilities placing demands on students' time:	Time I	Time II	Time I	Time II	Time I	Time II	Time I	Time II
None								
Part-time employment	8	8	42.1	42.1	11	12	45.8	50
Full-time employment	5	3	26.3	15.8	2	1	8.3	4.2
Child care	-	-	-	-	1	1	4.2	4.2
Elder care	2	2	10.5	10.5	2	3	8.3	12.5
Volunteer work/community activities	2	2	10.2	10.5	-	1	-	4.2
Other	1	3	5.3	15.8	9	7	37.5	29.2
	2	4	10.5	21.1	4	3	16.7	12.5

Note. Totals of percentages may be greater than 100% due to multiple options chosen by some participants in response to the question about additional responsibilities.

5.3 Descriptive Statistics

Means, standard deviations, p values and effect sizes for all scales and subscales are shown in Table 5.2. In all instances, higher scores indicate higher levels of empowerment and self-efficacy. In general, students from both learning programs had similar empowerment and self-efficacy means to each other at time

point I and time point II. Students perceived their learning environment to be structurally empowering at moderate levels, with mean scores generally falling between 3 and 4 out of a maximum of 5. Students from both groups began their first clinical semester with moderate levels, and they maintained the same levels at time point II, after finishing the first semester of clinical placement (five-month interval between the two time points). Although there were small increases in the structural empowerment total scale and subscale scores for both programs, from time point I to time point II, these were not statistically significant, and the majority of effect sizes were small (<0.20). The one exception was the Information subscale within the PBL group, where the p value was marginal and the effect size approaching medium.

Results were similar for Psychological Empowerment. The 12-item PES consists of four subscales that measure aspects of psychological empowerment: meaning, competence, self-determination, and impact. Meaning represents the personal meaning that individuals find in their work/learning and the confidence that they have in doing their work/learning skilfully. Autonomy, on the other hand, represents the individual's ability to initiate and regulate their work behaviours, and Impact represents the effect that individuals believe they have within their work/learning environment (Siu et al., 2005; Spreitzer, 1995b). For both programs, scores for the overall scale and the subscales were moderate at time point I and remained moderate at time point II. Statistical significance and a medium effect size were observed for Impact for the PBL group ($p = .04$, ES = -.53). All other scores within each of the programs were statistically non-significant and effect sizes were generally small. As with Structural Empowerment, there were small increases in scores, with the exception of the PBL group's perception of their effect/impact on their learning environment. The other subscale with a small decrease was the autonomy/self-determination of TL participants in doing and regulating their learning behaviours.

The two-items global empowerment and Self-efficacy also showed no statistically significant differences between time point I and time point II, and had small effect sizes, although, once again, there were small increases within each group for these scales. Both groups followed similar patterns in lowest, middle and highest scores. The highest scores within the Structural Empowerment subscale were related to students' access to information in their program. The lowest scores on the same

scale related to the accessible conditions/activities promoting formal power involved with flexibility and creativity in the learning program.

From the Psychological Empowerment Scale for both learning programs, Meaning and Confidence had the two highest scores, and Autonomy and Impact the two lowest. The students' reflections on their learning experiences are consistent with the focus of psychological empowerment on personal experiences and beliefs toward work/learning environment (Spreitzer, 1995b).

Self-efficacy of students examined in this study was also related to their abilities in clinical practice, where they cared for a variety of patients. Perceived self-efficacy is a constructivist action related to subsequent behaviour and, therefore, is relevant for clinical practice and behavioural change (Schwarzer, 1992).

Table 5.2**:** Means and standard deviations (SD) of scales and subscales of the study variables at each time point, by learning programs with P-value and effect size (ES) for the t-test

Key Variables	PBL Program n=19			TL Program n=24		
	Time I Mean (*SD*)	Time II Mean (SD)	P (ES)[+]	Time I Mean (SD)	Time II Mean (SD)	P (ES)[+]
Structural Empowerment[1]	19.17 (3.18)	20.12 (3.23)	.18 (-.32)	20.70 (3.26)	21.28 (3.78)	.38 (-.19)
Support	3.41 (.69)	3.43 (.58)	.87 (-.06)	3.59 (.65)	3.71 (.59)	.36 (-.19)
Opportunity	3.41 (.53)	3.60 (.70)	.29 (-.26)	3.40 (.74)	3.45 (.59)	.70 (-.07)
Information	3.41 (.59)	3.68 (.58)	**.06** (-.46)	3.70 (.66)	3.76 (.84)	.65 (-.11)
Resources	3.29 (.70)	3.41 (*.78*)	.45 (-.18)	3.52 (.74)	3.60 (.81)	.67 (-.09)
Formal-power	2.55 (.81)	2.76 (.63)	.20 (-.13)	3.04 (.75)	3.25 (1.01)	.30 (-.22)
Informal-power	3.09 (.69)	3.24 (.80)	.49 (-.17)	3.45 (.61)	3.51 (.85)	.69 (-.08)
Psychological Empowerment[2]	3.96 (.57)	4.11 (.40)	.24 (-.30)	4.01 (.64)	4.05 (.73)	.78 (-.07)
Meaning	4.19 (.62)	4.58 (.51)	**.04** (-.53)	4.31 (.59)	4.38 (.78)	.63 (-.11)
Confidence	4.13 (.91)	4.39 (.45)	.23 (-.32)	4.43 (.58)	4.54 (.71)	.45 (-.16)
Autonomy	4.02 (1.02)	4.19 (.60)	.38 (-.22)	4.00 (.96)	3.94 (1.09)	.77 (.07)
Impact	3.50 (.80)	3.26 (.73)	.28 (.26)	3.31 (1.09)	3.32 (1.19)	.93 (-.01)
Global Empowerment[3]	3.92 (.79)	4.03 (.59)	.58 (-.14)	3.98 (.84)	4.17 (.65)	.30 -*.23*

General Self-efficacy[4]	3.07 (.39)	3.22 (.42)	.15 (-.36)	3.17 (.44)	3.23 (.48)	.34 -*.21*

Note: PBL = Problem-based Learning; TL = Traditional Learning.
[1] Measured by the Conditions for Learning Effectiveness Questionnaire. Score range (total scale) = 6 to 30. Score range (subscales) = 1 to 5. Likert scale: 1 = none, 3 = some, 5 = a lot
[2] Measured by the Psychological Empowerment Scale. Score range on Likert scale: 1 = strongly disagree, 5 = strongly agree
[3] Measured by a 2-item Global Empowerment Measure. Score range Likert scale: 1 = strongly disagree, 5 = strongly agree
[4] Measured by a 10-item General Self-Efficacy Scale. Score range on Likert scale 1 = not at all true, 2 = hardly true, 3 = moderately true, 4 = exactly True
+ Effect size conventions: 0.20 (small); 0.50 (medium); 0.80+ (large)

5.4 Analysis of differences

The means of the scales for both groups increased at time point II, however, there were very little variations in all major study variables (structural and psychological empowerment and general self-efficacy). Thus, the analysis of the scales' scores showed no statistically significant differences between time points within each learning group. Most of the p values provided in Table 5.2 were much higher than the conventional significance level of 0.05. Therefore, an effect size is most likely small. The analysis of the psychological empowerment subscales, however, indicated evidence to suggest that PBL participants' beliefs regarding the personal meaning of empowerment had increased over time (t = -2.25, p = 0.04) (mean = .39, SD = .75). The 95% confidence interval for the difference is (-0.75, -0.03). The Cohen's *d* statistic (.53) indicated a medium effect size.

The results of between subject effect test performed by repeated measures ANOVA showed that the main effect for the learning program was not significant. There was no significant difference in the empowerment and self-efficacy scores for the two groups. Repeated measures ANOVA analysis also tested the interaction between time and learning program. The learning program, by itself, did not have a significant effect, however, with the combination of interactions between structural empowerment, time and the learning program, an interaction effect was indicated in the global empowerment model. In other words, when structural empowerment was controlled, an effect on global empowerment was seen, F (2, 39) = 5.291 (p = .009, partial eta squared = .213), suggesting a significant difference in the effectiveness of learning programs when taking into account structural empowerment and program type. This variables relationship was identified among the PBL group from the plot of the global empowerment scores for learning groups, across two time points.

Although the difference in overall scores of structural empowerment, within the PBL group, by time points, showed the biggest difference (mean = -.95), these were not statistically significant. On the other hand, the analysis of one subscale of structural empowerment indicated a marginally significant change over time regarding PBL students' perceptions regarding access to information in their program as they progressed through their clinical placements (t = 2.00, p = 0.06). The mean difference in the two time point scores for access to information was 0.27; SD = 0.59 with a 95% confidence interval for the difference (from -0.56 to 0.01). The mean differences and associated 95% CIs are reported in Table 5.3. Access to information is considered by Kanter (1977) as one of the main sources to enhance the formal power of individuals to accomplish their learning objectives. This includes having the formal and informal knowledge required to be effective in the learning environment (Siu et al., 2005).

Table 5.3: Differences in mean scores (95% confidence interval of the difference) between time point I and time point II of empowerment and self-efficacy scales by learning programs

	Learning Program					
	PBL n=19			TL n=24		
		95% Confidence Interval of Difference			95% Confidence Interval of Difference	
Variables	Mean	Lower	Upper	Mean	Lower	Upper
Structural Empowerment	-.95	-2.38	.48	-.59	-1.93	.75
Support	-.02	-.27	.23	-.12	-.39	.15
Opportunity	-.18	-.54	.17	-.06	-.35	.24
Information	-.27	-.56	.01	-.06	-.31	.20
Resources	-.12	-.43	.20	-.08	-.48	.31
Form-power	-.21	-.54	.12	-.21	-.62	.20
Inform-power	-.14	-.57	.28	-.06	-.38	.26
Psychological Empowerment	-.14	-.39	.11	-.03	-.29	.22
Meaning	-.39	-.75	-.03	-.07	-.36	.22
Confidence	-.25	-.68	.17	-.11	-.41	.19
Autonomy	-.18	-.59	.24	.06	-.33	.44
Impact	.24	-.21	.69	-.01	-.34	.31
Global Empowerment	-.11	-.50	.28	-.19	-.55	.17
General Self-efficacy	-.14	-.34	.06	-.06	-.18	.07

5.5 Chapter summary

This chapter has provided the findings from the quantitative component of the study. The results of all scales showed moderate levels of empowerment for both PBL and TL students, however, when the student scores on the scales of the Structural Empowerment and Psychological Empowerment, as well as General Self-efficacy, were examined over time by educational approach, no statistically significant differences were detected and effect sizes were, in general, small. According to Cohen (1988), small effect sizes can only be detected statistically, while medium effect sizes can be detected by a trained observer. With the exception of Meaning (from Structural Empowerment) in the PBL group, no changes from time I to time II could be detected by a trained observer. However, the result for Meaning must be interpreted with caution, due to the potential for a Type I error. The lack of any detectable changes may be due to a number of reasons. For example, the duration between time-points may not have been long enough to identify changes and finalise the effect of the learning program for both PBL and TL. In addition, the initial mean scores of students' empowerment (Structural, Psychological and Global) were indicated as 3 to 4 on a scale of 1 to 5, and substantial improvement in mean scores may not have been feasible. There was a significant interaction between time, learning program and structural empowerment in the global empowerment model however, learning program alone was not significant.

The results obtained from this sample indicate that measures of structural, psychological and global empowerment as well as self-efficacy remained stable over the time interval for the two models of learning. Quantitative results presented in this chapter are further explored through integration, as appropriate, with the results of the qualitative data collected from students and educators and presented in Chapter Seven, in the discussion of the results. The following chapter presents the findings from the qualitative component of the study, which further assists in demonstrating the subjective impact of PBL and, in particular, whether students experienced being empowered in their learning environments and clinical practice.

Chapter 6: Qualitative Findings

6.1 Introduction

This chapter presents the findings from the individual interviews with academic staff and focus groups with students. The primary focus of the study was to explore undergraduate nursing students' experiences in their first semester of clinical placement in relation to their sense of empowerment, particularly exploring the process and reality of empowerment of the nursing students. The secondary aim of the study was to examine how a nursing program employing PBL could empower undergraduate nursing students, as well as promote their self-assessment of abilities compared with other students from a TL program.

The qualitative findings presented in this chapter were obtained through a total of six group discussions with nursing students in both types of learning program, PBL and TL, on two different occasions: at the beginning and after finishing the first semester of their clinical placements. In addition, findings are presented from five individual interviews conducted with PBL academic staff as well as clinical facilitators. As explained in the methods chapter, the translated transcriptions of the group discussions and interviews were analysed thematically, and broad themes identified. Transcripts were supported by researcher field notes. The reviewed data were coded, and then codes were grouped into concepts emerging in three main themes. Each theme covers associated sub-themes extracted from the thematic analysis.

6.2 General description of participants

6.2.1 Focus Group Participants

The numbers of participants in each focus group varied from five to eight, depending on their availability and willingness to attend, although 17 students and 11 students from both groups PBL and TL, respectively, had signed consent forms. Most students who participated in the first focus group at the beginning of the academic semester returned to participate in the second focus group after finishing the semester, which was the first clinical semester in the curriculum. All participants

were female, and the majority were of Saudi nationality, with only two students presenting in the TL group being non-Saudi but were raised in Saudi Arabia. In reporting the findings, each focus group in the study is referred to by FG number (FG#) and Learning Program, that is, FG1 PBL, FG2 TL, and so on. Because of the large number of students of the PBL group willing to participate, there were two groups of students interviewed at each time point (see Table 6.1).

Table 6.1: Number of participants (students) in each focus groups for each learning program

Nationality	PBL Group (n)				TL Group (n)	
	FG1-G1	FG1-G2	FG2-G1	FG2-G2	FG1	FG2
Saudi	6	5	6	6	6	3
Non-Saudi	-	-	-	-	2	2
Total	6	5	6	6	8	5

6.2.2 Individual interview participants

Participants from academic staff were the main informants in relation to PBL teaching and facilitation of clinical practice. There were five academics who differed in their backgrounds and experience. Two were Saudi nationals holding bachelor's degrees, and all had experience as teaching assistants at the university, as well as experience as clinical instructors, with between five months and one year of experience in the role. Nursing clinical experience for both was limited to their internship training (graduating year). The other participants were non-Saudis of different nationalities, from Arab and non-Arab countries. Two held master's degrees and were in the position of lecturer, as well as acting as clinical instructors. The only academic who had a PhD degree, and had a position of Associate Professor, was responsible for the unit of study, Adult Medical-Surgical, and was also the clinical coordinator and Year Two coordinator. In the reporting of their interviews, each participant has been designated a specific reference, for example, staff as participant 1 (P1), participant 2 (P2) and so on. These academics assumed a key role in teaching and educating the students, which gave them an important perspective on

understanding the experience of students' empowerment in their learning. Thus, the data collected from this category of participants was subsequently analysed together with the students' focus group data and used to triangulate with other data in the study.

6.3 Presentation of findings

The findings of the qualitative component of the study are presented under identified themes and sub-themes that emerged from the focus groups with students and the individual interviews with the academics. Three main themes emerged including: *Changing perceptions of nursing*, *Feeling personally empowered* and *Empowerment in learning*. Each of these main themes is reported, divided into sub-themes to present relevant data and using headings for ease of navigation. The data are presented in quotations, supporting sub-themes, which are embedded with descriptions of their contexts. Figure 4.1 provides a thematic diagram summing the main themes and sub-themes from the findings of individual interviews and focus groups to visualise these themes clearly.

Figure 6.1: Thematic diagram

6.3.1 Theme 1: Changing perceptions of nursing

The first theme describes students' perceptions on changes in nursing occurring around them and in Saudi Arabia, more broadly. Participants' responses in the focus

group discussions demonstrated their perceptions of their nursing studies and future profession, as well as perceptions of others' attitudes, including attitudes of their families, society in general, patients and other healthcare professionals towards the nursing profession. Furthermore, students demonstrated their experiences in changing the perceptions towards the nursing profession. This theme encapsulates each of the student participant's struggles to deal with the challenges they experienced while they were enrolled in their nursing studies. These are demonstrated under two sub-themes: *Overcoming others' resistance* and *Societal acceptance*. Furthermore, this theme describes the students' perceptions of nursing and how they experienced transition in their nursing studies and empowerment under the sub-theme: *Understanding the nature of nursing*.

6.3.1.1 Overcoming others' resistance

Experiences of being enrolled in, and studying, the Bachelor of Nursing varied between the participants. Participants reported a range of diverse experiences and responses from their families and community members in relation to their studies. Students had the chance to speak freely about their experiences and personal stories. Some students reported that their families were supportive of them studying nursing, trusting them and over time valuing their studies. Some students were happy with the support they received from within their family unit:

> *My family, thank God, my mother, my father, my brothers all of my family, even my uncles encourage me. (FG1 G1 PBL)*

Positive family attitudes were motivating for students of both groups to continue in the discipline of nursing, even if they initially were unsure about pursuing it:

> *I joined the college without any desire, but I found support from my family "Go ahead, it is a good career". All of them were supporting me, maybe that is the reason that made me unconvinced about moving to another faculty. (FG1 G2 PBL)*

> *So, I asked my parents if I could join the nursing faculty or not. If they refused, I would join the literary section, but they agreed, and I've joined the nursing faculty. (FG1 G1 PBL)*

I want to talk about my family at home really supports me in any way, and whatever I do, they are with me; trusting me and anything I do. I've thought about it and feel at ease in terms of subject, because I'm a kind of [person] who analyses and thinks before I act. (FG1 TL)

However, not all views were so positive, reflecting different views within the society. One TL student commented on her experience with relatives who rejected her nursing studies, and she made a strong decision to react to her ex-fiancé's attitude when she put her study and future career as the priority:

My experience with another part of my family was very bad. They were divided into two sides: there were people who are health workers, and many of them are nurses. They accepted me but felt disappointed over my nursing enrolment... "you should get into another specialisation" because many of them wanted to study medicine, but they couldn't. The other side of people rejected me in a way! Big issues developed. I was engaged when I entered nursing and then the engagement was broken off…He had not liked me being in nursing. He was thinking about decency and morals. So, I said you are not suitable for me. (FG1 TL)

Many students reported that family members expressed diverse opinions, with some encouraging their choice of nursing while others expressed some embarrassment or reluctance to approve their choice:

And about my family, I've got two brothers and a sister supporting me. My father doesn't care, but my mother says: "if anyone asks me what my daughter studies, I say she studies pharmacy". I do not know the reason, and I didn't ask her. Always, I heard her saying "XX studies pharmacy" I look at her!!! (FG1 G1 PBL)

This student reflected on her situation with her mother. She exhibited sadness but, at the same time, she did not want to face her mother. She found, however, that her mother was actually positively engaged in her practice and studies:

She will talk because she is my mother. However, she doesn't talk and doesn't say anything. On the contrary, if I come and talk to her about the practice, what I studied, and what I had, she becomes excited with me. Also, she knows

that I'm not studying anything easy. But why doesn't she say that I'm studying nursing, I don't know!! (FG1 G1 PBL)

Another student reported having a similar issue with her mother, however, it was more marked with her friends. The nursing profession was not recognised by her friends as a prestigious career compared with other health fields, such as medicine and pharmacy:

My mother, like my colleagues' mothers, is still not convinced of the [nursing] department. My father supports me and believes that my desire is the most important. My society is divided into two groups, pros and supporters of me and who think that nursing has benefits for my family and the society, and the other groups who are against. My friends, unfortunately, are objecting and they have a very negative perception. They even detract from the department and whoever works in it, compared to medicine and pharmacy . (FG1 G2 PBL)

Although this participant expressed concern about her friend's responses, she was less concerned about wider social attitudes:

My mother is satisfied with the [nursing] department. She thinks that it is best for me. My father also believes it's a nice department but prefers that I move to any other department if I get the opportunity. The society was against the department initially because of mixture [with males]. But now, the majority of society is convinced of it. I don't care about society and their negative perception. (FG1 G2 PBL)

Some families were reported to privilege medicine over nursing because the latter was seen as a 'tiring occupation. This tension between family members was reported by several participants and clearly contributed to some ambivalence about their career choice:

But my father is still not accepting the [nursing] department and sees it a tiring department compared to another one. He wishes that I switch to the department of medicine instead of nursing. I do not know why. But it might be because most of my family members are in the field of medicine. (FG1 G2 PBL)

My father is fine with my field, he accepts it, and all my family has the same situation, but my father always repeats to me that he wants me to study

medicine when I get done with my nursing study. Why medicine? I am studying nursing; it's my future that I have chosen for myself; he really disappoints me when he talks like that. He knows nothing about nursing, so I try to tell him more about our study to understand. (FG2 TL)

Participants described using ways to get their families to back down on their resistance over their career choice of nursing. For example, some tried to explain the nature of nursing and its importance, to correct their perceptions:

My family did not accept nursing at first because they had the wrong idea about it. After I enrolled in it, I tried to explain what nursing is, what its importance is and correct the bad perception, first for my sisters, followed by my brothers and then my parents. Then they showed their acceptance. (FG2 G2 PBL)

Having a bad perception because of the lack of importance of nursing as compared to medicine. Also, the lack of privacy for the nurse as a result of the continuous mixing with the patients, unlike the situation of the doctors. (FG2 G2 PBL)

Students demonstrated empowered behaviours, as they reported that they could change family perceptions by sharing their knowledge and increasing awareness of what nursing actually entailed:

For the community of relatives and those around me, I was able to improve the perception and the image of nursing in their minds by showing and explaining the importance of nursing and what knowledge it contains and sharing the science itself with my family. They all changed their perceptions and the way they saw me studying. (FG2 G2 PBL)

Every piece of information I learn in study and practice, I convey to my family. My mother is impressed by my knowledge. She says: are you studying nursing or medicine? Conveying knowledge to the family has an effect... (FG2 G1 PBL)

One of the academics, who was responsible for training and teaching the students in this study, believed that studying nursing was a challenge for students with their families, not only at the time of the enrolment but also during, and mainly when they were starting, clinical practice:

Study challenges include that some families do not encourage it, and even if the study went well, we can face difficulties with people accepting working in the hospital. (Staff P2)

The role of family members, especially those males who were dominant, was sometimes difficult for some students who wanted to study nursing but did so with fear and anxiety. This issue did not exist only with the family leader, who was usually the father, but also existed with siblings (usually brothers):

I find great support from my family. I see that they are fully convinced of nursing. One of my brothers works in nursing. But I suffer from the lack of conviction by my big brother. (FG1 G2 PBL)

Fearing negative family attitudes placed pressure on one student, which made her operate in "covert resistance" to continue her studies:

The encounter of me telling my brother is very difficult! It may end up with the decision of me being expelled. Thus, I'm doing my best to avoid that. (FG1 G2 PBL)

Students demonstrated that they used empowered strategies, even in a disempowered cultural situation. The same student also commented about this in her subsequent focus group discussion, where she reported having the same issue which remained unsolved:

I was fully convinced with my specialisation [nursing]. I loved it from the beginning. But because of the rejection of my brother for this specialisation and any other health field, I am still hiding that I am studying nursing from him and our community. I am fooling people that I am studying computer science ... I cannot talk about what I have learned except for with my girlfriends. As for my parents, it was easy to convince them. They accepted after some persuasion and persistence. It is only my big brother who doesn't know about my specialisation. (FG2 G2 PBL)

The difference is that I am the youngest in the family, and he [my brother] is the eldest. His point of view is that he doesn't want me to work in a context where there is mixing [with males], fearing there might be harassment!!... It is possible that he will force me to quit!! If he knows about it, he will create problems when I study, and he will affect my scientific achievement. I prefer to

hide it from him until the last year [of study] then he could not do anything to me. My parents and siblings want me to tell him and face him with the matter. They will support me, but I am refusing. (FG2 G2 PBL)

Another student reported having the same issue with her brother but, at least, her father defended her:

Well, my brother is also refusing my health specialisation, but I am facing him. In addition, my father defends me. (FG2 G2 PBL)

On the other hand, another student commented on her brother's support:

My brother wanted me to study medicine, but he is now encouraging me to continue to study nursing and not to change specialisation. (FG2 G2 PBL)

Students reported, however, making efforts to prove themselves and demonstrate their knowledge as a nurse or a nursing student:

My practice and study have been clarified, and I have become important to them [my family]. In the beginning, they were saying "nursing"?... Now, I have knowledge and experience in the things we studied. I teach and discuss with them if there is a mistake. In the past, I was unable to clarify right or wrong. (FG1 TL)

Students' reflections about such change were noted more during the second focus group, which was conducted after they had completed their first semester of clinical practice. Participants identified low awareness among their families of what nursing involved but also reported that they had the capacity to influence how others viewed the profession of nursing. They also described the changes that had occurred, such as achieving respect and appreciation, which were empowering:

I found respect and appreciation. They [my family] have known that it is a precious profession. They now understand that it is not only about giving injections, but there are consults as well. Whenever they are a patient, they ask me about his/her disease what, why and how this operation will be performed. My father once joked with me saying: "So you are studying medicine not nursing!... I told him: "No, there are important things we have to know. When I take the responsibility for any patient, I have to know the diseases he/she is

suffering from. I am like the doctor. I even have to correct him if he commits anything wrong. (FG2 TL)

Many people, even family members, have been shocked at what we are studying. They were thinking it's about easy things, study. Also, I feel responsible, this means I become afraid that I am studying nursing due to the responsibility! (FG2 TL)

It is always the same! By giving information. For example, in my family meetings, when I know more and better about the topic they are discussing they change their look and attitude towards me and immediately say: "Oh, Oh I had an experience about it" That is a good feeling! (FG2 TL)

One student reported facing less respect for pursuing her nursing studies but also commented on how her feeling of significance changed at her home with time:

A discussion took place between my brothers and me. I felt from the way one of them spoke that he was he insulting nursing, the specialisation and its importance. Here, I objected strongly. With time, my words were proven. My grandmother, who was with us at home, felt tired one day. My mother called me, saying my daughter is our nurse at home. I felt then the significance of my specialty. (FG2 G1 PBL)

Other students felt the trust of family members towards their knowledge and skills. That made them happy and empowered and enhanced their confidence:

One day my mother went to one of the shopping malls. There was an awareness campaign in it. My mother took part as they measured her blood pressure, sugar level, and weight. When she returned home, she directly handed me the paper and said have a look and tell me the outcome. I became happy because my mother trusted me. (FG2 G1 PBL)

Every time someone in the family consulted me for some health matters, that gave me strength and confidence. (FG2 G1 PBL)

On one occasion, my father was wounded in his hand. He did not allow anyone else to treat his wound other than me... My mother complained of fatigue. I told her that perhaps it was her stomach. When she went to the doctor, she was told it was her stomach. She commented, "My daughter said that to me". This made

me feel more confident. At the hospital, elderly patients always pray for us. (FG2 G1 PBL)

Students found that they were increasingly trusted and valued as a result of their knowledge and skills:

I am a stubborn person. I persist on the thing I want when I want it. I want nursing, and I love it. There is no return in that. Over time, everyone believed in me and my abilities to the extent that my father started to ask me about his medication and consult me. On one occasion, my brother was injured. He asked me to help, and I immediately offered him some first aid. (FG2 G1 PBL)

The first time I tried to give the insulin injection, it was on my grandfather. Since then, he does not want anyone else to inject him. One time, I was out of the house, and he then wanted to have the injection. My mother contacted me to hurry me back to give him the injection. (FG2 G1 PBL)

However, the issue of the students hiding the fact that they were studying nursing often went beyond their close family unit. Many students reported that they hid their studies, through "covert resistance", to avoid social criticism and to protect their academic journey:

My father is deceased. My mother is convinced of the [nursing] department but does not want me to go through fatigue and hardship. The brothers of my mother did not know that I'm in the nursing major. The reason is their strong rejection of the department, and to stay away from the controversy and tough debates I told them that I am studying medical science and not nursing. (FG1 G2 PBL)

For me, one of my brothers and the majority of my society did not know that I was studying in the field of nursing. I resorted to saying that I was accepted in the computer department. (FG1 G2 PBL)

My family is aware that I am studying nursing, but we agreed that we will not tell anyone of the members of the society. (FG1 G2 PBL)

Here, there was a major challenge experienced by the students with respect to facing society, which is demonstrated in more detail under the next sub-theme.

5.3.1.2 Societal acceptance

During the group discussions, students demonstrated their feelings and attitudes towards nursing, including the status of their profession. Students were largely unanimous about the low status of nursing in their wider society but also reported that this was changing over time and with more knowledge emerging among society about the nursing profession:

> *Nowadays, the view of the community is evolving, and people find nursing a wonderful profession. Whereas other people see the nurse as a maid, not accepted, banned and so on. Also, some patients consider that you are there to serve them as a maid and some do not. (FG1 TL)*

> *…my friend, a fellow with us, met a patient not interested that we are Saudis. She said "don't work in nursing, look for another job. What Saudi nurses!" (FG1 TL)*

> *I met a lady who told me: "What made you like nursing and enter it? I do not see it a good thing". (FG1 TL)*

Students reported, however, their resistance to such societal expectations, revealing further empowerment. Some students' reactions toward community negative attitudes revealed that they did not care:

> *It [nursing] has many areas even if it is something new in Saudi Arabia, it is not at least overseas. There are innovative people in this discipline. It is not a condition that because our society doesn't think the way I want to think means I have to change my study for community's desire. So, I decided to continue in nursing because I don't care about the community. (FG1 TL)*

> *Most of what we have seen are female doctors. Why is he not saying, "female doctors are not respectable/reputable/courteous?" (FG1 TL)*

In Saudi Arabia, there are people who associate nursing with immorality. The nursing career remains ignored by many Saudis because of the stigma attached to female nurses working in a mixed gender environment. This was demonstrated through the story of one participant, mentioned previously, whose engagement was broken because her fiancé did not accept her nursing studies, in spite of the fact that

he did accept her enrolment in medicine before her engagement and before transferring to nursing. Another student commented on this type of situation:

> *Being a nurse is different than being a doctor!! Nursing is forbidden but medicine is not!! (FG1 TL)*

> *The society believes that nursing is not for women. For example, my mother's brother believes that any girl in the health sector is bad. But I always echo and say that goodness is linked to education and ethics, not academic areas. One may be a student at one of the religious departments or a teacher, but their ethics may be such ethics! Things that we can't talk about. (FG1 G2 PBL)*

The previous quotation by this student demonstrated her defence of nursing. There were many participants who reflected on their reactions towards the negative perceptions of nursing held by society, and they felt sufficiently empowered to defend the profession:

> *After the preparatory year, I got a high average which qualified me for the department of medicine. But being stubborn and determined, I continued nursing. I see that the negative perception of society for me and for nursing was one of the motives that pushed me to proceed. (FG1 G2 PBL)*

> *I see that self-conviction is more important than any other conviction. It must not be allowed for any person to let down the nursing profession or detract from it. (FG1 G2 PBL)*

> *I think it is a must to face the society. They have to respect my profession, my choice and my future. (FG1 G2 PBL)*

A few students found that others' attitudes towards nursing had a negative effect on their studies. Interestingly, the stigma associated with nursing was not confined to the wider society but also included some academic staff:

> *I see that the main reason behind what we suffer from now is the words and the negative treatment we receive from others, whether from members of the society or from the academic faculty. (FG1 G2 PBL)*

Some students expressed their desire to address stigma and advocate for the nursing profession:

Actually, our society's ideas about nurses are very bad. Thus, I'm thinking, if I continue in this field, I'd like to change this idea completely… completely. I don't like this negative idea or view, never… never. I'd like, as nurses, to change this idea about us...Even in my society, I recognise that there are some people who don't accept that I'm in nursing. Actually, I'm nonchalant but I want to prove to them that we aren't less than any others and not less than doctors. No, we are all the same. (FG1 G1 PBL)

I see that, as members of this generation, we have the ability and the potential to change society's perception of nursing. (FG1 G2 PBL)

…we can't say that all nurses are professional and they represent us as the best representation... Education is the basis of Islam. Flaws and defects may occur everywhere…Why do people focus on a specific career's disadvantages/defects? That is what I want to teach people to correct but it is based on their minds and on their understanding. (FG1 TL)

Students reported being willing to change and/or improve the way nursing was seen in Saudi Arabia:

I want to educate the community and those around me. (FG1 G2 PBL)

I try not to hide the information I learnt. I try to convey it and clarify the right from the wrong. (FG1 G2 PBL)

There are too many things, one of which is to mention the acts and achievements of others and their good legacy. (FG1 G2 PBL)

The negative perceptions associated with nursing were not universal and students also reported some wider, and possibly growing, acceptance of the profession in the wider community. Some students shared their experiences of positive acceptance from patients or others in the community:

It depends on peoples' views. Some view the nurse as a maid, others view nursing as a reputable profession, and others who see it as a normal profession just as another profession. (FG1 TL)

Students noted that there was some emerging evidence of change in society towards nursing:

One day, I met a woman in public, I didn't know her, and she didn't know me, she asked me "Are you studying?" I said "yes" "In which specialisation?" When I said that I'm studying nursing, I felt that her reaction was good she said "wonderful! You will change our society's idea about nursing" ... She sat talking with me. I felt the truth that I liked nursing from her point. Definitely there are some people on the opposite side. I feel their view about nursing has changed especially in the last five years. There is a big section of society that has changed their views about nursing. (FG1 G1 PBL)

[My friend] and I were going to the coffee shop to study. We took our tools, books, clinical placement papers and everything. There were not any places. We were sitting beside the door. There was a woman looking at us and looking at our papers and she said, "what are you studying?" I said "Nursing". The tears came out of her eyes, she started to offer her wishes to us, and she said "you are the white face of us. You are angels of mercy." (FG1 G1 PBL)

Students reported finding the positive attitudes of others empowering, which served as a motivation for them:

When the lady we met told us nice words and prayed for us, my face was shining with happiness regarding what was happening. Then we did our best in accomplishing our work. Also, when we came to the hospital, I entered very excited and happy. (FG1 G1 PBL)

There were also positive attitudes from healthcare professionals and academics from other specialties:

One day, I was sick and the physician asked me if there was any stress. It was my study. When he knew that I'm studying nursing, he was so happy. My mum told him "but it's not an acceptable or desirable career". He said "don't worry! I'm a doctor and I have sent my daughter to Canada to study nursing, and this is the future career. (FG1 TL)

Even the medical faculty lecturers tell us "you are the angels of mercy". They respect us. (FG1 G1 PBL)

Even in the face of community objections, students reported their love and defence of nursing as a profession:

When I was in secondary school year two, it [nursing] was my first desire but in preparation year I changed a little. I remembered my teacher asking us "what do you want to join?" I said confidently, "I want nursing" she was shocked and said, "why not join medicine?" I said, "I don't want medicine" she said: "If my daughter wants nursing, I'll say no "I said "why?" The teacher replied: "I'll not let her join nursing, I'll make her join medicine". I said, "thank God, my family is satisfied, and they encourage me". (FG1 G1 PBL)

Other responses from students included broad comments about the stigma associated with any profession that includes mixed genders, the physical appearance of nurses, the prestige of physicians and socioeconomic factors:

I thought that there is a group of nurses who defame the view of nurses… and I've seen when I entered the hospital (when I was young) a bad view, whether in their uniform, dealing with others, or their behaviour, so I think that is the reason more than mixing…The nurse gives an impression by her uniform, and her actions leads to the bad defaming of nursing. That is, if you compare between a nurse and a doctor, they choose the doctor, although they work in the same place and the same field. But the doctor is always respectable and obligated. (FG1 G1 PBL)

…and [doctor/physician] has an honourable position among people. (FG1 G1 PBL)

…if you ask anyone, do you prefer a doctor or a nurse, overlook the salaries, they choose a doctor… why? They think about her as a respectable person but not the nurse. (FG1 G1 PBL)

Students recognised that nurses' behaviours and physical appearance were observed sensitively by others. It was considered that people object to any behaviour that differs to the Saudi culture and this was seen to affect their views of nursing in general:

About my brother, he encountered a situation in the hospital. Once, he came to visit my uncle and he saw nurses wearing tight clothes and opening their lab [laboratory] coat and with mobiles in their hands. He objected to this behaviour. (FG1 G1 PBL)

Academic staff also commented on the changing views of nurses in Saudi Arabia:

> *The existence of Saudis in nursing has increased the value of the nursing profession and gives its rightful status and place, which it deserves. I do not mean that it is valueless, but the poor behaviour of some former nurses may have underestimated the view or resulted in looking down on this profession. (Staff P2)*

> *In general, we have a very bad status of nursing in the country, especially in Qassim. In practice, there is no respect for the profession from medical teams, like from doctors, also the patients and their facilitators (caregivers) … Outside of hospitals there are people who are motivating and encouraging and other people who are frustrating…. (Staff P5)*

Nursing is seen by some members of society as forcing women into compromising situations with men, which is not accepted by society or family. However, students described how they worked to resist the stereotype of the profession as depraved due to the mixed gender workplace:

> *Some who say, "in nursing, there is gender mixing and corruption and depravity", shopping centres and other places too. Who wants depravity, it would be in any place. I've been studying for five years and hardworking, just for mixed gender. (FG1 TL)*

> *It was an elderly woman, a bit conservative. My objective of the question was just to get the community's perception of nursing. The summary of the discussion was that her perception was very negative about nursing. She thought the girl was vulnerable to harassment. (FG1 G2 PBL)*

Despite advocating for and defending the profession of nursing, students also reported some challenges when working in mixed gender settings, which highlighted some ongoing tensions between their work and cultural expectations. Students reported not having been prepared to encounter this issue, which required actions and acceptance of their circumstances, initially:

> *When I came to the hospital for the first time, doctor XX entered with me to the emergency department and into the male section. I felt unexpectedly terrible.*

She said, "It's ok, accept the situation because there are not any female cases." (FG1 G1 PBL)

One student reported feeling confused and unable to do what was she being asked to do:

There was an old man being angry towards a nurse who was looking for a vein in his arm. Dr. XX said "take this case" I said "Impossible! It's done, I don't want the male department. (FG1 G1 PBL)

However, the same student described a different situation that made her satisfied, which occurred on the following clinical day, even though it was in the male department. Her experience suggests that some students found some comfort in prayer when faced with clinical challenges relating to gender:

I didn't approach him, I was afraid!! But next week I found wonderful prayer in the male department. (FG1 G1 PBL)

The academics and clinical instructors were reported to be aware about this issue but had not considered solutions:

The challenges that Saudi nursing students are facing in the clinical setting are as follows: number one during hospital exposure they refuse to care for male patients for the reason that it's against their cultural values and family's disapproval. Another one, number two, due to poor image of the nursing profession (caring for the sick) and night shift duties (once they will start to work as a professional). As a result, student nurses are shifting to other courses. (Staff P3)

I can see that there are still families that ban girls from enrolling into nursing even if the girl is willing to enrol because of mixing with males. They actually ban them completely so they don't mix with males. This goes in relation to the community or to society. (Staff P4)

There are some fathers who when they find out later on that there is a mix between males and females, they force their girls to leave nursing to another major. (Staff P4)

Students also described a wider societal perception that nursing involves continuous contact with patients, whereas medicine is seen as somehow more removed from clinical care:

> *The society believes that the nurse is the only one who mixes with men at work, while the doctor does not. (FG2 G2 PBL)*

> *But for medicine, you study more and then enjoy a privacy, unlike the nurse who mixes more and continuously with patients. Nursing is more exhausting. (FG2 G2 PBL)*

Negative perceptions about nursing as a career were reinforced by beliefs that long working hours and the status of the profession could delay marriage for women. All these were linked together with the rejection of the profession by the Saudi society. Society viewed being in the nursing profession as a reason for the delay of a girl's marriage:

> *Many times, I met people who say, "no-one will propose to marry you, how would your husband in future would accept you to work in nursing". I object to this; it has nothing to do with it. (FG1 G1 PBL)*

> *They [society] say that no one would like to marry some woman who works for 12 hours. (FG2 TL)*

> *There are people who think that the nurse would not get married! I had an event with some ladies who were talking about my specialty and one said, "when you get married, your husband will not let you continue to study." I kept silent, but another lady argued with her, and the debate raged between them. The lady who defended me advised me to continue my study and not care about others' opinions. She was not related to any health field but was employed in airport customs. (FG1 TL)*

One of the most common reasons discussed by the participants about the low status of the nursing profession was misunderstanding the scope of the profession:

> *Some used to think nursing is merely giving an injection while I explained to them that we make the diagnosis and participate in the treatment plan. (FG2 G1 PBL)*

A common saying used by the society about nursing students is "maids ... but modern ones". Really, I hear that phrase repeated a lot. (FG1 G2 PBL)

The nursing academics explained more about this view:

When society holds the opinion that nursing is only following the doctor's orders without knowledge or understanding, parents don't allow their daughters to go to college. For example, I met some students in their preparatory year during their visit to the lab [laboratory]. When I explained to them the importance of nursing, it was an unknown concept to them. They said "We didn't expect that! We thought that nurses just did what was asked of them" … I answered them by saying that you must make decisions and take the initiative in the field, especially in the ICU. Your initiative, this is what may help a patient in any way and increase your understanding. We do not merely carry out what the doctors tell us. (Staff P5)

Lack of awareness, it is possible to accept this profession by people who are aware of its nature either from public education or knowledge of the profession as if a parent nurse working in the same profession, in this case, you might prefer the profession to other professions. (Staff P2)

Thus, choosing the nursing profession was considered a challenge as one of the academic stated:

…when you choose this profession, you will break the social challenge. (Staff P2)

6.3.1.3 Understanding the nature of nursing

This sub-theme demonstrates the participants' experiences in understanding the nature of the nursing profession and how this led them into transition experiences as well as changing perceptions of others. There were students who reported not choosing nursing willingly, however, they came to like it and now did not want to change it:

Frankly, I didn't desire any medical specialisation, but my family hoped to make me join a medical specialisation. So I did and joined nursing although I didn't like this because it is a medical specialisation, but when I read about it

and know too much about it, l liked it, and now my family wanted me to leave the faculty of nursing, but I refused. (FG1 G1 PBL)

Students reported having transition experiences during their studies. Many had transitioned from negative to positive attitudes towards nursing. Understanding the profession through their studies had led them to change their views about the profession:

Nursing was my last desire, and I joined the faculty of nursing according to my grades. Naturally, in the first year, I didn't accept it, and I didn't like nursing at all. But in the second year, I've started to enjoy it. I didn't like nursing as a career, but – God willing – in coming days and years, I'll love it. (FG1 G1 PBL)

I've joined the [nursing] college without any desire, but I found support from my family "Go ahead, it is a good career". All of them were supporting me, maybe that is the reason that made me unconvinced about moving to another faculty. (FG1 G2 PBL)

The work of nursing gradually became clear to the students, and they commented on the culture of medical practice culture where nurses do many different things for physicians. Their views, therefore, differed from society's views of nurses as merely doctor's assistants. Nurses are widely seen as handmaidens to doctors, rather than as professionals in their own right, and this view was also found among doctors. Students criticised the attitudes of some physicians and other healthcare professions towards students and nurses during their clinical practice:

I think the reason also that they [doctors] are not accepting the Saudi nurses is because they don't follow their orders as non-Saudi nurses do. (FG1 TL)

They [doctors] are not willing to respect nurses. (FG1 TL)

Students' experiences in their nursing studies and practice reportedly led them to reconsider the nature of the work and the professional scope of practice in nursing, compared with other professions. They viewed nursing as having a wide field of opportunities to enter:

There is the possibility to complete the study and in multi-functional areas such as in nursing administration. (FG1 TL)

The nurse can do anything, not like people from pharmacology or medical science, they only can do limited things, but in contrast the nurse can do everything. Nursing is integrating all specialties such as medicine, pharmacy, and medical sciences. God willing, we will be nurses. (FG1 G1 PBL)

Indeed, there was a positive view of the future of the profession, not only from the students, but also from academic staff:

The nursing situation in Saudi Arabia is in development and progressing. Each batch of students is more enthusiastic than the last one. Saudi female nurses like nursing and innovate in it. They will have a bright future. (Staff P1)

The understanding of students regarding the nature of nursing moved them to think broadly and to innovate in their field, as they reflected:

…when we entered nursing and studied, we felt that nursing is a fertile ground that you can innovate in. Especially in Saudi Arabia, we have something new everywhere, including nursing so we may start; be one of the initial graduates and we can innovate in it. (FG1 TL)

… a nurse at the hospital who severely opposed the entry of any female to the field of nursing. Her words were: "Leave the nursing. It is an exhausting field, with no rest. Teaching is way better and more comfortable. Even its study is not fun, nor attractive ...Our response was that we are happy to specialise in it [nursing]. We are convinced that any practical field must involve some difficulties and obstacles. It has changed as compared to the past. Also, the study of this nurse may have been shallow. It could have been a diploma rather than a bachelor's degree with its rich and detailed subjects. I told her if you get a chance to proceed with your study, you will see how our study is and why we cling to it. (FG2 G2 PBL)

Students expressed their willingness to participate in external activities in the community, to show people what the nursing profession was all about:

Third-year girls made a campaign activity "I'm a nurse" in the mall when they were in the first year. You would be astonished by the numbers of the audience, we should do this every year, we don't like the university theatre, even the theatre is not available, and so we have only the hall. (FG1 G1 PBL)

I am thinking about performing awareness campaigns about nursing where we explain everything about the nursing job. (FG2 TL)

I think that campaigns in the schools are more important if we started from the base, then every coming generation will change. (FG2 TL)

Students' participation in social media further demonstrated their sense of empowerment as these media reportedly gave them the opportunity to introduce their future career and the importance of the nursing profession more broadly. They saw this mechanism as a good pathway for students to change the negative views of others about nursing:

…it's the way you communicate with the society. (FG2 TL)

…we were assigned to the nursing club at university. There was an activity and it was released on our account [Twitter account]. We had received a comment from a man saying "Masha' Allah/God bless! You have changed my view of nursing." I even had a conversation with a friend who criticised the nursing profession badly, but I told him NO! I know a group of students, and I showed him the account. He was happy. (FG1 TL)

I have done many things and changed many people's points of view. I have even made some people change their specialisation because of my activities on my Instagram account. There was a girl who shifted her specialisation to study health and nursing after she saw my Instagram account…I used to talk about nursing. I had posted about the academic plans, our uniform, one day, I talked about the nursing in detail; full details about the study and everything. (FG2 TL)

I'm trying to convey information through Twitter and through images. (FG1 G2 PBL)

Students demonstrated pride and empowerment in being nursing students and becoming nurses in the future:

Frankly, I'm proud to write nurse in social media networks "nursing student" I'm proud of being a nurse. (FG1 G2 PBL)

The same, we wrote "nurse" in every site. I'm very proud of being a nurse, and I accept any criticism, Encouraging and motivation makes us do the best. (FG1 G2 PBL)

6.3.2 Theme 2: Feeling personally empowered

The second major theme that emerged from the data, *feeling personally empowered*, is presented under two sub-themes: *personal fulfilment* and *spiritual aspects*. These sub-themes demonstrate students' experiences and their individual feelings and capacity to achieve their goals through feelings of empowerment.

6.3.2.1 Personal fulfilment

Having a sense of empowerment was described by participants' individual feelings in situations where they reported feeling satisfied. Students reported their satisfaction in continuing their nursing studies. They considered their decision to choose to study nursing as personally fulfilling and a big achievement:

My friends handed transfer forms to me, but on the first day in nursing, Glory be to Allah! A worry haunted me since foundation year was released, and I said: "I'll continue in nursing". They told me "your grades are higher than us, why you are not transferring?" That's all! I'm comfortable here, in nursing. (FG1 TL)

After starting the study, I felt that I have the ability and the desire for achievement, work and creativity. I am fully convinced with the department. I do not have any thought nor desire to switch to any other department. (FG1 G2 PBL)

It is such a great profession, but it is not by society's view… I would get benefits of my study at least to myself and life. (FG1 TL)

There were expressions of feeling empowered and proud of being knowledgeable, skilful and such a resource of health information to themselves, their families and friends:

I feel I am a higher level than my family. For example, once they asked: "what is this?" So, I explained physiology to them, and they finally said: "What does this mean? Talk like us! (FG2 TL)

I felt excited. I was able to apply that in giving insulin to my grandmother. (QU FG2 1 PBL)

Many times, I have discussions with other friends who are not in health specialties. For example, they ask me about a certain operation and its complications. Some others ask me about chronic diseases and any instructions related to them. (FG2 TL)

Students gave some example of times when they took the initiative to get things done, either in clinical practice or not:

I was trying to collect blood from a patient. I did the usual. While drawing blood, I got confused and couldn't draw it. The accompanying person with the patient yelled at me: "Do not do something you do not know how..." I persisted to finish my work until I was able to draw [the blood] and prove myself. (FG2 1 PBL)

Another student reported taking their initiative to help patients in need while she was sick and visiting the hospital:

I felt a responsibility towards them in spite of my fatigue. I directed them to the department and brought a chair for the patient... and I was happy. I always feel a desire to release such energy. (FG2 1 PBL)

Her colleagues supported such actions as this and one stated that doing so was an opportunity:

This is the only opportunity to intervene with helping and nursing people without anyone stopping you. (FG2 1 PBL)

6.3.2.2 Spiritual aspects

This sub-theme illustrates the importance of spiritual aspects in empowering the students during their studies. Many of the students who participated in the group discussions demonstrated their feelings towards nursing within a spiritual context,

including beliefs and faith in loving what they were doing in nursing. To them, the concepts of help and care were seen as spiritual endeavours that epitomised the essence of nursing:

I see that the spirit of the nurse plays a significant role in the change for the patient. (FG1 G2 PBL)

I feel that I am helping those around me. (FG1 G2 PBL)

Great feeling! I feel I am helping others. (FG2 TL)

Students' desires and spirituality linked with the help and care of others, as well as the closeness to patients, highly supported the continuum of studying nursing:

I like helping people as much as I can. I feel that it is the place I will create and innovate in, and I'll be close to the patient and help him/her. (FG1 TL)

Because of my desire to be close to the patient and offer them help and assistance. In addition to that, in order to be closer to the patient than the doctor. My selection of the nursing department was my desire. (FG1 G2 PBL)

…in nursing, you can help people. So, there is the science that I love as well as helping people. (FG1 TL)

Students' perceptions of patients who were helped or cared by them were positive and appreciated. They felt that they were supported and valued by patients, especially when they received prayers from them:

I have found emotional support from the patients. They pray for me, saying: "May Allah grant you success", even if I have not helped them. They make me feel that I am worthy. (FG2 TL)

I feel great joy when I hear a patient praying for me. (FG1 G2 PBL)

The positive attitude of a patient supported one student and motivated her to practise comfortably; confidently and without fear or hesitation:

The first time I went to the hospital, I was very afraid and terrified because I was dealing with real patients… It meant horror, place horror. It is the first time we were dealing with a real patient. There was fear talking with patients; being under supervision or making something wrong. The first patient was a woman. I came into her room and introduced myself. I said to her that I was a

student; she pulled my hands and kissed them as well as prayed for me. She was my first patient…. It looked like a good introduction and beginning. (FG1 G1 PBL)

Students reported feeling satisfied with the attitudes that came from patients, such as being thankful or motivating words, that showed trust towards them as nursing students:

Once, I was following the case of a patient; the clinical time and day finished, the patient's family thanked me and wanted me to stay with them. Even the accompanying lady with the patient, suddenly kissed my head just because I taught her how to use the wheelchair's brakes. (FG1 TL)

I can see most people appreciating nursing are patients. It appears on their faces. (FG1 G1 PBL)

Our first day in the hospital, [my colleague] and I were passing beside a patient. She was saying "these are the clever girls". In our society, some of them don't like nursing. (FG1 G1 PBL)

Furthermore, students also reported that some patients often appreciated indigenous Saudi nurses and students rather than expatriates, such as those from the Philippines:

Patients, almost 75% rejoice when they see me as a Saudi. They get excited and pray "Lord, ... God willing take away the Filipino". (laughs) And there are some who have viewed this as the society's perception. (FG1 TL)

So far I am through four days of my clinical placement, I've not met any upset patient from me, they even prefer me rather than the Filipinos. (FG1 TL)

Students reflected on the meaning of nursing for themselves. Being a nurse meant a number of things to the students such as being a 'mother', an 'angel of mercy', 'caring', and 'humanitarian'.

Angels of Mercy!... Frankly, the term of nursing that I have been taught is "Mother", how to be a mother for patients by caring for the health, psychological and social point of view. I feel it is Mother... mother. (FG1 TL)

Feeling more of other people... I value what it means to be a patient. (FG1 TL)

Increased sense of humanity, I have more. (FG1 TL)

There were some students who found that being described as Angels of Mercy was an encouraging and empowering term:

This phrase (angels of mercy) is very encouraging! (FG1 G1 PBL)

6.3.3 Theme 3: Empowerment in learning

The last theme that emerged from the qualitative data focuses on students' empowerment in learning. This theme was developed based on thematic analysis of participant responses to questions regarding the effect of the learning program on students' empowerment and to what extent the program may help to make changes they want. In this theme, the findings are presented under two sub-themes: *empowerment in the curriculum* and *empowerment in clinical practice*. Both sub-themes provide important information on how the participants (students) experienced empowerment; felt a sense of empowerment or disempowerment; and what empowerment meant to the students in their studies and future careers in nursing. Furthermore, the findings are triangulated with the academic staff responses regarding empowerment in learning as appropriate.

6.3.3.1 Empowerment in the curriculum

Students demonstrated their perspectives about the education program of nursing they were undertaking regarding their knowledge acquisition. From both learning programs, students were reportedly satisfied with the knowledge they gained from the curriculum when they compared themselves with other students from same level in other specialties, or even nurses:

> *When I speak with my friends studying medicine, they motivate me. They're saying even their faculty say ask nurses not physicians in clinical placements. I found that there are many topics that have been covered in our course, but my friends have not yet. I discuss with them and teach them about these topics. (FG1 TL)*

One of my colleagues has a brother who is studying medicine. Whenever he notices what she studies, he wonders how she gained such knowledge that he did not reach yet, although he studies medicine and she studies nursing. (FG2 G2 PBL)

The educational content helped to change ... The volume of information in our current study is more developed and has more depth than ever before. I built my view through witnessing the available nursing in hospital ... Our knowledge is higher than theirs! (FG2 G2 PBL)

Participants commented on their nursing program as being beneficial. They found that their knowledge construction was leading to a sense of confidence and ability:

We are now talking with confidence and with the ability to debate as we gained the information from our study. (FG2 G2 PBL)

I have the ability to convey information regardless of how complex it could be. I can share all of what I have gained and [all] the health and new topics that they have interest in. For example, my father was getting treatments regardless of whether they were contraindicated with each other or not. He never read the leaflet or prescription of each medical treatment. He refused any advice! After my study, I started to focus on this matter where there is usually no health education campaigns nor guidance by the doctor about the medications. After trying to convince my father not to take all the medications together at once, my words convinced him as I began to give him medical advice and explain the dangers or side-effects of treatments. Previously, I was taking treatments without referring to the prescription. After the study started, I became keen to read the medical prescription. (FG2 G2 PBL)

Students also spoke about how they transferred their knowledge to people around them. While doing this, they found the views of others had changed and they realised the power they had. Being knowledgeable was considered an important impression by others:

Any information I gain, I try to convey it to those around me. Even some people ask me about particular things, like a medical diagnosis. But I tell them I

haven't learned this yet. I am not a doctor to diagnose the case. I think they realised our potential and that we have basic knowledge. (FG2 G2 PBL)

Even their view of nursing, I feel they used to think that the nurse was limited to simple tasks. But now, whenever I mention something which I studied, they get impressed thinking it's only limited to medicine. Their perception is gradually changing. The role of nursing is becoming clearer. (FG2 G2 PBL)

Competency was described by academics as contributing towards the concept of empowerment and to describe what made the students empowered, that is, academics also considered that knowledge was an important component of power and empowerment:

Everyone is empowered by knowledge and equally important to that is the clinical skills. You can't find good clinical skills in someone without them having a strong base of knowledge. (Staff P4)

By the acquisition of three axes: skills, knowledge and attitude. (Staff P1)

The type of nursing curriculum did appear to have effects on students' perceptions. PBL, as an innovated learning program, was considered valuable by the students who experienced it. Some of these students came to like nursing through their learning:

Regarding PBL, I really like this method because it is a non-traditional method, that is what I've liked in nursing from the beginning. (FG1 G1 PBL)

I think what I liked most in the curriculum was the PBL. I loved it and it is the core of the education. I could search for information before being released. I learned by myself without relying on anyone. (FG2 G1 PBL)

PBL was known and considered by students undertaking the traditional learning program, although it was not implemented in their nursing program. One student commented on the perceived benefit of the PBL that was used in medicine at their university in regard to clinical practice:

Nursing is not only education but practice in the hospital as well. The stakeholders pay great concern to medicine because it is coveted. The best thing in medicine is Problem Based Learning (PBL). The students in medicine

work in the hospital after a certain academic year. So, the students feel that they are not still learning, but they are working. (FG2 TL)

Participants from the PBL program acknowledged many benefits of their program. There were students who reported that PBL had enhanced their confidence. For example, they had become more confident to speak up:

It gave me confidence. Previously, I didn't care to participate and present my opinion or comment on colleagues' answers, in support or opposition. (FG2 G1 PBL)

It has helped me on the way to research. It made me speak. But I didn't like it as a teaching method. The reason is feeling bored at sessions sometimes. (FG2 G1 PBL)

Furthermore, students undertaking PBL found that their ability to search for, and identify the information they needed, as well as thinking, were derived by the PBL system:

I find my research helps me more to get the information. I even find out it is matching the content of the lecture. (FG2 G2 PBL)

I feel that our system makes us think. (FG2 G2 PBL)

The ways in which PBL students were satisfied with their learning program was seen in many quotations, including the freedom to learn and look for resources, sharing the information they had acquired, and constructing their knowledge:

You don’t feel that the research is imposed on you. No! It is fun and you don’t worry about it like research that you must deliver. I will discuss it and discover whether what I learnt is right or wrong. (FG2 G2 PBL)

It helped to conduct the research and documentation on various scientific resources and verify them. (FG2 G1 PBL)

In addition, students’ perceptions about the benefits of PBL such as thinking, and knowledge construction were supported by academic staff responses:

It [PBL] prepares students to think about the problem first on scientific bases. (Staff P1)

Through PBL, students develop their diagnostic reasoning and analytical problem-solving skills. They can apply the information they have learned back to the problem and integrate this newly acquired knowledge with their existing understanding. (Staff P3)

Problem-solving integrated into the education was considered by an academic in her response on how to prepare students for their career in nursing:

Education through problem-solving. (Staff P1)

One academic staff member explained her role as well as the student's role in the PBL program. In her explanation, it seemed that dialogue was promoted and learning was shared between both the students and teacher, which is in accordance with Freire's idea of education (1972):

I have experienced traditional learning from my study and PBL from my teaching. Traditional learning is based on getting the information from the doctor, and then maybe looking for it in books. It means that the knowledge is perceived initially from the doctor. But with PBL, the best thing is critical thinking such as during the scenario. I have to activate critical thinking and enhance this skill for the student. After she figures out the topic and knows the disease of the patient, she searches for the information and develops her knowledge about the topic. She then discusses it with the clinical instructor as well as with other students. Anyone can add further information, and by that, everyone will benefit from the shared information including students and the clinical instructor. Indeed, the benefit is not only for the students but also for the instructor, who acts as a student in PBL. (Staff P2)

PBL students distinguished the benefits of being self-learners within their learning program:

…self-reliance in searching for the information that I need. For example, I have given a treatment [a medication], I research it and find out its side effects without referring back to the doctor. (FG2 G1 PBL)

Both the study content and the search for information by ourselves helped us to understand the scientific material and the acquisition of knowledge. (FG2 G2 PBL)

Similarly, an academic member supported the student's autonomy in learning. She believed in the importance of being a self-learner:

> *Education through PBL gives the autonomy to search for sources. For example, students always ask me about something specific, but in my role, I do not give them the answer and set for the student sources which must refer to. If I limit them, they will search for the answer only within these sources and restrict what they know, but if I open them up, their knowledge will expand. (Staff P5)*

Although PBL students were satisfied with the advantages they gained from PBL, they criticised the different ways of running the program by some faculties or changing the times of delivering the PBL sessions. Among the most interesting comments here, these students were able to assess the way that was PBL delivered and identify their needs as well as provide suggestions:

> *I can link all of what I learned well. It is an organised and excellent way, especially if it was over one week. But in case there is any delay or advance in any of the lectures, it will hurt us. (FG2 G2 PBL)*

> *Each debate is different from the other and causes tension. The reason is that everyone has their own way which varies from one teacher to another. Presumably, it should be one method. Had the discussion included raising ideas and information, it would break the boredom undoubtedly. (FG2 G1 PBL)*

> *Last year, we were leading the dialogue in the debate, not the doctor [academic staff]. Each student explained. We felt enthusiasm, fun and more focus. (FG2 G1 PBL)*

That is, students reflected on their roles in learning and in the innovation in learning and teaching:

> *In one of the last weeks, we used a different presentation style in offering information. Our preparation and presentation had a great enthusiasm. Everyone was involved. The doctor herself was happy with us. (FG2 G1 PBL)*

Critical thinking as a learning attribute from the educational programs was noted by participants. TL students responded on how the curriculum had affected their sense of empowerment within critical thinking and being independent learners:

> *It [curriculum] gives us patience, power and critical thinking. When any emergent thing happens to anyone at home, I can act correctly. Sometimes seeing medical cases and diseases makes me feel that life is not worthy. You learn a lesson from the patient… I feel that I have logical thinking about solutions. (FG2 TL)*

> *I feel that I am able to make my decisions. I don't delegate all my problems to someone else… I can make my decision and I am so relieved and feel I am so empowered about that. (FG2 TL)*

PBL students also commented on progressing their critical thinking skills for problem solving:

> *In solving a problem, I have become deep delving into it to find solutions... unlike before, when I used to pause on it. I mean I now know how to think deeply and able to solve the problem when I face it. (FG2 G2 PBL)*

Another student referred to her perception about self-efficacy in finding solutions:

> *My nature is always to think about the problem if it faces me, and I find more than one solution. Now, it is possible to say that I have developed my abilities, especially from the academic side and in the health profession itself. I became able to think and expanded my knowledge. (FG2 G2 PBL*)

Students from the PBL program expanded their reflections on their experiences of their learning and expressed their self-efficacy abilities:

> *Sometimes, I can achieve my goals. In practice, we can, provided there is no interference by others. When I try to do some job, someone comes and comments saying you cannot do that ... I am strongly annoyed. This is my opportunity to experiment ... Leave it to me! (FG2 G1 PBL)*

> *Without efficiency, it is difficult for us to be empowered structurally and psychologically properly. (FG2 G1 PBL*)

Furthermore, the academics supported the role of the PBL program in enhancing the students' critical thinking skills:

> *I see that PBL consolidates the information and develops the ability of awareness and thinking for the student. (Staff P2)*

> *Critical thinking enhances the information and helps it stay in mind. (Staff P4)*

One academic staff member experienced the PBL program in both studying and teaching, and found that PBL promoted the life-long skills of students such as gaining knowledge:

> *The PBL helps a lot for knowledge acquisition. The student is able to search for information and access it quickly when they need to, even after graduating, without a problem. This is from my experience and the opinion of the majority. (Staff P5)*

Another staff member claimed that students did not take advantage of this feature:

> *But everything the staff do to make them empowered, sometimes what is missing is the motivation. They try to give them everything to make them motivated, but they still have the feeling of "we can't wait to stop coming here anymore" and this is considered as an internal feeling that no one can be blamed for. They aim to get the bachelor's degree and that's it, as I told you before, they don't take the situation as a lifelong science and this is very problematic. (Staff P4)*

One student from the TL program perceived nursing studies as a part of life-long learning:

> *I think it is long-life learning, learning from the study, work, experience, feelings. It is different from other specialties such as education that doesn't have many skills. (FG1 TL)*

Although there were various comments about the advantages that students might receive from their learning programs, either the PBL or the TL program, there were some barriers that inhibited gaining the benefits, such as language barriers. For example, TL students demonstrated their dissatisfaction about the language used by academics in that they used Arabic rather than English and this complicated learning:

They [lecturers] should not teach us in Arabic because when you learn it in Arabic, you need to translate it into English after that and this perplexes us. The use of English in our education will teach us terminology. They [lecturers] are not supposed to speak in Arabic, but they underestimate what they do with us. (FG2 TL)

All the courses are in English, but they teach them in Arabic. So, it is like we are learning two courses. Every course is in two languages. (FG2 TL)

This issue led students to need more effort to get on track with their studies. Although PBL students participated in the focus groups, they did not complain clearly about this issue as the TL students did, however the PBL academics commented on the existence of language issues:

Frequently, students cannot understand English terms, so they need to double their effort to translate English words to Arabic or they just memorise the lecture without understanding it. (Staff P3)

One of the challenges that Saudi nursing students are facing is poor proficiency in English language, not all nursing students can understand and talk in English well. (Staff P3)

English language barriers might lead to developing a lack of communication with others who do not speak Arabic, such as expatriates either from the academic side or clinical practice:

The language barrier, language, language, language! There is no communication between them and the foreign employees. For local nurses also, there is no communication and there is a lack of concern from them for the students. (Staff P5)

We are now well-acknowledged with English. We can read and write the terms, but we cannot communicate well in English. (FG2 TL)

We have knowledge and we understand but we are a little afraid of talking. Also, we have weak writing skills. (FG2 TL)

Further issues and complaints from students about their experiences in the learning program were discussed during the group discussions. Some PBL students

complained about the behaviour of some academics in how they treated them disrespectfully, and how this affected them negatively:

> *Our spirit was weak during the last semester. We found that we were put down by the professors [academics] and with lack of respect and concern. To the extent that, a nice word from one of the professors [academics] in one of the lectures lifted our ability and our morale, which made us engage actively. (FG2 G2 PBL)*

> *In fact, we have been destroyed in this university, even by the professors themselves since we have been in first year up to now. (FG1 G1 PBL)*

> These issues affected other students keen to continue their studies:

> *When Dr. XX was the dean, he was very interested in our number in the first year. We were thirty-nine students. He was proud, but most of the class moved to other faculties due to the professor's treatment. One of them said "you are the worst class we have ever in nursing". When I ask her "why do you insult us?" She replies, "it is not insulting you". (FG1 G1 PBL)*

> *Studying nursing is enjoyable. But I haven't reached to the same level of loving the profession itself. (FG2 G2 PBL)*

> *No, there are effects that prevent me, like overwhelming my opinion without me being able to impose my opinion. It is considered personal. (FG2 G1 PBL)*

Whereas, one TL student mentioned their issue with the extra-curricular requirements that needed more time and efforts, and this might affect their study performance:

> *I feel that we can't concentrate on our study this term because we are required to do many tasks out of the curriculum. They confuse us and affect our study achievement because of much efforts we spend time on. We have weekly reports as well as mid-term exam and two quizzes, presentation and homework for each unit. I don't feel satisfied with this. (FG1 TL)*

6.3.3.2 Empowerment in clinical practice

Students from both programs recognised the nature of nursing work during their clinical practice. They found nursing practice to be a profession that has its own particular characteristics:

> *It does not have a dull routine like the rest of disciplines, means something new every day. (FG1 TL)*

> *In regard to the difference in tiredness and stress between the two professions [nursing and medicine], it is true that you get tired more as a nurse, but you get more interaction with the patient ... Yes, and without you, the work of a doctor is incomplete. (FG2 G2 PBL)*

Students also reflected on their feelings and experiences and how they had experienced transitions in their personality, confidence or academic performance in nursing practice and their future careers:

> *I notice that my concentration has increased in everything, even myself…My concentration and attention have increased. I have more energy now. I study well without neglecting anything. When I visit the hospital, I discover the big difference. In studying, for example, if I study something without concentration, I will not be able to learn it because this is the time you have to concentrate well. It needs studiousness. It is crucial not trivial. (FG2 TL)*

> *I feel my personality has changed since I visited the hospital. I do not know! In the beginning I was afraid, telling myself: "Oh no! There are men I do not want that". I got confused. Presently, it has become usual. I have experienced it and had more information that enables me to face it. (FG2 TL)*

> *Actually, I'm very excited! Since we have started practising in the hospital, I decided to pursue doctoral studies in nursing. God willing. (FG1 G1 PBL)*

With regard to the changes the students determined in their learning program, these were more perceived to come more from their clinical practice:

> *In the university, there is no encouragement for change, not even in fulfilling our needs… While in practice, it is the foundation for change. (FG2 G1 PBL)*

An academic's perception about students' empowerment was described within her teaching and training experience as a form of competency:

With students' knowledge on fundamentals of nursing, classroom theory discussions and basic nursing skills and with their clinical instructors with them during their clinical rotation they are more confident to do patient care and with the direct supervision of their clinical instructors, enable them to learn more things in the clinical area. With these I believe that our students are empowered. (Staff P3)

On the other hand, there were students who expressed their dissatisfaction in relation to the support they received from the university for their clinical skills:

I feel very bored in the practical [training]. It could be because I am charged with so much negative energy. Although, I was eager and enthused for the practice when I was in the first year. (FG1 G2 PBL)

PBL students also complained about the time and resources in the skills laboratory, as well as stress. There was a concern voiced that, since the beginning of the semester, their training and preparation had not been sufficient:

I would have liked to postpone the practice to the next term. That is because of my fear and tension. (FG1 G2 PBL)

Even in the lab [laboratory], it is dominated by imagination in the use of tools or taking procedures / skills. There is no interest in us as students… Our needs are not provided, other students said. (FG2 G1 PBL)

As I said, always here is the "law of following the doctor's order". The graduated student has much information, but she may lose lots of it in the hospital. Also, she may learn skills in clinical not acquired from the college during her study experience. (Staff P2)

Having the chance to practise nursing care in their clinical placements, students were able to be closer to patients, communicate with them and provide the care they were able to for patients. Students reflected on their experiences and abilities compared with the beginning of their clinical practice. One of the comments of a student upon her starting clinical practice was that she was feeling fearful of dealing with patients in real situations:

The first time I went to the hospital, I was very afraid and terrified because I was dealing with real patients. It means horror, place horror. It is the first time we were dealing with real patients, really there was fear. (FG1 G1 PBL)

Another student had, in the beginning, a lack of communication skills in clinical areas. After completing the first clinical semester, however, she had a developed a sense of empowerment and she was able to communicate well, not only with patients but also with physicians. She attributed that improvement to acquiring more knowledge:

At the beginning, I didn't have the ability to talk with the patient. But now I am empowered, and I can speak with the patient, ask him and advise him easily, and even talking with the doctor. The reason is because I now have more information and broader understanding and knowledge than ever before. (FG2 G2 PBL)

Another student commented on how she became skilful in collecting patient information and performing clinical assessments:

In the past, I wasn't able to get the collection of information that I want from the patient or from his file or conducting the clinical assessment. But now, I became fast in collecting them as well as observing quickly. (FG2 G2 PBL)

Students were also able to participate in patient care, such as health education and explaining procedures. This was an opportunity to use the power of language and get involved in teamwork:

I was able to convince a person accompanying a patient who was rejecting a particular procedure by a nurse due to not understanding the language and the importance of that action. Also, I faced a female patient who was unwilling to accept us as students with the professor to change the location of cannula. She was saying: "You want to practise on my hand". I explained to her the action and the importance of changing it and that I was just assisting the professor. (FG2 G2 PBL)

Students continued to describe themselves in their clinical placements. It was evident that the students' experiences varied in confidence and capability:

It is great responsibility. I feel afraid of giving incorrect information. (FG2 TL)

I find the clinical better. But I feel that I do not have enough information. So, I am scared of taking the initiative. Sometimes, I try and without knowing the validity, as self-obligation but the sense of inability hinders me. (FG2 G1 PBL)

I see that I was ready to start the practical [training]. I have the ability to practise. Also, I believe that the practical [training] is easier and faster to deliver and gain information. (FG1 G2 PBL)

Students commented on their sense of the empowerment, with respect to either its presence, absence or in the future:

I feel I am a novice. But in the future, God willing. (FG2 G2 PBL)

Now, I don't see myself [empowered], but in the future, definitely. (FG2 G2 PBL)

I feel myself empowered, at least internally. God willing, I will able to be empowered in everything. (FG2 G2 PBL)

Students considered that they had an enhanced sense of empowerment within their clinical practice, rather than in the theoretical areas:

… with the study and practice, I felt that I have the ability and empowerment to study it [nursing] and be able to accomplish it. (FG2 G2 PBL)

The application [practice] in the hospital reinforces my empowerment. (FG2 G2 PBL)

Empowerment in practice, I sense it actually. I find myself capable and enthusiastic. But within the university, I feel frustrated from the same teaching staff. (FG2 G1 PBL)

Students felt satisfied when they had the chance to practise the skills that they had learned and could apply their knowledge:

I felt happy when I applied a procedure on a patient that [procedure] I had already trained on in the lab [laboratory]. (FG2 G2 PBL)

The feelings of satisfaction and confidence were more strongly recognised when students received positive feedback or compliments about their skills:

An incident that happened to me at the hospital, the Quality Committee came to inspect the tools and their validity. I stood up with my colleague just to watch.

Someone said: "You! come here ... Try this tool". Then I was able to try it properly ... He praised me and said well done! That made me feel happy. (FG2 G1 PBL)

We were at the time of taking the vital signs of patients, one female colleague was trying hard to measure the blood pressure of a patient and could not. I helped her and suggested measuring it from the leg and we succeeded... I heard the accompanying person commending what I did. Here I was happy of my work and I felt empowered. (FG2 G1 PBL)

Academics also indicated what contributed to the empowerment of students, in relation to their confidence and abilities:

Students are empowered when they can perform nursing activities with confidence and precision... Students are caring for patients with confidence and rapport. They can perform simple procedures as mentioned above with self-reliance. They are capable of conducting health assessment to assess illness condition of the patient, can formulate appropriate nursing diagnoses, nursing objectives, interventions and evaluation when constructing nursing care plans. (Staff P3)

The presence of confidence would empower the student. Some students are very capable but lack confidence. This is what differentiates between the students and appears during presentation and the oral examination. I think self-confidence must be strengthened by the family's education. (Staff P5)

I try and put effort into boosting their confidence and encourage students' self-reliance with seeking out information. Throughout their training maybe I'll call out the name of a specific procedure and ask them to research it. In some rare cases, I provide them what they'd like or need. (Staff P5)

Students from both programs perceived their clinical practice as an important component of their learning. They asked for more clinical practice and more freedom to do so:

We wish they let us feel free to practise as much as we can and not to be limited to their requests such as getting patients' information, identify nursing diagnoses and filling the weekly report. I would like to do more skills than reading the file. (FG1 TL)

I feel that I am equipped with cognitive culture. But for the performance of skills, I don't feel mastery of them yet. I still need help. The problem is that there are no opportunities for training. It is forbidden for the student to do any work. The professor XX was seeking practice for us. (FG2 G1 PBL)

I think that empowerment is usually achieved by visiting hospitals. We have to have more practice because we still have fear of the hospital. (FG2 TL)

Students critiqued the preparations that they had received for their clinical placements. They found that the time provided for training in their skills laboratories was insufficient.

If you talk with them [lecturers], they say "we don't prevent you to access the skills lab [laboratories]" but there is no time for applying because the timetable is full!! (FG1 G1 PBL)

We do not have the time because of pressure of the academic schedule. (FG1 G2 PBL)

In addition to the lack of equipment, the time is very tight and inadequate for explanation and practice. (FG1 G2 PBL)

The quality of the training itself was also not considered to be sufficient for students to practise. Thus, they felt that they were not equipped with the skills that they needed to face patients or even use other equipment in the hospital, which led them to report feeling confused and afraid:

In each practical class, we study the steps. But there is difficulty in receiving. At the end of the class, I feel like I haven't studied anything. (FG1 G2 PBL)

At the lab [laboratory], we just receive an explanation on how to use medical equipment. But we did not apply that in practice. Thus, we faced difficulties and fear when we got in contact with patients. (FG1 G2 PBL)

Also, the difference between the equipment used in the laboratory and the equipment used in hospital generates a lot of tension and fear. (FG1 G2 PBL)

It was difficult for students in that they were not oriented in the clinical areas:

One time, one of them [clinical educators] came at the end of the day and asked me about the case and what I have done. I was unfamiliar with that, and no one instructs us on what we have to do. (FG1 TL)

We have not received good orientation in the hospital; I was not oriented in the hospital well, but I did by myself after time. No motivation and no professional preparation. (FG1 TL)

Although preparation for practice was not enough for one student from the TL group, she learnt through her own initiative:

It [education program] has helped much indeed. Even mistakes, their mistakes have taught us. For example, in the beginning, our visits to the hospital were not arranged. So, we have learned to initiate. (FG2 TL)

Preparing students to deal with real cases, such as unconscious patients, was not considered sufficient and that made one student unsettled in a sensitive situation:

The first patient whom I've entered was suffering from a stroke, and unconscious, she was in a single room. Dr. XX gave this case to me; I felt that I've received a dead body that I've sat for five minutes doing nothing and looking at the patient. I wanted to cry, I felt that I entered a prison, I was very scared not from the patient, but it was a new experience for me. Then Dr. XX entered and asked me about something, I didn't remember what she said to me, I was very shocked. I didn't answer her. Then I tried to sit near to the patient. I was supposed to enter with Miss C. (FG1 G1 PBL)

Students suggested some strategies to meet their needs for clinical practice, such as providing enough preparation time and demonstrating the skills following the explanation provided:

We should apply [demonstrate the skills]. There was no objection, the labs are opened all the time, but we have no time during the skills lab to practise, after that we always go to the lecture and then we go back home. Even between the lectures we have no time. (FG1 G1 PBL)

We don't apply but we just collect our lectures and at last we struggle. We should apply right after she teaches and explains to us (FG1 G1 PBL)

When applying what I studied, I find myself empowered and able to get the job done. The boost is when the patient allows me to complete my work. (FG2 G1 PBL)

One academic stated that the clinical preparation also included some of the procedures applied in the teaching hospitals to assist students in practice, but it was challenging for the students:

The nursing care plan is also a challenge for them [students]. Although all the Kingdom's hospitals, from what I saw, follow it and apply it in their own different way according to the internal policy. When we explain it academically, we ask for it as we explained it and as the academic books and references present it. But unfortunately for them this is also a big challenge. (Staff P4)

The clinical practice of students was affected, not only by the preparation they received, but also the way in which they engaged with nursing staff and other healthcare professions and how they contributed to teamwork. At the beginning of their clinical practice, many of the students found themselves unwelcomed or ignored by some of the nursing staff:

I was shocked when I saw the nurse just writing and writing during whole the shift without talking with me. I felt depressed!! And hated to be in nursing!! However, the situation has somewhat corrected within next clinical day. (FG1 TL)

I was fighting to understand what I needed! By myself, every time I was choosing the patient; accessing the file; doing physical examination; asking the patient. There was no one assisting, no nurse or head nurse and no preceptor. Usually, the preceptor is busy! (FG1 TL)

In the beginning, we felt that we were not officially recognised. We felt that we were a burden or insignificant members, but after beginning the work, we felt the difference. (FG2 TL)

Some nurses at the hospital prevent us from telling the patients that we are students in order to avoid the patient objecting to us. (FG2 G2 PBL)

Students reported experiencing more negative attitudes at the beginning of their clinical practice, causing them to have a fear of the clinical environment and develop bad feelings:

> *Indeed, it [fear] was from ourselves and from the surrounding environment. We were afraid of being unaccepted in the beginning. (FG2 TL)*

> *During the doctor's rounds, some of them welcome us but others are not welcoming at all, they make our work harder and we feel bad about that. (FG2 TL)*

> *… we have different expectations and we get shocked by the reality. (FG2 TL)*

On the other hand, introducing students into the practice and to their cases made the experience more acceptable and successful:

> *Last week, the head nurse welcomed me into the ward and assigned me with a staff nurse who allocated me a patient. She also introduced me to the kind of cases and what I may expect to see as preparation. Moreover, she called me by my name to observe a wound dressing. It was a good experience! (FG1 TL)*

> *I find the treatment of the staff in the surgical department very impressive. They try various ways to provide help and assistance in order to teach us…On the contrary, in the emergency department, we were looking for any means in order to get an answer from them. But it could be due to being busy with so many cases and patients. (FG1 G2 PBL)*

Some students stated that they tried hard and acted effectively, so some staff changed their attitudes towards them:

> *But even some people change when they see our efforts, information, actions and speech. They feel that we understand well and not executing the doctor's orders literally without understanding. (FG2 TL)*

> *Actions speak louder than words! In the beginning, we have already talked but nobody was listening. So, we liked to prove it by our actions that we are worthy or not. (FG2 TL)*

The presence of academic staff helped to maintain good interactions between students and the nursing staff:

With the presence of clinical instructors during hospital placement students are more confident and have greater chances to do nursing procedures because staff nurses will allow them to provide care for the patient because they have teachers with them who will follow them up, compared to students without clinical instructors who are only allowed to observe patients and activities in the unit. (Staff P3)

Some students found the relationships or working with nursing staff varied, according to their backgrounds and clinical areas:

For example, [in dealing with] foreigners, it is sometimes a bit difficult to get the information as they are too busy. Other times, there is the difficulty of delivering the information. But in dealing with the Saudis, I find that I get them to answer due to having a lot of free time. The doctors cooperate, too, and they seek to help. (FG1 G2 PBL)

I've practised with non-Saudis mostly in the surgical ward… even in the medical ward, there was help from non-Saudis. Sometimes, the patient wasn't accompanying, so if I've had to ask the nurse in the reception about anything, she ignores me or being very busy, but non-Saudi nurses help me even for little things. (FG1 G1 PBL)

I see that most of the staff at the emergency department are uncooperative although the department is uncrowded sometimes. (FG1 G2 PBL)

Relationship with peers in clinical practice could also affect students' perceptions about their feelings of empowerment:

Despite my self-confidence... the problem is, at the hospital, some female students or colleagues frustrate you or put your abilities down by saying you're a student. Don't do this or that. I do not know if it is a matter of jealousy or fear from my inability. (FG2 G1 PBL)

Some students found that acceptance from other professions, such as medicine or dietetics, was valuable:

I discussed with a doctor and received an answer from him. I found the interaction was very good. (FG1 G2 PBL)

When we started clinical practice, a doctor asked us if we are doctors. We said no, we are nurses. He started to pray for us. (FG1 G1 PBL)

A situation that I came across during the practice at the nutrition department, there was training on how to feed using tubes. Unfortunately, me and one other female colleague, we were a bit late. But at the end of the training, the staff took the initiative to ask who came late. They started to explain to us again. (FG1 G2 PBL)

One academic staff member found that medical staff had positive attitudes towards Saudi nurses:

Previously, nurses were from other nationalities, who do their job and leave so they don't care about the profession's movement. On the contrary, I feel that medical staff are enthusiastic about Saudi nursing. Also, they trust Saudi staff although we are still young in this profession. We are considered young, what we made is honoured until now, lighted minds, and there is more in the future. I mean something you are proud of and honour. (Staff P2)

Students reported feeling satisfied when they were asked by staff to perform some clinical skills:

Frankly, when we entered the Emergency Department in the first week, there were nurses encouraging us, welcoming us, introducing their names to us and taught us. Even today a nurse showed us how to do an ECG, she asked me to remove the cannula from a patient and doing many tasks. Really, I was very excited. (FG1 G1 PBL)

In the Medical Ward, there is a Saudi nurse who asked us: who wants to try to blood sample withdrawal? I accepted. She taught me without any objection. (FG1 G1 PBL)

Today, in the emergency department in contrast, everyone called me every time to check blood sugars and do tasks. Last week also one of them took me to the X-ray department. (FG1 G1 PBL)

However, positive attitudes did not always exist and when one student was advocating for a patient, she unfortunately reported receiving a negative reaction from one nurse:

When I asked the nurse in-charge of the room, she told me not to remove the cannula, and she started to scream, I replied that I'll not do but it hurts the patient too much. (FG1 G1 PBL)

Support was seen by students as an important component to enhance their empowerment:

We need support. (FG2 G2 PBL)

Even for professionals, when they raise your spirits, you will be able to achieve and demonstrate your abilities. (FG2 G2 PBL)

6.4 Chapter Summary

This chapter has presented a comprehensive picture of the qualitative findings from this study, sourced from both focus group discussions with undergraduate students from two different nursing learning programs and individual interviews with academics. These findings helped to examine the undergraduate students' perceptions about empowerment through their learning programs and to understand how they experienced the sense of empowerment in clinical practice. Furthermore, the findings gave an overview of academics' perceptions of empowering learning environments. The chapter also provided a clear awareness of various factors (social, academic and personal) that affected the empowerment of the students, both positively and negatively.

The following chapter further interprets and integrates the findings from both quantitative and qualitative data collected in this study into a broader context of the international literature on what is currently known about the topic, including the new knowledge resulting from this study.

Chapter 7: Discussion and Conclusion

7.1 Introduction

This study sought to explore perceptions of empowerment among undergraduate nursing students involved in two different educational approaches in the KSA: PBL and TL. The previous two chapters presented the findings arising from the study, indicating how participants, namely undergraduate nursing students and academics, perceived students' empowerment in different learning environments, along with how or when they practised empowerment through their learning programs.

This chapter presents an interpretation and integration of the results in the context of what was previously known from the existing literature. In doing so, the findings of both components of the study are integrated and positioned within the available literature, along with how they extend previous understandings. Incorporating the findings from both phases provides an in-depth understanding of how participants perceived the profession of nursing and students' studies empowered them in the context of living and working in Saudi Arabia. By viewing empowerment through a mixed methods approach, our understandings of empowerment in this context are broadened. Triangulation of the quantitative and qualitative data yielded a logical pattern of relationships and meanings to facilitate understanding the experiences of empowerment among undergraduate nursing students in different education programs, namely, PBL program and TL program in Saudi Arabia.

The subject of empowerment is seen as an essential component in nursing education and practice (Bradbury-Jones et al., 2010). Empowerment is a personal process of providing resources, tools and environments to develop, build and increase the capacity and effectiveness of others in setting goals and achieving them for individual and social purposes (Hokanson-Hawks, 1992). Furthermore, empowerment is now seen as an important factor in promoting equitable and collaborative models of healthcare, and much attention has focused on how to

promote patient empowerment as a vehicle for patient-centred care (Bravo et al., 2015). Given the historical stigma associated with the nursing profession in Saudi Arabia, and the reliance on a foreign workforce (Miller-Rosser et al., 2006; Mebrouk, 2008; Felemban et al., 2014), the factors that promote self-efficacy and empowerment in nursing students also have important implications for patient outcomes (Cicolini, Comparcini, & Simonetti, 2014). With current social changes in the country (Alboliteeh et al., 2017), the empowerment of nurses is likely to impact staff turnover, job satisfaction and, more importantly, patient outcomes (Cicolini et al., 2014). This study, therefore, is particularly timely because the creation of empowering learning environments can enhance students' abilities to enable change and improve the status of the nursing profession and delivery of care in Saudi Arabia.

Because 'empowerment' is multi-dimensional, this study focused on measuring structural empowerment, psychological empowerment and self-efficacy. This included students' perceptions of their learning program environments at two time points to identify any changes that occurred over the duration of a five-month academic semester, including clinical placements. Both students and academic staff were invited to participate in focus groups. Six groups were facilitated with students from both learning programs: four groups from the PBL program and two groups from the TL program. In addition, data collected from five academic staff from the PBL program enhanced understanding of what constitutes an empowering learning environment and the broader issues impacting on student empowerment.

This chapter is structured and organised around the themes that emerged from the data analysis and the dimensions of empowerment explored and integrates relevant current knowledge and literature. Hence, the findings of the study are discussed according to commonly articulated models of empowerment and their dimensions (Kanter, 1977, 1993; Spreitzer, 1995a; Bandura, 1997).

7.2 Types of empowerment

7.2.1 Structural empowerment (learning environment)

In this study, Kanter's (1993) theory of structural empowerment was used as a framework for understanding what constitutes empowering workplaces and empowered students – both of which are associated with organisational outcomes

such as job satisfaction. Key factors that promote structural empowerment include being able to access and utilise information, opportunities, resources, and support (Kanter, 1977, 1993). Participants from both learning groups were administered the CLEQ-Education survey as a measure of their structural empowerment at two time points at the beginning and the end of their clinical semester. The survey results identified that all nursing students reported a moderate level of structural empowerment at both time points and there were no significant differences between groups. Small increases in mean scores on all empowerment measures occurred over time but were not significant. This indicates that all participants possessed moderate power to develop and maintain a positive learning environment both before and after their clinical semester.

It is possible that higher initial scores on structural empowerment at time point I allowed little room for significant improvements at time point II. This may reflect a ceiling effect whereby a high proportion of participants have maximum scores on a particular variable (Tabachnick & Fidell, 2013), and may create challenges in discriminating between students whose results cluster at the higher end. At time point I scores of structural and psychological empowerment were at midpoint to moderately high (3 and 4 on a scale of 5) level and little change was observed over time. Total structural empowerment scores range from 6 to 30, with 14 to 22 indicating moderate empowerment (Laschinger, 2012). Total psychological empowerment scores ranged from 4 to 20, with 16.29 indicating a moderately high level. This is consistent with other studies of nursing student samples in Canada, where mean scores on structural and psychological empowerment subscales ranged from 3 to 4.5 on a scale of 5: psychological empowerment of nursing students (Siu et al.'s (2005) study of undergraduate nursing students' perceptions of empowerment in a PBL program and a CCL/traditional program. While there was no significant difference in the overall study variables between PBL and TL students at time point II, a significant difference was noted between the two groups in the Global Empowerment (GE). Although GE scale was used as a validation index for PES and the CLEQ (Siu et al., 2005), it has provided an overview of the perceptions of learning in an empowered learning environment (Laschinger, et al., 2001).

The interaction found in the quantitative results, between Structural Empowerment and the learning program (site) with time was significant on the

Global Empowerment score of the PBL group, however, the learning program alone was not. Although the organisation/learning program environment may influence students' perceptions about empowerment, on its own, the PBL did not produce higher empowerment levels. However, combined with the context of surrounding social structures, it did have noteworthy impact. Structural empowerment means that the environment is structured in such a way that students have access to support, opportunity, information, resources and power that is empowering for them. Participants from PBL described being satisfied with the independency to do their learning and utilise the knowledge they constructed. The two-item global empowerment scale was used in many previous studies for construct validation purposes, mainly for structural empowerment measure either in profession (Laschinger, 2001; Laschinger et al., 2004) or in undergraduate education (Letthbridge, 2010; Siu et al., 2005). Responses from the PBL group, in relation to being independent and autonomous learners in accessing information and knowledge, were consistent with quantitative results and aligned with responses from academic staff, who believed that the PBL program process enhanced students' empowerment. This suggests that students practised initiation and regulating of their learning behaviours and had the belief that this affected their learning, as these were considered from the psychological empowerment dimensions, as explained by Spreitzer (1995a; 1995b).

7.2.1.1 Learning program involving critical pedagogy

Self-efficacy and self-directed learning have long been associated with empowerment (Freire & Shor, 1987). In addition, many studies and reviews of empowerment identify education as a precursor or a stimulus to empowerment (Bradbury-Jones et al., 2011; Smith, 2014). In this study, students' knowledge constructed during their learning program provided a sense of power and fostered their abilities. When students are allowed to practise problem-solving and engage in constructive learning activities, they are able to develop competence and confidence in practice in empowering ways. Constructing knowledge by using problem-posing and dialogue is essential in the context of critical pedagogy. The teacher-student relationship is considered to be highly effective in promoting critical teaching as defined in Freire's (1972) work. He emphasised this relationship for empowering students, as it supports the sharing of knowledge using a respected and valuable

approach, rather than using a deposit of knowledge or simply relying on the memory of students, which he called 'banking education' (Freire, 1972). Hence, a dialogue between students and academic staff within nursing colleges is needed to support students and ensure that they are fulfilled within their own learning experiences and that their needs are met. However, active participation of all learners, including teachers and students, is required for problem posing, which is congruent with empowerment (Hokanson-Hawks, 1992). In this study, findings from PBL participants indicated their practice for active learning occurred between students and some of academics. Furthermore, it was noted during group discussions that PBL students were practising problem-posing, which required them to clarify their existing issues, beliefs and sharing their points of view with their peers.

There has been scant attention on how discussion and dialogue may foster problem posing and self-efficacy in practice, although Freire (1972) described the importance of a dialectical connection in the construction of 'subjectivity'. In this study, through dialogue cycles in the group discussions, students engaged in critical reflection, or critical consciousness (conscientisation), analysing the societal context for personal problems and their own roles in working on the problems. Freire (1972, p. 81) defined conscientisation as "the deepening of the attitude of awareness characteristic of all emergence". According to Freire (1974), once a challenge is conceptualised, and the possibilities of response are recognised, action will follow. From the focus group discussions in this study the critical consciousness included: reflection of students about their position in the learning environment (clinical and theory) as well as society, and critical attitude towards the status quo of nursing profession; limited dialogical relationship between students and educators which needs respect for and use of local values and knowledge; and the last was actions experienced by students to make changes which is called praxis as Freire (1972) explains it a reflection followed by action. PBL students were found in the qualitative phase to be more reflective that is indicative of their active learning program.

7.2.1.2 Clinical preparation

Students demonstrated their sense of empowerment in clinical practice, however, focus group findings suggest that their theoretical learning did not prepare them all for their clinical placements. They were able to identify changes in their

learning experiences within their clinical practice, such as practising critical thinking, having opportunities to be involved in patient care and making clinical decisions. The clinical learning environment is critical to the development of nursing students' professionalism, through the development of professional behaviours and development of strong ethical values (Sabatino, Rocco, Stievano, & Alvaro, 2015). Thorell-Ekstrand and Bjorvellm (1995) suggested that clinical placements provide the student with optimal opportunities to observe role models, to practise by one's self and to reflect upon what is seen, heard, sensed and done. Clinical practice in nursing develops from both educational preparedness and the culture of the practice setting (Williams, Richard, & Al Sayah, 2015).

Participants in this study were only beginning their clinical education and were unfamiliar with hospital culture and given scant preparation for socialisation with their peers. Over the five-month period, most of the participants developed significant opinions and awareness regarding the culture of nursing and how they were socialised into the clinical environment. In general, there was consensus among many of the participants that they were 'not really prepared' for some of the realities involved in the clinical such as critical cases, complex practice, aggressive situations, and caring of patients of the opposite gender. Difficulties in caring for male patients were mentioned in the study findings and are consistent with much available nursing literature from Saudi Arabia regarding issues related to working in a mixed gender workplace, both socially and personally (Almutairi & McCarthy, 2012; Felemban et al., 2014). Some students were, however, challenged by this. They discussed in the focus groups how they believed that this practice was not consistent with their religious and cultural values, and they were able to go beyond this issue and consider the professional needs of providing healthcare to patients of the opposite gender. This supports the findings of a study by M. Alharbi et al. (2019), whereby social views about nursing studies and the profession had influenced them in different ways, but most students faced the issues strongly. Being able to relate to men and non-Arabic speakers was identified as challenging, both in the current study and in that of H. Alharbi et al. (2019). Students need to be prepared for life-long learning in clinical settings and it was anticipated that participants in the PBL group would be better able to apply their learning. Their learning experiences and preparation, however, were not enough, rather they were expected to significantly sustain the

knowledge that they accrued. In contrast, life-long learning was perceived by a TL student as a result of learning from the study, work, experience and feelings from the nursing program.

7.2.2 Psychological empowerment

Psychological empowerment was explored in this study through the four dimensions identified in Spreitzer's (1995a) framework, namely meaning, competence, autonomy and impact. The capacity to meet job/learning needs and demands and accomplish the work in an effective manner by empowered individuals (Kanter, 1977) should result in a sense of psychological empowerment, that is, feelings of the four dimensions (Laschinger et al., 2001). Similar to structural empowerment, participants in the current study reported moderate levels of psychological empowerment in the survey. In focus groups, they perceived that nursing was an important profession and that they valued their studies. They also reported having the confidence to apply their skills if they were allowed to do so, had the required autonomy and were able to influence others.

There are some recognised overlaps between structural and psychological empowerment. Spreitzer (2008) recommends a comprehensive view of empowerment, including both structural and interpersonal aspects. This accumulating evidence would suggest that there is a stable link between access to empowerment structures and an improved sense of personal empowerment. This is consistent with Laschinger et al.'s (2001) expanded model of empowerment and Kanter's (1977; 1993) contention that individuals' attitudes and behaviours are influenced by the structure of the environment in which they find themselves. Furthermore, Conger and Kanungo (1988) noted that empowerment is a motivational construct, defined as enabling, which involves enhancing another's self-efficacy.

The findings of the focus group discussions in this study suggest that students had a sense of psychological empowerment, including interpersonal cognitive empowerment, as described by Spreitzer (1995a). For example, students' learning is meaningful to them and their future careers, and they demonstrated their competency and capability to learn and to make change in their future profession during their studies by having impact on others positively, whereby autonomy was not demonstrated highly by students especially in clinical placements. The PBL group,

however, recognised their autonomy and independence in their theoretical learning. Moreover, students also practised personal empowerment that included personal fulfilment, spiritual feelings, faith and trust in God “Allah”. This sense of empowerment may have had the impact of further motivating students. According to Anderson (2010, p 39), “self-fulfilment is a more accurate indicator of the inherent motivation of the self”. Students in this study had meaning and purpose related to their beliefs and values through their experiences in the nursing program. For example, competence or self-efficacy (belief in one’s capability to perform their goals with the skills needed) of the students was developed according to their beliefs of the importance of being a nurse.

Support is a crucial element of an empowering learning environment, and accessing it enhances an individual's ability to be more effective, according to Kanter’s theory (1977; 1993). A number of students in the present study indicated that a lack of support could negatively impact their motivation to learn and this could lead to a poor professional attitude. Similarly, a recent study in Iran explored the effective characteristics of nursing students in their relationship with clinical nurses, finding that a lack of support from clinical nurses could significantly reduce students' interest in relating with nurses and, therefore, decrease students' learning motivation and, even, their interest in the nursing profession (Mamaghani et al., 2019). Lack of emotional support, trust and respect may lead to low academic performance, feel powerless or direct students to leave their studies (Matthew-Maich et al., 2016). Findings from this current study identified that some participants were dissatisfied with the treatment they received mainly in the academic environment (theoretical learning experiences), and they perceived this as disempowering and putting their education at risk. It was described from PBL students either with fears of low academic achievements or poor emotional feelings. This is consistent with many studies that have explored the relationship between workplace empowerment and the retention of registered nurses, such as in China and the US. Structural empowerment was positively related to turnover intention of registered nurses ($p<.01$) in a study by Cai and Zhou (2009) in China, and, in another study, empowerment was significantly associated with the intention of registered nurses in the USA to leave their current position and/or the profession ($p<.001$) (Zurmehly, Martin & Fitzpatrick, 2009). Almalki et al. (2011) addressed that regardless of significant progress in education,

practice and workforce in the nursing profession that Saudi Arabia has made over the past few decades, many challenges remain including staff shortages and increase in staff turnover rate. There is a dearth of literature addressing factors of nursing student retention and turnover in the country, where other factors may influence turnover. It is suggested by M. AlHarbi and colleagues (2019) that it is essential to understand the social factors impacting nursing students experiences as a factor that can affect their learning, progression and retention and help in recruitment and retention of students and design of supportive programs to facilitate success in studies. However, it is also important to examine and understand the factors affecting students' learning psychologically and structurally.

In this study, it was found that students experienced verbal abuse, bullying, and conflict with some nurses and academics. This kind of events considered as a lack of support affected students negatively in many ways such as in their academic or clinical performance, lake of motivation and no feeling of belongness. This is consistent with Bradbury-Jones et al.'s (2011a) phenomenological study of nursing students' experiences of clinical practice in the UK. That study found that lack of support, encouragement and responsibility were significant issues, and these harmed students' knowledge and confidence. In the Saudi literature, students experienced the same such as Saudi female nursing students participated in a qualitative study claimed that they had experienced bullying behaviours from their preceptors, other nurses, and other health professionals (Albloushi et al., 2019). The study concluded that this issue is one of the factors that affect Saudi female nursing students' sense of belonging in clinical settings (Albloushi et al., 2019). Furthermore, there were many challenges and difficulties encountered by nursing students during their internship year, in a study conducted by Alharbi and Alhosis, (2019). The study found that nurse interns (graduate nurses) experienced inappropriate treatment from clinical staff, in the form of a lack of communication and disregard and, therefore, they perceived a lack in sense of belonging during their clinical internship (Alharbi & Alhosis, 2019). There were no clear findings from these studies if the students experienced bullying from academics. In comparison, the findings of this current study identified this issue from the students' responses in the PBL group, which affected them negatively. This contrasts with Freire's ideas of transformative education, that dialogical teaching and the relationship between students and

educators should be effectively based on respect and value (Freire, 1972; Matthew-Maich et al., 2016).

In addition, students reported having some, but not much, control over their lives and being affected by their family's or sibling's opinions and the suggestions of authority figures such as academics. The notion of support is crucial because when unequal power relations are embedded in learning cultures it is likely that the "oppressed" in turn become the "oppressors" and are more likely to treat less experienced nursing students in much the same way that they were treated by oppressors (Freire, 1972).

On the other hand, positive feedback provided either from academics, clinical facilitators, nursing staff or other healthcare professionals is considered to provide great support in the learning environment. Findings from this study showed that positive feedback could stimulate students to study, build their self-confidence, enhance the meaning of the profession to them, ease socialisation and promote clinical learning engagement. A hermeneutic phenomenological study (Porteous & Machin, 2018) of lived experiences of first year undergraduate nursing students in the UK found that empathetic, caring, respectful, and positive mentors and tutors by modelling the role of nursing values and behaviours facilitated student support, participation and empowerment. The findings from this study also indicated that motivating students as learners played an important role in empowering and increasing their self-confidence. Motivations addressed by students in this current study involved positive feedback, either from academics, nursing staff or other health practitioners, or families and society, as well as patient satisfaction and prayers. An empowering environment fosters a stronger sense of accomplishing the required task, increasing self-confidence, asserting greater personal control in choosing strategies to achieve learning goals, and a stronger belief that individuals can influence their personal learning (Kanter, 1993; Spreitzer, 1995a). In addition, the development of a learner empowerment measure by Frymier, Shulman and Houser (1996) indicated that teacher communication variables also influenced learner empowerment, and that empowerment was a valuable concept within the study of communication because communication behaviour may be the primary factor in affecting an individual's level of empowerment. Students from both groups expressed few events about support from their academics either effective guidance or positive feedback regarding their

achievements. This was similar to the findings of Siu et al. (2005) study in Canada, where students from PBL and CLL programs felt more empowered when faculty demonstrated an interest in their needs, within and beyond the classroom.

The importance of communication skills emerged from both students and academics who participated in this current study. Many communication barriers were identified by participants to be affected by many factors, which played a role in enhancing students' experiences of clinical practice. These included language difficulties with clinical staff, mixed gender environments, patients' attitudes, the multicultural background of clinical staff, as well as academic and clinical cultures.

English language was identified as a key barrier in this study to promoting effective communication for students with non-Arabic native speakers among the clinical nursing staff or other health practitioners. The finding that English language presents issues in clinical practice has been found in many studies in Saudi Arabia, either as perceived by nursing students (Alharbi et al., 2019) or clinical teachers' views about the challenges experienced around student evaluations, whereby the issue of a deficit in English language skills created barriers for students in their clinical practice (Aldawsari, Babenko-Mould., & Andrusyszyn, 2016). English language barriers can lead to developing a lack of communication with others who do not speak Arabic, such as expatriates either from the academic setting or clinical practice. As students in this study noted, however, their abilities to speak Arabic enhanced their communication with patients beyond that of what expatriate nurses could do.

7.2.2.1 Socialisation and empowerment

The qualitative findings from this study suggest that the culture in students' clinical learning environments can be difficult, as discourtesy or disrespect towards students was experienced. In the focus group interviews, students outlined a range of challenges and difficulties they experienced associated with socialising in the nursing profession, as well as in the clinical learning environment. These mainly existed as relationship challenges, with nursing staff, academics, instructors or patients being critical of them or aggressive towards them, including male patients, as well as their families. These relationship challenges were identified as critical stressors for these nursing students in the clinical environment, and this type of experience has been described in many previous studies and different countries, for example, in a

phenomenological study in Indonesia (Nelwati, McKenna, & Plummer, 2013) as well as a prospective cohort study in Spain (Gorostidi et al., 2007). Engagement with clinical staff and opportunities to participate in care were found to be critical variables for students' sense of belonging. It meant a lot to students when they were considered to be valuable and part of the team. Bradbury Jones et al. (2010) reported that culture was a "sphere of influence" affecting the empowerment of nursing students in their study conducted in the UK. Furthermore, Kennedy et al. (2015) emphasised that the environments and cultures that nursing students are socialised into are worthy of increased attention.

From the findings of this study, it was evident that most academics and nurse educators had overseas expertise and were often unable to relate to the actual issues that Saudi nurses and students faced in society. Hence, they did not directly address cultural determinants. Educating expatriate nurses about the cultural heritage of the Saudi people, which is inherently influenced by Islamic teachings, is vital to promote and increase cultural harmony (Almutairi & McCarthy, 2012). Similarly, this concept would be applied to the academic staff engaged in promoting the empowerment of students. In addition, it was found that the Saudi academics who participated in this study only had short experience in teaching and little to no clinical experience, other than their own internship period. (See Chapter 6, section 6.2.2) This would have made it difficult for them to facilitate students in their empowerment process although they acknowledged issues about nursing image. Hence, Saudi academics would be able to facilitate students with better socialisation in nursing practice if they had greater clinical experience of their own. It has been previously found that nurse teachers in Saudi Arabia who lacked clinical experience as staff nurses had difficulties in embracing the importance of the profession and connecting with a realistic work environment (Aldawsari et al., 2016). This, then, has the potential to impact on the students who they subsequently teach. Furthermore, to enhance empowerment development to the student nurses, nurse educators need to understand the concept of empowerment and experience it.

7.2.2.2 Meaningful participation and engagement

Significantly, all participating students in this study perceived that they were undertaking meaningful study and competently performing. The perceived that the value and meaning of learning and practising nursing enabled changes that they

wanted to make. For example, these feelings were perceived when they were given the chance to practice clinical nursing skills or applying the knowledge they gained, either in providing health education to patients or sharing their knowledge with health workers in their placements. Opportunities to engage in meaningful activities through which students make an authentic contribution are essential. The value of providing individual students with opportunities for personal development through learning and applying valuable skills for navigating adult worlds thereby increases their self-efficacy. By engaging nursing students actively in a positive journey and empowering them to develop better learner autonomy as nursing students is key to a successful transition on their journey to becoming graduate professional nurses (Porteous & Machin, 2018). It is also important that students experience opportunities for engagement with diverse sectors within the local community. As Zimmerman (2000) noted, empowering processes at the community level include access to resources, tolerance for diversity, and open governance structures. Such opportunities can promote collective and political efficacy in addition to self-efficacy. Students participating in this current study showed their willingness to participate in promotional campaigns in the community, and they believed that this was their opportunity where they could make changes about the image of nursing. The PBL group argued that this opportunity should be given to them and not only to students at higher study levels. This would allow them to effectively present their abilities and capabilities. Indeed, this is considered as a positive perception of self-efficacy and explains their high to moderate scores on the GSE scale, which may have been increasing after one term of clinical experience, although, this is not a significant increase.

7.2.3 Self-efficacy

All students, irrespective of teaching approach, reported experiencing barriers to their self-efficacy and empowerment. Students in their early clinical practice faced barriers, including personal, cultural and academic. These barriers were challenges to the students, but they could be seen as enabling factors to the students to overcome and continue in achieving their goals and meet their needs. Students demonstrated that their perception of motivation was affected by their understanding of the nature of nursing and the transition processes during their study journeys. That is, they could build their identities through their learning experiences as student nurses, as

well as for their future nursing profession. The study by Porteous and Machin (2018) of one group of undergraduate nursing students in the UK, on how they perceived their experience during the first year, found that students had transitions in their learning to survive and move forward. The researcher concluded that the key to students' living experiences were their growing sense of self-reliance and self-efficacy, and their empowerment through support, feedback and identity development in the process of transforming towards becoming nurses. This included dealing with and engaging the standards, values and identity of the nursing profession, first as nursing students; and the active pursuit of learning was driven by the motivation to succeed in the interests of themselves and others (Porteous & Machin, 2018). Furthermore, findings from this current study indicate that students from both learning groups had practised resilience in their learning experience where they were able to cope with difficulties. Resilience is the ability of an individual to adapt to adversity, maintain balance, maintain some environmental control, and move in a positive direction (Thomas & Asselin, 2018). The demonstration of characteristics of resilience by the students may relate to their experiences of support from some levels that led to empowerment. Resilience factors including support from relationships, families, friends and faculty and supportive environment had positive influence on nursing students' resilience, as also identified in an integrative review (Thomas, & Revell, 2016). Furthermore, resilience has been identified as having a positive correlation with empowerment (Pines et al., 2012). The resilience of students may also be constructed with transition from the beginning of their studies and until they experience clinical practice. Many of them reported loving nursing when they engaged in the learning and came to understand the nature of the nursing profession. The meaning of nursing perceived by students in this current study may help to shape their perceptions of their learning, as well as their future nursing careers and their roles within it.

Students reacted to some situations they experienced during the first clinical semester based upon their perceptions of the events, behaviours required, and judgements of their capabilities of performing identified tasks. Preparing students for practice in today's complex healthcare environment, however, requires a supportive learning environment in which they can practise in realistic situations to manage alarm and negative behaviours of others (Pines et al., 2014). Creating a personalised

classroom structure also appears to influence students' perceived self-efficacy beliefs, internal motivation, and engagement in the learning process.

7.2.4 Social critical

Findings from the current study indicate that some participants, both students and academics, suggested that negative societal views about nurses and nursing were related to their code of conduct, behaviours and skills, and participants wanted to change these perceptions. Shyness is valued in the Saudi context, referring to behavioural merit demonstrated by exercising modesty and decency, especially in terms of personal appearance and the appropriate use of language. Shyness is expressed more commonly by women than by men, especially those women who are not yet married. It is demonstrated by dressing conservatively in public, not being too outgoing, and not embarrassing themselves or others by talking about things that cause embarrassment (Almutairi & McCarthy, 2012). Although the populations and the backgrounds varied in the communities in each region for the current research, social critical aspects were similar for both groups. This is a result of the culture and social customs in Saudi Arabia.

7.2.4.1 Consciousness and awareness of the situation

In this study, empowerment was also conceptualised as individuals becoming aware of the conditions that constrained their freedom and taking action to change those conditions (Freire, 1972). Freire describes critical consciousness as consisting of both reflection and action geared toward transformation of social systems and conditions (Freire 1972). Students need to discover the living, powerful, dynamic relation between word, action, and reflection, so that they can produce new knowledge and develop their self-awareness (Freire, 1974). In this study, students from both programs were aware of the status of the nursing profession, and they criticised this issue as well as found explanations and analysed the issues from their experiences. Students from the PBL program, however, reflected more on their experiences and they demonstrated their critical reflection within their learning style. Not surprisingly, critical social empowerment has been identified as a stronger predictor of psychological empowerment and job [learning] satisfaction than structural empowerment (Casey, Saunders, & O'Hara, 2010).

7.3 Study limitations

This study has limitations that need to be acknowledged, especially for future research. The use of convenience sampling and small numbers of participants mean that results cannot be generalised to other settings. In particular, the required sample size was not met in the quantitative study, so it was not sufficiently powered to detect a difference. Further, only two universities were sample, hence, the results do not necessarily apply to other nursing colleges in Saudi Arabia, either with traditional or different learning environments and educational policies, and so findings from similar studies elsewhere may differ. Similarly, the institutions included in this study were both public so it is unclear if private nursing colleges may have different systems and issues. This is worthy of consideration in future research. At present, there have been no previous studies from Saudi Arabia that enable comparisons within the same contexts. In addition, participants included only students from a single year level. There may also have been a selection bias whereby students who were motivated by their peers or other reason chose to participate. Similarly, this may also apply to the academic members who volunteered to participate. While the quantitative phase included a small sample size of students, the qualitative data, assisted with enabling understandings to be achieved and contextual data assisted in interpreting the quantitative results.

Another limitation of this study is the use of a self-report measure. This may cause a response bias whereby participants did not report honestly or may have mixed up their responses thinking they should be related primarily to their clinical practice, and not the theoretical environment. The timeline between data collection time-points may also be considered insufficient to determine the changes in the empowerment variables over time. Ideally, a longitudinal study across a full bachelor's degree program would enhance this and such as study is recommended in the future. It is acknowledged that most of the concept terminologies used in this study may have been new and complex for participants at the time of conducting the study. This was mitigated as much as possible by providing an initial overview of the study to students. Although the translation process of interviews from the Arabic language to English was considered carefully and managed, avoiding potential altered meaning cannot be fully assured.

7.4 Recommendations

The findings of this study provide evidence on which to make a range of recommendations for education, practice and the profession as well as future research.

7.4.2 Recommendations for education and curricula

The study findings suggest that there is a need for the nursing curriculum in the KSA to include units of study that address the issues surrounding the nursing profession and adopt the use of scenarios about the actual problems that nurses may face in clinical practice and the community. These would assist students to reflect and provide feedback on these possible scenarios and, subsequently, empower students to respond to similar issues when they arise in practice so that they are not surprised, which would facilitate responding effectively to the situation, to some extent. Advanced units of study e.g. subjects introducing and discussing nursing issues and the law, including professional identity, should be included in the nursing undergraduate programs in Saudi Arabia, to enable students the opportunity to understand and address issues in an academic and practical view using their critical thinking and problem solving skills. The absence of this kind of teaching in the existing curricula led students in this study to deal with such issues either personally or with difficulty to manage the situations they faced.

It is suggested that students' personal perspectives of empowerment may be changed as a result of changes in access to empowerment structures in their learning environment. With this knowledge, educators may develop and use teaching-learning strategies that facilitate students' access to empowerment structures, thereby promoting enhanced feelings of psychological empowerment. Nurse educators must create educational environments with structures that enable students to effectively develop independent professional practice skills and strategies to influence change in a variety of practice settings (Siu et al., 2005). These can increase students' formal and informal power within their learning environments through implementing a participative or collaborative approach to education with students. Siu and colleagues (2005) provided clear teaching strategies to create empowering learning environments which can be utilised in nursing programs (See Appendix 7).

Preparation of students to understand the contexts of working with males, mixed gender environments, and managing their families' or societal views is needed. Nurse educators and academics need to educate and prepare nursing students to encounter uncertain situations in their clinical placements and future careers. Education of expatriate and local nurses and educators regarding the roles of students and strategies for empowering them would also assist students' transitions.

Further advancing learning styles and methodologies is required to enhance students' experiences in their learning. Student-centred learning is an essential concept in education that is integral to the way roles and teaching standards are defined, how knowledge is developed, and global notions of empowerment. Investing in the use of dialogue in teaching would enhance the ability of students to share their opinions and experiences and further empower them in their learning. Moreover, creating a social learning structure in the nursing programs that may include or support cognitive - social learning, constructive learning and socialisation in learning and practice to support belongingness, values and culture would be beneficial.

7.4.3 Recommendations for nursing practice and the profession

Policy development is recommended regarding training and education in practice, such as improving policies surrounding training provided to students and improving preceptorship programs to increase the sense of engagement for students in their practice. There is a need to improve the education of expatriate and local nurses and educators regarding the roles of students and strategies for empowering them. In addition, it is recommended that strategies be developed to enable effective communication skills between students and trainers and clinical instructors. This will assist with improving clinical relationships, not only between staff and students but also in work teams and with patients, and will support the students' engagement, reinforcing the importance of identification by name and the role of a student. Indeed, this may assist students in making decisions for the benefit of the patient and in dealing with confronting clinical situations, such as the patient who refuses to see them.

7.4.4 Recommendations for nursing regulation

There is a need for an active role from the Saudi Arabian Nursing Board regarding the development of professional standards for nursing to include the concept of empowering nurses and to use teaching strategies that empower nursing students to be prepared for clinical practice and the profession. This would be with the assist of academics and educators in planning acting and monitoring the progress of students during their studies, graduate year and after graduation. There is a need to sit up a policy and procedures for preceptorships programs in clinical hospitals. There is also a need to see an authorised board advocating for nurses and promoting their empowerment in Saudi Arabia. Furthermore, reviewing the scope of nursing practice must be critically improved for advancing the nursing role.

7.4.5 Recommendations for educating the public

Increasing the awareness of the profession in the public will support current nursing professionals as well as nursing students and may increase the recruitment of new students into nursing programs, without enrolling them mandatorily and without their willingness. A community awareness campaign is an example of an activity that may be provided by students, and such programs need to be more prevalent. The education of Saudi society about the value of nursing and the importance of Saudi nurses in health care is strongly recommended. This should be through various channels, such as television, print and social media.

7.4.6 Recommendations for future research

A longitudinal study over multiple academic years should also be undertaken; for example, a study that follows a cohort of students through all four years of their program to explore the development of empowerment throughout the course. In addition, cross-sectional studies comparing students in each year of the program would allow for changes in their experiences to be revealed and/or insights as to how student perceptions of empowerment vary. Research around expatriate nurses' experiences of working with students and empowering them will assist in structuring good understandings of their perceptions of teaching and instructing students in academia and clinical settings. This may include exploring educators' abilities to empower students and the development of assistance for expatriate nurses to provide optimal support for Saudi nursing students.

Observational studies of nursing students in the clinical setting are important to provide objective views and experiences of students in clinical practice, in order that clinical placements and clinical teaching can be fully understood and subsequently improved. More research is needed to exploring the sense of belongingness in Saudi nursing students in practice. This will increase the knowledge about clinical socialisation and factors affecting students clinical learning experience and enhance educators' abilities to optimally support students. Research exploring the empowerment of new nurses in their internship year will provide greater understandings of the supports needed by new nurses as they transition, further influencing empowerment. Finally, additional research could examine the upcoming generations' views about nursing profession, as well as patients' experiences of being cared for by Saudi nurses.

In recent times, the Coronavirus disease 2019 (COVID-19) pandemic became a health emergency concern globally (WHO, 2020). In Saudi Arabia, 95,748 cases have been confirmed, including 642 deaths recorded up to 6 June 2020, although the country was among the first countries to implement early and unprecedented precautions before reporting the first case in the country on 2 March 2020 (Algaissi, Alharbi, Hassanain, & Hashem, 2020). The need to provide quality health services to the public and ill people has increased dramatically. Importantly, the need for nursing care and nursing personnel have been extremely high worldwide. From this perspective, it was observed that the awareness of the public about the role of nursing profession and its importance increased globally, particularly in the social media. In Saudi Arabia, the media has produced support for health workers, and nurses have come to be highly regarded. COVID-19 has had huge negative health and economic effects on nations and governments, but it has assisted with changing the image of the nursing profession. It would be timely to use this incidence in the research field, and to work on making this positive change sustainable. Examples of subsequent research to explore this effect and the change on current nursing students might include exploring the meaning of the profession, according to nursing students, in the context of COVID-19. Research should also examine the effect of COVID-19 in changing views of the public towards the nursing profession and consider how such positive changes could be sustained into the future.

Finally, the amount of nursing research being conducted in the Kingdom of Saudi Arabia has increased significantly over the last decade. It is recommended that publication about nursing image be translated into Arabic to facilitate dissemination of new knowledge not only to nursing professionals, teachers, leaders and nursing students, but also to other audiences that cannot comprehend the English language. People need to know about the work researchers are doing for the profession that cares, serves patients, and promotes public health.

7.5 Conclusion

The study of empowerment in the learning environment in Saudi Arabia is in its infancy. This research takes some initial steps into understanding the student's perception of empowerment in nursing education within the Saudi context. Regardless of program type, students' perceptions of empowerment including structural, psychological and global empowerment as well as their self-efficacy were moderate, but the findings demonstrate that their attitudes and behaviours were influenced by the structure of the environment within which they found themselves. Student-centred learning is a concept which implies that nursing education that is focussed on the student's individual, unique needs, expectations and aspirations, rather than the needs of the institutions or professions involved.

The context of this research is that KSA nurses work in a challenging workplace, which inhibits the nursing workforce from achieving its full potential in the provision of health care. In order for nurses to face these challenges, they need to be empowered, individually and as a group, to overcome the challenges that they face. Implementing a problem-based learning program in nursing education in Saudi Arabia could be for the express purpose of empowering graduates to take on the challenges presented by society.

Students need to be empowered to meet their learning needs and make choices, share with others to achieve their goals, improve their capability to practise the profession, and to advocate for it. This action will support them when they graduate and become registered nurses, when they will be expected to promote health and well-being, self-care and independence of patients and individuals in the community by teaching and empowering them. Students need to believe they are capable and empowered. They have to experiment and challenge themselves.

This study suggests that the context of Saudi nursing is changing. It is hoped that this research study will provide guidance to nursing educators as they endeavor to create a social learning structure that is empowering of their students. There are many recommendations that can be taken from this research, not only for education and curricula but also for practice, policy makers, future research and, last but not least, for public education.

References

Aboshaiqah, A. (2016). Strategies to address the nursing shortage in Saudi Arabia. *International Nursing Review, 63*(3), 499-506.

AlEbied, M & AlWehib, Y (2003, September 25). عنيزة وتاريخ مشرف بالعلماء والأدباء[Unaizah and honourable history of scholars and writers]. *Al-Jazirah.* Retrieved from http://www.al-jazirah.com/2003/20030925/hv1.htm

Ahn, Y.-H., & Choi, J. (2015). Factors affecting Korean nursing student empowerment in clinical practice. *Nurse Education Today, 35*(12), 1301-1306.

Alamri, M., & Sharts-Hopko, N. C. (2015). Motivational factors and barriers related to Saudi Arabian nurses' pursuit of a Bachelor of Science in nursing degree. *Nursing Education Perspectives, 36*(3), 157-162 156p. doi:10.5480/14-1376

Albloushi, M., Ferguson, L., Stamler, L., Bassendowski, S., Hellsten, L., & Kent-Wilkinson, A. (2019). Saudi female nursing students experiences of sense of belonging in the clinical settings: A qualitative study. *Nurse Education in Practice, 35*, 69-74.

Alboliteeh, M., Magarey, J. & Wiechula, R. (2017). The profile of Saudi nursing workforce: A cross-sectional study. *Nursing Research and Practice.* https://doi.org/10.1155/2017/1710686

Aldawsari, A., Babenko-Mould, Y., & Andrusyszyn, M.-A. (2016). Transitioning from nursing student to clinical teacher in Saudi Arabia. *Journal of Nursing Education and Practice, 6*(2), 76. doi:10.5430/jnep.v6n2p76

AL-Dossary, R. (2018). The Saudi Arabian 2030 vision and the nursing profession: The way forward. *International Nursing Review, 65*(4), 484-490.

Algaissi, A. A., Alharbi, N. K., Hassanain, M., & Hashem, A. M. (2020). Preparedness and response to COVID-19 in Saudi Arabia: Building on MERS experience. *Journal of Infection and Public Health, 13*(6), 834-838. doi:https://doi.org/10.1016/j.jiph.2020.04.016

AlHaqwi, A.I., Mohamed, T.A., Al Kabba, A.F., Alotaibi, S.S., Al Shehri, A.M., Abdulghani, H.M. & Badri, M. (2015) Problem-based learning in undergraduate medical education in Saudi Arabia: Time has come to reflect on the experience. *Medical Teacher, 37*, S61-S66.

Alharbi, A., & Alhosis, K. (2019). The challenges and difficulties of the nursing interns during their clinical internship in Qassim Region, Saudi Arabia. *Saudi Journal for Health Sciences, 8*(1), 6-11.

Alharbi, M., McKenna, L., & Whittall, D. (2019). Social barriers experienced by female Saudi nursing students while studying nursing: A phenomenological study. N*urse Education in Practice*, *34*, 123-129.

Allen, D.E., Donham, R.S. and Bernhardt, S.A. (2011), Problem-based learning. *New Directions for Teaching and Learning, 2011*(128), 21-29. doi:10.1002/tl.465

Alqefari, S. (2015). Difficulties of Saudi Arabian female students studying English abroad. *Arab World English Journal, 6*(4), 231-244.

Al-Mahmood, S., Mullen, P.M. & Spurgeon, P. (2012). Saudisation of the nursing workforce: Reality and myths about planning nurse training in Saudi Arabia. *Journal of American Science, 8*(4), 369-379.

Almalki, M., Fitzgerald, G., & Clark, M. (2011a). Health care system in Saudi Arabia: an overview. *Eastern Mediterranean Health Journal, 17*(10): 784.

Almalki, M., Fitzgerald, G. & Clark, M. (2011b). The nursing profession in Saudi Arabia: An overview. *International Nursing Review, 58*(3), 304-311.

Al-Manssour, I. Schwarzer, R., & Jerusalem, M. (1993). *Arabian adaptation of the general self-efficacy scale.* Retrieved from http://userpage.fu-berlin.de/~health/selfscal.htm

AlMunajjed, M. (1997). *Women in Saudi Arabia today*. [Google Books version]. doi:10.1057/9780230373105

Al Mutair, A. & Redwan, F. (2016). Undergraduate Saudi nursing students attitudes toward nursing profession. *Journal of Nursing and Care, 5*(1), 1000329.

Almutairi, A. F., Gardner, G. & McCarthy, A. (2013). Perceptions of clinical safety climate of the multicultural nursing workforce in Saudi Arabia: A cross-sectional survey. *Collegian, 20*, 187-194.

Almutairi A. F., & McCarthy, A. (2012). A multicultural nursing workforce and cultural perspectives in Saudi Arabia: an overview. *The Health, 3*(3), 71-4. Retrieved from https://eprints.qut.edu.au/57066/

Alsuwaida, N. (2016). Women's education in Saudi Arabia. *Journal of International Education Research,* 12(4), 111-118.

AlYami, M. and R. Watson (2014). An overview of nursing in Saudi Arabia. *Journal of Health Specialties 2*(1): 10-12.

Alzayyat, A., & Al-Gamal, E. (2014). A review of the literature regarding stress among nursing students during their clinical education. *International Nursing Review, 61*(3), 406-415.

Anderson, R. S. (2010). *Self-care: A theology of personal empowerment & spiritual healing*. [Google Books version]. Available from https://books.google.com.au/books?id=89xMAwAAQBAJ

Babenko-Mould, Y., Iwasiw, C. L., Andrusyszyn, M. A., Laschinger, H. K., & Weston, W. (2012). Effects of clinical practice environments on clinical teacher and nursing student outcomes. *Journal of Nursing Education 51*(4): 217-225

Babenko-Mould, Y., Ferguson, K., Riddell, T., Hancock, M., & Atthill, S. (2015). Influence of simulated and actual community vaccination clinics on student empowerment and self-efficacy for public health nursing competencies. *Public Health Nursing, 32*(3), 277-283.

Baki, R. (2004). Gender-segregated education in Saudi Arabia: Its impact on social norms and the Saudi labor market. *Education Policy Analysis Archives, 12*(28), 1-12.

Bandura, A. (1986). The explanatory and predictive scope of self-efficacy theory. *Journal of Social and Clinical Psychology, 4*(3), 359-373. doi:10.1521/jscp.1986.4.3.359

Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: W.H. Freeman.

Barrows, H. S. (1986). A taxonomy of problem-based learning methods. *Medical Education, 20*(6), 481-486.

Barrows, H. S. (1996). Problem-based learning in medicine and beyond: A brief overview. *New Directions for Teaching and Learning,* (68), 3-12.

Barrows, H., & Tamblyn, R. (1980). P*roblem-based learning: An approach to medical education*. New York: Springer.

Bassi, J. (2017). *Vision 2030 and the opportunities it represents in healthcare in Saudi Arabia.* Retrieved from Al Tamimi & Co for Law website: https://www.tamimi.com/law-update-articles/vision-2030-and-the-opportunities-it-represents-in-healthcare-in-saudi-arabia/

Beauvais, A. M., Stewart, J. G., DeNisco, S., & Beauvais, J. E. (2014). Factors related to academic success among nursing students: A descriptive correlational research study. *Nurse Education Today, 34*(6), 918-923.

Benson, G., Noesgaard, C., & Drummond-Young, M. (2001). In E. Rideout (Ed.), *Transforming nursing education through problem-based learning* (pp. 75-102). Sudbury: Jones and Bartlett.

Boud, D., & Feletti, G. (1997). Changing problem-based learning. Introduction to the second edition. In D. Boud & G. Feletti (Eds.), *The Challenge of Problem-based Learning*. London: Kogan Page.

Bradbury-Jones, C., Irvine, F., & Sambrook, S. (2007a). Empowerment of nursing students in the United Kingdom and Japan: a cross-cultural study. J*ournal of Advanced Nursing, 59*(4), 379-387.

Bradbury-Jones, C., Irvine, F., & Sambrook, S. (2010). Empowerment of nursing students in clinical practice: spheres of influence. *Journal of Advanced Nursing, 66*(9), 2061-2070.

Bradbury-Jones, C., Sambrook, S., & Irvine, F. (2007b). The meaning of empowerment for nursing students: A critical incident study. J*ournal of Advanced Nursing, 59*(4), 342-351.

Bradbury-Jones, C., Sambrook, S., & Irvine, F. (2011a). Empowerment and being valued: a phenomenological study of nursing students' experiences of clinical practice. *Nurse Education Today, 31*(4), 368-372

Bradbury-Jones, C., Sambrook, S., & Irvine, F. (2011b). Nursing students and the issue of voice: A qualitative study. *Nurse Education Today, 31*(6), 628-632.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. doi:10.1191/1478088706qp063oa

Bravo, P., Edwards, A., Barr, P. J., Scholl, I., Elwyn, G., McAllister, M., & the Cochrane Healthcare Quality Research Group, C. U. (2015). Conceptualising patient empowerment: a mixed methods study. *BMC Health Services Research, 15*(1), 252. doi:10.1186/s12913-015-0907-z

Burns G, N., & Grove, S. K. (2005). *The practice of nursing research: Conduct, critique, and utilization* (5th ed.). St. Louis: Elsevier/Saunders.

Calvès, A.-E. (2009). Empowerment: The history of a key concept in contemporary development discourse. *Revue Tiers-Monde, 200*(4), 735-749. Doi:10.3917/rtm.200.0735

Campbell, S. L. (2003). Cultivating empowerment in nursing today for a strong profession tomorrow. *Journal of Nursing Education, 42*(9), 423-426.

Casey, M., Saunders, J., & O'hara, T. (2010). Impact of critical social empowerment on psychological empowerment and job satisfaction in nursing and midwifery settings. *Journal of Nursing Management, 18*(1), 24-34. doi:10.1111/j.1365-2834.2009.01040.x

Cicolini, G., Comparcini, D., & Simonetti, V. (2014). Workplace empowerment and nurses' job satisfaction: A systematic literature review. *Journal of Nursing Management, 22*(7), 855-871.

Choi, E., Lindquist, R. & Song, Y. (2014). Effects of problem-based learning vs. traditional lecture on Korean nursing students' critical thinking, problem-solving and self-directed learning. *Nurse Education Today, 34*(1), 52-66.

Choi, S.L., Goh, C.F., Adam, M.B.H., & Tan, O.K. (2016). Transformational leadership, empowerment, and job satisfaction: The mediating role of employee empowerment. *Human Resources for Health, 14*, 73.

Christens, B. D., Winn, L. T., & Duke, A. M. (2016). Empowerment and critical consciousness: A conceptual cross-fertilization. *Adolescent Research Review, 1*(1), 15-27. doi:10.1007/s40894-015-0019-3

Christiaens, G., Abegglen, J., & Rowley, A. (2008). Nursing students' perceptions of a holistic nursing conference: Empowerment, self-care, and application to practice. *Journal of Holistic Nursing, 26*(2), 139-146. doi:10.1177/0898010107311275

Clay, T. (1992). Education and empowerment: Securing nursing's future. *International Nursing Review, 39*(1), 15-18.

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, New Jersey: Lawrence Erlbaum Associates.

Compton, R.M., Owilli, A.O., Norlin, E.E. & Hubbard Murdoch, N.L. (2020). Does problem-based learning in nursing education empower learning? *Nurse Education in Practice, 44*, 102752.

Conger, J. & Kanungo, R. (1988). The empowerment process: integrating theory and practice. *Academy of Management Review, 13*(3), pp. 471-482.

Connelly, L.M. (2016). Trustworthiness in qualitative research. *MEDSURG Nursing, 25*(6), 435-436.

Creswell, J. W., & Guetterman, T. C. (2019). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (Sixth ed.). New York, NY: Pearson

Creswell, J., & Plano Clark, V. (2007). *Designing and conducting mixed methods research*. Thousand Oaks, Calif: SAGE Publications.

Creswell, J., W. & Plano Clark, V. L. (2011). *Designing and conducting mixed methods research* (2nd ed.). Los Angeles: SAGE.

Creswell, J.W. & Plano-Clark, V.L. (2018). Designing and conducting mixed-methods research. 3rd ed. Thousand Oaks, CA: SAGE.

Dolmans, D., De Grave, W., Wolfhagen, I. & van der Vleuten, C.P.M. (2005). Problem-based learning: Future challenges for educational practice and research. *Medical Education, 39*(7), 732-741.

Dolmans, D.H.J.M., Loyens, S.M.M., Marcq, H. & Gijbels, D. (2016). Deep and surface learning in problem-based learning: A review of the literature. *Advances in Health Sciences Education, 21,* 1087-1112. doi: 10.1007/s10459-015-9645-6

Donalek, J. G. (2005). The interview in qualitative research. *Urologic Nursing,* 25(2), 124-124-125.

Doody, O., Slevin, E. & Taggart, L. (2013a). Focus group interviews in nursing research: Part 1. *British Journal of Nursing, 22*(1), 16-19.

Doody, O., Slevin, E. & Taggart, L. (2013b). Preparing for and conducting focus groups in nursing research: Part 2. *British Journal of Nursing, 22*(3), 170-173.

Falk-Rafael, A. R., Chinn, P. L., Anderson, M. A., Laschinger, H., & Rubotzky, A. M. (2004). The effectiveness of feminist pedagogy in empowering a community of learners. *Journal of Nursing Education, 43*(3), 107-115.

Fanon, F (1967). *Black skin: White masks.* London: MacGibbon & Kee.

Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2009). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods, 39*(2), 175-191.

Felemban, E., O'Connor, M. & McKenna, L. (2014). Cultural view of nursing in Saudi Arabia. *Middle East Journal of Nursing, 8*(4), 8-14.

Feletti, G. (1993). Inquiry based and problem based learning: How similar are these approaches to nursing and medical education? *Higher Education Research & Development, 12*(2), 143-156.

Freire, P. (1972). *Pedagogy of the oppressed*. Harmondsworth, Middlesex: Penguin.

Freire, P. (1974). *Education for critical consciousness.* London: Sheed and Ward.

Freire, P., & Shor, I. (1987). *A pedagogy for liberation: Dialogues on transforming education*. Houndmills: Macmillan Education.

Fernandes, F. L. (2018). What should the public role of universities in an unequal society be? In A. Melling, & R. Pilkington (Ed), *Paulo Freire and transformative education: Changing lives and transforming communities* (pp. 87-101). doi:10.1057/978-1-137-54250-2

Frymier, A., Shulman, G., & Houser, M. (1996). The development of a learner empowerment measure. *Communication Education, 45*(3), 181-199.

Fulton, Y. (1997). Nurses' views on empowerment: a critical social theory perspective. *Journal of advanced nursing, 26*(3), 529-536.

General Authority for Statistics. (2014) *Statistical yearbook 1435 AH – 1436 AH in Kingdom of Saudi Arabia* (Issue 50). Retrieved from http://www.stats.gov.sa/sites/default/files/cdsi_data/yb50/YearBook.htm

General Authority for Statistics. (2016a). *Population census data 1974 in Kingdom of Saudi Arabia*. Retrieved from https://www.stats.gov.sa/en/65

General Authority for Statistics. (2016b). *Kingdom of Saudi Arabia indicators* Retrieved from http://www.stats.gov.sa/en/indicators

General Authority for Statistics. (2017). *Population estimates: Population by single age, nationality and gender 2017 in Saudi Arabia*. Retrieved from https://www.stats.gov.sa/en/43

General Authority for Statistics. (2019). *Population estimates: Population by age group and gender 2019 in Saudi Arabia.* Retrieved from https://www.stats.gov.sa/en/44

Getrich, C.M., Bennett, A.M., Sussman, A.L., Solares, A. & Helitzer, D.L. (2015). Viewing focus groups through a critical incident lens. *Qualitative Health Research, 26*(6), 750-762.

Gewurtz, R.E., Coman, L., Dhillon, S., Jung, B., Solomon,P. (2016). Problem-based learning and theories of teaching and learning in health professional education. *Journal of Perspectives in Applied Academic Practice, 4*(1), 59-70.

Gholami, M., Moghadam, P.K., Mohammadipoor, F., Tarahi, M.J., Sak, M., Toulabi, T. & Pour, A.H.H. (2016). Comparing the effects of problem-based learning and the traditional lecture methods on critical thinking skills and metacognitive awareness in nursing students in a critical care nursing course. *Nurse Education Today, 45,* 16-21.

Gibson, C. H. (1991). A concept analysis of empowerment. *Journal of Advanced Nursing, 16*(3), 354-361.

Gobo, G. (2008). *Doing Ethnography*. Los Angeles: SAGE.

Gorostidi, X. Z., Egilegor, X. H., Erice, M. J. A., Iturriotz, M. J. U., Garate, I. E., Lasa, M. B., & Cascante, X. Z. (2007). Stress sources in nursing practice. Evolution during nursing training. *Nurse Education Today, 27*(7), 777-787. doi:10.1016/j.nedt.2006.10.017

Grant, C., & Osanloo, A. (2014). Understanding, selecting, and integrating a theoretical framework in dissertation research: Creating the blueprint for your "house". *Administrative Issues Journal: Education, Practice, and Research, 4*(2), 12.

Gray, D. E. (2009). *Doing research in the real world* (2nd ed.). Los Angeles: SAGE.

Greene, J. C., Benjamin, L., & Goodyear, L. (2001). The merits of mixing methods in evaluation. *Evaluation, 7*(1), 25-44. doi:10.1177/13563890122209504

Grightmire, L. J. (2009). *Nursing student self-efficacy beliefs during clinical placement*. Toronto: Canada, University of Toronto. NR52548: 267.

Hafez, F. (2011, October 3). مفاهيم ومصطلحات: مفهوم التمكين [Concepts and Terms: The concept of empowerment]. *Muslim Online*. Retrieved from http://www.moslimonline.com/?page=artical&id=5570#.Xvhf7GgzaUk

Hamdan, A.R., Kwan, C.L., Khan, A., Ghafar, M.N.A. & Sihes, A.J. (2014). Implementation of problem based learning among nursing students. *International Education Studies,* 7(7), 136-142. doi:10.5539/ies.v7n7p136

Hamdi, O., & AIHaidar, A. (1996) *Factors affecting Saudi women in enrolment in nursin*g. Riyadh, Saudi Arabia: King Fahad National Library publication.

Hesse-Biber, S. N., & Leavy, P. (2006). *The practice of qualitative research*. Thousand Oaks: SAGE Publications.

Hokanson-Hawks, J. (1992) Empowerment in nursing education: concept analysis and application to philosophy, learning and instruction. *Journal of Advanced Nursing, 17,* 609-618.

Hommes, J., Van den Bossche, P., de Grave, W., Bos, G., Schuwirth, L., Scherpbier, A., (2014). Understanding the effects of time on collaborative learning processes in problem based learning: a mixed methods study. *Advances in Health Sciences Education, 19,* 541–563.

HSIU & Laschinger, H. K. S. (2006). *Conditions for learning effectiveness questionnaire.* London, Canada: Western University.

Ibrahim, S. A. (2011). Factors affecting assertiveness among student nurses. *Nurse Education Today, 31*(4), 356-360. doi:10.1016/j.nedt.2010.07.006

Jones, N.L., Peiffer, A.M., Lambros, A., Guthold, M., Johnson, A.D., Tytell, M., Ronca, A.E. & Eldridge, J.C. (2010). Developing a problem-based learning (PBL) curriculum for

professionalism and scientific integrity training for biomedical graduate students. *Journal of Medical Ethics, 36*, 614-619.

Johnson, B., & Christensen, L. B. (2008). *Educational research: Quantitative, qualitative, and mixed approaches* (3rd ed.). Los Angeles: Sage Publications.

Kamerelis, G. & Dimitriadis, G. (2013). *Focus groups: From structured interviews to collective conversations*. London: Routledge.

Kanter, R. M. (1977). *Men and women of the corporation*. New York, NY: Basic Books, Inc.

Kanter, R. (1993). *Men and women of the corporation* (2nd ed.). New York: Basic Books.

Kennedy, S., Hardiker, N., & Staniland, K. (2015). Empowerment an essential ingredient in the clinical environment: A review of the literature. *Nurse Education Today, 35*(3), 487-492. doi:http://dx.doi.org/10.1016/j.nedt.2014.11.014

Khatiban, M., Falahan, S.N., Amini, R., Farahanchi, A. & Soltanian, A. (2019). Lecture-based versus problem-based learning in ethics education among nursing students. *Nursing Ethics, 26*(6), 1753-1764.

Khodadadi, E., Ebrahimi, H., Moghaddasian, S., & Babapour, J. (2013). The effect of communication skills training on quality of care, self-efficacy, job satisfaction and communication skills rate of nurses in hospitals of Tabriz, Iran. *Journal of Caring Sciences, 2*(1), 27-37. doi:10.5681/jcs.2013.004

Kilgour, J.M., Grundy, L. & Monrouxe, L.V. (2016). A rapid review of the factors affecting healthcare students' satisfaction with small-group, active learning methods. *Teaching and Learning in Medicine, 28*(1), 15-25.

Kingdom of Saudi Arabia Vision 2030 (2016a) *Saudi Vision 2030*. Retrieved from https://www.vision2030.gov.sa/en (accessed 26 April 2020)

Kingdom of Saudi Arabia Vision 2030. (2016b). *National transformation program: Delivery Plan 2018-2020.* Retrieved from https://vision2030.gov.sa/en/programs/NTP

Kühberger, A., Fritz, A., Lermer, E., & Scherndl, T. (2015). The significance fallacy in inferential statistics. *BMC Research Notes,* 8, 84. doi: 10.1186/s13104-015-1020-4

Kumar, R. (2005). *Research methodology: A step-by-step guide for beginners* (2nd ed.). Frenchs Forest, N.S.W.: Pearson Longman.

Kuokkanen, L. & Leino-Kilpi, H. (2000). Power and empowerment in nursing: three theoretical approaches. *Journal of Advanced Nursing, 31*(1), 235-241.

Kvale, S., & Brinkmann, S. (2009). *Interviews: Learning the craft of qualitative research interviewing* (2nd ed.). Los Angeles: Sage Publications.

Laschinger, K. H. S. (1996). A theoretical approach to studying work empowerment in nursing: A review of studies testing Kanter's theory of structural power in organizations. *Nursing Administration Quarterly, 20*(2), 25-41.

Laschinger H.K.S. (2012). *Conditions for work effectiveness questionnaire I and II: User manual.* London, Canada: Western University.

Laschinger H.K.S., Finegan J., Shamian J. & Wilk P. (2001). Impact of structural and psychological empowerment on job strain in nursing work settings: Expanding Kanter's model. *Journal of Nursing Administration, 31*(5), 260–272.

Laschinger H.K.S., Finegan J.E., Shamian J. & Wilk P. (2004) A longitudinal analysis of the impact of workplace empowerment on work satisfaction. *Journal of Organizational Behavior, 25*(4), 527–545.

Lethbridge, K. L. (2010). *Baccalaureate nursing students' perceptions of empowerment and reflective thinking over time,* ProQuest Dissertations Dissertation and Thesis.

Lethbridge, K., Andrusyszyn, M., Iwasiw, C., Laschinger, H., & Fernando, R. (2011). Structural and psychological empowerment and reflective thinking: Is there a link? *The Journal of Nursing Education, 50*(11), 636-645.

Liao, R.-x., & Liu, Y.-h. (2016). The impact of structural empowerment and psychological capital on competence among Chinese baccalaureate nursing students: A questionnaire survey. *Nurse Education Today, 36*, 31-36.

Livsey, K. R. (2009). Structural empowerment and professional nursing practice behaviors of baccalaureate nursing students in clinical learning environments. *International Journal of Nursing Education Scholarship, 6*(1), 1-16

McKenna, L. & Copnell, B. (2019). *Fundamentals of nursing and midwifery research: A practical guide for evidence-based practice*. Sydney: Allen & Unwin.

Mailloux, C. G. (2006). The extent to which students' perceptions of faculties' teaching strategies, students' context, and perceptions of learner empowerment predict perceptions of autonomy in BSN students. *Nurse Education Today*, *26*(7), 578-585.

Mamaghani, E., Rahmani, A., Hassankhani, H., Saunders, C., Dean, S., Ferguson, C., & Irajpour, A. (2019). Effective characteristics of Iranian nursing students in their relationship with clinical nurses. *Journal of Caring Sciences, 8*(3), 173-179. doi:10.15171/jcs.2019.025

Matthews, C. (2014). Critical pedagogy in health education. *Health Education Journal*, *73*(5), 600-609. doi:10.1177/0017896913510511

Matthew-Maich, N., Martin, L., Hammond, C., Palma, A., Pavkovic, M., Sheremet, D., & Roche, C. (2016). Nursing students' perceptions of effective problem-based learning tutors. *Nursing Standard (2014+), 31*(12), 48.

Mebrouk, J. (2008). Perception of nursing care: views of Saudi Arabian female nurses. *Contemporary Nurse: A Journal for the Australian Nursing Profession, 28*(1-2): 149-161.

Melling, A. (2018). Introduction. In A. Melling, & R. Pilkington (Ed), *Paulo Freire and transformative education: Changing lives and transforming communities* (pp. 1-11). doi:10.1057/978-1-137-54250-2

Miller-Rosser, K., Chapman, Y., & Francis, K. (2006). Historical, cultural, and contemporary influences on the status of women in nursing in Saudi Arabia. *Online Journal of Issues in Nursing, 11*(3). doi: 10.3912/OJIN.Vol11No03PPT02

Ministry of Economy and Planning. (2015). *Ninth development plan 2010-2014: population and standard of living.* Retrieved from https://www.mep.gov.sa/en/development-plans

Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *Preferred Reporting Items for Systematic Reviews and Meta-Analyses:* The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

Moore, S. C., & Ward, K. S. (2017). Nursing student perceptions of structural empowerment. *Nursing Education Perspectives, 38*(1), 32-33.

Molloy, L., & Grootjans, J. (2014). The ideas of Frantz Fanon and culturally safe practices for Aboriginal and Torres Strait Islander people in Australia. *Issues in Mental Health Nursing, 35*(3), 207-211.

Mufti, M. H. S. (2000). *Healthcare development strategies in the Kingdom of Saudi Arabia*. Retrieved from http://link.springer.com/book/10.1007%2Fb112322

Nakagawa, S., & Cuthill, I. (2007). Effect size, confidence interval and statistical significance: A practical guide for biologists. *Biological Reviews,* 82(4), 591-605.

National Commission for Academic Accreditation & Assessment. (2011). *Learning outcomes guidelines for program development and review*. Riyadh, Kingdom of Saudi Arabia: National Commission for Academic Accreditation & Assessment. Retrieved from http://www.ncaaa.org.sa/english/adefault.aspx

Nations Online Project (2020). *Map of Saudi Arabia, Middle East*. Retrieved March 06, 2020, from: https://www.nationsonline.org/oneworld/map/saudi-arabia-map.htm

Nelwati, D., McKenna, L., & Plummer, V. (2013). Indonesian student nurses' perceptions of stress in clinical learning: A phenomenological study. *Journal of Nursing Education and Practice, 3*(5), 56-65.

Nieva, F. (2015). Social women entrepreneurship in the Kingdom of Saudi Arabia. *Journal of Global Entrepreneurship Research, 5*(1), 1-33.

Pallant, J. (2003). *SPSS Survival manual: A step by step guide to data analysis using IBM SPSS program*. Retrieved from https://ebookcentral-proquest-com.ez.library.latrobe.edu.au

Pallant, J. F. (2013). *SPSS Survival Manual: A step by step guide to data analysis using IBM SPSS* (5th ed.). Crows Nest, N.S.W: Allen & Unwin.

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, Calif: Sage Publications.

Pastirik, P. J. (2006). Using problem-based learning in a large classroom. *Nurse Education in Practice, 6*(5), 261-267.

Pearson, J. (1998). An exploration of the empowerment of nursing students in a clinical context. *Nursing Praxis in New Zealand, 13*(3), 45-55.

Pines, E. W., Rauschhuber, M. L., Cook, J. D., Norgan, G. H., Canchosa, L., Richardson, C., & Jones, M. E. (2014). Enhancing resilience, empowerment, and conflict management among baccalaureate students: Outcomes of a pilot study. *Nurse Educator, 39*(2), 85-90.

Pines, E. W., Rauschhuber, M. L., Norgan, G. H., Cook, J. D., Canchola, L., Richardson, C., & Jones, M. E. (2012). Stress resiliency, psychological empowerment and conflict management styles among baccalaureate nursing students. *Journal of Advanced Nursing, 68*(7), 1482-1493.

Polit, D.F. & Beck, C.T. (2014). *Essentials of nursing research: Appraising evidence for nursing practice*. (8th ed.). Philadelphia, PA: Wolters Kluwer.

Porteous, D. J., & Machin, A. (2018). The lived experience of first year undergraduate student nurses: A hermeneutic phenomenological study. *Nurse Education Today, 60*, 56-61. doi:10.1016/j.nedt.2017.09.017

Pradhan, B. (2003). Measuring empowerment: A methodological approach. *Development, 46*(2).

Rideout, E., & Carpio, B. (2001). The problem-based learning model of nursing education. In E. Rideout (Ed.), *Transforming Nursing Education Through Problem-Based Learning* (pp. 21-49). Sudbury: Jones and Bartlett.

Rideout, E., England-Oxford, V., Brown, B., Fothergill-Bourbonnais, F., Ingram, C., Benson, G., . . . Coates, A. (2002). A comparison of problem-based and conventional curricula in nursing education. *Advances in Health Sciences Education, 7*(1), 3-17.

Rocco, T. S., Bliss, L. A., Gallagher, S., & Perez-Prado, A. (2003). Taking the next step: Mixed methods research in organizational systems. T *Information Technology, Learning, and Performance Journal, 21*(1), 19-28

Rodwell, C. M. (1996). An analysis of the concept of empowerment. *Journal of Advanced Nursing, 23*(2), 305-313.

Report of the Panel on the General Professional Education of the Physician and College Preparation for Medicine. (1984). *Physicians for the twenty-first century: The GPEP report.* Washington: Association of American Medical Colleges

Rowan, C. J., McCourt, C., & Beake, S. (2008). Problem based learning in midwifery – the students' perspective. *Nurse Education Today, 28*(1), 93-99.

Sabatino, L., Rocco, G., Stievano, A., & Alvaro, R. (2015). Perceptions of Italian student nurses of the concept of professional respect during their clinical practice learning experience. *Nurse Education in Practice, 15*(4), 314-320. doi: https://doi.org/10.1016/j.nepr.2014.09.002

Salari, M., Roozbehi, A., Zarifi, A., & Tarmizi, R.A. (2018). Pure HBL, hybrid PBL and lecturing: Which one is more effective in developing cognitive skills of undergraduate nursing students in pediatric nursing course? *BMC Medical Education, 18,* 195.

Saied, H., Al Beshi, H., Al Nafaie, J., & Al Anazi, E. (2016). Saudi community perception of nursing as a profession. *IOSR Journal of Nursing and Health Science, 5*(2), 95-99. DOI: 10.9790/1959-05219599

Scholz, U., Gutiérrez-Doña, B., Sud, S., & Schwarzer, R. (2002). Is general self-efficacy a universal construct? Psychometric findings from 25 countries. *European Journal of Psychological Assessment, 18*(3), 242-251.

Schuelke, S., & Barnason, S. (2017). Interventions used by nurse preceptors to develop critical thinking of new graduate nurses: A systematic review. J*ournal for Nurses in Professional Development, 33*(1), E1-E7.

Schwarzer, R. (1992). *Self-efficacy: Thought Control of Actio*n. Washington: Hemisphere Pub. Corp.

Schwarzer, R. (2011). *Everything you wanted to know about the General Self-Efficacy Scale but were afraid to ask.* Retrieved 08 December, 2013 from http://userpage.fu-berlin.de/~health/selfscal.htm

Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, *Measures in health psychology: A user's portfolio: causal and control beliefs* (pp. 35-37). Windsor, UK: NFER-NELSON.

Schwarzer, R., & Jerusalem, M. (14 February 2012). *The general self-efficacy scale.* Retrieved 05 December, 2013 from http://userpage.fu-berlin.de/health/selfscal.htm

Servant-Miklos, V.F.C. (2019). The Harvard connection: How the case method spawned problem-based learning at McMaster University. *Health Professions Education, 5*, 163-171.

Silverman, D., & Marvasti, A. (2008). *Doing qualitative research: A comprehensive guide*. Los Angeles: SAGE Publications.

Sinclair, B. (2000). *An explanatory study of Kanter's theory: Empowerment in nursing education* (Unpublished master's thesis), The University of Western Ontario, Canada.

Siu, H. M., Laschinger, H. K. S., & Vingilis, E. (2005). The effect of problem-based learning on nursing students' perceptions of empowerment. *Journal of Nursing Education, 44*(10), 459-469.

Sharaf, F.K. (2015). Qassim medical graduates: Factors influencing choice of medical specialty. *Annals of Alquds Medicine 11*, 17-26.

Solomon, P. (2011). Problem-Based Learning. In M. J. Bradshaw & A. J. Lowenstein (Eds.). *Innovative teaching strategies in nursing and related health professions* (5th ed., pp. 137-145). Sudbury: Jones and Bartlett.

Spreitzer, G. M. (1995a). Psychological empowerment in the workplace: Dimension, measurement, and validation. *The Academy of Management Journal, 38*(5), 1442-1465.

Spreitzer, G. M. (1995b). An empirical test of a comprehensive model of intrapersonal empowerment in the workplace. *American Journal of Community Psychology 23*(5), 601-629.

Syed, I. B. (2015, August 06). The pleasures of learning. *Arab News.* Retrieved from https://www.arabnews.com/

Tabachnick, B. G., & Fidell, L. S. (2013). *Using multivariate statistics: Pearson new international edition*. Retrieved from https://ebookcentral-proquest-com.ez.library.latrobe.edu.au

Taylor, A. (2014). *Standardised effect size in a mixed/multilevel model*. Department of Psychology, Macquarie University.

Thabet, M., Taha, E.E-S., Abood, S.A. & Morsy, S.R. (2017). The effect of problem-based learning on nursing students' decision making skills and styles. Journal of *Nursing Education and Practice*, 7(6), 108-116.

The Holy Qur'an. (2016). Qur'an Translated in English [Electronic edition]. Retrieved from https://quran.com/

Thomas, L. J., & Asselin, M. (2018). Promoting resilience among nursing students in clinical education. *Nurse Education in Practice, 28*, 231-234. doi:10.1016/j.nepr.2017.10.001

Thomas, L. J., & Revell, S. H. (2016). Resilience in nursing students: An integrative review. *Nurse Education Today, 36*, 457-462. doi:10.1016/j.nedt.2015.10.016

Thomas K., & Velthouse B. (1990) Cognitive elements of empowerment: An 'interpretive' model of intrinsic task motivation. *Academy of Management Review* 15, 666-681.

Thorell-Ekstrand, I., Bjorvellm, H., (1995). Nursing students' experience of care planning activities in clinical education. *Nursing Education Today 15*, 196–203.

Tork, H. M. M., & Shahin, E. S. M. (2011). The effectiveness of problem-based learning (PBL) in nursing education: Cross-cultural student's perspective. *Journal of American Science, 7*(11), 516-521. Retrieved on 10 September, 2012, from http://www.jofamericanscience.org/journals/am-sci/am0711/064_10543am0711_516_521.pdf

Tumulty, G. (2001). Professional development of nursing in Saudi Arabia. *Journal of Nursing Scholarship, 33*(3): 285 – 290.

Unaizah recalls 50 years since the end of the girls Katatib era. عنيزة تستذكر 50 عاما على نهاية عصر كتاتيب البنات. (2010, July 24). *Al-Watan Online.* Retrieved from https://www.alwatan.com.sa/

United Nations Development Programs. (2016) *Saudi Arabia: About the Country*. Retrieved May 11, 2016, from http://www.sa.undp.org/content/saudi_arabia/en/home/countryinfo/

Wahlin, I. (2017). Empowerment in critical care: A concept analysis. *Scandinavian Journal of Caring Sciences*. *31*(1), 164-174.

Whittemore R. & Knalf K. (2005) The integrative review: update methodology. *Journal of Advanced Nursing 52* (5), 546–553.

Williams, B., Richard, L., & Al Sayah, F. (2015). The influence of undergraduate education on professional practice transition: A comparative descriptive study. *Nurse Education Today, 35*(3), 518-523. doi: http://dx.doi.org/10.1016/j.nedt.2014.10.020

World Health Organization. (2013). *Country cooperation strategy: Saudi Arabia*. Retrieved from http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_sau_en.pdf

World Health Organization. (2020) *Coronavirus disease (COVID-19) pandemic.* Retrieved from https://www.who.int/emergencies/diseases/novel-coronavirus-2019

Wosinski, J., Belcher, A.E., Durrenberger, Y., Allin, A-C., Stormacq, C., & Gerson, L. (2018). Facilitating problem-based learning among undergraduate nursing students: A qualitative systematic review. *Nurse Education Today*, *60*, 67-74.

Xie, J., Ding, S., Wang, C., & Liu, A. (2013). An evaluation of nursing students' communication ability during practical clinical training. *Nurse Education Today, 33*(8), 823-827. doi:https://doi.org/10.1016/j.nedt.2012.02.011

Yew, E.H.J. & Goh, K. (2016). Problem-based learning: An overview of its process and impact on learning. *Health Professions Education*, *2*(2), 75-79.

Zimmerman, M. A. (2000). Empowerment theory: Psychological, organizational and community levels of analysis. In J. Rappaport & E. Seidman (Eds.), *Handbook of community psychology* (pp. 43–63). New York: Kluwer Academic/Plenum Publishers.

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Appendices

Appendix 1: Search strategy with Keywords and subject headings

CINAHL Database Search Strategy

ID	Term	Major concept	Note	Hit
S1	Nursing education	"nursing education"		28,719
S2	Empowerment	(MH "Empowerment")	no major concept selected	11,176
S3	Empowerment		As a key word	15,775
S4	Empowerment	(MM "Empowerment")	as a major concept	4,223
S5	S1 AND S2		--- Limiters (English Language)	167 161*
S6	(S2 OR S3 Or S4) AND S1		Limiters (Eng. language) Source Types: Academic Journals Narrow by Subject Major: - education, nursing, baccalaureate, + empowerment	136
S7	Combined search of separated key words [student* AND nurs* AND (learning OR Education) AND (undergraduate OR baccalaureate OR pre-registration OR "Preregistration") AND empowerment]		No Limiters Limiters (Eng. language)	112 107

*S5 result was considered as the articles located in S6 and S7 were identified in S5 too.

Medline search

Search ID #	Searches	Search terms used	Results
1	empowerment.mp.	empowerment	10803
2	nursing education.mp. or *Education, Nursing/	education, nursing	38208
3	1 and 2	education, empowerment nursing	140
4	3 and "Students, Nursing" [Subjects]	education, empowerment, nursing students,	46

PsycINFO via Ovid

Search ID #	Searches	Search terms used	Results
1	exp *EMPOWERMENT/	empowerment	5244
2	exp *Nursing Education/	education, nursing	5091
3	1 and 2	education, empowerment nursing	8
4	nursing education.mp.	education, nursing	6869
5	exp EMPOWERMENT/	empowerment	7059
6	4 and 5	education, empowerment, nursing	27
7	empowerment.mp.	empowerment	16342
8	4 and 7	education, empowerment, nursing	55

CONDITIONS OF LEARNING EFFECTIVENESS QUESTIONNAIRE

(HSIU & LASCHINGER, 2006)

Please answer the following questions **as they relate to your learning experiences in your Bachelor of Nursing Program**

Indicate your choice by circling the appropriate number on the scale beside each item.

Please use the following codes for answering

None		Some		A Lot
1	**2**	**3**	**4**	**5**

CONDITIONS FOR WORK EFFECTIVENESS QUESTIONNAIRE – EDUCATION

How much support for the following is present in the program?

1.	Specific information about the things you do well.	1	2	3	4	5
2.	Specific comments about **what** you could improve.	1	2	3	4	5
3.	Helpful hints or problem solving advice.	1	2	3	4	5
4.	Encouragement to pursue your own learning needs.	1	2	3	4	5
5.	Encouragement to challenge ideas.	1	2	3	4	5
6.	Active engagement in learning activities.	1	2	3	4	5
7.	Open discussion of learning concerns with your teacher.	1	2	3	4	5

How much opportunity for each of these activities is there in your program?

1. Tasks that use all of your skills and knowledge.	1	2	3	4	5
2. Challenging learning opportunities/**approaches**.	1	2	3	4	5
3. Chance to learn new skills.	1	2	3	4	5
4. Design learning experiences according to individual learning needs.	1	2	3	4	5
5. Accomplish learning goals in your own way.	1	2	3	4	5
6. Share with others what you have learned.	1	2	3	4	5

How much access to information about each of the following do you have in your program?

1. Teaching/learning values of faculty.	1	2	3	4	5
2. Goals of the nursing curriculum.	1	2	3	4	5
3. Teacher expectations of you.	1	2	3	4	5
4. Expertise of your peers gained from their learning experiences.	1	2	3	4	5
5. Teacher expertise relevant to your learning experiences.	1	2	3	4	5
6. Formal knowledge that helps you to solve patient care problems.	1	2	3	4	5

How much access to the following resources do you have in your program?

1. Time available to accomplish learning goals.	1	2	3	4	5
2. Teacher availability for help with your learning needs	1	2	3	4	5
3. Availability of peers for sharing information about their learning experiences with.	1	2	3	4	5

4.	Availability of health care professionals (i.e., nurses, doctors, and other members of health care team) for consultation on learning needs.	1	2	3	4	5
5.	Availability of other people to help with your learning goals (i.e., other professors, librarian, community service members).	1	2	3	4	5

To what extent is each of the following present in your Bachelor of Nursing Program?

1.	Rewards for innovative approaches to learning.	1	2	3	4	5
2.	Flexibility allowed in the learning process.	1	2	3	4	5
3.	Collaborating with teachers on learning activities.	1	2	3	4	5
4.	Being sought out by peers for help with learning problems.	1	2	3	4	5
5.	Being sought out by teachers for help with learning activities.	1	2	3	4	5
6.	Seeking out ideas from professionals other than nursing teachers (e.g., other teachers, nurses, doctors, physiotherapists, occupational therapists).	1	2	3	4	5

GLOBAL EMPOWERMENT SCALE

Please indicate the extent to which you agree or disagree with each statement.

	Strongly Disagree				**Strongly Agree**
1. Overall, my current learning environment empowers me to learn in an effective way.	1	2	3	4	5
2. Overall, I consider the learning environments in this program to be very empowering.	1	2	3	4	5

PSYCHOLOGICAL EMPOWERMENT SCALE (Spreitzer, 1995)

Please indicate the extent to which you agree or disagree with each statement by sing the following codes for answering

Strongly Disagree				**Strongly Agree**
1	2	3	4	5

1.	The learning I do is meaningful.	1	2	3	4	5
2.	The learning I do is very important to me.	1	2	3	4	5
3.	My learning activities are personally meaningful to me.	1	2	3	4	5
4.	I am confident about my ability to learn.	1	2	3	4	5
5.	I am self-assured about my capabilities to perform my learning activities.	1	2	3	4	5
6.	I have mastered the skills necessary for my learning.	1	2	3	4	5
7.	I have significant autonomy in determining how I do my learning.	1	2	3	4	5
8.	I can decide on my own how to go about doing my learning.	1	2	3	4	5
9.	I have considerable opportunity for independence and freedom in how to do my learning.	1	2	3	4	5
10.	My impact on what happens in my learning environment is large.	1	2	3	4	5
11.	I have a great deal of control over what happens in my learning environment.	1	2	3	4	5
12.	I have significant influence over what happens in my learning environment.	1	2	3	4	5

GENERAL SELF-EFFICACY (GSE) SCALE

(Grightmire, 2009; Schwarzer & Jerusalem, 1995)

Please respond to the following questions about your thoughts and feelings, as you are involved in the clinical field practice and caring for a variety of patients.

There is no right or wrong answers. Please, just take the time to think now how you feel right now not what you expect to be doing next semester or at the end of your nursing education.

It would help if you think about the clinical field practice component, versus lab or theory, while completing the questions.

Please use the following code for answering

1	2	3	4
Not at all true	**Hardly true**	**Moderately true**	**Exactly True**

Self Appraisal of Abilities Regarding Domains of Nursing Practice

A. I can always manage to solve difficult problems if I try hard enough.
   1 2 3 4
B. If someone opposes me, I can find the means and ways to get what I want.
   1 2 3 4
C. It is easy for me to stick to my aims and accomplish my goals.
   1 2 3 4
D. I am confident that I could deal efficiently with unexpected events.
   1 2 3 4
E. Thanks to my resourcefulness, I know how to handle unforeseen situations.
   1 2 3 4
F. I can solve most problems if I invest the necessary effort.
   1 2 3 4
G. I can remain calm when facing difficulties because I can rely on my coping abilities.
   1 2 3 4
H. When I am confronted with a problem, I can usually find several solutions.
   1 2 3 4
I. If I am in trouble, I can usually think of a solution.
   1 2 3 4
J. I can usually handle whatever comes my way.
   1 2 3 4

STUDENTS' DEMOGRAPHIC INFORMATION

1. Age in years _____
2. Permanente Home _____ Are you living with your family/other_____
3. Name of the University/ Faculty _____
4. Highest level of education achieved prior to enrolment in the Bachelor of Nursing program _____ Where? _____
5. Have you been enrolled in another faculty prior to the current one? Yes __ No __
   If yes, which faculty _____ Speciality _____
6. What additional responsibilities place demands on your time?
   (Please check all that apply):
   ____ none
   ____ part-time employment
   ____ full-time employment
   ____ child care
   ____ elder care
   ____ volunteer work/community activities
   ____ other (please elaborate):_____

THANK YOU FOR TAKING THE TIME TO COMPLETE THE QUESTIONNAIRES!

Code No.: _ _ _ _ _ _

مجموعة استبيانات لدراسة

تمكين طالبات التمريض من خلال التعليم المبني على حل المشكلات: دراسة بطرق مشتركة في المملكة العربية السعودية

بواسطة الباحثة ـ لطيفه عبدالله التميمي

استبيان عن ظروف فعالية التعلم

(HSIU & LASCHINGER, 2006)

الرجاء الإجابة على الأسئلة التالية من حيث علاقتها بتجربتك التعليمية الخاصة بك في برنامج بكالوريوس التمريض

حددي اختيارك بوضع دائرة حول الرقم المناسب على المقياس بجانب كل بند

يرجى استخدام الرموز التالية للإجابة

كثيراً		أحياناً		أبداً
5	**4**	**3**	**2**	**1**

أستبيان عن ظروف فعالية العمل ـ التعليم

أ) مامدى وجود الدعم التالي في البرنامج؟

1. معلومات محددة عن أمور/مهمات تؤدينها جيداً.	5	4	3	2	1
2. تعليقات محددة عن أمور ممكن أن تحسنيها.	5	4	3	2	1
3. تلميحات مساعدة أو نصائح لحل مشكلة.	5	4	3	2	1
4. استحثاث / تشجيع لمواصلة احتياجاتك التعليمية.	5	4	3	2	1
5. تشجيع لتحدي الأفكار.	5	4	3	2	1
6. مشاركة فعالة في الأنشطة التعليمية.	5	4	3	2	1
7. نقاش مفتوح مع مدرساتك/أستاذاتك عن مسائل/اهتمامات تعليمية.	5	4	3	2	1

ب) مامدى وجود فرص لكل من هذه الأنشطة في برنامجك؟

1. مهام تستخدم كل مهاراتك ومعرفتك.	5	4	3	2	1
2. تحدي الفرص التعليمية.	5	4	3	2	1
3. فرص لتعلم مهارات جديدة.	5	4	3	2	1
4. تصميم تجارب تعليمية بناءً على الاحتياجات التعليمية الفردية.	5	4	3	2	1
5. اكمال الأهداف التعليمية بطريقتك.	5	4	3	2	1
6. مشاركة الاخرين بما تعلمتيه.	5	4	3	2	1

ج) مامدى وصولك/حصولك على المعلومات في برنامجك لكل من التالي؟

1. قيم التعليم/التدريس للكلية.	5	4	3	2	1
2. أهداف المنهج التمريضي.	5	4	3	2	1
3. توقعات هيئة التدريس منك.	5	4	3	2	1
4. خبرة نظيراتك المكتسبة من تجاربهن في التعلم.	5	4	3	2	1
5. خبرة المعلمة ذات الصلة بتجاربك التعليمية.	5	4	3	2	1
6. المعرفة المنهجية التي تساعدك على حل مشاكل رعاية المريض.	5	4	3	2	1

د) مامدى حصولك/وصولك للمصادر التالية في برنامجك؟

1. وجود الوقت لإكمال الأهداف التعليمية.	5	4	3	2	1
2. تواجد هيئة التدريس لمساعدتك في الاحتياجات التعليمية.	5	4	3	2	1
3. تواجد مثيلاتك من الطالبات لمشاركتهن المعلومات بشأن خبراتهن التعليمية.	5	4	3	2	1

4. تواجد مهنيين/موظفي الرعاية الصحية (مثل: الممرضات, الأطباء, وأعضاء فريق الرعاية الصحية الأخرين) للاستشارة بشأن الاحتياجات التعليمية.	1	2	3	4	5
5. تواجد أشخاص اخرين لمساعدتك في الأهداف التعليمية (مثل: الأساتذة الاخرين, موظفة المكتبة, أعضاء خدمة المجتمع).	1	2	3	4	5

هـ) لأي مدى توفر كل من التالي في برنامج بكالوريوس التمريض؟

1. مكافآت لأساليب/طرق مبتكرة للتعلم.	1	2	3	4	5
2. المرونة المسموحة في طريقة التعلم.	1	2	3	4	5
3. المشاركة مع المدرسات في الأنشطة التعليمية.	1	2	3	4	5
4. السعي بواسطة مثيلات للمساعدة في حل المشكلات التعليمية.	1	2	3	4	5
5. السعي بواسطة المدرسات للمساعدة في الأنشطة التعليمية.	1	2	3	4	5
6 السعي لأفكار من المهنيين غير معلمي التمريض (مثل: الأساتذة الأخرين, الممرضين, الأطباء, المعالجين الفيزيائيين, المعالجين الوظيفيين).	1	2	3	4	5

Code No.: _ _ _ _ _ _

مقياس التمكين العالمي

الرجاء الإشارة إلى أي مدى **توافقين** أو **لا توافقين** على كل عبارة

	أوافق بشدة				لا أوافق بشدة
1. بشكل عام, بيئة التعلم الحالية تمكنني للتعلم بشكل فعال.	5	4	3	2	1
2. بشكل عام, يهمني بأن تكون البيئات التعليمية في هذا البرنامج جدا ممكنة.	5	4	3	2	1

Code No.: _ _ _ _ _ _

مقياس التمكين النفسي

(Spreitzer, 1995)

يرجى الإشارة إلى أي مدى **توافقين أو لاتوافقين** على كل عبارة بواسطة استخدام الرموز التالية للإجابة

	أوافق بشدة				**لا أوافق بشدة**
	5	4	3	2	1
1. ما أتعلمه هو ذو معنى.	5	4	3	2	1
2. العلم الذي أتعلمه جداً مهم لي.	5	4	3	2	1
3. الأنشطة التعليمية هي ذات معنى لي شخصياً.	5	4	3	2	1
4. أنا واثقة من قدرتي على التعلم.	5	4	3	2	1
5. أنا واثقة من إمكانياتي لأداء أنشطتي التعليمية.	5	4	3	2	1
6. أتقن المهارات اللازمة لتعلمي.	5	4	3	2	1
7. لدي الحكم الذاتي / الأستقلالية في تحديد كيف أتعلم.	5	4	3	2	1
8. أستطيع ان أقرر لوحدي كيفية التوجه للقيام بالتعلم لدي.	5	4	3	2	1
9. لدي فرصة كبيرة من الأستقلال والحرية في كيفية تعليمي.	5	4	3	2	1
10. تاثيري على مايحدث في بيئتي التعليمية كبير.	5	4	3	2	1
11. لدي قدراً كبيراً من السيطرة على مايحدث في بيئتي التعليمية.	5	4	3	2	1
12. لدي تأثير كبير على مايحدث في بيئتي التعليمية.	5	4	3	2	1

Code No.: _ _ _ _ _ _

مقياس الكفاءة الذاتية العام

(Grightmire, 2009; Al-Manssour, Schwarzer & Jerusalem, 1993)

يرجى الإجابة على الأسئلة التالية حول أفكارك ومشاعرك، كونك طرفاً في الممارسة الميدانية السريرية ورعاية مجموعة متنوعة من المرضى.

ليست هناك إجابات صحيحة أو خاطئة. رجاء، فقط خذي من الوقت للتفكير الآن كيف تشعرين؟ الآن وليس ما تتوقعين أن تفعلي في الفصل الدراسي المقبل أو في نهاية التعليم التمريضي.

ربما يساعد إذا كنت تفكرين في مجال الممارسة الميدانية السريرية، مقابل المختبر أو النظري، عند الرد على الأسئلة

الرجاء أستخدام الرموز التالية للأجابة

4	3	2	1
تماماً صحيح	**صحيح باعتدال**	**بالكاد صحيح**	**غير صحيح على الإطلاق**

التقييم الذاتي للقدرات فيما يتعلق بالمجالات في ممارسة التطبيق التمريضي

1) أستطيع دائماً ادارة حل المشكلات إذا اجتهدت بما فيه الكفاية

4 3 2 1

2) إذا عارضني شخص ما, أستطيع إيجاد طرق ووسائل لتحقيق ما أبتغيه

4 3 2 1

3) من السهل علي تحقيق أهدافي ونواياي

4 3 2 1

4) أنا واثقة بقدرتي على التعامل بكفاءة مع مواقف غير متوقعة

4 3 2 1

5) بفضل سعة حيلتي, أعرف كيفية التعامل مع المواقف/الأحداث المفاجئة /الغير متوقعة

4 3 2 1

6) أستطيع حل معظم المشاكل إذا استثمرت الجهد اللازم

4 3 2 1

7) أستطيع المحافظة على هدوئي عندما تواجهني صعوبات لأنني أستطيع الأعتماد على قدراتي الذاتية

4 3 2 1

8) عندما أواجه مشكلة, أستطيع عادة أيجاد العديد من الحلول

4 3 2 1

9) إذا واجهتني مشكلة فإنني قادرة عادة التفكير في حلها

4 3 2 1

10) عادة أستطيع التعامل مع كل مايواجهني

4 3 2 1

Code No.: _ _ _ _ _ _

معلومات الطالبة المشاركة في الدراسة

1) العمر بالسنوات _____ 2) الجنسية _____

3) السكن الدائم_____ (أسم المدينة), هل تعيشين مع العائلة أو أخرين في مقر الدراسة_____

4) اسم الجامعة/ الكلية _____

5) أعلى مستوى تعليمي حصلتي عليه قبل التسجيل في برنامج بكالوريوس التمريض

_____ أين؟ _____(اسم المدينة)

6) هل سبق لك التسجيل في كلية أخرى قبل الحالية؟ نعم__ لا__

إذا كانت الإجابة بنعم, فأي كلية كانت _____ التخصص_____

7) أي مسؤليات أضافية تتطلب من وقتك؟

"الرجاء أختيار كل ماينطبق عليك"

___ لايوجد

___ عمل بدوام جزئي

___ عمل بدوام كامل

___ رعاية طفل

___ رعاية كبير بالسن

___ عمل تطوعي أو أنشطة مجتمع

___ أخرى (يرجى التوضيح) _____

شكرا لأخذ الوقت لاستكمال الاستبيانات

Western

Conditions of Learning Effectiveness Questionnaire (SIU & LASCHINGER, 2006)
Request Form

I request permission to copy the Conditions of Learning Effectiveness Questionnaire as developed by Dr. HSIU and Dr. Heather K. Spence Laschinger (2006). Upon completion of the research, I will provide Dr. Laschinger with a brief summary of the results, including information related to the use of the CLEQ used in my study.

Questionnaires Requested:
Conditions of Learning Effectiveness Questionnaire (yes)

Date: 13/08/2013
Name: Latifah AlTameemi
Title: Empowering Nursing Students through Problem-based Learning: A Mixed Methods Study in Saudi Arabia
University/Organization: The University of Sydney
Address: Unit 69, 21 Norton St
Leichhardt NSW 2040
Australia
Phone: +61459710705
E-mail: lalt4987@uni.sydney.edu.au

Description of Study: The aim of my study is to explore the impact of Problem-based Learning (PBL) on enhancing the empowerment of Saudi nursing students in clinical practice to deal with real world issues clinically, socially and psychologically within their nursing studies.
The question is do nursing students gain the personal power and strength to deal with issues facing Saudi nurses from a PBL program? It is expected that if students gain empowerment within PBL programs and particularly in the clinical setting, they may able to act as agents of change and then change the image of the nursing profession in KSA.
A Mixed Methods approach will be used to evaluate the change of baccalaureate students' empowerment levels. This involves both collecting and analysing quantitative and qualitative data.

Permission is hereby granted to copy and use the Conditions of Learning Effectiveness Questionnaire.

Date: August 20, 2013

Signature:

Dr. Heather K. Spence Laschinger, Professor School of
Nursing, University of Western Ontario London,
Ontario, Canada N6A 5C1
Tel: 519-661-4065 Fax: 519-661-3410
E-mail: hkl@uwo.ca

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Fax +49 30 838 55634
health@zedat.fu-berlin.de
www.fu-berlin.de/gesund

Permission granted

to use the General Self-Efficacy Scale for non-commercial reseach and development purposes. The scale may be shortened and/or modified to meet the particular requirements of the research context.

http://userpage.fu-berlin.de/~health/selfscal.htm

You may print an unlimited number of copies on paper for distribution to research participants. Or the scale may be used in online survey research if the user group is limited to certified users who enter the website with a password.

There is no permission to publish the scale in the Internet, or to print it in publications (except 1 sample item).

The source needs to be cited, the URL mentioned above as well as the book publication:

Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp.35-37). Windsor, UK: NFER-NELSON.

Professor Dr. Ralf Schwarzer
www.ralfschwarzer.de

From: Ralf Schwarzer <ralf.schwarzer@fu-berlin.de>
Sent: Friday, 6 December 2013 9:38 PM
To: Latifah Abdullah M Al Tameemi; health@zedat.fu-berlin.de
Subject: Re: Request a Permission to adapt the General Self-efficacy Scale

yes, certainly, you are welcome
see attachment

At 11:22 06.12.2013, Latifah Abdullah M Al Tameemi wrote:

> Dear Prof. Dr. Ralf Schwarzer
>
> I would like to use the General Self-efficacy (GSE) Scale in my PhD research. I realize that the scale is originally structured on 4-point Likert Scale. However, it was used with 10-Point Likert Scale as provided in Grightmire's (2009) paper. I need to use it to test the GSE of Saudi Nursing Students in the learning sittings and may be with a structure of 10-point Likert Scale instead of a 4-point.
> I have attached a copy of the proposed scale. Please tack a look.
>
> I was wondering if I could have your approval and permission to include the scale in my research.
>
> I appreciate your consideration
>
> Latifah Al Tameemi
> RN MCN, PhD(candidate)
> Sydney Nursing
> School The University
> of Sydney Sydney,
> Australia
> Mobile no.: +61459710705
> Email: lalt4987@uni.sydney.edu.au

From: Gretchen Spreitzer <spreitze@umich.edu>
Sent: Tuesday, 26 November 2013 1:48 AM
To: Latifah Abdullah M Al Tameemi
Subject: Re: Request a Poval for an Instrument

Yes, Latifah, you have my permission. Best wishes in your work and please share your findings with me so that i can learn from you!

On Mon, Nov 25, 2013 at 4:49 AM, Latifah Abdullah M Al Tameemi <lalt4987@uni.sydney.edu.au> wrote:

Dear Dr. Spreitze,

I would like to use the Psychological Empowerment Scale in my PhD research. I realize that the scale is structured on 7-point Likert Scale to test the Psychological Empowerment of employee in the workplaceas provided in your (1995) paper but I need to use it to test the Psychological Empowerment of Nursing Students in the learning sittings and may be with a structure of 5-point Likert Scale instead of a 7-point. I also found that it was used in many studies in nursing education such as Siu et al (2005) and Lethbridge (2010). I have attached a copy of the proposed scale. Please tack a look.

I was wondering if I could have your approval and permission to include the scale in my research.

I appreciate your consideration

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Empowering Nursing Students through Problem-based Learning:
A Mixed Methods Study in Saudi Arabia

Interview Guide for Students Focus Group Interviews

1st Session Focus Group Interview Questions

I would like to talk with you about your nursing learning and future career and what it means to be a nurse.

Questions for our group discussion are as follow:

1) What made you choose nursing as career?

2) What attitude do you think the following people have about nursing as a career (your patients/community/family/friends)?

3) In your experience, how do you feel regarding the status of your profession?

4) How do you feel about the attitude/perceptions of nursing staff and other health professional regarding nursing as a profession?

5) Do you feel prepared for your clinical placement? How were you prepared?

6) How satisfied are you with your study and your future nursing career?

7) What does 'being a nurse' mean to you?

8) How do you think nursing is seen in Saudi Arabia?

9) What could you do to change/improve way nursing is seen?

2nd Session Focus Group Interview Questions

This session will be delivered after analysing data from Post-test. The aim is to address any changes or differences may accrue between both groups (PBL and Traditional education), and why any change has happened.

Also, in this discussion group, I would like students to reflect critically on their ongoing experience in class, clinical practice, home and community, since they have been on clinical placement.

Questions for our group discussion are as follow:

1) What changes have you noticed about the attitude/perception of your

patients/community/family/friends regarding your nursing study and nursing profession?

2) What effect do you think you had on the way "patients/community/family/friends" see nurses?

3) Can you describe the change?

4) How were you involved in this change?

5) To what extent do you feel your program of learning has helped these changes?

6) In your opinion, what is the meaning of empowerment in your nursing learning and nursing

profession?

7) Do you feel empowered?

8) How does this appear in your practice? Describe how you felt empowered?

9) Did anything happen on clinical placement that made you feel empowered?

10) To what extent have your PBL sessions helped you? How? (for PBL group)

11) How does your learning environment impact/effect your feelings of empowerment?

12) How does your learning environment impact/effect your feelings of self-efficacy?

13) What does else from your experience enhance / inhibit your empowerment?

Focus Group Interviews & individual interview questions

(Arabic Language version)

الأسئلة المستخدمة للمقابلات مع مجموعات من الطالبات

الجلسة الأولى

أود أن أتحدث معكم عن تعليمكم في التمريض ومستقبلكم الوظيفي وما الذي يعنيه أن تكوني ممرضة

أسئلة المناقشة الجماعية هي على النحو التالي:

1) ما الذي جعلك تختارين التمريض كمهنة؟

2) ما ذا تعتقدين عن موقف الأخرين الأتية ذكرهم عن التمريض كمهنة (المرضى الذين سبق واعتنيتي بهم, المجتمع, العائلة, الصديقات؟

3) من تجربتك, ماهو شعورك فيما يتعلق بوضع مهنتك؟

4) كيف تشعرين حيال مواقف أو تصورات طاقم التمريض والمهنيين الصحيين الأخرين فيما يتعلق بالتمريض كمهنة؟

5) هل تشعرين بأنك على استعداد أو مجهزة للتدريب السريري؟ ... كيف تم إعدادك أو تجهيزك؟

6) كيف هو رضاؤك عن دراستك ومهنتك المستقبلية في التمريض؟

7) ماذا يعني لك "كونك ممرضة"؟

8) كيف ترين / تعتقدين نظرة الأخرين للتمريض؟

9) مالذي يمكن أن تفعليه لتغييرأو تحسين الطريقة التي ينظر فيها للتمريض؟

الجلسة الثانية

سيتم اجراء هذه الجلسة بعد تحليل البيانات الإحصائية من مرحلة تكملة الأستبيانات ومابعد انهاء الترم الدراسي. والهدف هو ايجاد أي تغييرات أو اختلافات قد تنشأ بين المجموعتين (التعليم المبني على حل المشكلات والتعليم التقليدي) ولماذا حدث أي تغيير؟

أيضا ، في مجموعة المناقشة هذه ، أود من الطالبات أن يفكروا بشكل نقدي في تجربتهم المستمرة في الصف ، والممارسة السريرية ، وفي المنزل والمجتمع منذ أن كانوا في التدريب الإكلينيكي.

1) ماهي التغيرات التي لاحظتيها عن موقف / راي الاخرين من (المرضى , المجتمع, العائلة, الصديقات) بخصوص دراستك للتمريض ومهنة التمريض؟

2) ماهو التأثير الذي تعتقدين أنه كان لديك على طريقة الأخرين التي يرون الممرضات بها؟

3) هل ممكن أن تصفين هذا التغير

4) كيف كان لك المشاركة في هذا التغير؟

5) مامدى شعورك بأن برنامجك التعليمي قد ساعد في هذه التغيرات؟

6) في رأيك, ماهو معنى التمكين (التقوية) في التعليم التمريضي ومهنة التمريض؟

7) هل تشعرين بانك ممكَّنة؟ أي لديك سلطة، قدرة، تأثير، تحكم.... لإحداث التغيير المطلوب في بيئتك التعليمية وفي المهنة والمجتمع

8) كيف يظهر هذا التمكين في التطبيق العملي لديك؟ ..... صفي كيف شعرت بانك ممكَّنة

9) هل حدث اي شيء في التدريب السريري جعلك تحسين بأنك ممكَّنة؟

10) إلى أي مدى ساعدت جلسات التعليم المبني على حل المشكلات لديك؟ .... كيف ذلك؟

11) كيف يمكن لبيئتك التعليمية ان تؤثر في مشاعرك بالتمكين؟

12) كيف يمكن لبيئتك التعليمية ان تؤثرفي مشاعرك من الكفاءة الذاتية؟

13) ماذا ايضاً من تجربتك بشانها أن تعزز أو أن تعيق من التمكين لديك؟

Empowering Nursing Students through Problem-based Learning:
A Mixed Methods Study in Saudi Arabia

Academic Staff and Clinical Facilitators Interview Questions

I would like to talk with you regarding your perception about the nursing education and profession in Saudi Arabia (SA), and your experience with teaching/observing/training year tow students in this semester in relation of the following questions:

1) What is your view towards nursing profession status in SA, especially for local/Saudi nurses?

2) What challenge(s) do you think Saudi nursing students facing?

3) How do these challenges affect the learning of students?

4) What challenges do they face on their clinical placement?

5) How are students prepared for their clinical placement?

6) How are students prepared for their career in nursing?

7) Could you describe what makes the students' empowered?

8) How can you tell when your students are becoming empowered?

9) What do you notice about them?

10) Could you describe one aspect or more of your teaching/training that enhance/effect students' empowerment?

11) How does it affect their self-efficacy?

12) What effect do you think PBL has on students' empowerment? (for Academic staff

Individual Interview Questions in the Arabic language

أسئلة المقابلة الفردية مع هيئة التدريس والمدربات:

أود أن أتحدث معك فيما يتعلق بتصورك حول التعليم التمريضي والمهنة في المملكة العربية السعودية، وتجربتك في مجال التدريس / المراقبة / التدريب مع طالبات السنة الدراسية الثانية، من خلال الأسئلة التالية:

1) ماهي وجهة نظرك تجاه حالة مهنة التمريض في المملكة العربية السعودية، خاصة بالنسبة للممرضات السعوديات؟

2) بإعتقادك، ماهي التحديات التي يواجهها التمريض السعودي يواجهها؟

3) كيف لهذه التحديات ان تؤثر في تعليم الطالبات؟

4) ماهي التحديات التي تواجهها الطالبات في تدريبهن السريري؟

5) كيف يتم إعداد الطالبات لتدريبهن السريري؟

6) ما كيفية اعداد الطالبات لمسيرتهن المهنية في مجال التمريض؟

7) هل يمكن أن تصفي مالذي يجعل الطالبات ممكَّنات؟

8) كيف يمكن لك أن تقولي عندما يصبحن طالباتك ممكَّنات؟

9) ماذا تلاحظين عنهن؟

10) هل يمكن أن تصفي جانباً واحداً أو أكثر من تدريسك / تدريبك الذي يحدث / يعزز تمكين الطالبات؟

11) كيف لذلك أن يؤثر على الكفاءة الذاتية؟

12) ماهو التأثير بإعتقادك للتعليم المبني على حل المشكلات على تمكين الطالبات؟ (خاص بهيئة التدريس)

Appendix 5.1 Ethical approval from Qassim University

بسم الله الرحمن الرحيم

Qassim University جامعة القصيم

المملكة العربية السعودية
وزارة التعليم العالي

College of Medicine

Medical Research Ethics Committee

Application Form for Medical Research Ethical Approval

(Please attach the filled in consent form; if human subjects are involved)

Title of the research: Empowering Nursing Students through Problem-based Learning: A Mixed Methods Study in Saudi Arabia

Name of the PI ..... Latifah A. ALTameemi (PhD candidate
Name(s) of the Co-I(s) ..... Dr. John Gratjans, Dr. Tracy Robinson
Summary of the research proposal (Give a brief Summary here, and attach a copy of the entire proposal)

The aim of this study is to examine how Problem-based Learning (PBL) would enhance the levels of empowerment amongst undergraduate nursing students. We will compare levels of empowerment with an intervention group who will undertake a PBL program with a control group of students who undertake a non-PBL/traditional nursing program. This study will examine how students' perceptions change over time as they progress through their clinical placements. Students would be required to participate at multiple points in times.

The study gathers data from both quantitative and qualitative research (Mixed Method) summarized in collecting data from the second year students (undergraduate level III) by the use of a set of questionnaires (Pre/Post-tests) at the beginning of the academic semester and the end of the first level of clinical placement (a minimum of 30 students of each group from different universities). There will also be two focus groups where qualitative data will be collected. The students, from the same level will be asked to describe their experience in the learning program, their perception of its impact and the opportunities to recommend changes (a number between 6-8 students).

To strength the results in the study, it is necessary to collect data from other sources (Data Triangulations) such as academic staff and clinical facilitators for the students during clinical practice as well as some nursing staff in teaching hospitals, who have direct contact with students. They will be interviewed to explore their experience with teaching those students (three individual interviews of each category). In addition, some data will be collected through Participant Observation Method, which includes observations of students (PBL group only) in their clinical practice.

Tick appropriate:
This project is funded by [✓]; Name of funding body e.g. SRD. KACST, NSTIP, SABIC ..... Scholarship from QU
This project is not funded [ ]

Endorsed by CRC Director
Prof Eltuhami A/Magied

APPROVED by the Medical Research Ethics Committee on its Meeting No 14/6/1 On 1/6/2014
Dr. Hani A AlShobaili, Dean of the College and Chairman of the Ethics Committee
Signature..... Date 7/8/1435

Appendix 5.2 Ethical approval from King Saud University

خطاب طلب الموافقة على أخلاقيات البحث العلمي

سعادة / وكيل الجامعة للدراسات العليا والبحث العلمي بجامعة الملك سعود المحترم

السلام عليكم ورحمة الله وبركاته،،،

افيدكم انا الموقعة أدناه المبتعثة / لطيفه بنت عبدالله بن محمد التميمي سجل مدني رقم (1007671223)، مبتعثة من هيئة التدريس بجامعة القصيم لنيل درجة الدكتوراه تخصص التمريض التعليمي في جامعة سيدني بإستراليا تحت اشراف الدكتور جون غروتجانز والدكتورة تراسي روبينسون. أعمل حاليا على استكمال بعض عناصر البحث في نفس الدرجة. ويشترط علي في هذه المرحلة إجراء دراسة ميدانية على ارض الواقع حول تأثير التعليم المبني على حل المشكلات على مستوى التمكين الهيكلي والنفسي وايضاً الكفاءة الذاتية لطالبات التمريض في مرحلة البكالوريوس.

الغرض من دراستي هو دراسة كيف يمكن لبرنامج التمريض الجامعي, في جامعة القصيم باستخدام التعليم المبني على حل المشكلات من شأنه تعزيز مستويات تمكين طالبات التمريض الجامعيات "مرحلة البكالوريوس" (مجموعة أ). أيضا، سوف تشمل الدراسة مقارنة مع غيرهن من الطالبات من التعليم التقليدي (مجموعة ب). هذه الدراسة تفحص كيفية تغير المفاهيم لدى الطالبات مع مرور الوقت كما أنهن يتقدمن من خلال تطبيقهن العملي "السريري" . لذى ستكون هناك حاجة لمشاركة الطالبات في عدة مراحل.

الدراسة تجمع مابين البحث الكمي والكيفي وتتلخص بجمع بيانات من طالبات السنة الثانية (المستوى الجامعي الثالث) بواسطة استخدام نماذج استطلاع على مرحلتين في بداية الترم الدراسي ونهايته لأول مستوى تطبيقي (أكبر عدد ممكن من المشاركات). أيضاً هناك عدد جلستين مناقشة لمجموعة من الطالبات في نفس المستوى (عدد مابين 6-8 طالبات). وحتى نحصل على نتائج متينة في الدراسة من الضروري جمع بيانات من فئات اخرى مثل هيئة التدريس والمشرفات على الطالبات "سريرياً" اثناء التطبيق العملي ويتضمنهن بعض الطاقم التمريضي في المستشفيات التعليمية ممن لهم اتصال مباشر مع طالبات مجموعة أ فقط (عدد ثلاث مقابالات فردية لكل فئة), بالإضافة لذلك؛ أود جمع بيانات من جامعة اخرى تقوم بتعليم طالبات التمريض, مجموعة ب مثل ماهو في جامعة الملك سعود بأسلوب مايسمى تعليم تقليدي اي ان نظام التعليم لايحتوي على طرق متقدمة مثل التعليم المبني على حل المشكلات, والهدف من ذلك هو استنتاج أي فرق بين بيانات الطالبات في الأستبيانات وجلسات المناقشة بكلا الجامعتين (عدد المشاركات يجب أن يكون قريب من عدد الطالبات المشاركات من جامعة القصيم). بالإضافة إلى ذلك، سيتم جمع بعض البيانات من خلال اسلوب المراقبة الإثنوغرافية، والتي تتضمن تدوين ملاحظات عن المشاركات من الطالبات, مجموعة أ فقط خلال ممارساتهم التطبيقية / السريرية (مجموعة التعليم المبني على حل المشكلات فقط). وقد أكون في هذه الوسيلة بمثابة المشرفة السريرية على الطالبات.

سيتم توفير ورقة معلومات عن البحث واستمارات الموافقة على المشاركة لجميع المشاركين قبل جمع البيانات. ونحيطكم بأنه لا توجد مخاطر معروفة أو متوقعة مرتبطة بهذه الدراسة, المشاركة طوعية واستكمال الاستبيانات سوف يعتبر بمثابة الموافقة على المشاركة في الدراسة. يمكن لأي طالبة أن ترفض الإجابة على أي أسئلة أو الانسحاب من الدراسة في أي وقت بدون أي تأثير على وضعها الأكاديمي أو على علاقتها بالباحثة. وينطبق نفس الشيئ مع الفئات الأخرى من المشاركين. أي معلومات حول المشاركات سوف تكون مجهولة المصدر.

وسوف تحفظ الإجابات بسرية تامة والبيانات سوف يتم مشاركتها بشكل عام فقط مع فريق البحث (المشرفين). سوف توفر المشاركة في هذه الدراسة للطالبات فرصة للمشاركة في البحوث التمريضية وتقديم تصوراتهم حول البرامج التعاونية في تعليم التمريض في المملكة العربية السعودية.

وعليه أتقدم بطلب الحصول على موافقتكم على أخلاقيات البحث العلمي وتمكيني على إجراء هذه الدراسة بجامعة الملك سعود في كلية التمريض. علماً بأنه يشترط علي الحصول على الموافقة من السعودية قبل رفع طلب الموافقة على أخلاقيات البحث العلمي في جامعة سيدني. وأحيطكم بأنه قد تم رفع طلب قبول اخلاقيات البحث والموافقة على اجراء بحثي لكل من جامعة القصيم ومركز الأبحاث الطبية في منطقة القصيم وبأمنتظار الرد.

أرفق لكم نسخة من الخطة البحثية باللغة الإنجليزية ونسخ من نماذج توقيع المشاركات وورقة المعلومات عن البحث وكذلك الأدوات المراد استخدامها لجمع البيانات. أحيطكم بأنه سوف يتم ترجمة جميع الأدوات سواء كانت نماذج الأستطلاع أو اسئلة المناقشات الجماعية بعد الأنتهاء من اتخاذ القبول لأخلاقيات البحث من حضرتكم ومن الجهات الأخرى في السعودية ثم جامعة سيدني بعد دراسة الطلب حتى يتم اصدار الموافقة النهائية من الأخيرة.

وإذا كان لديكم أسئلة حول الدراسة فلا تترددوا في الاتصال بي على الرقم أو البريد الالكتروني أدناه. كما يمكنكم الاتصال بأحد المشرفين

الدكتور جون غروتجانز (john.grootjans @ sydney.edu.au)

أو الدكتورة تراسي روبنسون (tracy.robinson @ sydney.edu.au)

أتطلع إلى استلام ردكم في أقرب وقت ممكن.

وتقبلوا تحياتي الخالصة

مقدمة الطلب: *لطيفه بنت عبدالله بن محمد التميمي*

(ممرضة قانونية, محاضرة في كلية التمريض بجامعة القصيم)

التوقيع:

التاريخ: ٢ شعبان ١٤٣٥ هـ

الموافق: ٢ يونيو ٢٠١٤ م

وسائل الإتصال:

جوال (داخل وخارج السعودية): 00966504891398

جوال (أستراليا): 0061459710705

البريدالألكتروني: lalt4987@uni.sydney.edu.au

سعادة الدكتور/ خالد النمير سلمه الله

نعم لموافقة

جامعة الملك سعود
King Saud University
عمادة الدراسات العليا والبحث العلمي
Vice Presidency Office for Graduate Studies & Research

Appendix 5.3: Permission from the Dean to access the selected academic institution

بسم الله الرحمن الرحيم

Kingdom of Saudi Arabia
Ministry of Higher Education
King Saud University
Code 034
College of Nursing

المملكة العربية السعودية
وزارة التعليم العالي
جامعة الملك سعود
رمزها ٠٣٤
كلية التمريض

Date.: ..... التاريخ: No.: ..... الرقم:

To whom it may concern,

This is to inform you that Ms.Latifah A. AlTameemi with the SID 311035191. Is permitted to conduct her data collection at College of Nursing in King Saud University, titled (Empowering Nursing Students through Problem-based Learning). As part of her study.

This permission is granted on the basic of the approval letter, dated 5\8\1435, with the register number 34810, received from the GraduateStudies and Research office at King Saud University

Vice Dean of Students Affair

١٤٣٥ / ١٢ / ٢٥

Dr. NazikZakari

Razan Almarshad
25-12-1435

P. O. Box 642, Riyadh 11421 Tel 01-4693507 E-mail: (nursco@ksu.edu.sa) البريد الإلكتروني: ص.ب ٦٤٢ الرياض ١١٤٢١ هاتف ٠١-٤٦٩٣٥٠٧

Appendix 5.4: Ethical approval from Qassim Regional Research Ethics Committee - Uppdated

KINGDOM OF SAUDI ARABIA
MINISTRY OF HEALTH
GENERAL DIRECTORATE OF HEALTH AFFAIRS
AL-QASSEM REGION

المملكة العربية السعودية
وزارة الصحة
المديرية العامة للشئون الصحية بمنطقة القصيم

وزارة الصحة
Ministry of Health

الرقم: ٢٥/٤٤/١٤٨٤ التاريخ: ١٤٣٥/١٠/٧ المشفوعات: بدون

الموضوع:

صورة مع التحية لسعادة / مساعد المدير العام للتخطيط و التدريب المحترم

Wednesday , September 24, 2014

To : Dr. Latifa Abdalla AlTameemi (principle investigator) أ/ لطيفة عبدالله التميمي
(PhD candidate, Sydney Nursing School, The University of Sydney)

Supervisors :Dr. John Grootjans Dr. Tracy Robinson

From :Regional Research Ethics Committee
Registered in National Committee of Bio. & Med. Ethics
Registration # (H-04-Q-001)

Research title: Empowering Nursing Students Through Problem –Base Learning : A mixed Methods Study in Saudi Arabia

Dear/ P.I

Thank you for submitting your research project to MERC for approval . we appreciate your efforts to meet the criteria requested by Qassim Regional Ethics Committee.

- **Decision: APPROVAL**
- **Revision type: Expedited**
- **Study design: A Mixed Methods approach**

Your research proposal is APPROVED by the Qassim Regional Research Ethics Committee

- You can start your research proceedings at your convenience.
- Also, you shall be responsible for preserving students information, and confidentiality.
- A written approval from Qassim University, KFH and Buridah Central Hospital(BCH) directors has to be granted by the study PI before any field work to be done.
- Kindly be aware that this approval embraces no financial (or other) obligations or responsibilities from the side of the Saudi Ministry of Health and all it is health facilities.

For any questions or enquiries , please call Dr. Saleh A. Al Gabbany at telephone # (016)3231874 ext.102. Dr. Amel A. Suliman at telephone # (016)3231874 ext.111 (Email: qassim_ethicom@yahoo.com).

Best regards,,,,

Chairman , Regional Research Ethics Committee Al Qassim Province

Dr. Omer Abdul Aziz Al Yahia

Appendix 5.5: Ethical approval from Qassim Regional Ethics Committee

KINGDOM OF SAUDI ARABIA
MINISTRY OF HEALTH
GENERAL DIRECTORATE OF HEALTH AFFAIRS
AL-QASSEM REGION

وزارة الصحة
Ministry of Health

المملكة العربية السعودية
وزارة الصحة
المديرية العامة للشئون الصحية بمنطقة القصيم

الرقم : ٨٨٥/٤٤/٤٥ التاريخ : ١٤٣٥/٨/١٨هـ المشفوعات : بدون

الموضوع :

صورة مع التحية لسعادة / مساعد المدير العام للتخطيط و التدريب المحترم

Monday, May 16, 2014

To : Dr. Latifa Abdalla AlTameemi (principle investigator) أ/ لطيفة عبدالله التميمي
(PhD candidate, Sydney Nursing School, The University of Sydney)

Supervisors :Dr. John Grootjans Dr. Tracy Robinson

From :Regional Research Ethics Committee
Registered in National Committee of Bio. & Med. Ethics
Registration # (H-04-Q-001)

Research title: Empowering Nursing Students Through Problem –Base Learning : A mixed Methods Study in Saudi Arabia

Dear/ P.I

Thank you for submitting your research project to MERC for approval . we appreciate your efforts to meet the criteria requested by Qassim Regional Ethics Committee .

- **Decision: APPROVAL**
- **Revision type: Expedited**
- **Study design: A Mixed Methods approach**

Your research proposal is APPROVED by the Qassim Regional Research Ethics Committee

- You can start your research proceedings at your convenience
- Also, you shall be responsible for preserving students information. and confidentiality.
- A written approval from Qassim University, KFH and KSH directors has to be granted by the study PI before any field work to be done.
- Kindly be aware that this approval embraces no financial (or other) obligations or responsibilities from the side of the Saudi Ministry of Health and all it is health facilities

For any questions or enquiries , please call Dr. Saleh A. Al Gabbany at telephone # (016)3231874 ext.102. Dr. Amel A. Suliman at telephone # (016)3231874 ext.111 (Email: qassim_ethicom@yahoo.com).

Best regards,,,,

Chairman , Regional Research Ethics Committee Al Qassim Province

Dr. Omer Abdul Aziz Al Yahia

Appendix 5.6: Permission to access the selected hospital

المملكة العربية السعودية
وزارة الصحة
المديرية العامة للشؤون الصحية بمنطقة القصيم
مستشفى بريدة المركزي

وزارة الصحة
Ministry of Health

إدارة التدريب والتعليم المستمر

الموضوع/ موافقة على اجراء دراسة بالمستشفى

سعادة /مدير مركز الدراسات العليا والمحافظة على سبل الحياة

المحترم

السلام عليكم ورحمة الله وبركاتة

إشارة إلى الطلب المقدم من الممرضة القانونية / لطيفة بنت عبدالله التميمي والمتضمن الموافقة على إجراءات دراسة ميدانية حول تأثير التعليم المبني على حل المشكلات على مستوى التمكين الهيكلي والنفسي وأيضاً الكفاءة الذاتية لطالبات التمريض في مرحلة البكالوريوس

حيث أنه لامانع لدينا من إجراء تلك الدراسة في المستشفى.

شاكرين ومقدرين جهودكم

والسلام عليكم ورحمة الله وبركاته

مدير مستشفى بريده المركزي

أحمد بن عبد الله العمر

هاتف: ٣٢٥١٤١٤ و فاكس: ٠٦٣٢٣١٤٨٥ الموقع الإلكتروني: www.bch.med.sa

Appendix 5.7: Approval letter from Human Ethics - The University of Sydney

From: Human Ethics <ro.humanethics@sydney.edu.au>
Sent: Tuesday, 15 July 2014 1:54 PM
To: Latifah Abdullah M Al Tameemi
Cc: John Grootjans
Subject: RE: HREC Online Application

Dear Latifah,

Thank you for your detailed email. Please be advised that you do not need to apply for ethics approval at the UoSyd, because:

1. All participants are to be recruited overseas.
2. Your study has received ethics approval from an overseas ethics committee already that covers all parts of the research.
3. Your study is not funded by a grant that is administered by the UoSyd.

Thank you for taking the time to check this with us. If there is anything else we can assist you with, please do not hesitate to contact the Ethics Office.

Kind regards,
JULIE JEONG | Ethics Officer
Research Integrity | Research Portfolio
THE UNIVERSITY OF SYDNEY
Level 2, Margaret Telfer Building K07 | The University of Sydney | NSW | 2006
T +61 2 8627 8188 | **F** +61 2 8627 8177
E julie.jeong@sydney.edu.au | **W** sydney.edu.au/ethics

From: Latifah Abdullah M Al Tameemi [mailto:lalt4987@uni.sydney.edu.au]
Sent: Tuesday, 15 July 2014 12:42 PM
To: Human Ethics
Cc: John Grootjans
Subject: HREC Online Application

Dear Sir/Madam,

I'm an international student doing a PhD degree at Sydney Nursing School. I'm planning to undertake my research/data collection in my home country, Saudi Arabia (SA). This means that all participants including students, academic staff and clinical facilitators will be recruited overseas. Also, my study is sponsored by my work place, Qassim University in home and administered by the Saudi Arabian Cultural Mission in Canberra. In addition, my study has already been approved by three ethics committees in SA, two at public universities and one at a public regional health sector. Each committee is responsible for their organisations where I'll collect data from. These organisations will be the research settings of my study. They are Qassim University, King Soud University and two public Teaching Hospitals.

I'm wandering if I still should apply for human ethics at the University of Sydney. As provided in the HREC website: **Where participants will be recruited overseas,** and in HREC Online application - section A - Q. 321.0: If my study has already been approved by an overseas ethics committee AND there is no funding, or the funding is being administered by another institution, I do not require ethics approval from the University HREC.

Could you please advice me with this?

Kind regards
Latifah Al Tameemi

30 April 2019

Research Office

To	Lisa McKenna
From	University Human Ethics Committee
Reference Number	HEC19149
Project title	Empowering Nursing Students Through Problem-Based Learning: A Mixed Methods Study in Saudi Arabia
Subject	Externally Approved Project
Date	30 April 2019

The externally approved project submitted above was reviewed and **noted** by the University Human Ethics Committee Chair.

Please note that all requirements and conditions of the original ethical approval for this project still apply.

Should you require any further information, please contact the Human Research Ethics Team on:
T: +61 3 9479 1443| E: humanethics@latrobe.edu.au.

Warm regards,

David Finlay
Chair, University Human Ethics Committee

THE UNIVERSITY OF SYDNEY

Sydney Nursing School

Faculty of Nursing and Midwifery

ABN 15 211 513 464

RESEARCH SUPERVISOR
Dr. John Grootjans, *Senior Lecturer, Sydney Nursing School,* the University of Sydney

Room A518
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Empowering Nursing Students through Problem-based Learning: A Mixed Methods Study in Saudi Arabia

PARTICIPANT INFORMATION STATEMENT
(For Survey)

This set of questionnaires has been developed as a part of research for a Doctorate degree at the University of Sydney. It is designed for a study to examine the impact of the education used in your Bachelorette Nursing Program on your structural and psychological empowerment as well as self-efficacy levels. It should also reveal how satisfied you are with your learning environment.

The study is being conducted by Latifah Abdullah AlTameemi, Doctor of Philosophy candidate at Sydney Nursing School and will form the basis for the degree of PhD at The University of Sydney under the ssupervision of both

Primary Supervisor: Dr. John Grootjans

Senior Lecturer, Sydney Nursing School, *the* University of Sydney, and

Auxiliary Supervisor: Dr. Tracy Robinson

Research Fellow, Workforce Education & Development Group (WEDG), Sydney Medical School

You are invited to participate in this study by answering some questions which provide us with demographic information as well you will be asked to complete 3 questionnaires all of which should take no longer than thirty minutes to be completed. The researcher will return once you have completed your practicum and you will be asked to complete the 3 questionnaires for a second time to examine how your perceptions may change over time as you progress through your clinical placements.

Ethical approval has been gained from the University of Sydney, Qassim University and King Saud University. Your decision to participate in the survey or otherwise will not affect your academic or professional progress in any way. Being in this study is completely voluntary - you are not under any obligation to consent to complete the survey and - if you do consent - you can withdraw at any time without your actions affecting any aspect of your studies. Submitting a completed survey is an indication of your consent to participate in the study. You can withdraw any time prior to submitting your completed survey.

Your responses will be used for the purpose of this study only. To guarantee confidentiality your name should not be provided on the questionnaire. Also, all aspects of the study, including results, will be strictly confidential and only the researcher and the research supervisors will have access to information from participants. Your anonymity will be maintained at all times within the thesis or any publications that may result from this research. The study will be of no direct benefit to you as the information will be used to inform future curriculum development in the Kingdom of Saudi Arabia.

If you require further information about the study or your involvement in it, the researcher, [Latifah A. AlTameemi] will discuss it with you further and answer any questions you may have. If you would like to know more at any stage, please feel free to contact the research supervisor or [Latifah A. AlTameemi, Tel. No.: +61459710705 or +966504891398, Email: lalt4987@uni.sydneu.edu.au].

Any person with concerns or complaints about the conduct of a research study can contact The Manager, Human Ethics Administration, University of Sydney on +61 2 8627 8176 (Telephone); +61 2 8627 8177 (Facsimile) or ro.humanethics@sydney.edu.au (Email) or alternative contact the Vice President for Graduate Studies and Scientific Research, Qassim University on +966163801705.

This information sheet is for you to keep

THE UNIVERSITY OF SYDNEY

Sydney Nursing School

Faculty of Nursing and Midwifery

ABN 15 211 513 464

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Empowering Nursing Students through Problem-based Learning: A Mixed Methods Study in Saudi Arabia

PARTICIPANT INFORMATION STATEMENT

(For Focus Group and Ethnographic Observations)

(1) What is the study about?

You are invited to participate in a study aimed to examine how the Bachelorette Nursing Program by using Problem-based Learning (PBL) would enhance the empowerment levels of undergraduate Saudi nursing students. Also, the study will include a comparison with other students from Traditional Learning (TL). This study will examine how students' perceptions change over time as they progress through their clinical placements.

(2) Who is carrying out the study?

The study is being conducted by Latifah Abdullah AlTameemi, Doctor of Philosophy candidate at Sydney Nursing School and will form the basis for the degree of Doctorate of Philosophy at The University of Sydney under the supervision of both

Primary Supervisor: Dr. John Grootjans

Senior Lecturer, Sydney Nursing School; and

Auxiliary Supervisor: Dr. Tracy Robinson

Research Fellow, Workforce Education & Development Group (WEDG), Sydney Medical School.

(3) What does the study involve?

Focus Groups Procedure for both PBL and TL groups:

- The study involves a number of two meetings to discuss a group of students at the same level (a number between 6-8 students), and you may be included.
- An audio procedure will be involved to record the discussions in addition to taking notes. The taped discussions will be de-identified and transcribed with no identifying information.
- The location would be at your educational institute/clinical sitting.
- Open-ended questions will be used to allow you and other participants to express your views. Also, broad discussion might be possible.

Participant Observation Procedure for PBL group:

- The study also involves a number of Ethnographic observations on students' clinical practice. It is based on the visual examination or inspection of students' clinical practice.
- You may be observed by the researcher during your clinical placements.
- Observations collected during this time will be another source of data.
- Taking notes will be used by the researcher to record these observations.
- The location would be at your clinical settings.

In both procedures:

- The transcriptions of both group discussions and data collected from observations will be kept confidential in the researcher personal and locked desk at home. All transcriptions will be kept for five years then they will be discarded according to the *Human Research Ethics Committee (HREC) at the University of Sydney*.
- There are no known or expected risks associated with this study.
- There are no benefits such as money provided to you or other participants. However, Participating in this study will provide students with an opportunity to take part in nursing research and provide their perceptions about collaborative programs in nursing education in Saudi Arabia.

(4) How much time will the study take?

The time allocated to conduct each focus group will be 45 minutes to one hour. As planned, first one is scheduled for ..... am/pm on ..... of ....., 2014. The second meeting

for focus group will be at the end of your study term (It will be scheduled and you will be notified earlier).

The time allocated to conduct the observation is varying from time to time during your clinical placements within this semester.

(5) Can I withdraw from the study?

Being in this study is completely voluntary - you are not under any obligation to consent and - if you do consent - you can withdraw at any time without affecting your relationship with The University of Sydney any educational institute (Qassim University/King Saud University) and clinical institutes (Teaching Hospitals) involved in the study now or in the future.

If you take part in a focus group and wish to withdraw, as this is a group discussion it will not be possible to exclude individual data once the session has commenced.

(6) Will anyone else know the results?

All aspects of the study, including results, will be strictly confidential and only the researchers will have access to information on participants.

A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

(7) Will the study benefit me?

We cannot and do not guarantee or promise that you will receive any benefits from the study.

(8) Can I tell other people about the study?

Yes, but as you are participating either in a group discussion or observations, the identity of participants and their information must be kept confidentially.

(9) What if I require further information about the study or my involvement in it?

When you have read this information, the researcher **Latifah AlTameemi** will discuss it with you further and answer any questions you may have. If you would like to know more at any stage, please feel free to contact [Latifah A. AlTameemi, Tel. No.: +61459710705 or +966504891398, Email: lalt4987@uni.sydneu.edu.au]. Also, you can contact my thesis co-

chairs, Dr John Grootjans at (john.grootjans@sydney.edu.au), or Dr Tracy Robinson at (tracy.robinson@sydney.edu.au).

(10) What if I have a complaint or any concerns?

Any person with concerns or complaints about the conduct of the research study can contact The Vice President for Graduate Studies and Scientific Research at Qassim University on +966163801705 OR The Vice President's office for Graduate Studies and Research at King Saud University on +966114670108 / +966114670107.

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Empowering Nursing Students through Problem-based Learning: A Mixed Methods Study in Saudi Arabia

PARTICIPANT INFORMATION STATEMENT
(For Academic Staff/Clinical Facilitator's Interview)

(1) What is the study about?

You are invited to participate in a study aimed to examine how the Bachelorette Nursing Program by using Problem-based Learning would enhance the empowerment levels of undergraduate Saudi nursing students. Also, the study will include a comparison with other students from Traditional Learning. This study will examine how students' perceptions change over time as they progress through their clinical placements.

(2) Who is carrying out the study?

The study is being conducted by Latifah Abdullah AlTameemi, Doctor of Philosophy candidate at Sydney Nursing School and will form the basis for the degree of Doctorate of Philosophy at The University of Sydney under the supervision of both

Primary Supervisor: Dr. John Grootjans

Senior Lecturer, Sydney Nursing School; and

Auxiliary Supervisor: Dr. Tracy Robinson

Research Fellow, Workforce Education & Development Group (WEDG), Sydney Medical School.

(3) What does the study involve?

- It involves a number of individual interviews with academic staff/clinical facilitators which may include you.
- An audio procedure will be involved to record the interview in addition to taking notes.
- The taped interviews will be de-identified and transcribed with no identifying information.
- The location would be at your educational institute/clinical sitting.
- Open-ended questions will be used to allow you to express your views.
- There are no known or expected risks associated with this study.
- There are no benefits such as money provided to you or other participants.
- The transcriptions of all interviews will be kept confidential in the researcher personal and locked desk at home. All transcriptions will be kept for five years then they will be discarded according to the *Human Research Ethics Committee (HREC) at the University of Sydney*.

(4) How much time will the study take?

The time allocated to conduct the individual interview would be half an hour to 45 minutes. As planned, it is scheduled for ..... am/pm on ..... of ....., 2014.

(5) Can I withdraw from the study?

Being in this study is completely voluntary - you are not under any obligation to consent and - if you do consent - you can withdraw at any time without affecting your relationship with The University of Sydney any educational institute (Qassim University/King Saud University) and clinical institutes (Teaching Hospitals) involved in the study now or in the future.

You may stop the interview at any time if you do not wish to continue, the audio recording will be erased and the information provided will not be included in the study.

(6) Will anyone else know the results?

All aspects of the study, including results, will be strictly confidential and only the researchers will have access to information on participants.

A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

(7) Will the study benefit me?

We cannot and do not guarantee or promise that you will receive any benefits from the study.

(8) Can I tell other people about the study?

Yes, you can.

(9) What if I require further information about the study or my involvement in it?

When you have read this information, the researcher **Latifah AlTameemi** will discuss it with you further and answer any questions you may have. If you would like to know more at any stage, please feel free to contact [Latifah A. AlTameemi, Tel. No.: +61459710705 or +966504891398, Email: lalt4987@uni.sydneu.edu.au]. Also, you can contact my thesis co-chairs, Dr John Grootjans at (john.grootjans@sydney.edu.au), or Dr Tracy Robinson at (tracy.robinson@sydney.edu.au).

(10) What if I have a complaint or any concerns?

Any person with concerns or complaints about the conduct of the research study can contact The Vice President for Graduate Studies and Scientific Research at Qassim University on +966163801705 OR The Chairman of Regional Research Ethics Committee, Al Qassim Province on +966163231874 (Telephone) ext, no.: 111/102 or qassim_ethcom@yahoo.com *(Email).*

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(STUDENT) PARTICIPATION CONSENT FORM

I, ...[PRINT NAME], give consent to my participation in the research project

TITLE: **Empowering Nursing Students through Problem-based Learning: A Mixed Methods Study in Saudi Arabia**

In giving my consent I acknowledge that:

1. The procedures required for the project and the time involved have been explained to me, and any questions I have about the project have been answered to my satisfaction.

2. I have read the Participant Information Statement and have been given the opportunity to discuss the information and my involvement in the project with the researcher.

3. I understand that being in this study is completely voluntary – I am not under any obligation to consent.

4. I understand that my involvement is strictly confidential. I understand that any research data gathered from the results of the study may be published however no information about me will be used in any way that is identifiable.

5. I understand that I can withdraw from the study at any time, without affecting my relationship with the researcher or the University of Sydney, my educational institute (Qassim University/King Saud University), and my clinical institute (Teaching Hospitals) now or in the future.

6. I understand that I can stop my participation in the focus group at any time if I do not wish to continue; however as it is a group discussion it will not be possible to exclude individual data to that point.

7. I understand that I can ask the researcher to withdraw data from the observations related to any incident during my clinical placements at any time if I do not wish the observation to be recorded.

8. I consent to:

- Participate in the Group Discussion YES ☐ NO ☐
- Be observed during my clinical practice YES ☐ NO ☐ for PBL group only
- Audio-recording used for group discussions YES ☐ NO ☐

.....
Signature

....
Please PRINT name

.....
Date

THE UNIVERSITY OF SYDNEY

Sydney Nursing School

Faculty of Nursing and Midwifery

ABN 15 211 513 464

RESEARCH SUPERVISOR NAME
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PARTICIPANT CONSENT FORM
for (Academic Staff and Clinical Facilitator)

I, ...[PRINT NAME], give consent to my participation in the research project

TITLE: **Empowering Nursing Students through Problem-based Learning: A Mixed Methods Study in Saudi Arabia**

In giving my consent I acknowledge that:

1. The procedures required for the project and the time involved have been explained to me, and any questions I have about the project have been answered to my satisfaction.

2. I have read the Participant Information Statement and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s.

3. I understand that being in this study is completely voluntary – I am not under any obligation to consent.

4. I understand that my involvement is strictly confidential. I understand that any research data gathered from the results of the study may be published however no information about me will be used in any way that is identifiable.

5. I understand that I can withdraw from the study at any time, without affecting my relationship with the researcher or the University of Sydney; any educational institute (Qassim University/King Saud University) and clinical institute (Teaching Hospitals) involved in the study now or in the future.

6. I understand that I can stop the interview at any time if I do not wish to continue, the audio recording will be erased and the information provided will not be included in the study.

7. I consent to:

- Audio-recording YES ☐ NO ☐

.....
Signature

....
Please PRINT name

.....
Date

Appendix 7 Teaching Strategies to Create Empowering Learning Environments

Teaching Strategies to Create Empowering Learning Environments

Strategies to Increase Students' Formal and Informal Power
• Instill a shared governance approach to education with students.
• Encourage students to set goals and agendas for class sessions.
• Encourage students to decide educational content to explore in class.
• Facilitate the educational use of small-group projects or assignments.
• Encourage students to facilitate the learning of their peers and nursing faculty.
Strategies to Increase Students' Access to Opportunity
• Encourage students to be self-directed and autonomous in their learning.
• Encourage students to conduct self-assessments of their learning needs.
• Help students develop their own individualized learning plans.
• Explore with students creative learning opportunities, such as attending nursing conferences, conducting an educational inservice, or developing an educational pamphlet.
Strategies to Increase Students' Access to Resources
• Allow adequate class time for students to accomplish their learning objectives and to share their knowledge development with their peers.
• Be available to help students with their learning needs.
• Direct students to use other resources, such as the library, nursing experts, allied health care professionals, professional associations, and community agencies.
Strategies to Increase Students' Access to Information
• Share with students your teaching and learning values.
• Discuss with students your expectations of them.
• Offer students your nursing expertise and knowledge.
• Provide students with verbal and written feedback about their learning progress and performance.
• Encourage students to provide each other with verbal and written feedback about their learning progress.
• Challenge students to critique the effectiveness of their learning resources.
Strategies to Increase Students' Access to Support
• Foster an open-door philosophy.
• Take time to listen to students' learning needs and ideas.
• Recognize students' learning skills and accomplishments.
• Encourage students to assume roles and engage in learning activities that showcase their strengths.
• Encourage students to pursue their individualized learning needs.

(Siu et al., 2005)