FACTORS INFLUENCING EMIRATIS' CHOICES FOR HEALTHCARE CAREERS

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By

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Declaration

I affirm the following items related to this thesis: -

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Azza Alkaabi

Signed: Azza

March, 2018

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Azza Alkaabi   March, 2018

Dedication

First, I would like to dedicate this thesis to my parents, Huda Alkaabi and Hamad Alkaabi, who have always dreamt of seeing their daughter attain a PhD degree and make a significant contribution to the UAE healthcare sector. It would not have been possible to successfully complete this thesis without my parents' prayers. Thank you indeed for believing in me and for being role models in my life. I am glad that I have finally completed this thesis as you always dreamt of.

I also dedicate this thesis to my two daughters, Salama and Fatima and to my wonderful grandmother, Alia. To my daughters, I know you are too young to understand all that I have achieved by successfully completing this thesis, but I am hopeful that this PhD thesis will someday speak to you the essence of perseverance in education and life. I hope and pray that it will inspire you and set an example to you, to aspire and achieving remarkable things in life.

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Abstract

The core aim of this study was to determine the factors that influence Emiratis' choices for healthcare careers as well as propose viable initiatives through which the number of Emiratis pursuing healthcare careers can be increased. In this regard, the research sought to meet three research objectives: (i) to identify the factors that influence Emiratis' choices for healthcare careers; (ii) to investigate the key challenges encountered by healthcare workers in the UAE; and (iii) to propose viable initiatives through which the number of Emiratis pursuing healthcare careers can be increased.

The above-stated research aim was guided by the worrying low number of health workers, particularly doctors and nurses, of UAE origin (UAE nationals account for less than 10% and 20% of the country's physicians and nurses workforce (Ibrahim et al., 2016; Informa, 2016). Besides the above identified research problem, there was a major literature gap concerning what generally impacts people's choices for healthcare careers and more so in the Arab/ Muslims setting. In particular, my interest to investigate what influences Emiratis career decision-making, specifically for healthcare professions, was in this thesis cultivated out of the conviction that the current theories of career choice are too broad and they are based on findings made in studies carried out in non-Islamic/ Arabic religious and cultural settings such as the UAE. As a result, I considered their applicability in the UAE context questionable.

For the set research objectives to be met, a qualitative research approach was used based on grounded theory principles. In this case, a sample of 36 respondents was purposefully selected, and it comprised of high school students, college medical and nursing students,

nurses and doctors, healthcare administrators, as well as officials from the UAE Ministry of health and that of education. The intended data was primarily collected through in-depth interviews and it was analysed using the constant comparative data analysis method. In this case, the data collection and analysis exercises took place simultaneously.

With respect to the aspect of factors that influence Emiratis' choices for healthcare careers, an emergent theory of healthcare career choice was developed, which identifies and explains the several factors that influence Emiratis' choices for healthcare careers. From the emergent theory, Emiratis' choices for healthcare careers are influenced by numerous factors that fall under six substantive categories: parental and family influences, personal interest and passion, role models, gender, cultural, and religious factors. Nevertheless, personal interest and passion, as well as parental and family influences have the greatest impact on the Emiratis' choices for healthcare careers. Low remuneration, lack of benefits (allowances and bonuses), high workload and long working hours, inadequate specialisation and training opportunities in the country, insufficient access to training, as well as poor organisational climate were also found to be the main challenges encountered by UAE healthcare workers.

As a result, based on the findings and conclusions derived in this study concerning the challenges encountered by healthcare workers in the UAE, the emergent theory of factors influencing Emiratis' choices for healthcare careers, as well as the recommendations made by the respondents, the current crisis of low number of healthcare workers of UAE origin may be solved through two main techniques. The techniques include: one, sensitising Emiratis about healthcare careers through outreach programs and any other initiative that can be effective in reaching out to the locals. The second technique may involve addressing the

challenges facing the UAE healthcare sector, mainly the issues of poor remuneration, overworking, lack of training facilities, and poor working conditions.

This thesis has three core contributions to the previously existing empirical and theoretical literature. The first and the main contribution of this study is that it has enriched the available literature concerning the factors influencing people's choices for careers, specifically in the healthcare context. The second core contribution of this study can be attributed to the research method or approach used in this study. As discussed later in this thesis, employing a grounded theory approach gave room for the introduction of new insights about the research topic since the researcher was open to new ideas based on the primary data collected from the field. The third contribution of this study is the development of a model or framework that clearly explains what influences Emiratis' choices for healthcare careers and how. The model can be applied in other Arab-dominated countries such as in the Middle East, though there is a need for testing the theory developed in this study using a quantitative or a hybrid of quantitative and qualitative research approach as explained later in this study.

Keywords: *Emiratis, career-decision making, expatriates*, *healthcare careers, grounded theory.*

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CHAPTER I: INTRODUCTION AND BACKGROUND INFORMATION

1.1 Introduction

In the modern competitive market environment, it is argued that some careers are better than others. Though there has been a widely held misconception that all courses and careers are equally important, labour statistics across the globe attest that this is not necessarily true (Ahmed et al., 2014). Some fields or careers are reported to be more popular and better than others in various parts of the world. In line with this, Carnevale, Smith, and Strohl (2013) noted that the primary reasons behind the popularity of a profession include the amount of money one can earn out of it, the educational or knowledge factor, as well as social factors such as job security and additional benefit packages.

Though other factors influence popularity of a career, Carnevale, Smith, and Strohl (2013) hold that the above-highlighted three factors apply across the globe. However, it is worth noting that popularity of a career can differ from one region to another. In the USA, for example, surveys recently conducted by the Associated Press-NORC Center for Public Affairs indicated that STEM careers (science, technology, engineering and math) and healthcare occupations are among the most popular professions in the country (as cited by Sadler et al., 2012). Contrary to this finding, healthcare careers are reported to be among the least valued and attractive careers in the Middle East region, precisely in the Gulf Cooperation Council (GCC) (Ahmed et al., 2014).

These careers are low-paying, compared to professions in other sectors such as the oil and gas industry, besides being featured with a myriad of challenges such as high workload,

working for long hours, and lack of benefits. In addition, studies previously carried out seeking to establish the level of satisfaction among health workers have consistently ranked health professionals in the region among the least satisfied (Ahmed et al., 2014; Barhem, Younies and Younis, 2010; Sherry, 2013). As a result, a number of the GCC countries heavily depend on expatriate health workers from countries such as India, the Philippines, and European countries (Informa, 2016).

Even though the healthcare sector is such a delicate area for a country to rely on foreign workers, recently released statistics show that labour forces of some GCC countries such as the UAE and Qatar are made up of more than 80% foreigners (Informa, 2016). In the UAE, for example, it is estimated that 90% of the nurses and 80% of the physicians are foreigners (Informa, 2016). Besides the UAE healthcare sector being highly dominated by foreigners, an acute shortage of health workers has consistently been reported in the country, especially in the public health sector. These are distressing findings considering that the country's population is steadily increasing, currently standing at 9.7 million people, but expected to hit 12.41 million people by 2030 (The UAE Media Council, 2014).

According to Loney et al. (2013), one of the current characteristics of the UAE healthcare sector is the low number of health professionals as compared to the large population in the area. The chronic shortage of qualified medical workers is observed in all areas of healthcare provision in contrast to the increasing demand for the services due to population growth (Delloitte, 2011; Alrawi and Hussain, 2011). However, the shortage of healthcare workers is paradoxical because the UAE government has taken various countermeasures among them

being the use of expatriates' assistance, which can be perceived as a short-term measure to the problem of shortage of healthcare providers (Barlem et al., 2011).

Currently, most of the healthcare positions are distributed among expatriates from the Philippines, India, and neighbouring Arab countries, with senior managers and consultants being hired from other regions such as Europe, North America, and Australia (Loney et al., 2013). Nevertheless, residents' engagement in healthcare delivery is a huge concern since long-term solutions are needed, more so considering that population of the locals is rapidly growing (expected to reach 15.5 million by 2050 (Bell, 2014; The UAE Media Council, 2014)). According to Barlem et al. (2011) and Almalki, Fitzgerald and Clark (2011), engaging locals in service delivery appears to be a more promising and a long-lasting solution to the problem of low health workers compared to hiring more expatriates.

Other than seeking expatriates' assistance to fix the shortage of healthcare providers, the UAE government has also been trying to engage the locals through the Emiratisation policy (Abdel-Razig and Alameri, 2013). This policy involves increasing the number of residential workforce throughout the private sector in accordance with the government regulations, seeking to balance the country's labour market (Delloitte, 2011; The UAE Media Council, 2014). Nevertheless, effectiveness of this technique is questionable because the number of the locally hired employees is notably low compared to that of the expatriates. The disparity is even more profound in the healthcare sector as previously stated.

1.2 Problem statement

UAE has been experiencing an acute shortage of healthcare workers, whereas the country's population is rapidly growing, thus increasing the demand for healthcare services. This imbalance continues to jeopardise the health and the general welfare of the country's residents. Currently, UAE is heavily dependent on expatriate healthcare workers, thereby putting the citizens' health at stake, especially if emergencies and serious crisis were to hit the country, thus necessitating repatriation of some of the expatriate workers. For example, it is a common occurrence for foreign countries and organisations to evacuate or withdraw all their expatriate staff when a country they have been operating in is at war with other countries or is facing serious internal security threats.

Such occurrences have occurred in countries such as Somalia (in 2009 when two foreign doctors and medical students were killed in a bomb attack), Syria, Afghanistan, and Southern Sudan just to mention a few (Villarruel et al., 2015). As Villarruel and colleagues (2015) suggest, it is unfortunate that foreign countries evacuate their citizens, inclusive of medical practitioners, when a country is at war or experiencing violent events, which lead to an additional demand for health-care requirements for the sick and the wounded people than during peacetime. With the current high dependence on foreign healthcare workers, such occurrences are likely to put the UAE's healthcare sector in turmoil.

The rampant shortage of healthcare professionals has also led to overworking of medical practitioners, particularly those working under the ministry of health, an aspect that further worsens the current crisis since some professionals opt to resign. According to Dywili, Bonner, and O'brien (2013), a large number of nurses have of late resigned because of low

pay and overworking related issues, after which they have relocated to other regions such as the USA and Europe where they receive better terms and conditions (Villarruel et al., 2015). In 2012, for example, 15% of the doctors and about 13% of the nurses left their positions in the UAE and relocated to other countries or took administrative positions within the government (U.S.-U.A.E. Business Council, 2014).

Besides that, the acute shortage of health workers in the UAE has forced Emiratis to seek medical services, particularly the highly specialised care, in other countries. According to Hamidi (2014), the rapid increase in the demand for health services in the UAE (expected to increase by 240% by 2030), without a corresponding growth in the country's human resources is forcing and will continue to force Emiratis to seek medical services abroad. A study recently conducted by the Dubai Health Authority (DHA) in collaboration with the Dubai Statistics Centre, seeking to identify the reasons behind Emiratis travelling overseas for medical treatment indicated that more than 70% of the UAE residents prefer seeking medical treatment abroad when they fall ill (Hassani, 2015; Hamidi, 2014; and Ardent Advisory & Accounting, 2015).

This study confirmed the findings that had been made in a separate study conducted by YouGov, which is an international research organisation (The Sheikh Saud bin Saqr Al Qasimi Foundation, 2015). According to YouGov, the vast majority (79%) of UAE residents do not have confidence in the country's healthcare system. The study further revealed that more than half (53%) of the surveyed foreign respondents would prefer returning to their home countries for medical treatment, whereas 18% of the Emiratis indicated that they would seek medical services in other countries (The Sheikh Saud bin Saqr Al Qasimi Foundation,

2015). The two studies cited Thailand, Germany, and the United Kingdom as the most popular medical travel destinations at 35.2%, 27.2%, and 14.4%, respectively (The Sheikh Saud bin Saqr Al Qasimi Foundation, 2015). The researchers indicated that the lack of specialist services, ineffective communication, lack of medical skill and equipment, as well as the length of time it takes to consult with physicians were among the leading factors that made Emiratis seek medical services overseas (Hamidi, 2014; The Sheikh Saud bin Saqr Al Qasimi Foundation, 2015).

Seeking medical services overseas is reported to have a significant effect on the country's economy. The Dubai government, for example, is reported to have been spending millions of Dirhams on Emiratis seeking medical services overseas. Though spending on each patient differs from country to country, each patient is estimated to have been spending more than Dh1.7 million (approximately £358,000) and more than Dh7.2 billion (about £1.5 billion) was spent on overseas treatment in 2014 alone (Gulf News, 2016). A study by The Sheikh Saud bin Saqr Al Qasimi Foundation (2015) indicated that in 2010, the UAE government spent more than a quarter of its total healthcare budget on sending its citizens overseas for medical treatment.

Other colossal sums of money are separately being spent by other health authorities such as the Health Authority of Abu Dhabi (HAAD), the Ministry of Health (MOH), and the military, even though the exact figures of the amount of money spent are not available in the public domain (Sheikh Saud bin Saqr Al Qasimi Foundation, 2015). In summary, the current spending on overseas treatment is expected to increase by five times per year if the current

trend of Emiratis seeking medical services abroad continues (Sheikh Saud bin Saqr Al Qasimi Foundation, 2015; Gulf News, 2016).

The current shortage of nurses, physicians, and other health workers in the UAE can partially be attributed to the migration of the workers to other countries offering attractive remunerations as stated earlier in this chapter. However, a critical review of this crisis shows that the problem of health worker shortages, specifically professionals of UAE origin, is largely attributed to the low number of UAE nationals willing to take careers in the healthcare sector directly from school (U.S.-U.A.E. Business Council, 2014).

UAE media reports show that nursing, in particular, is among the most avoided careers not only in the UAE but across the Middle East region (Gulf News, 2016). They indicate that the UAE society typically looks down on the nursing profession due to the lack of awareness about the indispensable roles played by nurses. Indeed, nursing is not listed among the top most favoured careers, and the society's negative perception of the profession has rendered efforts to improve the number of Emiratis developing interests in nursing as a career path fruitless (Gulf News, 2016; Villarruel et al., 2015). The low popularity of healthcare careers among UAE nationals could be attributed to the set of challenges health workers in the country are reported to face in the course of executing their duties, among them being low remuneration and overworking (Villarruel et al., 2015).

As a result, devising appropriate ways through which the number of healthcare professionals of UAE origin can be increased appears to be the only sure way through which the country's administration can solve the current crisis of insufficient local healthcare providers. This can

be achieved by first evaluating the factors that influence Emiratis' choices for healthcare careers, and then coming up with strong countermeasures to turn around the crisis. At the time this study was conducted, no literature was available on this topic in the UAE context and the various theories used in explaining individuals' career decision-making were not sufficient in explaining how UAE nationals make choices for careers.

The main theories used to explain people's choices for careers are grouped into five broad categories namely, Parson's theory; developmental career choice perspective theories; person-environment fit perspective theories; the Social cognitive career theory (SCCT); and the Generational theories (Swanson and Fouad, 2014). Parson's theory, for example, suggests that people tend to choose careers that match their talents, especially if they are rewarding. Developmental career choice perspective theories, on the other hand, suggest that choices for careers that people make are mainly influenced by family interactions, early childhood experiences, and life-long socialisations. Some of the early influences acknowledged in developmental career choice theories include education, individual needs, family values, gender, class, as well as parent-child relations (Swanson and Fouad, 2014).

Person-environment fit perspective theories presume that people choose careers depending on environmental factors whereby an individual opts to pursue a career when environmental factors match his or her personalities, attitudes, abilities, and values. The theories maintain that an individual's career-choice behaviour is influenced by the interplay between the environment and one's personality. The theories further presume that people choose career environments that best fit with their skills, attitude, abilities, and values. In contrast, social cognitive career theory (SCCT) identifies self-efficacy as the primary predictor of career

choice (Swanson and Fouad, 2010), while generational theories suggest that different generations (Veterans, Baby Boomers, Generation X and Generation Y or Millennials) are influenced by different factors when making career choices.

All these theories have, however, been heavily criticised because of the various assumptions made when developing them and other weaknesses they are associated with (Nauta, 2013; Lent et al. 2014; Zbilgin and Malakh-Pines, 2007; Swanson and Fouad, 2014). A more critical review of the five categories of career decision-making theories is provided in chapter three, section 3.3. In brief, the reasons why I was convinced that the current theories do not adequately identify and explain factors that influence Emiratis' choices for healthcare careers include one or three of the following reasons. First, the current career decision-making theories such as the social cognitive career theory and the Holland's theory are mostly based on findings made in studies carried out in the business and/or engineering contexts (Nauta, 2013; Lent et al., 2014).

Second, none of the theories is based on the findings made in the Islamic Religion and Arabic cultural settings such as the UAE. Most of these theories, for example, the Gottfredson's 'developmental theory of occupational aspirations- circumscription and compromise', among many other theories are based on studies that were conducted in the Western cultural and racial settings, implying that they are not universal. As Swanson and Fouad (2014) note, the current career choice perspective theories fail to account for individual variance in stage process and progression, as well as contextual issues and variables such as race, gender, social class, and the process of occupational choice. The theories also ignore crucial

contextual variables such as parenting style (Zbilgin and Malakh-Pines, 2007; Swanson and Fouad, 2014).

Third, the available theoretical perspectives fall into an anomaly or differ in trying to explain how people make career choices and the factors that influence their decisions. This implies that there is no general agreement concerning the factors that impact people choices for careers, and factors influencing people's choices for healthcare careers may be even more unique considering that this is a highly under-researched area.

Based on the issues highlighted above, which hinder the general application of the currently available theories of career decision-making, the overriding purpose of this study was to determine factors influencing Emiratis' choices for healthcare careers, as well as propose viable initiatives through which the number of Emiratis pursuing healthcare careers can be increased. In this regard, this study is expected to make crucial contributions to the existing empirical and theoretical literature which can be grouped into three categories. The first and the main contribution of this study is that it enriches the available literature on factors influencing people's choices for careers, specifically in the healthcare context. As noted earlier, though the concept of career decision-making is well established or represented in the business and engineering fields, there is a major evidence-based or empirical literature gap on factors influencing people's choices for healthcare careers.

At the time this study was conducted, I was not able to identify sufficient evidence-based literature that explains what generally impacts people's choices for healthcare careers. Most of the available theories of career decision-making were based on findings made in other

contexts such as business and engineering fields, and virtually all such studies had been conducted in the western settings, or they involved Caucasians. No such studies had been conducted in the Arab settings, yet the Arab culture, religion, and even the environment differ from that of the Caucasians (Hofman, 1985; Coe, 2014). The scant literature available relating to factors influencing people's choices for healthcare careers was either restricted to nursing or the medical profession, even though the latter had been given little attention because of unknown reasons. Besides that, part of the literature available was found in unreliable and unpublished sources such as blogs, websites, and discussion forums. Therefore, this study helps in addressing this literature gap.

The second core contribution of this study can be attributed to the research method or approach used in this study. Unlike most of the available studies on career decision-making which are based on theoretical frameworks (that is; the studies are guided by the already established theories of career decision-making), this study is based on the grounded theory research design, where a theory of healthcare career choice has been developed. As noted by Imenda (2014), applying or using an already developed theory as a guideline to a study limits the findings made, besides hindering the discovery of new insights about the research topic.

This is because unlike grounded theory studies which are open to new ideas based on the primary data collected from the field (Charmaz, 2011; Charmaz, 2014), theoretical framework-based studies focus more on testing the already developed theories in a given context (Mateo and Benham-Hutchins, 2009; Imenda, 2014). This weakness probably explains why most scholars and institutions of higher learning are against the use of theoretical frameworks in doctoral studies, considering that such studies are required to make

contributions to the existing literature (Mateo and Benham-Hutchins, 2009; Imenda, 2014; Charmaz, 2014). The third contribution of this study is the development of a model or framework that clearly explains the factors that influence Emiratis' choices for healthcare careers. The model can be applied in other Arab-dominated countries such as in the Middle East.

1.3 Aim and research objectives

To address the research problem noted above together with the literature gap highlighted in the previous section, the overriding aim of this study was to determine factors that influence Emiratis' choices for healthcare careers as well as propose viable initiatives through which the number of Emiratis pursuing these careers can be increased. In this regards, the researcher sought to meet the following three research objectives:

1) To establish the factors that influence Emiratis' choices for healthcare careers;
2) To investigate the key challenges encountered by healthcare workers in the UAE; and
3) To propose viable initiatives/strategies through which the number of Emiratis pursuing healthcare careers can be increased.

1.4 Personal statement and motivation

My motivation to delve deeper into the problem of the low number of healthcare workers of UAE origin started when I was seeking medical care for my special needs daughter. In the process of seeking medical care for her, I travelled from one Emirate to the other and in the process, I noted that the UAE healthcare sector was facing a wide range of challenges; among them the issue of shortage of health workers. The number of health workers, particularly

nurses and doctors of UAE origin, was even more disturbing. For the period of five years I was seeking medical care for my daughter, the care was exclusively provided by expatriate nurses and doctors. Moreover, following a series of interactions with patients and healthcare administrators, I also realised that the problem of having an extremely low number of Emiratis healthcare workers was applicable across the UAE health sector; that is, even in other healthcare departments.

Besides that, I had to seek medical care abroad since no medical expert could diagnose and treat the condition my daughter was suffering from. I perceived this to imply that besides having a low number of healthcare workers, lack of highly trained and specialised medical workers in the country could be another major problem facing UAE. As a result, I started thinking about how these problems could be addressed, mainly by enhancing the enrolment and retention rate of UAE nationals pursuing healthcare careers. All this was happening at a time when I had just applied to study for a PhD at De Montfort University, and subsequently decided to conduct my doctoral study in this field, with the aim of investigating factors influencing Emiratis' choices for healthcare careers (which could explain why their number is such low), and most importantly how the number of health workers of UAE origin could be increased.

1.5 Significance of the study

Though a number of studies have been carried out in an attempt to establish the factors influencing people's career decisions in various parts of the world, no research has been conducted in the UAE setting. This is despite the danger the current shortage of healthcare professionals and over-dependence on expatriate workers poses to UAE residents and the

country at large. Moreover, at the time this study was conducted, no previous study had focused on how Emiratis can be encouraged to pursue careers in the healthcare sector. Therefore, seeking answers to questions about what influence Emiratis' choices for healthcare careers, challenges faced by nurses and medical professionals, as well as finding out possible ways through which the number of Emiratis taking nursing and the medical profession can be improved will be a significant contribution to the general literature, and the issues surrounding nurse and doctor's shortage in the UAE and the Middle East at large.

The findings made in this thesis are relevant to clinical practice, policy makers, employers, educational institutions, leaders, administrators, and educators. The thesis has provided useful information that can be used by the UAE ministry of health (MOH) and individual state governments (the seven states that make up the UAE) in promoting healthcare across the country. Policy makers and administrators can also use the information provided in this study to devise appropriate strategies that can be helpful in encouraging Emiratis to pursue healthcare careers, as well as improve the nursing and medical staff enrolment and retention rate which is currently at wanting levels. Educational institutions (high schools, colleges and universities) can also find the information presented in this study important in coming up with appropriate strategies meant for encouraging students to consider healthcare careers. Finally, recommendations made towards the end of this thesis can be used in a national campaign aimed at changing the society's perception about the healthcare professions, which are currently looked down by a large number of people in the Middle East.

1.6 Scope of this study

As mentioned earlier in this chapter, the shortage of healthcare workers in the UAE, especially those of the UAE origin is alarming. In this case, it is essential to note that though the term "health workers/professionals" is a general term used to refer to professionals who provide preventive, rehabilitative and/or curative healthcare services to people and communities at large, it has strictly been used in this study to refer to nurses and physicians only. However, special emphasis has been placed on nurses mainly because the country's overdependence on foreign nurses has reached alarming levels; more than 90% of the nurses and 80% of the physicians are foreigners (Informa, 2016).

In addition, it is reported that the number of Emirati students enroling for nursing courses in local institutions of higher learning is negligible (Informa, 2016), perhaps because of the numerous stereotypes and inaccurate perceptions widely held by the locals concerning nursing. For example, the locals believe that nursing is a profession for females, nurses are inferior to doctors and that they are failed medical doctors (that is; nurses are rejects of medical schools). They do not understand that nursing is a separate and autonomous career path (Hoeve, Jansen, and Roodbol, 2014).

Most people also think that nurses work for doctors or are juniors to doctors yet nursing in most hospitals is an autonomous profession with a formal management structure where nurses are hired and fired by the senior nursing officers, not doctors. They do not understand that doctors and nurses are co-workers where nurses act as patients' advocates and as a liaison between patients and doctors. Other common stereotypes include; nursing is not an appealing career because nurses do a lot of work and that nurses are poorly compensated (Ramesha,

2016). As a result, this study is useful in bringing an understanding of how local stereotypes and other factors might be affecting students' choices for nursing as a career and how these stereotypes can be addressed to make nursing and other healthcare careers respectable. Only factors that have a major influence on Emiratis career choices are included in this study.

1.7 Structure of the thesis

This thesis comprises of nine chapters. Chapter one has briefly introduced the topic under investigation and provided some background information about the topic. The research problem, aim, and objectives, as well as the scope and significance of the present study, have also been discussed in this chapter. Chapter two provides a critical review of the general (macro) literature relating to career decision-making where various components such as the concept of career decision-making and the theoretical approaches to career decision-making have been discussed. Other components covered in this chapter include career aspirations and the broad categories of factors believed to influence people's choices for careers.

Chapter three presents a critical review of the micro literature relating to the research topic in a more specific manner in terms of the research context (that is, UAE) and the research topic (decision-making for careers in the healthcare field). The chapter provides an exploration of the context of this study where various components such as the historical development of the nursing profession, features of the UAE healthcare sector, and healthcare careers in the UAE setting have been discussed. Other components covered in this chapter include the five broad categories of factors deemed to influence people's choices for healthcare careers, barriers likely to be contributing to the low enrolment and retention rates of nurses and doctors in the UAE, and finally, the literature gaps identified.

Chapter four provides a detailed discussion of the methodological framework employed in this study. In this chapter, the methods, procedures, and processes applied in the course of conducting this study are discussed. In brief, the journey I took in choosing the research methodology used in this study and the reasons behind adopting a grounded theory research design are discussed. Other components of the research methodology discussed in chapter four include the target population, the sample selection technique and sample size used, as well as data instrumentation. The challenges I encountered in the process of conducting this study, how I overcame them, as well as the considerations and limitations of this study, are also discussed.

Chapters five, six, and seven present an explanation of the findings made from this study. Chapter five provides a presentation of the findings made in relation to the factors found to influence Emiratis' choices for healthcare careers together with the developed model as per the grounded theory guideline/principles. Chapter six provides a description of the findings concerning the challenges faced by health workers in the UAE, while chapter seven provides a presentation of empirical findings made relating to the initiatives/strategies through which Emiratis can be encouraged to pursue healthcare careers. Chapter eight provides a detailed discussion of the findings made, while chapter nine presents the main conclusions deduced in this research. The implications, limitations and delimitations of this study, as well as the direction for further research, are also provided in this chapter.

1.8 Chapter summary and conclusion

The purpose of this chapter was to provide a general introduction and background information about the research topic, which is determining factors that influence Emiratis'

choices for healthcare careers. In this respect, the concept of career choice has been introduced, as well as how some careers are more valued and popular in certain regions, while others are highly despised. In the process, it was noted that healthcare careers, and nursing to be precise, are among the least valued professions in the UAE and the Middle East region at large. This phenomenon can be associated with the current shortage of nurses in the region.

This chapter has also identified and briefly discussed the research problem, that is; the acute shortage of Emirati health workers in the UAE, an aspect that has made the country over rely on foreign nurses and physicians, in spite of the possible risks that may emanate from over dependence on expatriate services in such a sensitive sector. The problem has partially been linked to the massive migration and resignation of health workers in the country, and most importantly, the low number of Emirati youths interested in and enroling for healthcare careers.

Based on this research problem, the aim of this study, as well as the specific research objectives that the present study seeks to meet, have been highlighted. That is, to determine factors influencing Emiratis' choices for healthcare careers, to investigate the key challenges encountered by healthcare workers in the UAE; and to propose viable initiatives/strategies through which the number of Emiratis pursuing healthcare careers can be increased. Significance, scope, and the structure of the thesis have also been provided in this chapter. The next chapter provides the contextual background for the present study.

CHAPTER II: LITERATURE RIVIEW

2.1 Introduction

The previous chapter has provided a general introduction and background information about the topic under research, besides highlighting the research problem that the present study seeks to address. The overriding purpose of this study (that is; to determine the factors that influence Emiratis' choices for healthcare careers as well as propose viable initiatives through which the number of Emiratis pursuing these careers can be increased), significance of this study, and the scope of this research, have also been highlighted. In this chapter and the following chapter, I have reviewed the literature relating to the research topic, that is; career decision-making.

In this chapter, I have focused on reviewing the available macro (general) literature about career decision-making, while the focus of the third chapter is a critical review of the micro literature, which is more specific to the research topic and context of the study. In other words, chapter three focuses on the examination of the literature relating to career decision-making specifically in the healthcare sector. The concepts covered in this chapter helped in developing the background of this study and in justifying the essence of this study by identifying the research gaps that the present study sought to address. The chapter comprises of seven sections which contain discussions of different inter-related components. Some of the elements covered in this chapter include the concept and context of career decision-making, career aspirations, and models of career decision-making. The chapter ends with a summary and a conclusion concerning the different aspects covered in the chapter.

2.2 Literature search strategy, database and resources used

Though some sources suggest that grounded theory studies should not involve a review of the available literature (Eaves, 2001; Glaser and Holton, 2004), I decided to bring in the understanding of the previously available literature about the concept of career decision-making. The idea of not immersing into the available empirical and theoretical literature, according to Glaser and Holton (2004), is to minimise chances of the researcher becoming influenced by the available literature when analysing the data collected. In this case, my decision to review the available macro and micro literature was in line with suggestions of other scholars who have previously explored grounded theory as a research approach.

In particular, some of the scholars who have studied grounded theory as a research design (Charmaz (2011) and Weijun (2008)) have highly refuted the previously widely held misconception that grounded theory studies should not encompass a prior review of the available literature. For example, Suddaby (2006), Thornhill (2008), Weijun (2008), Harrison, Manning, and Nayback-Beebe (2016), and Charmaz (2011) maintain that the grounded theory approach should not be used as an excuse to ignore or defer reviewing the available literature and theories. Besides refuting this claim, the scholars mentioned above have listed other numerous misconceptions widely held about grounded theory studies (further details about these misconceptions are provided in the methodology chapter).

In this case, reviewing the previously available literature about the research topic helped in setting a contextual background for this project, besides guiding the initial data collection in this research. In this regard, the literature search strategy used in this study involved performing an in-depth analysis of the published literature relating to career decision-making.

In this case, relevant literature was retrieved from credible and updated sources such as peer-reviewed journals and textbooks. The search was conducted mainly through the conventional hand or manual search and electronic search.

The initial search was, however, limited to electronic search where relevant materials were retrieved from leading databases such as CINAHL, Emerald Insight, EBSCOhost, PubMed, ProQuest, and Google scholar among other databases which I could access. The reason why I settled for these databases was that they have a large volume of sources that contain diverse literature necessary for the development of the background of this study. A database such as the Cumulated Index to Nursing and Allied Health Literature (CINAHL) was pivotal in providing nursing-specific studies while PubMed provided health-related literature from a diverse perspective. For others such as EBSCOhost, Google Scholar and ProQuest, there was a need to gather data concerning aspects such as theories of career development besides other studies on career choices that have been conducted from other sectors. In addition to journal articles, CINAHL includes books, book chapters, dissertations, and computer programs, which were in one way or another useful in the present study.

The main search techniques used to retrieve the most appropriate content from these electronic/online databases included the use of queries available in the databases, the Boolean search strategy, and trailing links of the referenced sources to access more reference materials. In fact, Atkinson et al. (2015) recommended that the search of materials from online catalogues and online databases should be conducted using the Boolean logic for the specificity of search results. Using the Boolean search strategy and the search queries available in the databases, I was able to obtain relevant literature materials where search

terms such as 'factors influencing career decision-making' and 'factors influencing career choices' were used.

According to Atkinson et al. (2015), the Boolean search strategy involves joining the search terms using appropriate operators such as 'and', 'or', and `not`. These search terms help in narrowing down or broadening the search process, hence making it possible for the researcher to retrieve relevant content within the shortest time possible. Searching for materials from online databases can be confusing at times, thus making it necessary to manipulate online databases for relevance in the results. As Elemer (2014) suggests, the use of Boolean search operators is effective in connecting search words, thus either narrowing or broadening the set of results.

Besides that, the Massachusetts Institute of Technology (MIT) (2017) indicates that Boolean operators are pivotal in providing focus to a particular search, particularly if the search involves many search terms. This aspect made this strategy more effective for this study, considering the diversity of the content involved herein. In particular, the `and` operator was effective in assisting me to narrow down my results, which further assisted me in eliminating materials that would have been less relevant at an earlier stage. Moreover, the Boolean strategy helped me in connecting different pieces of materials thus leading me to find relevant content more easily. This was made easier using the 'or' operator, which joined similar ideas, thus broadening my search results. Lastly, I used the Boolean `not` operator to ignore different concepts that online databases could have misunderstood from my search terms. Besides the use of the Boolean search technique, Trailing links of the referenced sources also helped in identifying additional references. Another strategy that played an instrumental role

in identifying additional relevant references is the use of synonyms and alternating the search terms.

Though manual literature search has over time lost popularity due to the advent of the internet and advancement of technology, I found it necessary to use this literature search technique so that I could access relevant materials that could not have been published or could not have been readily available in the databases used. My choice of using the hand/ manual search technique was motivated by the fact that some relevant studies might have been overlooked or inaccurately indexed into online databases, an element that could have denied me access to crucial information. In fact, different researchers have indicated that electronic databases are not wholly effective when it comes to the display of search results. For instance, Cochrane (2017) and Hopewell et al. (2007) acknowledge that some materials fail to index appropriately, a factor that hinders them from appearing in the search results, with some utterly failing to appear in online catalogues or databases.

To counter this challenge, Hopewell et al. (2007) advocate for hand/ manual search for relevant materials in physical libraries. Besides manual search of the literature in physical libraries, Cochrane (2017) suggests that hand searching can be conducted on online databases for items such as journals, abstracts, proceedings of conferences, as well as supplements. However, I did not adopt Cochrane (2017) suggestion, considering that there were numerous databases to consult for relevant materials. In addition, these databases contained thousands of materials in different formats such as journals, which if manually searched, would have been tiresome and taken me a lot of time to get relevant materials.

As a result, three local university libraries and two national libraries were searched for journals, magazines, organisational reports, previously carried out studies, and textbooks on career decision-making in the healthcare sector, the UAE healthcare sector, and theories of career decision-making. The three university libraries included University of Sharjah Library, Abu Dhabi University Library, and United Arab Emirates University Library, while the two national libraries searched for literature included The National Library, Khalifa Park and Al Nahyan Camp branches. However, very few publications were identified using this conventional literature search method, despite being a tedious and time-consuming exercise.

I employed an equivocal exclusion and inclusion criteria for assisting me in avoiding biases in the inclusion of data. In this case, any publication reviewed in this study was required to have covered aspects relating to career decision-making, theories of career choices, and career aspirations. In addition, I considered studies that had been conducted in English only, a move that assisted me in avoiding language disparities or barriers. Moreover, I utilised the concept of timeline in choosing journals or books for developing my literature. In this regard, I only considered materials that had a 15 years' time limit, which means that studies past 2000 were not included for review. Following the review of the abstract of each material retrieved, irrelevant materials or references were discarded. In addition, validity of the materials reviewed in this study were promoted by subjecting all potential sources to intense scrutiny and internal criticism. All materials that did not meet these criteria were discarded.

2.3 The concept of career decision-making

Walsh and Osipow (2014) refer to career decision-making as the process that involves understanding one's skills, abilities, interests, and values, as well as exploring and

experiencing the world of work, which jointly enables an individual to make career choices among possible alternatives. This process also plays an instrumental role in identifying the various factors that influence a person's career decision, besides providing an understanding of how the factors identified impact people's career decisions and choices. In the original idea of career decision-making, presented as vocational choices, Parsons argued that three broad categories of factors are key in influencing the choice of a career an individual makes (Parsons, 1909).

The first category of factors influencing individuals' vocational choices based on Parsons' classification includes elements such as having a clear understanding of oneself, aptitudes, ambition, interests, abilities, knowledge, resources, and limitations of the choices. The second category comprises of factors such as having knowledge about the conditions, requirements of success, and compensation in different lines of occupation. Still under this category, Parsons argued that an individual's choice for a career is influenced by other factors such as career opportunities, advantages and disadvantages, as well as the prospects in different lines of work (Parsons, 1909).

The third category of factors influencing individuals' vocational choices based on Parsons' classification encompasses true reasoning on the relationships between the two groups of factors highlighted in (i) and (ii). It is paramount to note that the three categories presented a simple guideline for persons to contemplate when selecting careers. Other than the three broad categories of factors influencing individuals' vocational choices, Parsons highlighted the need for people to have an in-depth understanding of themselves, career alternatives, as

well as how to use this information for rational career decision-making (Parsons, 1909; Sharf, 2006).

For the most part, Pearson`s factors are narrow in the fact that they focus on one side of the coin which is intrinsic determinants. As a result, these Pearson fails to recognise that the choice of a career by a child may be influenced by external factors such as culture and parental guidance, which are unrelated to a deeper understanding of one`s self. An assertion by the Roccas and Sagiv (2010) implied that parents are obligated to study the behaviours of their children to understand their interests. In addition, most children have little understanding of their inner attributes such as aptitudes, ambition, interests, abilities, knowledge, resources, and rely on parental approval where possible (Roccas and Sagiv, 2010).

Walsh and Osipow (2014) view career decision-making as a personal and a quite complicated process that one is likely to revisit at some point in life. The authors suggest that career decisions are quite sensitive and that they are influenced by numerous factors among them having access to the right information. In a similar observation, Gati et al. (2010) suggested that before making a career decision, it is imperative first to consult a career counsellor other than facing this challenging decision alone.

This assertion is not different from an argument by Vohs et al. (2014) who view career decision-making as an activity that requires one to bridge the loophole between where one is and where they want to be. This requires an individual to explore their values as a person and compare them with their future goals, and it can be represented as a process, which begins

with knowing oneself and understanding the options available for a person to achieve their goal. In knowing oneself, Roccas and Sagiv (2010) suggest that it is imperative to understand personal values, what one enjoys, as well as the areas in which they are well skilled. A person should then assess the career options at their disposal based on the skills they have, the values they possess and the areas where their interests lie. It is at this point that one can make career decisions based on the insights highlighted above (Roccas and Sagiv, 2010; Vohs et al., 2014).

A suggestion by Cochran-Smith et al. (2012) that an individual should not determine their career destiny based on a one-off moment further depicts the complexity of career decision-making. Instead, Cochran-Smith et al. (2012) hold that career choices should be made from a series of activities or moments as a way of avoiding confusion that might result in wrong career choices. When deciding on a career, Cochran-Smith et al. (2012) asserted that salary should be regarded as a secondary factor, with life-long happiness and contentment being taken as primary factors. This assertion implies that people should be more concerned with their long-term happiness, than with the salary and remuneration that comes as compensation for one`s time.

Due to the complexity of the career-decision making process, several tools have been developed to aid in the career decision-making process. Such tools include the pros and cons model, the analytical decision-making worksheet, as well as the visualisation exercise (Walsh and Osipow, 2014). The pros and cons model is mainly designated to help individuals in assessing both positive and negative outcomes of their decisions on several aspects of one`s life. The analytical decision-making worksheet tool aims at helping a person in evaluating

and analytically viewing his/her options concerning personal values, while visualisation exercise is designed for people interested in intuitive thinking in determining their career choices (Gati et al., 2010; Walsh and Osipow, 2014). For the most part, these models generalise the concept of career decision-making, thereby disregarding the fact that career choices may vary from one sector to another. For instance, the motivational factor behind a person choosing a nursing career might be different from another choosing a career in teaching. In fact, Hansen and Hansen (2017) suggested that people hardly involve their intuitions when making career decisions, which is a direct challenge to the visualisation exercise as a decision-making tool for careers.

Although children often indicate their preferred career choices at adulthood, there are higher chances that most of their choices are based on emotions or a career for some people they admire. As Roccas and Sagiv (2010) observed, most people do not pursue their preferred childhood careers, which imply a mismatch in career choices along the way. In fact, Quartz (2012) indicated that only 30% of people achieve their childhood dream careers. The rest (70%) end up in other career professions. As such, orientation to career decision-making should be given to young people to prevent them from making regrettable career choices. According to Roccas and Sagiv (2010), orienting students and young people into career decision-making relate to the act of increasing awareness on individual career choices amongst young people, based on one`s interest and the environment. Other than ensuring that young people make the right career choices, orientation into the process increases their level of confidence as far as career decision is concerned (Sargent & Domberger, 2007).

2.4 People's careers aspirations

Ashby and Schoon (2010) portray career aspirations as the direction and trajectory that a person wants his or her career to take. For instance, a person`s career aspiration may be to join the management team, where one has more responsibilities and power as opposed to being a junior level employee. Similarly, Wicht and Ludwig-Mayerhofer (2014) relate people's career aspirations to individuals' career objectives alongside short-term and long-term career goals depending on one's plan concerning career path. According to these researchers, career aspirations can be categorised into five main groups namely, job security, expertise, freedom, balance, as well as the conventional career success (Wicht and Ludwig-Mayerhofer, 2014).

Concerning the element of expertise, Wicht and Ludwig-Mayerhofer (2014) hold that people seek positions that enhance their professional and technical abilities. Nevertheless, there is scant literature that provides insights into how the desire for expertise directs career choices, considering that most people settle for career choices in areas they are rarely experienced in. Concerning Freedom, Wicht and Ludwig-Mayerhofer (2014) and Archer DeWitt, and Wong (2014) indicated that some people seek to acquire autonomy in their activities, thoughts and finances, which are considered as the steering wheel to their career choices. This argument may be valid from a health perspective, as some paramedics are interested in establishing their individual clinics or health centres. Nonetheless, healthcare careers are somehow unique from other careers, considering that few practitioners establish private clinics as the first activity in their careers. In fact, Standring (2015) indicated that most private doctors operate as part-time doctors, which shows that they are hardly autonomous.

Finally, balance as a category of career aspiration is a common feature among persons who prefer jobs that value their personal interests. Such individuals perceive their professions to be equal to non-work values and interests such as religion, family, and personal issues (Bednarz 2014; Archer, DeWitt, and Wong, 2014). For the most part, the idea of balancing career and non-career life may be exaggerated when it comes to healthcare careers. This is because health matters are not time-based considering that a practitioner or a nurse may assume duty at any time provided if there is an emergency. While the above-stated categories of career aspirations may be common among most people, Schoon and Polek (2011) suggest that the element of monetary reward as a career aspiration cannot be overlooked because it is the dream of virtually all human beings to have financial freedom or to earn enough to live a decent life.

As suggested by Schoon and Polek (2011) and having a career aspiration is considered as an intrinsic motivation, in that it pushes one to put more effort in their occupation so as to achieve their goal. The authors also postulate that career aspirations are in most cases recurrent, which implies that at each level, one aspires something above them. For instance, as junior employees aspire to become senior employees, the latter seek to become their own bosses by setting up their own companies in a given sector.

Whereas students have career aspirations, Nagengast and Marsh (2012) suggest that employed people have the highest aspirations based on the job experience they have. The most common career goals include to enhance one`s skills and take their organisation to the next level. However, to some extent, this can be considered as a vague aspiration, given that most people believe that they can only impact the organisations they are working for by being

promoted to the next level. The argument by Nagengast and Marsh (2012) is highly criticised by Wicht and Ludwig-Mayerhofer (2014) who suggest that employees who are determined to impact or take their organisation to the next level do all that within their scope to take their organisation to the next level. This means that moving to a higher rank is not a fundamental ingredient for making an employee work towards the achievement of an organisation's goals. Besides this aspiration, some people aim at finding secure jobs, becoming independent at work (autonomy), gaining more expertise in their speciality, as well as building networks that are more professional (Nagengast and Marsh, 2012).

Most people confuse career aspirations from goals, given that both shape a person`s future. In spite of this general similarity, it is imperative to note that a career aspiration is quite unspecific in its implementation compared to a goal. In other words, implementation of a goal is more specific since unlike career aspiration, a goal can easily be scheduled. Besides this, Howard et al. (2011) holds that achieving a career aspiration may take quite some time as opposed to achieving a goal. As previously noted, an individual will always have new aspirations at certain levels of their career, which signifies that career aspirations are endless. Unlike an aspiration, a goal is something with a schedule, which can be achieved even within a year.

Nonetheless, a goal can be incorporated into a career aspiration to act as the stepping-stone into achieving an aspiration. For example, if one`s aspiration is to gain more skills and expertise in his or her field, one may set goals for gaining new skills within a given timeline that can help them in achieving the aspiration. Once a person realises his or her career aspirations, he or she can refer to himself or herself as successful as asserted by Ashby and

Schoon (2010). According to Ashby and Schoon (2010), career success entails people being inspired to improve their professional skills to accomplish advancement in the organisations' hierarchy levels. Such people seek positions that establish them certain status, responsibilities, authority or/and higher salaries (Kharkongor and Albert 2014). This assertion implies that the primary reason why employees would seek career advancement is to gain responsibility, status, improved salary or authority. As such, Kharkongor and Albert (2014) ignore the fact that not all employees might be motivated by any of these factors when advancing their careers. Instead, some people only advance their career to fulfil intricate desires and satisfaction as suggested by Ezzedeen and Ritchey (2009).

2.5 Theories/models of career decision-making

According to Swanson and Fouad (2014), the study of career choices is dated back to the early 20th century, even though most of the often-cited career choice theories were developed in the mid-20th century. Scholars and theorists have sought to comprehend the nature of career choices, as well as identify the primary factors influencing career decision-making (Dik, Sargent and Steger (2008); Krieshok Black, and McKay (2009); Saka, Gati, and Kelly (2008); Brown and Al, 2002). According to Brown and Al (2002), career choice is a dynamic process that develops over time through numerous experiences and evaluative processes (Brown and Al, 2002).

A number of theories have been used in explaining people's career choices and how people's career decision-making processes are influenced by various factors such as developmental, individual, environmental, and social variables. This section explores the core theories often used in explaining people's career choices, namely the Parson's theory; the developmental

career choice perspective theory; the Person-environment fit perspective theory; the Social cognitive career theory (SCCT); Generational theory, and sociological theories such as the Careership theory (Swanson and Fouad, 2014).

2.5.1 Parsons theory (Trait and Factor Theory)

Parsons' theory, a career decision-making framework that was developed by Frank Parsons in 1909, suggests that people tend to choose careers that match their talents, especially if they are rewarding (Parsons, 1909). The approach used by most people when making career decisions involves matching one's talents to some target occupations. According to the theory, people relate their judgment to their traits in relation to the targeted labour market. The theory dictates that people carry out an in-depth analysis of their interests, professional skills, personality and social values, and evaluates them using the occupations that demand such traits. The theory suggests that people can only choose their future careers once they understand their abilities and interests. Moreover, they should have enough understanding of the availability of job posts in the existing labour market (Parsons, 1909). The principal criticism concerning this theory relates to the methods it promotes for determining individual interests.

Initially, this theory relied on interviewing clients to learn their traits due to the lack of testing criteria, an aspect that has lost significance over time, due to the development of testing criteria for individual interests (Patton and McMahon, 2014). Despite such developments, McMahon (2014) deemed this method to be effective in assessing career direction of people because it helps in deducing more information from an individual. With such information on a client, McMahon (2014) suggested that it is easier to organise it and use it to reflect on a

person and resultantly assess their direction as far as career is concerned. The most popular test used in the trait and factor theory is the psychometric test, in which aptitude and intelligence tests are incorporated into the methods (Herr, 2013; Winkelman, 2016).

This aspect marks the greatest setback (ineffectiveness) of this theory, in the sense that it is more into the theoretical aspect of an individual`s traits such as personality, interests, and achievements than it is to the applicability of the theory in career guidance. Arthur (2010) argues that the trait and factor theory is too scientific to be applied in providing an ideal direction of an individual`s career journey, an element that renders it ineffective. In addition, this theory focuses on interviewing clients for counselling them on the most appropriate career choice. Arguably, such interview sessions are one-off, which impedes the effectiveness of the theory since one`s career trajectory cannot be determined based on a one-time moment with a career counsellor.

Though the theory provides a framework of career choices, it is not realistic in its assumption that the traits of a job can be matched with those of an individual. This is merely theoretical in that the appearance of a job on paper and what it is in practice are way too different, hence matching the traits of a job with those of an individual might not be practical (Taylor, 1994). In addition to this, the theory assumes that when job`s traits are matched with those of an individual, one is more likely to be satisfied, which is not the case as postulated by Arthur (2010). On that note, Arthur suggests that job satisfaction occurs when an individual is content with the work he or she does. Arguably, this notion of job satisfaction from the match in traits is not consistent with the hierarchy of satisfaction as put forward by Abraham Maslow (as cited by Cherry, 2015).

Pearson`s trait and factor theory has one key advantage concerning the elaboration of career choices. In essence, the theory did a good job in setting the foundation for other career development theories. In addition, the theory is based upon a proposition that one person cannot choose a career for another person, a view that is considerably sound considering that people have different preferences. In other words, this theory suggested that an adult is not obligated to choose a career for another person, precisely the student.

2.5.2 Developmental career choice perspective

This is another theory elaborating influential forces behind career choices. These theories claim that an individual's career choice is highly determined by factors such as family interactions, early childhood experiences, and life-long socialisations (Ginzberg et al., 1951). Some of the early influential factors acknowledged in developmental career choice theories include education, individual needs, family values, gender, status, and parent-child relations. The main developmental theories are Roe's "Personality development and career choice theory"; Ginzberg et al.'s "Career development theory"; as well as Gottfredson's "Developmental theory of occupational aspirations: circumscription and compromise" (Roe, 1956; Gottfredson and Johnston, 2009; Ginzberg et al., 1951).

Though the three theories have some few differences in terms of stages, concepts, and processes, they all emphasise on determinants of career choices across one's lifespan claiming that career choice is influenced by life-long socialisation, early childhood experiences, and family interactions. However, the theories have some weaknesses. For example, they fail to account for individual variance in life stage process and progression, as well as contextual issues and variables such as race, gender, social class, and the process of

occupational choice. The theories also ignore crucial contextual variables such as parenting style (Ozbilgin and Malakh-Pines, 2007; Swanson and Fouad, 2014). For instance, the style in which children are brought up in the United States, United Kingdom, and the UAE tends to vary from certain degrees and perspectives, owing to the disparity in religious practices and cultural beliefs. To some extent, a person from UAE has a higher tendency to regard religion above career while another one in the United States has a higher tendency to consider a career over a religion based on the degree of practice (Duffy and Sedlacek, 2007; Duffy and Sedlacek, 2010; Paul, 2008). Based on these observations, there is a need for carrying out further research to explore contextual variables determining career choice since developmental theories have received mixed empirical support, an assertion that is supported by Swanson and Fouad (2014).

2.5.3 Person-environment fit perspective

A number of person-environment theories have also been developed in an attempt to explain career choice in relation to the connection between the environment and individual's personality. According to Ozbilgin and Malakh-Pines (2007), the theories presume that people mainly choose careers depending on whether environmental factors match their personalities, attitudes, abilities, and values, or not. In this case, for a person to pursue a certain career, his/her personality, attitudes, abilities, and values must match with the environmental factors such as demands cultural values of a job, extrinsic and intrinsic rewards, and collectives in the person's social environment (Ozbilgin and Malakh-Pines, 2007). This is to imply that a person would only choose a health-related career if his/her personality and beliefs are aligned with the values of the job and its operational environment.

Holland's "Career Typology" is the most widely used person-environment fit theory. The theory was built from Strong's theory, which had been developed in the 1950s (Brown and Al, 2002,). Career Typology Theory proposes that career choice behaviour is influenced by the interplay between the environment and one's personality. It further presumes that people choose career environments that best fit with their skills, attitude, abilities, and values. The theory is intended to help individuals do a personal assessment of their interests and compare them with professional environments without necessarily involving a career counsellor.

As good as Holland's "Career Typology" theory may sound, it is criticised for one key reason; it lacks a correlation between the indices that brings the theory into operation and the ultimate vocational choices such as job satisfaction and career indecisiveness (Swanson and Fouad, 2010). The fact that the indices of the theory do not correlate with the career outcomes prompts some researchers to render the hypothesis as invalid for the most part. In supporting the invalidation, researchers such as Swanson and Fouad (2010) and Patton and McMahon (2014) hold that if the theory and its measures do not reflect the reality more convincingly in vocational choices, the measures of congruence that are based on the theory cannot depict accurate reality.

In general, person-environment fit models are criticised based on a number of assumptions underpinning them. For example, the theories presume that people choose careers when their abilities, personalities, and attitudes match the environmental factors within a given setting. This implies that an individual's choice of a career is primarily determined by environmental factors with which he or she has to comply. When environmental factors are not in alignment

with an individual`s career, he or she should look for a different environment that matches his or her abilities and personality (Jansen and Kristof-Brown, 2006).

Contrarily to the argument that the environment is rigid and that it attracts, retain, and influences people choices for careers, it has been proven that humans act on or shape the environment (Kristof-Brown and Guay, 2011; Su, Murdock and Rounds, 2015). Nonetheless, considering that the personality-trait theory has not been overruled in previous studies, there is need to assess if indeed it has some application concerning factors influencing healthcare careers among Emiratis. In particular, interviews from the present study are expected to indicate whether the decision to settle for a career either as a nurse or as a practitioner was influenced by the environment in which individuals were.

According to Su, Murdock, and Rounds (2015), for example, humans create, sustain, and transform their environment, with some authors such as Kristof-Brown and Guay (2011) suggesting that people are producers of the environment or life circumstances, not products of them. This conflict in argument in terms of person-environment fit models suggesting that people's choices are shaped by their environment, yet other studies have proven that people are the ones who create, shape, and uphold the environment can be addressed by conducting longitudinal studies. Unfortunately, at the time this study was conducted, very few empirical studies had evaluated the person-environment hypothesis from a longitudinal viewpoint.

The theories are also criticised because of obvious methodological issues surrounding them (Su, Murdock, and Rounds, 2015). For example, there is no consensus on how to measure certain aspects relating to the theories such as people's interests, personality, values, and

abilities. There is also no clear criterion for measuring the congruency or compatibility of the above-stated aspects with the environment. Nevertheless, in spite of the numerous and arguably concrete limitations of the person-environment fit theories, it has been empirically proven that pursuing a career based on the congruency of ones' personality, abilities, and attitudes with environmental factors result in positive outcomes such as job performance, satisfaction, and the overall well-being of a worker (Su, Murdock, and Rounds, 2015).

2.5.4 Social cognitive career theory (SCCT)

According to Lee et al. (2015), the social cognitive career theory identifies self-efficacy as the primary predictor of a career choice. Developed in 1994 by Lent et al. (1994), the social cognitive career theory aims at describing the key triangular aspects of career development (Lent et al., 2014). These aspects relate to the development of fundamental career and academic interests, and the manner in which academic and career decisions are made. The theory capitalises primarily on the concepts of values, abilities, and the environment (Lent et al., 2014).

It is worth noting that these aspects are similar to those focused on in the preceding theories such as Pearson`s and Holland`s theories. This observation is another indication these theories are deficient of perspectives, in that they only look at one perspective to the influential factors in career choices. This perspective deviates from the aim of this study, which is to embrace diverse perspectives and wider sphere to the factors influencing career decision-making. In addition, this study does not seek to be constrained by a particular viewpoint but rather use the constructs of the emerging theoretical frameworks and

arguments from the discussions with the participants in this study to truly reflect the socio-psychological and cultural factors influencing career decisions in healthcare.

As noted by Sheu et al. (2010), the social cognitive career theory is founded on three building blocks namely, individual goals, self-efficacy, beliefs, and outcome expectations with regard to career choice. As such, individuals are more likely to gain interest and eventually pursue careers, which they have strong self-efficacy in. Self-efficacy, according to this theory refers to a person`s belief or confidence in their ability to perform certain duties. This implies that people are less likely to pursue certain duties or careers if they feel less confident in performing them (Patton and McMahon, 2014; Lent et al., 2014). On the contrary, individuals tend to deliver good results in areas where their beliefs on performance and skill endowment are strongly nested.

Concerning self-efficacy, it is imperative to note that the virtue, as described in this theory, relates to how good a person knows him or herself. Again, this argument is not different from those put forth in previous theories, in which self-awareness is seen as key in career decisions. In this theory, however, information on self-awareness is pinned on one`s successes and failures, personal experiences, as well as the state of mind such as the level of anxiety. For instance, if one has recorded more failures in a certain domain, he or she is less likely to pursue a career in that domain. Instead, they would be compelled to seek career options from other fields or domains.

Concerning expectations on the outcomes, Sheu et al. (2010) believe that engagement by people in some behaviours is determined by the perceived consequences of the behaviour.

As a result, people decide on the careers they will pursue and the effort they will put in these careers based on their expected outcomes from these careers. For instance, if a person expects to be socially approved or their level of self-approval to increase after pursuing a career, for example, medicine, they are more likely to go for the career and can give it their best shot.

The SCCT theory views personal goals as an individual`s intentions to perform a given behaviour or achieve a particular degree of performance. For instance, a person may set a goal to pursue a given course in campus or achieve a certain honour in a degree they are pursuing. This is consistent with the theory`s assertions on self-efficacy and outcome expectations, given that people set goals based on their perceived personal abilities to perform certain behaviours and the results that they expect from their engagement in the behaviour. For the most part, the SCCT is more interested in the degree of personal awareness on the abilities and personal experiences in determining the career that one pursues (Lent et al., 2014).

The SCCT theory has garnered much support from studies carried out most recently, particularly in relation to career choice in academic and scientific arenas (Swanson and Fouad, 2014). For example, Swanson and Fouad (2010) provided a meta-analysis of studies carried out to ascertain the relationship between career choice and self-efficacy and a statistically significant interplay was found between the two. In that study, Swanson and Fouad (2010) found that people select careers in which they are likely to be most successful. For the most part, one`s view will rely on their level of confidence, which comes secondary to the set of skills possessed by a person and the achievements they have had in the past in the domain in question (Sheu et al., 2010).

Based on the brief analysis of the theory provided above, it is fair to argue that the Social Cognitive Career Theory is a stepping-stone in the endeavour to elaborate factors influencing career choices. The theory has been applied in many situations in attempts to predict people's career choices, both at young and mid-life levels, precisely where some people find themselves in arguably wrong careers and hence desire to change. Nonetheless, there lacks a measure or an explanation for the barriers and challenges that one is likely to face when making a career choice. To some extent, the theory fails to explain the effect of gender and religion as far as career decisions are concerned. The UAE is a country where men and women are placed on different social weighs, an aspect that makes them have low career aspirations. Considering that there is a considerable number of women who have pursued their careers in UAE, particularly in the health sector, there is need to assess the factors that lead them to make certain career decisions, which have not been explained in the SCCT theory.

2.5.5 Sociological theories

Sociological theories are based on the idea that a person's wider social context plays a pivotal role in career decisions. Some of the circumstances acknowledged in the theories include the social and economic development of the society in which career choices are made, as well as the individual's experiences and social status. As Ritzer and Stepnisky (2017) and Ginor (2017) explain, the sociological approach to career development focus on the need for people to develop the skills and other coping mechanisms so as to effectively deal with the environment. The sociological approach to career decision making has most of the emphasis based on the recognition that career decisions reflect a compromise between a person's

predispositions and the possibilities that culture opens to the individual (Olaniyan & Okemakinde, 2008). The most prominent sociological theories of career decision making are: Status Attainment theory, Human Capital theories, and Hodkinson Careership theory (Olaniyan & Okemakinde, 2008).

Status Attainment theory, a model that was developed by Sewell, Haller, and Portes in 1969, postulates that the social status of parents impacts the level of schooling a person attains, which in turn influences the career choice and occupational level that a person achieves (Haller & Portes, 1973). This theory is expounded in Wisconsin model which added an intervening variable of ability to the correlation between the social status of the parents and the level of schooling (Jencks, Crouse, & Mueser, 1983). Unfortunately, the theory is heavily criticised for being too basic and for investigating career decision making as a fixed time snap shot or an isolated event instead of evaluating it as a longitudinal process (Olaniyan & Okemakinde, 2008). The theory has overlooked numerous and possible structural dimensions that can influence an individual's choice of a career. As a result, Status Attainment theory is largely wrong, too partial, and unintentionally misleading (Olaniyan & Okemakinde, 2008; Andres, 2016).

Careership theory, on the other hand, is a model that was developed by Hodkinson, Sparkes, and Hodkinson based on the findings made in a study that was conducted between 1992 and 1993, involving ten young people. The theory seeks to explain career decision-making and career progression using three interlocked dimensions namely (i) pragmatic rationalism, (ii) social interactions, and (iii) progression over time (Hodkinson and Sparkes, 1997; Hodkinson, 2008). Pragmatic rationalism encompasses the element of how people make

actual choices concerning job placements, which according to the theory, is neither rational nor irrational. Instead, individual's job-placement decisions are controlled by people's 'horizons for action', and partly influenced by external opportunities and people's subjective perceptions referred to in this theory as 'habitus' (Hodkinson, 2008).

'Horizons for action' is a term that is metaphorically used in this theory to refer to an individual's vision, while *'habitus'* refers to the personal perspective of what people think is possible within a given environment/ context or field. As such, the theory holds that career decision-making and progression are bounded by people's "horizons of action" and their *'habitus'* (Hodkinson, 2008). This implies that what is available influences an individual's perception on what is possible, and what is perceived to be possible and desirable can change the available choices/ options.

Social interactions, which is the second dimension, entails the interaction with other people who have some influence on the career decision-making. According to Careership theory, interacting, which encompasses a complex system of bargaining, negotiation, and at times struggle with different players in the field such as parents, employers, and training officers among other players influence an individual's choice for a career (Hodkinson and Sparkes, 1997). It is, however, worth noting that the theory only acknowledges an influence of a career choice of an individual in situations where the interaction involves players who have resources of varying types and quality, which automatically produce unequal power relations. Pragmatic decisions and social interactions are in this theory interwoven and inseparable, and neither can be understood alone as acknowledged by Hodkinson (2008).

Progression over time, which is the third dimension, explains how career decisions are in most cases transitory in nature and how they are impacted by the social and cultural structures such as class, religion, nationality, gender, ethnicity, and age among others, within which a person is located (Hodkinson and Sparkes, 1997; Hodkinson, 2008). According to the theory, career-decision making is a culturally and socially embedded activity that takes place within the practical and discursive consciousness (Bowman, Colley, and Hodkinson, 2004; Hodkinson, 2008).

Essentially, Hodkinson's Careership theory suggests that career decision-making and progression take place as a result of interactions between an individual and the context/ field or the environment they inhabit. However, it is worth noting that the interactions are not across the person-structure boundary. Instead, they are mutually shaping and reshaping aspects of both the individuals and their circumstances. In other words, the theory insinuates that people have certain 'horizons for action' (vision) which are shaped by the environment in which they inhabit or operate, as well as their *'habitus'* (perception of what they believe/ think is possible within the environment or field they inhabit) (Hodkinson, 2008; Cegnet, 2017).

In summary, the main ideas of Hodkinson's Careership theory are horizons of action, habitus (taken from Bourdieu), and social-cultural capital (Hodkinson, 2008; Cegnet, 2017). The later (social-cultural capital) refers to the valuable resources or reserves that impact people's choices. In particular, social capital refers to the kind of people that a person is connected to or associates with and their social networks, while cultural capital refers to the educational,

family, and/or class advantages that benefit a person (Li, Savage, & Warde, 2015). Both horizons of action and habitus have been described in the previous paragraph.

As noted by Cegnet (2017), Hodkinson's Careership theory draws extensively upon Bourdieu's work, which has provided a more complex investigation of the interpenetration of structure and agency. In this context, the term agency refers to individuals' capacity to make choices independently or make their own free choices, while structure refers to the recurrent patterned arrangements such as social-cultural structures (for example, family, gender, and age) that determine the opportunities and choices available (Johnston, 2016; Evans, 2017). In this regards, the theory advocates for a bounded relationship between structure and agency in that it postulates that an individual's choice of career is jointly influenced by intrinsic factors (e.g. perception/ habitus and horizons for action/ vision) and extrinsic factors such as the environment and social-cultural capital such as culture and family.

Though Careership theory has been widely embraced and rated amongst the frameworks that provided powerful explanatory tools on what influences people's choices for careers, the theory has been associated with a number of weaknesses. For example, as observed by Barham (2013), Hodkinson's Careership theory falls short in explaining the subjective nature of turning points together with the visible manifestations in changes of career or status. Lundahl et al. (2017) on the other hand, maintain that though Careership theory presents an incredible approach of thinking about careers which matches with what recent research shows, the theory is relatively general or broad. The theory is relatively broad in that it simply indicates that an individual's choice for a career is influenced by individual and structural

dimensions, that is; the personified dispositions/ personalities or habitus of the person and the nature of the field/ environment/ context. It fails to provide specific individual and structural dimensions that influence people's choices for careers.

As argued by Lundahl et al. (2017), 'personified dispositions/ personalities/ characters or habitus of the person' as used in Hodkinson's Careership theory are broad terms that do not specify the exact personal attributes that influence individuals' choices for careers. The theory ought to have gone a step further to enlist the exact personal attributes or traits (actions, attitudes, and behaviors) that influence people when making career decisions. A similar observation is made concerning the structural dimension of the theory (that is, how environmental factors such as social-cultural structures) influence people's choices for careers. In spite of acknowledging the effect of environmental and social-cultural structures on a person's choice for careers, Hodkinson's Careership theory does not specify the exact social-cultural structures that influence people's career-decision making and progression.

This means that though Hodkinson's Careership theory may be fairly accurate and applicable in most settings, it is not possible to establish the exact individual and structural dimensions (personified dispositions and environmental factors) that influence people's choices for careers and how they do it. This inadequacy necessitates conducting a primary research in a given context if there is a need for establishing the exact personified dispositions and environmental factors that influence individuals' choices for careers, hence the need for conducting the present research.

2.5.6 Generational theory: career choice in the new millennium

Other than the four categories of theories reviewed above, there exist a number of other theories that are used to explain how people make career choices, particularly with the dawn of the 21st century, which was marked by remarkable technological advancements. Examples of such theories are the generational theories as outlined by Lyons, Ng, and Schweitzer (2012). These researchers indicated that the theories are based on demographic data that plays an instrumental role in predicting, relating, as well as explaining the economic and social-political life (Lyons, Ng, and Schweitzer, 2012). Furthermore, Lyons, and colleague stated that generational arenas are featured by social, political, and economic events that in turn influence the attitudes, fundamental values, work ethics, as well as professional aspirations of the cohort members (Lyons, Ng, and Schweitzer, 2012).

Generational theories group people into various cohorts on the basis of their date of birth and most of the popular generational typologies are based on Howe and Strauss' work. Howe and Strauss acknowledge four generational cohorts namely, Veterans (1925-1945); Baby Boomers (1946-1964); Generation X (1965-1979); Generation Y (1980-1994) and Generation Z (1995-2012) (Parry and Urwin, 2011; Williams, 2015). The fundamental weakness of generational theories is the fact that they group individuals into cohorts based on their ages. By doing this, generational theories assume that all people identify with the features of their generational era, which is not the case as indicated by Parry and Urwin (2011).

In conclusion, a critical review of the currently used theoretical frameworks of career decision-making shows that none of those theories is short of limitations and general assumptions that render them inadequate in explaining the factors that influence people's

choices for careers. Besides that, there seem to lack universal factors that affect career choices, because each theory outlines its own elements based on the perspectives of the founders of the theories. For example, Parson's theory suggests that people tend to choose careers that match their talents, especially if they are rewarding. Developmental career choice theories, on the other hand, suggest that choices for careers that people make are mainly influenced by family interactions, early childhood experiences, and life-long socialisations.

On the contrary, person-environment fit perspective theories presume that people choose careers depending on the environmental factors whereby an individual opts to pursue a career when environmental factors match his or her personalities, attitudes, abilities, and values. Social cognitive career theory, on the other hand, identifies self-efficacy as the primary predictor of career choice, while generational theories suggest that different generations are influenced by different factors when making career choices. For the most part, a person referring to these theories to understand factors influencing career choices might garner little help, based on the observed inconsistencies.

The inconsistencies might also be interpreted to mean that factors influencing people's choices for careers differ from one setting to the other. As a result, there is a lack aggregate conclusions on the actual factors that influence individuals' choices for careers. This implies that factors influencing people's choices for careers who share distinct characteristics can only be established by conducting an empirical study in that particular setting in case no such previous study had been conducted. In particular, there could be variations in the factors influencing health-care-related careers in UAE from those in other areas, considering that the existing literature does not outline universal factors for influencing career choices.

Another key reason why the above-reviewed theories may be misleading as far as determining what influences Emiratis' choices for healthcare careers is concerned is the fact that most of them are based on findings made in studies carried out in the business and/or engineering contexts. For example, the social cognitive career theory and Holland's theory are mostly based on findings made in studies carried out in the business and/or engineering contexts (Nauta, 2013; Lent et al., 2014). Besides being conducted in a different occupational field, none of the theories is based on the findings made in Islamic/Arabic religious and cultural settings similar to that of the UAE, a factor that makes it impossible to accurately conclude what exactly influences Emiratis choices for healthcare careers.

Most of these theories, for example, Gottfredson's 'developmental theory of occupational aspirations- circumscription and compromise', among many other theories are based on studies that were conducted in the Western cultural and racial settings, implying that the theories are not universal. As Swanson and Fouad (2014) note, the current career choice perspective theories fail to account for contextual issues and variables such as race, gender, social class, and the process of occupational choice which are likely to have an impact on the type of a career choice an individual makes (Ozbilgin and Malakh-Pines, 2007; Swanson and Fouad, 2014).

Based on the issues highlighted above and believed to hinder the general applicability of the currently available theories of career decision-making, there is a need for conducting an empirical (evidence-based study) to determine the factors that influence Emiratis choice of healthcare careers. For the most part, use of evidence to explain career choices might be the

only sure way for understanding the factors that influence career choices, precisely in the health sector.

2.6 The context of career decision-making research

Most of the previous studies have used the above discussed theoretical approaches, and in particular the sociological and psychological frameworks, in identifying the range of factors influencing people's career decision-making process (Dik, Sargent and Steger, 2008; Bruine de Bruin, Parker, and Fischhoff, 2007; Germeijs and Verschueren, 2007). In the recent past, a number of career decision-making studies have used the two approaches in examining how various factors impact people career decision-making with special focus being laid on three main perspectives namely, students, employees, and cultural influences. All the three perspectives are applicable in the present study considering that the targeted respondents are both employees and students. In addition, achievement of the aim of this study may require the respondents to bring in different aspects of their lives such as culture. Therefore, it is essential to review the currently available literature about career decision-making based on the highlighted three perspectives.

2.6.1 Employee perspectives

Studies on career decision-making among employees suggest that there are specific factors that workers consider when making choices about their careers. Various studies have suggested that a number of employees base their career decisions on individual factors such as personality and self-efficacy. For example, in his study, Ballout (2009) established that employees with high self-efficacy are likely to have greater career satisfaction, stronger

career commitment, as well as stronger determination for success in their careers compared to employees with low self-efficacy.

The study further revealed that employees' supposed self-efficacy could affect their decision to retain or withdraw from a specific career. In addition, the study demonstrated that employees' perceived self-efficacy correlates directly with the workers' decision to maintain their career goals. The concept of self-efficacy might also be applicable in the case of healthcare careers, precisely if the desire of practitioners and nurses is to achieve certain levels of results. By that standard, it would be right to state that self-efficacy is a determining factor for healthcare careers. To some extent, this could be a factor in the career-decision making for Emiratis, which could be limiting their choices in healthcare careers. Considering that such a statement would be a mere deduction, there is a need to seek evidence that choice for a healthcare career is directed by the ability of an individual to produce desired results.

With respect to the element of personality, a study carried out by Judge et al. (2010) seeking to investigate the relationship between job preference and personality among employees working in the healthcare and hospitality industries made a number of conclusions on how personality influences people's choice for careers. For example, the study indicated that managers in these two sectors were generally interested in jobs that provided social contact (Judge et al., 2010). In particular the study which had a sample of thirty-two managers from both sectors, indicated that 69% of the respondents had an interest in occupation that involved more social interactions while the other percentage were okay with careers that had little social contacts. In line with this finding, Guan et al. (2013) posited that most employees in the present job market are obsessed with searching for jobs that match their personalities

since most of them believe that such jobs can give them happiness. In concurrence, Dewberry, Juanchich, and Narendran (2013) reported that a person is more likely to be satisfied in their career, if their personality merges with the traits of that career. For instance, introverts are well suited in accounting and IT jobs, where one may be needed to spend more time alone, trying to figure out some spreadsheet or algorithm, respectively.

A closely related finding was made in a study investigating managerial attitudes towards operations in the hospitality industry. Zhao, Seibert, and Lumpkin (2010) noted that the majority of the frontline hospitality senior managers preferred hands-on activities because they found deskwork activities substantially unpleasant. Therefore, the two studies acknowledged the essence of congruence between job expectations and personality. Based on the findings reported in these two studies, it can be argued that a mismatch between job expectations and personality is likely to result in career dissatisfaction.

Concerning the above explanations, it is an indisputable fact that an individual's personality is among the leading factors that influence level of career satisfaction. Nonetheless, the existing literature does not make it clear whether personality actually influences career decisions. In essence, this literature fails to clarify whether personalities lead people into making certain decisions or acting in a particular way, whether the actions are unappealing or not. For instance, if an individual is interested in travelling, the literature does not explain whether this person would choose a career as tour guide or a driver to suit his or her personality.

There exists a large body of literature that shows that personality is not a major factor that influences people's decisions and behaviours, even though it is indisputable fact that an individual's personality is a leading factor that influences his or her level of satisfaction in whatever decision he or she makes (Dewberry, Juanchich, and Narendran, 2013; Filiz, 2014). On that note, Filiz (2014) argues that employees seek to learn and gain new personalities that fit the work environment in their organisations, rather than choosing to work in organisations whose mission matches with their personalities. Nevertheless, Filiz (2014) did not contest the fact that persons working in a job that suit their personalities are happier than those who do not because they use the strength of their personality to get the best out of the job. After all, individual traits and behaviours can be changed to suit certain environments, which further discredit this theory.

Another core limitation facing the generalisation of personality as an influence of people's choices for careers is an argument made by Daisley (2011). In his study, Daisley observed that Myers-Briggs, which is among the most popular tests of personality, could not easily predict how people would behave in new circumstances, an aspect that is quite important for a career. This implies that it is not possible to predict the career choice an individual is likely to make even if his or her personality is accurately documented. Daisley (2011) further stated that although personality could be influencing people's choices for careers, its impact on their decisions might be negligible. This statement implies that there could be other factors affecting people's decisions and behaviours, which is the backbone for conducting this study.

In addition to individual factors, gender has been enlisted in a number of studies to be among the core factors influencing people's choices for careers. According to a study by

Broadbridge and Parsons (2005), a study whose respondents were charity retail managers, female and male managers were found to value different aspects. Male managers were reported to consider job autonomy and a sense of pride as the most valued aspects of their careers, while female managers found the opportunity presented to them to manage both their work and family responsibilities as the most vital aspect. Broad bridge and Parsons' study indicated that family responsibilities could influence female employees' career choice (BroadBridge and Parsons, 2005). This implies that the perceived roles of both women and men in the society can be solid influences of an individual's career choice.

According to a study by the UAE Embassy in Washington DC, women have always been viewed as the cornerstones of the family and the social structure in the Arab countries. The report further indicated that women are continually viewed as very integral, as far as the maintenance of the country`s culture and Islamic heritage are concerned (UAE-embassy, 2016). Considering the findings made on how gender influences people's choice for careers as discussed above, it can be presumed that women, particularly in Arab countries sometimes have to juggle with careers and family responsibilities.

Although such juggling might also happen in other countries, there is need to assess if they are among the factors that influence healthcare career choices for some women in the UAE. In fact, Daisley (2011) noted that in countries such as the United States of America, women are known to compromise on their careers more often than men do when family issues collide with career needs. This report relates to Davis (2004) observation that there are numerous cases where mothers in UAE have reported cases of career interruptions when attending to the needs of their families. While Daisley links this assertion to the society`s view that the

bond between mothers and their kids is stronger in America, Davis (2004) suggests that the traditional Emiratis culture on the role of women in the family is the big contributor. This a further indication that studies (Saka, Gati, and Kelly, 2009); Krieshok, Black, and McKay, **2009**) from other countries such as the United States cannot be used to explain career decision-making in the UAE.

Beauregard and Henry (2009) identified four fundamental components that influenced employees' career decision-making in an organisation. According to Beauregard and Henry (2009), the first factor was the organisation's capacity to provide meaningful job, featured with an opportunity to develop new skills, progress, and prestigious job that is valued by other people. The second factor that employees considered was the pay which, according to Beauregard and Henry (2009), had to be fair and reasonable. The third factor was the aspect of job security, while the fourth factor was quality personal relationships such as management, providing support to the employees, friendship and good relationships with the other employees, as well as reasonable working hours.

The effects of these organisational and environmental policies on employees' career choice were also evident in previous studies such as in Davis (2004) study. These findings imply that absence of these factors would result in poor employee performance. It is important to note that Beauregard and Henry (2009) did not indicate whether these factors operate independently or dependently when influencing performance at work. In other words, it is not clear whether a factor such as job security would influence performance in a job by an individual along or would need influence from another factor such as salary. Furthermore, it

is not clear whether an employ motivated by passion would necessarily be influenced by these factors at work or rather by his or her intrinsic motivation.

Davis (2004) investigation of the factors connected with the working environment and their influence on small and micro enterprises (SMEs) employees' job satisfaction in the United States indicated that co-workers, supervisors, opportunities for promotion, pay, and morale were key factors influencing employees' job satisfaction. Davis (2004) further reported that low job satisfaction among employees resulted in psychological impact on the employees' attitude towards working in the organisations and led to the lack of interest and enthusiasm in their work. Therefore, this study denotes that employees are likely to lack career commitment, which may result in them seeking alternative careers elsewhere where they would feel satisfied.

In a study carried out to find out the effect of support on employees and age discrimination policies in large organisations, Rabl (2010) reported that older employees aged 50 years and above, believed that their age adversely affected their careers in the organisations more than younger employees aged between 30-40 years did. In addition, older employees expressed their fear of failure in organisations that did not provide support to the employees. This observation insinuates that organisational support may affect the self-efficacy of older employees, thereby making them less committed to maintaining their careers. When one is unwilling to maintain his or her career, they choose to retire or change the career, where they face a decision-making process in the latter.

That being said, it is important to note that the healthcare is among the most challenging sectors in the UAE as portrayed by periods of unrests among the sector workers (Younies, Barhem, and Younis, 2008; Loney et al., 2013). As a result, there could be issues with organisational support, which might have an influence in the manner that heath workers operate. With that in consideration, there is need to conduct a study that will look into the challenges that these workers face in conduct of their duties.

However, Kavanaugh, Duffy, and Lilly (2006) reported contradicting findings in an examination on the relationship between job satisfaction and demographic factors among health workers. In their study, Kavanaugh and colleagues established that older employees were more satisfied with their jobs compared to younger professionals hence less likely to change their careers. The researchers linked this finding with the employees' perception that the organisations they were working in valued their work experiences, hence paid them handsomely. Nevertheless, the two studies show how organisational support can influence employees' career satisfaction, and ultimately the career choices they make. While this observation is a clear one, it results in more confusion on the factors influencing healthcare careers. This is because it complicates the role that other factors such as salary and good relationship play in influencing performance behaviour among employees.

Based on the critical review of literature carried out in this section, it is evident that a wide range of factors influence employees' choices for career or rather, their career decision-making process. The factors include age, family responsibilities, gender difference, pay, business environment, co-workers and organisational support, as well as individual factors such as employees' perceived self-efficacy and personality. The factors can either hinder or

facilitate employees from attaining career success and satisfaction, which ultimately influence professionals' career decisions at various stages of their lives. Considering that there has not been adequate literature relating to the factors influencing career decision-making, the present study intends to conduct a more detailed study that might produce a bigger picture of the complexity of career decision making.

2.6.2 Student perspectives

In the recent past, the interest for investigating factors influencing students and university graduates' choices for careers has been increasing. The findings made from these studies are expected to help in the development of strategies that can enable young people to make logical career decisions and appropriate career choices. It is also anticipated that reports derived from such studies can be used by educational institutions in facilitating students' career opportunities and in enabling them to attain career success after graduation (Jeffreys, 2004). Past studies (Germeijs and Verschueren, 2007; Leung et al., 2011) have explored students' career choice based on two broad questions, which are: (i) why do students choose a specific course of study; and (ii) what makes a student select a specific profession after graduation?

Various studies exploring why students choose a specific course of study have linked a number of factors to the students' decision to enrol in specific courses. For example, in his study, Maringe (2006) established that students based their course decisions on their interest in the subject, as well as the availability of employment opportunities and career prospects after graduation. This study reported other less important factors such as the structure of the course and the total cost involved with a given course. Slightly different findings were

reported in a study carried out among students pursuing library and information science (Moniarou-Papaconstantinou et al., 2010). Moniarou -Papaconstantinou and colleagues found out that the majority of these students did not choose a course because it was their first option, but because it would provide them with employment opportunities after graduation and because choosing library and information science guaranteed them a slot in the university (Moniarou-Papaconstantinou et al., 2010).

O'Mahony, Whitelaw, and McWilliam (2008) revealed that most students based their course decisions on the university, which they would be enlisted, instead of targeting particular courses. In addition, O'Mahony and colleagues revealed that a substantial percentage of the students based their decisions for enrolling in particular courses on handsome employment opportunities, the apparent image of the industry, as well as their past work experience in the sector. Therefore, findings made in these studies seem to conclude that students base their career decisions on employment opportunities, their own economic backgrounds, workforce demand and family, as well as the craving to pursue higher education, instead of their particular career interests.

Other studies such Schwarz et al. (2009) tried to examine what makes students select specific careers after graduation. Such studies associate a wide variety of factors with students' career decision-making such as gender, family background, and opportunity to undertake work experience. For example, with respect to gender, Schwarz et al. (2009) observed that male students were more interested in establishing their own businesses compared to female students. Schwarz et al.' (2009) study was investigating the link between the students' decision to follow a career in entrepreneurship and their gender.

The effect of gender differences on students' career choice has also been reported among accounting students. According to Danziger and Eden (2007), male students were reported to be more interested in having their own businesses compared to female students. Female employees argued that they preferred working as employees since they perceived managing their own businesses as a difficult task, on top of presenting some difficulties to them to manage family and work affairs when they marry.

Work experience has been reported to be another key factor influencing students' career decision-making. Smith, Dalton, and Dolheguy (2004) suggested that work experience presents an opportunity for students to explore different careers and learn about their future professions. This boosts their confidence of making sound career decisions. In Smith, Dalton, and Dolheguy's study, students with inadequate work experience were reported to lack the ability to develop career options. As a result, they based their career decisions on their interests in particular profession instead of their abilities linked to the careers. It is paramount pointing out that the findings by Smith and colleagues are general for the most part, and lack sectorial specificity. For instance, a career in healthcare does not necessarily require pre-experience compared to a career in a sector such as banking. This renders the perspective on work experience less relevant precisely for careers in the health sector, considering that healthcare students have to undergo mandatory internships before assuming full duty either as nurses or as practitioners.

In line with this finding, Feldman and Whitcomb (2005) established that students with adequate work experience had higher chances of making more effective career decisions compared to those who did not have adequate work experience. In general, these two studies

reveal that work experience is a vital element that affects students' career decision-making since it provides them with an opportunity to learn more about their potential career, as well as develop abilities crucial to their career expectation. This finding implies that offering young people an opportunity to experience workplaces of certain careers, for example, healthcare careers, before they make career choices, probably through volunteering or part-time work could be an effective strategy of promoting the number of students taking such careers. While provision of internships might be excellent sources of experience to lure students into pursuing careers they would otherwise fear because of lack of experience, it is important to recognize that not all careers necessitate experience for on to pursue. For instance, Career Builder (as cited by America Online, **2009**) indicated that library technicians and human resource assistants do not require experience when one seeks either of the two jobs.

Other than the above-highlighted factors, some recent studies have termed family background as an instrumental factor that affects students' career decision-making. In a study examining the relationship between family background and career decision-making for graduate teachers, Mau, Ellsworth, and Hawley (2008) established that graduate teachers who revealed higher persistence and job satisfaction with teaching as a career, 23% of them had parents who were teachers. As a result, Mau and colleagues concluded that parents influenced the graduates' career decision-making, and it could be used in predicting career choice, job satisfaction, career success persistence, and success (Mau, Ellsworth, and Hawley, 2008).

Socio-economic background is reported to also influence students' career choices and the whole career decision-making process. In an investigation of career choice behaviour among students from working class families, Greenbank and Hepworth (2008) found that the lack of financial support could adversely affect students' educational choices, which automatically affects their decision-making in a negative way. Students from humble backgrounds are also likely to have limited career choices since they might be unable to look for employment far from their hometowns (Greenbank and Hepworth, 2008).

Overall, based on the previous studies, students' career decision-making is based on a number of factors such as the potential of finding decent jobs after graduation, work experience, gender, family, as well as socioeconomic backgrounds. Parental roles are also instrumental in influencing students' career decision-making and it can have either an adverse or a positive effect on their decisions.

2.6.3 Cultural influence on individuals' career decision-making

Culture is also another crucial element that influences people's career decision-making. Jeffreys (2004) states that culture influences the way individuals behave, think, and make decisions on fundamental matters. With respect to the impact of culture on career choice, Hofstede (2001) and Matsumoto and Juang (2016) argue that culture fortifies the primary judgement that people make, and this judgment influences their behavioural intentions, expectations from a certain career, as well as career outcomes relating to certain professions in their cultural context. Therefore, culture can either constrain or facilitate individuals in making career choices and career success, considering that career is a process accompanied

by intentions, plans, goals, and actions, which are all influenced by culture (Young, Valach, and Collin, 2002). As a result, career choice and culture are closely connected.

Studies investigating career choice highlight some similarities in the elements perceived to influence career decision-making in various cultures. Some of these factors include age, which has been reported in studies in the United Kingdom (Martin and Gardiner, 2007), Scotland (Magd 2003), and the Netherlands (Kooij et al., 2008); and gender reported in Austria (Mayrhofer et al., 2008), New Zealand (Mooney and Ryan, 2009), Hong Kong (Ng and Pine, 2003), and China (Tu, Forret, and Sullivan, 2006). Family-related factors such as family responsibilities, parents, and socio-economic background have been identified in studies conducted in Taiwan (Horng and Lee, 2009), China (Zhang and Wu, 2004), and the United States (Mau, Ellsworth, and Hawley, 2008). The effect of location has been reported in studies carried out in the UK (Dickmann and Mills, 2010) and India (Gokuladas, 2010). Considering that, these postulations have plainly generalised the influence that these factors have on career decisions among students, there is need to assess if indeed choices for healthcare careers are influenced by family-related factors. in other words, there is need to assess whether a student would choose to become a nurse or a practitioners based on family or social influence.

For most of these studies, researchers claimed that the degree to which the above-highlighted factors affect respondents' career decision-making is significantly influenced by their cultural settings. For example, a study carried out by Booysen and Nkomo (2010) to investigate the relationship between achieving a managerial position and gender among MBA students in a South African University, revealed that the respondents perceived men to be more suited for

managerial positions than women. Booysen and Nkomo (2010) observation was linked to the general social perception in South Africa that men make better leaders and that they have a tendency of feeling uncomfortable, thus reluctant to work if their seniors are female managers.

Although there are no tangible studies conducted to assess the perception of women on managerial position, one may predict similar observations considering the societal position on women. However, an investigation carried out to examine female hotel employees' promotion for managerial positions in Singapore reported controverting results. According to Li and Leung (2001), women employees were easily promoted to managerial positions. The female managers, however, suggested that their culture presented to them other family responsibilities as mothers, wives, as well as taking care of the parents.

Therefore, these cultural influences negatively affected job satisfaction and slowed down their career progress to top most managerial positions in the organisations since it was difficult for most of them to balance their work and family responsibilities (Li and Leung, 2001). Despite this observation, it is worth pointing out the inadequacy of literature assessing the role that cultural influence plays in affective job satisfaction and career growth among Emiratis in the healthcare sector. This presents an excellent opportunity of assessing this role, as part of the challenges that healthcare workers face in UAE.

These studies denote the effect of gender on career choice and progress in the cultural context where it emerges that it is easier for men to advance their careers in an organisation than women in some cultures are. This is despite the fact that both men and women may be

presented with equal career opportunities in an organisation, but gender roles end up affecting women's career development. Therefore, with all other factors held constant, men and women may end up making different career decisions based on gender roles at different stages of their lives. It is important to note that there exists little literature elaborating the impact that gender roles have on career decisions concerning healthcare careers. In particular, there is existed no study assessing this aspect from a Middle East perspective, precisely UAE.

In addition, the nature of certain careers has also been reported to be similar among individuals from different cultural contexts, though the individuals' work value is reported to be different. For example, a comparative study carried out to compare Malaysian and English accounting students' perceptions towards a profession in accounting reported that students from the two countries were determined to pursue a career in the accounting field after graduation because it presented attractive employment opportunities (Germanou, Hassall, and Tournass, 2009). However, students from the two settings admitted that a career in accounting is stressful and sometimes workers are forced to work under difficult and challenging conditions. Nonetheless, this observation was made from narrow perspective in that only accounting students were involved. By that standard, it would not be correct to suggest that the nature of healthcare careers is similar in nations without conducting a meta-analysis from healthcare students and workers.

Another attribute from the existing literature relating to students perspective towards career pertains to the influence that cultural background and perceptions. For example, Germanou and colleagues established that English students perceived a career in accounting more valuable because of its economic benefits and its impact on the well-being of the general

society (Germanou, Hassall, and Tournass, 2009). Malaysian students, on the other hand, valued a career in the same field because it offered them a stable employment and created a room for career development. Therefore, based on the literature analysis carried out in this section, culture can have a substantial effect on career choice since different individuals make rational career choices based on the cultural interpretations. From this literature, it is evident that cultural background may have varying implication on career decisions including health-related careers. Despite this fact, an investigation on the impact of cultural background on career decisions in the UAE has not been conducted, which present an opportunity to assess if indeed culture influences career decisions among Emiratis, which key focus on the health sector.

Though previously mentioned on a gender-based perspective, it is imperative to note that the Emiratis culture is definitive when it comes to gender roles. For example, it is the duty of a woman to take care of her family and raise the kids (Kemp and Zhao, 2016). This cultural obligation insinuates that women are more likely to pursue more flexible careers than men in this context are. Whereas this belief may not be that strong in the urban section, the rural part of the UAE holds on to this belief more (Kemp and Zhao, 2016). This is a clear indication that the role of cultural influence cannot be downplayed when it comes to assessing the factors influencing career choices.

2.7 Chapter summary and conclusion

In summary, this chapter has presented an overview of career decision-making, besides defining the concept of career decision-making. Relevant sociological and psychological theories of career decision-making, as well as their application, have also been reviewed. The

theories explored in this chapter include Parson's theory; developmental career-choice perspective theories; person-environment fit perspective theories; Social cognitive career theory; and the Generational theory. Still in this chapter, empirical studies relating to career decision-making have been explored.

Based on the findings made in these studies, it is evident that choosing careers is a complex process and employees and students use a wide range of factors to base their career decisions on. Some of the factors suggested in previous studies include sociological factors and psychological influences. Other factors include early life experiences, culture, race, and influence from other people, employees' perceived self-efficacy, age, gender, business environment, family and work responsibilities, as well as personal virtues. The next chapter provides a critical review of the micro literature relating to the research topic in a more specific manner in terms of the research context (that is, UAE) and the research topic (decision-making for careers in the healthcare field).

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CHAPTER III: CONTEXT OF THE RESEARCH

3.1 Introduction

In chapter two, I have critically reviewed the general (macro) literature relating to career decision-making where various components such as the concept of career decision-making and the theoretical approaches to career decision-making have been discussed. In this chapter, I have provided a critical review of the literature relating to the research topic in a more specific manner in terms of the research context (that is, UAE) and the research topic (decision-making for careers in the healthcare field). The chapter provides an exploration of the context of this study where various components such as the historical development of the nursing profession, features of the UAE healthcare sector, and healthcare careers in the UAE setting have been discussed. Other components covered in this chapter include the five broad categories of factors deemed to influence people's choices for healthcare careers, barriers likely to be contributing to the low enrolment and retention rates of nurses and doctors in the UAE, and finally, the literature gaps identified.

3.2 Historical development of nursing as a profession

Nursing has been in existence since the beginning of time when female members of a society were assigned the role of providing care to the sick since it was traditionally believed that their experience in providing nurturance to their infants could be extended to taking care of the injured and the sick (Attewell, 2012). Other societies trusted shamans, medicine men, or other tribesmen with the role of taking care of the sick. However, with the recent advancement in technology, nursing has significantly evolved and grown to cater for the

complex and dynamic healthcare challenges encountered in the world today (Fitzgerald, Almalki, and Clark, 2011; Attewell, 2012).

As Fitzgerald, Almalki, and Clark (2011) note, a number of historical influences witnessed throughout the ages have immensely contributed to the evolution of nursing as a profession. For instance, the increased demand for more military nurses, hospital-based nurses, and community-based nurses led to the development of various nursing schools and training centres in the United Kingdom. As a result, nursing education expanded, reflecting the growing needs in practice. However, the evolution of the nursing profession took place differently in different countries, mainly due to changes in the economy, population demographics, consumer demands, and technology (Fitzgerald, Almalki, and Clark, 2011).

Nursing in the Gulf region, according to El-Haddad (2006), developed after the emergence of the Islamic religion where many Islamic scholars acknowledge Rufaidah Al-Islamiah as the first practising nurse. Extant literature shows that Rufaidah together with other Muslim women had participated in a war led by Prophet MoHammad (peace and blessings of Allah be upon him) by providing care to the wounded soldiers. Following the end of the war, Rufaidah continued with her role by providing care to the sick people in her community since she believed that nursing was an art required during days of war and peace (El-Haddad, 2006). In honour of her work, other Muslim women took up the mantle after her death and continued providing care for the sick in the society and the wounded soldiers during times of war (El-Haddad, 2006).

Unlike in the past, nursing is currently a multifaceted and multidimensional profession where professional nursing organisations such as the Nursing and Midwifery Council (NMC) as well as the American Association of Colleges of Nursing (AACN) speak confidently about the actual requirements of the nursing profession (AACN, 2004; NMC, 2010). It has also become a highly skilled competency-based profession where nurses must be extensively trained in health sciences, psychology, and sociology. All these educational goals and realities are a clear reflection of the increased complexity of the contemporary healthcare environment and the growing need for more nurses to care for the sick (AACN, 2004; NMC, 2010; Ibrahim et al., 2016).

According to El-Haddad (2010), the formation of the UAE in December 1971, which was later followed by the establishment of all government and federal ministries, including the Ministry of Health (MOH), led to a significant development of healthcare services in the country. The Ministry of Health was responsible for the establishment of the Federal Department of Nursing (FDON) to cater for the development and management of the nursing services in the country (El-Haddad, 2010). To regulate and develop the nursing profession, the Federal Department of Nursing implemented the nursing Emiratization policy, purposely to reduce the country's dependence on foreign expatriates and ensure that more UAE citizens were employed as nurses (Ministry of Health, 2011). However, the goal of optimising opportunities for Emiratis to join the profession has not been realised to date because the number of nurses of UAE origin is shockingly low as previously stated in this thesis.

The establishment of the Emirates Nursing Association (ENA) by a small group of Emirati pioneer nurses in 2001 presented a major milestone in the history of nursing in UAE. Its

establishment was made under the legislation of the Ministry of Labor and Social Affairs, which later approved all its articles of association in 2003 (El-Haddad, 2010). Later on, the UAE Nursing and Midwifery Council (NMC-UAE) was formed in 2009 with the aim of improving the nursing profession in the country. Based on the NMC-UAE establishment Cabinet Decree number 10 (2009), the roles of the body included the following:

- Regulation of the nursing and midwifery professions;

- Promotion and advancement of nursing and midwifery services; and

- Promotion and protection of the safety and health of the public based on the highest standard.

However, underrepresentation of Emiratis in every sector of public life in the UAE is also reflected in the healthcare sector where most of the nursing services are provided by the expatriate nursing population (El-Haddad, 2010). However, as El-Haddad (2010) notes, due to the increased complexities in healthcare demographics and national security concerns, it is crucial for the Emiratis to assume a more leading role in the provision of healthcare services for their people, other than heavily relying on foreigners. They must also address the issues that are hindering their recruitment and retention into nursing programmes by providing recommendations that could change the future of the nursing profession in the country (El-Haddad, 2010).

3.3 The current physician and nursing shortage

Since the establishment of the first formal training program for nurses in 1860 by Florence Nightingale, who is regarded as the founder of modern nursing, nursing and healthcare at

large has evolved significantly (Kozier et al., 2008). However, the profession has not been short of challenges, which have continued to hamper the provision of healthcare services (Manojlovich et al., 2008). Key among these challenges, according to Potter and Perry (2013), has been the prevalent shortage of the nursing workforce witnessed globally. Various researchers have also predicted that this problem, which has persisted throughout the 20th century, is likely to continue for a long time due to the changing population demographics (Buerhaus et al., 2015).

The current shortage of nursing personnel has also been reported in several other studies from western countries. For instance, a qualitative study conducted in the US where practising nurses were interviewed, nurses were found to leave their profession due to job stress and a general feeling of being unappreciated, lack of professional development opportunities, and lack of continuing education opportunities (Nardi and Gyurko, 2013). Though the shortage has in the recent times been temporarily eased because of the global recession which is forcing part-timers to take full-time jobs and because of the aging members of the workforce postponing their retirements for economic reasons, it is predicted that the shortage of registered nurses will by 2025 rise to 250,000 and 42,000 in *the USA and England*, respectively (Nardi and Gyurko, 2013; Royal College of Nursing, 2017).

In Denmark, a report by the International Council of Nurses (ICN) suggested that Denmark will have a shortage of 22,000 nurses by the year 2025. Additionally, estimates from the Danish government and several other key authors have indicated that 36% of the nursing positions will be vacant by 2020 (Aiken, 2008; Nardi and Gyurko, 2013). In the UAE, the healthcare sector is facing an extreme shortage of physicians, nurses, and other types of

health workers (AbuAlRub, 2007; Informa, 2016). This shortage is linked to the decreased supply and the ever increasing demand for health services mainly because medical and nursing schools in the UAE have failed to produce enough physicians and nurses to meet the increasing healthcare demand of the population (AbuAlRub, 2007; Informa, 2016).

Even though the medical profession is seen as a more prestigious profession than nursing in the UAE, the country's healthcare sector has faced a severe shortage of physicians, particularly among those of UAE origin. Many UAE nationals are reported to lack the required motivation and interest to pursue a career in medicine since they believe that physicians require many years of preparation and study, yet the profession does not provide adequate financial rewards (El-Jardali et al., 2008; Ibrahim et al., 2016). For this reason, many of them, according to El-Jardali et al. (2008), prefer to work in the business and oil sector; two core fields that provide them with an opportunity to make more money faster than being in the healthcare sector.

However, El-Jardali et al. (2008) also suggest that the current shortage of physicians of UAE origin is not entirely related to the lack of attraction among nationals to the medical profession, but also to the fact that the overall percentage of UAE nationals in the country's population is low in relation to expatriates. It is, however, worth noting that the number of health workers of UAE origin is not even sufficient to serve the Emiratis, leave alone the expatriates (Ibrahim et al., 2016). Furthermore, the problem is to some extent linked to the quality and the number of medical education programs offered by medical schools in the UAE (El-Jardali et al., 2008; Ibrahim et al., 2016).

Results from various studies have indicated that the medical programs being provided in the UAE are not sufficient to train specialists who are desperately needed to meet the rising national demand for medical practitioners (El-Jardali et al., 2008; El-Haddad, 2010). It is also apparent that the qualifications and the type of graduates being produced in the UAE have failed to match the needs of the labour market, not only in the health sector but also in other sectors. As a result, the government has tried to rectify this problem by encouraging Emiratis to introduce professions that are critically needed by the labour market to the universities (El-Jardali et al., 2008; El-Haddad, 2010).

3.4 Features of the healthcare sector in the UAE

3.4.1 An overview of healthcare industry in the UAE

A general overview of the UAE's data in relation to healthcare provision shows that the country's population has been rising and it is expected to grow even more intensively in the near future (Salem, 2004; Delloitte, 2011). The available estimates show that there were 9.3 million inhabitants in 2016 and that the number of residents in the UAE is expected to double by 2029 (Tradingeconomics, 2017). This high pace of population increase is attributed to the high annual growth rate, which is currently at 1.4% (Delloitte, 2011; Bazoobandi, 2013), as well as the intensive trade and immigration into the country (Amalki, Fitzgerald, and Clark, 2011; The UAE Media Council, 2014).

Other than the rising general population of the country, the demand for healthcare services is also triggered by other factors such as the increase in the number of aged persons as well as the change in lifestyle, particularly among the young population. According to the U.S.-U.A.E. Business Council report (2014), conditions resulting from the consumption of fast

foods and sedentary lifestyles such as diabetes, Alzheimer's disease, asthma, atherosclerosis, chronic liver, metabolic syndrome, and obesity among other lifestyle disease are on the rise. To this end, the number of heart diseases and cancer cases reported annually, particularly among the ageing population, has dramatically increased in the past one decade (U.S.-U.A.E. Business Council, 2014).

Despite the high demand for healthcare services in the country, the 2014 U.S.-U.A.E Business Council report indicated that the UAE's healthcare system has been struggling with the high immigrant-driven population growth. It has also been striving to regulate the sharp rise in per-capita health spending, resulting from chronic diseases and the high levels of affluence (U.S.-U.A.E. Business Council, 2014). This is because the number of healthcare facilities and that of medical practitioners is considerably low. Shocking statistics reported by the U.S.-U.A.E. Business Council (2014) show that in 2010, UAE had a total population of 9.2 million people with only 104 hospitals across the seven Emirates, of which 36.4% of the hospitals were owned by the government. This implies that there is a significant shortage of healthcare facilities in the country, particularly those owned and run by the government.

The report also shows that in 2014, there were 19.3 physicians per 10,000 persons, as well as 40.9 nurses and midwives per 10,000 persons in the country. Related findings have been reported by other sources among them Hannawi and Salmi (2014) study, which reported that UAE currently has one of the lowest ratios for nurses (at 2.7), and that of physicians (at 1.5) across the Gulf Cooperation Council (GCC). The country was ranked lower than other Gulf countries such as Bahrain, Kuwait, Oman, and Qatar. The ratios stated above are way below those recommended by the World Health Organization (WHO), which specifies that the

minimum threshold of skilled health professionals (nurses, midwives, and physicians) per 10,000 population is 34.5 (Global Health Workforce Alliance, 2014). These healthcare indicators confirm that there is a critical shortage of medical practitioners in the UAE and that the country's healthcare market is lagging behind both in the GCC and in the world at large.

According to El-Haddad (2010), one of the major challenges faced by the UAE has been trying to establish itself as a global hub, while at the same time preserving its cultural identity. The affluent lifestyle, the excessive dependence on expatriates to provide the required services and the religious beliefs of the Emiratis have all hindered the recruitment and retention of nurses and other health professionals amongst Emiratis (El-Haddad, 2010). The Abu Dhabi Education Council has also been re-evaluating the education system in the UAE in an attempt to improve its adaptability and ensure that it is reflecting the recent changes in the global arena (Kirk, 2010). To alter the current shortage of nurses in the UAE, according to Wollin and Fairweather (2012), the number of locally educated nurses has to be increased to improve and sustain the recruitment and retention of local students in the nursing program.

3.4.2 Expatriates dominance in the UAE healthcare sector

According to El-Zubeir et al. (2006), the overall labour market in the UAE is dominated by expatriates. This observation is mainly reflected in the healthcare sector where majority of the workers, especially nurses and doctors, are expatriates drawn from North America, Arab countries, South East Asia, and the UK to provide nursing and medical services to the population (Amalki, Fitzgerald, and Clark, 2011; Abdel-Razig and Alameri, 2013). To be

precise, Abdel-Razig and Alameri (2013) noted that UAE nationals account for less than 20% of the health workforce.

Though failure by nursing and medical schools to produce enough graduates has been highlighted as a major reason why the UAE relies heavily on expatriates, many other reasons have been linked to the continued over-reliance on workers from outside the country in the UAE's healthcare sector. One of these reasons is the fact that the population in the country has significantly increased within a short-time frame. UAE nationals account for just over a quarter of the population with the rest of the population being expatriates and immigrants. This, therefore, implies that it is almost impossible for this small group of nationals to produce the required healthcare needs for the entire population. Moreover, 25% of the population are children under the age of 15, thus worsening the situation (Wilkins, 2011; Tradingeconomics, 2017). However, as noted earlier, the number of Emiratis health workers is not even sufficient to serve the Emiratis, leave alone the expatriates (Ibrahim et al., 2016).

Wilkins (2011) also noted that the new healthcare technologies being consistently adopted by the health facilities in the UAE require expertise to operate, an aspect that has also increased the country's dependence on expatriates since the country lacks the capacity to train its citizens about these technologies adequately. Evidence also suggests that the number of UAE nationals joining the nursing and medical fields is insufficient, yet as noted earlier, this is the only guaranteed solution to the problem of UAE over-dependence on expatriates. For instance, in 2007, 72% of graduates in the UAE held a degree in arts, indicating a lack of interest for healthcare careers (Wilkins, 2011).

Another factor contributing to the country's over-reliance on expatriates in its healthcare sector has been the lack of the necessary specialities in the medical field. In this regards, the number of public and private special needs centres in the UAE is currently not enough to cater for the needs of the whole population (El-Jardali et al., 2008; The Sheikh Saud bin Saqr Al Qasimi Foundation, 2015). This has been worsened by the fact that the country is suffering from the lack of specialised nationals who can provide the required healthcare services, hence making a number of people to miss out on highly important services.

It is also evident that the demand for specialities, especially in genetics, endocrinology and surgery, in the UAE is very high and the supply from within is limited thus increasing their dependence on expatriates. Shortage of specialities in the healthcare sector has also been witnessed in other fields such as paediatrics, internal medicine, and gynaecology among others. This shortage has been exacerbated by the lack of school programs for these kinds of specialities, particularly for midwifery, mental health, neonatal medicine and paediatrics within the UAE (El-Jardali et al., 2008; The Sheikh Saud bin Saqr Al Qasimi Foundation, 2015).

3.5 Key influences on individuals' choices for healthcare careers

Though no study had been conducted in the UAE seeking to establish factors that influence Emiratis' choices for healthcare careers, a number of such studies have been carried out in other parts of the world in an attempt to investigate what influences an individual to choose a career in the healthcare sector, and specifically, nursing. In this section, I have provided a critical discussion of the main factors identified in such studies in terms of the identified common themes, rather than discussing individual studies. Following a critical evaluation of

the available studies, I noticed that the identified influences can be grouped into five broad categories: gender; culture, race, and religion; individual's self-concept; experiences and interactions with other people; and other factors.

3.5.1 Gender

Gender, race, and culture constitute a dominant theme in the current literature about career choices in the healthcare sector (Dombeck, 2003; MacIntosh, 2003; Gardner, 2005; Miller, 2009). According to MacIntosh (2003), Whitehead et al. (2007), and Martin and Kipling (2006), ethnicity, gender, and race are powerful influences on a person's self-identification as a nurse. Gender and gender roles, for example, are well-known influences on career decision-making and they form a central element of early childhood socialisation (Miller, 2009). Martin and Kipling further claimed that just as human beings learn how to be women and men, they also learn and acquire professional roles based on gender preference (Martin and Kipling, 2006).

Hemsley-Brown and Foskett's study (1999) also reported that the nursing career was primarily based on the view that it was a woman's job that requires one to have a caring and nurturing personality. In a different study seeking to explore the general public's perceptions towards nursing as a career for both men and women, other gender-based stereotypes were reported. For example, the perception that a significant proportion of men who go into nursing are gay is reported to be relatively prevalent in the Canadian and American societies (Bartfay, Bartfay, Clow, and Wu, 2010; MacWilliams, Schmidt, and Bleich, 2013). Other stereotypes associated with male nurses, which probably discourage them from taking nursing as a career include male nurses being perceived to be effeminate (unmanly), less

caring and compassionate compared to females nurses, and that nurses are rejects of medical schools (McKinlay et al., 2010). That is, they pursue nursing as an alternative route to just find themselves in a career related to the medical profession (McKinlay et al., 2010; MacWilliams, Schmidt, and Bleich, 2013).

A number of studies have investigated the impact of gender on career decision-making, specifically on why men and women choose nursing as a career (Boughn, 2001; Muldoon and Reilly, 2003). In this case, Muldoon and Reilly found that gender role orientation can be more influential on career decision-making than the gender itself. In their study, which involved 384 nursing students, the researchers established that students' choices for careers were influenced by gender role orientation, as well as gendered stereotypes concerning nursing roles. In this case, the researchers concluded that nursing was perceived to be a preferable career for female students than male students. The male students surveyed also acknowledged the existence of stereotypes directed towards male nurses and male nursing students, some of which have been highlighted in the previous paragraph.

In the medical field, gender has also been reported to be a key influence on people's choices for careers in some settings, while in others, gender and gender roles have been found to be an insignificant factor. Some of the studies that have associated gender stereotyped roles with negligible influence amongst the residents include the Svirko, Goldacre, and Lambert (2013) study (conducted in the UK), Sanfey et al. (2006) study (carried out in the USA), and Riska (2011) conducted in Maturitas. In other studies such as Chellappah and Garnham (2014), gender has indeed been noted to be a crucial factor that influences students' choices for medical courses, though it appeared to be a catalyst that encouraged more female students to

take medicine. This means that more female students were choosing medicine contrarily to the societal perceptions that medicine is a man's career (Chellappah and Garnham, 2014).

The above-highlighted observations imply that in most studies, women have been found to successfully engage in traditionally male-dominated careers such as the medical profession, but men are not stepping into female-dominated careers such as nursing. In brief, nursing is perceived to be a more suitable career for women than for men in most societies such as in the Canadian society (Bartfay, Bartfay, Clow, and Wu, 2010), the American society (MacWilliams, Schmidt, and Bleich, 2013), and the New Zealand society (Harding, 2009). The medical profession, on the other hand, is perceived to be a male-dominated career in some settings, though the UK society among other societies has proven otherwise.

As McKinlay, Cowan, McVittie, and Ion (2010) note, the issues of prejudice and negative stereotypes of male nurses have been confirmed to negatively contribute to the recruitment and retention of male nurses and male students into nursing programs. For example, according to a report published in a CBS News report in February 2009, men leave the nursing field more frequently than women, where more than 7.5% of the male nurses leave the field within the first four years of graduation compared to 2.1% of female nurses. The report further indicated that men were 4.5 times more likely to leave the profession in search for other higher-paying jobs (CBS News, 2009). Nevertheless, the issue of retention of male nurses is not within the scope of this study hence no further details are provided.

A critical review of the available literature shows that though men appear to be affected by gender roles and stereotypes associated with nursing, hence less likely to pursue nursing as

a career, women appear not be negatively affected by the stereotypes associated with doctors such as perceiving the medical profession as a man's career. It can, therefore, be argued that, although women have made remarkable strides in male-dominated fields such as the medical profession and engineering, men still face more criticism for stepping into female-dominated professions. This probably explains why there are fewer male nurses yet the number of female doctors is significantly high. For instance, in a report published in 2012 by the Robert Wood Johnson Foundation, male nurses accounted for only 7% of the entire nurse labour force in the USA. A survey carried out in 2014 by the U.S. Census Bureau, however, indicated that the percentage of registered male nurses had hit 9.6% by 2014. In the UK, male nurses account for 10% of the entire nurse labour force (as cited by Bartfay, Bartfay, Clow, and Wu, 2010).

Contrary to the low number of men in the nursing field, the percentage of women doctors is reported to be significantly higher than that of men in most of the developed countries. In the UK, for example, estimates by the General Medical Council (GMC) indicated that the number of female doctors will surpass that of men in 2017 (GMC, 2016). According to the GMC, 54% of the country's doctors will be women with men making up only 46% of the labour force. This is, however, not the case in some countries such as the USA, far East countries such as China and Japan, and most of the sub-Saharan and North African countries, where male doctors exceptionally outnumber women (GMC, 2016).

Based on the extant literature reviewed in this section, it is evident that a lot is known about gender influence as far as healthcare careers are concerned in settings outside UAE though no clear conclusions can be deduced. This is probably because gender and gender roles are

influenced by other factors such as religion and culture which differ from one country to another. Still while putting the issue of culture and religion into context, it is also not possible to come up with clear conclusions that can be generalised and probably assumed to apply in the UAE because findings made in regions believed to have closely related culture and religion, such as the USA and UK, contradict significantly.

Besides that, no single study available in the public domain had explained whether or not gender and gender roles influenced Emiratis' choices for careers, specifically careers in the healthcare sector. In addition, very little emphasis had been provided on the issue of gender with regard to selecting the medical profession as a career. Most of the studies have focused on nurses probably because it is a normal thing to have more male doctors than female doctors in some settings, but abnormal to hear of men taking nursing as a career. Such assumptions have been put into consideration in this study and that is why the scope of this research is on career influences for both the medical and nursing professions amongst the Emiratis.

3.5.2 Culture and race

Other than other career fields reviewed in the previous chapter such as business and engineering where culture was found to be a key factor influencing individuals' career choices, a number of career choice studies within the healthcare sector have indicated that culture guides people's career choices. Some of the studies that highlighted the element of culture include Gregg and Magilvy (2001), Martin and Kipling (2006), and Lai, Peng and Chang (2006). However, it is worth noting that findings made in these studies among others that have explored the effects of culture on people's career choices have not provided a clear

definition of the term "culture." This element limits interpretation as to whether culture, in this case, relates to ethnicity, religion, generational group, and other symbolic structures.

A critical review of the extant literature on the effect of culture on an individual's choice for healthcare career shows that culture mainly influences people's career choices depending on how their culture views that particular career. That is, whether such careers are valued or not by members of the society (Harrigan et al., 2003; Katz, 2007; Mooney, Glackenb, and O'Brien, 2008). It also influences individuals' career choices depending on the ideas a culture holds towards a profession, and most importantly who should perform the job, which indirectly brings in the element of gender roles. Though in a different context, Alkandari and Ajao (1998) also noted that culture influences people's career choices indirectly by dictating how choices are made in a family setting. For example, in some cultures, career choice is a communal decision, often jointly made by the student and the family and/or parents, while in other cultures students have the final say on what career to take (Katz, 2007; Mooney, Glackenb, and O'Brien, 2008).

In this regards, in Harrigan et al.'s (2003) research, a qualitative study that encompassed Native Hawaiian, Filipino and Samoan high school and nursing students, it emerged that Samoan students valued the widely held notion in their culture that women are family caregivers, hence more suitable to be nurses than men. It also emerged that nursing was among the most valued careers in the Filipino and Samoan cultures, but less valued in the Hawaiian culture. Native Hawaiian nursing students involved in this study, however, acknowledged that the desire to help family members in managing health conditions common in their community was an important cultural factor that made them pursue nursing (Harrigan

et al. 2003). This finding was echoed in Katz's (2007) study which sought an understanding of the perceptions of Native Americans towards nursing and the medical profession. Katz (2007) concluded that perceiving nursing and the medical profession as an excellent opportunity for one to contribute to the health of individuals in the community or tribe was a crucial motivator amongst the students in choosing the two careers.

Still on the issue of societal perceptions towards healthcare careers, Mooney et al. (2008) noted that attitudes related to selecting nursing as a career choice vary across different cultures, countries, and regions. For instance, according to Okasha and Ziady (2001), the perception of nursing as a career choice in the Middle East is considerably disappointing. The results of their study whose setting was Qatar indicated that despite most people joining the profession because of interest in the humanitarian nature of nursing and the provision of medical services, factors such as long working hours and the existence of male patients and partners in the workplace triggered the community's negative attitude towards the profession. In a different qualitative study conducted in Kuwait by Alkandari and Ajao (1998), it emerged that nursing in the country is regarded as a low status and non-respectable profession, with factors such as poor staffing welfare, academic problems, and social pressure being the major contributors of poor retention. Among the 330 people surveyed, only 19% of them expressed interest in choosing nursing as a career.

Though not updated as one would expect, Okasha and Ziady (2001), and Alkandari and Ajao (1998) studies, if generalised, can be assumed to imply that negative perceptions and attitudes by a significant proportion of the Middle East residents explain why nursing is not a popular career. It, however, fails to explain why there are few doctors, for example of UAE, Saudi,

and Kuwait origin, yet the medical profession was in these studies found to be relatively valued by the society. The negative attitudes can be linked to cultural and religious factors since being a Muslim-dominated country; an occupation practised in the UAE has to be culturally appropriate.

It is, however, worth noting that both the medical and nursing professions are culturally and religiously acceptable in the UAE (El-Haddad, 2006), though one is less popular than the other. This implies that other factors such as class-association, prestige, and the general reputation can be assumed to be involved, even though it is not empirically proven. At the time this study was conducted, no published literature about Emiratis career choices for nursing and the medical profession was available, thus such conclusions could not be made.

Racial prejudice and socioeconomic status are other core elements that have been reported to impact people's choices for healthcare careers. In this regards, findings from a number of studies carried out in the 1990s and early 2000s on professional socialisation indicated that nursing was predominantly perceived to be a career for the middle class and white women (Boughn, 2001; Muldoon and Reilly, 2003; Magnussen, 2004; Hemsley-Brown and Foskett, 1999). Other studies such as Gardner (2005) and Martin and Kipling (2006) have linked race with some healthcare careers such as nursing, even though the validity of some of these studies is questionable as discussed later in this section. In an investigation carried out to explore how social, historical, political, and cultural contexts shaped Aboriginal nursing students' experiences, Martin and Kipling established that stereotypical portrayal, pervasive racism, and exclusionary discourses of the Aboriginal people influenced students' experiences to choose and complete nursing education.

In Dombeck's study, which aimed at exploring how nurses understand professional personhood and culture, respondents indicated that professional personhood was mainly influenced by gender, race, and social positions. Though participants from all races involved acknowledged the impact of the feminine image of nurses, this attribute was accentuated among nurses of Afro-American origin because of the societal suppositions of racial servanthood. As a result, the researcher highlighted the need for deconstructing the conventional images of nurses in an attempt to attract future generations of nurses from various backgrounds (Dombeck, 2003).

A critical review of the available literature shows that there is much overlap on the impact of culture on people career choices and other career-choice influences. For example, Harrigan et al. (2003) classified the desire to help other members of the society and parental influence as part of cultural influence. In addition, Harrigan et al. (2003) among the other studies cited above have categorised gender roles as part of cultural factors, yet gender should be explored as an independent factor or influence. Besides that, such studies have not drawn a clear line between culture, race, and religion which are in actual sense different.

For example, in Martin and Kipling's study, which involved the Aboriginal people, what according to them emerged as the element of race in career decision-making is definitely the element of culture. Moreover, Martin and Kipling (2006) linked the respondents' feminine perception towards nurses to their race, yet societal suppositions are in most sources categorised as part of culture (Andersen and Collins, 2015; Spencer, 2014). Similarly, validity of the results made in Dombeck's study, which involved people of different races based in the USA, is questionable. As previously stated, Dombeck noted that people of Afro-

American origin were more likely to be nurses because of the societal suppositions of racial servanthood. For me, this is more of culture rather than race and the general claim that Afro-Americans (people of African origin) are more likely to be nurses compared to Caucasians, is baseless because the current shortage of nurses is felt across the two races as previously stated.

With this, it is obvious that much controversy and confusion surround the aspect of cultural and racial influence. Besides that, it is not clear why culture has not emerged as a key career influence in most of the recently conducted studies (often studies conducted after 2010), yet it appeared to be an overriding factor in studies conducted in the 1990s and early 2000s. In addition, it is not clear why literature concerning how culture and race influence students' choices for a career in medicine was not available. Whatever the case, it is not known whether culture and race could be among the factors influencing Emiratis' choices for medical and nursing careers since no evidence based (empirical) study has been conducted in the UAE setting.

3.5.3 Individual's self-concept, career aspirations, and interests

Concerning the element of individual's self-concept, Larsen et al. (2003); Dombeck (2003) and Mackintosh (2006) found that persons choosing nursing and medicine as a career had some features in common. For example, the researchers noted that individuals who pursued nursing as a profession were caring and their perception of 'self' was corresponding to their perceptions of a nurse. Larsen study was conducted using an ethnographic approach and it aimed at examining students' changing perceptions of the nursing career during education.

The study concluded that the perception of the nursing profession remains substantially stable and original, irrespective of the experiences in training that challenges this perception.

Further analysis of the findings made revealed that professional perceptions are closely linked to an individual's self-concept. Other than influencing career choice, self-concept has been reported to also influence transition and career retention (Cowin and Hengstberger-Sims, 2006). Therefore, the perception of nurses as caring individuals remains to be a key theme in self-identifying with the nursing career (Miller and Cummings, 2009). This can further be interpreted to imply that, based on the above-reported findings; some people pursue nursing because they value the vocation either at a personal level or societal level.

Other than the element of self-concept, some studies have reported life orientation as a key influence on career choice in the healthcare sector. In an investigation seeking to determine factors associated with students' professional orientation to nursing, Vanhanen and Janhonen (2006) identified three unique orientations to nursing namely, expertise, caring, and life. Each of these orientations relates to a person's perception of the nursing profession, their personal goals, and their self-concept. In addition, all the three orientations differ based on the pre-educational experiences of caring and nursing, expectations of the profession, as well as the perception towards the nursing career.

Based on the professional orientation, the researchers noted that students could define the nursing and medical professions as caring (altruistic); as a way of meeting personal goals (life); and as a profession that demanded a high degree of expertise. In addition, the researchers suggested that the impact of the three orientations result in different outcomes in

relation to professional and academic success. Findings made in this study revealed that the majority of the students taking a career in nursing and medicine are life oriented, which means that they perceive nursing and the medical profession as part of fulfilling fundamental life obligations (Vanhanen and Janhonen, 2006).

These findings were echoed in a phenomenological study carried out by Magnussen (2004), seeking to establish the historical perspective on women's decision to pursue a nursing. According to this study, the core theme in choosing a career in nursing was found to be an individual's desire to be of service (Magnussen, 2004). In a related grounded theory research which involved a sample of 16 female nursing students, Boughn and Lentini (2006) revealed that other than being inclined to helping and caring for other people, respondents were motivated to take nursing by the power and empowerment of oneself and others. In Boughn's study, both male and female respondents were found to have been influenced by similar factors into the nursing career with the main motivator being to care and help others.

Still on the aspect of self-concept which encompasses other elements such as academic performance, some studies have revealed that academic performance plays a vital role when students are making career choices. However, academic performance is perceived as a secondary influence since most students work hard, hence improving their performance with the aim of meeting the academic qualification needed for one to take a given course. In the UK, for example, consistent and outstanding academic performance among the girls was cited by the General Medical Council as the main reason why more girls were taking medicine compared to the low number of boys scoring grade A (GMC 2016). This imbalance has over time made the number of female doctors increase rapidly to the point that female

doctors were expected to account for 54% of the country's doctors labour force in 2017 (GMC, 2016).

3.5.4 Interactions, experiences, and role models

Interactions among individuals have also been noted as other salient factors that influence students' choices for careers in the healthcare sector. Levine and Hoffner (2006), McLaughlin, Moutray, and Moore (2010), and Whitehead, Mason, and Ellis (2007) hold that by simply interacting with other people, particularly friends, family members, and role models, students' choices for careers are significantly influenced. In their study, Levine and Hoffner (2006) noted that the majority of the respondents (47.8%) considered family members, teachers, and friends (Levine and Hoffner, 2006) influenced taking a career in nursing while in high school and their choices.

With respect to the aspect of parents, family members, and role models influencing career decision of a student through interaction, Levine and Hoffner (2006) noted parents and other family members either could directly or indirectly advise their children to take or not to take a healthcare course. The participants also indicated that the availability of nurse and doctor role models played part in making them take healthcare careers. In line with this finding, Gregg and Magilvy (2001) identified that the main process of "bonding into nursing" was swayed by knowing other people who were nurses and the undertakings of other nurses.

With respect to the aspect of past experiences, some studies have reported that students' careers choices are influenced through observation of healthcare professionals actively engage in the provision of healthcare services either through past work experience. These

studies also indicated that these choices can be influenced by past experiences as a recipient of healthcare services, or by observing a family member, relative, friend, or patient receive medical care (Levine and Hoffner, 2006; Porter, Edwards, and Granger, 2009). Levine and Hoffner (2006) argue that such early experiences give students a chance to understand a career and start perceiving it as an opportunity to care and help other people in the society.

In their study, Porter, Edwards, and Granger (2009) found that most impressions of nursing and the medical profession were informed by either having past experiences with the healthcare system or by knowing other nurses and doctors. Direct encounters with health professionals were found to be influential in informing high school students about healthcare professions compared to other socialisation experiences such as media and school (Porter, Edwards, and Granger, 2009). The researcher concluded that experiential knowledge is fundamental for a student in deciding whether to pursue or not to pursue a healthcare career. Similar findings have been reported in other studies focusing on the relationship between early experiences and a career choice in nursing. In such a study, McKenna, McCall, and Wray (2010) found that early socialisation experiences such as direct interaction with nurses as well as prior healthcare roles provided a more realistic and better understanding of the demands of the nursing career.

In a study conducted in the United Kingdom to find out influences that made the respondents decide to become nurses, Maben, Latter, and Clark (2006) reported that pre-entry participation in both informal and formal caregiving scenarios was a key influence. In particular, 43% of all the 1,164 registered nurses questioned in the cross-sectional survey indicated that their career decision was significantly influenced by their involvement in

voluntary work before starting enrolling for nursing studies. Additionally, 60% of the participants who revealed that they had a chance to care for some sick persons, be it a relative, a neighbour, or even a friend, stated that such experiences positively impacted their decision to pursue the nursing career. In this study, other influences to becoming a nurse reported include having relatives working in the healthcare sector and media portrayals of nursing (Maben, Latter, and Clark, 2006).

In an investigation carried out in an attempt to establish the main factors motivating students to choose healthcare profession, 71% of the participants revealed that previous experiences with sickness, whether familial or/and personal were instrumental influences when they were choosing nursing as a career (Larsen, McGill, and Palmer, 2003). Similarly, a phenomenological study carried out by Beck (2000) to explore career choice determinants among 27 nursing students concluded that experiences of caring friends and family members, as well as observing active nurses perform their duties were two leading influences of career decision-making for most nursing students.

According to Erickson et al. (2005), perceiving nursing and the medical profession as a desirable career is also impacted by recent socialisation experiences. For example, Erickson and colleagues found that teenagers who had of late interacted with nurses and doctors or had observed nursing and the medical profession through a real life situation were three times more likely to select nursing and medicine as a career. Erickson also indicated that both recent and past experiences proved to be paramount as nurses advanced into practice settings (Erickson et al., 2005).

A close look at the available literature on how interactions, experiences, and role models influence students' choices for careers presents a number of unanswered questions. For example, it is not clear how negative past experiences with health workers or the health sector influence students' choices for healthcare careers. For instance, how a student brought up by parents who are unsatisfied health workers or who are fond of complaining about their respective healthcare careers are likely to make a career decision? It is apparent that all the reviewed studies have paid much emphasis on the positive experiences that influence the students' career decisions.

3.5.5 Other factors

Other factors such as attractive remunerations, prestige, reputation, social-class, and job security have been highlighted in other healthcare related studies, though most of them were categorised as less significant influences. In this regards, using the theoretical framework provided in Roe's and Holland's models of career correspondence, as well as the Maslow's hierarchy of needs, Cherry (2015) explored vocational interests in the nursing field and made unique findings. The researchers noted that 42% of the 160 freshman nursing students surveyed were influenced to take the nursing profession mostly by motivation needs such as job security, decent salaries, and social image. In line with this finding, Boughn (2001) and Boughn and Lentini (2006) noted that the scarcity of practical motivations such as job security and decent pay were vital factors making students not to pursue healthcare careers.

Such findings are common in studies seeking to explore students' career influences in other fields such as in business and engineering but are rarely made in studies conducted in the healthcare sector. This is probably because most people who take healthcare careers are

afraid of openly stating that motivation needs such as job security, decent salaries, and social image are crucial career influences due to the widely held notion that careers such as nursing and medicine are a 'calling' to help.

As noted earlier, though factors such as social class, prestige, and general reputation have been categorised as less significant healthcare career choice influences in most of the previously conducted healthcare related studies, they can be assumed to have considerable influence in the UAE and probably in other Middle East countries. This is because nursing has suffered a major blow in terms of enrolment and retention of students and workers compared to the medical profession despite the fact that the two professions are culturally appropriate in the country, and both doctors and nurses complain about related issues such as poor remunerations. Nevertheless, this can only remain to be an assumption until proven otherwise because as stated earlier, no published literature was available about the factors influencing Emiratis' choices for healthcare careers. Poor remunerations and other challenges facing the UAE healthcare sector could also be possible factors that influence Emiratis' choices for careers since despite being a 'prestigious job', the number of medical professionals of UAE origin is wanting.

3.6 Barriers contributing to the shortage of health workers

Though much emphasis has been laid on the recruitment and retention of health workers to attract more members of the society, Hoke (2011) noted that it has been a daunting process to improve the enrolment and retention rate of health workers in most parts of the world. However, nursing has faced a major blow than any other healthcare career virtually in all parts of the world. This is probably because nursing is a more labour-intensive career than

any other healthcare profession, even though the issue of poor societal perceptions about the career cannot be ruled out in most societies. Other factors associated with the low enrolment and retention rates of health workers include low budgetary allocations to the sector, low remunerations, and other hardships such as overworking.

3.6.1 Stereotypes and poor attitudes and perceptions towards healthcare careers

As mentioned above, the issue of poor societal perceptions and stereotypes about the nursing career, in particular, cannot be ruled out in most societies and it could be a possible factor contributing to the low number of nurses in most parts of the world. According to Mooney, Glacken and O'Brien (2008), attitudes related to selecting nursing as a career choice vary across different countries or regions. For instance, according to Okasha and Ziady (2001), the perception of nursing as a career choice in the Middle East is quite disappointing. Okasha and Ziady's study whose setting was Qatar indicated that despite most people joining the profession due to interest in the humanitarian nature of nursing and the provision of medical services, factors such as long working hours and the existence of male patients and partners in the workplace triggered the community's negative attitude towards the profession.

In a different qualitative study conducted in Kuwait by Al-Kandari, Vidal, and Thomas (2008), it emerged that nursing in the country was regarded as a low status and non-respectable profession, with factors such as poor staffing welfare, academic problems, and social pressure being the major contributors of poor retention. Among the 330 people surveyed, only 19% expressed interest in choosing nursing as a career. Even more, a study conducted by Al-Kandari and Lew (2005) in Kuwait indicated that most high school students considered nursing as a labour intensive job. As a result, students were found to use their

nursing education as the stepping stone or as a springboard for advancing to less stressful and demanding careers. The researchers linked this students' perception to societal and cultural influences such as privation of caregiving experiences among the younger generations, particularly those who had domestic workers at their homes.

Related negative perceptions, attitudes, and stereotypes against nurses have been reported in other parts of the world such as in Australia (McCann, Clark, and Lu, 2010), Taiwan (Lai et al., 2006), Hong Kong, UK and the USA among many other countries (Bartfay Bartfay, Clow, and Wu, 2010). Some of the most common stereotypes directed to nurses include the perception of nursing as a low-status job, nurses are inferior to doctors, nurses are "failed medical doctors" who failed to pursue medicine because they did not meet the required points hence chose nursing as the second best option, and that nursing is a labour intensive career. As noted by Hoeve, Jansen, and Roodbol (2014), most people do not understand that nursing is a separate and autonomous career path.

Male nurses often face the worst stereotypes with male nurses in some countries being labelled as gays and effeminate (unmanly). Some people even perceive male nurses are less caring and compassionate compared to female nurses (McKinlay et al., 2010; MacWilliams, Schmidt, and Bleich, 2013). Though not confirmed empirically or in published materials, the UAE society as a whole can be deemed to have inaccurate perceptions and stereotypes about nursing and other healthcare careers (Gulfnews, 2017), even if the stereotypes may not be that extreme. The assumingly held stereotypes can, therefore, be associated with the low recruitment and retention rates of nurses. It is, however, not clear, why the recruitment and retention rates for medical professionals of UAE origin is significantly low, yet studies

conducted in the Middle East have confirmed that this is a valued and prestigious job (Al-Kandari, Vidal, and Thomas, 2008; Al-Kandari and Lew, 2005). This implies that there could be other barriers or factors making the locals not select medicine as their future career but that is yet to be empirically established.

According to Gallant (2008), religion and politics may have played a major role in shaping perceptions and attitudes of most of the Middle East residents about nursing. For instance, according to El-Sanabary (1993), for an occupation to be perceived as suitable for women among the Islamic states, it had to be culturally accepted. For this reason, and despite nursing being a culturally appropriate profession, factors such as class-association, general reputation, prestige, and associated moral-social risks may have continued to hinder the recruitment and retention of nurses. However, little evidence exists to suggest that such kind of cultural beliefs exist in the UAE since there has been no literature published concerning the perceptions of Emirati nursing students towards nursing as a career choice. Therefore, locals' attitudes towards nursing as a career choice need to be thoroughly examined to determine the strategies that could be used to address the issue of the nursing shortage and improve the recruitment and retention of nurses in the country.

Aiken (2008) noted that most students join colleges or universities with pre-conceived societal perceptions about a wide range of career choices, and their decision to reject or select nursing as a career choice is influenced by those perceptions. The perception of nursing, according to Hereford (2005), is closely associated with its professional identity and role, and it varies depending on the cultural and social factors. It is, therefore, important for nursing schools and the local community to portray a positive image of nursing to attract

more students into nursing programs (Hereford, 2005). It may also be necessary to begin educating young people in school and target parents of younger children to consider the societal good of embracing a nursing career.

3.6.2 Economic factors

While explaining the imbalanced correlation between local and foreign specialists in the UAE healthcare sector, a number of researchers have come up with different conclusions. To illustrate, Jasim (2008) argued that lower salaries in this sector compared to other fields could have been a major factor demotivating Emiratis from choosing healthcare careers. Shibani, Saidani and Alhajeri (2013) on the other hand, attributed the issue to the government over-reliance on traditional performance appraisal methods, such as rating scales, essay appraisal, and ranking. At the same time, most of the up-to-date techniques involving the assistance of assessment centres, behaviourally anchored rating scales, human resource accounting method, and management by objectives among other aspects, are overlooked (Shibani, Saidani and Alhajeri, 2013).

This results in high turnover among expatriates and unwillingness to be employed at all among Emiratis (Fares et al., 2014; Jasim, 2008; Alrawi and Hussain, 2011). Apart from that, when looking at the issue in terms of the social context, Shallal (2011) explains that factors such as age, income, education, and workplace stress need to be considered to raise job satisfaction levels, especially among Emirati women. These problems can be addressed using the previously indicated up-to-date needs' assessment and performance appraisal methods as recommended by Shallal (2011).

Working as a healthcare practitioner in the UAE's healthcare sector is one of the most unpopular jobs in terms of financial reward (Almazroui, 2014). Many healthcare providers have to cope with low wages and lack of promotion despite many years of service delivery (Francis, Rao, and Sridahar, 2013). The meagre pay does not allow medical staff to have decent lives compared to other professionals; thus, discouraging students interested in the medical profession from pursuing it. Those living and working in the urban centres of Dubai and Abu Dhabi have been particularly disadvantaged in recent decades since decent housing has become quite expensive (Sahoo, 2013; Ausman et al., 2013; Alkraiji, El-Hassan and Amin, 2014).

UAE is a country with a strong economy, courtesy of its huge energy supplies. Arguably, energy such as oil and gas are some of the highly prized natural resources in the 21st century (Sahoo 2013). The fact that many oil and natural gas deposits in other regions are being exhausted at an alarming speed makes the United Arab Emirates one of the major economic players in the industry (Bell, 2014). As a result, the oil and gas industry has attracted the interest of many elites since it has attractive financial packages. Arguably, persons working in the oil and gas industry receive a good salary for their services (Ghazal, Vidican and Samulewicz, 2011).

According to a report prepared by Salih (2010), salaries offered to persons working in the oil sector in GCC grew two times the global average in the year 2013. This circumstance was because of the increase in salaries offered to workers in the national oil companies. It was the same in the UAE where the wage of the oil corporations' employees increased by 100%, and their benefits were also extended (Allen, Hyder, and Robinson, 2015). In comparison,

salaries of nurses and doctors have only risen in the range of 3-10% (Sahoo, 2013). These statistical data do not fit the overall increases in investment and funding of the field, which is evidenced by other comprehensive finance-based investigations in the field such as those by OBG (2011; 2013), Amaize, Mady and Benson (2011), and IBP (2009; 2014) to name a few.

To be more precise, unlike in other sectors, policy-makers overlook the well-being of the employees in the healthcare sector, an aspect that can be another factor discouraging Emiratis from taking healthcare careers. However, this is yet to be confirmed in an evidence-based study. As a result, there is a need for exploring whether poor financial rewards could be a possible factor influencing Emiratis' choices for healthcare careers and in what terms.

It is worth noting that there could be many other factors discouraging Emiratis from pursuing healthcare careers, though economic-related factors, as well as the general society's perceptions towards these professions, can be assumed to play a role based on the literature available about the UAE and the Middle East as a region. Nevertheless, it is essential to note that these factors have not been confirmed in an evidence-based study since no study has sought to explore factors influencing (promoting or discouraging) Emiratis' choices for healthcare careers. The discussion presented in this section is based on relating the scant literature available about UAE with the findings made in other studies. This further makes it necessary to have an empirical study conducted in the UAE context seeking to explore what factors promote and which ones discourage people of UAE origin from taking healthcare careers, specifically nursing, and the medical profession.

3.7 Limitations (research gap) of the existing research

A critical review of the extant theoretical and empirical literature on factors influencing individuals' choices for healthcare careers has led to the exposition of numerous literature gaps and research problems, some of which the present study sought to address, while others can be covered in related future studies. First, factors influencing Emiratis' choices for healthcare careers can only be assumed because there was literally no published literature about Emiratis' choices for nursing and the medical profession available at the time this study was conducted. This is despite the fact that making such assumptions can be encountered with endless inaccuracies because no such study had also been conducted in the Middle East region or Muslim/Arab-dominated country or in any other regions whose residents have common features with the Emiratis such as culture, religion, and race.

Such inaccuracies probably explain why the enrolment and retention rates for nursing and medical professionals are wanting, in spite of the huge investments and effort made by the UAE government and other stakeholders aimed at encouraging more Emiratis to take healthcare careers. As noted earlier, it is evident that no specific factors deemed to influence individuals' choices for healthcare careers can be generalised for all settings/contexts or regions. Though there are some common influences, factors influencing people's choices for healthcare careers slightly or widely differ from one setting to the other.

Besides the lack of published literature about Emiratis' choices for healthcare careers or other people/communities who share numerous characteristics with the Emiratis such as culture, religion, and race, no such studies had been conducted in a money rich country that has experienced rapid development such as the UAE. In the past, there have been allegations of

Emiratis youths lacking the right attitude and zeal towards work, strong work ethic, and a sense of civic responsibility (Al-Waqfi and Forstenlechner, 2010; Jones, 2011) because of the numerous social benefits provided by the UAE government to its citizens. As a result, it has been made compulsory for the youths to serve in some sectors such as in the military for a period of at least nine months for all persons aged between 18 and 30 years. This new law was enacted in 2014 (Aljazeera, 2016).

In addition, some of the factors reported to have less significance in influencing people's choices for healthcare careers in other settings such as prestige, social image, remunerations, and social class may be of paramount importance in the UAE. This argument is based on the fact that nursing is less popular as a career compared to the medical profession despite the fact that UAE nurses and doctors encounter almost similar challenges. However, this is only an assumption because no evidence-based literature was available about factors influencing Emiratis' choices for healthcare careers.

Another key literature gap noted is the availability of limited literature concerning what drive students to choose the medical profession. As noted in this chapter, a significant proportion of the literature reviewed related to factors deemed to influence students' choices for the nursing career. Other fields in the healthcare sector such as medicine, pharmacy, and medical lab have been overlooked. Nevertheless, since it is not possible to cover factors influencing students' choices for all healthcare careers, nursing and medicine have in this case been picked as case studies. This is because the two professions are highly interrelated and the number of doctors and nurses of UAE origin is extremely low.

Another issue noted with the existing literature about factors influencing people's choices for healthcare careers, specifically nursing, is the research approach used. Interestingly, very few studies were found to have been conducted using the grounded theory approach and the two grounded theory studies identified (Gregg and Magilvy (2001) and Boughn and Lentini (2006)) were quite outdated. In fact, some of the studies reviewed in this chapter were based on theoretical frameworks (that is, they were guided by the already existing theories of career decision-making). In other words, it is as if their applicability was being tested in other settings. As a result, there is a high possibility that findings made in such studies were significantly confined to what the theories used suggest, hence hindering the discovery of new insights about the research topic.

This is because unlike grounded theory studies which are open to new ideas based on the primary data collected from the field (Charmaz, 2011; Charmaz, 2014), theoretical framework based studies focus more on testing the already developed theories in a given context (Mateo and Benham-Hutchins, 2009; Imenda, 2014). This weakness explains why some scholars and institutions of higher learning are against the use of theoretical frameworks in doctoral studies, considering that such studies are required to make contributions to the existing literature (Mateo and Benham-Hutchins, 2009; Imenda, 2014; Charmaz, 2014). The present study addresses this gap because it is based the grounded theory research approach, where a model or a framework that clearly explain factors that influence Emiratis' choices for healthcare careers, has been developed. By so doing, crucial influences that could have been overlooked in other studies are presented in this study. The developed model may be relevant to other Arab-dominated countries in the Middle East region.

3.8 Chapter summary and conclusion

In this chapter, I have provided a general overview of healthcare careers with special emphasis being laid on nursing and the medical profession. I have also explored the available literature about the UAE healthcare sector, and most importantly literature relating to what drives different people to choose healthcare careers. In this regards, I have covered various components such as the historical development of the nursing profession, the current physician and nursing shortage, as well as the features of the UAE healthcare sector and healthcare careers in the UAE setting. Other components covered in this chapter include the five broad categories of factors deemed to influence people's choices for healthcare careers, barriers likely to be contributing to the low enrolment and retention of nurses and doctors in the UAE, and finally, the literature gaps identified.

Based on a critical review of the available literature about factors influencing people's choices for healthcare careers, a number of issues were noted. First, despite the problem of nurse and medical professionals' shortage, particularly those of UAE origin, having haunted UAE as a country for many years, there was literally no published literature about Emiratis' choices for nursing and the medical profession available at the time this review was conducted. This implies that factors influencing Emiratis' choices for healthcare careers can only be presumed based on findings made in studies conducted in other parts of the world.

Nevertheless, making such assumptions can be encountered with endless inaccuracies because no such study had also been carried out in the Middle East region or Muslim/Arab-dominated country, or in any other setting whose residents share common features with the Emiratis such as culture, religion, race, and economic development. This observation

probably explains why the UAE government's effort to mitigate the problem have been fruitless as a result of relying on non-evidence based findings or applying findings and recommendations made in other parts of the world whose features do not match those of the UAE.

Secondly, based on the literature review conducted in this chapter, it emerged that the medical profession has been given very little attention yet the shortage of doctors of UAE origin in the country is wanting even though not as much as that of nurses. It is also apparent that there is a possibility of having other factors influencing Emiratis' choices for healthcare careers other than the five categories discussed in section 3.5 since, despite the fact that doctors and nurses go through related challenges when executing their duties, nursing as a career is less popular. Finally, the issue of research approach used in most of the studies was noted where some studies were found to have been based on the already developed theories of career decision-making discussed in chapter two.

Overall, it emerged that there is a dire need for in-depth exploration of the factors influencing Emiratis' choices for healthcare careers and then recommending appropriate approaches through which the number of doctors and nurses among other health workers of UAE origin can be increased based on evidence-based findings. Such an approach appears to be the only sure way through which the problem of nurse and medical professionals' shortage in the UAE can be sustainably and amicably solved. The next chapter provides a detailed description of the methodological framework used when conducting this study.

CHAPTER IV: METHODOLOGY

4.1 Introduction

This chapter presents the methodological framework applied in this research whose purpose was to establish the factors that influence Emiratis' choices for healthcare careers, as well as propose feasible initiatives through which the number of Emiratis pursuing careers in the healthcare sector can be increased. The chapter presents a discussion of the methods, procedures, and instruments used in conducting this study. This chapter is comprised of nine sections namely; inquiry paradigm, the research design, the sampling method and process, selection of the participants and sample population, as well as data instrumentation. Other methodological components such as the data analysis tools employed, data triangulation, ethical considerations, and limitations of the methodology employed in this study, are also discussed.

4.2 Choosing an inquiry/ research paradigm

Feilzer (2010) describes a research paradigm as the worldview and a whole set of values and basic beliefs (metaphysics) underlying assumptions and methods within which a research project takes place, or upon which a study and development in a field of enquiry is based. An inquiry paradigm is also described as a general perspective and a way of breaking down the intricacy of the real world (Wilson, 2008). Research paradigms represent a worldview that describes the nature of the 'world' and the researchers' place in it, as well as the range of probable relationships to the world and its parts. An inquiry paradigm defines for the

researcher what it is he or she is about, as well as what falls within and outside the limits of legitimate inquiry (Wilson, 2008; Feilzer, 2010).

As Wilson (2008) notes, the primary functions of a research paradigm include defining how the world works, how knowledge is retrieved from the world, and how the researcher is to contemplate, write, and discourse about this knowledge. It also includes defining the nature of questions to be enquired and the methodology to be used in answering the set questions. Research paradigms also help in structuring the world of academic workers, as well as in providing its meaning and significance (Wilson, 2008; Cohen, Manion, and Morrison, 2013).

The paradigm framework or this set of beliefs is grouped into three major categories namely, ontology, epistemology, and methodology. Ontology deals with the question of what is real, that is; the kind of being human beings are. In this regard, ontological questions focus on establishing the nature and form of reality that is; what can be known about nature. They seek to find out how things really are and how they work. As a result, Cohen, Manion, and Morrison (2013) maintain that the only set of questions that are admissible in an ontology paradigm are questions concerning the matters of 'real' existence and real action. Other issues relating to moral significance or aesthetic are not within the scope of legitimate scientific enquiry (Cohen, Manion, and Morrison, 2013).

Taylor and Medina (2013) describe epistemology as the branch of philosophy that seeks to study the nature of knowledge and how knowledge is acquired and authenticated. As a result, epistemological questions seek to establish the relationship between the researcher and the unknown. In this case, the nature of the answers given to epistemological questions is limited

or defined by the answer already provided to the ontological questions (Taylor and Medina, 2013). Methodological questions, on the other hand, seek answers on how researchers would go about finding out whatever they believe can be known. Again, the type of responses given to these questions is determined by the answers already given to the first two sets of questions, that is; not all methodologies are appropriate for a study (Arghode, 2012; Cohen, Manion, and Morrison, 2013).

Arghode (2012) notes that research paradigms can broadly be described to refer to any number of research approaches or narrowly described to refer to two perspectives namely, positivism and subjectivism. As a result, for some scholars, there are many inquiry paradigms depending on the number of groups of like-minded individuals that may be in existence. However, positivism and subjectivism are known as the two principal philosophical doctrines in social science research (Arghode, 2012; Cohen, Manion, and Morrison, 2013). In this regard, the journey to choosing an appropriate research paradigm and research methodology for this study started with a critical evaluation of the two broad categories of research paradigms or philosophical doctrines (positivism and subjectivism).

The positivism research philosophy refers to a set of rules and evaluative criteria for human knowledge that confine knowledge to observable phenomena. According to Cohen, Manion, and Morrison (2013), this paradigm underscores the determinism (the creation of universal laws of cause and effect) based on the assumptions of materialist ontology. Cohen and colleagues (2013) further note that positivists have an ideal scientific research method that is

applied in a wide range of subject matters, though it is closely associated with quantitative methodologies and the use of mathematical principles for analysis purposes.

In this respect, Cohen and colleagues (2013) describe a quantitative research as a study that involves a systematic collection of numeric data and analysis of the gathered data using statistical procedures. This kind of research is commonly applicable in exploring the relationships and associations between variables such as careers and for particular populations and particular moments of time. In a quantitative study, special emphasis is laid on the value of numeric measurement. As Arghode (2012) notes, positivism is a scientific method concept that is designed specifically for testing theories (deduction) as well as creating a body of scientific knowledge that is open to scrutiny by other researchers through the replication of the findings.

Though the positivism paradigm has for many years dominated the natural science discipline, its application to the study of human subjects has heavily been criticised. Taylor and Medina (2013) among other scholars argue that it is inappropriate to study human subjects as objects yet human nature is about choice, morality, free will, and emotions. Besides that, it is widely known that positivist researchers do not capture human experiences in a holistic and meaningful manner from reductionists' perspectives (Taylor and Medina, 2013). Furthermore, Taylor and Medina (2013) hold that empirical observations in a positivist research only skim the surface of the behaviours being studied. Other concerns raised about the positivism philosophy is that it is hard to control human behaviours for experimentation,

as well as measure what is not available to the senses (e.g. experience of pain, emotion, and anxiety) (Wilson, 2008; Denscombe, 2008; Feilzer, 2010).

Interpretivism, also known as subjectivism, is a broad category of inquiry paradigms that oppose the positivism view of research. Researchers in favour of this research philosophy advocate for the use of qualitative research approaches such as phenomenology, ethnography, and grounded theory. Litosseliti (2010) describes a qualitative research as a multi-method in focus involving a naturalistic and interpretive approach to its subject matter. In a qualitative study, special emphasis is laid on the observations and subjective experiences within context (Litosseliti, 2010).

Interpretivists believe that the understanding and interpretations of how people create and maintain their social world can only be arrived at by systematically analysing socially meaningful actions through direct detailing of people in their natural settings (Litosseliti, 2010). As such, interpretivism seeks to understand and interpret everyday events, experiences, social structures, as well as the values attached to these phenomena (Creswell, 2013). Interpretivists are of the view that social reality is subjective and it is shaped by participants' perceptions and values, as well as the aim of the researcher. In addition, interpretivists believe that it is impossible to study the social world objectively since it is meaningful to humans only and this meaning is constructed through intentional behaviours and actions (Litosseliti, 2010; Creswell, 2013).

This is, however, different from positivists who believe that it is possible to adopt a distant, detached, neutral, and non-interactive position that makes the researcher objective

throughout the study and make detached interpretations of the collected data in an apparently value-free manner (Taylor and Medina, 2013; Creswell, 2013). Positivism is also based on the belief that valid knowledge can only be observed and measured. As a result, positivists prefer the analytical interpretation of quantifiable data (Feilzer, 2010).

Interpretivism supports the use of a qualitative research approach, which is termed as a holistic, creative, and flexible method of conducting research using exploratory research questions and where data collection and analysis occur concurrently (Creswell, 2013). In a qualitative study, there is no experimental control of the research respondents and a small sample size is used so that detailed data/description of the phenomenon is gathered from the respondents. Unlike quantitative studies (which are positivism based) where the collected data is statistically analysed, data in a qualitative study is analysed based on words or expressions instead of numbers, an aspect that makes it possible to get a better understanding of the nature of a complex phenomenon. As noted by Litosseliti (2010), a qualitative research approach is suitable for description, generation of hypotheses, as well as the development of explanations and theories seeking to explain certain behaviours.

At the time this study was conducted, the vast majority of the available evidence on career decision-making in the healthcare sector came from the positivist tradition (e.g. Boughn, 2001; Ben Natan and Becker, 2010; Beggs, Bantham, and Taylor, 2008) and none was available for the UAE setting. Most of these studies had failed to holistically look at the behaviour of the participants during the career decision-making process. As a result, an alternative research approach was needed in order to provide a better and in-depth

explanation for the Emiratis career decision-making as well as the issues involved. In this case, a qualitative approach was the most appropriate one since it created such a forum, besides reflecting more on the needs of this project.

For this research, I did not develop or define hypothesis to test since I wanted to focus more on questions that have a broad explanatory perspective. I also wanted to develop explanations in an inductive way, that is; based on the data collected from the respondents instead of being limited by a restrictive inquiry lens. Due to its adaptability, the subjectivist paradigm made this possible by using exploratory statements of intent. The subjectivist paradigm also allowed me to acknowledge the thorough understanding I already had in this field, besides recognising the researcher-participant interaction and how this interaction influenced the research process.

4.3 Choosing a research methodology

With the underlying research paradigm already identified, the next step encompassed a review of the three core qualitative research methods namely, ethnography, phenomenology, and grounded theory. This was aimed at ensuring that an appropriate research methodology was chosen. A review of each methodology is provided in the subsequent subsections, as well as the justification for choosing the grounded theory research methodology.

4.3.1 Phenomenology

Phenomenology is described as the study of lived experiences and the way individuals understand the experiences (Husserl, 2012; Moran, 2001). This qualitative research method was developed in the 20th century with an aim of exploring consciousness as experienced by

the participants. Under this research approach, the researcher emphasises more on the perception of participants concerning their experiences, interpretation, and how they express the experiences. According to Litosseliti (2010) and Creswell (2013), under the phenomenological research approach, researchers report events exactly the way they are perceived and described by the participants, an aspect that is achieved through bracketing of researchers' beliefs and values to prevent them from impelling the participants' description of the experiences.

Most recently, a wider approach to phenomenological research, known as hermeneutic phenomenology, has emerged where experiences are situated within a contextual framework. Under this approach, the focus of the study shifts away from the experiences themselves to how individuals come to perceive these events (Laverty, 2003; Moran, 2001). Under hermeneutic phenomenology, it is essential to note that the notion of bracketing is not applicable since it is accepted that researchers cannot be separated from the participants' experiences. This implies that researchers have with time acknowledged that various people interpret similar experiences in different ways (Husserl, 2005).

Phenomenological research approach presents an opportunity to describe a lived experience of a phenomenon or event, within the chosen context. As the conceptualist of this framework, Husserl (2005) noted that its implications for research in the social sciences are strong. The student or professional under analysis is the entity, and he or she cannot be perceived as an isolated thing. The only real phenomenological sound approach would be to perceive the entity in the context of an encounter or relationship as constructed between the researcher/analyst and the participant (Laverty, 2003; Moran, 2001). The manner, in which

the encounter is built, therefore, has a tremendous effect on the results of the study, hence must be carefully observed.

The phenomenological approach is used for describing and exploring experiences based on the data collected from the individuals who have lived through those experiences. This approach helps in discovering phenomena and unearthing previously overlooked or unnoticed issues. According to Wertz et al. (2011), the approach explores the meaning of a phenomenon, thereby revealing meanings that are overlooked or hidden, as well as identify the impact of respective experiences rather than only making suggestions.

This technique enables researchers to detect characteristics of the shared experiences of the sample in relation to the questions considered (Creswell, 2013; Laverty, 2003). The main objectives of the exploration cannot be achieved primarily through a survey-oriented or questionnaire methodology because personalised visions of the issue a shared perception of the research question are clarified in pursuit of the research objectives. As an important retort to a common misconception, it must be noted that the phenomenological approach is not merely descriptive. A good example is the interpretative phenomenological approach whereby the researcher takes the descriptions of the participant and seeks to understand the context of theoretical explanations in the discipline; what meaning is constructed within the mind of the participant in a given context (Larkin and Thompson, 2012; Smith, 2004).

4.3.2 Ethnography

According to Hammersley and Atkinson (2007), ethnography is the study of details which give room for the description of culture. In this type of a research methodology, researchers

(ethnographers) are interested in evaluating how the participants or individuals under investigation are influenced by the culture in which they live in. As a result, researchers rely on the naturally occurring data from the field and experimental controls are not carried out on the participants.

It is paramount to note that special focus is laid on studying groups and how individuals forming the groups interrelate with each other. This is done in consideration of the social factors and cultural norms that shape human behaviours (Wolcott, 2008). Ethnography is based on the cultural anthropology, where researchers would live in traditional communities studying them by immersing themselves in the respective community's culture and becoming part of the society. Ethnography can be carried out purposely to describe a certain culture without testing or developing any theory, or cultural description that aims at creating a theoretical explanation for behaviour (Wolcott, 2008).

4.3.3 Grounded theory

According to Charmaz (2014), grounded theory is a qualitative methodological approach used by researchers with the primary aim being to develop a theory that can be used in explaining and describing the phenomenon or experience under study. Though the three qualitative research methodologies are closely related in terms of the purpose they serve, that is; aim to explain what is happening in a given situation, the grounded theory method goes a step further in describing the happenings through a set of propositions or suggestions. The propositions used form a theory that is grounded or derived from the collected and analysed data (Charmaz, 2011). It is important to note that for grounded theory studies, referencing to

the existing theories or concepts takes place only when a clear theoretical pathway has been developed from the conducted research (Charmaz, 2017).

According to Wertz et al. (2011), a comparative data analysis technique is utilised to develop a feasible and relevant theory that explains, interprets, and predicts behaviour. For an accurate theory to be generated, Wertz et al. (2011) suggest that data from all available sources, be it primary and/or secondary data, is considered, as long as it can contribute to the development of the theory. The most commonly used data collection instruments and sources are in-depth interviews, even though images, observations, past literature and studies, as well as diaries can be used (Wertz et al., 2011).

Data from various sources are compared using a technique known as 'constant comparison', where data relating to contradictory cases that may challenge the emerging theory are noted (Charmaz, 2017; Wertz et al., 2011). The data helps in highlighting the weaknesses of the developed theory. Though this methodological framework is associated with a number of benefits for social and philosophical studies, an aspect that makes it the most popular qualitative research approach, it involves a complex process of sampling, as well as collecting and analysing data (Charmaz, 2011; 2014). According to Charmaz (2011, 2017), grounded theory is concerned with the clarification of the individual opinions concerning the problem under discussion.

In the present study, it was a daunting task to choose between the three qualitative research approaches namely the phenomenology, ethnography, and grounded theory. Each of the three approaches offered a relevant perspective for examining factors that might be influencing

Emiratis' choices for healthcare careers. Application of phenomenology would have provided an understanding of personal perspectives of various stakeholders about the research problem under investigation in this study. However, this approach was rejected because of the following reason. Though the description of the experiences that the participants were subjected to when making career choices was strong and authentic, utilisation of phenomenology would have limited the understanding of the experiences from the participants' personal perspectives. This is because the level of engagement between the researcher and respondents would not have been as deep as the one for the grounded theory. Ethnography, on the other hand, was rejected on the grounds of its focus. This approach mostly focuses on culture, and utilising this approach would have restricted what this study was to cover. Therefore, I believed that adopting this methodology would have confined me to the social-cultural factors- an aspect that I tried to avoid as much as possible.

As a result, I found it appropriate to base this qualitative research upon the ground theory methodology due to the various benefits it presented compared to ethnography and phenomenology. First, this qualitative research approach is useful in studying areas that have not been previously considered, where present studies have left major research gaps, and in situations where the application of a new research approach may be desirable (Charmaz, 2006; 2011) as it was the case with the present study. In this case, no study had been conducted in the UAE setting with an aim of investigating factors influencing Emiratis' choices for healthcare careers, specifically in the healthcare sector.

Therefore, a major research gap existed, which could have only been filled by conducting a fresh study using an open research approach such as the grounded theory methodology. Using

grounded theory helped to develop concepts and theories that explain the relationship between the healthcare career choice and the factors behind it. This approach reduced the over-reliance on literature produced from a different country, social or cultural context, but instead relied on the study participants to generate new theories that are applicable to the UAE context. Also, application of the grounded theory approach eliminated the issue of confinement into what should have been investigated to the individual and/or cultural elements.

Most importantly, utilisation of this research approach presented a useful mechanism for developing and describing an explanatory model for the career decision-making process in the UAE context. It created an opportunity for the creation of a practical theory that can be used in explaining how Emiratis choose careers, or rather factors influencing Emiratis career decision-making process. Therefore, the grounded theory approach perfectly suited the chosen research direction.

4.3.3.1 Developments in grounded theory

Since its development in 1967, grounded theory has over the years evolved as a research methodology (Avena, 2006). Application of this research methodology has constantly gained popularity among most scholars who have re-invented it to some extent as pointed out by Avena (2006). Avena (2006) further asserts that among researchers, some have used the methodology under its authentic name, whereas others use the methodology but under different branches such as Dimensional analysis. This approach has been widely used by researchers investigating phenomena that have not been previously explored. In particular, the approach has been widely used in social research, especially in healthcare related

disciplines such as nursing (Maz, 2013). Unlike other qualitative approaches used to describe a research phenomenon, grounded theory aims at providing an explanation for the study phenomenon. Also, it is worth noting that this approach differs with other qualitative approaches, in that, both data collection and analysis are done simultaneously while in other qualitative methods, data is collected and then analysed later (Maz, 2013).

Since its discovery by Glaser and Strauss in 1967, grounded theory has been branched into different approaches, which are widely used in academic research. While some researchers have no problem with the branching of grounded theory into different methodologies, other scholars believe that branching the methodology is a dilution of the theory, making it to have minimal impact as far as research is concerned (Avena, 2006). Harris (2005) identified and outlined the progress of the theory from its discovery up to its diversification within four decades, starting from the 1960s to 2000. This evolution entails the discovery of the theory, its development into a reliable methodology, its dilution through branching, as well as its diversification into various fields.

The branching of grounded theory was marked by the publication by Strauss and Corbin (1990) titled, Basics of Qualitative Research: Grounded Theory Procedures and Techniques. Glaser (1992) harshly accused this publication for distorting the original principles, procedures, and objectives of the original methodology, which had been introduced in 1967 (Glaser, 1992). Since then, scholars have developed different versions of grounded theories such as Charmaz (2006) and Wuest (1995), which have greatly confused most novice researchers. The developments have resulted in different grounded theory models, namely, the Classical Grounded Theory (CGT) by Glaser (1978), the Straussian Grounded theory

(also known as Qualitative Data Analysis (QDA) by Straus and Corbin (1990), Constructivists Grounded theory (Charmaz, 2006), and Feminist Grounded Theory (Wuest, 1995).

Even though the variants among these methodologies are less known, these models are considered as the most widely used types of grounded theory in academic research (Evans, 2013). Feminist grounded theory was developed for nurses to recognise the role of women in academic research. This approach draws methodological elements of Straussian and constructivist grounded theories without preferring any of them. According to Wuest (1995), feminism is not a research method, but a perspective that can be applied to a traditional disciplinary method and suited to the nursing research that is based on women.

In contrast, the Classical Ground Theory (CGT) is based on the original work of Glaser and Straus (1967). This model uses two types of coding, substantive coding, and theoretical coding. With substantive coding, a researcher works directly with data, subdivides data, and analyses it through open coding to develop core categories and related concepts. After substantive coding, a researcher performs theoretical sampling and selective coding of data to saturate the main and related concepts.

Theoretical coding conceptualises how substantive codes relate to each other as concepts to be integrated into a theory (Evans, 2013; Holton, 2007). During the coding process, a researcher conducts constant comparative that is; compares incident-to-incident, concepts to more incidents, and concepts to concepts (Glaser and Straus, 1967). In this regard, a grounded theory researcher treats all data collected from various sources such as questionnaires,

interviews, social, structural and interactional observations, historical documents, as well as newspaper articles, as critical sources for the development of the theory (Glaser, 2017).

The integration of substantive codes into theoretical codes in CGT is achieved through the memoing process whereby a researcher enjoys the use of field notes and coding freedom to remain focused on the events as they unfold and develop higher concepts without distraction. During the memoing process, a researcher performs a constant comparison purposely to develop a core category, which later becomes the focal point for the literature review and any further data collection (Glaser, 2011).

With regards to the use of literature, CGT differs with Straussian and Constructivist theories. According to Christiansen (2011) and Heath (2006), CGT is based on the belief that the researcher should embark on focused reading when the emergent theory is fully developed to allow literature to be used as additional data. As such, literature review with CGT comes once a theory has been developed to avoid predefining the direction the research will follow. These authors argued that conducting literature review after the theory has developed is essential in challenging and supporting the emergent theory as well as locating it within the existing body of knowledge.

While it is imperative for the researcher to identify their own personal bias in the entire research process, the original authors of CGT did not make a pure claim regarding the objectivity or subjectivity of grounded theory (Simmons, 2011). However, according to Glaser (1978, 1992, 2009a), CGT employs an inductive-deductive approach where the researcher is allowed to develop a hypothesis which is later tested using qualitative and

quantitative measures. This is contrary to the Straussian theory, which puts more emphasis on deductive and verification of data (Heath, 2006).

Straussian Grounded Theory was developed by Straus and Corbin (1990) and covered in details in one of their books entitled as Basics of Qualitative Research: Grounded Theory. One of the differences between this theory and the original CGT theory is the coding structure, whereby Straussian GT uses three stage coding approach namely open coding, axial coding, and selective coding (Evans, 2013). While both CGT and Straussian GT support theoretical sampling, the origin of the theory/idea becomes a major dispute in the two models. According to CGT, the idea should arise from data and not from the researcher while Straussian model stresses that idea should come from the researcher on the phenomenon to be studied (Corbin and Straus, 1990; Evans, 2013). According to Corbin and Straus (1990), a researcher cannot commence study from a blank sheet- a body of knowledge is a prerequisite for the development of new theories. However, the researcher should ensure that no aspects of data collection are compromised by the researcher's prejudices or preconceptions (Glaser, 2011).

Straussian Grounded theory employs a structured approach to theory development, which emphasises on deduction, verification and validation (Evans, 2013). Some authors such as Rennie (1998) argue that Straussian model employs hypothetical-deductivism to grounded theory based on instrumentalism, an approach that is highly criticised by CGT which stresses that theory can only be developed by employing an inductive approach and not verification, as insisted by Straussian grounded theory (Evans, 2013).

Regarding the use of literature in constant comparison of data, Straussian and Constructivist grounded theories (as will be seen later) differ with CGT. Both Straussian and Constructivists approaches hold literature as a part of data that should be used in all stages of research to develop theoretical sensitivity and generate hypotheses (Heath and Cowley, 2004; Evans, 2013). CGT, on the other hand, maintains that literature should be used after a theory has been developed using the data collected (Glaser, 2011). As previously noted, CGT supposes that literature should be consulted to support and challenge the new theory.

Similarly, both Straussian and CGT theory use substantive (open) coding during theory development, even though the meaning and context of application differ. With CGT, open coding is aimed to "develop categories and related properties in order to be integrated into a theory" (Glaser, 1978), while in Straussian theory, open coding involves conceptualising and categorising data that may be predetermined and partly originating from the researcher (Straus and Corbin, 1990). Additionally, Straussian approach employs axial coding, which is defined as "a set of procedures whereby data are put back together in new ways after open coding, by making connections between categories" (Strauss and Corbin, 1990).

Lastly, Constructivist grounded theory is based on the belief that concepts are constructed and not discovered as postulated by Glaser (2002). Unlike CGT where the researcher approaches a study without any preconceived questions but with a desire to know more about a substantive area, a Constructivist researcher begins with specific questions on a particular substantive area which (s)he wishes to explore (Hernandez and Andrews, 2012). In this regard, constructivist theory, just like the Straussian theory, commences with a review of the literature as the researchers try to familiarise themselves with what has been done before in

their area of interest as well as identify the existing research gap (Hernandez and Andrews, 2012).

The review of the literature prior the data collection exercise as advocated for in Straussian and Constructivist grounded theories, attracts high criticism from researchers embracing CGT since they believe that doing so leads to the development of preconceived ideas about the research phenomenon, hence affecting the credibility of the study (Glaser, 1978, 2011; Hernandez and Andrews, 2012). However, according to Howell (2013), constructivists believe that knowledge, reality and theory depend on human perceptions and experience.

For constructivists, three types of coding, namely, open, focused, and theoretical are used. Theoretical coding in the context of Constructivist grounded theory involves merging of concepts to form groups, and it is carried out throughout the entire research process, unlike in CGT where it is carried out simultaneously with selective coding to integrate the grounded theory (Hernandez and Andrews, 2012). It is also worth noting that Constructivist approach, just like CGT employs both qualitative and quantitative methods in the analysis of a social phenomenon (Cupchik, 2012).

The choice of the Grounded theory approach and the rationale for selection

As previously stated, the purpose of this study was to establish the factors that influence Emiratis' choices for healthcare careers as well as the challenges encountered by healthcare

workers in the UAE. Therefore, it was imperative for the researcher to adopt a research methodology, which would ontologically (researcher's understanding of reality) and epistemologically (how the researcher knows the research phenomenon and makes knowledge) fit with the researcher's position, and that was congruent with researcher's beliefs about the nature of reality (Mills, Bonner, and Francis, 2006). The approach employed also needed to be relative to a specific conceptual scheme, theoretical framework, form of life and the socio-cultural settings of the subjects involved.

In this case, I believed that people are influenced by history and cultural contexts that shape how they perceive the world and the nature of reality. In my approach to the research phenomenon, I adopted a relativist position, which is the ontological position (how the researcher views and relates with the reality of his study) of the constructivist paradigm. In brief, the relativist ontological position suggests that there are numerous interpretations of reality and none of these mental constructions/ interpretations can either be false or correct. A relativist ontology rejects the existence of any possible correct reality (Mills, Bonner, and Francis, 2006). I also adopted a constructivism epistemological stance which helps in finding explanatory power through the dynamics of social relationships between individuals. As explained by Mills, Bonner, and Francis (2006), constructivists take a subject-subject posture while values and facts are inextricably linked. As a result, a constructivist research is value bound mainly because the knower and the unknown are inseparable.

My decision was guided by the nature of the research aim which required a subjective interrelationship between the researcher and the participants. In this regard, I acknowledged that my role was critical in the research endeavour and therefore adopting a purely objective

approach would limit the level of interaction with the social phenomenon, hence the outcomes of the study. Therefore, out of the four approaches of the grounded theory discussed above, I believed that the Constructivist Grounded theory was the most suitable approach to employ in the current study. While approaches such as Classical Grounded Theory advocate for an objective approach, constructivist grounded theory holds the assumption that subjective interaction between the researcher and the participants produces data whose meanings are observed and defined by the researcher (Charmaz, 1995).

Constructivists such as Charmaz (2000) believed that reality is not discovered from data but rather from the interactive process, and its temporal, cultural, and structural contexts. Therefore, the researcher goes beyond the surface to seek meaning in the data, search for and question the tacit meanings about values, beliefs, and ideologies (Mills, Bonner, and Francis, 2006). According to Charmaz (1995), in a constructivist approach, researchers play a critical role to "enrich data through the description of the situation, the interaction, and their perception of the interview process." The constructivist approach allows a researcher to engage proactively with the literature in the entire research process. According to Strauss and Corbin (1998), consultation of the relevant literature throughout the research process helps in the development of grounded theory as the researcher performs constant comparison between the already collected data and the available literature. Additionally, these authors noted that proactive use of literature increases theoretical sensitivity by providing examples of similar phenomena that can "stimulate (researchers) thinking about the properties or dimensions that the (researcher) can use to examine data in front of (them)" (Strauss and Corbin, 1998).

However, this is contrary to theories such as CGT which hold the view that reviewing literature before collecting data leads to the development of preconceptions and biases that ultimately affect the theory development process, and therefore, this theory allows the researcher to review the literature after the new theory has fully developed. As such, I could not use this approach since I wanted to establish what and how other bodies of literature had addressed the phenomenon, the properties, and dimensions as well as the existing research gaps as far as the selection of healthcare careers is concerned. According to Glaser (1978) and Strauss and Corbin (1990), the generation of hypotheses should be through a systematic data recovery, and it is impossible for the researcher to get into the field of research with a blank sheet of paper and record every detail of the research. This implies that the researcher must have advance knowledge and experience about the phenomenon. Also, I wanted to constantly compare data from literature with the coded concepts to assist in the development of grounded theory. As such, the constructivist approach provided the most suitable research methodology to achieve that.

To ensure that any preconceived notions on the research phenomenon do not interfere with the data collection and development of the theory, I adopted an open-mind approach where all previous knowledge and suppositions were suspended to accommodate the discovery of new concepts and theoretical explanations of the research phenomenon (Glaser, 1978). I remained theoretically sensitive by being aware of my background in healthcare and the possible influence it could have on the research process (Glaser, 1978).

Adopting a Constructivist Grounded theory approach to the current research allowed the development of data without preconceived ideas as well as the integration of previous work

during the comparative analysis stage as suggested by Glaser (1978) and Evans (2013). In addition, Evans (2013) argues that Constructivist Grounded theory coexists with a constructivist view that supports subjective and objective reality. Besides, according to Charmaz (2000) and Glaser (2002), the value of grounded theory is not on production and verification of facts, but on the generation of concepts that will have different meanings to different people, leading to a theory that is open to modification and new data. Therefore, the features mentioned above regarding Constructivist Grounded theory make it the most appropriate type of grounded theory to follow in this research.

4.3.3.3 Assumptions of grounded theory

Criticism on various writings by Glaser and Strauss reveal several assumptions about the grounded theory methodology and assumptions about the criterion applied to their work. This assumption cannot, however, be referenced directly from the Straussian and Glasserian publications. For instance, they assume that there is an existence of simultaneous data collection and the analysis research phases in the methodological section of research. Furthermore, in this publication, Glaser and Strauss assume that all inquiries are structured and directed by the discovery of social psychological processes (as cited by Evans (2013)).

In addition, these postulations assume that the analytical process of grounded theory is intended to develop a theory while promoting discovery other than verifying the existing theories and hypothesis. Others include the assumption that categories of concepts that are identified through the grounded theory are defined, explained, and exhausted through hypothetical sampling (as cited by Evans (2013)). Also, the publications containing the propositions on grounded theory assume that the intention of grounded theory goes beyond

the studying of processes to theoretically make sense of social life. Lastly, the proposition assumes that the process leads from a progressive level to more abstractive analytical study levels through the systematic application of steps, in grounded theory analysis (Eaves, 2001).

Previously, the discovery of themes used to be directed by the endless data collection until the researcher could substantially and sufficiently explain and wholly interpret the concepts emerging from the data collected (Glaser and Strauss, 1967). A forecast by Strauss and Corbin had various elements that were critical as far as the grounded theory is concerned (Glaser and Strauss, 1967). This forecast made both substantive and professional researchers test grounded theory and eventually adapt it as a methodology. This forecast also showed that grounded theory would be broadened with procedural revisions being put into considerations through the contributions made by the researchers who employed grounded theory as a methodology (Glaser and Strauss, 1967). As a result, the usage of the grounded theory increased among researchers since it had a wider coverage regarding the study areas.

4.3.3.4 Reliability of grounded theory

To assess the reliability of a research done in alignment with the grounded theory principles, it is imperative to evaluate the criteria used in the theory. The criterion, as asserted by Glaser (2017), is composed of fit, understanding, generality, and control. The fit criterion is met by a theory that meets the empirical data and outlines the practical interactions that exist between the respondents and their surroundings (Maijala, Paavilainen, and Astedt-Kurki, 2004). Another factor that has to be put into consideration by the researcher while determining the fit criteria includes the informants who may have personal experiences that they may wish to share with the researcher. This implies that it is essential for the researcher to assess the

reliability of the informants. The researcher would, therefore, have to use their cognitive thinking in assessing the reliability of the informant. The criterion for understanding is verified if the theory is believed to match the reality of the respondents under study. Other than this, the understanding criteria of a theory may be credited through comments on the findings of the research by various scholars who may confirm that the particular theory is understandable (Suddaby, 2006).

On the other hand, the generality criterion of the grounded theory methodology requires a theory to be developed pertinent to a particular context that involves respondents. Though a certain level of abstraction may be required, it should be at a moderate level to retain the unique characteristics of the theory being developed (Stephens, 2003). The last criterion, as indicated above, is known as control and it is related to the extent to which a given theory can be applied while considering practical interactive situations, implications, and the limits of the theory (Stephens, 2003; Suddaby, 2006; Glaser and Holton, 2004).

4.3.3.5 Contributions of the grounded theory

The initial work by Strauss and Glaser that brought about grounded theory as a methodology in research has improved as various researchers try various means of assessing the credibility and authenticity of the grounded theory. The inventors of this theory, Glaser and Strauss, described with clarity the main important issues in this theory about its conveyance, judgment, and its application. An assessment of a given theory requires clarity as well as a vivid representation of the respondents' social world so that readers of the theory may experience the world of the study subject, just as the tangibility and visualisation of the study world (Stephens, 2003; Suddaby, 2006).

A research using grounded theory usually consists of a set of steps that guarantee consistency in the outcome of the theory. To an extent, the quality of a theory depends on the process that the theory traces its foundation and origin from. The scientific view, however, disputes this, by arguing that the quality of a theory is not dependent on its generation, but rather on its ability to respond to and explain new ideas. As a requirement for most research methodologies, grounded theory has several strengths that help in it being opted for, as far as research methodologies are concerned (Avena, 2006; Charmaz, 2011). For instance, where a researcher uses ethnographic and qualitative approaches, grounded theory is able to identify professional knowledge and practices of the given matter being reviewed. In addition, with a narrative form of description, grounded theory makes it easy for data to be explored, analysed and presented at the same time providing the ability to identify the contradictions and areas of conflict while collecting data (Avena, 2006; Charmaz, 2011).

Most importantly, assessment of the adequacy of a theory pivots the character of the grounded theory that acts as the outcome as well as checking the ability of the theory to fit the experience under study. To cover several situations, grounded theory ought to provide a generalised understanding of a certain phenomenon while avoiding extreme abstractions that make it lose its relevance for the situation being reviewed (Avena, 2006; Charmaz, 2011). The control and the flexibility of grounded theory should be moderate to enable the researcher to a hypothesis that it is his or her research case.

4.4 Research design

As noted earlier, the core purpose of this qualitative project was to determine the factors that influence Emiratis' choices for healthcare careers. This aim will be accomplished by meeting

the following objectives: to establish the factors that influence Emiratis' choices for healthcare careers; to investigate the key challenges healthcare workers in the UAE encounter, and to propose viable initiatives/strategies through which the number of Emiratis pursuing healthcare careers can be increased. For this research aim to be achieved, an appropriate research strategy; research population and sampling technique; and research instrumentation had to be cautiously selected. A description of these methodological components chosen and the rationale for the choice made is presented from this section hence forth. In addition, issues regarding validity and trustworthiness of the data collected as well as the ethical considerations made during the research process have also been presented in the proceeding sections.

A research design is described as a systematic plan, framework, or a blueprint used by the researcher or a team of researchers in pursuit for answers to the set research objectives or questions (Litosseliti, 2010). In line with this definition, Venkatesh, Brown, and Bala (2013) describes a research design as the overall strategy or approach used by researchers to comprehensively and logically integrate the various components of a research study to address the identified research problem. A research design provides a guideline on how to integrate theory, research methodology (approach), sampling, data instrumentation, and ethical considerations to be made in a study among other crucial components of a research study. The manner in which these components are integrated plays a leading role in determining the validity, accuracy, and authenticity of the data collected, and most importantly the quality of the findings and conclusions made in a study (Venkatesh, Brown, and Bala, 2013; Mitchell and Jolley, 2012).

Various research designs can be used when conducting research depending on their suitability. However, Stake (2010) notes that the choice of a research design is determined by various factors, among them the nature of the set research objectives. Other factors a researcher has to consider when choosing a research design include the type of information sought, availability of the data, cost efficiency of the various choices for study designs available, nature of the phenomenon, researcher's level of knowledge, and the ethical considerations to be made when conducting a research (Mitchell and Jolley, 2012).

In consideration of the above-highlighted factors, I decided to use the exploratory research design. An exploratory design, according to Venkatesh, Brown, and Bala (2013), is a research approach that is usually employed when the identified research problem has not previously been covered or has not been studied in details. Exploratory studies aim at gaining new insights about 'what is happening' as well as assessing a phenomenon in a new light (Stake, 2010) as it was the case in the present study, where career decision-making regarding healthcare careers in UAE had not been explored.

4.5 Research strategy

This exploratory study was based on the principles of the grounded theory strategy where the data collection exercise, coding, and analysis took place concurrently. The main features of the strategy used included the focus on the process, and identification of stages and phases, indicating action and change, and having a core variable or category that joined stages and phases of the theory. Though there has been an ongoing debate about whether to review the literature and theories relating to the research problem before the data collection and analysis

exercise where conflicting arguments have been raised, I decided to review the various theories of career decision-making to provide a conceptual and contextual background for the study. However, I avoided being influenced by the available literature when collecting and analysing data using a number of strategies discussed in section 4.7.3 of this chapter.

Concerning the issue of whether to review the extant literature and theories relating to the research problem in a grounded theory research, different scholars have taken different turns and no consensus had been reached at the time this study was conducted. For example, Glaser and Holton (2004) argue that immersion in the literature relating to the research problem should be avoided until the moment the theoretical framework is fully generated. This, according to them, helps in ensuring that the researcher is not influenced by the available literature when analysing the data collected.

Scholars in favour of reviewing the available literature and theories argue that grounded theory should not be used as an excuse to ignore the available literature and theories, or defer reading the already existing theories until the desired data is collected and analysed (Suddaby, 2006; Thornhill, 2008; Weijun, 2008; Charmaz, 2011). Therefore, reviewing or not reviewing the already existing literature and theories is a decision to be made by the researcher and one has to accept that no single study can go unchallenged by advocates of the alternative approach. However, the researcher opted to review existing literature for various reasons.

As noted earlier, just like any other grounded theory study, the data collection and analysis exercises occurred simultaneously, an aspect that led to the collection of additional data from

other sources to improve the understanding of career choice or decision making, as well as clarify the emerging hypothesis (Evans, 2013). For example, based on the primary data collected from the respondents, an unconfirmed hypothesis emerged which stated that developing an interest in healthcare careers is something from within or it occurs naturally, and not necessarily influenced by extrinsic factors. The interview data indicated that this is a historical occurrence and it could be attested from historical records. As a result, there was a need for reviewing historical textbooks and other secondary publications to test this hypothesis among other hypotheses that emerged from the interview data.

In this regard, I consulted data from secondary sources such as textbooks, previously conducted studies, peer-reviewed journals, as well as reports prepared by the government and other organisations, among other sources. Information from these sources was used for providing the background and historical context for the present study. This is in line with Taylor, Stephen, and Kathryn's (2006) suggestion that reviewing the literature available in secondary sources for a grounded theory study is paramount since it helps in setting the contextual and conceptual background for the project.

Taylor and colleagues (2006) also suggest that secondary data helps in supplementing findings made from data collected using primary data collection tools (interviews, observation, and group discussion) based on the brief coverage of the topic under research that may have previously been published. Nevertheless, this data collection tool is not considered as a fundamental data collection instrument for grounded theory studies. It is, however, worth noting that the controversy surrounding the use of secondary sources of data or generally reviewing the existing literature and theories about the research problem has not

yet been resolved despite the fact that the controversy has been there for a number of years (Charmaz, 2014; Morse et al., 2016).

Up to date, some scholars hold that researchers should avoid immersing into the available literature and theories relating to the research problem since doing so help in ensuring that the researcher is not influenced by the available literature when analysing the data collected. Some even argue that grounded theory studies should not be based on any theoretical framework since their core aim is to develop an independent new theory (Glaser and Holton, 2004). However, these kinds of arguments and presumptions have been refuted by most of the scholars who have of late explored deeper into this type of research methodology (grounded theory).

For example, Suddaby (2006), Thornhill (2008), Weijun (2008), Manning and Nayback-Beebe (2016), and Charmaz (2011) among many other scholars maintain that using a grounded theory methodology should not be used as an excuse to ignore the available literature and theories, or defer reading the already existing literature. The scholars list a number of common misconceptions widely held about grounded theory. This paper, however, does not go into details about all the misconceptions because of its limited scope. In this respect, it is essential to point out that grounded theory as a research methodology appears to have not been fully developed; hence using secondary sources is a trajectory of development of this theory in a different direction. Nevertheless, any decision made by the researcher such as using secondary data to reinforce the developed theory, reviewing the extant literature and theories, or any other decision cannot go unchallenged by scholars with a different perception towards grounded theory as a research methodology.

4.6 Research population and the sampling technique

4.6.1 The sampling process, sample size and characteristics

The population for the current study consisted of high school and college students, as well as professionals who have pursued health related careers in the UAE. Since it was not possible to include the entire population in this study, I had to employ appropriate sampling technique to identify the most suitable participants. In this regard, I used a mixed purposeful sampling technique which allowed me to target specific categories of individuals within the UAE healthcare industry, and save time by reaching out to the targeted number of respondents as quickly as possible.

Combined or mixed purposeful sampling encompasses the application of several purposive sampling methods (Tongco, 2007; Larkin and Thompson, 2012). However, in the present study, two purposive sampling methods were used namely criterion sampling and snowball or chain sampling. In this case, I purposefully selected high school students who were in their final grade; and second year and above for the college students from respective institutions databases. For the high school students in their final grades, and with the help of the teachers, I distributed forms where students who wanted to pursue healthcare related careers filled in their names and the course they wanted to pursue. Afterwards, using the list generated from the first selection on each group, I purposively selected the students who took part in this research.

My decision to use these three categories (high school, medical, and nursing students) of participants was based on the belief that they were interested in pursuing healthcare related occupations, which was within the scope of this research. I believed that they had adequate

knowledge about the research topic, besides having various reasons for pursuing/ planning to pursue health-related careers. Using this sampling method, six medical students and six nursing students were selected. In addition, eight high school students were also recruited to provide a clear picture of high school students' perception towards healthcare careers.

Criterion sampling and snowball sampling strategies were used in selecting nurses and doctors, healthcare administrators, as well as government officials involved in this study. These two sampling techniques were used concurrently and they played an instrumental role in making sure that knowledgeable respondents were involved in this study. In brief, criterion sampling includes setting criteria and picking respondents who strictly meet the established criteria, while snowball-sampling approach encompasses identifying cases of interest from individuals who know persons who are the most suitable interview subjects (Wertz et al., 2011). In the latter, once the researcher identifies a potential interview respondent, the identified respondent refers the researcher to other potential participants which he or she then check whether they meet the set criteria (Wertz et al., 2011). Using these two sampling techniques, four doctors and four nurses from two Emirates (A and B); four healthcare managers; and four government officials (two from the Ministry of Health and two from the Ministry of Education) were recruited.

However, considering the current study is based on grounded theory, the entire sampling process was guided by theoretical sampling (Strauss and Corbin, 1990). In this sampling method, sampling decisions are grounded in the emerging concepts that become relevant to the developing story. This means that sampling decisions evolve during the research process (Strauss and Corbin 1990). The following steps were followed during this sampling method.

1. Making initial decisions regarding specific individuals or groups of people who are knowledgeable in the research topic using sampling techniques discussed above

2. Analyses of the initial data until theoretical ideas start to emerge and particular concepts arise.

3. Choosing further participants based on theoretical ideas and concepts revealed in the previous stage.

4. Continuing with steps 2 and 3 above until theoretical saturation is reached. Theoretical saturation signals the point in grounded theory at which theorising the events under investigation is considered to have come to a sufficiently comprehensive end and no new theories are emerging.

Resultantly, an initial sample size of 32 participants was selected. However, based on step 4 above, 4 more participants were added, totalling to 36 respondents. I believed that this number would yield valid and rigour results. This decision was based on views given by different authors regarding sample size for qualitative studies. For example, Collins, Onwuegbuzie, and Jiao (2006) suggest that though the concept of redundancy criterion is helpful in determining the sample size, it provides little guidance in estimating sample sizes before the data collection exercise. Some authors such as Dworkin (2012), Creswell (1998) Collins, Onwuegbuzie, and Jiao (2006) coincide regarding sample sizes for qualitative studies and recommend the use of a sample size that ranges between 1 and 40 respondents for large qualitative studies. In particular, they suggest that grounded theory studies should have a sample of 30-50 respondents; ethnographic studies should have 30-50 respondents, while phenomenological studies should have at least six and a maximum of 25 participants

(Creswell, 2013; Dworkin, 2012). This sentiment implies that the sample used in this study is within the acceptable range.

However, according to Dworkin (2012), qualitative studies should not have a large sample size because their aim is not to be representative of the research population. Indeed, most scholars argue that sample size is of less significance in qualitative studies, hence refute the widely held misconception that 'the bigger the sample, the better the research outcomes' (Dworkin, 2012; Collins, Onwuegbuzie, and Jiao, 2006). They, therefore, advocate for the adoption of alternative strategies for improving the validity of the outcomes of qualitative studies such as training the interviewers and pre-testing data collection tools.

Collins, Onwuegbuzie, and Jiao (2006) further hold that sample size is less significant in qualitative studies because validity and meaningfulness of the findings generated from such studies highly depend on the richness of the cases selected as well as the analytical qualities of the researcher, rather than on the sample size. So far, there are no universally agreed upon rules for sample selection in qualitative studies; hence most scholars argue that sample size should be determined by the purpose and practicality of the study. Other qualitative researchers argue that sample size should be based on the redundancy criterion, that is; when no more new information is forthcoming from the newly sampled units, a situation commonly known as theoretical saturation (Collins, Onwuegbuzie, and Jiao, 2006).

The sample of doctors and nurses used in this study was selected from two governmental and two private hospitals whose operations were based on diverse medical staff. This group of the sample was expected to identify the factors that influenced them towards choosing their

current occupations, the challenges they faced in the field, and give suggestions on what needed to be improved. The interview stage was planned with this group of the sample immediately when the management of healthcare facilities approved the participation of the targeted respondents and the recruited participants provided their formal consent.

Apart from that, healthcare managers working in the above-mentioned public and private hospitals were involved in conducting the current research as respondents. These medical practitioners helped in understanding the challenges that the intended professionals faced in the care provision environment and how these obstacles could be overcome. One more group of respondents was government officials: two from the Ministry of Health and two from the Ministry of Education who presented their views on the policies implemented in the field and possible recommendations from their perspective. The researcher found the officials on the Healthcare Ministry's website and sent them an invitation with a succinct explanation of the research aim and objectives.

4.6.2 Eligibility criteria

The targeted groups for the study were identified based on the findings made in the literature review. To select the participants, a set of important criteria was developed. Drawing upon Reilly and Evans (2006) eligibility criteria created room for optimisation of the external and internal validity of the study, improved its feasibility, minimised ethical concerns, ensured the homogeneity of the sample population, reduced confusion, and increased the probability of finding a true association between exposure/ intervention and outcomes.

Initially, purposive sampling was used to recruit and select the participants based on their special experience and competence (Etikan, Musa, and Alkassim, 2016; Larkin and Thompson, 2012). On further stages of the research, snowballing was used which encompasses selecting new data collection units as an offshoot of existing ones (Etikan, Musa, and Alkassim, 2016). After the list of "attributes essential" was developed, I proceeded to find or locate the unit matching the list as recommended by Larkin and Thompson (2012). The following criteria were applied to include participants in the study.

First, being at least a second-year student of Emirati origin studying medicine or nursing in one of the local universities was one of the factors to consider for the student respondents. High school students included in this study were also required to be in their final grade in high school. In this way, I had an opportunity to obtain information concerning the research questions from a closely defined group for whom the research questions were relevant as suggested by Etikan, Musa, and Alkassim (2016). Undoubtedly, participants within this group had a possibility to evaluate the pros and cons of the degree pursued and career field one had chosen.

Secondly, with respect to healthcare professionals, being a UAE national and having a two-year (or more) experience was a core requirement. From this perspective, I was guided by the rule that "those sampled are relevant to the research questions that are being posed" (Larkin and Thompson 2012). Indeed, working in the area of interest for at least two years allowed the participants to cognise this professional sphere in different aspects. Therefore, the recruited respondents were able to identify factors that were discouraging Emiratis when choosing a career in the healthcare sector.

4.7 Ethical considerations

As Brown et al. (2017) note, researches involving human subjects can pose numerous complex ethical issues that require careful consideration by the researcher. Considering that this study involved human subjects, various ethical issues were considered such as ensuring that participants were provided with adequate information about this research concerning possible risks and benefits of taking part in this study. In this regard, participants were informed about the purpose and objectives of the research, as well as the sequence of the introduced procedures.

As a way of informing the participants, I either sent informed consent forms (a copy attached in appendix III) to the participants through email or presented them physically to the respondents before conducting the interviews. After reading and understanding their responsibilities and roles in the current study, the respondents signed the forms and sent them back via email or handed them back physically. Providing the respondents with adequate information about this research allowed them to make informed decisions on whether to take part in the research or not. It also served as a proof that no participant took part in this study through undue inducement or through any element of fraud, duress, force, or any other form of coercion or constraint.

Guaranteeing the participants' confidentiality of their personal information was another central ethical principle observed in this study. This was achieved by providing participants with a commitment to the provisions of the UK Data Protection legislation of 1998, which sets out rules and practices that must be followed when processing information about individuals and in granting rights to individuals in respect of their information (Party, 2015).

The act requires any party processing information from individuals to ensure that such processing is legitimate by meeting conditions set in the act, as well as providing such individuals with certain information before collecting data from them (Party, 2015; Carey, 2009). Besides, the participants' anonymity was protected by assigning each participant a unique code to identify them. All information for the research was obtained from every participant by explicitly explaining all relevant aspects of the enquiry, participant's role in the process, and by answering all questions regarding the research procedure that appeared in the process.

Moreover, I observed the principle of 'do no harm' and psychological distress or social disadvantage to the participants by obtaining informed consent from participants, and by protecting their anonymity and confidentiality by assigning them unique codes as previously explained. This principle was also observed by avoiding deceptive practices during the design of the current research. The participants were assured that they had the right to withdraw or terminate their participation at any time. Furthermore, I sought research ethical approval from the University Ethics Committee before conducting the research (attached in appendix I). I also wrote a letter to the involved schools, universities, and hospitals, seeking approval to collect data concerning the topic. In this letter, I explained the aim and objectives of the research and importance of this project. Also, I attached the ethical approval letter from the De Montfort University ethics committee.

4.8 Research instrumentation

Research instrumentation refers to the process and the data collection tools used for gathering data from the respondents. According to Taylor, Stephen, and Kathryn (2006),

questionnaires, interviews, observations, focus group discussions, and experiments are the primary data collection tools, though the choice for a given data collection instrument is influenced by the nature of the set research objectives. In qualitative studies, interviews and focus group discussions are the primary data collection instruments, though data collected using these tools are at times supplemented by data collected from secondary sources.

Even though using focus group discussion as the data collection instrument would have provided detailed information and potentially more insights about the topic under research as suggested by Taylor, Stephen, and Kathryn (2006), it was not possible for me to employ this instrument since it was practically impossible to assemble all research participants to one venue and at the same time because of conflicting work schedules. As a result, I opted to employ in-depth interviewing as the main primary data collection tool (refer to appendix IV for the used interview guide). The interview questions attached in the appendix were guided by the research objectives highlighted in chapter one.

To avoid unpredictable hitches common during the actual data collection exercise such as having vague questions, interview sessions taking longer than expected, or even failure to include necessary sub-questions that would help in soliciting the intended data, I decided to conduct a pilot study. During this mini-research, one participant from each respondent group was interviewed in English because all the recruited respondents were conversant with the language. The mini-research allowed me to detect certain flaws and assess the potential of the interview guide.

The findings of the pilot study were also of great importance for the implementation of the main research in various ways. For example, it gave room for the elimination of some questions that had initially been planned for the interview guide. During pre-testing, it emerged that some of the questions led to repeatable answers while others were vague to the extent that some participants could not find appropriate answers to them. Consequently, the interview protocol was adjusted based on the piloting results. In this way, I was able to create study-specific questions. Moreover, it was a good experience to test some ethical considerations, such as researcher-to-respondent collaboration.

Although I was initially not sure whether or not the respondents would be comfortable with the use of technology in recording the interviews, all the participants piloted expressed no concern to the recording of our conversation using a dictaphone (dictation machine). I also had an opportunity to clarify the approximate interview duration, which was about 40 minutes, plus or minus 20 minutes. Finally, the results of the performed piloting gave room for the clarification of the common priori themes, that is; themes identified during the literature review (e.g. education as a preventive factor for Emirati in pursuing a career in healthcare), and uncommon themes (e.g. strong feminist worldviews in some female respondents).

4.7.1 Data collection

4.7.1.1 In-depth interview

Once the participants were selected using the procedure and methods discussed in section 4.6, the next step was to collect the intended data from them. The respondents were contacted through various means such as emails and phone messages, detailing the aims and objectives

of this study, the importance of taking part in the study, and the timeframe in which the data collection exercise would take place. Participants were required to confirm their participation, the time they would be available for the interview, and the method/type of the interview they found most convenient, that is; through Skype, face-to-face, or interview over the phone.

Interviewees in favour of phone call interviews were required to give out their phone numbers; those willing to be interviewed through Skype to state their Skype addresses; while participants willing to be interviewed through face-to-face interview were required to state their locations and the time they were available. This allowed me to prepare the interviewing schedule. The interviewing process started by making a formal introduction and informing participants about the ethical considerations involved in this study such as protecting their privacy by coding data or assigning them number among other issues discussed in section 4.6 above.

Primary data were obtained from medical and nursing students, healthcare professionals, such as doctors, nurses, managers, and government officials to understand the problem from a broader context. To achieve this goal, a set of research questions was developed and organised into semi-structured interviews (see the attached interview guide in Appendix IV). This type of interviewing was reasonable because it allowed me to have an interview guide, that is; a questionnaire with a range of subtopics to be covered and allow the interviewees to guide the conversation simultaneously (Creswell, 2013; Etikan, Musa, and Alkassim, 2016). Apart from that, the outlined interview procedure gave me room to collect and produce

unbiased and valid study results as also noted by Etikan, Musa, and Alkassim (2016). In this way, I obtained data that allowed in-depth understanding of the research questions from the perspectives of the respondents whose opinions were explored.

4.7.1.2 Interview technique

A questionnaire based on a set of open-ended questions was developed to obtain information required for the achievement of the research goals (see Appendix IV). In this case, the approach suggested by Fylan (2005) was used to construct questions in anticipation of semi-structured interviews, comprising of closed and open-ended questions including:

1) Determination of the overall area to be tackled in the interview;

2) Putting the topics in the most appropriate sequence;

3) Thinking of relevant questions related to each area; and

4) Considering going about possible probes and prompts which could follow from the answers that might be given to some of the questions.

Doing so enabled me to evidence my awareness on the topic while simultaneously allowing the interviewees to provide ample responses regarding their experiences in the healthcare field. In-depth interviews were conducted on a one-to-one basis, making it easy for the recruited respondents to expand on the topic in question as per the level of their expertise and experience as postulated by Fylan (2005).

Moreover, a semi-structured interview promoted the credibility of the research results due to their unbiased, accurate, and credible nature as noted in sources such as Creswell (2013), Tongco (2007), and Morse et al. (2016). In addition, the open nature of the semi-structured interview gave the interviewees an opportunity to lead in the generation of new data rather than the interviewer. Based on the piloting results, duration of the interviewing process was projected to take not less than 40 minutes per participant. Since this data collection technique is time-consuming (Laverty, 2003) and 36 respondents were to be interviewed, more time was allocated for the interviewing phase compared to other stages of the inquiry process.

Using the semi-structured interviews, the researcher used the hypothesis generating approach on the future participants rather than hypothesis testing. This is because the current study involved studying human behaviour and experiences through discovery and induction; not through traditional quantitative approaches of hypothesis testing and deduction. According to Rennie (2000), hypothesis-testing research is concerned with investigating a phenomenon in terms of the relationship between independent and dependent variables, both of which are measurable numerically. However, with the current research, it was difficult to employ this approach because of the following reasons. First, considering the nature of the research phenomenon, it was difficult for the researcher to state meaningful hypotheses as well as identify important independent and dependent variables. Secondly, the researcher was interested in understanding the subjective experiences of people pursuing healthcare related careers and factors that influenced their decisions to take such career paths. These subjective experiences could not be defined numerically as recommended in a hypothesis testing research.

Therefore, using the semi structured interview, I utilised the two hypotheses generating principles of grounded theory namely, questioning rather than measuring, and generating hypothesis using theoretical coding (Rennie, 2000; Suddaby, 2006). Concerning the principle of questioning rather than measuring, I acknowledged that I may not be knowledgeable enough to formulate meaningful hypotheses but could rely on the participants who had experienced the phenomenon to generate hypotheses. Based on the interview responses given by the participants, I adjusted the interview questions to accommodate the newly developed theory and test it with future interviewees. With regards to the generation of hypothesis using theoretical coding, I used data collected and analysed during the theoretical coding to develop hypotheses that were tested by future participants. The use of the two hypotheses generating principles promoted the credibility of the present study- results.

4.7.2 Data analysis

With the present study being conducted based on the principles of grounded theory, data collection and analysis exercises were carried out simultaneously. According to Jonker (2010), analysis of qualitative data collected for a grounded theory study involves seven major steps namely, familiarisation, reflection, conceptualization, cataloguing concepts, recording, linking, and re-evaluation. During the first step, a researcher is required to read the data to familiarise himself or herself with it, and most importantly determine whether the data is within the scope of the study and whether there is a need for preliminary questions.

During this phase, according to Charmaz (2014), the researcher considers whether the collected data is related to other bodies of knowledge that can result in the formulation of some preliminary working hypothesis. Once some tentative hypotheses or ideas are

formulated, the researcher starts developing concepts that are then compared with the initial data collected to validate their existence and the context in which they occur. In the process, the researcher also considers whether other concepts can appear that are worth documentation.

The next step involves imposing some structure to the collected raw data by organising it based on the related set of categories. Once the collected raw data is organised, a researcher is required to start comparing the coded-information categories one more time against the context in which they occur, while at the same time checking for validity and relationship to other concepts. As Charmaz (2014) notes, during this process, it is advisable to create new categories or merge others that may be relating to the same idea.

This exercise automatically takes the researcher to the next stage where patterns and frameworks start appearing, which enable generalisation and development of a theory that integrates (links) the data into holistic explanations of the experience under review. The final step involves a re-evaluation of the preliminary conclusions and making pertinent changes necessary in line with the initial raw data collected (Charmaz, 2014; Birks and Mills, 2015; Creswell, 1998); Harrison, Manning, and Nayback-Beebe, 2016).

4.7.2.1 Data analysis process

In this project, I followed the seven steps data analysis approach briefly described above. As noted earlier, the data collection and analysis occurred concurrently and further data collection was influenced by the analysis of the data already gathered. The need for further data was guided by the interview guide whereby after every interview with the research

participant I would test whether there is any emerging hypothesis. This helped me to decide

whether to conduct collect more data until I discovered there were no emerging hypotheses.

The analysis strategy used in this study was also reinforced using the qualitative data analysis

processes suggested by Dey (2003) as illustrated below.
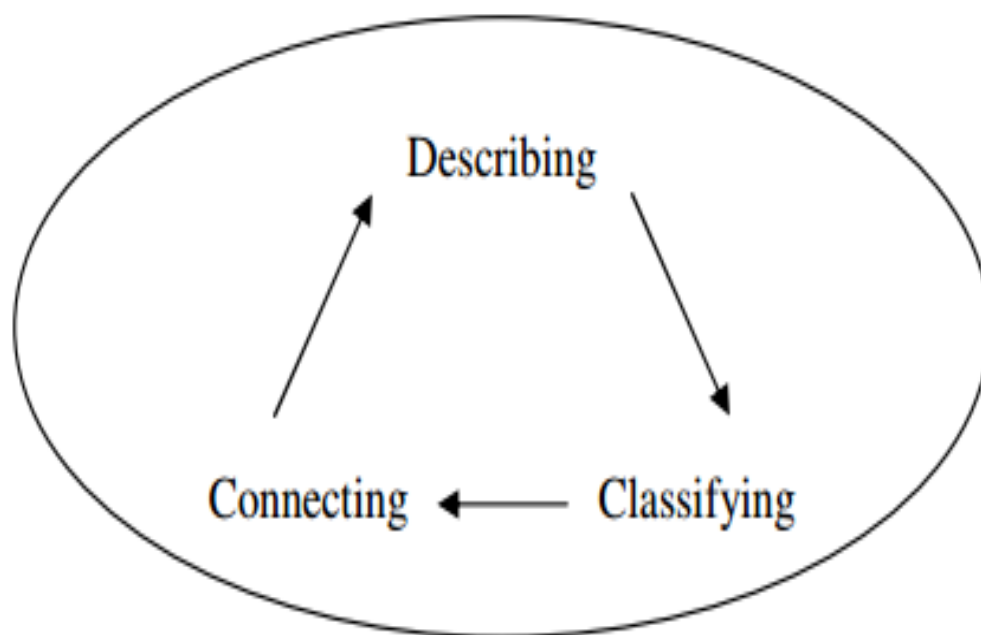
Figure 4.7: Three related processes of qualitative analysis

Source: Dey (2003)

The data collected through interviews was used for developing a theoretical explanation for

the factors influencing Emiratis career decision-making process, while data collected using

the other instruments was used for testing, refining, and supporting the emerging theoretical

constructs. I avoided using a detailed framework for analysing the data and instead employed

a more flexible approach that gave room for the advent of relevant category of themes from

within the data itself. During the coding phase, open coding of the interview transcripts was

carried out where each transcript was read line by line while allocating data chunks (sentences and paragraphs) into various codes or categories. During the data collection phase, the transcripts were coded based on the emergent themes and themes that were used in the interview guide. Initially, factors influencing career decision-making were broadly coded as extrinsic and intrinsic factors as described by the respondents. However, further data collection and analysis led to the breaking down of these two types of codes to various sub-categories identified within the interview data.

Once I was through with the fifth step (imposing some structure to the collected raw data by organising it based on the related set of categories), I started comparing the coded information categories. This encompassed comparing incidences applicable to each evolving category. During this stage, interview transcripts were compared and it resulted in the development of two broad categories, that is; substantive categories and theoretical codes. Substantive categories refer to categories that labelled the behaviour and career decision-making process observed, while theoretical codes were labelled with abstract terms that provided an explanation for the events.

The sixth step (integrating/linking the emergent categories with their properties) involved further coding of the interviews where additional categories emerged. During this phase, the data coded to each category was reviewed purposely to compare data bits with one another, a process that resulted in the development of theoretical properties of categories, that is; types, conditions, dimensions, consequences, and relation to other categories. Redundant categories were also integrated into other more relevant categories during this stage in a process referred by Dey (2003) as splicing.

As the coding progressed, the nature of comparison changed from comparing interviews with interviews to the comparison of interviews with categories and properties of the categories already identified. In the process, similarities and differences within the various categories started emerging and hypotheses were created to explain them. The theoretical concepts developed during this phase were explored further through interviews which were coded to ascertain whether the presence of the evidence of the newly developed theoretical concepts and see whether they had been missed during the initial analysis.

Delimiting and writing the theory was the final phase of the data analysis exercise in this grounded theory study. Features of constant comparative method restricted development of the theory, an aspect that prevented the project from becoming astounded by data. As the theory became more solidified, key modifications started becoming fewer as I continued comparing incidents of categories with their properties. The final changes I made helped in clarifying the logic, eliminating irrelevant properties, integrating, or in linking elaborating details of the properties into key outlines of interrelated categories. It also helped in the reduction process, a process by which fundamental uniformities are revealed in the original categories and their properties, after which a theory is formulated from a smaller set of higher-level concepts.

Delimiting the theory was also achieved by reducing the original list of coding categories based on the emerging theory. This was achieved by making coding more selective and precise in an effort to study the emergent categories and their properties in a more detailed manner. Just like in any other grounded theory, the data collection exercise stopped when no more categories and their properties were emerging. In the process, 13 descriptive and

analytical codes emerged, which were then merged into six categories. The results obtained and the developed theory have been reported in chapter five and six.

4.7.3 Promoting validity/ relevance of the study

Bracketing strategies employed

Whereas I was well aware of the topic under consideration, there was a need to ensure that I did not influence the participants' understanding of the phenomenon as recommended by Etikan, Musa, and Alkassim (2016). In this case, bracketing, which encompasses putting aside the researcher's own knowledge, beliefs, experience or any attitudes on the research subject, was quite helpful in avoiding influencing the nature of data collected from the participants. Etikan, Musa, and Alkassim (2016), Charmaz (2014), and Charmaz (2012) underlined that there is certain knowledge on the issue in question, but specified gaps are to be clarified in this case. Therefore, I ensured that appropriate measures were taken to minimise my own impact on the findings interpreted. To achieve this goal, I followed the strategies proposed by Etikan, Musa, and Alkassim (2016) aimed at minimising personal bias as potential influences on the research outcomes in conducting the study:

Reflexivity based on self-reflection: I honestly and precisely detected own interests and values with respect to the study objectives and attempted to mitigate their potential influences by bracketing them. This was done by writing a reflexive diary, with the indication of personal feelings, interests and perceptions during the enquiry process (Etikan, Musa, and Alkassim, 2016).

Deciding the scope of the literature review- Findings made in the previous studies relating to the present day research problem were analysed and incorporated as a basis for the framework of the research procedure. For instance, the findings of precursors were useful in the justification of the topic under discussion, methodology to be used, and development of interview questions per targeted groups of respondents. In this case, reviewing the available literature was to justify and identify some of the theories underpinning career decision-making in the existing literature. This decision was based on Evans (2013) argument that Constructivist Grounded theory, which is the form of grounded theory adopted in this study, allows the researcher to review the existing literature to determine what has been done in the researcher's topic of interest.

Planning data collection- This phase encompassed interviewing the respondents in accordance to the developed semi-structured questionnaires. In this regard, the questionnaire was perceived as a schedule guide in the process to allow the interviewees expand and elaborate on the points, but not provide the directives for a response.

Planning data analysis- Overall, one-on-one interviews, in line with grounded theory, enabled participants to develop rich descriptions of the Emiratis experiences concerning deciding to take healthcare careers. Nevertheless, the researcher had to be sure that the answers provided by the respondents were valid and correctly interpreted by the investigator. In this case, the Colaizzi's data analysis and verification technique was applied to maintain trustworthiness of the research outcomes. This method provides seven procedural steps followed in the analysis of qualitative data. The steps include:

1. Transcribing audio tapes verbatim immediately after the interview and reading/listening to the interview to gain a sense of the whole;

2. Extracting significant statements from each transcript;

3. Formulating meanings as they emerge from the significant statements using significant insight;

4. Organising formulated meanings into clusters of themes and validating the clusters of themes by referring back to the original transcript to ensure no data has been ignored or added to;

5. Integrating the results into an exhaustive description of the topic being studied;

6. Formulating the essential structure of the phenomenon; and

7. Validating the descriptive results by returning back to the participants to confirm if this analysis describes their experience and if any data is deleted or added to, this new data is incorporated into the final product (as cited by Mapp, 2008).

This method gave room for the detection of meaningful information from the responses and made it easier to organise the data into themes while minimising misinterpretation of the data analysed (Charmaz, 2014; Charmaz et al., 2014). Following the above steps, I promoted the integrity of the data collected and minimised the occurrence of any potential bias in the process of data interpretation.

Data triangulation

A number of strategies were employed in an attempt to ensure that the data collected was credible, trustworthy, and authentic. One of such strategies employed included the data triangulation strategy (Maxwell, 2010), which is described as the cross verification of the

data and findings made in a study. For the present day study, I relied on inter-rate reliability triangulation, which encompasses independent evaluation of the collected data, with the aim of finding out whether the respondents made consistent or closely related reports. However, unlike many studies where researchers consider consistent and related data, in the present study, I paid much attention to the unusual and unrelated data, which would support the findings of this research better than the triangulated data. This is because the unusual and unrelated data would lead to the emergence of a new theory.

Relevance of the data

To ensure that the data collected using semi-structured in-depth interviews were relevant; I applied a number of strategies. The strategies encompassed making sure that the questions directed to the interviewees were not ambiguous, as well as clarifying ideas and words with the participants to ensure that their responses were recorded accurately. Before closing each interview session, I was summarising the information received from the interviewees, and reading back the main direct quotes and words to individual participants as a way of clarifying that the information provided had accurately been expressed and correctly recorded. Reading back key quotes further ensured that the information recorded fully expressed participants' ideas.

It is important to note that I employed a hybrid of approaches when presenting the results. For example, verbal data such as themes and quotations made by the respondents, together with numerical data, such as the number of participants who responded to specific issues or themes were used when presenting the qualitative results. Even though the use of numerical data in qualitative studies is said to be controversial since it is commonly used in quantitative

studies, Maxwell (2010) maintain that numerical data is a crucial strategy for qualitative studies because it provides supplementary support for the evidence obtained from qualitative data. As a result, I found it appropriate to include numerical data for the present qualitative study since it encompassed a substantially large number of participants (who were 36 in number) considering that the most recommended number of participants for qualitative studies is 15 to 40. I, therefore, used numerical data mainly to show the extent of support for the factors identified to be influencing Emiratis' choices for healthcare careers.

Role of the researcher in this study

According to Goulding (2002), the role of a qualitative researcher is to approach the study like a stranger approaching a new culture where no detail is too small, and everything is richly described to elucidate a novel phenomenon. Furthermore, qualitative researchers must also scrutinise and account for how their personal experiences and principles may affect the interpretation of the study (Goulding, 2002). During the research process, I played the following roles. First, in the entire research process, I understood that it was my sole responsibility to provide information for readers to understand my research topic and aim that I was seeking to meet. Besides, I ensured that all legal and ethical requirements of this study were met. Some of these requirements included gaining access to participants, developing an ethical participant and researcher relationship, protecting participant rights, providing checks and balances against ethical issues, and analysing the research materials to conclude the study.

Secondly, I played the role of human research instrument, whereby I collected data from each of the participants and analysed data to generate themes, concepts, and a theory concerning

healthcare career decision-making. I precluded injecting my personal biases by being aware of my personal life experiences, beliefs, and opinions regarding the phenomenon. Then, I bracketed these experiences and beliefs by writing a reflexive diary, which indicated my personal feelings, interests and perceptions during the enquiry process as suggested by Etikan, Musa, and Alkassim (2016). My personal experiences as a researcher could have led to bias and could ultimately influence the study outcome. My close relationship with some people in the education and healthcare sectors was a potential for personal and ideological biases. I addressed this possibility of bias by allowing the participants to express their experiences through open-ended, semi-structured questions (Laverty, 2003).

4.9 Challenges faced during the interviews

During the data collection phase where semi-structured interview questions were used as the main data collection instruments, I experienced a number of challenges that could not have initially been predicted. However, it was possible to overcome the vast majority of these challenges; hence validity and credibility of the findings made in this study were not negatively impacted. Some of the main challenges include making the right choice of language; unexpected withdrawal of some participants; and inconveniences that hindered the strict application of the set interview schedule among other challenges.

Even though all the participants involved in this study were well-educated persons and were not likely to experience noteworthy difficulties when expressing themselves, each category, and to some extent each respondent required the interviewer to carefully choose the interviewing language with respect to the aspect of simplicity. It is, however, important to note that despite giving respondents a chance to choose the language they would like to be

interviewed in; all interviews were conducted in English because all respondents indicated that they were fluent in English and more comfortable with English for professional interviews than the local language. Nevertheless, I used simple and more casual language, particularly when interviewing the college and high school participants.

Nonetheless, though the respondents were well conversant and could comfortably express themselves in English, I encountered situations where respondents were not able to express themselves clearly, though this problem was not common. To overcome this challenge, there was a need for changing the way I asked questions. In this regard, I would repeat or/and rephrase questions every time participants experienced difficulties trying to remember or understand the questions asked. The problem was also overcome by avoiding the use of complicated language or wording, as well as asking one question at a time rather than asking multiple questions. For example, I adopted the way of questioning according to the needs of the individuals when interviewing some of the high school participants in public schools.

When interviewing participants who appeared to be able to clearly express themselves, it emerged that asking them concrete or simple yes/no questions first, and later asking for clarification was a useful and a prudent strategy that helped them synthesise their thoughts. I would also break down the questions that appeared to be general purposely to ensure that respondents made relevant responses. This strategy has been tested and confirmed to be working in other previous studies. For example, according to Maree (2007), breaking down the general questions, asking one question at a time, rephrasing and/or repeating interview questions, as well as avoiding the use of complicated wording or language make it easy for

me to get the intended data from participants suffering from memory loss and those who are unable to freely express themselves.

However, providing participants with examples to make them delve more deeply into a question was avoided because this was likely to influence their answers, which would ultimately interfere with credibility and validity/ relevance of the data collected. I avoided imparting my own personal experiences or perspective into the conversation. This is in line with Maree (2007) recommendation. According to Maree (2007), a researcher should completely avoid providing participants with examples because such a move is likely to influence respondents' answers, which ultimately affects the authenticity of the collected data (2012).

Another challenge encountered during the data collection exercise was the issue of turnout. First, as indicated earlier in this chapter, the sampling technique employed was a combined or mixed sampling strategy since it would not have been easy to find participants who would be willing and available for this study especially for the government officials and senior healthcare managers. Therefore, finding an adequate number of participants from the two categories stated above was a challenge. After recruitment, some participants did not have time to participate in the study because of various reasons. For example, one participant was not available during two of the many planned interview sessions, an aspect that made the investigator to quickly look for another respondent who met the set criteria.

The third problem experienced was the issue of some interview sessions starting late, some interview sessions taking longer than initially planned, and some participants being

unavailable during the scheduled time. Such occurrences would have forced me to slightly adjust the set interview plan to cater for such changes. During the pilot study, I made the interview plan more flexible to cater for such inconveniences by allocating an allowance (plus or minus) of about 20 minutes to each interview session. Another challenge encountered during the interview process was participants responding to the interview questions with an unrelated topic or providing less relevant data. For example, when discussing the issue of salary and remunerations for the UAE healthcare workers, some participants would become emotional and at times lose focus of the question at hand.

I was also able to overcome most of these challenges by adopting other strategies such as conducting interviews in places that respondents were familiar with; restructuring interview questions to elicit more detailed insights and thoughts from the respondents; and by using terminologies that were familiar and understandable to the participants. Conducting the interviews in places that participants were familiar with and comfortable with such their places of work and their respective institutions of learning played a role in reducing anxiety associated with unfamiliar surroundings and in controlling some distractions. Furthermore, the researcher allowed ample time for the respondents to reply to questions or make remarks.

Communication challenges encountered during the interview process were confronted by adopting various measures. For example, prior to the start of each interview session, I spent approximately 7 minutes with the respondents engaging in general conversation purposely to build rapport. Engaging in a general conversation also played an instrumental role in assessing each respondent's cognitive processing, attitude, mood, as well as the

communication ability. Utilising this technique made the participants feel comfortable and relaxed (Maree, 2007). Through the application of this technique, many participants found the researcher friendly, hence were less likely to panic. As Maree (2007) suggest, panicking would have made some of the participants miss out crucial aspects. Being friendly made the interview more casual, hence participants would easily express themselves.

The challenge of some participants providing invalid responses or answers not relating to the interview question was confronted by politely following the respondents and guiding them to provide data that is more meaningful. The researcher also helped the participants avoid repeating themselves during the 40-minute interview session by employing the reminiscence interview approach as recommended by Maree (2007). Every time a respondent would start repeating himself or herself, the investigator would validate his/her experience and then politely redirect the conversation to other relevant topics of the research.

Conducting a pilot study or pre-interviewing participants was also instrumental in overcoming the challenges previously highlighted in this section. Pre-interviewing, specifically, officials from the ministry of health and that of education helped in determining the participant's ability to participate in data collection as well as in providing them with rough interview guides prior to the planned interview. As a result, participants were able to formulate ideas that they later presented into details during the actual interview session. Officials working in the ministry of education and that of health also got an opportunity to revisit the issue of healthcare workers and how it related to their dockets. Pre-interviewing was also beneficial in overcoming word-searching and memory related problems, as well as in helping participants focus their attention during interviews.

Other than the above-highlighted benefits of a pilot study, the extant literature shows that conducting a pilot research before the actual study has a wide range of benefits. For example, a pilot study gives room for testing the set research objectives whereby the outcomes made may lead to dropping off of some of the objectives or development of new objectives (Gilbert and Procter, 2006). However, the pilot study conducted did not result in any changes in the previously set objectives. A pilot study also provides the researcher with clues, approaches and ideas that he or she might not have foreseen before conducting the pre-study.

For example, in this study, I realised that for effective and applicable recommendations to be made on how to encourage more Emiratis to pursue careers in the healthcare sector, there was a need to first understand the core factors discouraging UAE nationals from following a healthcare career path. As a result, the researcher included questions soliciting information from the participants about the challenges medical students and healthcare workers encountered. This provided a foundation for the recommendations made aimed at encouraging Emiratis to take healthcare related careers.

4.10 Chapter summary

The purpose of this chapter was to provide a description of the methodological framework applied in this research. The chapter commences with an explanation of the journey taken in selecting the research paradigm and methodology. In this case, a number of research philosophies and methodologies have been reviewed before indicating the choice made for the paradigm and methodology used in this study. Overall, a subjectivist paradigm was adopted which enabled me to use exploratory statements of intent and acknowledge the deep understanding I already had in this field.

Concerning the aspect of research methodology, a grounded theory research methodology was found to be the most appropriate research approach to be used in this study because there existed a major research gap that could have only been filled by conducting a fresh study using an open research approach such as the grounded theory methodology. That is, application of the grounded theory approach eliminated the issue of confinement into what should have been investigated to the individual and/or cultural elements. Most importantly, utilisation of this research approach presented a useful mechanism for developing and describing an explanatory model for the career decision-making process in the UAE context. Therefore, the grounded theory approach perfectly suited the chosen research direction.

Besides, providing a description of the journey taken in choosing the research methodology used in this study, this chapter has also clearly defined the way this research project was designed and carried out. Under the research design concept, the sampling technique and sample size used, data instrumentation (data collection, analysis and presentation/reporting), as well as the ethical considerations made have been reviewed. In general, a grounded theory research design was employed where the data collection and analysis exercises took place simultaneously. The next chapter provides a detailed presentation of the findings made concerning factors influencing Emiratis' choices for healthcare careers and the developed substantive theory of *healthcare career choice*.

CHAPTER V: FACTORS INFLUENCING EMIRATIS' CHOICES FOR HEALTHCARE CAREERS

5.1 Introduction

The previous chapter has provided a description of the methodological framework applied in this research, where the journey taken in selecting the research paradigm and methodology used in this study has been explained in detail. The research design used; together with other various components of a methodology have also been discussed. In brief, as indicated in the previous chapter, this study is based on subjectivist research paradigm principles, the research methodology used is grounded theory, while the research design used is exploratory in nature and it is based on grounded theory principles.

This chapter provides an analysis of the findings made in this study concerning the first research objective, which related to investigating the key factors influencing Emiratis' choices for healthcare careers. Results presented in this chapter concerning this objective are based on the primary data collected from 28 out of the 36 participants included in this study. This is because the four officials from the ministries of education and health, together with the four healthcare managers included in this study were not interviewed concerning what could have influenced their career decision. Therefore, results presented in this chapter are based on a sample of 28 participants who comprised of: 4 doctors, 4 nurses, 6 nursing students, 6 medical students, and 8 high school students. This implies that though very little emphasis has been laid on the quantification of the responses provided by the participants mainly because this is a qualitative not a quantitative study, any numbers associated with the

free-form answers made are computed relative to the total number of participants interviewed concerning this issue, which is 28.

During the interviews, participants stated various reasons or factors that influenced their career decision-making process, with additional factors being identified from how they generally described careers in the healthcare sector in the UAE setting. Based on the findings made, the theory of *healthcare career choice* emerged, which provided an explanatory framework for Emiratis' choices for healthcare careers. The various categories of the emergent theory, how they interrelate to influence Emiratis' choices for healthcare careers, together with their properties have been discussed in this chapter.

5.2 Theory of healthcare career choice

Following the completion of the deconstruction and analysis of the elements for describing the data collected, a theory of healthcare career choice emerged, which was used to explain the critical factors that influenced the participants' choices for healthcare careers (refer to figure 5.2 below). The substantive theory is based on the twenty descriptive and analytical codes that were derived from the interview data, which were later merged together into twelve groups depending on the academic or occupational level of the respondents.

The 12 codes were then merged into six substantive categories, namely, parental and family influences, personal interest or passion, role models, gender, cultural, and religious factors. The six substantive categories were further divided into various sub-categories. Parental and family influences, for example, were subdivided into two sub-categories namely, parental values and expectations as well as the parent-child relationship. The role models category,

on the other hand, was subdivided into four divisions: real-life role models, triumph over difficult circumstances role models, the 'straightforward success' role models, and family role models. The main reason for these categorisations is that the respondents were so specific on the kind of role models who had influenced their decisions to pursue career choices. As such, it was deemed important to present role models in the context of the kind of influence they had to the respondents, as opposed to generalising them under the conventional understanding of the term role model.

Under the 'personal interest and passion' substantive category, a model of interest and passion emerged which explained how the two aspects influenced the manner in which the interviewed Emiratis made choices for healthcare careers. In this case, the participants indicated that passion and interest were notable factors that influenced their choices for healthcare careers. The two were characterised with personal attributes such as "the desire to help" and "make a difference." The strong attachment of the Emiratis interviewed in this study with healthcare professions was also noted as an important factor that influenced their career choices, an attachment that had been developed mainly through early life exposure and by engaging in extra-curricular activities.

In the substantive category 'parental and family influences', the interviewed Emiratis acknowledged that the primary elements that impacted their career decision-making process stemmed from the parent-child relationship and the expectations banked on the children by their parents. Gender socialisation and family occupations also appeared as crucial aspects that affected the respondents' choices for careers. In the 'role models' substantive category, a model emerged that illustrated how role models impacted the interviewed respondents'

career decision-making, mainly by sparking or enhancing the participants' interest for careers in the healthcare sector. Although parents, friend, and relatives were noted as crucial role models, most respondents acknowledged that successful healthcare professionals had the greatest influence in their career decision-making. In other words, most respondents indicated that role models influenced their decisions to settle for healthcare careers. For instance, P09 reported *"I developed an interest in the healthcare during my primary school days after reading a book by Ben Carson called Think Big."*

Under the 'gender' category, the participants indicated that stereotyped gender roles were the main element that influenced their career decisions. While the misconception of associating the nursing profession to females has been outshined in most of the countries, it was evident that the misconception was still an issue in the UAE. Some UAE youths, particularly male students, indicated that they opted not to pursue certain careers in the healthcare sector, such as nursing, because they considered them as inappropriate for their gender. This misconception was more prevalent among high school and college students than it was among the working practitioners.

Finally, in the 'cultural and religious' category, the Arabic culture and the Islamic religion emerged as the predominant cultural and religious elements, respectively, that influenced the participants' choices for healthcare careers. Regarding this, the female participants noted that they were more likely to pursue nursing career compared to the male participants because both the Arabic culture and Islamic religion require women to be taking care of their families, a duty that is closely related to the job description of a nursing career. In brief, factors that influenced the Emiratis' choices for healthcare careers are described figuratively in figure

5.2 below, and a detailed discussion of each substantive category follows in the sections below.
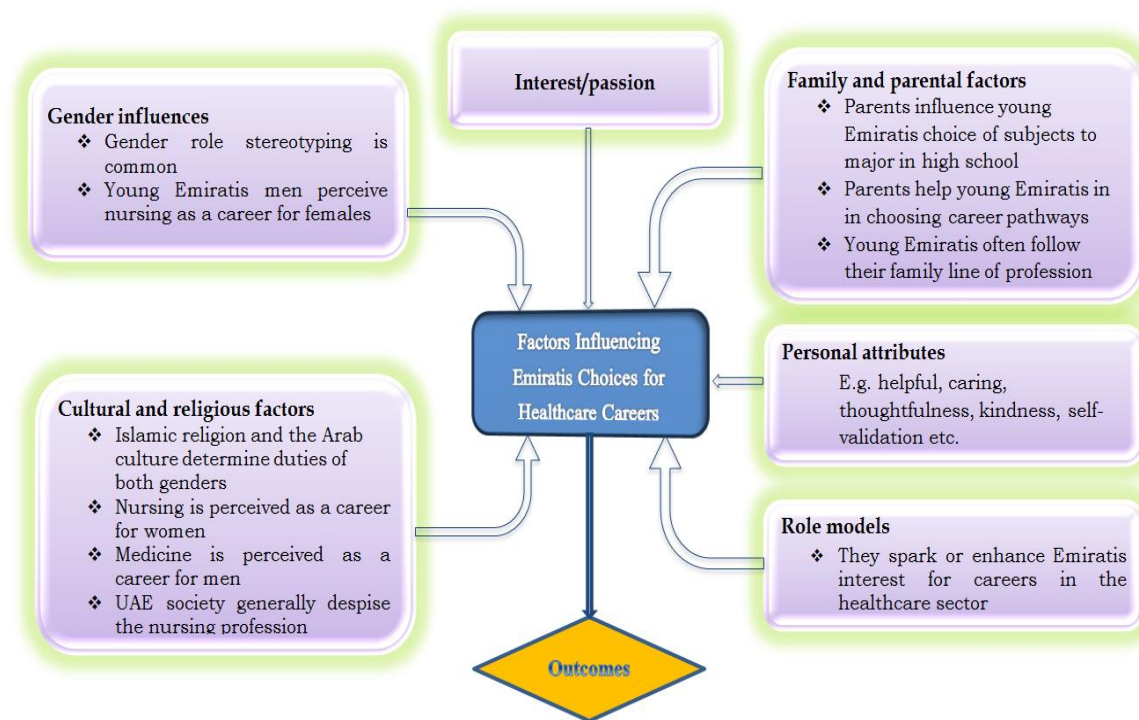
Figure 5.2: A model illustrating factors that influence Emiratis' choices for healthcare careers

A detailed discussion of each category now follows.

5.3 Interest and passion in the career

This substantive category reflected on all the interest and passion related factors that influenced the interviewed Emiratis' choices for healthcare careers. Concerning this, the participants in this study stated that passion and interest in healthcare careers and sciences were the most dominant factors in influencing their decisions on whether to choose careers in the healthcare sector or not. In particular, 23 (82%) of the interviewed healthcare students

and practitioners revealed that their passion for the profession was the key factor influencing their decision to pursue a healthcare profession. It is worth noting that the conducted interviews did not reveal any differences between males and females concerning the decision to choose a healthcare career on their own based on interest and passion.

The participants presented these factors in different ways where personal virtues, the desire to care and help, as well as the desire make a difference in the society were among the main features linked to individuals' passion for healthcare careers. For example, eight out of the twelve nursing and medical students interviewed together with six of the working doctors and nurses indicated that their desire to help others was one of the major factors that influenced their career choices. In light of the interviews conducted, some participants indicated that they grew up knowing exactly what they wanted to be when they grew up. For example, research participant P10, a practising doctor, had this to say about his choice to become a doctor.

> *"I decided to become a doctor when I was 10 years old. I remember on that day, my father was involved in a terrible road accident and he was rushed to the nearby referral hospital for specialised treatment. He was in bad shape and his chances of surviving were very slim. However, I was impressed by how the doctors acted swiftly and rushed him to the theatre for an emergency operation, which saved his life. I admired the doctors' passion for work and their sacrifice.*
>
> *Very few people can sacrifice their family time to go and save other people's life. From that point, I fell in love with the medical career. I wanted to help people when I grew up. I worked very hard in school so that I could get the grade required to join a medical school. Joining the medical school was a dream come true and I always consider it as one of the best moments in my life. Though the reward for being a*

doctor in terms of salary and other benefits is not high compared to other fields, I still love my job and I would choose the career again and again if given a chance because this is what I like doing."

(Male Doctor-P10)

Most of the research participants' stories confessed of having a perception of nursing and medicine careers as respectable, dignified, and virtuous professions. Nonetheless, their narratives on how they ended up choosing a career in the healthcare sector revolved around the desire to help and making a difference. For instance, one of the nursing students interviewed stated that:

"I like doing something that positively impacts people's lives… and I believe my desire to help others will act as an important motivating factor because the medical profession and nursing require one to have an internal desire to help. For this kind of professions, extrinsic motivations such as financial reward and others may not be enough. You must have that desire to help others in the society.

From my high school days, I liked engaging in activities that were meant for helping the society. I was a member of Red Cross and I always participated in other healthcare related activities like blood donation and educating the public on various health issues. My job satisfaction would be seeing people live a healthy life, reducing pain, and suffering for persons who come to seek my services. No monetary reward can equate to putting a smile on someone face."

(Male Nursing Student -P25)

Another female doctor stated that:

"From when I was still very young, I felt that strong desire to help others. I suppose it is that intrinsic motivation to help that drove me into selecting medicine as my career choice. I am always very happy whenever I feel that I have positively

influenced other peoples' lives. I usually assess my success based on the difference that I'm able to bring into a person's life… my career as a doctor has provided me with an opportunity to make that difference."

<div align="right">(Female Doctor -P12)</div>

Participants who were late in registering for a nursing course indicated that their earlier career choices were 'helpful' though not quite fulfilling. For instance, in an attempt to help others, a female doctor explained how she tried careers in other areas such as audiology and biotechnology but she did not feel fully satisfied that she was positively impacting people's lives. Nevertheless, after reflecting on her previous roles and the extent to which she had managed to help people, she noted that the roles she was carrying out did not give her the satisfaction and fulfilment like the one she was receiving from her current job. She illustrated:

"Choosing the best career path to follow took some time for me…but my core goal was always to help other people. I felt like I wanted a job that would provide me with a platform to bring a difference. As a result, I tried out so many… yet none of them was able to give the kind of excitement or fulfilment I was striving to achieve."

<div align="right">(Female Nurse -P14)</div>

The participants viewed careers in the healthcare industry as more suitable in helping people than other professions. For instance, a female nursing student described why she decided to pursue the course, in spite of having other good alternatives such as business and law that she had also contemplated. She shared: *"For me, business was very demanding… I was not aware of the different business opportunities and was not concerned about studying them either. My feeling was that what I was doing was not directly helping people…yet it is what*

I enjoy doing. I enjoy helping and interacting with other people (Female Nursing Student - P24)*."*

Most of the research participants suggested that their passion for working in a medical field was developed through observation, personality, advice from mentors, reading motivational books, watching movies, as well as having a considerable academic strength in particular subjects in school. From the research data, it was evident that reading motivational books, listening to motivational speakers and taking advice from certain mentors helped some participants to develop passion and interest in the healthcare field. Participant P09, for instance, narrated that:

> *"I developed an interest in the healthcare during my primary school days after reading a book by Ben Carson called Think Big. I enjoyed reading the book and I could relate his life story with mine. During my school days, I was struggling with mathematics, but after reading the motivational book, I felt that I could overcome my predicaments. When my performance in academic started to improve, I dreamt even bigger…*
>
> *I wanted to be a neurosurgeon when I grow up just like Ben Carson. I worked very hard to achieve my dream career, though I did not finally end up being a neurosurgeon, I am at least glad that I am probably among the best doctors in the countries. Therefore, I can say that role models or reading books sparked my interest to study medicine and up to date, my passion to work in the healthcare field remains to be my number one driving force and I love working as a doctor"*
>
> (Female Doctor -P09)

The participants in this study also noted that personal mentors also played an important role in the development of their passion towards particular healthcare careers. This was evident

from the interviews, in that some research participants indicated that mentors assisted them in realising their passion and identifying the careers that were handy with their passions. In particular, interview results` indicated that nursing and medical students took advices from their mentors seriously and considered them when making a decision on the career to pursue. For example, research participant P09, a doctor, shared that:

"I had a passion for working in the medical field since I was young. However, at that age, I did not know that the medical field is diverse and one has to specialise when you go to the medical school. I had little knowledge on the various subfields in the field of medicine and for that reason; I consulted my uncle who was a clinical officer in his own private clinic. My uncle is a very kind man and he was happy to hear me saying that I would follow a career path similar to his.

My uncle helped me to determine the exact field in the healthcare sector that was most suitable for me. Based on my academic qualification and my personal preferences I found the most suitable healthcare career for me was to become a dentist. The job is a well-paying one and it requires fewer commitments than other careers in the healthcare field. In addition, I found it easy to go the entrepreneurial way in the future when practising as a dentist compared to other fields. This helped me to grow my passion in the healthcare field and I worked very hard to achieve my dream."

(Female doctor –P09)

Apart from getting mentors` advice, the respondents indicated that they realised their passion for healthcare careers through their excellent academic performances. For the most part, some respondents depicted a desire to pursue a career in medicine, but were locked out by the high academic requirements for joining a medical school and the limited enrolment chances available. For example, research participant P11, who was a doctor, had this to say:

"During my primary school days, I always topped my class and people used to tell me I could become a doctor since only students who had passed exemplarily well got admission to the medical school. My fellow student even started calling me doctor and I got used to it when I was still young. I developed interest in the field and I felt that becoming a doctor was my destiny. I also developed interest in the science subjects, which prepared me to become a doctor…

I worked very hard to become who I am today and I have never regretted my decision to choose a career in the healthcare field. For me, it is like a calling, which I got when I was still young. I have learnt humility from serving humanity. I want to work very hard to become the greatest doctor of all time."

<div align="right">(Female Doctor -P11)</div>

In light to the interviews conducted, the research participants indicated that their passion for pursuing medical careers was ignited by factors such as academic performance, observation, as well as motivation from mentors. They further indicated that the developed passion, in turn, made influenced their choices for healthcare courses. In addition, medical practitioners who had a passion for their job expressed their satisfaction with their profession and their motivation went beyond the monetary reward available for medical practitioners. An in-depth analysis of the participants' narratives showed a tendency by the participants to model the meaning of their career choices in line with how they perceived a healthcare career as a helping profession. As indicated in the above narratives, the participants viewed healthcare careers as better platforms through which their aspirations to help and bring a positive difference in people's lives could be fulfilled.

5.4 Family and parental influence

The substantive category "family and parental influence" reflected how family relations influenced Emiratis' choices for careers. Regarding this, the participants indicated that influences of parents and family members had an impact on their career decisions. Precisely, the participants noted that parents and family members influenced the respondents' choices either in a positive or negative way. A male medical student (P19), for instance, noted that *"I would say that my parents, academics and to some extent gender influence motivated me into pursuing a career in medicine."* To this note, out of the 20 doctors, nurses, medical and nursing students interviewed, three medicine students, two working nurses, a doctor and five nursing students indicated that their parents played a vital role in shaping their decisions to choose a healthcare career. For simplicity and precision in presentation of results, parental and family influences noted were grouped into two sub-categories namely, parental values and expectations and the parent-child relationship**.**

5.4.1 Parental values and expectations

In light of the interviews conducted, the interviewed participants noted that parental values and expectation played an important role when they were deciding on the career path to take. One of the ways in which parental influence was manifested in the participants` choices was through a heighted support from their parents in healthcare careers. In this regard, research participant P10 had this to say about parental values and expectations:

> *"We have never sat down with my parents to discuss about my future career. However, I knew what careers they would encourage or discourage me from choosing when I was through with my secondary education. My father played a very important*

role in my career choice by instilling in me the values of serving humanity without looking at the monetary reward. Though he never wanted any of his children to follow him in his military career, there were those careers he liked talking about and I thought he was indirectly advising me to take the career path.

My mum was also very influential, and she always worked hard to instil family values on us. When I was choosing a career, I had a clear picture in my mind of the career I wanted and when my parents heard that I had chosen a career in the healthcare field, they were delighted and congratulated me. I always feel comfortable with my career as a doctor because the choice came from inside me."

<div align="right">(Male Doctor -P10)</div>

Nine of the twelve nurses and medical students interviewed indicated that families' influence played a critical role not only in their choices for careers but also during the selection of subjects in high school. In particular, 13 of the 20 doctors, nurses, medical and nursing students interviewed suggested that their parents directly helped them to choose subjects in high schools, which led them to their current career choices. Some research participants suggested that, they opted for subjects that would earn a satisfactory career as opposed to the subjects they posted better performance. For example, concerning subject selection, research participant P12 held that:

"I had a hard time when selecting my major in high school and in college. The subjects I was doing well in could not have led me to my career of dreams. However, my mum helped make a decision. She told me that if I dropped some subjects, I would be able to concentrate on the subject required for one to take a career in healthcare. After doing my final exam, I had passed and I was admitted to college to pursue a medical course. I love my career as a medical doctor because it is what I wanted to be. I thank my parent for helping me to make an informed decision."

To determine the extent to which family and parental factors influenced the participants' decision about their career choice; I requested them to recall their dream careers at young age. The main reason for this request was to provide them with a platform through which they could share their opinions on the career choices, including those that could have been irrelevant\unrealistic at present. This request also provided the participants with an opportunity for explaining the way in which they arrived at various career ideas and the reasons behind those ideas.

Most of the answers received from the respondents were revolving around family and parental influences, whereby a career in the healthcare sector to some of the respondents was seen as a family occupation or tradition. The interviewees identified family occupation as a key factor that influenced their career choices whereby parents' experiences were highlighted as the major reasons for them choosing or failing to choose a particular career path. One of the respondents revealed that her mother was her role model when growing up. Among the interviewed female high school students, one of them indicated that her mother's influence was crucial to her choice of career. The participant revealed that she wanted to be a doctor after school, thus indicating a desire to follow her family's line of occupation since her mother was a nurse in a highly regarded private hospital, while her father was a doctor. She stated that:

> "My mum is a nurse and my father is a doctor… and therefore I believe with hard work, I can also achieve what they have achieved in life. I will put more effort into my studies to ensure that I join university and become a doctor. I want to continue

with their good work when I grow up and keep their legacy. I think being a medical practitioner is deep-rooted in our family, something I am proud of."

<div align="right">(Female High School Student -P33)</div>

Another high school student revealed that he dreamt of becoming a doctor as he wanted to follow his father`s footsteps who was a doctor. He stated:

"My father is a doctor and therefore my dream is to one day emulate him. I admire everything I have observed from his work. Serving humanity and helping reduce or eliminate people's suffering is my main motivation. My father keeps on encouraging me and I have learnt a lot from him. I will work tirelessly… join a university and work as hard as I possibly can to ensure that I become a doctor."

<div align="right">(Male High School Student -P35)</div>

The above-highlighted sentiments among others not quoted in this thesis indicate that the participants' career decision-making was not only influenced by their parents' career paths, but also the educational success of their parents, which inspired them into trying to match their parents' achievements or even do better. Furthermore, despite the other respondents not indicating much of their parents' influence through professional experiences, three doctors, two nurses, and six of the twelve medical and nursing students interviewed revealed that collaboration with their parents persuaded them to pursue healthcare careers. Nonetheless, two of the interviewed employees and three of the college students revealed that their parents were opposed to the decision of pursuing a career in medicine. Instead, the decision to pursue a healthcare-related career was motivated by other relatives.

Regarding the influence of other close relatives towards career decision-making process, one of the male participants (a nursing student) revealed that his decision to pursue a career in medicine was influenced by his relatives who had also pursued the same career. The respondent stated that he believed that pursuing a career in medicine would please both his grandfather and mother since quite a number of her relatives were working as nurses. In light of the interviews conducted, the career for two nursing students, two high school students, one working doctor, and one medical student were partially based on their parents or relatives` experiences in the field of medicine. One of the male nursing students interviewed (P23) had this to say "*My grandfather and my family wanted me to be a doctor, though I never made it… but they appreciated that I made it to be a nurse*."

5.4.2 The parent-child relationship

From the conducted research, the participants acknowledged the pivotal role played by the parent child relationship in their career decision-making process. For this study, parent-child relationship is defined as the parental attachment between a child and parent that mainly arises from daily or regular interactions between children and their parents. I found the above two factors important in a child identity development and in their future careers. Research participant P19, for example, had this to say about the parent child relationship.

> *"Since I was young, I always loved to be with my father. My father loved me and adored… me making the relationship even stronger. During the weekends, my father could carry me to his clinic and I really enjoyed playing with the kids at the reception. As I grew up, I developed interest in my fathers' profession. I wanted to know more about his job and always tried to imitate him. This is how my interest for a medical career was sparked and it continued growing day in day out. By the time I was*

choosing my major, I was sure I wanted to be a doctor. My father has always been there for me. He encourages me a lot and I have learnt a lot from him. I can't wait to complete my studies and work alongside him in our clinic."

(Male Medical Student- P19)

From the study, 16 (60%) of research participants who had a strong relationship with their parents admitted that they were disappointed when their parents did not like their career choices. The interviewed Emiratis also noted that they would maintain their career choices without putting into consideration their parent's approval in case they were emotionally disconnected with their parents. For example, research participant P26 noted that:

"My parents do not work in the healthcare profession. They are always busy with their work and we rarely meet and have nice family times. I never wanted to take a career path similar to my parents. As a result, after my high school, I choose a career in nursing. My parents were not happy with my choice. They did everything they could to discourage me from taking a medical course. However, I did not feel obliged to take their advice. I love my nursing course and I'm eager to work as a nurse… and if I could be given a chance to choose a career again, I could choose nursing again and again."

(Female Nursing Student- P26)

5.5 Characterising role models

This substantive category reflected on all the role-models-related factors that influenced the Emiratis' choices for healthcare careers. As previously explained, this category has been narrowed down into four sub-categories namely real-life role models, triumph over difficult circumstances role models, the 'straightforward success' role models, and the family role models. The need for this sub-categorization was motivated by my desire to enhance

precision in the presentation of the findings of this study. Regarding the criterion for categorising role models, I relied on the definitive terms used by the respondents in explaining their relationship with individual role models. The theme "characterising role models" regularly emerged from the interviews conducted. It emerged that people considered as characterising role models influenced career choices for several interviewees.

Regarding this, eight of the interviewed medical and nursing students and five of the already employed nurses and doctors indicated that their role models influenced their choices for healthcare careers in one way or another. For the purpose of this study, a role model was defined as a person admired by a respondent and played a key role in inspiring and guiding the participants in taking a career in healthcare. It is worth pointing out that role models were mainly composed of people within the healthcare profession and had regular interactions with participants. In this regards, I identified four types of role models who had an impact on most of the participants' decision to choose a career in healthcare namely, real-life role models, family role models, role models who have triumphed over difficult circumstances, and straightforward role models. Each type of role models was found to have influenced the participants' career decision-making process in a unique way.

5.5.1 Real-life role models

In this study, real-life role models refer to a group of people in the society who are in the healthcare field and have an influence on healthcare practitioners and students. Some research participants listed their parents as their role models, but the vast majority of them identified people outside their family tree as the role models who played an important role in their career decision-making process. Most research participants also indicated that they were

fond of positively acknowledging the careers of role models more than the careers of their immediate family members. Precisely, role models were acknowledged based on the pride, happiness, and the fulfilment projected in their careers.

According to the research participant P15, positive comments given to her by a number of healthcare professionals concerning her interest in nursing inspired her to join the field. She revealed that despite meeting other nurses who were not satisfied with their career, she preferred to focus on women who demonstrated a positive attitude towards nursing. The respondent explained that:

> *"For me, nursing is the most fulfilling career … I have been in this profession for quite long and I'm still enjoying it. The idea of taking nursing as my career choice developed when I was still in my first year. I spoke with a number of working nurses about my career plans and listened to their views and opinions regarding the profession.*
>
> *Some of them complained about the low rewards they received compared to the effort and hard work they put, while others treasured the job and they were grateful for what their job had done for them. After assessing their views, I realised that they were all dependent on an individual's character and attitude. And I believed that mine was more similar to that of those who loved the profession than those who were complaining about nursing."*
>
> (Female Nurse -P15)

In addition, 2 of the interviewed nurses indicated that they decided to pursue a career in nursing as part of identifying themselves with the people they considered as their role models. The participants argued that role models played a key role in affecting career decisions of the participants. An in-depth analysis of the responses obtained from the interviewees indicated

that individuals were considered as role models or not depending on how inspirational or positive they were towards the participants' choice of nursing as their career. Though most of the role models were identified as individuals outside the participants' immediate family members, a female interviewee indicated that her mother was her role model and that she played a crucial role in influencing her choice of career. She revealed that she got a lot of information about nursing as a profession from her mother whose career as a nurse had helped their family overcome a number of challenges in life.

5.5.2 Triumph over difficult circumstances role models

In light of the interviews conducted, seven of the participants indicated that they made a decision to follow the healthcare career path when they were still young after drawing inspirations from people in the society who had triumphed over difficult circumstances. The research participants also suggested that they read stories of people in the healthcare field who had managed to make a major impact on the medical field and the whole world at large. Research participant P13 noted that:

> *"I developed interest in the nursing profession after reading the story of Salma Al Sharhan who was the first Emiratis' female nurse. I admired her courage and determination to venture in the nursing career, which was male-dominated at that time. She worked very hard to defeat male chauvinist who thought women should not take white-collar jobs. In addition, I admired her dedication in her job...*
>
> *It is fascinating that Salma Al Sharhan refused to get married so that she could concentrate on her work of helping people and easing their sufferings. I wanted to be like her when I grew up. I felt I needed to be among the group of women who have*

taken courage and ventured into the nursing field. I want to follow her footsteps and contribute to the nursing community in the emirates."

(Female Nurse -P13)

There were other examples of role models who had triumphed over difficult circumstances to become important persons in the society. The participants' responses and experiences indicated that role models in the medical field who had triumphed in difficult circumstances played an important role in career selection, especially for students. They helped the students to develop interest in the medical field and work hard in order to be like them in the future. Research P19 noted that *"Although I have never met my role model in the medical field, every time I read her story, or see her on the television, I feel motivated to work hard and follow her footsteps."* The participant's sentiments revealed that the direct interaction between the person and the role model was not required for a role model to influence the person career choice decision.

5.5.3 'Straightforward success' role models

For the purpose of this study, straightforward success role models are a group of role models who have been successful in the medical field. Research participant P11 revealed that she opted for a medical career because it was a reputable job. She went further to suggest that the healthcare career had not only improved the welfare of other people in the society but also provided the required financial support to her family.

> *"Every person wants to be successful in life and there are various routes that one can follow to become successful. In my schooling days, I observed the families of medics and noted that they lived a comfortable life due to the various rewards that come from*

the medicine. Having passion in studying the medical career, I felt that being a doctor was the ultimate career for me."

(Female Doctor -P11)

Several research participants (nine) admitted that one of the reasons why they chose healthcare careers is because they were rewarding. Besides that, with very few women in the emirates opting for a nursing career, most research participants felt that taking a course in nursing assured them of a job somewhere, unlike in many other fields where there is a lot of competition in the job market. From the responses, the participants insinuated that the existence of role models who had made it in life and job security was one of the factors affecting their career decision-making for the healthcare professions.

5.5.4 Family role models

The participants in this study also acknowledged that family role models were a substantial subcategory of role models that influenced the Emiratis' choices for careers. In this case, family role models refer to members of the family who were in the medical field. In this regards, the respondents indicated that hearing positive remarks about their family members who were taking healthcare careers positively affected their interest in healthcare careers. A female healthcare manager -P07, for example, admitted that she used to hear positive remarks from other members of the community about her mother, who served as a nurse in a public hospital. In the course of her internship, the respondent indicated that observing her mother and other role models also inspired her to become a nurse.

However, one of the medical students revealed that his parents did not influence his choice of career in the healthcare industry as he associated his mother's career as a nurse with a wide range of hardships including economic struggle. He further revealed that he wanted to avoid a life similar to that of his mother and therefore looked for a role model whose life was almost similar to the one his wish. As a result, he identified a close friend of the family who was a doctor running his own hospital as a role model. Participants P20 lamented that:

"My mother is a retired nurse who worked in for government hospital for 27 years. However, I never admired her career, even for a single day. She never had time for us; she was always committed. I hated when she was to go for a night shift because we used to spend the night with our nanny who was from a foreign country. I vowed never to take a nursing course when I grow up."

(Male Medical Student –P20)

Those who never considered their parents as influential figures when deciding their career path also recognised their parents, especially their mothers, as both inspirational and motivating. For instance, one of the respondents who never considered her mother as influential in selecting a healthcare career revealed that, despite her mother being a teacher, her caring and loving nature inspired her to pursue a career in nursing.

5.6 Gender influences

This was another factor considered to be influential on the Emiratis' choices for healthcare careers. The interviewed students and health workers identified the male and female stereotypes that were linked to the roles played by doctors and nurses as one of the major reasons the male nurses were very few in the country. In this respect, although the notion

suggesting that the medical profession is largely a male profession and linking nursing to females has ceased in most of the developed nations, the delusion was still prevailing among the UAE nationals.

Some of the respondents admitted to have come across people who had decided not to take certain healthcare careers because of the misconception that the professions were not suited to their gender. However, the misconception was most common among the males and high school students interviewed where four of the eight high school students interviewed in this study, wanted to pursue a career in nursing and all of them were unsurprisingly females. The males were more interested in becoming medical doctors. A thorough investigation of why male students were more inclined into the medical profession than nursing indicated that boys considered the role of nurses as feminine in accordance to how they had been brought up. Three of the interviewed high school students were even surprised to hear that male nurses existed.

Gender influence on the participants' choices of careers was also evident among students and the professionals interviewed in this study in that male nurses were found to be fewer compared to female nurses; that is, only one male nurse was involved in this study. Besides that, the male nurse interviewed in this study showed interest in advancing his education and pursuing nursing options that he considered as more suited to men such as nurse management, medical nursing, teaching, and surgical nursing. P16 had the following to say: *"I became a nurse not by choice but because of circumstances. I however like what I do. I like the career though I am advancing my studies. I want to become a nurse manager or probably a lecturer."*

Unlike the male respondents, the female participants revealed that they were not overly influenced by gender considerations when deciding on their careers. In particular, the female participants suggested that were content with making non-traditional career choice or doing any kind of a job related to this field. For instance, one of the female medical doctors interviewed indicated that she could have decided to pursue a more traditionally female-oriented career in the healthcare sector such as nursing, but with time, she realised that she had numerous career paths to choose from in the same sector.

> *"When I was young, I considered pursuing a career in nursing and such thing, since this was the career that was deemed by the society as more feminine…but as the society evolved, I came to realise that women could do more. I, therefore, decided to turn away from the careers traditionally seen as more suited for females and pursued something a bit different. Women in the UAE are nowadays trying out diverse things… they are now pursuing careers in doctoring and nursing options such as surgical nursing and medical nursing, which were traditionally believed to be better suited for males."*

<div align="right">(Female Doctor -P09)</div>

Another nursing student interviewed in this study revealed that gender issues had a negligible impact on females' career choices, especially in the contemporary Emirati society. She admitted that she was keen to advance as much as possible in her studies to receive promotion in her field. The student noted that she was much concerned about the status of the sector and expressed her willingness to improve it by ensuring that the services provided in hospitals and the welfare of nurses and medics in the UAE would be improved. The respondent expressed her desire to work in the ministry of health as a senior government official.

"…As a young woman, I feel like I have so many things to accomplish in the contemporary society since women are no longer restricted to a small range of career opportunities like in the past. Girls across the world are now lucky that they are allowed to choose whatever career they wish to…and women can do any job they can think of. Yeah, I would like to work in the ministry of health as a senior official. It will provide me with an opportunity to bring the necessary changes in the community and in the country at large."

(Female Nursing Student -P27)

This study found a gender difference in the choice of the specialities that male and female students made. In particular, women participants in the study indicated that they more interested in specialities such as public health, obstetrics and gynaecology, geriatrics, general medicine and paediatrics. On the other hand, men were more attracted to specialities such as anaesthetics, surgical specialities, academic research, and advancement of post-graduate studies than to other specialities. Sentiments from the participants indicated that the general practice was more predominant among the females than it was among the males. However, it is worth mentioning that the number of general practitioners was affected mostly in the rural areas. In particular, of the six respondents who showed an interest in the general practice, only two of them were from the urban zones of the chosen Emirates.

In comparison to men, women pursuing a course in medicine indicated that they were less likely to have interest in anaesthesia, which is known to have a relatively short training programme and a work pattern that is more predictable. This unlikely finding was found to be informed by the fact that the participants lacked the experience of working as a junior

doctor or the entire effects of the requirements of caregiving at both the training and the working stage.

Furthermore, the interviewed men revealed that they preferred flexibility just like women at the training stage. The participants indicated that the decision to further the medical education among the general practice and the medical specialities was influenced by gender. As a result, male participants were found to be less likely to embrace the general practice compared to the medical speciality. However, the requirement for flexibility among the male healthcare officers decreased with the increase in the level of experience as indicated by the participants. The gender impact was also, absent where different analysis was conducted at different stage of the specific speciality in the healthcare sector. Male participants indicated that they were more likely to specialise on non-surgery specialities compared to women who were more likely to choose the surgery speciality.

Moreover, the participants revealed that gender led to lifestyle-related and profession-related motives for the purpose of preferred speciality. In this regards, the male participants argued that they valued motives that were professionally related more than lifestyle related motives. On the other hand, the interviewed female participants held that they placed more value on the lifestyle motive compared to the profession-related motive valued by men. The male participants were attracted to careers that were associated with internally specialised medicine, with fewer of the interviewed Emiratis men preferring courses in surgery and public health.

I also found that there was a difference between males and females with regard to the emulation of mentors. The choice of a surgical career, which was chosen by the majority of the male students interviewed, was found to be highly influenced by the mentor`s emulation. Both sexes also considered the lack of specialist or a few specialists in a given speciality as a factor that influenced them to undertake their program of choice. However, this consideration was more predominant among the female students than it was among the male students. In particular, a high proportion of the male students in the healthcare programs did not consider the lack of specialist or a few specialists as an influential aspect to their career choice. This may relate to the fact that surgery, which was the choice for many male students had already acquired adequate representation in the institutions from the specialists.

Generally, although most of the interviewed Emiratis did not acknowledge it as an attractive career path, the male respondents were more negative about nursing as a career choice. A number of the males students viewed nursing as a career better suited for women. Similarly, the employed male nurses focused more on prestige, monetary rewards, and success, yet they considered nursing as a low rewarding profession in terms of status and financial gains. On aggregate, the male students indicated that they were more inclined to surgery-related specialities because they were perceived as programs with a higher requirement concerning intellectual capacity.

The female participants pursuing careers in nursing and as physicians indicated that they were keen to advance in their studies to have more non-traditional career options, which they considered more rewarding than nursing. The participants also expressed their belief and willingness to pursue careers that had been perceived as male careers for a long time as

participant P11 illustrated "…*Currently women are ready and willing to take careers that we thought belonged to men. I am working hard to ensure that I advance my career to attain the status of a doctor. To be more specific, I want to be a surgeon and I am working towards that… I will not settle for anything less.*"

5.7 Cultural and religious restraints

Cultural values and religious restraints of the Emiratis were found to substantially influence the career decision-making process of UAE nationals. As previously mentioned, the vast majority of the Emiratis were Muslims of Arab origin. Therefore, the Islamic religion and the Arab culture played a major role in determining or rather influencing duties of both genders. Based on the systematic analysis of the data collected from the participants, the notion that nurses are "females with white caps" arise from the fact that women in the Muslim world are required to be taking care of their families.

Previously, it was noted that the UAE society has a longstanding culture of depicting a typecast image of women. Some participants in this study unsurprisingly acknowledged this notion. Participant P24, for example, indicated that in the UAE setting, nursing is perceived as a profession for women. Precisely, statements such as "the core duties of a woman are to care, nurture, and clean in the family settings, which are related to the ones that are performed by nurses in the hospice settings" were common during the interviews. It also emerged that the society did not expect women to pursue courses such as the medical profession and engineering as the Emirati society considered such careers as tough ones. For example, one female doctor indicated that while her family and friends were happy for her for pursuing a medical course, some of them felt like she was overambitious.

This misconception could be used as the basis of explaining why there was a small number of male nurses of UAE origin (only one male nurse was involved in this study) and few female Emirati doctors. This suggests that a substantial proportion of the UAE society believed that nursing is a career for women; hence, men mostly trained to become doctors, not nurses. This perception was depicted by some participants who believed that nursing was a career for women and medicine was a career for men. For instance, P12 noted that: *"... almost all doctors in our hospitals are men, this sends a signal to students making choices for career in the healthcare that medicine is not for women but men."*

Culture also negatively impacted women choices for careers because they were forced not to practice medicine throughout their lives. In particular, some of the interviewed female participants indicated that they could drop their jobs when they got spouses and children. The women interviewed associated this occurrence to the social and cultural connotations that discouraged them from pursuing further studies or practising demanding careers such as medicine at the expense of their families. The female participants noted that the healthcare professions were particularly unfavourable for the Emirati women because nurses and doctors were supposed to work for long hours and probably at night. Therefore, some of the women confessed that some women had to give up on the professions to take care of their families, while others shifted to other less demanding but well-paying professions. Participant P07 explained:

> *"... Women still hold the values for family responsibilities, therefore, employees in the healthcare required to go an extra mile in their work at the expense of their family find it entirely challenging. In most cases, they choose their family over their career."*

> (Female Healthcare Manager -P07)

Women participants in the study indicated the need for a flexible working scheduled as they shared the need to balance their professional and family responsibilities in this context. P05, in particular, shared *"I'm telling you some nurses are overworked. On average, a nurse's shift should last for 12 hours… but we are sometimes required to work for more than 14 hours because of the heavy workloads. I mean, long working hours is part of this job. …I would prefer pursuing a healthcare career that has a flexible work schedule."* In addition, female students choosing a career in healthcare gave attention to careers that offered opportunities to work as part-time. Precisely, six of the female respondents explained that getting an opportunity to take care of their family obligation while still undertaking their professional responsibilities was a factor they considered when selecting a career in the healthcare sector, predominantly known to be demanding.

The interviewed female students preferred healthcare careers that were more flexible compared to careers that were considered as less flexible. This kind of choice was found to be in direct relation to the cultural norms and values that require women to take care of their family as their first priority. Therefore, the ability to integrate professional obligations without limiting the ability of women to fulfil their family obligation was acknowledged by the participants to influence the choice of female healthcare students. Besides that, the participants insinuated that the UAE society generally looked down on the nursing profession because of the lack of awareness about the indispensable roles played by nurses. Some of the participants indicated that they chose nursing as the last option due to the lack of any other option. For instance, participant P23 illustrated:

"I always wanted to work in the hospital setting because my grandfather regarded as a bright grandson who could make a doctor without struggling. My family also continuously expressed how they would be proud to have a family member working as a doctor. However, my points could not allow me to pursue medicine as a doctor. I chose to be a nurse instead of switching to another career that I had never thought of in life."

(Male Nursing Student -P23)

Concerning religion, the interviewees indicated that Muslim women preferred to be attended by doctors and nurses of their gender in adherence to the rule of modesty regarding the interaction with the opposite sex as implied by respondent P12 below. In particular, Muslim women have most of their body parts covered with Hijab, which is in line with the Islamic religion, thus the need to accord them some seclusion even when receiving medical attention. This aspect also appeared to have some level of influence on the decision to pursue some healthcare careers for five of the interviewed Emiratis. According to one of the male respondents, healthcare workers should alert female Muslim patients before entering their rooms to allow them adequate time to prepare.

In addition, Islamic religion also requires healthcare workers to request for permission when uncovering the covered parts for female bodies for the purpose of injection as a sign of respect for their religious beliefs. However, alerting the female Muslim patients before entering their rooms was termed by the participants to be at times challenging due to technical hitches and human errors. As a result, the need to have same gender health professional was acknowledged to have considerably influenced career choices of some of the participants. A number of the female participants explained that their desire to undertake certain specialities

in the healthcare sector was influenced by the unnecessary embarrassment that female Muslim patients would encounter when they sought healthcare from male professionals.

"I decided to pursue obstetrics and gynaecology because it involves offering reproductive healthcare to young girls and women. I consider it more respectful and dignifying to get such attention from the same gender specialist than an opposite gender specialist assuming that they have the same qualifications and experience."

(Female Doctor –P12)

P12 further explained that she considered the shame that Muslim women had to undergo when having an examination involving their reproductive health from male healthcare officers.

"It is not only religiously unacceptable, but also dehumanising for women who holds strive to conceal their faces as a way of avoiding nudity have their private parts exposed to the same people. Having female health attendants can make it easier for the patients to explain their problems and seek medical attention."

(Female Doctor -P12)

On aggregate, a number of female participants made their career choices with an aim of ensuring that religious requirements would not be compromised during the process of receiving medical care. Equally, a number of male participants explained that they would feel more comfortable attending to their male patients in a secluded room than attending to female patients. This observation implied that religion and culture shape Emiratis personality, attitude, beliefs, values, and behaviours, besides defining roles of men and women, hence substantially influencing Emiratis' choices for healthcare careers.

5.8 Friends and peer groups

Friends and peer influence were found to have minimal influence on the career decision making process of the Emiratis. In particular, the high school students who participated in the study indicated that friends had less influence than family in their career decision making process. The results indicated that only five of the participants identified friends or peer influence as a major factor that influenced their career decision-making process at the high school level. Nonetheless, only a small number of respondents acknowledged their peers as a major influence on their decisions, in spite of the fact that most young people according to Edmunds et al. (2013), tend to spend much of their time together, in either the school environment or interacting through the social media.

The interviewed high school students indicated that they did not consider their peer as knowledgeable enough to guide them on the best career choice in medicine. A further probe on the five of the respondents who considered their friends or peer groups influential indicated that they referred to their adult friends such as academic coaches, family friends, and teachers. One of the interviewees, who recognised his friend as a major influence towards his idea of pursuing a career in medicine, indicated that his mother was working in a public hospital as a nurse. Although the respondent implied that he was in awe of his mother`s achievement in the profession, he took a different career choice since he considered his mother's career path as a path full of struggles and burdens.

The respondent revealed that he needed to do something different from what his mother was doing and therefore looked for another role model to whom he would emulate. As a result, he identified one of his friends as his role model in his decision to pursue a career as a doctor.

Another respondent a medical student explained that his coach convinced him in choosing a career choice in medicine.

> "My academic coach always believed that I had what it takes to be a doctor. He consistently persuaded me to put more efforts in my study to qualify for a medicine slot in a government university. I, therefore, developed a lot of interest in medicine from his persuasion and belief that being a doctor would make him proud."

(Male Medical Student -P18)

Participants who considered their peer influential relied on the source of the information passed by their peers. For instance, one of the respondents who admitted that her peers/friends had influenced her decision illustrated that:

> "I totally agree that peer or friends can influence my career choice in undertaking a medicine course, however, I am very precautious about the source of the information that a peer friend is using. For instance, it is easier to believe a friend who tells me about the advantages of working in the healthcare sector if their parents or they have close persons working in the same sector as opposed to a person who rarely interacts with the doctor. At the end of the day, what matters in making a decision is the amount of information that you have and the reliability of that information."

(Male Doctor –P10)

Therefore, the high school students interviewed considered their friends as a possible influence of their career decision making process if they were adults or peers with reliable sources of information. However, the influence of the peers to pursue a career in healthcare at the college level was found to be significantly higher. The study found that five of the interviewed participants considered their peers as possible influencers in their career choices in both medicine and healthcare programmes.

All the participants interviewed at the college level indicated that their peers in college had a lot of beneficial information concerning career choices. They also noted that students in the field of healthcare made a keen follow-up on the employment trends, other developments, and emerging issues in the field of healthcare. Consequently, they considered them knowledgeable enough to make reliable projections for the future state of their field of study. A proportion of the college students who expressed their willingness to further their education in healthcare confessed that their choices for higher education that they would pursue would highly be influenced by their peers. This observation could be associated with the fact that at college level, most students are mature enough to understand what is good for them and what is not. In addition, college students are able to gather more and reliable information about any career through enhanced platforms of research and developments.

5.9 Media influence

While this was a grounded theory study, where the data collection and analysis exercises take place concurrently, the aspect of media influence was noted in some of the interviews thereby sparking interest for further exploration into this aspect to gain more insights. In an effort to determine whether the media had any influence on the Emiratis' choices for healthcare careers, the respondents were asked to indicate whether or not media influenced their career decisions and the kind of influence if any. This question was directed to all the participants and it was intended at establishing whether the information conveyed by the media impacted Emiratis' choices for careers. This was mainly because television, movies, and celebrities in recent times have been found to have a considerable influence on the career decisions of more young people through the provision of ideas and information relating to career choices.

However, based on the responses received, the influence of the media in the career decision-making among the Emiratis could be considered as minimal. This consideration stems from the fact that none of the working doctors and nurses identified media as a major influence on their choice of careers. In actual terms, only two of the medical students interviewed indicated some degree of media influence in their career decision-making process. To some extent, it emerged that media influence depends on the profession an individual intends to pursue as indicated by some respondents. For instance, one male participant (Male Nurse - P16) stated that: "*It all hinges on the course one intends to undertake. In some cases, media may convey influential ideas…This makes it is possible to discover new things.*"

Nevertheless, one of the respondents (a working male nurse) expressed his concerns over the influence the media was having, especially on the current generation, which according to the participant, considered the media as part of their everyday life and a major source of information. The nurse argued that media influence is probably one of the reasons there is a shortage of male nurses in UAE. He indicated that the media might be having an impact on young Emiratis' career choices, either indirectly or directly. He also admitted that he had to resist influence from the media that was indirectly subjected to him when pursuing his career as a nurse bearing in mind that he was not female. The respondent also revealed how during their time careers were stereotyped and how it negatively affected his friends' attitudes towards nursing. He explained:

> "*Media is a root cause for the low number of male nurses in this country through negative influence on career choices among the young generation of this country*

either directly or indirectly. It influenced my peers toward developing a negative
attitude towards nursing because it was presented as a female profession".

(Male Nursing Student -P23)

This respondent further confirmed that just like his peers, he was looking for a career that would provide him with success and some perceived social status. However, he never allowed himself to be carried away like a number of his friends, who were influenced into pursuing careers considered by the society as financially rewarding and respectable. He said "*I had to overcome this influence, which made my friends pursue other careers that were presented as respectable and well-paying although I also wanted to be successful and proud of the career I chose*" (Male Nursing Student -P23).

On a similar note, respondents P04, P06, and P07 explained the manner in which the media depicted a negative image about nursing. In particular, the respondents noted a number of factors that demonstrated how the media display of gender stereotypes could have or might be contributing to the scarcity of male nurses in the UAE. First, the respondents indicated that female labels in the society influenced many people in selecting other career choices, as they believed that nursing was a feminine profession as portrayed by the media and the society. They revealed that movies, dramas, and adverts used male characters as doctors, while female characters played roles of a nurse. The message conveyed through entertainment media also portrayed doctors as heroes and key players in ensuring the health of patients.

Precisely, the participants indicated that many young people could be interpreting this in the wrong way; hence perceiving nursing as a career for women, the less successful and less bright persons in the society. Participant P17, for instance, indicated that the media contributed to the belief that nursing is a feminine career and for people who were not ambitious enough because nurses were portrayed as subordinates to the doctors. As a result, many of the young Emiratis ended up pursuing careers traditionally deemed as male professions such as the medical profession and engineering.

> *"Media displays nursing as a professional meant for women, while being a doctor is portrayed as a profession naturally preserved for men. This has influenced many females to settle for nursing even where they were qualified to pursue medicine. Equally, male students interested in nursing have been forced to strive to become doctors… this has resulted in some of them taking too much time before completing their training and other discontinued from their studies due to inability to cope with the professional requirement."*

(Male Medical Student -P17)

The impact of this misconception was identified among the students who participated in this study as respondents. I found that though not many of the participants were able to explain why they resented nursing as a career, most of them considered it as a less respectable, less significant, and generally as a career for the less ambitious people and poor performers. The participants also indicated that some of the Emiratis perceived nurses as subordinates to the doctors. One of the participants (Male Nurse -P16), for example, argued *"…if you put yourself into the shoes a little kid who knows very little about any healthcare career …you would also*

see nurses as the assistants or subordinates to the doctor. That is the exact stereotype being conveyed to the young generation."

Three of female nurses acknowledged the ancient stereotyped image portrayed by the society about the roles of women. They linked the perception of nursing as a feminine profession to the society's beliefs that "the roles performed by women at home are the exact roles performed by nurses in hospitals." One of those respondents (Female Nurse -P13) argued that "*The society believes that females do more work in hospitals, but males do very little and receive more in terms of payments".* In addition, this study found that media advertisement influenced students in pursuing careers in healthcare. Five of the participants indicated that they developed their interest to pursue their career in medicine when they learned about a training institution or the demand for the profession through the media.

A nursing program pursuant (Female Nurse -P15) explained: *"Though I had a desire to be a nurse, I made a precise decision to pursue nursing when I learned about the existence of a nursing college that would allow me to pursue the course through a professional nursing magazine."* Another participant who was a nurse (Female Nurse -P14) explained that she decided to pursue a career in gynaecology when she discovered the scarcity of the gynaecologists in the UAE. *"I learned about the opportunity available due to the limited number professionals in this field through the media. I decided to take advantage of the opportunity and sure enough, I was lucky to get a direct posting in my workplace immediately I was through with my training."*

5.10 Chapter summary

This chapter has provided the findings made concerning the second objective, whose intention was to identify and discuss the factors that influence Emiratis' choices for healthcare careers, as well as evaluate how the theory of career decision-making would be in such a setting. Some of the primary influences noted included family and parental factors, personal interest and passion, role models, as well as gender influences. Regarding personal interest and passion for the medical careers, it emerged that virtually all the interviewed students and healthcare workers had strong passion from within themselves for healthcare careers and sciences. Others acquired the passion for the careers as they grew up.

Family line of occupations, family support in the process of making career choices and choosing subjects to major in, as well as parent-child relationship were noted as some of the most influential family and parental related factors that influenced Emiratis' choices for healthcare careers. With respect to the aspect of role models, the participants indicated that role models who could be family members, friends, or strangers who had excelled in healthcare careers, were sparking interest and enhancing Emiratis passion and interest for healthcare careers. Peer/friends and distant relatives as well as media, however, were not found to have any effect on the choices for careers among the Emiratis. The next chapter provides a descriptive presentation of the findings made concerning the challenges healthcare students and practitioners encounter.

CHAPTER VI: CHALLENGES FACED BY HEALTHCARE PRACTITIONERS

6.1 Introduction

The previous chapter has provided a presentation of the results obtained relating to the factors that influence Emiratis' choices for healthcare careers where interest, passion, family and parental factors, role models, and gender influences were found to be the main influences. This chapter provides a presentation of the findings made relating to the challenges experienced by doctors, nurses as well as medical and nursing students when pursuing their studies or careers. The findings presented in this chapter help in identifying some of the possible factors that could have made careers in the healthcare sector less preferable among the UAE nationals. In addition, findings made in this part help in laying a foundation for the proposed measures through which healthcare careers could be made popular among the Emiratis and the appropriate strategies that the government can adopt to attract more Emiratis into this sector.

The data necessary for meeting this research aim was collected from twelve medical and nursing students, eight working nurses and doctors, as well as four healthcare managers. In this case, the respondents were requested to indicate the challenges that they faced in the course of studying medical courses and while practising as qualified medical professionals. The primary motive for asking this question was to investigate the main challenges medical and nursing students as well as doctors and nurses faced, which could have possibly been discouraging UAE nationals from pursuing healthcare careers.

6.2 Low remunerations

All the eight working nurses and doctors identified salary as the main challenge or dissatisfaction factor, though the problem appeared to be more prevalent in the public sector than in the private sector. It was striking to note that financial compensation was the primary complaint that the vast majority of the doctors and nurses interviewed (7 out of 8) raised. Indeed, all the nurses interviewed in this study knew someone who had quitted from nursing or was contemplating to leave because of compensation related issues. For example, one of the nurses interviewed explained how he was planning to get back to college and pursue a different line of career after working as a nurse for eight years. The participant briefly highlighted the issue by stating that: "*I don't have the financial means to stay in nursing*" (Male Nurse -P16).

The issue of low remuneration was addressed bluntly by most of the participants, particularly those who were considering changing their career path to the extent that the emotional impact of this issue was noticeable. Some of the participants could not conceal their emotions; they could not hide their frustration. Their frustration was not only about the low pay but also how it had impacted their lives. Indeed, some of the respondents termed the current payment as below the living wage, with others claiming that they could only survive with the help of their spouses; mainly husbands who had well-paying jobs in other industries such as the oil and gas industry.

For example, P15, a mother of three children, indicated that she was able to raise her family and educate her children through the support of her husband who works in the oil and gas

industry. Though she did not disclose the amount her husband was earning, statistics from the PayScale Inc. shows that her husband, who was a petroleum engineer, could have been earning a gross monthly salary of between 63,000 and 66,200 AED (£13,400 to £14,100 (Payscale, 2016)). This figure was way above what the respondent was earning; 24,000 AED (£5,100) only.

Other participants explained how they were forced to have alternative sources of income for their personal and family upkeep. For example, one of the nurses interviewed shared: *"I know some beginning nurses who are forced to have two employments in order to raise their college fees, support themselves and all that craziness"* (Female Nurse -P13). For some of the respondents, low compensation was a major hindrance to advancing their education, earning advanced degrees, or even paying back loans. Participant P13 made it clear that low pay was her biggest complaint.

She noted: "…*the pay we get as nurses is horrible, particularly nurses working under the ministry of health…I believe you can go elsewhere and make more money than we are paid*" (Female Nurse -P13). Participant P16, the only male nurse interviewed in this study, echoed her remarks. He noted that wages have been unfair since he started his nursing career up to present. P16 shared:

> *"I'm being honest with you. My main dissatisfaction is pay. By the time I was hired as a nurse, our wages were extremely low and we are still paid a peanut. For quite some time after I was hired, there has been much salary compression…and we have been hopeful that it would come up in time. This is not the case…it hasn't come up. This makes life difficult for nurses working in the urban centres, where the cost of*

living is high. Some rarely make ends meet. So, for me, pay or rather compensation
is the biggest challenges nurses face in the UAE."

(Male Nurse -P16)

One of the healthcare managers interviewed revealed that for about a decade (since 2007), the salary scale of nurses had not been reviewed by the ministry of health. According to the manager (participant P07), the average compensation of nurses working in public hospitals is highly undervalued and it has been flat since the wake of 2007, in spite of the skyrocketing cost of living. Just like most other countries, UAE was affected by the 2008/2009 global financial crisis, which reduced the purchasing power of money and increased the financial burden of employees, with nurses being not an exemption.

According to the two health managers, the salary and benefits most of the nurses were currently receiving were inadequate to enable them to meet their expenses such as housing, schooling, medical treatment, advancing education, residence, and transportation. In addition, nurses working in the MoH were denied numerous benefits such as child care facilities, financial incentives, risk and shift allowances, as well as part-time working. Further details on this issue are provided in the following section.

The healthcare managers further explained how nurses working under the ministry of health (MoH) were disadvantaged compared to their counterparts who work in the Health Authority Abu Dhabi (HAAD). According to the managers, a major difference could be noted between the compensation of the nurses working in these two departments. For instance, MOH nurses were getting half of the salaries HAAD nurses were receiving. In addition, unlike the MOH

nurses, HAAD nurses were getting other benefits such as housing and leave. The managers acknowledged that this issue had led to decreased satisfaction, motivation to work, job commitment, and performance in public health facilities. The managers also reported that low remunerations were among the main factors forcing MOH nurses to look for alternative jobs in the private sector or in other countries offering better remuneration and attractive benefits.

Though the participants discussed the issue of low salaries in a general way, a common thread emerged from their compensation comments. It emerged that a proportion (three out of eight) of the interviewed nurses and doctors were willing to advance as administrators, change career or relocate to other regions where they would earn a decent pay compared to what they were earning. For example, participant P11, a 38-year-old female doctor, indicated that she was contemplating studying healthcare administration, a course that would enable her to move into management. The doctor explained how a number of graduates were giving up positions as physicians within the first two years of practice and ended up seeking employment in other sectors that offered them better pay and benefits.

The participant further shared how she found it difficult to survive when she was working as a doctor in one of the hospitals. According to the respondent, they were not provided with benefits such as accommodation among others, on top of being paid low salaries of about 15,000 AED (£3,100) as she illustrated: "*…earning a salary of 15,000 AED made my life in so hard. And we were not given other benefits such as accommodation or transport allowances. I really struggled financially"* (Female Doctor -P11). Another nurse explained

how she struggled to survive in Dubai with her starting salary of 12,000 AED (£2,500) a month yet her colleagues who secured employment in reputable private organisations would earn as much as 18,000 AED (£3,900) as a starting salary. According to the participant, doctors' salaries had only increased by approximately 10% over the past eight years, while his friends who worked in other industries had enjoyed salary increases of more than 75% during the same period.

For some of the participants, they appeared to be in a dilemma on whether to continue working in the healthcare sector or to leave due to compensation related issues. Participant P10, for example, had a colleague who left medicine for a career in another sector where she earned a salary enough to support her and her family. P12, a female physician whose plans were underway to move to work as a teaching assistant in one of the universities in the UAE, questioned why she had to stick to this career yet other employments with her background and education were paying three or four times what she was earning. The participant could not figure out why she was paid less than her colleagues in the teaching sector, yet she could diligently do the same job.

Ironically, the participants indicated that their careers paid less despite the fact that most of them were saving for retirement, enjoying the rewards of their profession, and advancing their education by obtaining bachelor's, masters', or even doctoral degrees. As a result, two of the nurses who were diploma holders revealed that they had taken a pay cut and gone back to school to improve their skills and qualifications. The same trend also emerged among the

physicians interviewed. Respondents who had not gone back to school to advance their education acknowledged that they knew of colleagues who had taken such an initiative.

However, some of the participants preferred leaving a career in nursing or medicine, rather than taking a pay cut or a student loan to go back to school for further training, yet no major improvements would be reflected on their incomes after acquiring new skills. For instance, participant P10 had a loan he was repaying and he wondered how anyone could expect him to take on more debts only to get a negligible salary increase when finished with a master's degree. To illustrate this point, the participant shared:

> *"Surely, why should I earn a master's degree? My gross annual salary will increase by less than 2,000 AED more than what I'm currently earning… This means that I will only get deeper into debts, yet I have another loan I'm servicing. It simply doesn't make sense."*

> (Male Doctor -P10)

Similarly, nurses were facing the same dilemma. For example, they were required to keep up professional licensure, which often calls for continuing professional education as well as attending conferences and workshops relating to training. However, the participants revealed that there was additional compensation to cater for the costs resulting from continuing education. This triggered resentment among the participants and some of them indicated that they felt like they were not valued or respected by the hospital administration. The nurses expressed their frustration that the ministry could not even make a small increase in pay or just recognise them for the hard work and commitment they had shown while executing their duties. Overall, low salaries emerged as the central challenge that nurses and doctors working

both in the private and public hospitals faced. However, practitioners in the public sector appeared to be more concerned with the issue of low salaries compared to those in the private sector.

6.3 Lack of benefits (allowances and bonuses)

Other than the issue of salary, several (six) health workers interviewed complained of not being provided with vital benefits such as allowances and bonuses. Again, this problem was reported mostly among the nurses and doctors working under the ministry of health. According to the interviewed participants, they were not paid shift allowances, not provided with housing and schooling allowances, medical insurance, risk allowance, and critical care unit allowances. They were also denied crucial benefits such as child care facilities, financial incentives, part-time working, as well as weekend's compensation. In addition, the end of service gratuity for nurses working in the MoH was offered based on nurses' basic salary, which was considerably lower than the cumulative ones. It was unfortunate that workers were being denied these benefits in spite of the high cost of living in most parts of the UAE and the low salaries they were earning.

Allowances, bonuses and other forms of benefits were associated with non-governmental organisations (NGOs) and the private sector. Even in the private sector, a substantial variation concerning the schemes of benefits offered was noted. However, the most common incentives reported by the participants included housing or accommodation allowance, performance-based bonus, end-of-year bonus, annual leave, gifts and financial rewards, health insurance, transport expenses, and sick leave. Other incentives included gratuity and free utility bills among many other benefits. Low salaries and lack of incentives in the public

sector emerged as one of the primary reasons why health workers joined NGOs and the private sector. Nevertheless, it emerged that not all nurses in the private sector were benefiting from the above-highlighted incentives since the benefits were only accessible to workers earning above a certain threshold and auxiliary nurses were not included.

6.4 Inadequate specialisation and training opportunities inside the country

Inadequate training and specialisation opportunities within the country were also reported by a substantial number of the participants as a central challenge in the UAE healthcare sector. The shortage of training institutions in the UAE was found to be a key factor contributing to the shortage of opportunities for specialisation. For example, by 2014, the UAE University was the only public medical institution in the country that was offering an undergraduate course in medicine. For example, one of the male health managers interviewed, participant P06, indicated that: "…*the current shortage of opportunities for specialisation in the country leaves doctors with no choice, but to go abroad.*" The participant further revealed that at that moment, most of the graduates who were females could not consider going abroad for training because of family attachments, cultural, and religious restrictions; hence the need for providing top notch training in the country.

According to participant P06, who worked with the Ministry of Health, the back then local specialisation programs were average. The problem of specialisation was also reported among the student nurse and doctors involved in the present study. Two of the students pursuing a course in nursing reported that they wanted to pursue a different course, within

the healthcare sector, but they had no other option considering their academic qualifications and the courses offered by the MOH. For example, one of the medical students stated that:

"You know….I wanted to specialise in ophthalmology, a branch of medicine that deals with diseases of the eye, anatomy, and physiology, but I had to take a different course because this programme was back then not offered by the Ministry of Health. I had to change my plans and pursue the Family Medicine Specialization Programme."

(Male medical student –P18)

According to the participant, this was a major challenge that almost shattered his dreams of becoming a physician. The respondent indicated that he was planning to study healthcare administration during his final year, which he expected would help him in moving into healthcare management. Further investigation into this issue from the management officials' perspective showed that the UAE does not have its own board for specialisation, hence depends entirely on the Arab board which is not designed to meet local standards.

Even though UAE has been conducting graduate medical education programs since the early 1990s, accreditation and certification were provided by the Arab Board of Health Specialisations, commonly known as the Arab Board. The government officials working in the ministry of health indicated that in spite of the regulatory framework provided by the Arab Board of Health Specialisations, differences in the level of implementation of the standards led to programs that lacked a well-defined structure, diversity, clear outcomes, and adequate on-going oversight within the institutions offering graduate medical education programs. Overdependence on the Arab Board was also reported to negatively impact the

quality of graduate medical education programs offered in the UAE schools of medicine. For example, P18 stated that for a couple of years, the quality of graduate medical education programs had remained below average, with the certification rates for the UAE graduates by the board being extremely poor.

The shortage of training facilities and personnel, as well as the lack of adequate opportunities for specialisation within the country explain why the country and some states such as Abu Dhabi had traditionally depended on funding graduates to complete medical education programs in western countries such as the United Kingdom, USA, and Germany, in an attempt to provide Emirati physicians with better training opportunities and a wider scope of specialisation. This, according to participant P07, explains why the country heavily relied on medical practitioners who had trained in foreign countries or expatriates from other countries who had acquired appropriate training. P07 shared:

> *"It is unfortunate that our country does not have adequate and up to date medical training facilities and personnel. This explains why a proportion of the top management officials in the UAE have trained or at least advanced their training in the developed countries such as the UK and USA. The lack of adequate medical training facilities and personnel has also significantly contributed to the current crisis of over-dependence on expatriate health workers."*

(Female Healthcare Manager -P07)

6.5 Access to training

Concerning the question of having access to training, it was reported that health facilities offered training to their medical staff in two ways: on-the-job training and specialised training

or funding for further specialisation within or outside the country. With respect to the issue of access to training, substantial variations between health workers working in the private sector and those working in the public sector were evident. Overall, the participants indicated that the public sector provided more opportunities for further training and specialisation compared to the private sector, even though some participants noted that a few private employers would occasionally organise workshops. A Female Doctor -P12, shared: "*personal and career development doesn't come in at all in private hospitals. So, unless you are careful, being in the private sector can limit your chances of progressing from your current level."*

It was apparent that most of the training was organised through workshops and the allocation of training was mainly based on the area of specialisation. For example, two of the emergency nurses interviewed indicated that they had been trained through workshops at least two times in the last one year. Despite the availability of a number of training workshops, participant P05 claimed that senior management members of staff sometimes decided to attend training deemed to be more beneficial, irrespective of whether it was in their area of specialisation or not. This means that low ranked health workers consistently had less access to training.

Inadequate access to training for the ordinary nurses was also found to result from their high workload. According to one of the senior nurses interviewed, opportunities to attend training workshops and other programs were rarely available to nurses and doctors because it is not possible to leave high workload jobs despite some of these professionals being in dire need for further training. The nurse administrator illustrated that:

"Nurses may think that there are no opportunities for further training in the public or even in the private sector which might not exactly be the case. Sometimes such opportunities do come, but due to the shortage of nurses in the health facility, we won't tell them. And when we tell them, we might deny them an opportunity to attend the workshops, especially when there is no one to take over. In a situation where attendance fees are high, the top management wouldn't let any one of them know."

(Female Nurse Administrator –P08)

Still, under this theme, some of the participants mentioned the issue of inadequate training equipment, centres, and personnel. Little exposure to technological developments was also highlighted, even though it appeared to be a minor issue. As mentioned earlier, by 2014, the UAE University was the only public medical institution in the country offering an undergraduate course in medicine.

With respect to accessibility of postgraduate training, the participants suggested that there had been a problem in acquiring this level of training for many years. However, its accessibility had with time improved since a number of institutions of higher learning had by then started offering postgraduate training in healthcare courses. According to P08, inaccessibility to postgraduate training was one of the primary reasons why medical students and staff were migrating abroad. Nevertheless, the participants either indicated that they would be interested in seeking further training abroad or they knew a co-worker who was planning to go abroad to acquire specialised training or advance their training.

6.6 Workload and long working hours

Another challenge highlighted by the participants was the number of working hours, extensive training, and liabilities, which according to some of the nurses and doctors, made healthcare professions less appealing, considering the low remunerations health workers in the UAE were receiving. This problem was reported by five out of eight nurses and doctors interviewed in this study. Some of the participants complained of being overworked despite earning low salaries. According to the interviewed doctors and nurses, the salaries they were earning by the time this research was conducted did not reflect their increasing workload. I noted a number of times the medics had threatened to go on strike due to the increasing workload and low salaries.

Based on the participants' sentiments, the problem of working for longer hours was more prevalent among staff nurses and doctors working under the ministry of health compared to those working in private hospitals. For example, two of the nurse practitioners working in one of the public hospitals in Sharjah indicated that they were overworking and receiving low pay compared to nurses at the trauma centre. According to one of the senior medical staff, participant P08, the average shift for a nurse is 12 hours. Nevertheless, some (three) of the nurses interviewed reported to have been working an average of 14 hours a day because of heavy workloads. Participant P14, a female nurse who had a work experience for more than seven years stated that:

> *"On average, a nurse's shift should last for 12 hours… but we are sometimes required to work for more than 14 hours because of the heavy workloads. I mean, long working hours are part of this job. Unfortunately, we don't get paid for working overtime, and*

this is the trend in this sector. We love our job and what we do… To help members of the society, but the pressure is just too much. We don't want to be giving strike notice every now and then, or be forced to look for jobs elsewhere."

(Female Nurse -P14)

The interviewed government official working in the ministry of health admitted that there were cases of overworking and claimed that plans were underway for investing heavily in the UAE's health sector, though he declined to state whether nurses and doctors would receive a pay rise and payments for working overtime. When asked to explain some of the measures that the ministry and other relevant authorities had put in place to prevent the problem, the official indicated that the ministry had been alleviating this pressure in Sharjah and other Emirates, by bringing in more nurses and doctors from foreign countries among them the Philippines and India. The official acknowledged the need for hiring more healthcare professionals in an attempt to alleviate the pressure.

The increasing workload was linked to the expanding UAE population which did not match with the corresponding increase in the number of health professionals. The workload had also increased due to the requirement to have patients tested before administering any treatment, as well as offering them counselling services as acknowledged by Brownie (2015 pp.54) and Alotaibi, Paliadelis, and Valenzuela (2015, pp.74). From the interviews, I observed that there was a considerable difference across the healthcare sector and locations in terms of the number of hours the medical practitioners were expected to work. Nevertheless, the problem of high workload was more common among the healthcare personnel working in the public sector, that is; six of the nurses and doctors working under

the MOH reported high workload as one of the main challenges they encountered. Some of the healthcare professionals in the public sector claimed that there was often no time to take a break because of the rampantly increasing number of patients. The majority of them also reported to be putting in more hours than they were actually contractually obligated.

The participants indicated that the number of hours a nurse would work for was patient-driven because all patients needed to be attended to, an aspect that ultimately led to unpredictable schedules. The problem of poor workload management was more common among nurses in the public sector than doctors working in the same sector. The participants also noted that working hours could also be irregular since they were paradoxically organised in work shifts where workers on duty were required to stay at the place of work until the subsequent shift showed up. P05 stated that nurses in the public sector were more at the mercy of the patients and their co-workers because they were expected to attend to all the patients waiting and had to remain at the health facility until workers for the next shift arrive.

All the nurses and doctors working in the public sector noted that extra hours were usually not compensated, unlike those in the private sector who reported to receive handsome compensation for overtime work. Other health workers in public health facilities with an acute shortage in the number of specialised workers mentioned that they tended to be permanently on duty since they were called anytime especially in case of an emergency. One of the doctors stated:

> *"Most of us doctors do not have a clock in or clock out system. We schedule our time based on the number of patients… and we usually don't know when we will finish once we start attending the patients especially in case of an operation or when*

attending a patient in need of specialised treatment. You can go for many hours or even days without having a break."

(Female Doctor –P11)

In line with this report, a nurse indicated that:

"We are short staffed at work and we suffer in a major way because of this… For example, in the department I work in, six health workers (nurses and doctors) are supposed to be on duty in one given shift. However, since there is a shortage of nurses and doctors in the hospital, you find that one or two nurses are serving about twenty patients or even more at one given time/shift. This lead to overworking and you go home feeling extremely exhausted. You can't provide quality services this way…; meaning that this jeopardises the welfare of the patients."

(Female nurse -P15)

One of the male healthcare managers (P05) who was working in a private hospital, but used to work as a doctor in a public hospital explained how he was at times forced to take care of more than fifteen or more patients in one hour. He also indicated that he knew of a colleague who used to arrive in the morning and sometimes worked until 10 pm yet the following day he was expected to report to work in time and attend to patients. This, according to the participant, posed a major challenge to them on top of hindering their likelihood of providing quality healthcare services to the patients. Doctors should attend fewer patients so that they can take time to understand fully the individual needs of the patients.

6.7 Stress, time pressure, and poor organisational climate

The interviewed students also highlighted a number of challenges that persons pursuing a healthcare course were likely to face among them being getting stressed, 'test anxiety', and 'study burn out'. One of the *doctors* shared:

> *"Since I was young, I knew I wanted to become a doctor…to help the people and the community at large, but I had paid little attention to the process. Actually, I would say that medical school was not easy for me. I wasn't prepared for most of the challenges that one has to overcome in the process of becoming a doctor… Problems such as pressure to excel; chronic lack of sleep; and the realities of patients passing away or their health conditions becoming worse in spite of doing my best to save their lives."*

(Female Doctor –P09)

Four of the medical students and a few of the doctors and nurses interviewed acknowledged stress as one of the challenges healthcare workers of the UAE origin were facing. Some of the participants would even describe their first year of medical training as 'a living hell.' Even though the main stressors differed from one participant to another, there existed a number of common sources of medical students' stress. The most commonly identified stressors included examinations, time pressures, competition for good grades, fear of failure, as well as financial problems. Other stressors reported to be encountered in medical schools included loneliness and rote memorisation, even though these stressors were not common among most of the participants.

6.7.1 Time pressure

The issue of time pressure was reported virtually by all the medical and nursing students as well as practising nurses and doctors. They complained of being provided with too little time to read and understand bulky materials as one of the participants shared: "*in a medical school, you are provided with very little time yet there is too much to read and learn… For you to succeed, you must be good in time management or be able to organise your life in a way that everything gets adequate attention* (Female Doctor -P09)." The interviewed participants indicated that they had to quickly adjust their time, thereby prioritising their study time and blocking off other less important activities.

Fear of failure was also reported as another key problem that many medical students in the UAE encountered, especially during their basic training years. Some of the students explained how they had to seek counselling during the first weeks of medical school. They indicated that they were afraid of failing, considering the massive amount of information they were required to master and the poor grades that most students usually scored in the first year. They were also concerned about their suitability in the career decision they had made, that is, a career in medicine. For example, some of the participants shared how they consistently recorded poor grades in the first year to the point of wondering whether they were smart enough to pursue medicine.

According to one of the interviewed doctors, medical students were often high achievers at elementary and high school levels, who work hard to earn a place in a medical school. However, most of them were caught by surprise when they find themselves in the bottom half of the class during their first examination. The participant shared:

"It was really a frightening experience when I found myself in the bottom half the class when we did the first examination yet I had always been the top student back in high school. I was really shocked and stressed. I remember wondering whether taking a career in medicine was really a good idea for me. I mean, I felt like I was not smart enough to be a medical student. At one point I even contemplated quitting, but thanks to my friends and the university counsellor who instilled hope in me that I'm now a doctor."

(Female Doctor -P11)

Several participants reported that they sought counselling for anxiety associated with failure in the freshman year. After counselling, even those who had felt like they were failures coped successfully with the course, after which the majority of them became excellent clinicians. In general, the interviewed nurses and doctors argued that passing classes was more important and students needed to focus on it rather than class rank.

Another doctor explained how he used to get stressed in situations where he could do very little to help, for example, in situations when a patient condition would get critical and ultimately die. However, one of the healthcare managers indicated that this problem was most common among nurses and doctors who were newly recruited because they tend to blame themselves in case a patient dies, even in situations where their effort could have made no difference. The manager explained that the majority of the medical students and staff were attracted to medicine due to their genuine desire to help others, an aspect that may result in distress when they lose a patient. However, the participants indicated that during their professional training, they were taught to accept the limitations of their craft and the inevitability of suffering, pain, and death. Failure to embrace this important concept often led

to burnout, and a physician could find a career in medicine highly stressful (Shanafelt et al. 2015; Rabatin et al. 2015; Gazelle, Liebschutz, and Riess, 2015).

In summary, the main stressors reported in the basic years of a medical course included time pressure; competition for class rank and grades, as well as the emphasis on the course and national board examinations. Other stressors included financial problems; limited time for exercise and recreation; fear of failure; strain on social relationships; loneliness; and tedium of rote memorisation. During the clinical years, some of the stressors reported by participants included: fear of increasing responsibilities; death of patients; dealing with terminally ill patients; fear of infections such as hepatitis; and loneliness as well as loss of frequent contact with peers and friends. Due to the scope of this study, I did not investigate further into this issue and probably future studies may focus on investigating the primary sources of stress for medical students in the UAE and recommend practical remedies.

6.7.2 Poor organisational climate

Poor organisational or work environment was reported by a number of participants as a key challenge. This was found to be a major issue for the healthcare practitioners working under the MoH compared to those working in the private sector. In this context, organisational climate refers to the current situation in an organisation or sector and the relationship between that situation and the work groups together with their performance. According to Wicht and Ludwig-Mayerhofer (2014), organisational climate reveals individuals' perceptions or feelings about their organisation or sector.

The participants held that activities taking place in the UAE healthcare sector had an impact on the employees' level of satisfaction and welfare. The scope of organisational climate covered in this study included leadership and management styles adopted in the UAE healthcare sector, participation in the decision making, provision of fringe benefits such as promotion, provision of a good working environment, personnel policies, as well as the creation of a suitable career ladder or career development for nurses.

Based on my observation and analysis of the interactions between me and the healthcare practitioners interviewed, it was evident that organisational climate was a key challenge. Nurses who worked under the MoH perceived organisational climate to be featured with factors such as lack of recognition, probably through promotion or through announcements; lack of positive feedback about performance; and a shortage of personnel thus leading to overworking. Poor communication or the lack of two-way communication between managers and subordinates as well as inadequate staff development activities, which hindered personnel from acquiring the necessary skills and knowledge to offer quality healthcare were also spotted as crucial characteristics featuring the UAE healthcare sector. For example, two of the interviewed doctors and three of the nurses interviewed suggested that they were not given an opportunity to attend training workshops or any other forms of staff development activities. In addition, all the four nurses interviewed confirmed that they were required to operate as per the provided instructions or as per the book, an element that significantly hindered creativity and innovation in the provision of health services.

The issue of poor organisational climate made me investigate further what the interviewed health practitioners would consider to be creating a favourable work environment. In this

case, I noted that healthcare workers whose achievements were recognised by the top management were more satisfied compared to employees whose efforts were not appreciated. It also emerged that health professionals who were involved in the decision-making process on a collegial basis with other workers were more satisfied compared to those who were not involved. In particular, six of the interviewed nurses and doctors attested that they felt more motivated and satisfied the moment they realised that hospital managements were acknowledging their effort. When asked to identify the type of recognition they preferred receiving, some of the respondents identified the allocation of bonuses, awards, promotion, better remunerations and other benefits, and even mere congratulatory remarks as the various ways through which they expected hospital managements to recognise them.

6.8 Chapter summary

This chapter has provided a presentation of the findings made relating to the challenges that healthcare students and workers experienced when pursuing their studies and practising as qualified staff doctors and nurses. The main challenges reported in this study include low salaries, lack of benefits (allowances and bonuses), inadequate specialisation and training opportunities in the country, inadequate access to training, poor organisational climate, as well as high workload and long working hours. Stress emerged as the main challenge experienced by medical students, and it originated from time pressure; competition for class rank and grades; emphasis on the course and national board examinations; financial problems; limited time for exercise and recreation; fear of failure; strain on social relationships; loneliness; and tedium of rote memorisation. During the clinical years, the main stressors reported included fear of increasing responsibilities; death of patients; dealing

with terminally ill patients; fear of infections; and loneliness and loss of frequent contact with

peer and friends.

CHAPTER VII: ENCOURAGING EMIRATIS TO PURSUE HEALTHCARE CAREERS

7.1 Introduction

The previous chapter has provided a presentation of the results obtained from the primary data collected regarding the challenges encountered by healthcare workers, specifically doctors and nurses, in the UAE setting. This chapter provides a detailed presentation of the findings made concerning the initiatives that could be adopted by the federal and state governments, institutions of higher learning, society and other stakeholders in an attempt to make young Emiratis reconsider pursuing healthcare careers. It is worth noting that the findings presented in this chapter are not the actual recommendations of the present study. Instead, the results presented in this chapter are strictly informed by the perspectives of the interviewed participants, or rather the empirical data collected from the respondents.

A critical analysis or systematic review of the data collected led to the development of five themes concerning the approaches that could be used to address the problem of the low number of Emiratis pursuing healthcare courses. The themes include: sparking Emiratis interest for healthcare careers, boosting enrolment and graduation rates in healthcare courses, reviewing the country's education system, offering support to students pursuing the courses, and techniques focusing on solving the problems associated with healthcare careers in the UAE context. The sections below provide a critical presentation of these findings in the form of aggregate themes that emerged from the qualitative data collected, even though some of

the most outstanding sentiments concerning individual elements have been directly quoted to reinforce the analysis done.

7.2 Sparking interest

A critical analysis of the data collected from the respondents indicated that the first step in solving the problem of the low number of healthcare workers of UAE origin is sparking students' interest in the courses. In this study, sparking interest refers to the element of letting young Emiratis and the UAE society at large learn more about healthcare careers and most importantly change their perceptions about these careers. In this regard, based on the analysed data, it emerged that sparking interest or expanding career knowledge in the healthcare sector could be achieved by developing and implementing effective public outreach programs. The element of launching public outreach programs was evident virtually in all the responses provided by the respondents as illustrated in this section.

Concerning developing and implementing effective public outreach programs, the four officials interviewed from the ministry of education and that of health emphasised on the need for developing outreach programs in order to sensitise more UAE nationals on the need for taking healthcare careers. It is worth noting that in this study, the term "outreach program" is used to refer to any initiative designed to invite students or inform them about healthcare career pathways. According to the respondents, the primary goal of such an initiative could be to spark interest in healthcare careers especially for students of UAE origin. They further explained that the adopted outreach programs needed to effectively erase healthcare related stereotypes and fill the information gaps by exposing students at all levels to healthcare occupations and how pursuing courses in this field can lead to careers that may help them

serve their country, earn decent salaries, and improve the welfare of the general society. In particular, participant P02, an official from the ministry of health had this to share:

> *"...this may be achieved by launching information campaigns to educate students, their parents, and other parties who influence their career decision-making process. ...I believe such programs can help in sparking interest in healthcare careers, in particular among the students of UAE origin. The adopted outreach programs would also help in erasing healthcare related stereotypes by exposing students to all levels of healthcare occupations and how pursuing medical courses can lead to careers that can help them serve their country, earn decent salaries, and improve the general welfare of the UAE society. This approach can indeed play a role in increasing the nursing enrolment level."*

<div align="right">(Female Official from the Ministry of Health -P02)</div>

In brief, the interviewed respondents emphasised on the need for developing and implementing outreach programs purposely to change the mindset or attitude of the UAE society concerning healthcare careers which were highly despised. In relation to the suggestions made above, participants P03 insisted on the need for developing and implementing public outreach programs that would help in changing the general perceptions and attitudes held by the Emiratis concerning certain healthcare careers as illustrated below.

> *"...To be honest I don't know where we went wrong as a society. We don't embrace or value health workers the way other communities or even countries do. Being a nurse in our country is perceived as a bad idea by most people, and this explains why every time the exam results are released you find that the 'cream' (top students) of the country wants to pursue courses such as engineering and the like. Healthcare courses, especially nursing, is the last thing a student or a parent would want his or her child to take in this society, and I believe this is the primary problem we have to*

address if at all the number of Emiratis taking healthcare courses is to be increased. Students have negative perceptions about nursing courses since they view it as an inferior course that is featured with a lot of challenges and I hope you know them. …We need public outreach programs that would focus on changing our society's mind set."

(Male Official from the Ministry of Education -P03)

Considering development and implementation of effective outreach programs was proposed as one of the main strategies through which Emiratis' interest for healthcare courses could be sparked, I found it necessary to find out precisely how this could be done. In this case, I requested the participants to elaborate further how effective public outreach programs could be developed and implemented. Based on the qualitative data collected, three main practices were highlighted by the respondents. One of the main practices noted was implementing information campaigns to educate students, their parents, and other parties found to be influencing student's career decision-making process, about educational pathways to healthcare careers. Secondly, the theme of focusing on selecting compelling role models either as peer students or professionals in the healthcare field in the launched outreach programs emerged very clearly. The third core practice encompassed institutions of higher learning (colleges and universities) working with high schools so that students and young people in the community can find it easy to access the relevant training and knowledge about healthcare professions.

With regards to information campaigns to educate students, their parents, and other parties who directly and indirectly influence Emiratis' choices for careers, the participants suggested

that outreach programs may involve organising high school events, campaigning through the media, in places of worship, malls and important gatherings, purposely to sensitise students and the society at large about the need for healthcare courses, job opportunities, as well as the qualifications for the courses in question. Though the element of conducting public campaigns targeting students, parents and the society at large as a strategy was recommended by all the four participants from the ministry of health and that of education, sentiments made by P03, stood out more clearly on this issue. The respondent argued that:

> *"...personally I think conducting public campaigns targeting high schools and through the media can play a leading role in eliminating this notion. Such campaigns should also be carried out in places of worship (mosques) and important gatherings. Let the society know that we need health workers of our origin. Besides changing perceptions of the society, such programs or campaigns can help a lot in making the currently available nurses and other health workers feel valued, adored and important to our society. As a result, the number of Emiratis taking healthcare careers would increase, and the retention rate would also go high."*

(Male Official from the Ministry of Education -P03)

Conducting campaign in such places or platforms, according to respondent P02, for instance, can play a leading role in giving students more exposure to healthcare careers and most importantly in changing perception and attitudes of the Emiratis on these professions as quoted below.

> *"What I mean by this is that our society perceives certain careers as inferior to others and in this case, I am directly referring to nursing. Some Emiratis for whatever reasons despise these careers. ... Therefore, we need first to educate the society, focus on changing their perception about healthcare careers precisely nursing. This may*

be an effective method of overcoming the problem of few Emiratis healthcare workers…. The adopted outreach programs would also help in erasing healthcare related stereotypes by exposing students to all levels of healthcare occupations and how pursuing medical courses can lead to careers that can help them serve their country, earn decent salaries, and improve the general welfare of the UAE society. This approach can indeed play a role in increasing the nursing enrolment level.”

(Female Official from the Ministry of Health -P02)

In line with this suggestion, participant P03 who was an official from the Ministry of Education had this to say:

"...Finally, there is a need for educating or sensitising our society about the essence of healthcare professionals in our country. We have to change their mentality if at all we want more Emiratis youths to take healthcare courses. I hope you know what students hear from their teachers, parents, fellow students, and the general society impacts their career decision a lot. For example, they are only fed with negative information about certain careers such as nursing and you can't expect them to choose such careers by the end of the day…. Therefore, educating parents, students and the general society about the need for these careers through public campaigns can play a major role in addressing the problem of shortage of health workers of UAE origin."

(Male Official from the Ministry of Education- P03)

Concerning the element of involving compelling role models in the launched outreach programs, the interviewed healthcare managers, as well as the officials from the ministry of education and that of health directly or indirectly argued that role models would play a leading role in educating students about healthcare careers and how challenges linked to these

professions can be overcome. As indicated in the previous chapter, students with role models, peer, or family members who worked in the healthcare field had higher chances of following the same career path compared to students who did not have any relative or anybody they could associate with working in this sector. This, according to participant P01, P02, P03 and P04, showed that a number of students could be avoiding careers in this field because of the existing stereotypes and lack of information about the necessary subject majors and how they translate to careers. Such information could easily be provided by role models, and hence likely to spark the students' interest in healthcare careers.

According to P04, role models can range from fellow high school students, through students pursuing healthcare courses, to alumni successfully employed in this field. They can also be professionals who have succeeded in healthcare careers and who fit the demographic characteristics of the students targeted. Each type of role model may be exposed to students or young people who they share similar or closely related backgrounds. According to the interviewed respondents, the most important aspect of using role models was the fact that other than providing information about their professions, they would share with the students the challenges they had to overcome along the way. P04, for example, had this to say concerning the need for using role models to increase the number of Emiratis enrolling for healthcare careers.

> *"...through the use of role models either as peers, students or professionals in the healthcare field. Professionals from the healthcare sector should provide information about their careers to the young Emiratis maybe during prayers day and career guidance days. Also, institutions of higher learning such as colleges and universities offering health related courses should work with high schools so that students and*

young people in the community can find it easy to access the relevant training and learn more about these courses."

(Female Official from the Ministry of Education- P04)

The interviewed participants acknowledged that role models are very effective in motivating students and in making them develop interest in healthcare careers. Moreover, by explaining to the students about what they were capable of doing with healthcare degrees, the officials argued that role models could help students define their career path early enough. This would make it easier for them to get the most appropriate career guidance from academic advisors and in developing course plans that could guide them on the career path they have chosen.

In general, it emerged that giving students more exposure to healthcare careers as well as focusing on changing the general perceptions of the society concerning healthcare careers through public campaigns could be an effective strategy for sparking Emiratis interest for careers in this field. The participants argued that the developed outreach programs need to inform high school students of the jobs potentially available to them locally and across the globe, as well as the coursework they required. Since healthcare jobs were in high demand in the country, merely providing high school students and the young people in the community with this information could be a powerful tool that could be used in boosting the number of Emiratis enrolling for healthcare courses.

7.3 Boosting enrolment and graduation rates in healthcare courses

The healthcare managers and officials in the ministry of health interviewed agreed that increasing the number of UAE nationals pursuing careers in the healthcare sector went

beyond expanding career knowledge or sparking interest in courses relating to this industry. They indicated that there was a need for focusing on how the enrolment and completion rate of young Emiratis could be improved. Recruitment, in this case, could be aimed at ensuring that interested students could complete the pre-requisite coursework and maintain the motivation to follow the same career path. As illustrated in chapter six, if all the students who enrol for medical courses would be graduating and be willing to serve in the UAE, the current shortage of health workers of UAE origin would be substantially lower. Therefore, on top of sparking interest and expanding knowledge about careers in the healthcare sector, there was a need for ensuring that the recruited students completed their studies still with high motivation to work in the UAE healthcare sector.

In this case, a number of strategies were proposed on how the enrolment and retention rate of students taking healthcare careers could be enhanced. In this regard, making healthcare courses more interesting and relevant to the career was noted as one of such strategies. In this case, the interviewed respondents, particularly participants recruited from the ministry of health and that of education, indicated that there was a need for making healthcare courses more interesting and relevant to healthcare careers, especially for introductory courses since this was likely to give students a greater sense of motivation, confidence, and professional identification. Two of the interviewed officials from the ministry of education noted that a number of students at the high school level dropped biology and other crucial subjects necessary for a healthcare career because they could not see how some complicated abstract concepts could translate to their career goals. In particular, respondent P03 shared *"…some*

students in high school drop biology and other health related subjects due to perceived or identified disconnection between the concepts learnt and their career goals."

According to P03, biology was the 'backbone' of healthcare courses in the UAE and it proved difficult for students who had weak backgrounds. As a result, the participant argued that in most cases, pre-requisite courses based on biology served both as 'gatekeepers' and as 'firing squads'. To this effect, the majority of the participants, especially the students and officials from the ministry of health and that of education agreed that appropriate strategies needed to be implemented to improve the passing rates in biology pre-requisites. The strategies identified included the development of more flexible systems for evaluation, provision of additional class time for the low pre-test scorers, teaching basic study skills, applying biology concepts in the healthcare field, and variation in teaching methods to match various learning approaches.

However, irrespective of the method employed, the participants noted that more efforts needed to be put on making biology class work be of high quality and taught by highly capable instructors. A female official from the Ministry of Health P02 shared that: *"The government should embark on the provision of all the necessary inputs to keep UAE students interested in the healthcare careers. This entails the required infrastructure such as institutions, research centres, qualified trainers, personnel, as well as training apparatuses such as laboratories and research centres".*

In addition, the respondents agreed that there was a need to make healthcare-related courses more attractive and career relevant. They identified strategies such as active learning,

provision of contextual examples, introduction of a mixture of collaborative and competitive activities, as well as interdisciplinary course design, as some of the main techniques that could be adopted to achieve this goal. Another relevant strategy identified by the participants was the creation of healthcare courses that would correspond to the local labour market demand, and courses that would aim to solve the upcoming healthcare challenges in the UAE. Part of these recommendations is discussed further later in this chapter under the recommended educational reforms section.

Developmental bridge programs were also highlighted by a number of the respondents as one of the other major ways in which the enrolment rate for healthcare courses could be improved. As mentioned above, the respondents argued that some students failed to meet the minimum requirement for healthcare courses because of poor performance in subjects such as biology. As a result, a male official from the Ministry of Health- P02, contended that the establishment of bridge programs would help in building the social and academic skills required for college success before students officially commenced their first year. In this case, the developmental bridge program would encompass a combination of academic instructions, mentoring from upper-level students, and college success advising.

A female official from the Ministry of Education (P04) shared: *I think the government should... create bridge programs and scholarships with the local institutions of higher learning to help medical student transit to advanced training in healthcare related courses.* The official claimed that such programs had been found to be effective in improving enrolment and retention rates of students taking healthcare courses. He also associated them

with the improvement in students' attitudes towards learning the less popular courses, the general learning experience, and an increase in students' motivation.

Finally, establishing early and middle college medical schools (community colleges) was noted as another technique through which the enrolment rate for healthcare courses among the Emiratis could be increased. As acknowledged by the respondents (discussed in chapter five), lack of adequate training facilities and centres was one of the leading preventative factors for UAE nationals to pursue medical-related careers. This challenge, as one of the participants (A male official from the ministry of health -P01) indicated, could be addressed through the establishment of early and middle college schools whose primary focus would be to offer healthcare training. The respondent argued that: *"...the best way to counter the challenge of low enrolment into healthcare courses is through the establishment of middle-level colleges or community schools between high schools and higher learning institutions"*. The participant suggested that the establishment of middle-level colleges was likely to entice more students into healthcare careers, broaden their skills and knowledge, as well as provide them with an opportunity to start earning while still pursuing their studies.

According to P01, early and middle-level colleges, or in general community colleges, could be jointly formed between the institutions of higher learning and high schools, whereby students would be provided with an opportunity to simultaneously pursue both high school and college-level courses in a campus. Students in their 10th and 11th grades could be targeted whereby they could be provided with rigorous course work and a high level of individualised support. Successful students would graduate from the established community colleges with either two years of transferable university/college credit or an associate's degree.

Other than developing community colleges, the participant further indicated that the UAE government needed to heavily invest in the healthcare sector by building more nursing and medical training schools so as to give students interested in healthcare careers a wide range of options. P01 shared that *"...though UAE has some of best institutions of higher learning offering medical courses, a lot needs to be done in terms of developing more training centres and offering a wide range of medical courses....students should be able to advance in their area of specialisation locally without going abroad."*

Similarly, participant P04 noted that there was a need for the formed community colleges to be allowed to offer bridge programs which would enable students to transfer from community colleges to four-year institutions of higher learning. He shared that: *"...there is need for the government to roll out bridging programs that will see students who have had the dream to pursue health related courses come to fruition... most students give up on this profession due to fail in one subject which they could take under a bridging program."* According to P04, such programs could be designed in a way that encourages medical students to continue with their studies in the field of their interest after the two years of community college. Also, the programs needed to include scholarships which would provide students with the necessary financial support.

To promote the effectiveness of bridge programs, there was a general feeling among the government officials interviewed that the programs were supposed to be integrated with high school and community outreach programs (discussed above). In this case, the participants argued that community colleges needed to engage with community and high school outreach initiatives for their success. According to P04, outreach programs could be designed in a way

that they spark interest in healthcare courses and emphasise on the career pathways and options in the healthcare sector. Moreover, colleges and universities needed to create clear career pathways in this sector and promote specialisation which the respondents identified as a noteworthy challenge facing the healthcare sector. He shared *"...I think rolling an outreach program is an initiative designed to invite students or inform them about healthcare career pathways with the aim of sparking interest in healthcare careers, especially for students of UAE"* (Female official from the Ministry of Education -P04).

In addition, the participants indicated the need for the for the established programs to provide incentives to facilitate transition from high school, through community colleges, to four-year universities. According to the interviewed participants, this could include aligning curricula as well as setting up friendly credit transfer systems. Three of the four government officials interviewed in this study indicated that appropriate adjustments of the programs offered were required to cater for community college students who had families and full-time jobs. In this case, the colleges could award "bridge scholarships" to students interested in completing their associate's degree and continuing with their healthcare studies at four-year partner universities.

7.4 Initiatives targeting the education system

Other than sparking Emiratis interest for healthcare careers, as well as enhancing the enrolment rate of the locals, the element of reviewing the current UAE education system emerged quite clearly. According to the four officials from the ministry of education and that of health, education system could be an effective channel for attracting more students interested to pursue careers in the healthcare sector. As P03 suggested, with the continued

demand for better-educated workforce in all sectors, there was a need for making the UAE education system a tool for promoting and encouraging different careers among the students. For example, different measures could be deployed to ensure that the education system in the country produces qualified personnel equipped with the knowledge required to work in professional fields such as the healthcare sector.

In this regard, one of the measures suggested by the respondents that could be deployed within the education system to encourage more students to take up healthcare courses was making teaching and learning in secondary schools more rigorous, relevant and engaging. P02 noted that with such measures, the education system would ensure that more students in high school were ready for college and careers. In addition, the education system in the country could be made more career-oriented, whereby students would identify their line of interest at an early age; hence focus on a specified career path. The specialisation would encourage students to take up careers they were interested and talented in, thereby increasing the number of UAE nationals pursuing healthcare careers as shared by participants P02 and P03.

> *"One of the measures that may be deployed within the education system to encourage more students to take up courses related or that will lead to healthcare professionals is by making teaching and learning in high schools more rigorous, relevant and engaging. It should also ensure that more students in high school are ready for college and careers... Also, the education system must be career oriented, whereby students identify their line of interest at an early age; hence focus on specified career path. The specialisation would encourage students to take up careers they are interested and talented in, thereby increasing the number of UAE nationals pursuing healthcare careers and also, implementation of successful mentoring programs*

should meet students' needs at different transition levels and should be made accessible to the targeted students."

(Male official from the Ministry of Education -P03)

Some of the primary characteristics of an efficient education system, according to participant P01, include having a system that is relevant to career demands and one that aligns with the curriculum. The respondent argued that a good education system needed to offer sufficient learning time, that is; the time dedicated to the actual teaching of any given course. Moreover, P01 contended that it needed to be structured teaching, with conducive classroom environment and that promote task oriented practices and good relationship between parties involved such as teachers and learners. Concerning the healthcare careers, the system needed to promote the provision of qualified teachers with excellent subject mastery who in turn would be compelling examples to the students. This would consequently encourage more UAE nationals to take up healthcare careers because they would be confident with the content taught (improving the education quality).

In addition, two of the government officials interviewed in this study suggested that there was a need for changing pre-requisite course requirements, that is; either restructuring remedial courses or waving the requirements stipulated for certain pre-requisites. As participant P03 noted, restructuring pre-requisite course requirements would encourage more students to take healthcare related courses even if they had a poor academic preparation back in high school. He shared *"...as far as enrolment is concerned, I think we ought to change some pre-requisite course requirement such as some subjects because they somehow prevent some students from enrolling into healthcare career"* (participant P03).

Similarly, participant P02 argued that financial matters and some pre-requisite requirements needed to not prohibit healthcare program completion among students. This objective, according to her, could be achieved in various ways, among them compressing graduation requirements in remedial level courses. She indicated that: *"...Combining two or more remedial courses can help in reducing time-to-completion for healthcare courses, which in turn would benefit students from humble backgrounds who perceive healthcare disciplines as too costly and time prohibitive"* (Female official from the Ministry of Health -P02). Furthermore, the participant suggested that the reduction of time-to-completion for healthcare courses can as well be achieved through dual-enrolment programs in high schools. She also suggested that the number of students in remedial courses could be reduced by offering short refresher courses before students take the placement exams or by eliminating unnecessary prerequisites.

Moreover, the interviewed respondents emphasised on the need for promoting apprenticeship program since such initiatives were likely to encourage young people to pursue healthcare careers. According to P04, an apprenticeship program could be used as an alternative and a practical way or approach of teaching new skills, which could in turn improve their chances of permanent employment later after their courses. Apprenticeship could help the learners experiment a first-hand application of the skills under the supervision of experienced personnel, which would create the urge to learn more and become part of the healthcare team. P04 further argued that under apprenticeship scheme, learners would be subjected to an on-going process of learning by a training provider, which was likely to encourage more

nationals to pursue healthcare related careers. The exact sentiments of P04 concerning the element of apprenticeship were as follows:

"...with respect to the government, one of the things I would recommend for the government to do is develop an apprenticeship program that may be used as an alternative and a practical way or approach of teaching new skills, which in return can dramatically improve chances of permanent employment later after their courses. Apprenticeship helps learners experiment a first-hand application of the skills under the supervision of experienced personnel, which in turn creates the urge to learn more and become part of the healthcare team."

(Female Official from the Ministry of Education -P04)

The need to provide students with research and internship opportunities was highlighted by the participants (from the ministry of education) as one of the approaches that would go a long way in attracting and retaining students to major in healthcare courses, besides improving their classroom performance. Such opportunities, as participant (P01) argued, were likely to improve the students' ability to think, behave, feel, and be recognised by peers and role models as 'health professionals', thus promoting their self-identity. P01 indicated that: "...*promoting research and internships enhances students' chances of continuing in the same line of career."*

Similar sentiments were made by the participants from the ministry of health who argued that research topics such as DNA sequencing could be introduced in relevant high school, college, and university faculties or departments to boost students' familiarity with their career choice. For instance, one of the officials interviewed, participant P02, noted that: *"...the ability to relate coursework or class work with future careers in the same sector is one of the main*

reasons that make students want to continue pursuing healthcare courses." She further indicated that there was a need to provide students at college and university level with an opportunity to work or gain more work experiences through paid internships or by way of work-study programs.

7.5 Offering support to students pursuing healthcare related courses

Offering support to students pursuing healthcare courses also emerged as a notable strategy that could be used in encouraging more Emiratis to take healthcare courses. Some of the initiatives proposed included offering scholarship and loans to needy students, as well as mentoring them. According to the two officials from the ministry of education, the UAE government, healthcare facilities, institutions of higher learning, and other relevant bodies needed to offer financial aid to students interested in taking healthcare courses. The respondents maintained that more learners were likely to be encouraged to take up healthcare related careers if hospitals would consider offering full or partial scholarships and job opportunities to the best-performing students. P01 had this to say: *"…More students of UAE origin are likely to be encouraged to take courses in the healthcare industry if hospitals would promise scholarships and job opportunities to the best-performing students. By so doing, they will witness increasing enrolment for medics and therefore reduce the shortage of healthcare practitioners in the country."*

P03, among other respondents, made similar sentiments by suggesting that health facilities, health related organisations, and institutions of higher learning needed to consider offering scholarships to qualified students as quoted *"…In addition, hospitals can offer scholarships to qualified students and employment opportunities."* The official further contended that

healthcare facilities in the UAE could play a tremendous role towards encouraging students to pursue careers within the healthcare sector. This could be done through community work or by giving back to the community. The tendency for students to take up professional roles could increase when they engage in day-to-day community work, which would, in turn, encourage more students to pursue healthcare careers. In addition, health facilities could offer employment opportunities to qualified students.

> *"...I would also want to challenge the healthcare facilities in the UAE to play a tremendous role towards encouraging students to pursue careers within the healthcare sector. This may be done through community work or by giving back to the community. The tendency for students to take up the roles increases when doctors and nurses, among other healthcare professionals engage in day-to-day."*

> (Male Official from the Ministry of Education -P03)

With regards to mentoring, the interviewed respondents (the four officials from the ministry of education and health) argued that mentoring students who have already enrolled for healthcare careers could play a crucial role in enhancing their persistence or rather retention rate. According to P03, mentoring could be very useful at transition points such as before and when a student was selecting a major and immediately after transitioning to college or any other institution of higher learning. He emphasised that: "…*successful mentoring programs should meet students' needs at different transition levels and be accessible to the targeted students*" (Male Official from the ministry of education -P03). He further added that informal mentoring and advising needed not to be limited to supplemental programs. In line with this sentiment, respondent P02 shared that: *"The government should develop a constellation mentoring strategy which involves having multiple mentors who provide guidance in various*

areas, socioeconomic mentoring which involves emotional support, encouragement and instrumental mentoring" (Female official from the Ministry of Health -P02).

In general, offering support to students pursuing healthcare related courses was perceived as an effective way in which the number of Emiratis pursuing healthcare careers could be increased. The type of support that could be offered can be summarised as the provision of financial aid to students who chose to take a career in the sector as well as mentoring students who were already pursuing healthcare courses. In particular, the financial aid that could be offered may be in the form of government grants, loans, scholarships, work-study, and loan forgiveness programs, which can go a long way in enabling more students and luring others to pursue courses in the healthcare sector.

7.6 Other techniques

Other themes that do not directly relate to the initiatives mentioned above emerged from the qualitative data collected among them being solving some of the key challenges making healthcare careers less popular among the Emiratis. In this regard, the theme of salary emerged as a possible way through which the popularity of healthcare careers could be increased among the Emiratis. Low salaries and remunerations were cited as leading demotivating factors for students and professionals in the healthcare sector (further details about the issue of income disparity have been provided in chapter six). It emerged that low salaries offered to healthcare professionals compared to salaries offered to employees working in other sectors such as the oil and gas industry as well as the government's overreliance on traditional performance appraisal methods, such as rating scales, essay

appraisal, and ranking, were core factors discouraging UAE nationals from pursuing a career in this line.

Therefore, continuous review of salaries and other benefits offered to medics was identified as one of the strategies that would go a long way towards encouraging more people to enrol in healthcare-related courses. For instance, as participant P01 pointed out, it was important for the UAE's ministry of health and other employers in the health sector to provide attractive salaries and remunerations to attract and retain the best talents. He shared that *"…I personally strongly believe that other than intrinsic motivation at work, extrinsic motivation such as allowances, remuneration and benefits are also important"* (Male Official from the Ministry of Health -P01).

This claim was echoed by a male healthcare manager in a private hospital (P05) who suggested that the UAE government could only attract a pool of talented young Emiratis in the health sector by recognising and rewarding healthcare professionals appropriately. He stated that: *"...besides remuneration, our doctors and nurses feel bad because the benefits and allowances they receive are somehow lower than workers in other fields such as engineering, business among others Allowances are a very important form of extrinsic motivation..."* (Participant P05). Similarly, one of the officials from the ministry of health argued that feeling appreciated and proud of what one does is a 'basic human need' and this need could be met through recognition and incentive programs such as offering bonuses, pay increase, medical insurance, vacation, sick days leave, flexible work hours, subsidised training or education, telecommuting, retirement benefits, and childcare just to mention a few.

Every healthcare manager interviewed in this study emphasised the importance of offering attractive benefits to the healthcare workers in the UAE as a way of luring more young and talented Emiratis to join the industry. These benefits were considered important mainly because they would sometimes offset the cost of necessary services such as medical insurance that most employees would be forced to pay for out of their pockets, and help in preparing for future through career development, pay rise, and other programs such as savings plan. In general, offering better salaries and providing health workers with decent benefits was identified as a crucial strategy that would play an instrumental role in making a career in this field attractive, and in retaining a pool of highly talented workforce.

Other strategies proposed by the participants included the provision of a positive working environment; involvement and engagement; development of skills and potential; as well as constant evaluation and measurement. Providing a positive work environment, as one of the participants pointed out, include providing better management of the ministry and individual health facilities. The manager claimed that some health workers might be seeking alternative occupations or getting into the private sector because of unfriendly working environment. She explained:

> *"...a positive working environment may be achieved by equipping healthcare managers with the right skills, knowledge, and tools that would help them understand their health workers' retention needs and design effective retention plans that can increase employees' engagement in the provision of healthcare services."*

<div align="right">

(Male healthcare administrator/manager -P06)

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The elements of involving and engaging health workers in the decision-making process were also proposed as an indispensable measure that could not be overlooked. According to P06, P02, and P04, employees tend to be more committed and engaged when they are given an opportunity to contribute their ideas since this gives them a sense of ownership. P06 further emphasised on the need for health organisations to facilitate career and skills development. He cited poor career development as one of the possible reasons leading to some employees seeking employment elsewhere. The healthcare manager (participant P06) shared that: *"The issue of lack of adequate training opportunities is a possible reason why some health workers have been seeking employment in other organisations or even abroad."*

A systematic review of the responses provided further indicated that the government ought to have embarked on the provision of all the necessary inputs towards the training of the students and focused more on the establishment of training facilities in order to keep UAE students interested in the healthcare careers. This would entail establishing the required infrastructure such as more healthcare training institutions, research centres, qualified trainers personnel, as well as training apparatuses such as laboratories and research centres. An increase in the number of institutions training healthcare personnel would increase students' interest to pursue the careers. Availability of more medical training institutions, according to participant P02, would translate to more intakes, which would, in turn, encourage more students to take up medical courses. Furthermore, the participants argued that the UAE government needed to embark on the provision of all related resources such equipment, experts to train the recruited students, and all the other necessary inputs.

In addition to the provision of the related facilities and manpower, a systematic review of the data collected concerning what ought to be done to increase the number of Emiratis taking healthcare careers revealed that the UAE government needed to provide or develop policies that would help in retaining senior personnel in the healthcare sector. This would provide a sense of continuity within the healthcare sector since the upcoming students would have benefited from the experienced practitioners through mentorship. The respondents held that through the establishment of labour laws, the UAE government could also improve healthcare workers' working and living conditions. This could be achieved through the provision of part-time working opportunities as well as being allowed to continue or advance their studies. Doing so would allow the students to study as they continue working in the sector, and in turn encourage more students to engage in healthcare careers since they would be assured time to advance their studies and enjoy other benefits (P02 explained).

7.7 Chapter summary

The purpose of this chapter was to provide a critical presentation of the findings made concerning what could be done to encourage more Emiratis to take healthcare careers. The findings that have been presented in this chapter are strictly informed from the perspectives of the interviewed participants, or rather the empirical data collected from the respondents. A systematic review of the data collected led to the development of five themes concerning the approaches that could be used to address the problem of low number of Emiratis pursuing healthcare courses. The themes include: sparking Emiratis interest for healthcare careers, boosting enrolment and graduation rates in healthcare courses, reviewing the country's

education system, offering support to students pursuing the courses, and techniques focusing on solving the problems associated with healthcare careers in the UAE context.

In this regard, it emerges that Emiratis interest for healthcare careers could be sparked through the development and implementation of effective public outreach programs. Such programs could focus on expanding Emiratis knowledge in the healthcare careers and most importantly in erasing or changing the widely held negative perceptions and attitudes towards these careers. Enrolment and graduation rates in healthcare courses, on the other hand, could be enhanced by making healthcare courses more interesting and career relevant, developing bridge programs, as well as establishing early and middle college medical schools (community colleges). Offering support to students pursuing healthcare courses can encompass offering scholarships and students loans, while reviewing the country's education system could involve developing career-relevant curricula. Other approaches suggested by the participants include offering the current workforce decent salaries and remunerations. In other words, focusing on solving some of the most prominent challenges UAE healthcare workers complain about on a daily basis.

CHAPTER VIII: DISCUSSION OF THE RESULTS

8.1 Introduction

The previous three chapters have provided a detailed presentation of the findings made concerning the three set research objectives. In chapter five, a detailed presentation of the findings made in this study concerning the first research objective which related to investigating the key factors influencing Emiratis' choices for healthcare careers has been provided. In chapter six, findings made concerning the second objective which sought to find out the main challenges encountered by healthcare workers, specifically doctors and nurses, in the UAE setting, have been covered. In chapter seven, qualitative results obtained from the respondents concerning what could be done to encourage more Emiratis to take healthcare careers, have been presented.

The purpose of this chapter is to discuss or examine the findings presented in the previous chapters in relation to the set research objectives and more broadly to the existing research/ literature. In particular, in this chapter, I have critically examined findings of this study, highlighted and explained what they mean (more so the unique/ controversial results), highlighted the main contributions of this study, as well as the limitations (weaknesses) linked to this study. It is important to note that this chapter has followed a logical stream of thought, that is; the findings are discussed in the same sequence they were described in the results chapters. As a result, the discussion is organised into subheadings, but discussion of each category of the results made concerning the three objectives starts with a brief reminder of the purpose or focus of the study and a summary of the results.

8.2 A reflection on the conduct of the project

As previously stated, this study was set out to investigate what influences Emiratis' choices for healthcare careers, as well as propose viable initiatives through which the number of Emiratis pursuing these careers may be increased. This research aim was guided by the worrying low number of health workers, particularly doctors and nurses, of the UAE origin. As a highlight, at the time this study was conducted, UAE nationals accounted for less than 10% and 20% of the country's physicians and nurses workforce (Ibrahim et al., 2016; Informa, 2016). Besides the above-identified research problem, there was a major literature gap concerning what impacts people's choices for healthcare careers and more so in the Arab/ Muslims setting.

In particular, my interest to investigate what influences Emiratis career decision-making, specifically for healthcare professions, was in this thesis cultivated out of the conviction that the current theories of career choice are too broad, and they are based on findings made in studies carried out in non-Islamic/ Arabic religious and cultural settings such as the UAE (Nauta, 2013; Lent et al., 2014; Swanson and Fouad, 2014). The reasons why I was convinced that the current theories do not adequately identify and explain the factors that influence Emiratis' choices for healthcare careers include one or three of the following reason(s).

First, the current career decision-making theories such as the social cognitive career theory (Lent et al., 2014) and the Holland's theory (Nauta, 2013; Swanson and Fouad, 2014) are mostly based on findings made in studies carried out in the business and/or engineering contexts. Secondly, none of the theories is based on the findings made in Islamic and Arabic religious and cultural settings such as the UAE, as stated above. Most of these theories, for

example, the Gottfredson's 'developmental theory of occupational aspirations-circumscription and compromise' (Swanson and Fouad, 2014), among many other theories are based on studies that were conducted in the Western cultural and racial settings, implying that the theories are not universal.

Other scholars have raised similar concerns. For example, according to Swanson and Fouad (2014), the current developmental career choice perspective theories fail to account for individual variance in stage process and progression, as well as contextual issues and variables such as race, gender, social class, and the process of occupational choice. As a result, Swanson and Fouad call for the need of carrying out further research to explore contextual variables determining career choice since developmental theories have received only mixed empirical support. The theories also ignore crucial contextual variables such as parenting style (Zbilgin and Malakh-Pines, 2007; Swanson and Fouad, 2014). The present study played a leading role in addressing most of these concerns though its applicability may be limited to the Middle East.

The above-highlighted reasons probably explain why none of the currently existing theories perfectly matched the findings made or the theory developed in this study. However, arguments raised in the developmental career choice perspective theories appear to be more closely related to that of the theory that emerged in this study. Theories such as the Ginzberg et al.'s 'career development theory' and the Gottfredson's 'developmental theory of occupational aspirations- circumscription and compromise' argue that the type of career choice made is highly determined by family interactions, early childhood experiences, and life-long socialisations (Gottfredson and Johnston, 2009; Ginzberg et al., 1951).

The theories highlight education, individual needs, family values, gender, class, as well as parent-child relations as some of the early influences of career decision-making. However, unlike the *healthcare career choice theory* that emerged in this study, the theories do not acknowledge personal interest, passion, role models, as well as cultural and religious factors as predominant influences of individuals' career choices. All the other theories (social cognitive career theory, person-environment fit perspective, social cognitive career theory, and generational theory) were found to be partially consistent with the emerged theory as discussed in the subsections that follow.

It is, however, worth noting that following multiple searches of the professional literature using various search engines and keywords, very limited literature was found to relate to the healthcare sector and in particular to the UAE setting. As a result, the literature search was broadened to encompass studies conducted to evaluate factors influencing career decision-making in any academic discipline, not necessarily in the healthcare sector. The following discussion presents a comparison of the factors and concepts included in the present theory (*healthcare career choice theory*) with the findings of the already existing literature and models of career decision-making. The unique contributions made by the present study have also been discussed.

8.3 The healthcare career choice theory

As a recap, the first objective of this study sought to establish the factors that affect Emiratis choices for healthcare careers. This objective was motivated by the lack of a definitive theory and literature explaining the factors that influence people's choices for healthcare careers particularly in Islamic and Arabic cultural settings such as the UAE. As a result, there was a

need to conduct a study that would articulately address this issue thereby enhancing the understanding of the healthcare sector in the UAE and dealing with its emerging issues thereof. Besides that, I believed that conducting this study would not only assist Emiratis in reflecting on the factors motivating them when choosing healthcare careers but also the government in making healthcare-related plans for the future UAE generations.

Precisely, various factors were found to impact Emiratis' choices for healthcare careers. Owing to the diversity of the identified factors, I categorised the factors into six substantive categories namely, parental and family influences, personal interest or passion, role models, gender, cultural, and religious factors. I further narrowed these categories down into two factors namely intrinsic and extrinsic factors, which made me develop a substantive theory, which is aggregately referred to as the *healthcare career choice theory*. It is worth noting that this theory is not solely based on the findings of this study and my opinions but also reinforced using results of previous studies in this research area.

Intrinsic factors, in this case, refer to the aspects of a person, which affects their determination and desire to choose a career in healthcare. As such, only two of the substantive categories, interest/passion and personal attributes, were regarded as intrinsic factors. All the other functional categories were considered as extrinsic factors, and they comprised of the factors that an individual cannot control for the most part. One of the extrinsic factors found to influence the interviewed Emiratis' choices for healthcare careers is the influence of parents and the family background. Concerning this factor, it emerged that one`s family background had a considerable level of influence on the career path that he/she chooses. As seen in this study, this influence was mainly manifested in the form of the expectations and values held

by parents, academic success, career path, and the nature of the relationship between a parent and his/her child. Specifically, it emerged that families were developed based on different values such as the desire to care and serve humanity, as well as hard work which was depicted by some parents to their children.

Moreover, the values held by a family led some parents into pre-determining the career directions for their children. Concerning the parent-child relationship, it emerged that some families exhibited close connections between the parents and their children, besides giving them the support and encouragement they needed to achieve certain aspirations. In fact, some parents were reported to be very close with their children to the point of assisting them in choosing subjects at the high school level, which later influenced the career choice taken by a child. In this particular case, it emerged that some parents were close to their children and assisted them in choosing science subjects that formed the basis for pursuing healthcare careers. In other cases, some young Emiratis admired the career paths of their parents and relatives, thus leading them to settle for similar or related careers.

Nonetheless, it is important to point out that the concept of determining the values held by parents and the family as a whole may be at times challenging to identify for both children and the parents themselves. In other words, sometimes parents, and children cannot precisely define the values that guide their family, to the point of influencing all activities of family members such as career choices. Besides that, there is no evidence to illustrate that parents spent a considerable amount of time making their children understand the values underpinning their family (Klein et al., 2005). Probably, some parents guided their children to pursue careers that the parents had desired to pursue in their early lives in the name of

family values. For instance, if a parent had desired to pursue a course in medicine but was unable, he/she was likely to lure the child into pursuing such a course because the parent had high regards for the course.

Precisely, this study has indicated that in some cases, children were the ones obligated with studying and identifying the values of their parents or family, which they used to guide their career decisions. Although some values may come naturally to children, Gurman (2014) suggest that this is not always the case. Moreover, some families or parents do not have defined values that children can observe and emulate. As such, it could become quite challenging to rely on the idea of family background and values to determine whether a child should pursue a healthcare career or not.

Another external factor influencing the interviewed Emiratis choices for healthcare careers relate to role models. It was observed that role models such as nurses and doctors influenced the career choices made by some of the Emiratis in different ways. One of the means through which the influence of role models was manifested is through the admiration of the success of a nurse or a doctor and the reputation held by the nurse or doctor in question. Into the bargain, I observed that role models on media channels played a role in influencing the healthcare career choices made by the interviewed Emiratis. It is important to note that role models came from different contexts such as renowned doctors such as Ben Carson, a practitioner who is known to an individual at a personal level, or even legendary role models from the healthcare sector such as Salma Al Sharhan. Moreover, it emerged that mentors influenced career choices made by some of the students interviewed in the present study. The

participants surveyed in this study indicated that they had nurses and doctors mentoring them in academics and in making choices related to healthcare careers.

Once again, the issue of role model may be considered as quite critical in influencing the interviewed Emiratis' choices for careers not only in the healthcare sector but also in other fields. In fact, Van Auken et al. (2006) indicated that role models and mentors influence most of the life decisions by children and teenagers. However, not all students have role models either out of choice or out of circumstances as implied by Masten et al. (2009). As such, it would not be correct to expect the options for healthcare careers for all students to be influenced by role models but would be okay in the case of some students as were the case in this study.

Gender is another factor that was found to impact Emiratis choices for healthcare careers. In particular, it was found that stereotypes relating to the roles of doctors and nurses as perceived by the UAE society influenced the choices made by students on whether to pursue healthcare careers or not. Although the misapprehension linking the doctor's profession to males solely, with nurses by default being believed to be females in white cap and dress has been surpassed in most of the developed countries, it was evident that the misconception was still alive in the UAE.

Some of the UAE youths, particularly the male students, opted not to pursue certain careers in the healthcare sector, such as nursing because they considered them as inappropriate for their gender. Even though this issue emerged as an influential aspect of the Emiratis choices for healthcare careers, its origin could be more related to social influence than to personal

preferences. In other words, male youths in the UAE viewed nursing as a feminine career due to social influence as opposed to their own decisions. The reason for this assertion stems from the fact that in other countries, issues of students pursuing careers in fields such as the healthcare sector due to gender issues are less prevalent. After all, Urdan and Pajares (2006) and Brown (2004) suggested that certain aspects of the society, which include the aggregate belief system of the community, influence children behaviours. In particular, Brown`s suggestion may be validated by the observation made in this thesis whereby it was noted that stereotyped gender roles were not a major issue that could deter students from pursuing nursing and medicine, especially if their backgrounds had a male nurse or females who practised as doctors.

Another external factor influencing Emiratis' choices for healthcare careers as per the surveyed respondents is the Emiratis cultural and religious backgrounds. In light of the findings of this study, it emerged that the Islamic religion and the Arabic culture played a role in determining the duties of both genders (male and female). Precisely, in the Muslim society, women are required to take care of their families, a duty that is closely related to the job description of a nurse. A substantial proportion of the participants believed that nursing was a career for women and medicine a career path for men. It was also apparent that the UAE society looked down on the nursing profession due to the lack of awareness about the indispensable roles played by nurses.

However, it is worth noting that the issue of culture and religion in influencing Emiratis' decisions to pursue healthcare-related careers was not as strong as the findings suggested. The stance of this assertion is based on the fact that, though the majority of the Emiratis are

Muslims, there did not seem to have a constant pattern of the cultural influence. If culture had a strong bearing on the entire Emiratis society, there probably would have been more men following the medicine path and women following the nursing path. On the contrary, the number of female doctors precisely at the college level and among the aspiring high school students has been on the rise as reported by Khamis (2016) and the Dubai Statistics Center (2017). Indeed, statistics from these two sources show that between 2013 and 2016, the proportion of the Emirati women doctors in Dubai alone increased by 16%.

The two studies also revealed that Emirati female nurses accounted for 96.8% of all the Emiratis in the nursing profession and 66.1% of the Emiratis in the medical profession (Khamis, 2016; Dubai Statistics Center, 2017). This observation is an indication that culture and religion are only part of the other aspects influencing Emiratis' choices for healthcare careers. In addition, the aspect of diversity, which the world (including the Muslim society) has seen in the twenty-first century, could as well have a considerable influence on the previously held perceptions by this society. The observation above can also be interpreted to insinuate that female Emiratis are breaking away from the cultural and religious delimitations, and as a result stepping into the traditionally male-dominated careers such as medicine.

From the findings presented in this study, it is also evident that there is a close link between how culture, gender, and religion influence Emiratis choices for healthcare careers. Indeed, it can be argued that the influence emanating from the three elements is intertwined and almost inseparable. However, a critical analysis of the results shows that cultural and religious beliefs on gender shape the stereotyped gender roles, which in turn influence

Emiratis' choices for healthcare careers. This argument is reinforced by Ellemers (2018) interpretation of the term "gender *stereotypes" which she describes as the* culturally- and religiously-ingrained ideas about appropriate behaviours and roles for females and males.
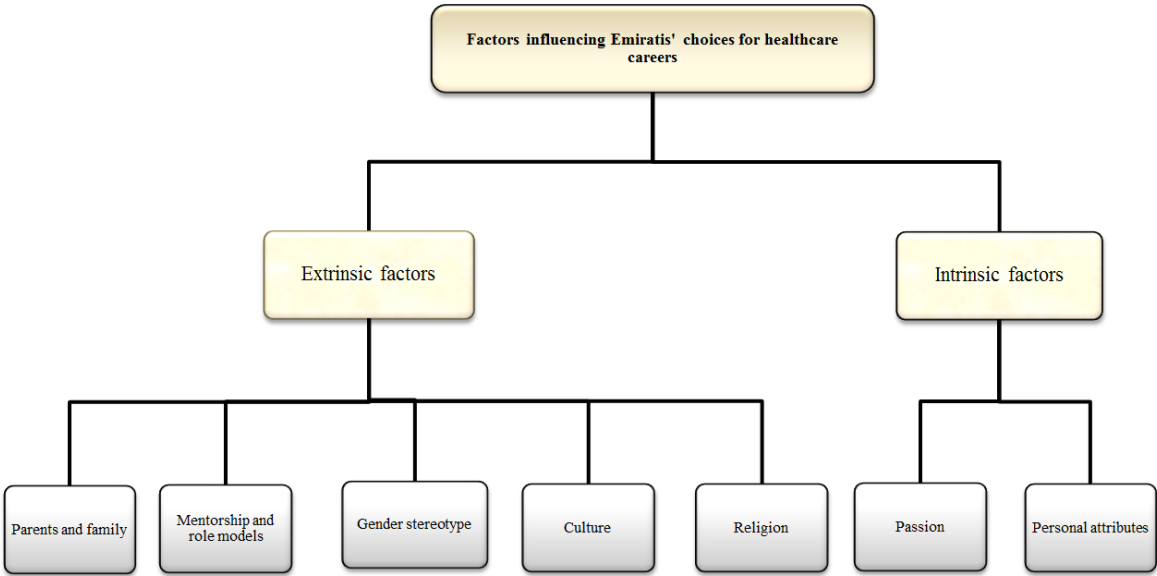
In summary, the findings presented show that gender influence the career decision-making process of the Emiratis interviewed in the present study by dictating to them the roles expected of them by the society. In this case, male Emiratis appeared to be influenced by such ideas more than women in that the data collected in this study together with the literature reviewed on gender representation in the UAE healthcare sector show that male Emiratis were not stepping into the traditionally female-dominated healthcare careers such as nursing. In contrast, women appear to have broken such gender and cultural barriers, evidenced by their rising number in medicine (women account for 66.1% of all the Emiratis in the medical profession) (Dubai Statistics Center, 2017).

The influence of culture on the Emiratis' choices for healthcare careers can, on the other hand, be attributed purely to shaping their perceptions of what is expected from male and female Emiratis. Indeed, the UAE culture can be deemed as the root problem of the currently held misconception that nursing is a career for women because of their roles in the society (to care, nurture, and clean in the family settings). Cultural barriers may also be ascribed to the findings made in this study that some female healthcare workers were dropping their jobs once they got spouses and children in order to take care of the family first, while others opted not to practise highly demanding careers such as medicine at the expense of their families. Besides that, the findings made in this study show that the UAE society looks down/ despises the nursing profession as explained earlier in chapter six.

The substantial influence emanating from religion as explained earlier can be ascribed to the stereotyped gender roles (shaped by culture and religion). In particular, it emerged that women in the Muslim world are required to be taking care of their families, hence appears to be more suitable for the nursing career, not medicine. However, as noted above, women appear to be breaking away from this religious and cultural barrier; evidenced by their rising number in the medical profession. Religion was also noted to influence how male and female Emiratis relate, thus indirectly shaping their career choices. In particular, it was observed that Muslim women must be attended to by doctors and nurses of their gender in adherence to the rule of modesty regarding the interaction with the opposite sex, an aspect that motivated some of the interviewed female Emiratis to take healthcare careers purposely to eradicate the unnecessary embarrassment that female Muslim patients encounter when they seek healthcare services from male professionals. In other words, some of the female Emiratis interviewed in this study would pursue healthcare careers purposely to ensure that religious requirements are not compromised during the process of receiving medical care.

Other than the external factors discussed above, the substantive model of healthcare career choice developed in this project shows that passion and personal attributes, the only two intrinsic factors identified, influenced Emiratis' choices for healthcare careers. In particular, it emerged that interest or passion in healthcare careers is the most dominant factor that influenced decisions of the surveyed Emiratis on whether to choose careers in the health sector or not. According to the findings of this study, passion is developed through aspects such as observations, personality, receiving mentorship, watching movies, and through the perceived strength in certain subjects at school.

In addition, the findings of this research indicated that listening to motivational speakers and taking advice from mentors helped in developing passion and interest in the healthcare field. While interest was observed to be arguably the leading influential factor in making decisions related to healthcare careers, it is worth noting that for some respondents, the passion was not as significant as one would expect. This observation stems from the fact that not all of the interviewees stated that passion in healthcare careers motivated their decision to pursue the courses thereof. Based on these discussions, factors influencing healthcare careers for Emiratis may be summarised as shown in Figure 8.3 below.

Factors influencing Emiratis' choices for healthcare careers

Extrinsic factors

Intrinsic factors

Parents and family

Mentorship and role models

Gender stereotype

Culture

Religion

Passion

Personal attributes

Figure 8.3: The healthcare career choice theory

In spite of the regional specificity of this study in that it was focused on the UAE only; the findings presented in this research depicted several relationships with the existing literature concerning career decision making. For instance, this study found that personal interests and

personal attributes influenced the interviewed participants' choices for healthcare careers. This finding implies that individuals who pursue healthcare careers out of passion and interest have a better understanding of themselves, which is one of the suggestions in the Parsons` theory. In particular, Parsons` theory dictates that people carry out an in-depth analysis of their interests, professional skills, personality, and social values, and as a result choose occupations that demand such traits (Herr, 2013; Burns, 2015).

Besides that, the findings of this study have replicated the assertions of Roe (1956) and Ginzberg et al. (1951) who stated that family values and parent-child relations play an indispensable role in influencing career decisions made by youths. In the present study, it was found that both family values and the relationships between a child and the parent have a considerable level of influence on the choices that students make in healthcare careers. As previously highlighted when explaining how close parent-child relationships influence young Emiratis' choices for healthcare careers, parents tend to support their children in different ways including choosing certain subjects in class that later shape their careers. Furthermore, this study found that the values held by a family or the parent shape the decisions made by the children on careers.

Once more, this finding replicates the assertions of Gottfredson and Johnston (2009) who stated that the values parents show to their family members, friends and the society; the opportunities they offer their children to learn and develop; and the kind of parent-child relationship they develop influence students' choices for careers. However, the findings in this study differed on some aspects reported in the Gottfredson's "developmental theory of occupational aspirations: circumscription and compromise." For example, in Gottfredson's

theory, parental factors relating to the expectations parents have for their children's education and careers such as the values they show to their family, friends and the society; the opportunities they offer their children to learn and develop; and the kind of parent-child relationship they develop were not reported in this study.

In addition, unlike the Gottfredson's theory, the model developed in this study shows that family members influence young people in the UAE when making career decisions, right from making subject choices in high school and in choosing career paths. Most of the students settle on the decision to pursue careers in medicine in collaboration with their parents. Furthermore, other researchers such as Keller and Whiston (2008) and Beggs et al. (2008) have made similar findings, in their suggestions that most children grow up idealising careers of their parents, precisely if they perceive their parents as good role models.

In addition, the findings of this study have further depicted certain aspects of past studies relating to factors influencing career choices. In particular, this study found that role models have a considerable level of influence on students as they decide on whether to pursue healthcare careers or not. This finding is a reflection of the postulations of other theories in career choices such as the *Holland's theory and Bandura's theory.* Holland's theory, for example, holds that career choices are mainly determined by the interaction between an individual's personality and the environment, where environment encompasses aspects such as role models and mentors *(*Nauta, 2013*).* Albert Bandura's Social Cognitive Theory, on the other hand, suggests that human thoughts and other people`s (role models) actions influence career choices made by individuals (Bandura, 1986; 1989).

Moreover, previous studies have found media role models to have an influential role in the career decision-making process of young people. As previously mentioned, it emerged in this study that some of the Emiratis pursuing healthcare careers made the choices because of influence from certain personalities or aspects in media. Precisely, while the respondents did not indicate direct admirations of specific practitioners on media, they denoted that media influenced the aggregate segregation of gender in their society, thus adding to the social misconception concerning gender, which is embedded among some portions of the UAE fraternity. Similarly, Sternszus et al. (2012) and Brown (2015), postulate that mass media play a crucial role in challenging gender segregations and inequalities, and in facilitating social change.

The studies also acknowledged media as an important source of role models who influence children's occupational knowledge and role identification (Brown, 2015), which was part of the findings made in this study. The influence of media role models could arise due to the admiration pinned on celebrities and the trust put on most media platforms as sole sources of news for the society. As a result, young people are likely to pursue the courses, which are depicted more highly valued on the media than those that are not. Nonetheless, the respondents did not mention whether media had negative influences in their choices for careers, a situation that is likely to arise from occasional industrial actions among physicians and practitioners (Brown, 2015).

Furthermore, in the present study, gender was found to be a notable source of influence for the Emiratis' choices for healthcare careers. For the most part, this finding is in line with the postulations of Riska (2011) that gender stereotypes significantly influence young people's

choices for careers by creating stereotypical gender roles. In a study conducted specifically in the healthcare sector, for example, Mooney et al. (2008) noted that women were more inclined to follow healthcare career paths that led them to the provision of comprehensive care compared to men.

Lastly, this study found that cultural and religious factors play a substantial role in influencing young people's career choices by creating stereotypical gender roles. It was found that a considerable proportion of the UAE society had been brought up with the mentality that nursing and medicine are feminine and masculine careers, respectively. Once again, this finding does not deviate from the postulations of the previously explained theories such as the Parsons' theory, Careership theory, and Krumboltz's theory, Career development theory and Bandura's theory, which indicate that cultural and religious factors influence young people's choices for careers.

In particular, the Career Development theory and the Bandura's theory suggest that culture influences the way an individual thinks and make decisions. The theories also claim that culture underpins the core judgments made by individuals, which then affect their behavioural expectations, intentions, as well as outcomes related to specific careers in their cultural context. In a different study, Tawash and Cowman (2015) indicated that culture could constrain or facilitate an individual's career choice and their success in those careers. The influence of culture and religion in the decision-making process for healthcare careers in the UAE is manifested precisely through the belief system instilled among the Emiratis, which leads them to make certain decisions regarding healthcare careers. This finding also replicates Jeffreys (2004) who stated that culture influences individuals' behaviours, thoughts, and

decision-making and Hofstede (2001) who argued that culture fortify the first judgment by people, which influences their behavioural intentions, anticipations, and career outcomes relating to particular professions.

Overall, though the emergent theory deviates in one way or another from the previously developed career decision-making theoretical models, a critical analysis of the theory shows that the developed model is more related to the Hodkinson's Careership theory discussed in chapter two, sub-section 2.5.5. As a highlight, Hodkinson's Careership theory suggests that people's choices for careers and career progression take place as a result of interaction between the individual and the field or environment they inhabit. It insinuates that people have certain 'horizons for action' (vision) which are shaped by the environment in which they inhabit or operate, as well as their 'habitus' (perception of what they believe/ think is possible within the environment or field they inhabit) (Hodkinson, 2008; Cegnet, 2017).

The theory suggests that individual's horizons for action are impacted by (i) the nature of the field/ environment/ context, (ii) position of the person within the field, and (iii) the personified dispositions/ personalities or habitus of the person. In other words, just like the substantive theory developed in this study, Hodkinson's Careership theory paints a picture of a 'bounded agency' relationship, that is; the relationship between structure and agency is a bounded one. This means that people's choices for careers are shaped by both internal/ intrinsic forces such as personality, passion, vision/ horizons for action, and extrinsic factors such as social-cultural structures. In this case, agency refers to individuals' capacity to make choices independently or make their own free choices, while structure refers to the recurrent

patterned arrangements such as social-cultural structures (for example, family, gender, and age) that determine the opportunities and choices available (Johnston, 2016; Evans, 2017).

The emergent theory (the healthcare career choice theory) indicates that Emiratis' choices for healthcare careers are basically determined or impacted by personal interest and passion, as well as parental and family influences which fall under individual and structural dimensions, respectively. This implies that interaction of young Emiratis with persons who have some impact on the career decision-making process, specifically parents and close family members, influence their choices for careers. The influence occurs in two broad ways, namely parent-child relationships and the expectations family members have on the young Emiratis.

This finding can further be interpreted to insinuate that parents and family-related factors play a leading role in shaping and re-shaping young Emiratis vision ('horizons for action') and 'habitus' (a personal perspective of what a person thinks is possible within a given environment/ context or field). That is, they directly or indirectly impact young Emiratis' level of interest and passion for healthcare careers. This probably explains why the findings of this study show that Emiratis whose parents were working in the healthcare sector and enjoyed or appeared to be successful in their careers, were more inclined to follow the same career paths.

In general, though I was not bounded by Hodkinson's Careership theory when conducting the present research in that I bracketed my personal life experiences and knowledge regarding the phenomenon, besides applying other techniques discussed in the data collection section,

sub-section 4.7.3, the substantive theory developed from the findings of this research confirms the suggestions made by Hodkinson's Careership theory but in a more specific manner. As noted above and in chapter two, Careership theory is relatively broad in that it simply indicates that an individual's choice for a career is influenced by individual and structural dimensions, that is; the personified dispositions/ personalities or habitus of the person and the nature of the field/ environment/ context. However, the substantive theory developed in this study has gone a step further to show the specific individual and structural dimensions that influence Emiratis choices for healthcare careers.

'Personified dispositions/ personalities/ characters or habitus of the person' as used in Hodkinson's Careership theory are broad terms that do not specify the exact personal attributes that influence individuals' choices for careers. However, in the developed substantive theory, the exact personal attributes (passion and interest) have been identified as the primary personified dispositions that influence Emiratis choices for healthcare careers. A similar observation is made concerning the structural dimension of the theory (that is, how environmental factors such as social-cultural structures) influence people's choices for careers. In spite of acknowledging the effect of environmental and social-cultural structures on a person's choice for careers, Hodkinson's Careership theory does not specify the exact social-cultural structures that influence individual's career-decision making and progression.

This means that though Hodkinson's Careership theory is fairly accurate and applicable in the UAE setting, it could not have been possible to establish the exact individual and structural dimensions (personified dispositions and environmental factors such as social-cultural structures) that influence Emiratis' choices for healthcare careers and how, if the

present study could not have been conducted. This observation confirms that the Careership theory falls short of explaining the career decision-making and progression process of the Emiratis.

8.4 Challenges encountered by healthcare workers in the UAE

The second objective of this study aimed at looking into the challenges facing healthcare workers in the UAE. This objective was primarily motivated by a desire to understand the challenges facing the health sector, particularly when working in the sector. With a better understanding of these problems, it would be easier to address most if not all concerns identified for a better healthcare system in the UAE. Regarding these difficulties, the surveyed participants bemoaned low salaries, lack of benefits (allowances and bonuses), inadequate specialisation, and training opportunities inside the country. Other issues facing healthcare workers include inadequate access to training, poor organisational climate, high workload, as well as long working hours.

Concerning the problem of low remunerations, practitioners in the public hospitals appeared to be more affected than their colleagues from private hospitals. Poor compensation had made some practitioners to leave their duties for other careers, which they believed were better in compensations. In particular, poor compensations had devastating implications on the livelihoods of the healthcare practitioners because of the high living standards. Some of the surveyed respondents indicated that they were forced to seek other means of earning to have improved lifestyles. To some extent, I anticipated the issue of poor remunerations to emerge before the start of the study, as it has been the custom in most careers as suggested by Ajila and Abiola (2004).

The interviewed healthcare workers also indicated that they were not provided with adequate employees benefits such as allowances and bonuses. They indicated that they hardly received critical benefits and allowances from their workplaces. Most of the highlighted benefits related to small shift allowances, lack of housing and schooling allowance, medical insurance, risk allowance, and the lack of critical care unit benefits. Some of the participants were also interested in benefits related to childcare facilities, financial incentives, part-time working, as well as weekend's compensation.

As noted by Sherry (2013), it is quite unfortunate for healthcare workers to lack such benefits and concurrently receive poor remunerations, considering that, most residential areas in the UAE are characterised with a high cost of living. As such, healthcare workers ought to have better salaries for better livelihoods. It is imperative to note that private hospitals particularly those owned by NGOs are not as much engulfed with complaints of poor or lack of allowances and benefits as public hospitals are. In particular, as noted in the present study and confirmed by Sherry (2013), private hospitals provide most of their workers with accommodation allowance, performance-based bonus, end-of-year bonus, annual leave, gifts and financial rewards, health insurance, transport expenses, sick leave, and five and half day schedule for work.

Nonetheless, issues such as low remunerations in the UAE healthcare sector is not something new since it has been reported in other studies conducted in the country. For example, Barhem, Younies, and Younis (2010), El-Salibi (2012), and Sherry (2013) noted that MoH nurses working in Dubai were the least satisfied because of the high cost of living in the emirate compared to that of other northern emirates. The researchers reported that all MoH

nurses were rated on the same salary scale despite the high cost of living in Dubai compared to other states.

Moreover, the interviewed healthcare workers indicated that they faced a challenge of inadequate training and specialisation opportunities. It emerged that this challenge was mostly propelled by the shortage of training institutions in the UAE as indicated by the surveyed respondents. This issue was blamed on the inadequate implementation of the regulatory framework provided by the Arab Board of Health Specialisations, which had led to lack of diversity in the speciality courses. In addition, as noted earlier by The National UAE (2015), some level of overdependence on the Arab Board was reported by the interviewed participants which has had an adverse implication on the quality of education provided to Emirati students in the UAE schools of medicine. Instead of developing a better system and diversifying options for healthcare specialities, some states such as Abu Dhabi fund their students to pursue medical courses in countries such as the United States (The National UAE, 2015).

It is worth noting that the problem of inadequate access to training facilities for practitioners was common in both the private and the public sectors even though workers in the public sector indicated that more opportunities for further training and specialisation compared to the private sector. The findings presented show that the issue of inadequate training mostly affected nurses due to the high workload they faced in their professions. In some cases, insufficient training equipment, centres, and personnel were contributing factors to inadequate access to training for practitioners. This had considerably affected the accessibility of postgraduate training for several years, although some institutions of higher

learning had of late started offering postgraduate training in healthcare courses. This finding was quite unexpected, considering the economic ability of the UAE, which means that the country can install modern equipment and invest adequately in the provision of modern training facilities for the Emiratis (Elliott et al., 2014).

To some extent, the increasing workload could be linked to the growing UAE population, which did not match with the corresponding increase in the number of health professionals as noted by Alotaibi et al. (2015). According to Bogaert et al. (2013) and Elliott et al. (2014), practitioners ought to attend to a range of between 20 and 25 patients per day, yet this is not the case for some practitioners in the UAE. In particular, Elliott et al. (2014) argue that physicians should attend fewer patients so that they can take time to understand each patient's problems fully.

Arguably, overworking for some practitioners in the UAE was inevitable given the number of patients and the number of practitioners available to attend to them. However, it was unfortunate that stakeholders in the UAE healthcare sector were employing short-term measures to prevent the crisis. An example of such measures involved the importation of nurses and doctors from foreign countries such as the Philippines and India (Loney et al., 2013). Instead, the Ministry of Health needed to face the challenge from a long-term perspective, which could have involved increasing the opportunities for more people to enrol in medicine courses and increasing training opportunities for practitioners that were already at work.

The above-highlighted challenges had triggered a high level of dissatisfaction among the Emiratis healthcare workers interviewed in this research whereby some of the interviewed participants indicated that they were planning to quit the healthcare sector or they knew Emiratis who had already quitted mainly because of this problem. In other cases, some healthcare workers were found to have resorted to other ventures to expand their sources of income in an effort to fully meet their personal and family expenses. As noted by Ansamed (2015), challenges such as low salaries and lack of essential benefits and allowances can to a reduction in motivation, commitment, and poor performance in public healthcare facilities.

For the most part, the current crisis of healthcare workers in the UAE may be resolved by first focusing on solving the challenges that employees encounter in the course of executing their duties. For example, the country may concentrate on building more nursing and medical training schools in an attempt to make the profession more attractive and implement other strategies such as outreach programmes and provision of better remunerations. Of late, some of the emirates such as Dubai have embarked on solving the above-identified problems, for example, by building more nursing and medical training schools. For instance, building at least five nursing schools is stipulated as one of the main objectives of the Dubai 10 Year Healthcare Plan launched in 2015 (The National UAE, 2015; Ansamed, 2015).

One of such institutions, the University of Sheikh Mohammed bin Rashid for Medical and Health Sciences, has already been completed and it celebrated its first graduates in September 2015. If similar healthcare plans could be adopted by the other Emirates/states, the number of UAE students taking nursing courses may increase considerably (The National UAE, 2015; Ansamed, 2015). It is, however, important to note that this approach only addresses

one part of the problem, which is the inadequacy of worker in the UAE health sector; hence more strategies need to be employed.

8.5 Encouraging Emiratis to pursue healthcare careers

Other than investigating what influences Emiratis' choices for healthcare careers, the main challenges experienced by doctors, nurses, as well as medical and nursing students when pursuing their studies and when practising as professionals, this study also sought to find out how more Emiratis could be encouraged to take healthcare courses. The findings made concerning this issue as strictly informed from the perspectives of the interviewed participants have been presented in chapter seven. In this section, a critical examination of the main findings in relation to this research objective, and more broadly in relation to the existing research/ literature, has been provided.

In summary and as previously noted, a systematic review of the data collected led to the development of five themes concerning the approaches that could be used to address the problem of the low number of Emiratis pursuing healthcare courses. The themes included: sparking Emiratis interest for healthcare careers, boosting enrolment and graduation rates in healthcare courses, reviewing the country's education system, offering support to students pursuing the courses, and techniques focusing on solving the problems facing healthcare careers in the UAE context. In this regard, it emerged that Emiratis' interest for healthcare careers could be sparked through the development and implementation of effective public outreach programs. Such programs could focus on expanding the Emiratis knowledge in healthcare careers and most importantly in erasing or changing the widely held negative perceptions and attitudes towards these careers.

Enrolment and graduation rates in healthcare courses could, on the other hand, be enhanced by making healthcare courses more interesting and career relevant, developing bridge programs, as well as establishing early and middle college medical schools (community colleges). Offering support to students pursuing healthcare courses can encompass offering scholarships and students loans, while reviewing the country's education system may involve developing career-relevant curricula. Other approaches suggested virtually by all the nurses, doctors, healthcare managers and officials from the ministry of education and that of health include offering the current workforce decent salaries and remunerations. In other words, focusing on solving some of the most prominent challenges UAE healthcare workers complain about on a daily basis.

8.5.1 Sparking Emiratis interest for healthcare careers

The above-stated findings imply that sensitising the public about healthcare careers/courses as well as making them develop an interest in these careers could be a major step in solving the problem of the low number of Emiratis taking healthcare careers. This, as reported in this study, could be achieved through the development and implementation of outreach programs. As observed in this study and echoed by Lang, Craig, and Egan (2016), developing outreach programs is one of the most effective ways of popularising a career, activity, or practice in a society whose traditions and cultural norms do not attribute much value to the activity in question. This is because such initiatives give the targeted parties more exposure and broaden their knowledge, hence gradually changing their negative perception and attitude towards the activity/ practice in question.

This implies that outreach programs could go a long way in giving students more exposure to healthcare careers and most importantly in changing Emiratis' perception and attitudes towards professions in this field. As a result, such programs would help in sparking their interest in healthcare careers, especially among the students or young people of UAE origin. The adopted outreach programs could also help in erasing healthcare related stereotypes by exposing students to all levels of healthcare occupations and how pursuing medical courses can lead to careers that can help them serve their country, earn decent salaries, and improve the general welfare of the UAE society, a suggestion that has been echoed by Lang, Craig, and Egan (2016) though in a different setting.

In this case, the term 'outreach strategies' refers to the development of programs or initiatives that can be aimed at reaching out to the UAE society, primarily to sensitise them on the need for taking careers in the healthcare sector. The programs could involve: (i) implementing information campaigns to educate students, their parents, and other parties who influence their career decision-making process; (ii) selecting compelling role models; (iii) partnership between high schools and institutions of higher learning offering healthcare related courses. Such partnerships, as noted by Clark et al. (2016), can make it easy for students and young people in the community to access relevant training and knowledge about healthcare professions.

With respect to the aspect of role models, findings made in this thesis demonstrate that using role models who may be peer students, family members, or professionals working in the healthcare sector could increase the number of students taking careers in the healthcare sector. It would also help in overcoming existing stereotypes and lack of information about

the necessary subject majors and how they translate to careers. As indicated in the developed theory on the factors that influence Emiratis' choices for healthcare careers, students who had role models, peer, or family members who worked in the healthcare field had higher chances of following the same career path compared to students who did not know anyone working in this sector.

This finding has been echoed in other previously carried out studies such as Ravindra and Fitzgerald (2011), Smith, Norris, and McGowan (2012) and Hoekstra (2011). For example, in Ravindra and Fitzgerald's study, it emerged that role models played a pivotal role in motivating students and in making them develop an interest in careers that were less popular in the society. As noted in this study, Hoekstra (2011) argues that the chosen role models may be high school students, medical school students pursuing healthcare courses, or/and alumni who have successfully been employed in their respective fields. However, Hoekstra (2011) insists that the chosen type of role models should be exposed to students or young people whom they share similar or closely related backgrounds such as culture, religion and socioeconomic-related aspects, and this need not be an exception for the role models selected to work with the developed outreach programs.

For the outreach programs to fully serve the intended purpose, an appropriate approach must be embraced. For example, as the findings reported in this study indicate, Clark et al. (2016) maintain that the first step in an outreach program should be to inform high school students and other young people in the society about the potential jobs available to them, locally and across the globe, as well as the coursework they require. Considering that healthcare jobs are in high demand in the UAE, providing high school students and the young people in the

community with this type of information could be a powerful tool that can be used in boosting the number of Emiratis enrolling for healthcare courses.

In a study conducted by Lang, Craig, and Egan (2016) aimed at attracting a wide range of students to the computing discipline in the USA, Lang and colleagues noted that outreach programs were one of the most effective strategies for improving the number of female students pursuing engineering, science and technology courses. The researchers noted that the adopted outreach strategies such as implementing information campaigns to educate students and their parents; selecting compelling role models; and partnership between institutions of higher learning and high schools were the most effective methods of encouraging more female students to pursue the male-dominated careers (Lang, Craig, and Egan, 2016).

In another study seeking to come up with worthwhile approaches through which the number of male nurses can be increased (Katz, Barbosa-Leiker, and Benavides-Vaello, 2016), most of the participants confirmed that outreach programs had helped them in shunning the negative perception they had towards the nursing profession. The programs also helped them in overcoming societal stereotypes linked to nursing as a career, besides enabling them in acquiring crucial information about the importance of healthcare courses, the necessary subject majors and how they translate to careers, as well as the available job opportunities (Katz, Barbosa-Leiker, and Benavides-Vaello, 2016). A similar situation is likely to occur in the UAE considering that the nursing profession is perceived as a career for women. This approach is, therefore, likely to trigger interest for the nursing career among the UAE male young persons.

Outreach programs could be implemented through the conventional word of mouth; through electronic word of mouth such as campaigns through the social media; and by organising high school events such as symposia and career guidance seminars. However, more emphasis may need to be laid on the strategies found to be more effective and most preferably as a hybrid rather than as an individual strategy (Kawagoe, 2016; Katz, Barbosa-Leiker, and Benavides-Vaello, 2016). As suggested by Ryan (2015), governments, society, well-wishers, and other stakeholders in the Middle East could embark on a nationwide campaign to sensitise the public about the requisite roles nurses and other medical professionals play. As observed earlier in this study, the UAE society looks down on the nursing profession because of the lack of awareness about the indispensable roles played by nurses. As a result, engaging in a nationwide campaign focusing on changing the general population's perception towards the nursing career is likely to be an effective approach for encouraging more students to take the healthcare professions.

A similar campaign has been launched in other Middle East countries such as Saudi Arabia and Qatar, where the number of nurses particularly that of the locals is at disquieting levels; that is, Qatari nurses account for less than 6% of the total healthcare workforce (Ryan, 2015). A study by Alselaimi (2014), which sought to assess the status of the health sector in Saudi Arabia and Qatar revealed that the number of youths joining nursing schools had declined at an unprecedented pace. As a result, public campaigns were launched purposely to change the locals' attitude towards nursing as a career. In the UAE, if swift measures are not adopted to change the society's poor perception towards the nursing profession, the problem of nurse

shortage is likely to continue escalating, and the country may continue depending heavily on expatriates.

In addition, the campaign could also focus on encouraging women to join the nursing and medical professions. Though no major disparities concerning the number of male and female Emirati health workers was noted in this study mainly because of its limited scope, research conducted in the Middle East region has shown that only a small percentage of women in the Arab countries join the national workforce (Dywili, Bonner, and O'brien, 2013; Perlstein et al., 2014; Kagan et al., 2015). Perlstein et al. (2014) and Kagan et al. (2015) argue that though Emirati women have in the recent past been empowered to join the national workforce, only a negligible percentage of them have joined the nursing profession. Even though women are adequately protected by the UAE Constitution, under Article 25 and provided with equal opportunities with men, the role of women in the society is still restricted to certain fields (Kagan et al., 2015).

According to the UAE Constitution, Article 25, all citizens are equal before the law irrespective of their race, social status, or religious affiliation (UAE. *Const.* art. 25). This implies that the UAE government believes that women are entitled to active roles in the society and should be equally effective partners in national development. This provision guarantees the principle of universal social justice, and it is in line with the tenets of Islam. In this regard, the founding father of the UAE, Sheikh Zayed bin Sultan Al Nahyan, was also quoted stating that women have the right to work everywhere, which implies that women

should work and contribute to the society and hold top positions based on merit, not favouritism (UAEinteract, 2016).

Generally, women in the country have been empowered and encouraged since the foundation of the country, more than four decades ago. Consequently, the role of women in the UAE society has evolved significantly, but the effect is yet to be felt in some sectors such as the healthcare sector and the private sector at large. For example, according to the UAEinteract (2016), the overall female employment, particularly in the private sector is 40%, which is attributed to employment conditions, cultural norms, and personal choices. However, women make up about 66% of the public sector workforce (UAEinteract, 2016). In the healthcare sector, only a negligible percentage of them have joined the nursing profession (UAEinteract, 2016). This problem may be addressed through community outreach programs that could focus on changing views of the UAE society towards women and the stereotyped gender roles. In this case, the programs should include religious leaders, political leaders, and the media. Religious and political leaders in the country should sensitise the community about the need for giving women a fair chance to occupy high positions based on their capabilities and qualifications.

Though political leaders led by the UAE founding father, Sheikh Zayed, have played a crucial role in spearheading the fight for women's rights and eliminating gender-based discrimination against employees, a lot more need to be done. Employers in the UAE emphasis needs to be encouraged to give women a fair chance and be prohibited from threatening to fire female employees on the grounds of pregnancy, delivery, or parenting.

Media can also play an instrumental in changing the society's perception towards the roles of women in the community (Fares et al., 2014).

Of late, a number of mentorship programs such as the Rashid Hospital Emirati Nurse Mentorship Program (RHENMP) have been launched, even though they are reported to have been less effective (Godubai, 2017). RHENMP among other programs focuses on highlighting the significance of nurses in most of the departments in healthcare facilities (Godubai, 2017). As a result, slogans such as the "Value the Role of the Nurse in the UAE" among others have become common. According to Kagan et al. (2015), comprehensive mentorship programs are essential for improving the retention of Emirati nurses, as well as maintaining their job satisfaction. The programs support nurses' professional progress and facilitate Emirati nurses' adaptation, retention and fulfilment of clinical practice and career development (Godubai, 2017).

All the seven Emirates of the UAE need to consider embarking on public campaigns such as the one currently run by the Dubai Department of Health and Medical Services (DOHMS) with the aim of addressing the current acute shortage of Emirati nurses (Godubai, 2017). DOHMS has adopted various strategies aimed at enticing young high school graduates to the nursing profession. For example, the department has of late provided UAE nationals pursuing nursing with numerous privileges and facilities such as supporting the nursing programme at the University of Sharjah (UoS) (Sharif et al., 2013).

DOHMS has also been providing students signing up for the nursing programme with a stipend of Dh2, 500 which is increased yearly by Dh500 for all the four years of study.

Moreover, the University of Sharjah in collaboration with DOHMS has been covering the cost of study for all the nursing students of UAE origin. In addition, DOHMS offers incentives such as Dh24, 000 after successful completion of the studies (Godubai, 2017). As a result, nursing schools in the state, particularly the University of Sharjah, have started recording a gradual increase in the number of students enrolling for nursing courses, though a lot needs to be done to entice more youths to pursue nursing and medicine (Durrani, 2016; USnews, 2016).

Other than providing numerous privileges to the UAE nationals taking nursing courses, the department has also implemented other strategies such as regularly visiting schools around the country to sensitise students about the indispensable role played by nurses in the growth of any nation (Fares et al., 2014). The campaign has also been directed to citizens at sports clubs, shopping malls, and other social places through the distribution of brochures and posters (Durrani, 2016; USnews, 2016). Overall, the application of such measures by the federal and state governments, institutions of higher learning, society and other stakeholders could make young people reconsider pursuing healthcare careers.

8.5.2 Boosting enrolment and graduation rates in healthcare courses

With respect to the element of boosting the enrolment and graduation rates in healthcare courses, this study established that three key practices could be employed. The first practice could involve redesigning curricula to make healthcare courses more interesting and relevant to the career. The second technique could involve providing better academic preparations and support systems for 'gateway' healthcare courses; while the third approach may involve

creating bridge programs and scholarships with the local institutions of higher learning to help medical students transit to advanced training in healthcare related courses.

These practices have been reported in studies previously carried out in other parts of the world. For example, in their qualitative study, Jacobson et al. (2014) noted that redesigning curricula to make healthcare courses more interesting and relevant to careers, as well as providing better academic preparations and support systems for 'gateway' healthcare courses, were the primary approaches through which the number of students taking science and technology courses could be increased. According to Jacobson et al. (2014), implementing these recruitment and retention strategies help in ensuring that medical students have the motivation, the academic preparation and financial means to pursue a career of their choice.

In line with this finding, Romiszowski (2016) noted that changing curriculum to make it more relevant and interesting gives students a greater sense of motivation, confidence, as well as professional identification which jointly encourage them to pursue engineering careers. The researchers also noted that most students are demotivated when they perceive or identify a disconnection between course materials and their career goals. Similar findings were reported by Jacobson et al. (2014), Romiszowski (2016), McLaughlin et al. (2014). Therefore, based on the findings made in this study, which has been backed up by previously conducted studies, there is a need for making healthcare related courses more interesting and career relevant. This could be an effective strategy of making UAE youths develop interest in healthcare-related careers.

In this case, graduation rates in healthcare courses in the UAE could be improved by retaining medical students beyond the gatekeeper courses. In chapter six, it was noted that inadequate academic preparation is among the key challenges that Emirati medical students encountered. A number of the medical students interviewed revealed that they did not take advanced level science class work back in high school, which meant that they joined college lacking baseline skills necessary for medical courses. In addition, it emerged that a substantial number of students in the UAE were automatically disqualified from taking a course in the health discipline due to poor academic preparation in the relevant cluster subjects. Such students ended up being disillusioned and the majority of them did not take healthcare related courses or were bogged down by all the remedial course work they were required to take.

At the high school level, the number of students taking biology and other relevant subjects that would enable them to pursue healthcare related courses in institutions of higher learning could be improved through campaigns and by giving students an opportunity to take part in field courses. It could also be enhanced by sensitising students about the wide range of career opportunities in medicine that they could pursue if they successfully studied the allied health sciences. In this case, secondary schools emphasis needed to be well equipped in order to improve experiential learning which includes the environment in which a student learn in, as well as the interactions students have amongst themselves and their teachers.

As previously noted, the issue of poor academic preparation could be addressed using two approaches: changing the pre-requisite course requirements for healthcare programs and enhancing academic success and retention in 'gateway' healthcare courses. Changing pre-

requisite course requirements may involve restructuring remedial courses or waiving the requirements stipulated for certain pre-requisites. According to Sharf (2014), changing pre-requisite course requirements gives students with poor academic background an opportunity to pursue their dream course in any given discipline.

According to Li, Gebali, and McGuire (2015), changing pre-requisite course requirements by compressing graduation requirements, especially in remedial level courses, as well as combining two or more remedial courses reduces time-to-completion for courses. Doing so benefits students from disadvantaged backgrounds who perceive disciplines such as medicine and engineering as too costly and time prohibitive. In the USA, this approach has been implemented successfully, and it is reported to have positively impacted the number of students from disadvantaged backgrounds who pursue higher education in the country. The approach is also reported to have been effective in encouraging students to take science and technology courses in other countries such as France, Finland and China (Berland, 2013; Wei et al., 2014).

As reported in this study, development of bridging programs was likely to be another effective way through which academic success and retention in 'gateway' healthcare courses in the UAE could be enhanced. In this study, it emerged that stakeholders in the UAE education system could design bridge programs, specifically for healthcare courses in order to build the social and academic skills required for college success before students officially commence their first year. According to Shaffer et al. (2016), an effective developmental bridge program improves enrolment and retention rates of students in courses perceived by most people as difficult, enhance students' attitude towards learning the less popular courses,

progresses the general learning experience, and increases students' motivation in a major way.

In a study carried out by Zhou, Islam, Pan, and Kumar (2014), the researchers reported that an engineering bridge program was a prudent approach that was being used in California and Georgia to improve the success rate of under-prepared students in engineering (Shaffer et al., 2016). The introduced one year program was reported to enhance students' academic performance as well as improve their ability to graduate in four years. Students who took part in this Engineering Bridge Program enjoyed a wide range of benefits such as mentoring, free tutoring, learning community, academic and professional workshops, social activities, and bookstore credit for books and supplies to mention but just a few (Zhou, Islam, Pan, and Kumar 2014).

Though bridge programs have historically been used to boost scholastic skills of the academically ill-prepared students with their main emphasis being on remediation, the programs may be used for support, academic, and social acculturation (Shaffer et al., 2016). In Georgia, for example, adoption of different bridge program in some institutions of higher education, such as the Georgia Institute of Technology, resulted in a drastic upsurge in the number of underrepresented minority students. The approach also enhanced the general performance and retention rate of the underrepresented minority students (Shaffer et al., 2016). So far, there are no bridging courses in health areas in the UAE, hence the need to introduce them.

8.5.3 Solving the issues facing the healthcare industry

As discussed earlier in this chapter, this study among other studies conducted in the UAE context confirm that the UAE healthcare sector was facing a myriad of challenges that could be discouraging Emiratis from taking this career path. Therefore, as shown in the findings presented in the previous chapter concerning how Emiratis may be encouraged to take healthcare courses, focusing on solving the identified challenges, may go a long way in sparking Emiratis' interest for healthcare courses, enhancing Emiratis enrolment, retention, and completion rates in healthcare majors, and most importantly in luring more UAE nationals to work in local health facilities.

Even though data concerning the number of students who dropped out after starting healthcare courses in the UAE was not available, it was clear that a substantial number of the students who enrolled for healthcare courses did not complete their studies, or they completed their studies but shun healthcare careers, or migrated to other countries. For example, a report published in 2014 indicated that though by 2014 there was only one public medical school in the UAE, The UAE University, more than 500 medical students had graduated from the College of Medicine and Health Sciences from this institution (Almazroui, 2014). This implies that approximately 27 doctors were graduating from this university alone without considering students who studied in private colleges and abroad (Almazroui, 2014). However, the report revealed that a substantial number of these students shied away from careers in medicine primarily due to low income; hence sought positions in other industries that brought them better benefits.

Therefore, it would be fair to argue that the current shortage of health workers of UAE origin would substantially be lower if all the students who enrol for medical courses and graduate would be willing to work in the UAE setting. As a result, there is a need for ensuring that the recruited students complete their studies still with a high motivation to work in the UAE healthcare sector. This could be achieved by offering compelling remuneration packages and benefits to healthcare workers, creating adequate specialisation and training opportunities in the country, ensuring that students have access to training, and by addressing some challenges commonly experienced in the healthcare sector such as heavy workload and long working hours as discussed in the previous chapters.

As noted in chapter six, access to specialised training or funding for further specialisation within or outside the country was a major concern raised by the participants, and some of them were reported to be pursuing medical careers that were initially not what they intended to take. However, due to the lack of proper and adequate training equipment, centres, and personnel, they had to pursue healthcare courses which were not their first choice. As mentioned earlier, the UAE University has been the only public medical institution in the country offering an undergraduate course in medicine for more than four decades. As a result, some students were forced to pursue their studies abroad.

In response to this problem, some of the Emirates/states, with Dubai being at the top of the list, have embarked on building more nursing and medical training schools. For example, building at least five nursing schools is stipulated as one of the main objectives of the Dubai 10 Year Healthcare Plan launched in 2015 (The National UAE, 2015; Ansamed, 2015). According to The National UAE (2015), Dubai will need more than 7,323 doctors and 8,510

nurses in the next one decade. This can only be achieved by training more UAE nationals to make them proficient health professionals, offering better remuneration packages, and dealing with societal influences that affect career choices in the beginning. Already, one institution, the University of Sheikh Mohammed bin Rashid for Medicine and Health Sciences, has already been completed and it produced its first graduates in September 2015. If similar healthcare plans are adopted by the other Emirates/states, the number of UAE students taking nursing courses may increase considerably (The National UAE, 2015; Ansamed, 2015), even though this approach is only addressing part of the problem.

Reducing the number of working hours for healthcare workers could be another strategy through which the number of students taking healthcare courses in educational institutions could be encouraged to work in the UAE after completion of their studies. The number of working hours and heavy workload were reported in this study as key factors that made healthcare professions less appealing more so considering the low remunerations medical practitioners get. This problem was reported to force some students to look for greener pastures in other industries with better working conditions, thereby shying away from healthcare careers. Compelling remuneration packages and benefits may be another motivating factor that could be considered to encourage more UAE students pursuing healthcare courses willing to serve the country. In the previous chapters, low salaries and remunerations were cited as a leading de-motivating factor for students and professionals in the healthcare sector. The issue of income disparity was deeply explored and it emerged that low salaries offered to health workers compared to salaries offered to employees working in

other sectors such as the oil and gas industry were core factors discouraging UAE nationals from pursuing healthcare careers.

A report presented by Dywili, Bonner, and O'brien (2013) revealed that most of the nurses in the UAE resigned since a pay of less than Dh4,000 could not support them and their family in a country that has a high cost of living. The report also stated that some nurses who possessed proficient qualifications, skills, and experience were resigning because they were ranked in different salary categories based on their education. This subjected them to low pay that could not decently sustain them and their families (Dywili, Bonner, and O'brien, 2013). For example, towards the end of the year 2014, a couple of Asian nurses resigned from various hospitals such as Al Qasimi Hospital after receiving decent offers in the USA and Europe (Villarruel et al., 2015).

Therefore, salaries and other benefits currently offered to medics could be reviewed and a policy put in place so that they could be regularly reviewed, probably after three or five years. In addition, the government and other stakeholders in the healthcare sector could promote the rewarding nature of these professions since increasing salaries may not be cost effective in the long run. These results are broadly consistent with findings made in a study carried out by Herzberg, Mausner, and Snyderman (2011) whose findings have been supported by other recent studies such as Gaki, Kontodimopoulos, and Niakas (2013); Toode, Routasalo, and Suominen (2011); and Ojakaa, Olango, and Jarvis (2014). The studies revealed that increasing salaries is among the main elements that most workers consider as a motivating

factor, hence should not be ignored anymore in the UAE context since it can play a leading role in making more Emiratis develop an interest in healthcare careers.

Reports published by leading global organisations together with recently conducted studies (Grayson, Newton, and Thompson, 2012); Odoom, Opoku, and Ayipah, 2016) have revealed that compelling remuneration packages and benefits play a pivotal role in influencing career decision-making of high school students. In a study conducted in South Africa with the aim of finding core determinants of students' career choices, Grayson, Newton, and Thompson (2012) noted that financial incentives had a positive impact on students' career choice. The study also revealed that most students were willing to take courses that are often perceived to be difficult, provided they would land them into the "ideal job." In this study, an "ideal job" was defined as the most appropriate or perfect job where the aspect of attractive remuneration packages and benefits was a common feature (Grayson, Newton, and Thompson, 2012).

Attractive remuneration packages and benefits were also reported in Barhem, Younies, and Younis (2010) study as crucial aspects that influence the recruitment and retention rate of health workers in the UAE. In a study conducted in Pennsylvania with the aim investigating what influenced adolescents and young adults' career choices, Ferry (2006) noted that compelling remuneration packages and benefits which include salary and bonuses, flexible work schedule, and a retirement plan were among the key factors that influenced Pennsylvanians career choices.

Similarly, a study conducted by the Marmaros and Sacerdote (2012) indicated that most students in various parts of the world target courses that lead them to high paying jobs. Though the findings presented in chapter six showed that passion, interest, "desire to help" and other personal attributes such as being caring and wanting to make a difference were the main drivers for the participants to choose healthcare related careers, it is evident that remuneration is a pivotal factor that cannot be overlooked. This explains why some participants expressed their desire or that of their friends to change their career path or work in other countries where health workers were offered a decent pay. Therefore, compelling remuneration packages and benefits could be effective tools for attracting more UAE youths into health-related careers.

Currently, a number of Emirates have realised the role a decent salary plays in retaining and attracting a pool of talented health professionals, specifically from the younger age group of UAE nationals. An example of such a state is Dubai, which in 2015 declared that wages and benefits provided to nurses and medics at large would be increased to make them competitive with those of professionals working in other sectors, as well as that of other Gulf Cooperation Council and western countries. In addition, Dubai's authority pledged to introduce more flexible shifts and to partner with the private sector to train more nursing students and nursing assistants in the state with a two-year diploma (The National UAE, 2015).

If such measures are implemented effectively, they are likely to attract more students or youths into nurse training and help in boosting the currently low number of nurses in the country, specifically those of UAE origin. The National UAE (2015) reports that the Dubai authority was also planning to retain and attract a pool of high calibre medics and healthcare

staff to fill gaps existing in numerous specialities such as anaesthesia. This would be achieved by improving the residency programme and by sponsoring Emirati physicians for postgraduate degrees abroad (The National UAE, 2015). In general, measures employed by the Dubai Emirate aimed at reviewing salaries and remunerations of healthcare workers and improving the general working conditions could be replicated in the other Emirates, but at a greater magnitude.

8.6 Chapter summary

This chapter has provided a detailed discussion of the results presented in chapters five, six, and seven in relation to the set research objectives, and more broadly in relation to the existing research/ literature. Based on the critical examination of the findings of this study, it may be generalised that the factors influencing the interviewed Emiratis' choices for healthcare careers include: parental and family influences, role models, gender, cultural, and religious factors. With respect to the challenges facing healthcare workers in the UAE, the main problems include low salaries, lack of benefits (allowances and bonuses), inadequate specialisation and training opportunities in the country, inadequate access to training, poor organisational climate, as well as high workload and long working hours.

In addition, based on the findings made in this study, the problem of the low number of Emiratis pursuing healthcare courses may be addressed through five core approaches. The approaches included: sparking Emiratis interest for healthcare careers, boosting enrolment and graduation rates in healthcare courses, reviewing the country's education system, offering support to students pursuing the courses, and techniques focusing on solving the problems associated with healthcare careers in the UAE context. The next chapter highlights the main

conclusions deduced in this study, recommendations based on the findings presented in the previous chapters, core contributions of this research, a discussion of the limitations (weaknesses) associated with this study, as well as a direction for further study.

CHAPTER IX: CONCLUSIONS AND RECOMMENDATIONS

9.1 Introduction

As previously stated, the core aim of this study was to determine factors influencing Emiratis' choices for healthcare careers, identify the main challenges health workers in the country face, as well as propose viable initiatives through which the number of Emiratis pursuing these careers may be increased. For precision in the achievement of this aim, I designed three specific objectives. The first objective sought to establish what influences Emiratis' choices for healthcare careers while the second objective intended to investigate the main challenges encountered by healthcare workers in the UAE. The third objective, intended to propose viable initiatives and strategies for increasing the number of Emiratis pursuing healthcare careers.

For these research aim and objectives to be met, a qualitative research approach based on the grounded theory principles was used. Being a qualitative grounded theory study, a sample of 36 respondents was purposefully selected. In particular, the recruited respondents comprised of 8 high school students, 12 college medical and nursing students, 8 nurses and doctors, 4 healthcare administrators, as well as 4 officials from the UAE Ministry of health and that of education. The data intended for this study was primarily collected through in-depth interviews and analysed using the constant comparative data analysis method. Further details about the methodological approach used in this study are available in chapter four.

9.2 Conclusions

Several observations concerning the above-stated research objectives were made. Concerning the first objective and in line with the developed *Healthcare Career Choice theory* developed, it emerged that several factors influence the choices made by the interviewed Emiratis concerning healthcare careers. In particular, the factors were found to exist in two dimensions, namely intrinsic (that is, those resulting from within an individual or from individual efforts) and extrinsic factors (factors arising from the surroundings of an individual). Extrinsic factors include parental and family influences, role models, gender, cultural, and religious factors. Precisely, some students choose healthcare careers due to the influence of their parents and their families while others choose these careers due to the admirations they have for some people in the society.

Moreover, it emerged that part of the interviewed Emiratis decide to pursue healthcare careers based on their belief systems arising from culture, religion, and gender stereotypes. Intrinsic factors, on the other hand, include personal attributes such as interest and passion. The passion for a healthcare career was noted to arise from the desire of some of the interviewed Emiratis to care, help, and make a difference in the society. Concerning personal attributes, it emerged that some Emiratis naturally found themselves with personal attributes such as being caring, thoughtfulness, kindness, and self-validation, which influence them to choose healthcare careers.

Concerning the second objective, this study has established that the interviewed Emirati health workers encountered several challenges such as unattractive remunerations or low pay. Other problems observed in this study include lack of training centres and facilities to enable

practitioners to further their healthcare skills and the alarming shortage of health professionals in the country, an aspect that forces practitioners to attend to more than the recommended number of patients. Another challenge involves the lack of adequate specialisation opportunities and programmes, which affect the ability of some practitioners to specialise their healthcare careers.

Concerning the last objective, it emerged that the number of UAE nationals taking careers in the healthcare sector may be increased through outreach strategies and by boosting enrolment into healthcare courses. In this case, outreach programmes or initiatives that may be aimed at reaching out to members of the UAE community or getting involved in this community, primarily to sensitise them on the need for taking careers in the healthcare sector may be launched. The outreach programmes that may be adopted in the UAE setting could involve several items. The first item concerns selecting compelling role models either as peer students or as professionals in the healthcare field.

The second constituent of the outreach programmes to be adopted may involve implementing information campaigns to educate students, their parents, and other parties who influence students' career choices. Lastly, awareness programmes ought to be conducted through a partnership between institutions of higher learning and secondary schools. Some of the approaches that the participants believed could help in boosting enrollment and graduation rates in healthcare courses included providing mentorship to medical students and making healthcare courses more interesting and relevant to their careers. The participants also held that the UAE government may need to develop bridge programmes and scholarships for students who were passionate about healthcare careers.

9.3 Recommendations and implications of this study

Though respondents from the ministries of education and health recommended many initiatives that may be adopted to improve the number of UAE nationals pursuing healthcare related careers, I found it necessary to make recommendations on how the federal and state governments among other stakeholders could entice more Emiratis into the healthcare sector. Unlike the recommendations made by the respondents, recommendations made in this part are based on the primary findings made on the challenges encountered by healthcare workers in the UAE as reported in this study, factors that influence their career choices, as well as the recommendations made by the respondents. This implies that the recommendations made in this part provide a holistic or multifaceted approach for controlling the current crisis of nurse and doctor shortage in the UAE. The recommendations are precise and brief though with reference to the findings and discussions presented in the previous chapters. This is aimed at avoiding possible repetition.

Based on the findings and conclusions derived in this study concerning the challenges encountered by healthcare workers in the UAE, factors influencing Emiratis' choices for healthcare careers, as well as the recommendations made by the respondents, the current crisis of low number of healthcare workers of UAE origin may be solved through two main techniques. The techniques include sensitising Emiratis about healthcare careers through outreach programs and any other initiative that may be effective in reaching out to the locals. The second technique may involve addressing the challenges facing the UAE healthcare sector, mainly the issues of poor remuneration, overworking, lack of training facilities, and poor working conditions.

With regard to the first recommendation, sensitising Emiratis about healthcare careers may be effective in reaching out to the locals and making young Emiratis develop an interest in this line of profession. As earlier mentioned, informing high school students and other young people in the society about the coursework required in healthcare courses, the indispensable roles of health workers, how they can improve the general welfare of the UAE society as health professionals, as well as the potential jobs available to them, locally and across the globe, may alone spark their interest in these careers. Providing this type of information to the public could be achieved through outreach programs and public campaigns, which may encompass, but not limited to, organising high school events, as well as sensitising the public in sports clubs, places of worship (mosques), shopping malls, and other social places through the distribution of brochures and posters.

The campaigns or outreach programs may be accompanied with detailed information about the numerous benefits enjoyed by students pursuing healthcare courses together with those enjoyed by healthcare workers. Part of the benefits that could be highlighted include the various scholarship positions offered to healthcare students and how to get them, the Dh2,500 (£530) stipends offered to nursing students by the Dubai government, and the full scholarships offered to all Emiratis students taking nursing by the Dubai government (The National UAE, 2015). Such information is likely to lure more young Emiratis to consider taking healthcare careers, as well as improve their enrolment, retention, and completion rates in healthcare majors. Overall, outreach programs could go a long way in giving students more exposure to healthcare careers and most importantly in changing Emiratis negative perception and attitudes towards professions in this field.

Concerning the second recommendation, that is; addressing the challenges facing the UAE healthcare sector, solving the issue of salaries and poor working conditions could be a worthwhile approach to the problem of the low number of Emiratis pursuing healthcare courses. As indicated in chapter seven, salary and lack of benefits were the primary complaints of most of the health practitioners who took part in this study. This is despite the fact that existing literature shows that offering attractive remunerations is among the main elements that most workers consider nowadays as a motivating factor (Toode, Routasalo, and Suominen, 2011; Gaki, Kontodimopoulos, and Niakas, 2013; Ojakaa, Olango, and Jarvis, 2014). As a result, this study recommends that salaries and other benefits currently offered to healthcare workers (doctors and nurses) need to be reviewed and a policy put in place so that they may be reviewed on a regular basis, probably after three or five years.

Alternatively, the UAE government and other stakeholders in the healthcare sector could promote the rewarding nature of these professions since increasing salaries may not be cost effective in the long run. Besides that, local governments and the national/federal government may consider improving the working conditions for healthcare workers. In this regard, there may be a need of devising more flexible work schedules and addressing the issue of overworking, temporarily by hiring health workers from other countries. It is worth noting that hiring expatriates is recommended as a short-run solution to the problem of overworking since full effects of the strategies recommended in this study can only be felt in the long run (at least in 5 years' time).

Finally, the UAE government in partnership with the private sector, civil society groups, and the community could also consider addressing the problem of shortage of healthcare training

facilities by building more nursing and medical training schools. This may be achieved by establishing early and middle college medical schools (community colleges) and by developing bridge programs to allow more students get a chance to pursue healthcare careers and specialisations of their choice. The established facilities may be well equipped and have enough well-trained personnel. The current provision by the Dubai government, through its 10 Year Healthcare Plan, of building at least five nursing schools is highly commendable and it is recommended that similar initiatives may be launched in the other Emirates. Addressing challenges linked to the healthcare careers may help in erasing the negative image such careers are associated with, hence more Emiratis likely to pursue them and be willing to work in this field once they complete their studies.

9.4 Contributions of this study

This study has made crucial contributions to the existing empirical and theoretical literature which may be grouped into three categories. The first and the main contribution of this study is that it has enriched the available literature concerning the factors that influence people's choices for careers, specifically in the healthcare context. As noted earlier, though the concept of career decision-making is well established or represented in the business and engineering fields, there is a major evidence-based or empirical literature gap on factors influencing people's choices for healthcare careers.

At the time this study was conducted, I was not able to identify sufficient evidence-based literature that explains what impacts people's choices for healthcare careers. Most of the available theories of career decision-making were based on findings made in other contexts such as business and engineering fields, and virtually all such studies had been conducted in

the western settings, or they involved Caucasians. No such studies had been conducted in the Arab settings, yet the Arab culture, religion, and even the environment differ from that of the Caucasians (Hofman, 1985; Coe, 2014). The scant literature available relating to factors influencing people's choices for healthcare careers was either restricted to nursing or the medical profession, even though the latter had been given little attention because of unknown reasons. Besides that, part of the literature available was found in unreliable and unpublished sources such as blogs, websites, and discussion forums. Therefore, this study has helped in addressing this literature gap.

The second core contribution of this study may be attributed to the research method or approach used in this study. Unlike most of the previously available studies on career decision-making which are based on theoretical frameworks (that is; the studies are guided by the already established theories of career decision-making), this study is based on the grounded theory research design, where a theory of healthcare career choice has been developed. As noted by Imenda (2014), applying or using an already developed theory as a guideline to a study limits the findings made, besides hindering the discovery of new insights about the research topic.

This is because unlike grounded theory studies which are open to new ideas based on the primary data collected from the field (Charmaz, 2011; 2014), theoretical framework-based studies focus more on testing the already developed theories in a given context (Mateo and Benham-Hutchins, 2009; Imenda, 2014). This weakness probably explains why most scholars and institutions of higher learning are against the use of theoretical frameworks in doctoral studies, considering that such studies are required to make contributions to the

existing literature (Mateo and Benham-Hutchins, 2009; Imenda, 2014; Charmaz, 2014). The third contribution of this study is the development of a model or framework that clearly explains the factors that influence Emiratis' choices for healthcare careers. The model may be applied in other Arab-dominated countries such as in the Middle East, though there is a need for testing the theory developed in this study using a quantitative or a hybrid of quantitative and qualitative research approach as explained in the section below.

9.5 Limitations of the study

Just like any other primary study, this research was subjected to a number of inherent flaws which I was not able to fully address. The main limitation that this study faced relates to the aspect of sample selection. As noted in the methodology chapter, though this study sought to identify and discuss factors that influence Emiratis' (UAE nationals) choices for healthcare careers, I used a sample of 36 participants only, who were recruited from two Emirates. Nevertheless, it is worth noting that being a qualitative grounded theory study, a sample of 36 participants was large enough to lead to vigour and valid findings as supported by most scholars. According to Dworkin (2012), for example, qualitative studies should not have large sample sizes because their aim is not to be representative of the research population. Indeed, most scholars argue that sample size is of less significance in qualitative studies, hence refute the widely held misconception that 'the bigger the sample, the better the study outcomes'. They, therefore, advocate for the adoption of alternative methods of improving the validity/ relevance of the outcomes of qualitative studies.

In this case, accuracy and validity/ relevance of the data collected were improved by pre-testing the data-collection tools and enhancing the data collection skills of the interviewer

(researcher), rather than increasing the sample size. In this case, pretesting of the data-collection tools was enhanced by conducting a pilot study whereby irrelevant, and vague questions, as well as questions leading to repeatable answers, were noted hence eliminated from the planned interview guide. Adjusting the planned interview protocol ensured that only study-specific questions were contained in the used interview guide, which in turn enhanced the general validity/ relevance of the results obtained. Also, application of a hybrid of the techniques mentioned above ensured that I was able to collect rich data.

Besides that, the sample used (36 respondents) was within the widely recommended range of 30 to 40 respondents for grounded theory studies (Collins, Onwuegbuzie, and Jiao 2006; Dworkin, 2012). Therefore, there is no objection about the sample size used. However, such a small sample size inhibits generalisation of the results obtained; that is, making statistical inferences from the sample of the population studied. This means that it may be erroneous to generalise the findings made in this study since they are likely to change if they are applied in a different area, economy, or demographic landscape. However, issues identified in the present study may reflect the wider Emirati population because the sample selected was well inclusive and there are no major social-cultural differences among the Emiratis living in the seven states. However, further research may be needed to confirm these findings in a larger study as elaborated further in the section below.

9.6 Direction for further study

Based on the scope and limitations of the present study as discussed in the previous section, there is a need for future research on this area. First, as noted earlier, the sample used in this study was not large enough to result in generalisable and fully representative study findings,

an aspect that makes it necessary to carry out further research on this area in a broader context. In this respect, researchers may consider conducting further quantitative research study (ies), which should involve a larger sample size recruited across the country (all the seven Emirates). Findings made in such studies are likely to be more representative and generalisable compared to those made in the present qualitative study. Future studies should also seek to test the theory that has been developed in this research, more so using a quantitative research approach so that weaknesses associated with the present qualitative study, particularly the issue of generalisability, may be offset in the quantitative study (ies).

Another area that future studies can focus on includes assessing the effectiveness of the measures currently adopted by the various Emirate governments with the aim of increasing the number of Emiratis taking healthcare careers. As noted earlier (in the discussion chapter), some Emirates such as Dubai, have shown their commitment towards addressing some of the challenges facing healthcare workers discussed in chapter six, as well as the interest to increase the number of UAE nationals taking healthcare related careers as explained under the recommendation subsection. Such efforts include building more nursing schools, launching national wide sensitisation campaigns which encourage students to pursue healthcare careers, as well as providing students pursuing healthcare courses with numerous privileges such as the Dh2, 500 (£530) stipends and covering the cost of study for all the national students taking nursing (The National UAE, 2015).

Though detractors have heavily criticised such initiatives, recent university enrolment statistics have shown a gradual increase in the number of students enrolling for nursing courses. Therefore, future studies may aim to investigate the long-run effectiveness of the

various initiatives started by the federal and state governments, institutions of higher learning, society, and other stakeholders, to make young people reconsider pursuing healthcare careers. Testing the theory developed in this study using a quantitative or a hybrid of quantitative and qualitative research approach, as well as evaluating the effectiveness of the proposed and currently implemented initiatives for encouraging more Emiratis to take healthcare careers is for now reserved for future studies.

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Appendices

Appendix I: IRB approval letter by De Montfort University

DE MONTFORT UNIVERSITY LEICESTER

HLS FREC Ref: 1341

2nd October 2014

Azza Alkaabi
PhD Candidate

Dear Azza,

Re: Ethics application – What factors influence the choice of a healthcare career among many Emiratis? (Ref: 1341)

I am writing regarding your application for ethical approval for a research project titled to the above project. This project has been reviewed in accordance with the Operational Procedures for De Montfort University Faculty of Health and Life Sciences Research Ethics Committee. These procedures are available from the Faculty Research and Commercial Office upon your request.

I am pleased to inform you that ethical approval has been granted by Chair's Action for your application. This will be reported at the next Faculty Research Committee, which is being held on 16th October 2014.

Should there be any amendments to the research methods or persons involved with this project you must notify the Chair of the Faculty Research Ethics Committee immediately in writing. Serious or adverse events related to the conduct of the study need to be reported immediately to your Supervisor and the Chair of this Committee.

The Faculty Research Ethics Committee should be notified by e-mail to hlsfro@dmu.ac.uk when your research project has been completed.

Yours sincerely,

M. Grootveld

Professor Martin Grootveld
Chair
Faculty Research Ethics Committee
Faculty of Health & Life Sciences
De Montfort University

Email: hlsfro@dmu.ac.uk
Web: http://www.dmu.ac.uk/research/ethics-and-governance/faculty-specific-procedures/health-and-life-sciences-ethics-procedures.aspx

Faculty of Health and Life Sciences, Edith Murphy House, The Gateway, Leicester LE1 9BH.
T: (0116) 255 1551 **F:** (0116) 257 7135

Appendix II: Participants invitation letter

TITLE: FACTORS INFLUENCING EMIRATIS' CHOICES FOR HEALTHCARE CAREERS

INVESTIGATOR: Azza Alkaabi, a PhD candidate in the School of Health and Life Sciences at De Montfort University, Leicester, United Kingdom.

Dear participant,

This is a special invitation for you to take part in a crucial research being conducted in your community. I am carrying out a study with an aim of finding out the factors that influence Emiratis' choices for healthcare careers, as well as the core challenges UAE healthcare workers face. Besides that, I am seeking to propose viable initiatives through which the number of Emiratis pursuing healthcare careers can be increased.

Though the healthcare sector is such a delicate area to heavily rely on foreign workers, the UAE healthcare labour-force is made up of more than 80% foreigners. It is estimated that 90% of the nurses and 80% of the physicians currently working in the country are foreigners (Informa, 2016). Besides that, an acute shortage of health workers has consistently been reported in the country. These distressing findings triggered my interest to delve deeper into this issue, hence decided to conduct the present study whose overriding aim is to find out the factors that influence Emiratis' choices for healthcare careers, as well as propose viable initiatives through which the number of Emiratis pursuing healthcare careers can be increased.

This research is crucial in the sense that it will provide useful information that can be used by the UAE ministry of health (MoH) and individual state governments (the seven states that

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make up the UAE) in promoting healthcare across the country. Policy makers and administrators can also use the information provided in this study to devise appropriate strategies that can be used to encourage Emiratis to pursue healthcare careers, as well as improve the medical staff retention rate. Educational institutions (high schools, colleges and universities) can also find the information reported in this study important in their effort to come up with strategies that can encourage students to consider healthcare careers. Finally, recommendations that will be made in this research can be used in the national campaign aimed at changing the society's perception towards the nursing profession, which is currently looked down by a large number of people in the Middle East.

I am conducting this study to meet requirements for the Doctor of Philosophy (Management) under the supervision of Dr. Momodou Sallah and Dr. Tina Harris of the Faculty of Health and Life Sciences at De Montfort University, Leicester, United Kingdom. I will be grateful if you would agree to take part in this research by answering a few questions. The interview will not consume much of your time as it will take about 30 to 45 minutes. Note that, participating in this interview is totally voluntary and your identity shall remain anonymous by not including your personal data in any raw data or written report. The interview will be recorded for analysis purposes only.

Appendix III: Consent form/ informed consent letter

Once again, I'm cordially inviting you to take part in this study, whose overriding aim is to find out the factors that influence Emiratis' choices for healthcare careers, as well as propose viable initiatives through which the number of Emiratis pursuing healthcare careers can be increased. I will be grateful if you would agree to take part in this research by signing the attached consent statement. Signing the attached consent form implies that you have reviewed and understood what this study is all about and that you have voluntarily agreed to take part in this study. In addition, signing this form will be regarded as consent to use the information you will provide for research purposes. Thank you in advance.

Participation Consent Form

I …………. (*name of participant*) have had an opportunity to review the information sheet presented to me and I voluntarily agree to take part in the study dabbed factors influencing Emiratis' choices for healthcare careers, conducted by Azza Alkaabi. I, therefore, agree to answer the questions beforehand under the condition that my anonymity will be concealed as promised.

I have fully understood the terms of this project and can, therefore, withdraw my participation at any time, or refuse to participate with no penalty. I have also been given a copy of this form to keep.

Participant's signature: ………………………..………… **Date:** …………………

Investigator's names: Azza Alkaabi

Investigator`s Signature: ……………………………………....

Should you have any burning issues, question or need some clarification on any matter regarding this study as well as your participation, feel free to contact me by telephone +971 508 989 130 or through email at P1306398x@my365.dmu.ac.uk

Appendix IV: Interview guide (questions for the semi structured in-depth interview)

Kindly note that this is just a guide and it was meant for ensuring that the researcher captured all the necessary details. The interviews conducted did not necessarily follow this structure since this study was based on the grounded theory research design where the researcher is required to start the interviews with some few like 3 to 4 broad questions. Subsequent questions then follow based on how the respondents answer the broad questions and this was not an exception in this study. Subsequent questions followed as I sought clarification until I reached saturation (the point at which there is no more new ideas and insights emerging from the data, which is marked by a strong repetition in the themes observed and articulated). For further details about the data collection, kindly refer to section 4.7 in the methodology chapter.

Section (a): High School students

Kindly note that the high school students interviewed in this study were all interested in pursuing healthcare careers who were selected using the purposeful sampling technique.

Name of the high school: _____

Names of the respondent: _____

Gender: M / F

Date: _____

1) Which healthcare career would you like to pursue?

2) What factors influenced your decision?

3) Did any person be it parents, friends, educators, and relative, influence your career choice and if yes how?

4) How did you choose the subjects to major in and was your choice influenced in anyway way by parents, friends, media, role models, educators, or any other party?

Section (b): Nursing and medical College students

5) What is your age and gender?

6) Which healthcare course are you pursuing?

7) Why or how did you choose to study this programme in the first place?

8) What were the most important factors for you when selecting this career path?

    a) Did your friends have a role to play in your career choice?

b) Were you in any way influenced my media to pursue a health-related career?

c) Did culture and religion have anything to do with your choice of career?

9) Do you intend to work in the industry after graduation and Why?

10) Is there anything you would like to add/ Anything I haven't asked that you think might be relevant to this area?

Section (c): Nurses, doctors, and healthcare administrators (managers)

11) What is your age and gender?

12) What is your current employment?

13) For how long have you been working as a nurse/doctor/healthcare manager?

14) Why did you decide to become a nurse/doctor/healthcare administrator, or how did you choose to study this programme in the first place?

15) What factors influenced you to choose this career path?

      a) Did your friends have a role to play in your career choice?

      b) Were you in any way influenced by media to pursue a health-related career?

      c) Did culture and religion have anything to do with your choice of career?

16) Did you experience any major problems when choosing your area of career specialization and when pursuing a healthcare career in campus?

17) As a healthcare worker, what do you think are the main challenges UAE healthcare workers experience?

18) Is there anything you would like to add/ Anything I haven't asked that you think might be relevant to this area?

Section (d): Officials from the ministry of education and that of health

19) How can the problems currently encountered by healthcare workers in the UAE be overcome?

20) How can more Emiratis be encouraged to take healthcare related careers?

21) Is there anything you would like to add/ Anything I haven't asked that you think might be relevant to this area?

Appendix IV: Example of an interview transcript

Female doctor in a public hospital (P09)

Interviewer: Hello, my name is Azza and it's my pleasure to meet you.

Interviewee: Hello too Azza

Interviewer: First of all, I would like to thank you for honoring my invitation to take part in this study. As noted in the letter that I sent to you sometimes back, I am conducting a research with the core purpose being to find out the factors that influence Emiratis choices for healthcare careers. I am also seeking to know the main challenges UAE healthcare workers go through right from the time they start pursuing healthcare related courses in college to the time they start practicing. I believe doing so will help in devising feasible approaches through which the number of Emiratis taking healthcare careers can be increased. I hope you are ready and if this is the case, I think we can go straight to the business of the day, right?

Interviewee: Sure. I am ready to share the information I have.

Interviewer: Alright. Let's start by you telling me your full names, age, the number of years you have been working as a doctor, as well as whether you work under the ministry of health or in the private sector.

Interviewee: Ok, I am **xxxxx**, a 35 years old doctor. I have been working as a doctor for the last 8 years; 4 years under the ministry of health, and the other 4 years in a private hospice owned by a non-governmental organization (NGO).

Interviewer: Wow! I am looking forward to know more about your experience as a doctor.

Interviewee: Am at your service

Interviewer: Okay! Can we start by telling me what made you think of becoming a doctor, please or else what factors influenced your decision to become a doctor?

Interviewee: passion for the career and my willingness to help the society was the primary factor. I really wanted to play a role in minimizing people's sufferings. I really wanted to be a doctor and all my friends and family members knew it. In fact they used to call me a 'doctor' right from the time I was in primary school.

Interviewer: Wow! I can see you are so passionate about being a doctor. Can we say passion is one of the factors that made you opt for this career**?**

Interviewee: Exactly, passion to work in the healthcare field is what has made me who I am today. Am not sure what I could have become if I am not a doctor; maybe a nurse or a medical lab specialist. All in all I wanted to work in the healthcare field and being a doctor was my preferred specialization, and thank to Allah I am here today as a doctor.

Interviewer: I like your passion. Apart from passion were there other factors that made you decide to become a doctor?

Interviewee: Yeah, there were other factors that influenced my career choice, starting with my parents or family, peer influence, and role models among other factors. In fact, my decision was jointly influenced by a number of factors.

Interviewer: Okay and how did your parents influence your decision to choose a career in the healthcare field?

Interviewee: My parents have greatly influenced my life and all the major decisions. For example, they would regularly suggest I become a doctor and since we have been very close, I later started feeling like that would have probably been a good career path for me. After sometime, I started developing interest in the field and with time the interest turned into a passion, and from there, the rest is history.

Interviewer: Wow! What an observation! So your parents directly influenced your decision?

Interviewee: yes, they did but they did not force me to take this career.

Interviewee: did other family members influence your decision?

Interviewee: yes, they did. I had passion to work in the medical field since I was young. However, at that age, I did not know that the medical field is diverse and one has to specialize when you go to the medical school. I had little knowledge on the various sub fields in the field of medicine and for that reason I consulted my uncle who was a clinical officer in his own private clinic. My uncle is a very kind man and he was happy to hear me saying that I would follow a career path similar to his.

My uncle helped me to determine the exact field in the healthcare sector that was most suitable for me. Based on my academic qualification and my personal preferences I found the most suitable healthcare career for me was to become a dentist. The job is well paying and requires fewer commitments compared to other careers in the healthcare field. In addition, I found it easy to go the entrepreneurial way in the future when practicing as a

dentist compared to other fields. This helped me to grow my passion in the healthcare field and I worked very hard to achieve my dream.

Interviewer: I like that; it seems you have the best family in the world. Did other factors such as peer influence and role models play a role in you developing interest for a medical career?

Interviewee: yes. I used to read and watch medical documentaries or films and I think doing so played a role in enhancing my passion for a medical course. To be precise, I developed interest for healthcare careers during my primary school days after reading a book by Ben Carson called Think Big. I enjoyed reading the book and I could relate his life story with mine. I wanted to be a neurosurgeon when I grow up just like Ben Carson. I worked very hard to achieve my dream career, though I did not finally end up being a neurosurgeon, I am at least glad that I am probably among the best doctors in the countries. Therefore, I can say that role models or reading books sparked my interest to study medicine and up to date, my passion to work in the healthcare field remains to be my number one driving force and I love working as a doctor.

Interviewer: so you did not have local or role models that you knew at a personal level?

Interviewee: Not really. When it comes to role models, there was a number of healthcare workers in our community whom I admired a lot since my childhood. I wanted to become like them when I grow up, but by then I knew very little about working the healthcare field. However, as I grew up I came to know them more and interacted with them regularly. So yes

I can't deny that talking to them and knowing what it entails working in the healthcare sector influenced my career choice.

Interviewer: thank you for sharing that.

Interviewee: (*interrupting*) and you had asked something to do with peer influence, right?

Interviewer: yes please, did your friends or age mates influence your decision?

When it comes to peer influence, I can say peer influence contributed to my passion growth. I always topped my class and my peers always told me I would become a doctor when I grow up. This made me feel like I was actually meant to be a doctor and after sometime, I internalized it and it became a norm. The peers in high school and in college have inspired me to become a doctor and I hope they will continue doing this until I reach the greatest heights.

Interviewer: Okay, I see, apart from the mentioned factors did social factors like gender and culture influence your decision? Did they limit you or probably contributed in any way or another in molding you to the person you are today?

Interviewee: When I was young, I considered pursuing a career in nursing and such thing, since this was the career in healthcare sector deemed by the society as more feminine…but as the society evolved, I came to realize that women could do more. I therefore, decided to turn away from the careers traditionally seen as more suited for females, hence pursued something a bit different. Women in the UAE are nowadays trying out diverse things… they

are now pursuing careers in doctoring and nursing options such as surgical nursing and medical nursing, which were traditionally believed as better suited for males.

Interviewer: wow, what about your religion?

Interviewee: Not really.

Interviewer: Okay, in your 8 years of work practice have you experienced any challenges?

Interviewee: Yes there is a lot of stress especially for those people working as doctors. Since I was young, I knew I wanted to become a doctor…to help the people and the community at large, but I had paid little attention to the process. Actually, I would say that medical school was not easy for me. It was quite stressing and time pressure was a reality. In a medical school, you are provided with very little time yet there is too much to read and learn… For you to succeed, you must be good in time management or be able to organize your life in a way that everything gets adequate attention. In fact I wasn't prepared for most of the challenges that one has to overcome in the process of becoming a doctor… problems such as pressure to excel; chronic lack of sleep; and the realities of patients passing away or their health conditions becoming worse in spite of doing my best to save their lives.

Interviewer: Besides the issue of stress, are there other challenges doctors face in the UAE setting?

Interviewee: definitely yes. Though I am no longer subject to some of these challenges now that I am working in a reputable NGO hospital, doctors in the public sector face a number of challenges among them low or unfair remunerations, working for long hours (overworking),

and working in an unfriendly environment where there is inadequate medical facilities. In fact, these are the main factors that made me quit working for the government. I realized that demanding for more salaries was a battle we could probably have not won or we would have won when I was about to retire. Currently, I don't face such challenges. I can't complain (*smiling*).

Interviewer: Alright. Thank you so much for sharing that with me. The information you have provided is quite helpful to me in identifying the factors that influence Emiratis choices for healthcare career, as well as the challenges medical practitioners face in the UAE setting. Is there anything else you would like to add related to the research topic?

Interviewee: Not really, but I hope your research will be used to encourage more students to join the healthcare field. We need more doctors and the government should play its role. Pay medics and other healthcare workers, they deserve it.

Interviewer: Alright, it's my prayer that the research will have such an impact. Thank you so much for taking part in this interview. Thank you indeed for your participation.

Interviewee: Inshallah!!

(End of the interview)

Factors: passion, parents and family factors, peer/friends influence, role models, gender

Challenges: salary/ compensation.