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I Was Clear with My Goals, Where I'm Heading, and What I Wanted with My Life: Life History of an Omani Woman and Nurse Leader

Christie Emerson
Kennesaw State University

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Running Head: LIFE HISTORY OF AN OMANI WOMAN AND NURSE LEADER

I WAS CLEAR WITH MY GOALS, WHERE I'M HEADING, AND WHAT I WANTED TO
DO WITH MY LIFE: LIFE HISTORY OF AN OMANI WOMAN AND NURSE LEADER

By

Christie Emerson

A dissertation submitted in partial fulfillment of the requirements for the degree of

Doctor of Nursing Science in the WellStar School of Nursing

Kennesaw State University

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LIFE HISTORY OF AN OMANI WOMAN AND NURSE LEADER

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LIFE HISTORY OF AN OMANI WOMAN AND NURSE LEADER

Abstract

This study uses life history methodology to examine the personal experience of being an Omani woman during the Omani Renaissance, choosing a career in nursing, and evolving into a nurse leader. There is a lack of research on why Omani women choose to enter the workforce, choose nursing career paths, and what sustains them in the nursing workforce. There is also a lack of research on the path to Omani nurse leadership. The research question is: What is the personal experience of being an Omani woman during the Omani Renaissance, choosing a career in nursing, and becoming a nurse leader? Life history methodology was used to examine the life of an Omani woman nurse leader within a few years of retirement, who has been a nurse in Oman since she was a young woman, in relation to the context in which her life occurs. The researcher spent many hours of informal time and conducted four in-depth interviews with this nurse. Interviews were also conducted with ten colleagues, as well as three family members. Inductive thematic analysis revealed three dominant themes: opportunity, visionary, and nursing; with subthemes: national identity, country building, nursing pioneer, leadership, perseverance, resilience, mentors, advocacy, caring, and fulfillment. Conclusions from this study are that opportunities, personal attributes and motivations all played a role in overcoming barriers to empowerment in the workforce and shaped decisions about employment. Additionally, personal attributes of perseverance and resilience, as well as mentors, facilitated leadership development.

Keywords: life history, Arab women's employment, Oman, nurse leaders

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Acknowledgements

When most of my contemporaries were starting to think about slowing down and even early retirement, I took a position teaching nursing in a university. I had no idea what was involved with a job in academe, but I learned quickly and thrived on the challenge. For several years I was happy contributing with the skills I had, and told myself I was too late in life to pursue a doctorate. More and more I realized that I was interested in contributing at a higher level and pursuing a doctorate was the necessary next step. I decided that I wanted to work for another 10-15 years and still had much to offer to the discipline of nursing, so if I could do it without going into debt and could somehow decrease the expectations of my current position, I was going to do it. Those conditions were met, and I was blessed with the opportunity to take this demanding, but remarkable journey. I would like to acknowledge STEPS funding and the tuition assistance program, both from the University System of Georgia (USG), that made it possible for me to pursue this doctorate without going into debt and for allowing a reduced teaching load while going to school. I am appreciative of the personal support, but also for USG support of nursing education.

This dissertation would not have been possible without the willingness of my key participant to share her life story with me. She invited me into her life for month and was willing to introduce me to her family and colleagues who could help me understand her. I will be forever honored that she trusted me to tell her story. She is an amazing woman with an amazing story and I am so thankful for all I have learned about life from her. I am also thankful to her family and colleagues for their willingness to participate in this study. Thanks also to my dear friend Linda Clark for making the connections that laid the foundation for everything.

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I was overcome with doubt. She was the best coach anyone could ever have. I would also like to thank Dr. Jackie Jones and Dr. Maia Hallward for their insightful feedback and help with editing, as well as their encouragement along the way. I am also grateful to Dr. Yvonne Eaves for helping shape and clarify my early ideas and providing valuable feedback as my thinking and writing matured.

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Most of all, I would like to thank my amazing husband Tom, for his unwavering support when we were supposed to be slowing down, and my dear Charlie, Alex, Anna, and Julie. You will never know how much your pride in me encouraged me to finish this when I thought there was no point. And to my precious Claire, you encouraged me even before you were born by giving me motivation to make you proud of your Cici. I have always said that journeys are worth taking, and this one was no different. Henry Ford said, "Anyone who stops learning is old, whether at twenty or eighty. Anyone who keeps learning stays young."

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I Was Clear with My Goals, Where I'm Heading, and What I Wanted with My Life:
Life History of an Omani Woman and Nurse Leader

Chapter I: Overview of the Study

The Sultanate of Oman (hereafter referred to as Oman) is a country in Southwest Asia, on the southeast coast of the Arabian Peninsula. Oman is a Muslim majority country, with Arab culture influencing all aspects of society. Prior to 1970, Oman was isolated and virtually unknown to the outside world (Al-Sinani, 2012; Chatty, 2000; Haddad & Esposito, 1998); however, since the rise of His Majesty Sultan Qaboos bin Said to power in 1970, the country has undergone a period of rapid modernization throughout all segments of society (Al-Lamky, 2007; Al-Sinani, 2012; Goveas & Aslam, 2011). The period since 1970 is known as the Omani Renaissance.

From the beginning of the Omani Renaissance, Sultan Qaboos emphasized the vital role of women in Omani society. The cultural practices before 1970 that prohibited full participation of girls and women in life and education have changed significantly. The following is a widely quoted speech made by Sultan Qaboos in 1994:

We call upon Omani women everywhere, in the villages and the cities, in both urban and Bedu communities, in the hills and mountains, to roll up their sleeves and contribute to the process of economic and social development... We have great faith in the educated young Omani women to work devotedly to assist their sisters in their local communities to develop their skills and abilities, both practically and intellectually, in order to contribute to our Omani Renaissance which demands the utilization of our entire national genius, for the realization of our country's glory and prosperity. We call upon Omani women to shoulder this vital role in the community and we are confident that they will respond to this call (Ministry of Foreign Affairs, n.d.).

During the 1970's the government adopted a policy of gender equality in education, which has prepared women for all levels of the Omani workforce and a basic statute of the country proclaims equal rights and opportunities for all (Al-Lamky, 2007). These policies, as well as others that support women, have encouraged and gradually increased the overall participation of Omani women in the workforce; however, gender ideology stressing women's family roles and traditional norms of behavior are barriers that discourage participation in the paid workforce (Besamusca, Tijdens, Keune, & Steinmetz, 2015; Goveas & Aslam, 2011; Haddad & Esposito, 1998), especially along certain career paths. The nature of nursing work involves activities that are contrary to accepted gender norms, such as working at night, caring for males who are not family members, and working in a mixed gender workforce. For this reason the nursing profession in the Arab Gulf countries, including Oman, has a poor public image; consequently, nursing is not a commonly desired career path for Omani women (Al Awaisi, Cooke, & Prymachuk, 2015; Kemp & Zhao, 2016; Maben, Al-Thowini, West, & Rafferty, 2010).

My interest in nurses and nurse leaders in the Arabian Peninsula initially emerged from seven years (2009-2016) as the nursing faculty director of an education abroad program for student nurses from the United States (US) to work with nurses at a medical center in the United Arab Emirates (UAE), another country on the Arabian Peninsula. As an American nurse, where according to the Gallup Poll's annual ranking of how Americans view 22 major professions (Brenan, 2017), the nursing profession has attained a high level of the American public's trust and positive regard, I was surprised to learn anecdotally that in the UAE, nursing is not a respected profession, despite a desire for high quality healthcare. In 2014 and 2015 I traveled to Oman with two academic delegations. Following these trips, I began collaborating on several

projects with outstanding Omani nurse scholars and leaders, yet they told me anecdotally that in Oman, like the UAE, nursing is generally not a highly respected profession, especially for Omani women. These experiences piqued my interest in nurses and nurse leaders in the Arabian Peninsula within the context of culture. I am interested in exploring why Omani women choose to join the workforce and pursue careers in nursing and what sustains them in those careers. I am also interested in exploring paths to nursing leadership in Oman.

Purpose

The purpose of this study is to discover the personal experience of being an Omani woman during the Omani Renaissance, choosing a career in nursing, and evolving into a nurse leader. Specific aims of the research are to:

- Elicit the life history of a female nurse leader in Oman to describe how and why she made her career choice, forged her career path, and evolved as a nurse leader in Oman;
- Elicit perceptions of the Omani nurse leader's familial and collegial networks about her career choice, her evolution as a nurse leader, and the obstacles she has faced, as well as any impact of her career choice on them, in the context of Omani culture;
- Identify cultural trends and examine their influence on this Omani nurse leader's life.

Research Question

What is the personal experience of being an Omani woman during the Omani Renaissance, choosing a career in nursing, and becoming a nurse leader?

Theoretical Support

Scholars from diverse disciplines (economics, sociology, political science, gender studies, anthropology, and religious studies) have contributed to knowledge on women's employment. The most common approach relates employment to the socio-cultural context of

women (e.g. culture, education, economic development) (Abalkhail & Allan, 2016; Afiouni, 2014; Besamusca et al., 2015; Kemp & Zhao, 2016; Littrell & Bertsch, 2013; McElwee & Al-Riyami, 2003; V. M. Moghadam, 2005; Omair, 2008; Tlaiss & Kauser, 2010; Tlaiss & Kauser, 2011). How women's work is impacted by interpretations of Islam is a second common approach used for understanding women's employment in Arab countries (Haghighat, 2005; Marmenout & Lirio, 2014; Metcalfe, 2007; O'Sullivan, 2015; Sidani, 2005). These commonly used approaches attribute employment to external motivation (e.g. money, status, skill acquisition) and do not account for intrinsic motivation (e.g. calling, talents, esteem). Spierings' (2015) framework is a holistic approach to women's employment that allows for the influence of both intrinsic and extrinsic drivers. Spierings (2016) proposed a theoretical framework for understanding women's employment that is appropriate to this research. The theoretical framework is not explicitly named but is described as a holistic approach to women's employment.

Purpose of the Framework

According to Spierings (2015), the goal of the holistic framework is to explain women's employment position. Spierings (2015) defines work as, "work positions that are both gainful in terms of cash paid for labour or products and lead to a more or less regular income" (p. 43). The principles of this framework are applicable to women's empowerment and attempt to increase the understanding of what influences employment in general (Spierings, N., 2016).

This framework focuses on paid and consistent employment because of its higher empowerment potential; however, it does not maintain that paid employment always leads to empowerment. Some positions might harm a woman's empowerment based on the job.

According to Spierings (2015), different kinds of paid employment have different empowerment effects.

Assumptions

Spierings (2015) explicitly states that the framework “takes diversity and complexity as its starting but does not take a relativist or postmodern position in rejecting generalization whatsoever” (p. 40). Instead, the framework tries to reconcile these two ostensibly contradictory positions. Historically, feminist scholars criticized many studies for overgeneralizing all women as the same, or generalizing results based on the study of males to apply to non-males.

According to Spierings (2015), this same problem of overgeneralization is occurring with Muslim countries and people (particularly women). This problem has led to the suggestion by some scholars (Bottero, 2000) that diversity in women’s research (i.e. recognizing that women are not a uniform group) is the benchmark in women’s research; however, Spierings (2016; 2014) argued that neither diversity nor homogeneity are *a priori* truths. Differences can be measured empirically, but it is up to the researcher, or interested reader to decide whether a difference is pertinent. According to Spierings (2015), “Acknowledging this idea of generalizable diversity implies that both contextual and individual characteristics shape women’s position and that the context also shapes the impact of certain structures, processes, and people” (p. 41). There is not one element or group of elements that are more important than other factors in influencing women’s employment, however, according to Spierings (2015) some researchers point to Islam as the only factor influencing women’s employment. Spierings (2015) theory begins from the perspective of acknowledging a complex world, meaning that all domains or elements (e.g. economy, gender, religion, class, policies) are linked to each other, such that one

cannot be studied without considering the other. Additionally, the question of how the elements are related also becomes important (Spierings, 2015).

Structure

The conceptual model of this framework (see *Figure 1*) places the woman at the center of the model. Five conceptual levels, represented by concentric circles, surround the woman. At each level, there are potential agents and structures that are important explanatory factors influencing women's employment. The five theoretical levels are the individual woman, the household, the community, the country, and the globe. To understand how this variety of contextual factors at each level shape women's choices, the factors are placed in groupings of causal circumstances or conditions that influence the probability the woman will work. These conditions are needs, values, and opportunities (Spierings, N., 2016). An explanation of the theory concepts, relationships between the concepts, and the conditions follows.

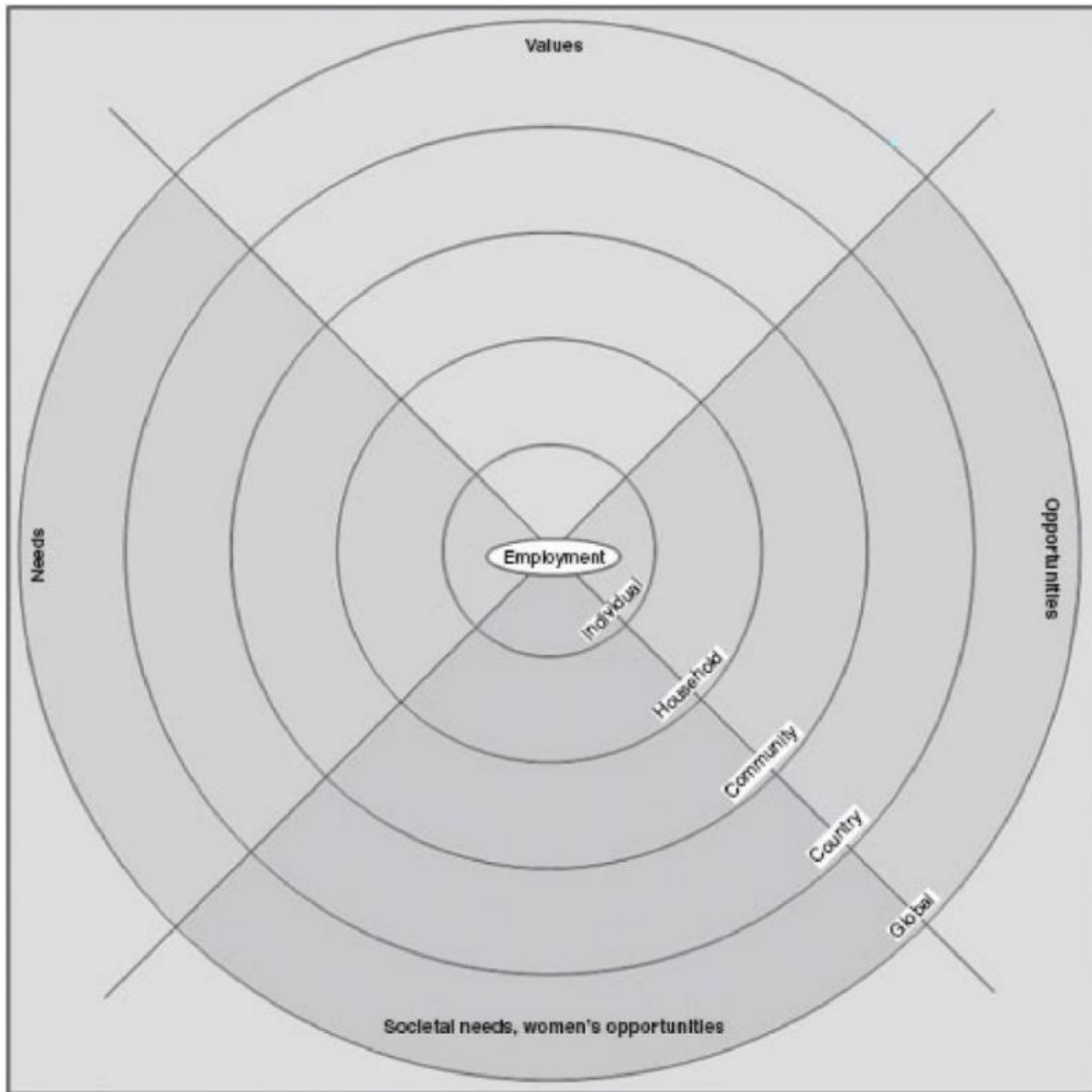


Figure 1. A holistic framework for explaining women's employment (Spierings, 2016, p. 46)

Concepts and Definitions

Women's employment. Women are employed within a context. The context includes both agents and structures. The woman is not the only agent. Partners, employers, and politicians are agents that each make decisions that might shape a woman's choices and position. The primary agent is the woman, who lives within certain structures. Spierings conceptualizes the change from not being employed to employment as involving three decisions:

- A woman makes the choice (to enter the labour market or start a business/to accept a job or order) based on her assessment of the desirability to do so.
- In determining the desirability, the woman's decision is influenced by (her perception of) whether other agents in her surroundings regard (her entering the labor market or starting a business/accepting a job or order) as desirable.
- A woman's potential customer/employer will pay for the product that a woman offers based on that person's assessment of the desirability of doing so. If the overall desirability to pay for the woman's product is higher than the desirability of not doing so, the potential (customer/employer) will choose to do so (Spierings, N., 2016, pp. 46-47).

The three decisions summarize the relationship between the woman as agent, and the context, consisting of structures and other agents.

Conceptual levels. According to Spierings (2015), the previous approaches to women's employment only cover either the macro (i.e. country or region) or the micro (i.e. individual woman and/or household) level of the hypothetically relevant influences on employment. Spierings argues that there is a need to differentiate the influences into five levels. Agents, structures, and important explanatory factors influencing women's employment (circumstances) are positioned within each level.

The individual woman. The individual woman's attributes are important in the decision-making process. She holds ideas about her place in society. She might feel the need for self-development, or she might feel the need for income to provide for basic needs (Spierings, N., 2016). Additionally, each woman has innate talents that might influence her decisions.

The household. At the household level, the woman takes care of daily life. This is where she discusses decisions, and where bargaining with partners, parents, children, and close extended family and friends takes place. This level is also the setting where beliefs about women's roles within the household influence decisions. Characteristics of the individual household (e.g. family structures, economic situation, and the views of household members) also likely influence decisions.

The community. The actual job opportunities and the norms of society influence a woman's opportunities and decisions at the community level. The norms and opportunities in the local area are the most important since decisions about traveling (or moving) are costly and impacted by gendered norms of mobility.

The country. The fundamental component of countries is that they are core political units. Governments have the capability of policymaking. Political structures, gender and/or economic policies vary between countries and can have substantial impact on the position of women. Policies can also be made at the local level but are most often situated at the national level.

The globe. The last contextual level influencing women's employment is the international level. These influences include monetary world politics, and international trade and investments. Global activities can directly and indirectly influence women's employment. For example, international monetary agreements can affect national policies that can in turn

influence women's employment, and international conflict can destroy opportunities in the labor market.

The theoretical assertions of the conceptual levels can be summarized as follows:

- The context influencing women (individual level) and their employment has four major levels as described.
- The strongest influence on the chance of the woman becoming employed is with contextual characteristics at the level closest to the individual woman (Spierings, N., 2016).

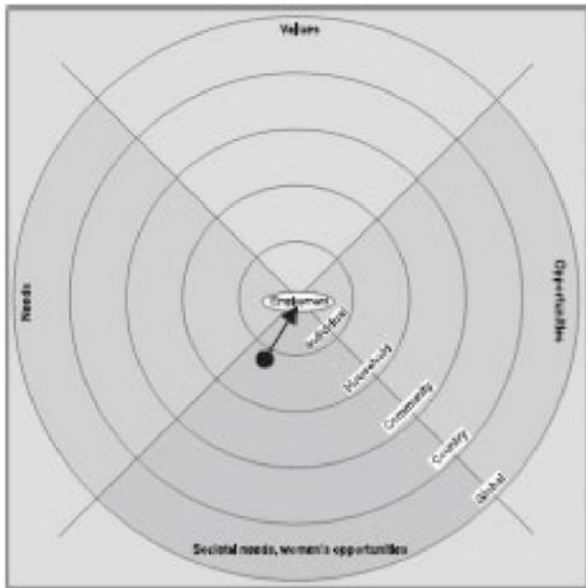
Relationships between levels. Spierings (2015) conceptualizes four different types of relationships between the levels: the direct top-down influence, the indirect top-down influence, multilevel spuriousness, and the embedding effect (See *Figure 2*). In the top-down relationship, a factor at a higher level directly influences woman's employment at the individual level. For example, national laws that prohibit women from working certain hours or in certain jobs directly influence women's employment. Another example of top-down influence from the Arab Gulf countries is the cultural need for women nurses to take care of women patients, which influences opportunities for women.

Indirect top-down relationships occur when changes at a higher level affect lower level characteristics that influence employment. For example, government policies to increase localization of the workforce increase opportunities for employment at the community level and thus influence opportunities for women.

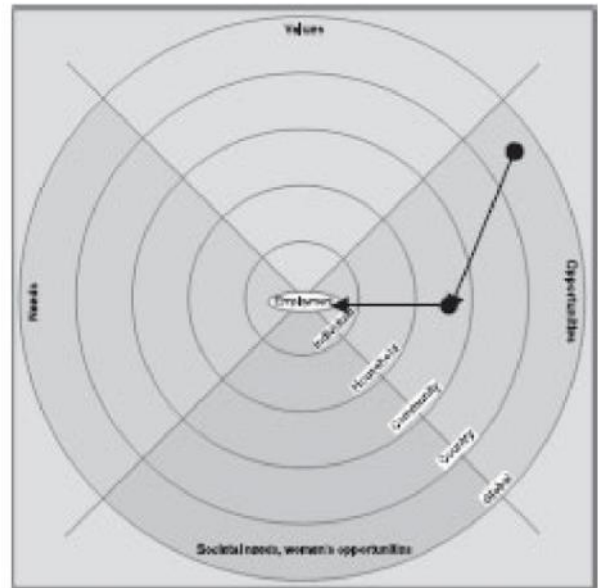
Spurious multilevel relationships occur when characteristics at a lower level are also related to characteristics at a higher level and it seems that the higher-level factor influences women's employment when it is the high-level factor influencing a lower level factor that then

influences employment. It might also be a case where a lower level factor influences women's employment, which might also be responsible for the higher-level phenomenon. An example of this is a woman who lives in a region with several cities (urban versus rural area) and resides inside one of the cities. In this example, job opportunities because of living near businesses in the city are the ones that count, not living in a region with several cities. The lower level variable, residing in one of the cities, influences the woman's employment and it also influences the variable of living in an urban area.

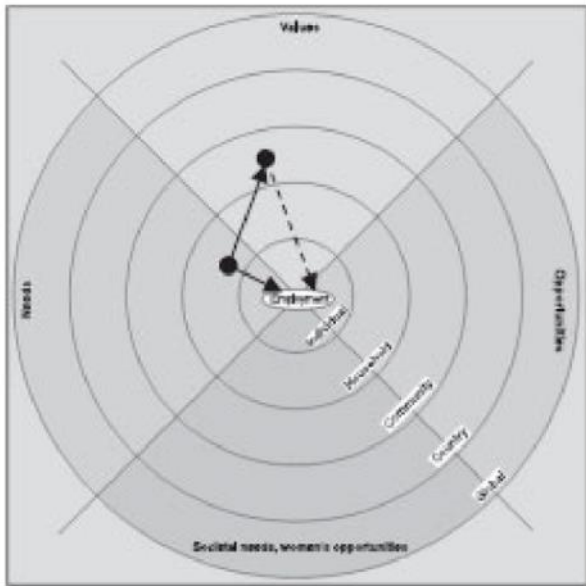
Because factors at lower levels (e.g. household, community) are embedded in higher level contexts (e.g. country, nation), they can be context specific, and vary through an embedding effect. This does not mean that a factor which has a strong impact in one context is absent or opposite in the next; it might just be stronger within a certain level, depending on contextual factors. As an example, the influence of having a spouse on women's employment might depend on the community context in terms of what beliefs people have about the role of wife and mother. If general community beliefs are that married women should primarily work only in the home, it is likely that the difference in employment between married women and unmarried women will be large (Spierings, 2016).



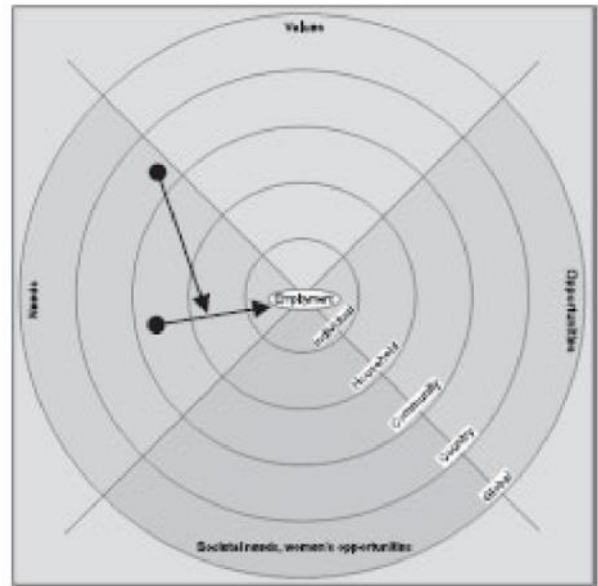
A: Direct top-down influence



B: Indirect top-down influence



C: Multilevel spuriousness



D: Embedding effect

Figure 2. Four forms of multilevel interrelatedness (Spierings, 2016, p. 51)

Conditions. Spierings (2015) conceptualizes that the influences on the decisions at the core of women becoming employed can be understood as: needs, opportunities, and values. These are the underlying causal mechanisms. The different quarters of the circle (see *Figure 1*) depict these three conditions. They partially overlap. Values can constitute an effect on their own, but they also affect needs and opportunities. The fourth quadrant represents societal needs and the individual woman's opportunities (where all three conditions come together).

“Needs refers to the things or actions that are considered necessary in order to reach the goals people or groups of people have set for themselves” (Spierings, N., 2016, p. 55). Needs can either prevent women from seeking employment or encourage employment. While needs might make a woman seek employment, whether she becomes employed ultimately depends on whether she has the skills to perform available jobs. Suitable and accessible job opportunities must also overlap with societal need for female labor. Values include norms of behavior as well as personal and household priorities.

Concluding Thoughts about Theoretical Framework

Although Spierings developed this theoretical framework for understanding women's employment from outside the nursing discipline, it is an appropriate theoretical framework to use as a starting point for this research on the life history of an Omani woman and nurse leader. The research goes beyond just the influences for employment in general. It explores one Omani woman's internal motivations, as well as the external influences that led her to employment as a nurse.

A primary reason this encompassing framework is appropriate for this study is that the study design used life history methodology. “Implicit in life history is the understanding that it is a holistic perspective of an individual, gained through consideration of his or her experiences

across the lifespan...” (Wiseman & Whitefield, 2007, p. 111). According to Spierings (2015), existing theories related to women’s employment are not holistic as to the relationship between different levels, do not show relationships between general ideas and the factors determining participation, and do not allow ways to determine whether important explanations might have been omitted.

The assumptions of diversity and complexity in this theory fit with the perspective from which I approached my research. Spierings’ (2015) concept of generalizable diversity, which suggests that both contextual and individual characteristics affect women’s position and that the context influences certain structures, processes, and people, is congruent with my beliefs about women’s employment. The assumption of complexity, that all aspects of an individual’s life, and the systems that surround them, are interrelated in unknown ways, also aligns with my beliefs about women’s employment. The conceptual levels and conditions in this theory are broad enough to use as a starting point for this research; however, in conducting this research I purposefully remained open to hearing statements that might be outside the conceptual levels and conditions defined by this theory. The generality of this theory as well as the similarity of purpose in examining women’s employment make it a good fit for use in this research.

Study Assumptions

The most important assumption is that the participants offered honest, thoughtful and complete answers to all interview questions. While the focus of this study is on women’s paid employment, one assumption that I bring to the research is that women’s contributions to society are all equally valuable, whether paid or unpaid, including household work, therefore, I will explicitly refrain from viewing unpaid women’s work as the same in this study. I also assume that quality healthcare is important for all people, and that qualified nurses are necessary for

quality healthcare to occur. Because nurses in Oman are predominantly women, I assume that the image of nurses in society and the value which is given to their work, is closely aligned with the status of women in society. My final assumption is that globally, nurses share a special bond of understanding between each other because of the shared understanding of the intimate and emotional nature of nursing work and therefore, because I am a nurse, the primary participant and I have greater potential for understanding than if I were not a nurse.

Definitions

Omani woman: A woman with Omani citizenship, not simply a woman who lives in Oman.

Nurse: A person who has completed a program of basic, generalized nursing education and is authorized by the appropriate regulatory authority to practice nursing in his/her country (International Council of Nurses, 1987).

Arab World: A common term for countries located in the Middle East and North Africa (MENA) region around the southern and eastern shores of the Mediterranean Sea, extending from Morocco to the Arabian Peninsula, excluding Turkey and Iran. The exact countries that comprise the Arab World are the subject of debate among scholars (Gasper, Amanat, & Bonine, 2012). These countries are broadly united by a common language and religion (Neal, Catana, Finlay, & Catana, 2007). The region is often further divided into three sub-regions: the Arabian Peninsula, the Levant, and North Africa. Countries in the Arabian Peninsula are the UAE, Bahrain, Oman, Saudi Arabia, Kuwait, and Yemen. These countries share a common language, religion, and the impact of oil on their economy (Neal et al., 2007). The Levant is a historical term referring to countries east of the Mediterranean, excluding Israel, which today usually include Cyprus, Jordan, Lebanon, Palestine, and Syria. Levantine culture is generally less conservative than Arabian culture (Neal et al., 2007). The North African countries considered to

be in the MENA region are Algeria, Egypt, Libya, Morocco, and Tunisia. The European influence is significant in these countries as evidenced by more Western dress and attitudes than the Arabian Peninsula or the Levant (Lust, 2017).

Arab: Throughout this paper Arab is used as an adjective to mean relating to the Arab World or the people of the Arab World. (e.g. Arab women).

Gulf Cooperation Council (GCC): A union of six countries on the Arabian Peninsula (Saudi Arabia, Kuwait, UAE, Qatar, Bahrain, Oman)

Study Limitations

This study investigated the experience and perspective of one Omani woman nurse during a finite period. The findings cannot be generalized to all Omani women or nurses across all historical periods. Even though I have spent a considerable amount of time in Oman and have studied the culture extensively, I am a cultural outsider and brought my own cultural bias to the interview and analysis process. I am a novice researcher. This limitation was minimized by ongoing consultation with the chair and members of my dissertation committee throughout the process.

Another limitation to this study is that the interviews were conducted in English, which is not the primary language of the key participant or the other participants. In addition to the potential for misunderstanding due to language differences, there are also potential problems of misunderstanding due to accents and pronunciation of words in English. It is also possible that audiotaping may have inhibited disclosure. An attempt to minimize this limitation was made by informing the participants why recordings were being used and offering them the opportunity to have the recorder turned off whenever they desired.

Significance to Nursing

This research is innovative because a life history of an Omani nurse has not previously been conducted. Because nursing in Arab countries is often perceived as an unclean, low-level job (Al Awaisi et al., 2015; Kemp & Zhao, 2016; Maben et al., 2010), it is important to document the perspective of a nurse leader from Oman to add to knowledge about the nursing profession and nursing leadership in Oman. This woman's story provides insight about the advantages and challenges she faced when she chose nursing and along her career path, which began early in the Omani Renaissance.

It is hoped that Omani girls and young women may find value in reading about the life of this nurse leader and may be inspired to explore the possibility of a career in nursing. It is possible that young women who want to enter the nursing profession, yet face obstacles along the way, might be encouraged by this woman nurse leader's career path.

In her book on the future of nursing, noted nurse theorist, Patricia Benner, says that future nurses must be prepared to be influential leaders in the political and public arenas for improved healthcare systems (Benner, Sutphen, Leonard, & Day, 2010); therefore, studies that document the experiences of nurse leaders are important to the advancement of nursing practice. This nurse's story describes leadership qualities needed for her success as an Omani woman nurse leader, which may inform the development of young nurses into nurse leaders.

The findings from this study have the potential to serve as a foundation for future studies on why Omani women choose to join the workforce and pursue careers in nursing and what sustains them in those careers. They may perhaps direct areas of future research on issues related to the nursing workforce in Oman and globally. Additionally, researchers interested in conducting life history research may find this life history to be a resource on this methodology.

Oman Overview

All lives are situated within a particular setting or context, which includes the physical, geographic, temporal, historical, cultural, and aesthetic environment, within which the life takes place (Cole & Knowles, 2001). Understanding the context in which the life of this woman and nurse leader is situated is important to place her life in time and space, and to offer some appreciation of the influences on her actions.

Geography

Oman is a Middle Eastern country bordered by Yemen to the southwest, the UAE to the northwest, and Saudi Arabia to the west. The Arabian Sea in the south and east, and the Gulf of Oman in the northeast form Oman's coastline. The country also includes Madha, an enclave enclosed by the UAE, and Musandam, an exclave also separated by Emirati territory. Oman has a land area of approximately 212,000 square kilometers, roughly the size of the state of Kansas. The capital city is Muscat. The land area has various types of topography: desert covers 82% of the land mass, mountain ranges cover 15%, and 3% is coastal plain. Except for the region in the far south, the climate in Oman is extremely hot and dry in the desert, and hot and humid along the coast. The far southern region has a light monsoon climate and receives cool winds from the Indian Ocean (Central Intelligence Agency, 2016; Metz, 1994). See *Figure 3* for map.



Figure 3. Map of Oman (Central Intelligence Agency, 2017)

Demographics

The population of Oman was estimated to be 3,355,262 in July 2016 and it is of note that immigrants made up approximately 40% of the total population in 2015 (Central Intelligence Agency, 2016; The World Bank Databank, 2015). According to United Nations (UN) data, the population is 85% male and 35% female, due to the largely male immigrant labor force, with restrictions on bringing families (Zerovec & Bontenbal, 2011).

The population is ethnically diverse, derived from a history of maritime trade, tribal migrations, and contacts with the outside world. Primary ethnic groups are Arab, Baluchi, South Asian (Indian, Pakistani, Sri Lankan, Bangladeshi) and African (Central Intelligence Agency, 2016).

The age structure in Oman is as follows:

0-14 years: 30.23%

15-24 years: 19.51%

25-54 years: 43%

55-64 years: 3.9%

65 years and over: 3.37%

The median age of the total population is 25.1 years. Median age of males is 26.3 years and females 23.7 years (Central Intelligence Agency, 2016).

Government

The government of Oman is a monarchy. Eleven governorates make up the administrative divisions. Islam is the official state religion and Sharia (Islamic law) is the basis of legislation, although the legal system is a mix of Anglo-Saxon law and Islamic law. The government consists of three branches: executive, legislative, and judicial. The monarch, both

chief of state and head of government, is the Sultan and Prime Minister Qaboos bin Said Al-Said (sultan since July 23, 1970 and prime minister since July 23, 1972). The legislative branch is the Majlis Oman that consists of the Council of State (83 seats; members appointed by the sultan from among former government officials and prominent educators, executives, and citizens) and the Consultative Council (84 seats; members directly elected in single and two-seat constituencies by simple majority popular vote to serve 4-year terms). The legal voting age is 21. The highest court in the judicial branch is the Supreme Court that consists of 5 judges who are nominated by the 9-member Supreme Judicial Council (chaired by the monarch) and appointed by the monarch. Subordinate courts include Courts of Appeal, Courts of First Instance, sharia courts, and magistrates' courts (Central Intelligence Agency, 2016).

Economy

Oman's economy has experienced strong growth since the discovery of petroleum deposits in 1964. It is classified by the World Bank as a high-income country (World Health Organization, 2015). According to the World Bank (2017), 30% of the Omani female population older than 15 participates in the labor force; however, it is important to consider that the majority of women in the labor force are immigrant workers (Zerovec & Bontenbal, 2011). With oil supplies dwindling, the Omani government is trying to diversify the economy.

In the mid 1990's, 'Vision 2020', a long-term economic development plan was adopted which contained a policy for localization of the work force known as Omanization (Aycan, Al-Hamadi, Davis, & Budhwar, 2007). The government's Omanization initiative is a quota system mandating hiring of specified percentages of Omani citizens across all sectors of employment. It is designed to create more jobs for Omani citizens and reduce the amount of dependence on foreign workers. In 2010, a minimum target of 35% Omanization was set in key sectors:

tourism, hospitality and banking; oil and gas; transport, storage and communications; engineering jobs in consultancies, finance, insurance and real estate; industry; hotels and restaurants; contracting; and wholesale/retail trading; however, many of the jobs are low-wage, blue-collar jobs that Omanis do not want (Gavin, 2017). This policy has made it easier for Omani women to find employment, yet harder for expatriate women to find work. In some instances, expatriate women are being asked to train Omani women who do not yet have the skills for their new jobs (Zerovec & Bontenbal, 2011).

History of Modernization

Prior to 1970, Oman was a poor isolated country on the brink of national collapse with many Omanis living in severe conditions. At that time, there were only three government funded schools in the country, which were restricted to male students and the population was disadvantaged by illiteracy (Al-Sinani, 2012; Funsch, 2015). Healthcare was limited and sparse. There was an alarming rate of disease with an average lifespan of about 50.

The discovery of oil in the Sultanate of Oman in 1964 did not change the country immediately. The first exportation of oil took place in 1967, but the revenue was not used for modernization until after Sultan Qaboos bin Said Al-Said's accession to power in 1970. Immediately after taking power, he opened Oman's borders to improve opportunities for Oman. From the time he took power, Sultan Qaboos invested in his people. Over the past 25 years, he has established a positive identity and sense of pride for Omani citizens along with a feeling of obligation to contribute to the development of the country (Al-Sinani, 2012; Funsch, 2015). The modernization process has been accelerated by the availability of oil revenues and the priority given to education (Goveas & Aslam, 2011).

The period after the succession of Sultan Qaboos to power, commonly referred to as the Omani Renaissance, saw most areas of Oman turn into modern communities with advanced technology and progressive political, economic, and social structures. A priority of the Renaissance has been major investment in health and education sectors (Al-Sinani, 2012; Funsch, 2015).

Women have played a significant role in the modernization of Oman. From the beginning of the Renaissance, Sultan Qaboos has been committed to the inclusion of all citizens in Omani society. Omani women are represented at the highest levels of the government, in both houses of the nation's parliamentary body, as cabinet members, and in the diplomatic corps (Funsch, 2015). See *Figure 4* for key events of the Omani Renaissance.

Events in the Omani Renaissance

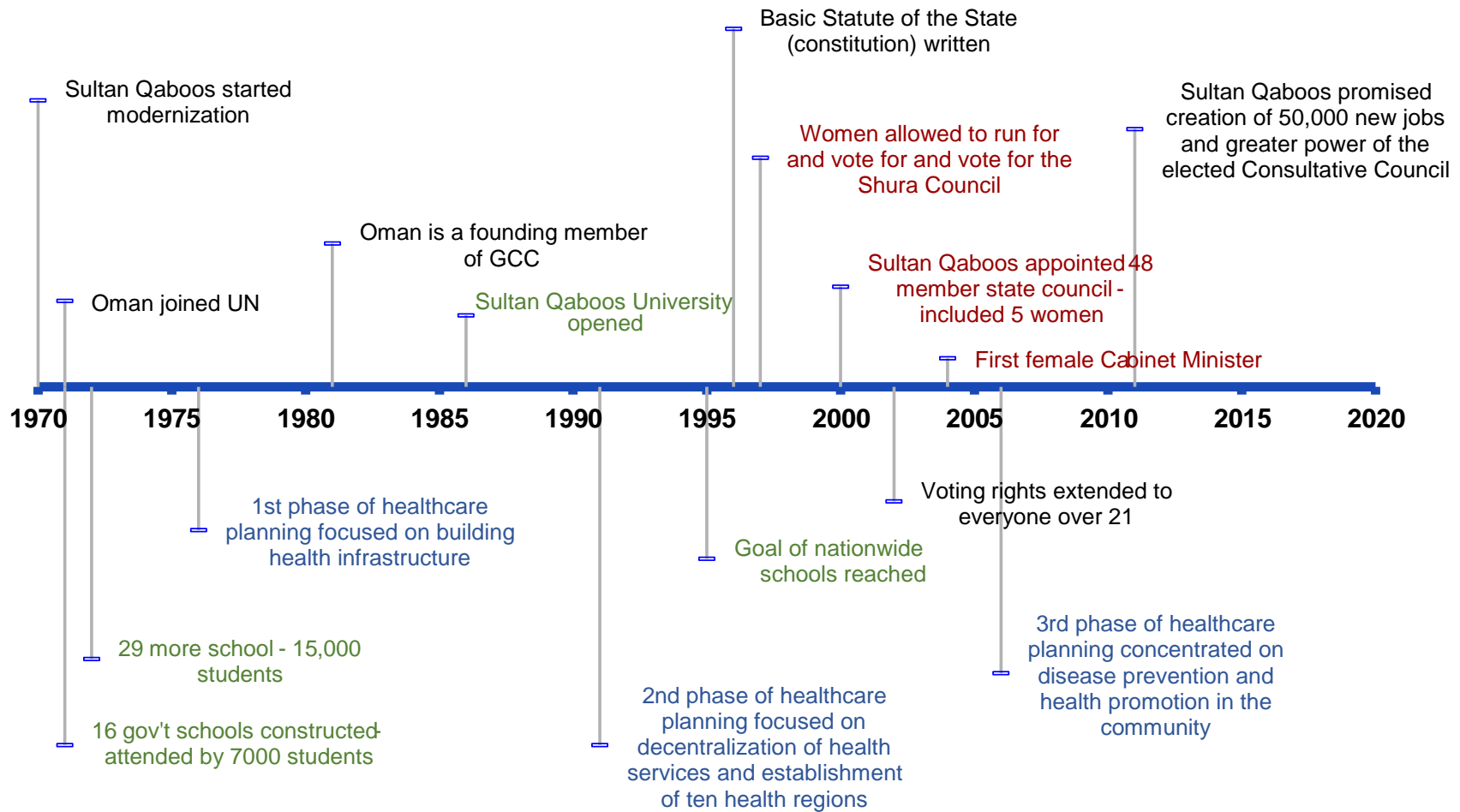


Figure 4. Events in the Omani Renaissance

Culture and Society

The great majority of citizens of the Arab World, including Omani citizens, view themselves as Arab people and have a sense of a shared nationhood based on what they have in common – “language, culture, sociopolitical experiences, economic interests, and a collective memory of their place and role in history” (Barakat, 1993, p. 33). In addition to language, scholars commonly cite a single shared culture as foundational to the Arab national identity; however, in addition to the dominant culture, there are also subcultures particular to communities (Barakat, 1993).

Tribal Values. Patriarchal tribal values and structures influence all aspects of Arab society (Piggott, 2005). Historically, tribes functioned as small independent communities, each with its own history, territory and identity (Funsch, 2015). Tribal groups were necessary for security and survival. Within this pre-modern tribal structure, notions of kinship, honor, shame, and revenge were developed which helped form strong societies in tribal settings. These values continue to influence Arab society throughout the Arab World, including Oman. Even today, generally, Arab individuals do not see themselves as autonomous beings; rather they feel most attached to the patriarchal tribe (Piggott, 2005). According to Salzman (2008), “... the embodiment of Arab culture and tribalism within Islam impacts everything from family relations, to governance, to conflict” (p.1). Although commitment to tribal unity is still a feature of Omani society, since 1970, themes of national unity and political cohesion have somewhat obscured tribal loyalties in the social dynamics of Omanis (Funsch, 2015).

Religion. Throughout the Omani Renaissance, the role of religion has remained central to the Omani way of life. The official state religion is Islam, and Islamic Sharia law underpins its legislative structure (Al-Sinani, 2012); however, the country does not operate as a theocracy

(Leonard, 2015). The government does not keep official statistics on religious affiliation, but the majority of Omanis adhere to the Ibadi sect of Islam, with lesser numbers of either Sunni or Shia Muslims. There are also small communities of Hindus and Christians. Oman is the only Muslim country where Ibadi is the predominant form of Islam (Central Intelligence Agency, 2016). Less than one percent of the world's Muslims are Ibadi. Even though there are some differences between Ibadi, Sunni and Shiite schools, there is largely agreement in the areas of theology and jurisprudence between the three schools of Islam (Leonard, 2015). According to Al-Sinani (2012), "Modesty, tolerance, peace, and respect are key features of Omani society" (p. 2186) based on Islamic religious influence.

Oman has a long history of religious pluralism. Coexistence and tolerance with non-Muslim religions started even before Sultan Qaboos came to power; however, as a result of his leadership, Oman has many policies to protect religious tolerance. In an address to the Council of Oman in October 2011, Sultan Qaboos said, "The more thought becomes diverse, open and free of fanaticism, the more it becomes a correct and sound basis for building generations, the progress of nations and the advancement of societies. Inflexibility, extremism and immoderation are the opposite to all this and societies which adopt such ideas only carry within themselves the seeds of their eventual destruction" (as cited in Leonard, 2015).

Family. The family is the primary social unit around which Arab life revolves (Barakat, 1993; Funsch, 2015; Moghadam, V., 2013). The traditional Arab family is described as extended, patrilineal, and patriarchal (Lust, 2017; Moghadam, V., 2013). Hierarchy in the traditional Arab family is based on sex and age; young are subordinate to old, and females to males (Barakat, 1993). Traditionally, it is the role of the family to provide its members with basic needs, as well as conferring reputation and honor, with the expectation of loyalty and

conformity in return. Family loyalty takes precedence over the needs and accomplishments of individuals (Koermer, 2013). In Arab society, the Arab family is considered more important than the individual, and more influential than the nation (Abudi, 2011; Piggott, 2005). Family honor, reputation, and social standing rest on the honor of women in the family. Both women and men in the Arab World recognize this cultural distinction. The preservation of the family's reputation rests on the man; therefore, it is considered his responsibility to control the access of his female kin (wife, sister) to the public sphere, including whether she can work or travel (OECD/CAWTAR, 2014).

Omani households typically consist of extended family members living together. The husband or oldest male is considered the head of the household. An Omani man may legally take up to four wives as long as he is able to provide equally for them; however, there is less acceptance of this practice in modern society (World Trade Press, 2011). According to Lust (2017), modernization throughout the MENA region is creating challenges to patriarchy and the traditional family, particularly in urbanized areas; yet, the patriarchal legacy remains in Muslim family laws in many MENA countries (Afiouni, 2014; Barakat, 1993; Haghghat, 2014; Moghadam, V., 2013).

Status of Women. Because of the influence of Islam in the Arab World, the rights and responsibilities of women, as viewed by the Islamic religion, influence Omani social norms and laws. The traditional role of the woman in the Arab World is that of wife, mother, and caretaker of the family (Shuriquie, White, & Fitzpatrick, 2008). Women are taught that it is their responsibility to care for the home and children, and women are not required by Islamic law to financially support the family (Goveas & Aslam, 2011). Gender stereotypes and norms in the region have been identified as the key factor continuing to hinder women's empowerment and

participation in the workforce (Al Maaitah, Oweis, Olimat, Altarawneh, & Al Maaitah, 2012; Gallant & Pounder, 2008; Javadian & Singh, 2012; Moghadam, Valentine M., 2005); although, significant improvements in women's employment trends, particularly in the public sector, have occurred over the past 30 years (OECD/CAWTAR, 2014).

Because Oman is a Muslim-majority country, Omani women's rights have been defined using the Quran, Sharia law, the sayings of the Prophet Muhammad, and the lives of Muhammad's companions. The basis of Sharia, with regard to gender, is that gender roles are complementary, yet equal, with different rights and responsibilities assigned to men and women (Gouda & Potrafke, 2016). Modernists have used liberal interpretations to argue for legal rights and full participation at all levels of society, and conservatives have used the same sources to argue for restrictions on women's roles (Funsch, 2015).

In 2006 Oman ratified the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) with certain reservations. Adopted by the UN General Assembly in 1979, CEDAW affirms the principles of fundamental human rights and equality for women (OECD/CAWTAR, 2014). The Convention permits ratification with certain reservations as long as the reservations are not incompatible with the purpose of the Convention (OECD/CAWTAR, 2014; United Nations, n.d.). Like other MENA countries where Islam is the source of legislation, Oman ratified CEDAW with reservations to any provisions of the Convention not viewed to be in accordance with the provisions of the Islamic Sharia (United Nations, 2006). Examples of the reservations include granting women equal rights with men regarding the nationality of their children, and the equality of men and women regarding adoption. These reservations to CEDAW are believed to result in continued discrimination against women based on gender, which is contrary to the purpose of CEDAW. The reservations

remain and implementation of CEDAW has been sluggish (Al-Talei, 2010; OECD/CAWTAR, 2014).

Established in 1996, The Basic Law, which serves as Oman's constitution, declares gender equality. Omani Personal Status Law guarantees women a balanced relationship with men based on justice and fairness, in line with Sharia law; however, certain articles of Personal Status Law regarding matters of property, divorce, inheritance, and the requirement of a male guardian's permission for a woman to enter into marriage, continue to be sources of discrimination against women (Al-Talei, 2010). The following are examples of Omani laws that affect women:

- Omani women are not allowed to transfer their citizenship to foreign spouses and their children. Omani men, however, have the right to pass their citizenship to their children as well as to a foreign spouse (Al-Talei, 2010).
- Omani men may divorce their wives unconditionally by verbally announcing their intent to do so; however, Omani woman may initiate divorce proceedings only under certain specific circumstances, for example a husband's failure to meet his financial obligations or abandonment and must file legal proceedings to make the divorce final. An Omani woman may legally initiate a unilateral divorce if she returns the *mahr* (mandatory money paid by the groom or his family to the bride at the time of marriage) (Al-Talei, 2010).
- A 2008 law stipulates that the testimonies of Omani men and women before a court are equal. This contrasts with other Islamic countries where the testimony of a woman equals half that of a man (Gouda & Potrafke, 2016).

- Omani women are not prohibited from traveling abroad; however, they are required to have their husband's or male guardian's written permission in order to obtain a passport (Al-Talei, 2010).
- An Omani woman will generally inherit half of the share a man with the same relationship to the deceased will receive, unless more is left in a will (Al-Talei, 2010).
- Oman's Personal Status Law requires a woman's male guardian to contract her into marriage, a condition not imposed on men. A judge may permit a woman over eighteen to marry without permission of her legal guardian if there is a lack of justification for her legal guardian refusal of the marriage (Al-Talei, 2010).

Some gender-specific protections exist for female employees, however, sometimes these laws cause employers to discriminate against women in the hiring process. Omani Labor Law restricts night work for women. Omani Labor Law, Article (81), stipulates that females shall not be required to work between nine p.m. and six a.m. save in cases, works, and occasions specified by a decision by the Minister (Sultanate of Oman, 2012). While healthcare professionals are considered an exception to this law, the law is indicative of the cultural norms, which influence the image of nursing and consequently, the nursing workforce.

Education

Since 1970, the government has placed a high priority on education in order to develop a strong domestic work force. The Basic Law clearly articulates the priority Oman places on education.

- Education is a cornerstone for the progress of the Society which the State fosters and endeavors to disseminate and make accessible to all.

- Education aims to raise and develop the general cultural standard, promote scientific thought, kindle the spirit of research, respond to the requirements of economic and social plans, build a generation that is physically and morally strong, which takes pride in its Nation, Country, and heritage and preserves its achievements.
- The state shall provide public education, work to combat illiteracy and encourage the establishment of private schools and institutes under its supervision and in accordance with the provision of the Law (Basic Law as cited in Funsch, 2015, p. 84).

Public primary and secondary education is available nationwide to all Omani citizens. Over 400 private alternatives are also available for both Omanis and foreign resident nationals. There are approximately 57 colleges and universities in Oman, half of them public and half of them private. All Omani citizens who meet the admission requirements, regardless of gender, religion, ethnicity, or family income can compete for admission to the nation's public colleges and universities. Applications to programs of higher education in Oman and abroad are managed by the Higher Education Admission Center, which uses modern technology to match the preferences and point scores of applicants with entry requirements and admission quotas for each program (Ministry of Information, 2016).

Oman's premier national university, Sultan Qaboos University (SQU), opened in 1986. It currently consists of nine colleges – Arts and Social Sciences, Education, Economics and Political Science, Nursing, Law, Medicine and Health Sciences, Science, Agriculture and Marine Sciences, and Engineering. The university has an enrollment of approximately 15,000 students. The highly selective admission process is based primarily on academic merit. It is notable that following a royal decree, at least 50 percent of the students enrolled at SQU must be women

(Funsch, 2015), however, a gender-based quota system limits the number of women in certain disciplines such as agriculture, medicine, and engineering (Al-Talei, 2010).

In recent years, there has been an emphasis on the relevance of education for the needs of Omani society. The period of rapid growth since 1970 has made necessary a dependence on migrant workers in all sectors of the work force; however, by the late 1980's the government recognized the limitations that dependence on a migrant workforce would have on the future development of Oman. The Omanization policy which was adopted in the mid 1990's stresses the significance of education and training for development of Oman's national human resources. (Aycan et al., 2007).

Healthcare

Prior to 1950, most countries in the MENA region faced poor health indicators and a serious shortage of human resources for health, and Oman was no exception. There were two hospitals run by an American Mission, both located in Muscat. Only a few, mostly expatriate, physicians and nurses, and a few Omani paramedic staff, ran the hospitals (Alshishtawy, 2010). According to Al-Riyami, Fischer, and Lopez (2015), in 1970, there were only five Omani nurses. In recent decades, Oman has made impressive strides in the evolution of healthcare with vast improvements in population health (Kronfol, 2012).

Healthcare planning in Oman has been accomplished through a series of five-year plans that started in 1976. Healthcare planning has gone through three phases. The first phase, 1976-1990, focused mainly on building health infrastructure. The second phase, 1991-2005, focused on decentralization of health services and establishment of ten health regions. Beginning in 2006, a new phase began which concentrated on disease prevention and health promotion in the community (Alshishtawy, 2010).

Improvements in healthcare have dramatically decreased maternal, infant, and child mortality rates (Funsch, 2015). The most important health challenges in Oman during the next few years will be the control of non-communicable diseases (NCD) due to rapid lifestyle changes such as unhealthy dietary habits, limited physical activity, and increased tobacco use; and injuries related to unsafe behaviors such as reckless driving and substance abuse. Mental health issues, congenital diseases, and environmental factors will also increasingly affect the health status in Oman (World Health Organization, 2010). In 2015, the number of physicians per 10,000 population was 21.4, and the number of nurses and midwives was 46.3 per 10,000, which fall well below world averages, but only slightly below averages for the Eastern Mediterranean Region (World Health Organization, 2016).

The Ministry of Health is the main healthcare provider in Oman, with some supplementation by other government hospitals and clinics. Private hospitals and clinics play an increasingly important role in providing healthcare in Oman. Healthcare services are almost universally accessible and utilized through a network of local, district, and regional health facilities with an adequate number of qualified staff providing free healthcare for the Omani national and expatriate population. Apart from being the primary provider of healthcare, the Ministry of Health has responsibility for coordination of the healthcare sector through the development of health policies and strategies, health programs, and plans to improve healthcare in Oman. The Ministry of Health also runs educational institutes for basic and post-basic nursing and allied health programs, as well as supporting universities to run degree programs in medicine, nursing and allied health (World Health Organization, 2010).

In 2014, the Omani Ministry of Health developed Health Vision 2050, a comprehensive plan for development of health research. The aim is to make Oman the regional leader in health

research. The main priorities for health research are health system research (delivery, health workforce, health information systems, medical technology, leadership and governance, and financing) and health research related to diseases and risk factors (Al Mawali et al., 2017).

The Nursing Profession. The graduate of a diploma nursing program or a BSN program in Oman becomes a registered nurse (RN). There is no national licensure examination required; however, migrant nurses who come to Oman to work must pass a national licensure examination from their native country prior to working in Oman (Almukhaini, Donesky, & Scruth, 2016). The Ministry of Health governs professional practice for RN's.

Oman is unable to produce enough nurses, and therefore, must employ large numbers of migrant nurses from other MENA countries as well as the Philippines and India. To increase the number of qualified Omani nursing professionals, in 1990 the Ministry of Health began expanding education and training for nurses in an attempt to decrease dependence on migrant nurses (Al-Riyami et al., 2015). The policy of Omanization to replace migrant healthcare workers in Oman with equally qualified Omani nationals started in the 1990's in order to develop a sustainable healthcare workforce. With continued efforts toward Omanization of the nursing workforce, the percentage of Omani nurses in 2015 reached 47% overall, and 58% within the Ministry of Health System (Ministry of Health, 2015). Since 1970, the Ministry of Health has established diploma nursing institutes across the country in an effort to allow students access to nursing education close to their home. The availability of local nursing training has significantly contributed to Omanization levels (Alshishtawy, 2010).

There are currently eleven diploma nursing programs, two RN to BSN programs, and two university Bachelor of Science in nursing (BSN) programs (Almukhaini et al., 2016). Additionally, the Ministry of Health has established the Oman Specialized Nursing Institute to

offer post-diploma certificates in nursing specialties (Ministry of Health, 2014). The first Master of Science in nursing (MSN) degree with a focus on acute care recently opened. Prior to this, Omani nurses have studied internationally for masters degrees; however, there was no allowance for advanced nursing practice when they returned to Oman. This new MSN degree in Oman signifies the beginning of advanced practice nursing. There are currently no doctoral programs in nursing in Oman (Almukhaini et al., 2016).

One of eight goals in the National Health Policy of Oman is, “Development and training of Omani workforce in all health professional categories in order to achieve high levels of Omanization or self-sufficiency in health workforce” (Ministry of Health, Sultanate of Oman, 2011, p. 2). Situated under the nursing care domain in the document, is the following verbiage that addresses how Omanization should be achieved:

In order to speed up development processes, the Ministry has expanded in the establishment of colleges of nursing in the various governorates and regions to a total of 12 Nursing Institutes that graduate 7703 nurses up to the year 2010. For the sake of the ministry to continue to develop its human resources, it provides internal or external scholarships to some of the nursing staff to get diplomas specialist or bachelor's degree or master's in order to achieve the vision of the ministry and the needs of the required qualified staff (Ministry of Health, Sultanate of Oman, 2011, p. 51).

This policy, and the means for achieving it, are clear evidence of the priority placed on Omanization of the nursing workforce by the Omani government.

Conclusion

This chapter introduces this study, presenting background information and context. The purpose of this study and the research question stem from my experiences with nurses in Oman

and the United Arab Emirates. I have learned through conversations that we share many of the same thoughts about the work of nursing, but I have also seen that there are differences as well. This research is innovative because a life history of an Omani nurse has never been conducted. This woman's story provides insight about the benefits and challenges Omani women nurses face when they choose nursing and along their career paths. It also describes leadership qualities needed for success as an Omani woman nurse leader. The findings from this study can serve as a foundation to direct areas of future research on issues related to the nursing workforce and nursing leadership.

The study uses a holistic framework of influences, both internal and external, to look at this woman's life. The context for the life of this Omani woman nurse leader was provided with enough detail that hopefully, the reader of this study can understand the external influences on her life choices. The next chapter will review the relevant research literature to determine gaps in knowledge.

Chapter II: Review of Research Literature

Since the beginning of the Omani Renaissance, the Omani government has placed a priority on continuously improving healthcare delivery to all Omani citizens. An adequate supply of qualified nurses is needed to accomplish this goal. Due to the rapid expansion of services, there has been dependence on a migrant nursing workforce to meet the need for qualified nurses; however, since the early 1990's, the Omani Ministry of Health has placed priority on Omanization of the nursing workforce. Despite increased opportunities for education of nurses, the number of Omani nurses remains inadequate (Almukhaini et al., 2016).

As in most of the rest of the world, nurses in Oman are predominantly women; therefore, "...the position of nurses in society and the power they hold, the respect in which they are held and value which is given to their work, is usually closely aligned with the position of women" (Abou Youssef et al., 1997, p. 16). Omani policies of gender equality as well as others that support women, have gradually increased the overall participation of Omani women in the workforce, yet many barriers to women's employment and career advancement exist in traditional Arab patriarchal society. Employment as a nurse has additional barriers, because the nature of nursing work is contrary to traditional Arab gender ideology and codes of female behavior (Al Awaisi et al., 2016)

This literature review includes recent research literature on the broad context of Omani and Arab women's employment, careers and career advancement, as well as nurses in Oman. While Omani women are the primary interest in this study, because scholars commonly cite a single shared culture as foundational to the Arab national identity, it made sense to include research on Arab women's employment to gain a better understanding of women's employment within the context of Arab culture; however, literature regarding nursing was limited to Oman.

Literature Search Strategy

A search of the literature was conducted using a university library “SuperSearch,” which searched all electronic databases in one place. The searches were limited to peer reviewed articles in English, published between 2007 and 2017. Only articles on primary research or secondary data analysis were included. Articles were excluded if they were editorial, conference reports, or only historical discussions. Articles were also excluded if they were not specific to women. Keyword and Boolean phrases were as follows: *Omani women OR Arab women AND careers, Omani women OR Arab women AND management, Omani women OR Arab women AND leadership, and nursing AND Oman.*

Omani and Arab Women’s Employment

Scholars from diverse disciplines (economics, sociology, political science, gender studies, anthropology, and religious studies) have contributed to knowledge on women’s employment. The most common approach to the study of women’s employment relates employment to the socio-cultural context of women (e.g. culture, education, economic development) (Abalkhail & Allan, 2016; Afiouni, 2014; Besamusca et al., 2015; Kemp & Zhao, 2016; Littrell & Bertsch, 2013; Omair, 2008; Tlaiss & Kauser, 2010; Tlaiss & Kauser, 2011). For example, Besamusca et al. (2015), focused on four domains of country characteristics known to affect rates of female participation in the labor force that are found in previous research. Those domains were: economic conditions causing the necessity and opportunities to work, education, family care demands, and gender ideologies that govern the extent to which women are encouraged or discouraged from working. Another approach used for understanding women’s employment in Arab countries is through interpretations of Islam (Alsawafi, 2016; Marmenout & Lirio, 2014; Masoud, Jamal, & Nugent, 2016; Metcalfe, 2007; O’Sullivan, 2015).

These commonly used approaches attribute employment to external forces and do not account for internal drivers. Several scholars noted that there are very few studies that acknowledge the contribution of personal factors to women's employment decisions (Afiouni, 2014; Kemp & Zhao, 2016; Madsen, 2010).

Barriers and facilitators to women's employment and entrepreneurial success was a common topic throughout the literature (Chavali, 2016; Gallant & Pounder, 2008; Marmenout & Lirio, 2014; O'Sullivan, 2015). Marmenout and Lirio (2014) conducted focus groups with employed women in the UAE regarding their experiences with work force participation and career progress in order to understand challenges and strategies related to retaining women in the work force. This study highlighted women's challenges related to traditional roles. O'Sullivan (2015) interviewed 16 Emirati women in different careers about the forces behind their success and the barriers they faced in their careers. Similar themes emerged, including barriers of culture and traditions, barriers of family expectations of women, education as an enabling factor, women as a barrier to other women's career development, and career fulfilment as a facilitator of success for Emirati women in the workforce. A study in Oman analyzed the barriers faced by rural women entrepreneurs (Ghouse, McElwee, Meaton, & Durrah, 2017). The study again concluded that traditional socio-cultural practices continue to hinder women's participation in the development of the country. Chavali (2016) used questionnaire based purposive sampling to uncover obstacles and opportunities faced by Omani women entrepreneurs. Societal empowerment of women to make their own professional decisions was identified as the most important area of improvement needed for women in Oman to become entrepreneurs. Gallant and Pounder (2008) identified more logistical barriers to women's employment in the UAE in

addition to cultural constraints. These included the lack of socially acceptable transportation and lack of childcare.

Another group of studies examined barriers and facilitators to women's success in leadership, with similar results (Al Gharaibeh, 2015; Al Maaitah et al., 2012; Al-Lamky, 2007; Kemp & Zhao, 2016; Tlaiss & Kauser, 2010). In a study by Al Gharaibeh (2015), two women in public sector leadership positions from each GCC country were interviewed regarding barriers and strategies to equality and empowerment of women in the GCC. Based on the findings, the author concluded that the challenge to empowering women in the GCC is in the deeply rooted social and cultural traditions prohibiting equitable participation by women in the social, economic, and political life of their country, which are part of the constitution and parliamentary framework of each GCC country. Studies by Al Lamky (2007) and Alsawafi (2016) similarly concluded that in Oman, restrictive patriarchal social attitudes toward women and government policies were factors that constrained empowerment of women.

Several studies described the ways in which traditional socio-cultural practices have affected women's careers. Kemp and Zhao (2016) conducted life histories with Emirati women managers or business owners exploring how cultural orientations had influenced their careers. Three themes emerged as having influenced the participant's careers: family influence on careers, their personal attitudes towards the value of education for careers, and opportunities for workplace career development. Of particular interest in this study was the finding that within families, there was negotiation regarding gender egalitarianism and participants acknowledged male support (husband, father, brother, male manager) for their success in employment. O'Sullivan's (2015) study also found family to be the most important support system that Emirati women have. So, even though much of the research on women's careers cites traditional

roles of women in the family as one of the primary obstacles that Arab women face, family dynamics have also been found to be facilitative. In a study by Tlaiss and Kauser (2011), the researchers tried to understand how gender, work, and family factors impacted the career advancement of a sample of Lebanese women managers. The participants in this study did not perceive their family responsibilities as a barrier to their career progress even though the findings showed that traditional Arab gender norms in which the woman's primary role is as a wife and mother were present. The participants in this study instead perceived family social class as important to their success. They cited the concept of *wasta* as a key determinant to their career progress. *Wasta* in the Arab world is asking an influential friend or acquaintance to use their networks to help someone achieve their goals, such as career advancement. Other studies (Abalkhail & Allan, 2016; Omair, 2010; Tlaiss & Kauser, 2010) also cited the importance of *wasta* in access to management and leadership positions.

Another group of studies examined leadership development in the Arab region. Harold (2011) reviewed leadership studies and conference presentations on leadership to identify patterns of transformative leadership practice. Two clear themes that emerged were, changes occurring in society (new roles, education) and the continuity of ongoing influences (parental support, role models, Islam, and learning from previous experience). Madsen (2010) conducted in-depth qualitative interviews of six Arab women leaders in the UAE about the influences that they believed were the most important throughout their lives to prepare them for their present leadership roles in the UAE. The influences identified were: raised in stable homes with strong values, supportive brothers, open-minded fathers, "strong" mothers, achievement focused and competitive personality, involved in a wide range of activities, loved learning and had access to education, and influenced by individuals around them. Omair (2010) produced a typology

identifying four types of career development as managers. The results suggested that family connections and social status are important in women's career development as managers. The study also supported the perception that Emirati women encounter gender based barriers in their career.

Masoud, Jamal and Nugent (2016) examined empowerment of women in the labor force using the framework of Islam. The researchers questioned whether it might be possible for Islam to be used to change patriarchal attitudes toward empowerment. In the study, approximately 2,500 Egyptian men were randomly assigned to hear religious (based on the Quran) and non-religious arguments for and against admissibility of women as national political leaders. The results showed that those who had listened to the Quranic argument were significantly more accepting of women as national political leaders. The researchers argued that this study offers a possible model for changing the patriarchal attitudes of the political systems in Muslim Arab countries. Another study explored perceptions of the challenges towards Omani women working in the tourism sector (Alsawafi, 2016). The study found that Islamic teachings play a significant role in all aspects of Muslim life, including employment. Results indicated that the nature of work in the tourism industry is the most important challenge because tourism establishments such as hotels and airlines require long hours and shift work, which is perceived as being against Islamic teachings regarding women's work outside the home.

Only one study explored institutional influences for how Arab women go about choosing an occupation and enacting a career (Afiouni, 2014). The results showed that women reference specific gender scripts that are influenced by the Arab institutional context (e.g. Islam, patriarchy and family centrality) when choosing an occupation and enacting their career. Alsawafi's (2016) study examined challenges preventing female students from choosing work specifically in the

tourism sector. Chevali (2016) explored why women choose to become entrepreneurs in Oman. The results showed that being independent, freedom to make their own decisions, and better social status are the motivating factors for Omani women who choose to become entrepreneurs. Zerovec and Bonthenbal (2011) specifically stated that further research is needed to explore the motives and variables in women's decisions to enter the labor force.

A final concept explored by Afiouni (2014) that is worthy of mention is "career as calling." The findings in this study point to a personal view of an academic career as a calling. The author points to other studies on women in academia that report similar results. Islamic values and prevalence of patriarchy are seen as institutional factors influencing women's preferences to an academic career as a calling.

Omani Nurses

There is disagreement in the literature about how the nursing profession is viewed in Arab societies. A few studies (Afiouni, 2014; Al Gharaibeh, 2015; Al-Lamky, 2007) referred to nursing as traditional women's work and inferred that it is an acceptable career for women. Kemp and Madsen (2014), conversely, stated, "Nursing is an example of an occupation that is considered to be a respectable profession for women in other countries, but not in a Majority Muslim Country such as Oman. Nursing is perceived as a low-level rather unclean job..." (p. 794). In a study on implementation of Omanization policies for nurses and teachers, the authors stated, "Compared with teaching- which is considered prestigious and suitable for women - nursing is considered less prestigious and sometimes, it involves work situations that would not be appropriate for Muslim women" (Zerovec & Bontenbal, 2011, p. 376). In interviews with new graduate nurses in Oman, Al Awaisi et al (2015) found that even though many of the new graduate nurses were proud that they were nurses, the low status of nursing in Oman created

intrapersonal conflicts that reduced their confidence and satisfaction with the profession. On the contrary, a study in Oman on university student attitudes toward the nursing profession concluded that the majority of male and female students in all colleges of a large Omani university had a positive attitude toward the nursing profession (Shukri, Bakkar, El-Damen, & Ahmed, 2013).

The role of the nurse was another significant issue related to Omani nursing work environments that was discussed in a study (Al Awaisi et al., 2015) on the experiences of new graduate nurses in Oman in their first year of practice. The nurses commented negatively on the quality of nursing practice, which they found to be different from what they had been taught while in school. “They found nursing to be task-oriented which disappointed them and conflicted with their idea of nursing as a caring profession” (p. 1733). The new graduates also felt they were performing tasks that did not require the level of education they had attained. The study revealed that Omani new graduate nurses do not necessarily intend to leave the job after their first year of practice due to job dissatisfaction; however, they expressed the view that if they could go back in time they would not consider nursing as a future career. This finding raises questions about retention of these graduates in the nursing workforce.

Oman is unable to produce enough nurses, and therefore must employ large numbers of migrant nurses from other MENA countries, as well as the Philippines and India. The Oman Ministry of Health is, therefore, trying to increase the number of Omani nursing professionals through Omanization. Several studies addressed Omanization of the nursing workforce (Al Awaisi et al., 2015; Al-Riyami et al., 2015; Ennis & Walton-Roberts, 2018; Zerovec & Bontenbal, 2011). A case study by Ennis and Walton-Roberts (2018) examined the convergence of nationalization policies that shape Omanization of the nursing workforce and the resultant

insecurity of migrant workers to Oman. This insecurity was apparent when new graduate Omani nurses reported that working with migrant nurses was one of the factors that negatively affected their transition because the migrant nurses resented that the Omani nurses were going to replace them or even “steal their position” (Al Awaisi et al., 2015, p. 1730). In Zerovec and Bontenbal’s (2011) study, Omani national registered nurses and nursing students expressed concern that the rapid turnover of experienced migrant nurses with new Omani nurses has left an experience gap that will affect healthcare quality. They suggested that the Omanization process should be slowed down to allow Omani nurses to gain experience. Shukri et al (2013) argued that Omanization has created more opportunities for high school graduates to take up a career in nursing; despite the work environment problems it has created.

A study by White (2012) is the only one that addressed nursing leadership. The study compared opinions on the expected skills of a nursing administrator between current heads of nursing and students in a Nursing Administration Specialty program. Expected skills were largely the same between the two groups except that students expected they should have skills in financial management, but current heads of nursing did not think this was a required skill.

Conclusion

Scholars from multiple disciplines have studied the cultural shift toward Arab and Omani women’s participation in the workforce. Social and cultural traditions, patriarchy, and government laws and policies were consistently identified as primary barriers to women’s empowerment in the workforce. The family was also clearly acknowledged as an important influence on employment and leadership; however, while women’s traditional roles and responsibilities within the family were often cited as a barrier to women’s career progress, several studies suggested that within families there is negotiation of traditional roles, so perhaps

this barrier is evolving. Islamic ideology was another barrier to women's employment and empowerment that was argued to have the potential of becoming a facilitator to changing patriarchal views in society.

While a few studies addressed why Omani women choose particular career paths, more study is needed in this area, especially with regard to cultural norms. The majority of these studies only accounted for external influences for choosing and enacting a career. The current literature was ambiguous regarding the image of nursing in Arab societies; however, results from several studies specific to Oman concluded that the image of nursing influenced recruitment and retention of nurses, as well as the practice of nursing.

Several studies explored barriers and facilitators to Arab and Omani women's general success as leaders; however, only one study addressed any aspect of Omani nursing leadership. There is a clear gap in this area that is explored in this study.

Chapter III details the research design and explains why the methodology chosen is the only appropriate methodology for this research. Detail of the methodology to be used, including data collection and analysis is provided. Issues of ethics and rigor will also be addressed.

Chapter III: Methodology

Discussion of the design chosen for this research regarding an Omani woman nurse leader, and arguments as to why this particular approach and design were chosen can be found in this chapter. The approach is described, located within a philosophical worldview, and issues of how the approach to the research was shaped by the worldview are addressed. The design is then described and compared with others that might have been used, and the argument as to why it was the most appropriate is made.

A qualitative approach and a life history design were used for this study. According to Clough and Nutbrown (2012), deciding on methodology begins by asking questions about *why* interviews are better than questionnaires, or *why* survey 50 participants rather than 500. To make these decisions, the researcher must start with their basic philosophical assumptions about “what the world is, how it works, and how we claim to know these things” (Clough & Nutbrown, 2012, p. 37), then consider designs that are related to these assumptions, and specific methods of research to use in conducting these strategies (Creswell, 2014). One methodology is not superior to another, as they all generate different but complementary knowledge (Denzin & Lincoln, 2011; Vivar, McQueen, Whyte, & Armayor, 2007). The most important consideration is that the methodology emerges from the goals of the study (Clough & Nutbrown, 2012; Denzin & Lincoln, 2011).

Qualitative Approach

Quantitative research is a systematic, objective process that focuses on breaking the whole into parts so that they can be examined. Quantitative results are presented numerically. Qualitative research is a systematic, subjective, holistic approach that focuses on the nature or essence of a phenomenon, and presents results in words (Creswell, 2014; Grove, Burns, & Gray,

2013; Merriam & Tisdell, 2016). A qualitative approach focuses on the participant's point of view (de Chesnay, M., 2015). The purpose of this study was to discover (explore, describe, seek to understand) the lived experiences of an Omani woman nurse leader; therefore, qualitative research was the best approach to generate the data needed to achieve this purpose. According to Crabtree and Miller (1999), qualitative methods are best to explore the meanings and practices that occur in lived experiences. Qualitative researchers are interested in understanding the meaning that people ascribe to experiences or phenomena (Creswell, 2014; Merriam & Tisdell, 2016; Patton, 2015). According to Patton (2015), "Qualitative designs are naturalistic to the extent that the research takes place in real-world settings and the researcher does not attempt to affect, control, or manipulate what is unfolding naturally" (p. 48). This type of inquiry contrasts with laboratory studies and controlled experimental designs where the study conditions are controlled by changing, manipulating, or holding external influences constant and where only a few outcome variables are measured (Patton, 2015). The purpose of this research simply does not lend itself to numerical answers or to a controlled environment; therefore, a qualitative approach was chosen as the best fit.

Qualitative methods allow for deep and detailed study of issues as opposed to predetermined response categories to which numbers are assigned (Patton, 2015). An in-depth, detailed holistic understanding of an Omani nurse's career path adds needed knowledge to the dearth of scholarly literature about why Omani women chose a nursing career path, or the experiences of an Omani nurse or nurse leader. This qualitative study produces rich descriptions of context, the individual, and experiences, which will inform the direction of future studies.

Many different designs can be used for qualitative research; however, all qualitative designs have several common characteristics. Qualitative researchers collect data in the field

rather than bringing subjects into the lab to gather data. They gather data by talking with participants and seeing them behave within their own context. The instrument for all data collection is the researcher. Multiple forms of data may be gathered and then organized together with other data sources. Data is organized inductively into abstract themes. Deductive thinking is also used as themes are rechecked against the data. Throughout the process of data collection, the focus is on learning the meaning that the participants hold about the problem or issue, as well as diverse views not considered by the researcher. The research process in qualitative research is emergent, meaning that the initial plan may shift or change as the researcher enters the field and begins collecting data. Qualitative researchers explicitly acknowledge that their perspective shapes all research, including interpretation and the value of the research. Qualitative research is designed to give a holistic account of the problem or issue (Creswell, 2013). Throughout all phases of the process, qualitative research designs should adhere to ethical research principles. Rigor in qualitative research involves accuracy of the data and replicability, or the ability to understand why decisions and conclusions were made as they were (de Chesnay, M., 2015). Philosophical assumptions about how research should be approached are the basis for all research. A discussion of these beliefs for this study follows.

Paradigm

A paradigm is a philosophical worldview or belief system that guides the way one does things (Creswell, 2014; Patton, 2015). Creswell (2014) describes a paradigm as “a general philosophical orientation about the world and the nature of research that a researcher brings to the study” (p. 6). A paradigm includes beliefs about the nature of reality (ontology), what counts as knowledge, and how claims of knowledge are justified (epistemology), the role of values in research (axiology), and the process of research (methodology) (Creswell, 2013). Paradigms

guide how researchers make decisions with regard to what should be studied, how research should be done, and how results should be interpreted (Denzin & Lincoln, 2011).

The constructivist paradigm underpins this study. The constructivist view is that multiple realities are constructed by the mind and are dependent on the context from which they were derived, as opposed to the positivist belief that there is one single truth that can be measured and studied (Creswell, 2013; Denzin & Lincoln, 2011; Merriam & Tisdell, 2016). This view supports my position that my chosen method must consider both the participant and the context of her life. Assumptions from this paradigm are that individuals develop subjective meanings of their experiences, and there is recognition that findings are subjective and influenced by the interaction between the researcher and the participant, in contrast to the positivistic view that knowledge is objective, with no interaction between researchers and participants (Creswell, 2013; Denzin & Lincoln, 2011). Researchers working in the constructivist paradigm acknowledge that biases are present and research is value laden whereas positivist researchers remain detached and value free (Denzin & Lincoln, 2011; Patton, 2015).

If the topic of Omani women nurses were studied from a positivist perspective, the researcher might start by first hypothesizing that Omani women nurses have a calling that influences them to pursue a nursing career and sustains them in the profession. A survey tool to measure a calling could then be distributed to Omani women nurses and a measurement of how many have a calling could be obtained. A critical theory perspective has the goal of change, emancipation, or empowerment rather than the constructivist goal of understanding and interpreting. This perspective might study the issue from the standpoint that Omani women have disadvantages in joining the workforce and therefore, the inquiry would focus on situations of social justice. Interpretation would be a critique of the situation, and the purpose of the findings

would be to inform change (Patton, 2015). Although these perspectives would generate knowledge about Omani women nurses, I chose the constructivist paradigm because constructivist assumptions align best with the purpose and aims of the research which was to discover the personal experience of being an Omani woman during the Omani Renaissance, choosing a career in nursing, and subsequently becoming a nurse leader.

Inquiry approaches from the constructivist perspective include interviewing, observing, and analyzing documents and audio-visual materials (Creswell, 2013). Designs from this perspective include those that are best for understanding the lived experiences of research participants. Examples of these include ethnography, grounded theory, phenomenology, life history, and historical methods. Within the group of research designs originating in the constructivist paradigm, I chose life history because this design seeks to understand individual life stories within their personal, social, economic, political, and historical contexts (Hatch & Newsom, 2010). A description of this design along with a discussion about the rationale for choosing it follows.

Life History Research

The derivation of life research methods is from cultural anthropology as a form of ethnographic fieldwork (de Chesnay, M., 2015). Interest in life history research in the social sciences has grown over the past several decades. It has been used in a wide variety of disciplines in addition to anthropology, including sociology, psychology, feminist studies, history, and education (Hatch & Newsom, 2010; Ojermark, 2007). Life history methods have had limited usage by nurse researchers, possibly because it has been considered an ethnographic method mostly used by anthropologists (de Chesnay, M., 2015).

The key characteristic of life history research is to understand individual life stories in relation to the influences of the context in which they occur (Hatch & Newsom, 2010).

According to Kouritzin (2000), life history is operationalized to mean

... an aggregate of documents, including oral life story, centering around and supporting a life narrative, and possibly incorporating many of the terms it is sometimes considered synonymous with: oral autobiographies, biographies, memoirs, journals, dream analyses, diaries, personal documents, case histories, oral accounts, testimonies, personal histories, individual documentaries, confessions, third-party reports (p. 4).

The life story interview is a method for collecting the subjective interpretation of a participant's life experiences (Clandinin & Rosiek, 2007).

An assumption for this study was that the sociocultural context of Omani women influences their perceptions, attitudes, and values about their career choice and life path. Additionally, there was the assumption that these perceptions are unique to their culture. Claude Levi-Strauss (Levi-Strauss, 1943), a French social anthropologist, said that life history allows the perception of culture from within, rather than as a set of norms, values, roles, and rituals. One of the most effective means of studying abstract categories such as 'culture' and 'women' has been to focus on individual life histories, and the aspirations, successes, and challenges of individuals in their daily lives (Torab, 2007).

In life history methodology, the researcher listens to the telling of the life story to understand a particular aspect of the individual's life (Streubert & Carpenter, 2011). The purpose of this approach is to tell how life events influence individuals and how they have made sense of these events (Wiseman & Whitefield, 2007). Life history methodology is particularly

suitable for understanding and explaining human experiences, which aligns perfectly with the desired aims of this study.

Comparison of Life History with Other Qualitative Methods

The choice of which qualitative method to use is determined by which approach will answer the research questions (Streubert & Carpenter, 2011). Life history research is one of several qualitative approaches that fits in the category of narrative inquiry (Creswell, 2013; Hatch & Newsom, 2010). Narrative research focuses on stories from a single individual or several individuals (Creswell, 2013; Hatch & Newsom, 2010; Patton, 2015) and while all life histories are narratives, not all narratives are life histories. What differentiates life history is its wide-ranging purpose, to examine individual experiences and interpretations within historical, social, and cultural contexts (Hatch & Newsom, 2010; Patton, 2015). Cole and Knowles (2001) suggested “that every in-depth exploration of an individual life-in-context brings us that much closer to understanding the complexities of lives in communities” (p. 11). This broad approach to gaining insight into the human condition was needed for the purpose of this study.

A phenomenological study describes the lived experiences of a phenomenon by several individuals and therefore, would not be appropriate to this study’s purpose of discovering the subjective experience of this one life. The study took a holistic view of this one life rather than focusing on a particular phenomenon. While life history is derived from ethnographic methods, ethnography focuses on understanding the meanings attached to the patterns of social interactions of members of a particular cultural group, rather than a more holistic study of the participant within a particular cultural group. In this study, I was interested in the life of the participant within her culture, as well as her own agency in her career path, which makes life history methods the most appropriate for this study.

Sample

Participant selection

In most qualitative research, the sampling method is purposive (Creswell, 2013; de Chesnay, M., 2015; Streubert & Carpenter, 2011). This means that the researcher identifies the type of participants needed, then looks for people who meet the criteria and are willing to make a commitment to work with the researcher over an extended period to gain insight into an area of mutual interest (Cole & Knowles, 2001).

The key participant is a nurse leader at a large hospital in Oman. This nurse leader agreed to tell me her story. Based on the purpose of the study, this participant was selected because she is an Omani woman who chose to join the workforce and pursue a career in nursing. She has been a nurse in Oman for many years, and therefore was able to describe her career path in the context of the Omani Renaissance.

The key participant was asked to identify members of her collegial and familial networks to be interviewed to offer a better understanding of her success. Members of her family network that she identified were her husband, her son, and one of her sisters. From her collegial network she identified some of her mentors, a supervisor, some young nurses, and some colleagues with whom she has worked for many years. Ten colleagues were interviewed. Some of her colleagues were Omani and some were expatriates. See Appendix A for a table of demographic information about interviewees from the key participants collegial and familial networks.

Protection of Human Subjects

As in any research, ethics are a major concern. “Although policies, guidelines, and codes of ethics have been developed by the federal government, institutions, and professional associations, actual ethical practice comes down to the researcher’s own values and ethics”

(Merriam, 2009, p. 261). Because life history research requires extraordinary personal investment on the part of the participant, consideration of ethical issues takes special prominence. Issues such as confidentiality, consent, access to data during and after the study, negotiation of control, and equity of influence need studied consideration throughout the research process (Cole & Knowles, 2001).

To ensure protection of human subjects, Institution Review Board (IRB) approval was obtained from Kennesaw State University. Written consent was obtained from all participants. There were no anticipated risks for participants of this study. Each participant was asked to choose a pseudonym and only these names were recorded on the written transcripts. Digital transcripts were stored on a password protected digital data storage device and backed up to secure cloud storage. Access to the written transcripts was limited to the primary researcher and the dissertation committee chair. The key participant asked members of her social and family networks if they would be willing to be interviewed and only then were they be contacted by me. Pseudonyms were used in the written report of this research.

Setting

The setting for collecting data in life history design is the place where the participants experience life (Cole & Knowles, 2001; Streubert & Carpenter, 2011). Life history researchers need to observe people in their everyday lives, in order to have the context necessary to understand the perspectives in which they are interested (Cole & Knowles, 2001; Taylor, Bogdan, & DeVault, 2016). An important strength of life history methodology is that it can provide a high level of ethnographic detail, which requires that researchers observe participants within their cultural context.

I went to Oman for five weeks to collect data for this research. The interviews took place at venues selected by the research participants. I met with the key participant in my apartment, in her home, at the hospital where she works, and at restaurants. Additionally, I was invited to join her at a family engagement party. She also joined me on an all-day sightseeing trip in Oman. Interviews of her colleagues were mostly conducted in the hospital in various locations. One participant came to my apartment to be interviewed, and another did not work at the hospital, so I went to her place of employment to conduct the interview. Another participant invited me to her home for lunch. Formal interviews with the key participant's family members lasted about an hour and were conducted in their homes. I also met with them informally on other occasions at family gatherings, and at restaurants.

Instrumentation

In life history research, data are commonly gathered using standard anthropological fieldwork methods (e.g. interviewing, participant observation, document or audio/video review) over an extended period. This study used unstructured and semi-structured interviews, observations, and field notes as the means for collecting data.

In life history methodology, the interviewer is the primary instrument of research (de Chesnay, 2015a). In this study, I conducted all interviews. I am a nurse with many years of interview experience with patients while in practice, and with students as a nurse educator. Over the past seven years, I have worked extensively in the Arabian Peninsula. Through this prior experience, I am familiar with cultural norms of communication and behavior. Additionally, I have previous experience conducting interviews with nurse leaders in Oman regarding their perceptions of appropriate nurse staffing. The work of Smith (2012) and Casey (1993) informed my approach to the interviews. Their approach allowed participants to contribute to setting the

agenda for the research by simply asking them to tell the story of their life. In this research, this approach gave the key participant the freedom to tell her story on her own terms and identify for herself what was important, rather than responding to an agenda set by the researcher.

My relationship with the key participant began about three years before I interviewed her about her life story. We worked together on a project that connected nurse leaders from an Omani hospital with nurse leaders from a United States (US) hospital with which I was affiliated. I was a host for her weeklong visit to the US and she was a host for my weeklong visit to Oman a few months later. We worked easily together throughout the project. We stayed in touch after the project was completed. She was aware of my studies and when I asked if she would be willing to share her life story so that I could write my dissertation on her life history, she agreed, and even seemed flattered.

A semi-structured interview guide (see Appendix B) with questions designed to include all life stages was created to direct the interviews of the primary participant. According to Wiseman and Whiteford (2007), multiple interviews allow rapport and trust to develop between the researcher and the participant, therefore multiple interviews were conducted. A semi-structured interview guide (see Appendix C) was also developed to guide interviews with members of the primary participant's familial and collegial networks.

A timeline and a genogram were constructed based on interview data to assist me in organizing the data. They are omitted from the results because they were never verified by the key participant.

Rigor

The positivist criteria of validity, reliability, and generalizability are not adequate for judging the quality of research that is outside the positivist paradigm (Cole & Knowles, 2001; de

Chesnay, M., 2015). Various strategies for enhancing the strength and quality of a qualitative study are cited by qualitative researchers. These include declaring researcher biases, transparency in the research process with a detailed accounting of all decisions along the way, and rich descriptive accounts (Cole & Knowles, 2001; de Chesnay, M., 2015; Sandelowski, 1986).

As the researcher, it is important that I acknowledge personal biases which may influence findings (de Chesnay, 2015a; Merriam, 2009; Streubert & Carpenter, 2011). I acknowledge that my values and experiences, particularly regarding nursing and culture, influenced the research interaction, and that my interpretation of the findings flows from my personal, cultural, and historical experiences. Identification of personal experience, cultural factors, assumptions, and hunches that could influence how the study's data is viewed is commonly referred to as bracketing (Fischer, 2009). I bracketed some of my own feelings about cultural issues in Oman that I do not understand or with which I disagree. I also bracketed interview data from the key informant's family and colleagues that did not relate directly to her life. Additionally, I have extensively studied the concept of "a calling to nursing" and have published a concept analysis on the topic (Emerson, 2017); however, while I acknowledge looking for this concept when interpreting the results, I remained open to the possibility that the concept may or may not be present.

Subjective corroboration is a way to ensure trustworthiness of the data (Atkinson, 1998). The key informant was asked to review the narrative which resulted from the collected data and make corrections and comments. The document was returned by her with far more changes than I anticipated. There were a few corrections to the narrative. Additionally, she added comments that improved the detail in the narrative, which she commented, "I forgot to share with you

during our discussion.” She also asked that a few stories be deleted or modified. Virtually all requested changes were made because I felt that this is her story and should be told the way she wants it to be told, and none of the changes she requested made a difference in the overall story and resulting themes.

Data Collection

Data collection began after IRB approval was obtained. Informed consent was obtained prior to each interview. All interviews were conducted in English. I am a native English speaker and all participants possessed proficiency in English as well. Respect for Omani cultural norms was an explicit consideration for interviews with all participants. These considerations included my dressing conservatively, not asking for photos, and providing gifts for all participants. All interviews were audiotaped with permission of the participants.

I spent five weeks in Oman to collect data for this study. I conducted four formal interviews with the primary participant and spent many hours of informal time with her in both personal and professional environments. Before the first interview, the participant and I agreed that each formal interview would last about an hour. Each interview was opened with a broad topic, and other questions asked were only for clarification. Probing questions were not used. The question for the first interview was, “Tell me how you got where you are today.” The second interview was a continuation of the first. The broad topic for the third interview was the key participant’s personal and family life, and the final interview focused on nursing school and nursing. The semi-structured interview guide was used more as a checklist to make sure topics were covered, however it was not used to direct questions, because the key participant addressed the topics in the interview guide without direct questions. As soon as feasible after each interview, verbatim transcription was completed by a professional transcriptionist and field notes

with descriptive and reflective information were recorded by me. These notes were then added to, and correlated with, the verbatim transcripts.

Many topics not included in the structured interviews were discussed in informal social encounters with the key participant. These discussions mainly served as a means of building rapport and trust between the key participant and me, however were also a valuable opportunity to seek clarification of previously discussed topics. Field notes with descriptive information, topics discussed, opinions expressed by the key participant, and reflective information were recorded about each encounter.

Thirteen members of the key participant's familial and collegial network were also interviewed. To allow the key participant to maintain control of confidentiality, these interviewees were selected and invited to participate by the key participant. Each interview lasted less than one hour. Interview questions from the semi-structured interview guide were adapted to each participant, based on the participant's relationship with the key participant. All participants were asked to make comments about the key participant's nursing and leadership qualities, as well as their perspectives regarding obstacles she has faced. As soon as feasible after each interview, verbatim transcription was completed by a professional transcriptionist and field notes with descriptive and reflective information were recorded by me. These notes were then added to, and correlated with, the verbatim transcripts.

Data Analysis

Data analysis in any type of qualitative design incorporates preparing and organizing the data for analysis, thematically analyzing, then representing the data in tables, figures, and/or discussion (Cole & Knowles, 2001; Creswell, 2013; de Chesnay, M., 2015; de Chesnay, Mary,

2015). No matter the framework used, life history analysis focuses on making sense of the information the researcher has decided to use as data (Hatch & Newsom, 2010).

The data set used for analysis included all transcribed interviews and field notes from primary participant, the family and colleague interviews, and additional field notes from informal time with the primary participant. Only primary participant transcribed interviews and field notes, and field notes from informal time with the primary participant were used in the thematic analysis. Family and colleague transcribed interviews were used to corroborate and expound on identified themes.

Thematic analysis is a way to identify and report themes or patterns within data, and to describe and organize a data set (Braun & Clarke, 2006). In keeping with the constructivist paradigm, this analysis considered both the participant and the context of her life. The analysis was “data-driven,” meaning that the themes were linked to the data rather than being driven by a theoretical perspective.

The process I used for analysis was influenced by Riessman (1993), Merriam and Tisdell (2016), Braun and Clarke (2006), and Lincoln and Guba (1985). To begin the analysis, each transcribed interview, with accompanying field notes (key participant and others) was placed in a table with three columns: content (transcription), process (notes about bias, feelings, topic listing, anything else significant), and concepts. Field notes about informal time with the primary participant were placed in a similar table with three columns: summary account of the time together; my thoughts, feelings, or a description of the context; and concepts. I then listened to each transcript to correct words and punctuation, and complete passages that the transcriptionist could not understand, and to add notes about process in the second column. I then read and reread each transcript, as well as primary participant field notes several times to

familiarize myself with the data. The second time I read the transcript, I placed ideas about concepts and themes in the third column of the data table. In subsequent readings, I began to standardize the terms used for concepts and themes (the phrases used). At this point in the analysis I combined all the phrases and words from the third column of each table into one list and sorted them alphabetically so that I could remove duplicates and begin to categorize them. All similar data were then coded with a concept or phrase that represented them. This process was done as two separate processes, one for key participant interview transcripts, and one for family and colleague interview transcripts. The themes came only from the key participant interviews, then the family and colleague interview transcripts were examined to corroborate and expound on the themes.

The codes and the relationships between them were then analyzed using mind maps, tables, and lists. This process took several months with many iterations of what the themes should be. This process continued until all the data satisfactorily fit into categories or themes and subthemes which focus on specific elements of the theme. The themes and subthemes were then refined by examining the data within them for homogeneity and assuring identifiable differences between themes and subthemes.

Conclusion

In this chapter, I have described the constructivist paradigm and life history methods that were used for this study of an Omani woman nurse leader. Arguments were made that the purpose of this inquiry made this approach the only appropriate method of conducting this research. Strategies for promoting rigor in this study are discussed and a detailed account of the procedure used for data collection and analysis is provided. Chapter IV will present the findings of the research.

Chapter IV: Results

This chapter will present the results of the collected data in the form of a narrative about significant events in the life of the key participant as they were told to me, followed by results of the thematic analysis. To maintain confidentiality, the name of the key participant has been changed to the pseudonym Azza and all other individuals as well as places are referred to by pseudonyms or in generic form. Azza related her life story to me in English. Although English is not her native language, she is required to speak English in her work, so she clearly understands and speaks the language at a high level in spite of occasional usage errors. I present the quotations largely as she told them to me, although for readability I have made occasional minor corrections in usage which do not change the meaning of the sentence.

I went to Oman for five weeks to spend time with Azza and the family and colleagues with whom she chose to introduce to me. She offered to pick me up at the airport when I arrived. As I came out of the secure area I immediately recognized her from our past work together. She was wearing a tan headscarf and a light tan long robe out of brocade fabric. She commented that I had changed my hair. She told me it made me look younger and fit me well. Once in the car we chatted about our work and families in the manner of old friends. The interviews were conducted in this same manner.

Azza is an Omani nurse leader who is a nursing pioneer in Oman. Her life and career have evolved amidst the Omani Renaissance, a time of rapid modernization that began in 1970. This time of change in Oman brought exceptional opportunities, as well as unique challenges for Azza. Throughout her life, she has been a person who does not hesitate to stand up for what she believes is right, which has been demonstrated throughout her career by her unwavering advocacy for quality healthcare for patients and families, as well as her advocacy for the rights of

nurses. Personal and professional challenges in Azza's life have strengthened her and contributed to her success as a nurse leader today. As a young girl, Azza had a vision of what she wanted and did not want for her life. In the first interview, when asked how she got where she is, Azza responded,

It wasn't easy. There were a lot of challenges that I had to go through with my career and my personal life. I felt like I was clear with my goals, where I'm heading and what I wanted with my life.

Early Life

Azza was born in Central Africa, where many Omanis lived before the 1970's because of the poor living conditions in Oman. She had two brothers, one half-brother and one full brother, and five sisters, two half-sisters and three full sisters. Her father died when she was nine months old. Her oldest brother, who already had nine children, raised her as one of his children. Azza felt that she was loved by her brother the same as he loved his own children. She slept in the house with her mother, but thought her brother was her father. Except for sleeping, she lived in her brother's household believing that his children were her siblings until she was about seven years old. Her niece, the same age, who she thought was her sister, revealed the truth about the man she thought was her father one day while they were playing. She ran to her father/brother crying and upset and told him what had been said. He was honest about the truth but assured her that he loved her the same way he loved all his children and that she had the same rights in that house as everyone else. In telling the story, Azza made a comment that is characteristic of the resilience she has shown throughout her life.

... I thought, okay, now I know he is not my father, but he loves me, and I continued to be me, and live that normal life and go to school together and play together [with his children].

In the 1970's, when Sultan Qaboos came to power, most of the Omanis who had left Oman began to come back, and Azza's family was no different. Her brother/father started coming to Oman to "catch up with the life," and to check on the properties the family owned. Her brother/father knew it would be difficult for them to adapt, but at the same time he did not want them to lose the culture and language of their country, and to continue with education in Oman. He also wanted them to start married life and settle in their home country. When Azza was 13 years old, she switched from the only life she had ever known in Central Africa, to a new life in Oman. It was a very difficult time for her. In the beginning, even though they were Omani, they experienced discrimination by the local people, and even some members of their own family. It was extremely hot and there was limited air conditioning in some of the areas.

A few months after moving to Oman, Azza's father/brother returned to Central Africa to take care of his business, so she was left in the care of her other brother, with whom she did not have an adoring relationship. At this time her life became miserable. The following year, when she was 14, she was proposed to marriage with her brother's friend. Though there was resistance from other family members, including her father/brother and her mother, her brother insisted that she would be married. She was not prepared to be a wife, mentally, or in the household skills that she was expected to have. She wanted to carry on with her studies, but she was told that women are to be wives and look after their husband and children, regardless of their education. Because he was working in the air force, her husband was away from her most of the time. She had to live with her in-laws in her husband's village, and she was treated like a maid in the

house, expected to cook and clean, and to help them in the farm. This life was unbearable for her and after a while she decided to go back to her sister's house while her husband was away, but when he came home he would come to get her and take her to his village. Azza knew this was not how she wanted to live her life.

When my husband comes back from work, I have to go with him to his hometown and this is how it went on, and I did not see myself for that kind of life.

She kept seeking how to get more education or a job to start her career. A year or two into her marriage, Azza found out that her sister and some of her nieces were applying to nursing school. She was attracted by the idea, because she felt a job would give her the opportunity to achieve her dream, so she decided to join them, even though it meant that she would have to stay in the city and not go to her husband's village when he came home. At this time, she knew very little about nurses, only that she liked their uniforms and that nursing school in Arabic meant 'school of angels.' Nursing was not a respected job, but she did not care about that.

[I saw nursing] as a job I can do, and I can do better. I can be somebody which I feel like is important to me. And I was proud of what I was doing.

Because of the need for local nurses in the country, even with minimum requirements, she was accepted to nursing school with the condition that she had to complete an intensive English course and pass an exam.

Until this point Azza's husband was unaware of her career plans. The next time he returned from work and came to take her to his village as he usually did, she told him she was not going. He told her if she did not come, she would no longer be his wife. In Islam, if the husband says it, it is over. The papers can come later. So, he returned her to her brother's house

and she walked into the house full of her family and told them she was divorced. She honestly did not know whether she should be happy or upset.

What happened that night, I was sleeping, and I had just a big question mark in my head, I was married...now I'm divorced...., is this how life is? I was totally confused.

Fortunately, my father/brother was informed and told me, 'That guy [ex-husband] does not deserve you, and I'm glad that the divorce has taken place.'

Azza concentrated on her English studies to overcome her feelings about the divorce and make sure she was accepted for nursing school. She successfully passed the necessary exams and was accepted. She was challenged by the nursing studies, but worked hard and was successful with school, however, she still struggled with feelings regarding the unfairness of having been married and divorced at such a young age.

I did well with my nursing school, but familywise, it was like struggling. Always they want to be sure that you're nobody, already divorced, you're no more value, but I said, 'I want to prove myself and I'm better than what you think. I can do this. I can survive.' So, it was like a really ongoing challenge in life ... it made me to be even stronger and stronger, because I was not the type of person to be hated

Due to the bad experience she had with married life, Azza did not want to think about getting married again. She wanted to focus on her career and getting on with her life. The main reason was that she did not want anyone to distract her from her dreams.

So, I was divorced, and I had this stigma of not to get married. And I thought, what is marriage, why should I get married? I don't see that my sisters have been respected. I don't see the women as being given their right. It depends on who you're married to, of

course, but I cannot guarantee myself who I'm going to get married. So, the married life, I just put it aside.

Nursing School and Early Career

Azza struggled with nursing school at the beginning but worked hard and after a short time started doing very well. She set very high standards for herself and was highly motivated to excel. While one of her teachers was from Oman and played an important role in motivating and coaching her, most of her teachers were from India and had a very authoritarian style of teaching. This was difficult for Azza because she liked to question everything. She was in nursing school with her middle sister, but they were very different. Azza described how she and her sister differed.

She [her sister] was the type of person, anything she will be taught she would say yes, regardless. Because of the authoritarian style of teaching, she did not want to get any trouble with teachers. Those days teachers always right. And she would call me in a room and she would give me a lesson, 'You'd better listen, don't create any problems.' And I would ask her why. 'Why should I listen? Why should I accept?' And she said, 'Just to give a peace!' I said, 'I won't accept that. This is my dignity.'

When Azza finished nursing school in the early 80's and began working, she wanted to develop her independence. She became frustrated because her family did not allow her to take taxis, so she could not go shopping or visiting her friends without a male family member driving her. They drove her at their convenience, sometimes refusing without a reason. She felt this was unfair, and that if she always had to depend on someone, her life would always be controlled. She was not alone facing the problem, but she thought it was up to her to solve the issue, even though she was the youngest in the family. Since she was employed, and could afford to pay her

expenses, she decided to go to driving school. She put in considerable effort and was the first female in her family to get a driver's license. Shortly thereafter she talked her sister and brother into moving with her to a house away from where their extended family all lived. The house was in a remote area, and transportation was difficult because, even though she could drive, they had no car. She convinced her sister that life would be better if they pooled their money to buy a car – even though she was the only one who could drive it. It is apparent that Azza was proud of the independence she gained at this time in her life and how it aligned with her vision of what she wanted for her life.

... I was able to manage myself. I was able to do everything in my own life.

Azza described the beginning of her nursing career as a difficult time. In nursing school, she identified pediatric nursing as her passion, so she began working in pediatrics after graduation.

It was busy, with extreme shortage of nurses, lack of equipment, and high communicable disease rate.... there was no proper orientation. There was no preceptor. You just graduated from your school of nursing, then you were just thrown with your own responsibilities and it was expected of you to do everything, regardless of the knowledge you have, the competence, or the skills you have. It did not matter to them as long as you had the certificate, graduated from the school of nursing so you have to take the responsibility.

She and her sister started together on the pediatric ward. They were assigned to the night shift, which they had never done in nursing school, on 12-hour shifts, for 7 days with only three days off every two weeks of the month. There was no family or social life. At that time the patient ratio could be from 10 to 12, regardless of the patient acuity. Most nurses were from

India including her supervisor. The duty schedule was distributed unfairly with favoritisms shown. Some nurses were given only day shift, and Azza and her sister were among the nurses that were always scheduled for night and evening shifts. Even though Azza and her sister were junior nurses, she did not feel that it was right for them to be assigned only at night, so she went to the supervisor and asked to be assigned to some daytime shifts. The supervisor made the excuse that only senior nurses were on days, but Azza knew this was not true and said so. When she tried to question this, the supervisor got very frustrated with Azza and tried to intimidate her, but Azza did not back down and threatened to go to the Director of Nursing. Of course, the supervisor knew that if Azza went to the Director of Nursing, she would be in trouble for not showing fairness, so on the next schedule, Azza and her sister were assigned to day shifts in addition to evenings and nights. Her sister was appreciative, and they managed to balance work and family. In describing the difference between she and her sister in this situation she said,

I know her character. She was happy I defended her. She is the kind of person, 'I don't want to keep any problems with anybody. I just want peace.' Even when she knows this is her right, she is not the type. I will defend myself, I'll fight for my right. She [her sister] always tries to be like - 'Okay, if this is the schedule, I will be there.' This is how she is. But when I [advocated for her] she appreciated it and said thank God – even now she keeps remembering that.

Azza described an unforgettable patient experience that impacted her greatly during her first year in nursing.

I cannot forget this child. The child was about nine-years-old, she was having a tumor on the brain and that tumor was protruding out through the nose, so she was having a very poor life at this time. [She was] very sick and was in severe pain and I was asked to just

give her morphine. Believe me, I remember I went to just administer the morphine infusion and I could see how that child was dying in front of me. And as soon as I finished to push the whole dose of morphine, the child died. I was helpless - I couldn't stand it! I just went to the charge nurse and burst in tears. [My supervisor] came to comfort me and said, 'Why are you crying – this is how it means to be a nurse. You need to be strong. Nurses they never cry.' I said, 'No way - I'm a human being! I cannot see somebody this kind of life and [not have feelings] for it!' I felt very upset, with disbelief about what had happened to the child.

... I ended up going home and I couldn't sleep. It took me sometime to forget the girl. They were expecting me to not get effected with any death at my working place.

I asked one of my colleagues who had worked in nursing for more than 10 years, 'How do you feel if your patient died?' She replied proudly that [she feels] nothing, 'Because we are nurses we should be strong,' and I felt like really I did not want to continue this job.

Again, Azza sought support from a friend who had graduated the year before her. The friend told her that 'this is how life is – it's not easy, but you need to be strong.' So, Azza continued with nursing and tried to cope and to be strong.

Early Career Growth Experiences

Early in her career Azza recognized that she had the same passion for advocating for patients and their families that she had for advocating for herself, and she credits this passion for helping her enjoy nursing again. After a year or so working in pediatrics, she looked for ways to further her education and experience. At that time there was a high child mortality rate in Oman, which created many opportunities for pediatric nurses. On two occasions Azza spoke with great

enthusiasm about her work with an Omani pediatrician who was trained in the US, then returned to Oman to improve the care of children. She credits him with motivating her to develop her skill of advocating for patients. His main issue was to reduce child mortality in Oman due to communicable diseases and gastroenteritis. He focused his efforts on childhood immunizations and teaching proper nutrition, as well as the benefits of breast feeding. He taught the pediatric nurses who worked with him that children must be properly treated because the future of Oman depended on it.

The bottle feeding was the main source of problem at that time, due lack of knowledge from mothers on how to prepare, and hygiene was an issue as well. Many times, we found that the hygiene was not there, these people were not well educated and were not well prepared to be able to do the right bottle feeding. Unfortunately, during that time many mothers were not educated, and they thought bottle feed was the best for their kids. So he had this kind of education in the school of nursing, education in the hospital, and this is the way I found myself, this is the work I needed to do.

Azza was involved in going with this pediatrician to the remote areas of Oman to provide immunizations and basic healthcare to Omani children.

We used to go in the helicopter. You go somewhere, there is no life - nothing. Some people (called Bedouins) live under the trees with their beloved animals, mountains and some in the caves. You found people are coming from the caves, running when they see the helicopter because they knew they could get some help. Some of them are just coming for the food. We used to take our medication kit with medication and thermometer and blood pressure meter (sphygmomanometer). We just take some sort of medicine if they need anything - mainly pain killers, and we would just give vaccination

to them and we moved on to the different mountains, and here ... some of them they just hand their children to us - seeking for help. It was very painful to see how they were desperate for help. Those who are really sick, we would bring them with us in the helicopter and they would be treated, and they would be sent back. And some of them were not even able to come for the follow-up and [the pediatrician] had to create a budget for those kind of people, to make sure they were getting follow-up. Thanks to His Majesty Sultan Qaboos to provide free health services to all Omanis and people living in Oman. I said [to those who asked about what we were doing], 'you do not see what is the real need of Omani people. What you see here is nothing. There are really people who are desperate.' We were helping in many aspects, but thanks to His Majesty, the help was expanding day by day.

Azza spoke about several influential mentors that made a difference in her life, but she credits this pediatrician with important influences on her early career that she carried throughout her entire career. He taught her to respect every child and to realize the importance of advocating for them because they cannot defend themselves.

So, I found myself in that kind of advocacy for kids, and I carried it on [throughout my career], even the doctors, before they do any procedure they ... say, 'oh she will be questioning us... if there are any errors...she will be questioning,' because kids are what I want to be advocating.

Throughout her entire life, Azza has had a constant desire to grow, to challenge herself with different things. After working in nursing for about two years, she took a leave from nursing and tried working in a bank for a few months. They really liked her and wanted to keep her, but she found the work boring – something anyone could do.

At that time, if you know how to write, you know how to calculate, you can do the banking job. When it comes to nursing, not just anybody can do it. You have to have that sort of passion. You have to have tolerance, to be able to work nights, evenings, and weekends, sometime compromising your social life. You have to study pathophysiology, pharmacology and skills essential to the profession such as critical thinking, cultural variation and decision-making. You have to be able to give hands on care to patients to be able to be a nurse.

After three months she decided to quit the banking job, she returned to her nursing position happily, respecting nursing even more. Luckily, without even applying, she was nominated by her pediatrician mentor with four other Omani nurses to be sponsored by the Omani government to go to London to study pediatric nursing in a specialized program at the Great Ormond Street Hospital for Children, one of the leading pediatric hospitals in the world.

It was a good experience, good knowledge, different culture, and I learned a lot, and it was good experience for me to be out of home you know, being independent and to be on my own for everything. This opportunity taught [me] not only pediatric nursing, but how to be a leader, solving my problems, and financial independence.

When she returned to Oman, she requested that she be placed in the neonatal unit rather than general pediatrics. At that time, neonatal was new specialty in Oman, and not many Omanis were interested in working in neonatal intensive care units (NICU), but for Azza, it was an opportunity to grow faster in her career to take a senior post. She was moved to neonatal and loved it.

I loved my job and the great interaction with the mothers. I loved supporting the mothers with breast feeding when their babies were extreme preterm on respiratory support, or

born with congenital anomalies, or when the mothers were unable to cope with their babies sickness and needed breastfeeding support, or if they needed social support. [I wanted to] make sure I provided all this kind of support.

A year or so later, the pediatric doctor who was Azza's mentor visited Nottingham, United Kingdom (UK) seeking ways to improve training in healthcare for Omani physicians and nurses, particularly in pediatrics. They had an agreement to have an exchange program for nurses to expedite acquisition of the knowledge, skills, and abilities required for effective nursing care. The doctor strongly believed that nurses were in a crucial position to improve care. An agreement was made that senior nurses from the UK would come to train in Oman for six weeks and selected Omani nurses would go to the UK for a structured course. Azza was the first one to be selected to go to Nottingham.

Azza was sent to the same hospital in London where she had been previously, but asked to return to Oman because without UK registration to practice, she could only observe, and she felt she was losing her skills and wasting her time. An interview with the nurse in charge in Nottingham was arranged for her, and the nurse agreed that she could come to Nottingham for a specialized program if she was willing to take the tests and do whatever else was needed to get her UK registration. Azza agreed and went to Nottingham alone to begin her study. To get the registration, she had to work with adults for six weeks. She worked on a female medical ward, very old style, with 28 beds in one open bay area. She took the challenge, and by the second week she started to enjoy herself.

I was dealing with these very old women. They were sick, they needed care, they needed help. It was a wonderful experience. The place made me refresh my general nursing skills. I wouldn't mind staying longer to gain knowledge and skills, but at the same time,

I couldn't wait to go back to neonatal - this is where my passion was. But I did enjoy that experience. I felt overall, that the nursing profession it is the most rewarding career and work anywhere patient care is needed. I still have good memories of those patients, who needed both nursing care and moral support. The kind words from those patients is unforgettable. And I believed in myself for that experience particularly.

Azza passed the exam and clinical assessment, needed to get United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) registration to be able to practice hands-on. After six weeks she joined the course on the special care for sick babies. She was the only non-local student. Because she wore the hijab many of her student colleagues avoided her, but the instructors were very supportive, especially those who had visited Oman. The program was about six months long, but she extended it to a year because for the first six months she was required to work with a preceptor and she wanted to work independently before returning to Oman.

At this point I gained knowledge and skills in NICU specialty and I was confident to come back and [take a] senior post in NICU. I came back to Oman I took senior position in NICU, it was the only unit in the country that could take very sick babies, with extreme low birth weight requiring respiratory support, general surgery, congenital anomalies, genetic disorders, etc. - very busy unit. I carried on my job very proudly with a lot of support from my pediatric [physician colleague] mentor. At this time, I was appointed deputy head nurse.

Marriage and Family: Striving for Work-Life Balance

After returning to Oman, Azza got married for the second time. The second year of this marriage her son was born. This was a very happy time for her, but unfortunately her happiness

did not last for long. In moving detail, Azza described the time soon after her son was born as the most difficult time of her life. Azza became tearful as she recounted how she struggled with no support from her husband, and issues of childcare and work-life balance. She commented that in the second year of her marriage, her life ‘turned upside down, in a way that she didn’t know what happened.’ Her husband was away from the house most of the time offering no help with childcare and they were having some problems in their relationship. She took six months off work after the delivery and stayed home with her son. Even though she had a maid, which is traditional in Omani culture, the maid was not a good helper and her sister was far away. When she had to go back to work, things got worse as her husband left the home completely and stopped financial support. Traditionally, if the husband left, the wife would have to go back to their family house. But Azza did not want to go back, and she wanted to carry on her life independently.

It was very stressful life. I would go to work, drop my son to nursery and the nursery would call me at 2:00. I finish my work at 2:30, but by the time I reached to them it was 3:00. I find my son is waiting. Sometimes I had to call my sisters, ‘Would you mind and to go pick up my son?’ This kind of life, it was so difficult due to the working hours that affected my career and my son’s life. I felt like quitting my job so I could focus on looking after him.

Although she had faced some challenges before in her life, she had always been able to handle them by working harder and seeking support from others, but at this time she seemed to try to manage without much help from others. Azza shared a very private story about something that occurred during this difficult period which she deeply regretted. This incident made her realize she needed make some changes in her life. Immediately after this personal incident, she

had the strength of character to go straight to her sister for help and accepted her sister's help even though it was hard for her. Traditionally, the father should take the responsibility to care for his child financially, but Azza had too much dignity to ask him for financial support. She also made some difficult decisions which caused her to examine her vision for herself and the priorities she had set. As time went by, her husband became more supportive and things in her personal life resolved, but her experiences during this tough time gave Azza an appreciation for the difficulties women face balancing work with their personal life that she would act on later as a nursing leader.

I will always appreciate my sisters standing by my side supporting me with child care, morale, and financial help.

Throughout this challenging time in her personal life, Azza found strength through her nursing career. When asked whether her nursing career was enjoyable or stressful during this time, she responded:

It was more stress, but regardless ... I always felt that nursing was a challenge, which I like to do the challenging job. And I always loved being a nurse. Not everybody can do it.

Middle Career

After studying neonatal nursing in the UK for a year, Azza returned to Oman and started working in the neonatal unit of a large government hospital in urban Oman. At that time most of the managers were western people because there were very few Omani nurses with the necessary clinical or management skills. Slowly, the western people resigned to go back to their home countries, and because of her education and experience Azza started moving up the management ladder. While she found the work enjoyable and challenging, there was inadequate financial

compensation. She was very frustrated because before she went for her studies, she was promised that when she returned she would be promoted, yet by her third year back, she had still not been promoted. She talked with the nursing director and the hospital Director General (DG), who she felt might help with the situation for her and her colleagues, yet no improvements in compensation were made. Finally, an announcement was sent out offering early retirement to anyone who had worked 10 years, which Azza was eligible for because her time studying in the UK had counted toward the total years. Before deciding whether to take early retirement, the hospital director arranged for her to meet with the Minister of Health about the situation. When she met with him she was nervous, but he was very accommodating, respectful and encouraging. Despite promises, no promotion came. Azza was offered a position as a sales representative for a medical product company that desired someone who had her skills. The job had an attractive salary, so she decided to resign and take the position. She had left her position with the government hospital because of low compensation, but a sales position was not part of her vision for herself.

I worked for that company for two years, but it was like a sleeping mode for me. It's just like you're sitting, you're looking to those numbers, how you're going to put the prices, how are you going to put the vendor. I missed interaction with patients and my nurse colleagues, seeing small babies when getting better and appreciations from parents. I just couldn't see myself there. Sometimes I wouldn't work – nothing. The whole day I was sitting there, I had nothing to do. Nurses usual do not sit, they only sit when they write their patients report. 'No,' I said, 'I'll be sick, I'll really be sick.' I was lost to be honest. I was totally lost.

After two years with the company, she was offered positions in the neonatal unit at either the Armed Forces Hospital (with the grade of major), or at a large academic medical center. She asked several people with experience in the military, including her husband, for advice. She was told that an academic institute had more possibility of career development, than an army institute.

So, I took the [job with the academic medical center] and again started the new challenges. New people, new friends, new hospital, new standards, everything was totally new and [the medical center] was far away from home.

This new position brought opportunities to hone her skills as an advocate for patients and nurses. She was offered a senior staff position, but an Australian lady was the head nurse and she did not accept this because she felt Azza was only hired in a senior position because she was Omani. By policy, new nurses were assigned to work with a preceptor for six weeks, but after four weeks Azza's preceptor reported to the head nurse that she was competent and was completely capable of working independently, but she felt that the head nurse was not convinced by the preceptor. It was not long before she had a conflict with the head nurse. In her characteristic role as patient advocate she stood up to the head nurse shortly after starting.

I was assigned to five babies. They were sick patients who were there and the doctor would communicate with the parents. I was the only Omani nurse who could communicate with patients in the local language. I would be pulled out of my work [to translate]. Okay, I did this a couple of times, then I said, 'Hang on, did they employ me as a translator or did they employ me as a nurse?' I said, 'It doesn't mean I don't want to help parents, but I feel that I'm compromising my patient care.' So [the head nurse] didn't like it. She wrote up the counseling for me for such a behavior. I said, 'Fine, you

can just write whatever you want, but I have to be honest with you, because I don't see that I can compromise my patient care.'

The next time she stood up to the head nurse was when the hospital was caring for a mother who was pregnant with sextuplets. This mother had been treated at this medical center for infertility for the past eight years and when she became pregnant with six, she refused to destroy any of the embryos. At 20 weeks gestation she needed complete bed rest and tertiary care so because she was coming from a remote area, very far from a hospital, she was admitted to the medical center. When she reached 26 weeks gestation all the neonatal nurses were put on standby and asked to stay in the hospital to make sure that when the mother went into labor, she and the babies could get all the support they needed. This was the first time in Oman for a woman to deliver six babies. This standby status went on for several weeks for the unit nurses, however, the head nurse was going home every day because she did not want to accept all the babies in her unit and had a conflict with the neonatologist. She did not support her staff to be part of the team.

She's enjoying her weekends - like for two weeks that was how we did it. I had a very important family issue that I requested to be standby at home and they can call me at any time. She refused my request without a good reason. I said, 'If it's standby, it's all of us standby, and this is a totally special case. It cannot be only us, and you off – the only person who is not on standby.' Well she did not like it. 'You cannot give me instructions!' I said, 'I'm not giving you instructions, but I'm telling you it's not fair when all of us, we don't go home. And I think we need to schedule it in a different way.' Within two days she changed the schedule and we were allowed to go home. And the third day, the lady delivered.

Believe it or not, things went very smoothly and she [head nurse] was not even around, and two babies were born and sent to [the two other hospitals] and we were left the four. It was busy, busy, busy – there was not even time to have a sit. It was amazing how busy it was. With excellent progress, the babies were stable with minimal interventions.

But thank God, I should say that, it was a good success.... And we are very proud of what we have done – three boys and three girls, but one of the boys died [at another hospital]. They had to stay with us for quite a long time due to lack of space at home, and the parents could not afford to a get spacious house. They were required to raise funds to help them to expand so the babies could be accommodated. [We were also concerned about] the risk of infection, as traditionally if women have baby, will be visited by family members, friends, and neighbors.

Leadership Development

Shortly after the experience with the sextuplets, the neonatal head nurse was transferred to another department. A Southeast Asian woman, who would prove to become an important mentor in Azza's life, was recruited to the head nurse position and Azza continued to be in the deputy position.

This is where I found my life was even better as a leader. It was really smooth, and we worked good together as a team. And I learned a lot from Cleo. She was coaching me all through my time. Sometimes I was sort of rigid with the policies ... and she'd come back to me and say, 'You can just be flexible – you don't lose anything when you are flexible.' So there's a lot of skills of leadership that I learned from Cleo.

Cleo told her that she had the potential to be an excellent leader but that she needed to work through a few areas of weakness. They continued to work together as team.

Another time during her first year of employment at the medical center, Azza questioned why nurses there were required to work different hours from other government institutions, especially during Ramadan, when the law states that employees must only work five hours during Ramadan. At that time, Azza was one of the few Omani nurses working there. She connected with another Omani nurse in the cafeteria and they made an appointment to meet with the Director of Nursing.

When we met her she did not want to listen to our side. She started giving us a lecture. I said, ... ‘Why do we have to work all these hours, and it is by law that during Ramadan the people they work five hours?’ She said, ‘There’s nothing in the law.’ I said, ‘Yes, I am sure there is.’ She did not like it because I was challenging her. Then of course she thought that I was trying to make groups against her –this is her interpretation and she asked me, ‘Do you want to be the leader of the gang?’ I said, ‘I am sorry, you understood me wrong. The main reason for us to meet you here is just to ask you and to ask why we are not allowed to have time off during the Ramadan. Do you know that some of us have been scheduled for twelve-hour shifts during Ramadan? How can I work a twelve-hour shift in Ramadan?’

The Director did not back down during the meeting, shouting at them and particularly pointing to Azza, but afterward she clarified with Human Resources and she was told that as per bylaws, nurses should work same hours as other nurses in government sectors. She changed the policy and came to Azza to tell her but did not appreciate her for raising this important point.

From that time on I think she put me in the corner – the black spot there - so she didn’t want to know anything about me.

Shortly after this conflict, the Director of Nursing was forced to search for an Omani nurse to be developed to take the Director of Nursing position because it would be time for the current director to retire in about five years. All the things Azza had experienced before were the foundation for her leadership development, but at this point, she began a new focus on becoming a leader. They needed three Omani nurses to develop, one for the director's post and other two for deputies. Even though Cleo, the Southeast Asian nurse, and others in positions of leadership advocated for Azza, the director chose three younger, less experienced nurses to move to the Nursing Directorate (senior nursing leadership department) to groom for the positions. As she had always done in her life, Azza found another opportunity for growth toward her vision of herself as a nursing leader. She applied and was accepted to a leadership and management course. She took a leave from her position and took the course, and before completing her course, she made an appointment with the director to discuss plans for her career, but the meeting did not go as she expected.

'Is there any plan for me?' [The director] started shouting and agitating, 'Do you want my seat as a director? Do you think you can cope with what is been expected (and she pulled the file showing her job description)? Can you do all this?' I replied politely, 'I don't want your seat. If I get the opportunity to learn, I can do it.' And I said, 'I did not come here asking for your position. I think in this office there is a lot of other work to be done, not only your work, and this is my intention in looking for [how I can contribute].'

After completing the course, Azza returned to the neonatal unit as the head nurse. Even though she felt she had the qualifications, she was passed over for any chance of moving into the Nursing Directorate. She learned this second hand, because the director refused to communicate with her. After some time, her colleague was prepared to be orientated to all areas of the hospital

to expand her leadership skills. Here Azza felt she was not treated fairly with her colleagues. She was ready to fight for the opportunity to prove herself. She wrote a letter to the hospital DG, who was the senior executive officer of the medical center and complained that she was not treated fairly by the Director of Nursing, she was qualified, and had the experience and keen to take the challenge of a senior position in nursing directorate and was rejected without proper communication. Sometime after her letter to the DG, Azza was moved to the Nursing Directorate.

When I moved I was not welcomed, and it was a terrible experience because [the Director of Nursing] was not accepting me to start with. ... In the meetings, in a sarcastic way she would always remind me that I had gone to the Director General if I suggested something or shared my opinion. She would pretend like she was not listening and if somebody else would say something of even nonsense, she would comment, 'This is brave, okay. Excellent.' More and more it was brought into the discussion. I just tried to be more professional and I tried to respect her, and I worked hard to prove myself.

Once again Azza was a fast learner and an excellent performer but was open to other opportunities for growth. She was given the opportunity to go to Australia for a two-year master's program of study. When she was informed by the director that she had been selected for the award, Azza was very happy, but the director told her keep it at low profile because someone else in the office was upset that she did not get the opportunity. Azza thought this was very unfair – she was not even allowed to be happy when she wanted. She thanked the director for her support and promised her that she would do her best. However, the director had a wrong intuition that Azza may not successfully complete the masters. She completed her masters with distinguished marks. When she returned she felt even more competent in her work.

When I returned back I started to prove myself that I'm really capable of being a leader, and I can be respected with my colleagues due to my knowledge, experience, and skills. Regardless of her skills and the fact that many nurses supported her to become the director when the current director retired, the current director did not accept her and did not trust her without proper justification.

And regardless of whatever good feedback she heard from others about me, she was still not convinced that I was the one to take her post. I tried to work hard, be a part of the team, maintaining my professionalism. I worked hard to make her understand that, I am for service, not against her. I'm here to expand my skills; I'm here to expand my knowledge; I'm here to change.

After some time, the Director of Nursing position was advertised and Azza applied along with four of her colleagues. It was a prolonged process whereby all the applicants had to be appointed as Head of Section first before they could become the director. Azza was appointed the Head of Section of Maternity and Child. This was a contentious time with some of her colleagues that were also appointed Head of Sections. They attempted to draw attention to themselves and to try to get the support of the nurses by demanding things from administration. Azza participated behind the scenes in one issue, which involved advocating for the rights of nurses, but let her colleagues take credit for the result, which made them popular with the nurses and empowered one colleague in particular to try to organize the nurses into a group to demand things from the highest leadership. Azza did not participate in these activities because she felt that they were being done in a disrespectful manner. Her maturity at this time was noticed and was appreciated.

The director's retirement was imminent, but no one knew who would take her position. Even in her last week she had not decided. She selected Azza and other staff and called them into her office one at a time. She asked Azza if she was ready to take over her position. Azza responded that since it is a new position with huge responsibility, she would need support from her colleagues and from the director if she did not mind. Azza asked the director if she could call her for consultation whenever she needed help, especially for the first six months. The director said that she could call whenever she wanted.

Azza asked her competitor for the position if he/she would support Azza if she was selected for the post of director, and he/she said that they were unwilling to support her. Azza told him/her that if they, or anyone else was selected, she would support them. On the morning of the retiring Director of Nursing's last day, she called Azza and handed over all her work, very frustrated that there was no instruction from the hospital DG. Azza knew there needed to be an official announcement or her colleagues would never accept her, and even when the announcement came, they still did not accept her, because she had not been involved with the group.

But I said to myself, I will try and prove myself that I can do it. So within two days the official document was released that I'm the acting Deputy Director of Nursing. As per bylaw, I cannot be appointed immediately to director because I needed to grow - all these kind of rules they had. I took it in a positive way, in a way that it's fine. They just can see if I can be able to do it. To me it was more to prove myself that I can manage to be a leader in high position in nursing.

After taking over, her challenges got even worse. They were different types of challenges. Many senior nurses did not accept the transition in leadership. She tried to earn the respect of the nurses, but there was a lot of resistance because her style was different from the previous Director of Nursing, who had been there for many years. There were people who did not support her and tried to prevent her success, however, she just tried to prove herself by doing the best she could. Her most difficult opposition came from her competitor who was working very hard with his group to convince young local nurses that Azza was a very weak leader and would not advocate for them, that she could be easily manipulated by higher levels of leadership. However, she worked very hard to get the team working together.

In a meeting with the new hospital DG he suggested that perhaps someone should be appointed above her because she was not strong enough to be in the position. He thought Azza should be tougher to deal with her staff, but Azza's main objective was to win them and get them working together as team. The new Director General threatened that he would bring in someone else above her so she would not have the ultimate authority.

She described what she believed was a turning point in her acceptance as a leader. When she had been in the position for several months, a group of senior nurses asked for a meeting to have a full discussion about her plans. She got a sponsorship for the two-hour session at a local hotel.

Believe me, it was the most traumatizing time in my life. And I felt that I was only one person against twenty senior nurses in that meeting. Not all who attended the meeting were against me, but they tried to be neutral. And I have to just answer the questions thrown to me. And [some colleagues] were throwing nasty questions to me. Some of them were sarcastic, but I maintained my professionalism and confidence responding to

all questions. And the people recognized, and they were all moved themselves. And after that, I told them thank you very much. And now I can just be proud of myself. I think I feel stronger.

Moving Forward

The nurses present at that meeting went back to the other nurses and told them about Azza's responses and her demeanor during the meeting and slowly she gained support. Over the past few years, support has continued to grow from most of the nurses. They have settled down and started working together with her as team. Azza has been promoted from Deputy Director of Nursing to Director of Nursing. She knows there are still a few colleagues who would like to take the director position from her, but while she feels it is exhausting moving forward when others are trying to undermine her work, she is doing her best to use her position to advocate for patients and nurses.

A new hospital DG has been appointed since she has gotten the nurses working with her as a team. He came with high expectations and was looking for innovation. He criticized all departments including nursing. He wanted to make a lot of changes. He called Azza, to tell her that the hospital is developing a strategic plan and innovation. He thought it would be a good idea to appoint a Director of Nursing to make more innovations. Azza said to him that he is the hospital DG, and it was his decision, but she requested that he highlight all the areas that needed innovation with rationale. Azza asked him, if she could share this information with her team. He told her she could. Many of Azza's team refused his idea and told him that if there is a weakness with current leadership, he could train Azza or appoint anyone from the pool. After few months, proudly Azza and the new hospital DG have begun to work well together.

Azza has been rewarded several times by her direct supervisor, the Deputy Director General (DDG) director as a high performer and committed leader and the nursing department was awarded the best department in the hospital. In addition to this, she has received appreciation from her many members of her staff, for being supportive and developing them. The DDG described her as a strong and compassionate leader and listener who knows how to solve a problem with a mature personality

Currently, her most challenging issue is related to working hours for nursing professionals. She is looking into changing the culture of working shifts. Based on a study conducted in her institute, 70% of the nurses are not happy to do shift hours. She is now advocating for nurses to help them achieve better work/life balance. She strongly believes that if the health institutes do not look for ways to help nurses balance their work/life, it will be very difficult to retain them. She commented that she remembers how difficult it was for her to balance work with her personal life when her son was young, and she is trying to improve those conditions. She is also advocating for better compensation for nurses who work evening and night shifts. At the request of the senior leadership, she worked with a researcher from the US who investigated why nurses have left the medical center. The reasons included the need for an on-site child care center and the desire for shift differential for evening and night shifts. When Azza discussed these findings with the senior leaders, who were all males, they did not agree because they said nurses are supposed to work shifts. Azza told them bluntly that women are expected to do two jobs. They are expected to do their work at home, as well as their nursing job, and Azza told the leaders that they should not compare themselves to nurses because even though many husbands help women with house and child care, the women feel more responsible for making sure it is completed. Azza has come up with several possible solutions, but they all

require more nursing staff. When the leaders told her that this will cost more money, she told them that was not her concern, that it was up to them to find the money to improve the conditions for the nurses. Improving work/life balance and compensation for nurses is a goal that Azza wants to achieve before she finishes her career and she is confident that she will succeed.

In talking about the future, Azza expressed concerns about leadership succession planning for her position. At this moment, she feels that it is very difficult to make any judgement about who the next leader will be. She currently has a few nurses on her team that will have their PhD and have the potential to take the high position in nursing. She commented that the maturity required for leadership is essential. She knows that when the time comes, she will fully support whoever gets the high post in nursing.

Themes and Subthemes

As the data were analyzed, three dominant themes in Azza's life story were apparent: opportunity, visionary, and nursing. Each dominant theme has subthemes that describe aspects of the dominant theme. Subthemes of opportunity are: national identity, country building, and nursing pioneer. Subthemes of visionary are: leadership, perseverance, resilience, and mentors. Subthemes of nursing are: advocacy, caring, and fulfillment. These themes were sometimes simultaneous, sequential, and/or interconnected, however they are separated in this discussion for clarity in presentation of results.

Theme: Opportunity

Azza's life and career have taken place during the Omani Renaissance, a period of tremendous social and economic change in Oman. This time of transformation from an isolated, undeveloped state, lacking in basic services and infrastructure, into the modern state it is today has presented Azza with personal opportunities for education and employment, as well as

opportunities to contribute to the modernization of healthcare and nursing in Oman. She spoke about many opportunities for education (in Oman and abroad), employment, and professional advancement related to being Omani.

And there is a lot of opportunity especially for pediatric nurses because there was a very high mortality rate in Oman for children.

National identity. Being Omani is central to Azza's story within the context of Omani modernization. Throughout her life, being Omani has presented both opportunities and responsibilities. Evidence of this sense of national identity began early in her life. When her family lived in Central Africa, prior to moving to Oman, they identified themselves as Omani and referred to Oman as their country.

In the 70's, His Majesty took over Oman, and most of Omanis who [had] left Oman, they want to go back. And he [father/brother] started coming here to Oman just to catch up with the life, catch up with the rest of our properties in our country. Then he thought the best idea is we move.... And his idea was to take the youngest first, so they can start to be educated in our own language, our own culture, not to lose our own culture.

In an informal discussion with Azza about different occupations within Omani society, she explained that Omanis do not really consider one job better than another. They do not worry about what others think. As a means of connecting on this point, I asked about the famous speech by Sultan Qaboos calling for everyone, both women and men, to contribute to the modernization of the country (presented at the beginning of chapter I), she nodded and explained that this desire to contribute is an important aspect of what it means to be Omani. In her view, the speech articulated their culture and supported the Omani emphasis on the importance of the contributions of each individual to society regardless of the form of the contribution.

The opportunities and responsibilities of national identity appeared to also be understood by an expatriate nursing colleague as evidenced by comments regarding Azza's leadership.

In the current time they won't get anybody that is better than her. I mean I'm talking about the Omanis. And to me I would still view her as a priority leader in terms of seniority, in terms of her abilities and those things.

Country building. Early in her story Azza spoke about opportunities for all Omanis to develop themselves so that they could contribute to building the country.

At that time... Anybody who could do the work to get through the training... this is where the Omanis started to be developing. They needed to bring up more Omanis, to offer them jobs, and there were a lot of opportunities, all over, in all fields.

The ideas of Azza's pediatrician mentor impressed her with how important the health of children was to the future of Oman. This greatly influenced her desire to specialize in the care of babies and children.

He said, 'If you don't treat the children right you never have equality of a human being. And this is where you need to start. If you give the best [in this time] of their life, this best will be the better outcome of the Omani future.'

The country policy for localization of the work force, known as Omanization, began in the 1990's (Aycan et al., 2007). It provides opportunities for Omanis to contribute to the building of their country rather than depending on expatriates. There is an understanding by both Omani and expatriate nurses that Omanis will be given preference for positions if they are qualified, and that Omanis will be trained for all top leadership positions because this is important for the building of the country.

At that time, they were looking for somebody to be developed into the Director of Nursing because the Director of Nursing had [about] five more years before retirement.

So they were looking for an Omani who can be developed.

While the Omanization policy means opportunities for Omani nurses, it also creates some difficulties in the workplace because sometimes the Omanis are not accepted as qualified and have to prove themselves. This is evident in Azza's comments about taking a new job for which she was highly qualified, however, her head nurse, who was an expatriate, did not accept her because she was an Omani.

She [head nurse] had her own plan with the people who were there, and she said, 'It isn't fair because there are the people [who have] been working here and you bring us somebody, and she is an Omani, and you want to put her in a higher position.'

Opportunities during this time of country building, require hard work. Nurses like Azza have accepted opportunities for education and growth, and therefore have been important to the attainment of the country's vision for the modernization of healthcare and development of the nursing profession.

Nursing pioneer. Merriam – Webster defines a pioneer as “a person that originates or helps open up a new line of thought or activity” (Pioneer.2018). Azza has been a nursing pioneer by forging the direction of nursing and healthcare in Oman. Early in the modernization period, western nurses were called on to serve in positions of leadership and help make decisions about the future of nursing and healthcare in Oman; however, once Omani nurses have attained the needed education and experience they have begun to step into leadership positions to shape nursing and healthcare in their own country. Early in her career Azza seized these opportunities

to help Oman reach milestones, especially in pediatrics and neonatology. She traveled to remote areas to immunize children against communicable diseases.

These communicable diseases no longer existed worldwide, but we were still having them in Oman.

She chose to specialize in neonatal, because there were very few Omani nurses with expertise in this area.

I developed an interest in NICU because there was a need, it was new specialty developed in Oman, not many Omanis were interested to work in NICU.

Azza's career journey has included involvement in committees that made recommendations about the organization of healthcare and nursing throughout the country. She is a nurse who has always recognized her role in advocating for quality care for patients, as well as the rights of nurses. A colleague described the significance of the work she has done in nursing.

I think she is one of the pioneer nurses. ... She communicates well and ... I think she has very good vision for nursing, but I'm sure she has faced a lot of obstacles, and it's not an easy job for her because I see her sitting in many boards as the only nurse representing this large population of nursing. So she has to convince everyone of so many things they are not convinced because 99% are doctors. ... and what she thinks is important, they may not think that is important. So I think she is a fighter, that she can do all this alone in nursing.

An Omani nurse leader from the Ministry of Health, who worked with Azza for many years said,

We had a professional relationship because we had a lot of things we needed to do together. It was important for us to talk about how we organize maternal and health

services for all of Muscat. And we formed committees, on which Azza was a member, and we had obstetricians, we had pediatricians. We produced policies in terms of transferring babies from one institution to another....

Theme: Visionary

Visionary is defined by Merriam-Webster as “having, or marked by foresight and imagination” (Visionary.2018). Azza has been a visionary throughout her entire adult life. Being visionary means that Azza has set significant goals, then worked tirelessly to accomplish them without fear of failure or opposition. When asked how she got where she is, her response was, “I was clear with my goals, where I’m heading and what I wanted with my life.” She made decisions about her life based on how she saw herself in the future. She also had a passion for growing that drove her decisions about her life course.

When my husband comes back from work, I have to go with him to his hometown and this is how it went on, and I did not see myself for that kind of life.

Or here is what she said about her time in banking,

I felt no, this isn’t my job because I felt it was so boring and I felt like anybody can do it. I did not see myself, this is what I want to do.

Regarding her time studying in the UK she commented,

Some of them were very, very nice and ... there were other people, they were not as nice. Anyway, it did not bother me much, because I had my own goals to achieve.

Leadership. Aside from being a visionary for her own life, Azza has also been a visionary leader for nursing and healthcare in Oman. Early in her career she identified opportunities to improve healthcare and contributed to improvements in these areas through her pioneer activities into the Omani interiors, as well as her willingness to train in an area of need

for the country. She also saw needs for vast improvements in nursing, such as developing new Omani nurses, developing nurses in needed specializations, and developing nursing leadership, and she has made these priorities in her leadership positions. One young nursing colleague commented about her leadership vision regarding education for Omani nurses.

She is focused on what we want, and what we are coming here to do. She tries her level best in supporting the minority that she has under her as Omanis. She really supports us... especially when it comes to higher studies. She never stops anyone from going for higher studies or pursuing higher studies. She thinks that education is very important, and she support that 100%. So she would never say that oh, we have a shortage here or we have a shortage there or can you postpone your studies or we will focus on the institute. She will never say that. When you go with opportunity, especially when you fulfill the conditions of the institute as whole, she will never stop you. She will never come in between you and your higher studies because she thinks it's important for us to get specialized and to get that knowledge from outside the country.

Another young colleague described her vision in mentoring others.

She has a vision about people. I would appreciate really that about her. The vision and the wisdom when she sees somebody and she works with them she has this idea about the person and she will have the career path for them. She can see it.

A retired nurse leader who worked with Azza directly and indirectly was asked what she thought was Azza's greatest contribution. Her response was:

She is a good leader. And before she moved to her current position, she was - head of neonatal in [another institution]. I felt my relationship with her, she was an easy person and she lead that unit very well, and when she left you could feel the gap.

Several young nursing colleagues commented on her leadership,

When she gives direction, she doesn't give it really in a harsh way or demeaning way; she will give it with respect. So, we would take that message positively and we will do whatever she is asking us to do.

Perseverance. Azza described many aspects of her life as 'not easy', yet she persevered despite difficulties, failures, and opposition. She spoke many times of showing her strength in difficult times by proving herself – she just keeps working toward whatever goal she is trying to achieve.

So these are the two people who are supporting each other and were really, really challenging me in a way that I'm feeling "this is a nightmare". It's really stress for me in a way that I'm just trying to adapt myself in the new role and I want to prove myself as a leader and people were challenging me and not accepting me and there was quite a group of them, they were not even supporting me because they are supporting [someone else].

But I said to myself, I will try and prove myself that I can do it.

Regarding a time that she felt her supervisor did not like her and was not offering support, she said, "I just tried to be more professional and I tried to respect her and tried to prove myself."

Another aspect of her perseverance is her passion for growing. Anytime in her life that she has felt bored, she has looked for new opportunities to keep her interested and challenged.

At that time, I was already about four years in my career, but I wanted to go, because I had this passion for growing and doing something because it was a different from doing the routine, coming from morning shift to evening shift and doing the same thing.

Another way that Azza has increased her confidence in difficult times so that she has been able to persist, has been through preparation and education. Once when she was passed over for a leadership position, she found an opportunity to go to Australia for her masters.

So when I came back, I felt that my competency was even more and my focus was even better.

Resilience. Azza has also displayed the ability to recover from any misfortune or adjust to any change she has faced. Early in her life when she found out that the man she believed was her father was actually her brother, she showed resilience.

... I thought, okay, now I know he is not my father, but he loves me, and I continued to be me, and live that normal life and go to school together and play together [with his children].

She spoke often of feeling stronger after times of adversity.

So it was like a really ongoing challenge in life you know at that age. And ... it made me to be even more stronger and stronger...

And it was really, really very, very tough. But thank God, it made me even stronger...

She also developed her sense of independence as another means of resilience. Her first marriage, arranged by her brother, gave her little opportunity for independence. Nursing school was the path to independence at that time. She never gave any insight about her husband or his family, she wanted out because it was not how she saw herself. She reinterpreted the norms of social life. The researcher would have to be aware of the life histories of many Omani women to know how common or uncommon this desire for independence was for Omani women at this time, however, it is clearly important to Azza.

...it was good experience for me to be out of home you know, being independent and to be on myself, you know for everything.

Mentors. Azza has sought out mentors to help her make the best possible decisions. She has been influenced by those from whom she feels she can learn and does not hesitate to ask for help making decisions.

I said, '... I need to make the right decision. But I need to ask people who know exactly what is happening.'

An expatriate nurse who has worked with Azza for many years said,

She was always somebody who was very willing to listen, to learn. One of the things about [Azza] is that whenever she has to make a decision, she doesn't take it alone. She always consults, she always seeks some advice. She would consult me if she's not sure, she'd come, and she'd ask me, 'this happened and I was thinking it was like this, but I just need to go by you.'

Theme: Nursing

Azza chose to study nursing out of convenience, because she saw it as a means to get more education, or a job to start her career, but nursing was a perfect fit for her abilities and desires. Twice in her career Azza left nursing to try other jobs, but both times she returned because she recognized that nursing requires the special skills that she possesses.

When it comes to nursing, not just anybody can do it. You have to have that sort of passion. You have to have tolerance, to be able to work nights, evenings, and weekends, sometime compromising your social life. You have to study pathophysiology, pharmacology and skills essential to the profession such as critical thinking, cultural

variation and decision-making. You have to be able to give hands on care to patients to be able to be a nurse.

Advocacy. Throughout her entire life Azza has had strong skills for advocating for herself, her patients and their families, and nursing. She stood up for herself and what she believed was right even before she became a nurse, but a passion for advocating for patients is what she enjoys most about being a nurse.

I... have this sort of passion for advocating for the patients and the mother, especially sometimes when there was a gap of language with the other non-Omani nurses. So, I used to be in the middle of trying to advocate for mothers because many of them they did not speak English and the non-Omani nurses did not speak Arabic - So this is how I started liking my job.

Many of her colleagues believe her greatest contribution is her advocacy for nurses and what is right.

[Her greatest contribution is standing up for] the nurse's rights in this hospital, ... that's a huge progress that I thought I would never see, I might retire and never see it. And also keeping nurses always updated, education. She works for the well-being of their training. She's even on a project of work life balance now and it's going to be the first workshop in the whole country.

She has developed excellent advocacy skills throughout her life. She is persuasive, level-headed, well informed, and makes rational arguments.

She had to advocate everything for nurses and to get the grades and also dealing with the physicians. ... and dealing with a lot of people who do not understand nursing.

She is strong advocate for her patients' mothers. One of her greatest contributions is she is a strong advocate of the nurses. Not only for the Omani but for the expatriate nurses.

Caring. Azza cares deeply for others and nursing has given her a way of demonstrating her caring.

[Caring] is why I found myself in nursing. I love children and I love those kids. ... I had like a bonding with these mothers and these babies. And some of them you know, even when I go home, it's just that my mind is still thinking about them.

I know they needed someone to talk to them, to lower a level that they can understand...

[someone who] feels for them. And before even I talked to them, I keep always in my mind, if I would have been their mother, how would I have felt about this. Whenever you feel that way in that situation, definitely you're talking to somebody not only as a nurse – you are talking to somebody also as a mother. And this is where you get connected.

Early in her career she struggled with watching the suffering of others and the expectation by other nurses that she should not react with strong feelings. This expectation made her consider leaving nursing, but she learned to handle her feelings and continued.

I said, 'No way - I'm a human being! I cannot see somebody this kind of life and [not have feelings] for it!' I felt very upset, with disbelief about what had happened to the child.

... I ended up going home and I couldn't sleep. It took me sometime to forget the girl.

They were expecting me to not get effected with any death at my working place.

I asked one of my colleagues who had worked in nursing for more than 10 years, 'How do you feel if your patient died?' She replied proudly that [she feels] nothing, 'Because

we are nurses we should be strong,' and I felt like really I did not want to continue this job.

She also conveys this caring spirit as a nurse leader. Several colleagues expressed their appreciation for her being such a caring leader.

I just adore her. It's not that we are friends, but you just know a person who cares. I'm not her neighbor or not related to her. I don't even work in the same area with her, but I know that if I'm in trouble or I think there is something wrong, I can always go for her support. I don't even need to come, I send her a message. Where on earth are you going to get someone like that? Well, she's here.

Fulfillment. Being a nurse is a tremendous source of fulfillment for Azza. She spoke about her pride many times in telling her story.

When talking about the nursing job - it's better than the people who don't do anything and I'm proud of myself.

[I saw nursing] as a job I can do, and I can do better. I can be somebody which I feel like is important to me. And I was proud of what I was doing.

I always felt that nursing was a challenge of which I like to do the challenging job. And I always felt that a nurse job, not everybody can do it, and this is what made me even more proud.

Conclusion

This chapter presented a narrative about significant events in the life of Azza as she told them to me. In the telling of her story, she separated her personal life from her professional life for the most part, therefore, I did the same in my narrative account of her life. Inductive thematic analysis revealed three dominant themes in Azza's life story: opportunity, visionary,

and nursing. Each theme has several subthemes. Subthemes of opportunity are: national identity, country building, and nursing pioneer. Subthemes of vision are: leadership, perseverance, resilience, and mentors. Subthemes of nursing are: advocacy, caring, and fulfillment. Only interviews with Azza were included in the telling of her story, however, interviews with her family and colleagues were used to support the themes and subthemes.

Chapter 5: Discussion

The purpose of this study was to discover the personal experience of being an Omani woman during the Omani Renaissance, choosing a career in nursing, and evolving into a nurse leader. This chapter includes a summary of the findings of the study, followed by discussion of the findings and implications of the study considering the relevant literature and theory. It also includes discussion of how the conclusions can be used to address the needs of nursing practice. The chapter ends with recommendations for further research.

The central question guiding this study was, “What is the personal experience of being an Omani woman during the Omani Renaissance, choosing a career in nursing, and becoming a nurse leader?” Life history methodology was used to elicit rich descriptions of the context, thoughts, and experiences that the key participant chose to use in telling the story of her life. Themes and subthemes that emerged from her story were: (a) opportunity, with subthemes of national identity, country building, and nursing pioneer; (b) visiony, with subthemes of leadership, perseverance, resilience, and mentors; and (c) nursing, with subthemes of advocacy, caring, and fulfillment. Some of the themes and subthemes focus primarily on characteristics of the key participant, and some focus more on the context in which her life has taken place, however they all involve the relationship between the individual and the context at some level. Azza’s accounting of her development over time reveals a lot about her decision making in the context of Omani culture during her lifetime, and how this context affects her as a real person.

Interpretation of the Findings

While Arab women’s participation in the workforce has been studied in samples from various countries, and in various types of employment, this is the first study to examine this phenomenon with nurses in any Arab country. Azza’s life story is distinctive because she has

become a nurse leader in Oman during a time of rapid modernization of all aspects of society, including healthcare. Early in the Renaissance, nurse leaders from the West forged the path of nursing in Oman because there were very few Omani nurses, then as the modernization continued, Omani nurses were given opportunities for education and training so that they would be prepared to become nurse leaders. Approaching the phenomenon of women's career development from the perspective of the socio-cultural context of women is the same approach used by many other studies on Arab women's employment (Abalkhail & Allan, 2016; Afiouni, 2014; Besamusca et al., 2015; Kemp & Zhao, 2016; Littrell & Bertsch, 2013; Tlaiss & Kauser, 2010; Tlaiss & Kauser, 2011); however, results of this study expand knowledge about this phenomenon, specific to Omani women's employment during the Omani Renaissance. The Omani Renaissance milieu afforded all Omanis extraordinary opportunities for personal growth and development, and for contributing to the rapid modernization of Oman. Highlighting the abundance of opportunities is not meant to diminish Azza's contributions to the transformation of Oman, as she had to be willing to seize the opportunities. Perhaps because of the vision she had for her life as a young woman, she has recognized these opportunities throughout her life and used them to grow personally and professionally. In addition to personal growth, she has also seized opportunities to make significant contributions to improvements in both healthcare and the nursing profession in Oman. While difficult, the challenges created by living through this time of transformation of Oman from a poor undeveloped country to the modern country of today, also created opportunities that shaped Azza.

Results from previous studies found that traditional roles, culture and tradition, and family expectations of women are barriers to Arab women's employment (Ghouse et al., 2017; Marmenout & Lirio, 2014; O'Sullivan, 2015); however, in the current study, while they made

things harder for Azza to participate in the workforce, the opportunities available to her, such as education and job availability, helped her overcome those barriers. As a counter perspective to numerous studies (Chavali, 2016; Gallant & Pounder, 2008; Marmenout & Lirio, 2014; O'Sullivan, 2015) that concluded that traditional socio-cultural practices hinder women's employment in Arab countries, Azza never mentioned anything about an expectation for women to work only in the household in Oman as a barrier to her employment.

Another explanation for Azza's ability to overcome barriers to employment is her strong national identity, as she explained that the desire to contribute to society is a cornerstone of Omani national identity. Arab society has historically been regarded as largely homogenous in relation to barriers and facilitators for women's employment (Barakat, 1993), however, results from the current study suggest that attitudes toward women's employment in Oman are unique because of the Omani emphasis on the importance of the contributions of each individual, both men and women, to society.

Other possible explanations for Azza's development as a nurse and leader in the face of societal barriers are her personal attributes of perseverance and resilience, which are driven by her vision of what she wants for her life. Perhaps Azza was born with these qualities or perhaps the circumstances of her childhood helped shape these qualities, but no matter the source, this study confirms the findings of previous research (Yilmaz, 2017; Turner, 2014; Stagman-Tyrer, 2014) that development of these qualities in all nurses can equip them to overcome barriers along their paths to becoming nurses and nurse leaders. It is also conceivable that the internal motivation to care for others helped with overcoming barriers. Issues of work/family balance as barriers to leadership roles, identified by Al-Lamky (2007) were confirmed by Azza in the current study, and, once again her perseverance and resilience seem to be attributes that helped

her overcome those issues. The findings of Gallant and Pounder (2008) that logistical problems such as lack of socially acceptable transportation and childcare are barriers to Arab women's employment are confirmed in the current study. Dealing with these barriers required resilience from Azza.

Studies by Al Lamky (2007) and Alsawafi (2016) concluded that in Oman, government policies were factors that constrained empowerment of women, however, in the current study, government policies designed to help with country building, such as Omanization, helped Azza rather than serving as a barrier. Additionally, government funded opportunities for education and training in Oman and abroad, empowered her. Therefore, this study extends what is known about the effect of government laws and policies regarding women's employment.

Al Lamky (2007) and Alsawafi (2016) also found that restrictive patriarchal social attitudes toward women were a barrier to women's empowerment. The current study contradicts this assertion. When Azza was divorced by her first husband because she would not return to his village, her father/brother defended her and supported her desire to get more education or a job to start her career. This supports Kemp and Zhao's (2016) finding from their life histories of Emirati women managers and business owners, that gender equality was negotiated within families and that male support (husband, father, brother, male manager) contributed to their success in employment.

Harold (2011) identified two themes regarding patterns of transformative leadership practice in Arab women (not specific to nursing): changes occurring in society and the continuity of ongoing influences. The current research confirms these themes. It is clear from the data that the changes in Omani society (e.g. the new roles and opportunities that were introduced by the Omani Renaissance) are major contributors to Azza's leadership development. Azza describes

several ongoing influences in her life that included strong support by her family, as well as the various mentors that she described. These findings confirm Harold's findings that these constant influences shaped her leadership development. The only study on nursing leadership in any Arab country addressed skills needed by nursing administrators (White, 2012). The current study adds knowledge about leadership development of a nurse leader. Azza's path to leadership has required perseverance and resiliency. Additionally, many mentors have facilitated her development by advising and encouraging her.

Most previous studies on women's employment attribute decisions about employment to external forces such as economic conditions causing the necessity and opportunities to work, educational opportunities, family care demands, and gender ideologies that govern the extent to which women are encouraged or discouraged from working. While those external forces have influenced Azza's decisions about employment, there have also been personal factors or internal motivations that have influenced her employment decisions leading to the conclusion that an individual's life story is shaped by the context of her life as well as her personal attributes and motivations. In previous research, several scholars noted that there are very few studies that acknowledge the contribution of personal factors to women's employment decisions (Afiouni, 2014; Kemp & Zhao, 2016; Madsen, 2010). This study adds knowledge about Azza's personal motivations for her career decisions. Azza's vision for her life was one means by which she made decisions about employment. In the telling of her story, Azza spoke about having goals that defined her path from early in her life. When she studied nursing and began her career, she knew very little about what a nurse was, yet she chose to study nursing as a way to get more education to reach her goals. Nursing was a perfect fit for Azza's personal abilities and desires. Throughout her life she has been a person who has stood up for what she believed was right for

herself and others. Early in her nursing career she recognized that she had a passion for using this ability to advocate for the best for her patients. Nursing was also an outlet for her to demonstrate her need to care for others. Even on the two occasions when she left nursing to try other jobs, she returned to nursing because she was not fulfilled by other work. Azza's sense of fulfillment as a nurse confirms O'Sullivan's (2015) study that identified the power of career fulfillment as an enabling factor for women's employment. While not explicit, this internal motivation is similar to the Western conception of a calling to nursing. Emerson (2017) defined a calling to nursing as "a passionate motivation or desire to help others through engagement in nursing practice as a means of giving purpose to one's life" (p. 387). Azza expressed that she is proud of being a nurse, which is similar to a feeling of fulfillment, so perhaps a calling to nursing is another personal motivation for Azza's career choice. This finding extends Afiouni's (2014) finding of calling as a personal motivation for academic careers, in Arab women academics. The current study suggests that calling might also be a personal motivation for nursing careers.

This study may highlight new understanding about the status of nursing in Oman. Previous studies (Zerovec & Bontenbal, 2011; Al Awaisi et al, 2015) found that nursing was not considered to be a prestigious career choice for women in Oman. The assumption made from this finding was that women would not choose nursing or stay in nursing because it is not considered a prestigious career choice. Azza said that Omanis do not really consider one job better than another. This concept was held up particularly by conversations with her son, and several young Omani nurses. They do not worry about what others think. This may mean that in certain cultures it may be more important to contribute to society, regardless of the form of the contribution than to enter a career field that is highly regarded. This concept has not previously been discussed in the literature on nursing in Oman.

Theory

Spierings' (2015) theoretical framework for understanding women's employment in Muslim countries was used as a starting point for this research because of the holistic approach to understanding the patterns of diversity of women's employment in Muslim countries. Agents and structures that explain women's employment are at five theoretical levels: the individual woman, the household, the community, the country, and the globe. The factors are placed in groupings of underlying conditions that influence the probability the woman will work. These conditions are needs (individual and household, and societal), values, and opportunities.

Individual woman. This research expands the conception of influences at the level of the individual woman in Spierings' (2015) conceptual framework. Azza described her vision for her life, including her desire for a career and her implied desire for independence, as a motivation for choosing paid employment over household work only. Azza was clear that she preferred to work outside the home than to stop her education and do household work when she was married the first time. Her desire for fulfillment also influenced her choice of employment at the individual level. She left nursing on two occasions but returned because she was not fulfilled by other work. Spierings' theory hypothesizes that "the greater the material needs of a woman and her household, the greater the probability that a woman is employed (p. 57). There is no mention of the need for fulfillment or the conception of a calling to a particular type of employment as an influence at the individual level, but these were motivators in Azza's case.

Once Azza had developed her human capital through experience and education, she was positively influenced to continue employment. This supports Spiering's (2015) hypothesis that "the greater the woman's skills, the greater the probability that she is employed" (p. 58).

Household. At the household level, Azza's employment was influenced in several ways that are addressed in Spierings' (2015) theory. Spierings hypothesized that "the more other household members hold traditional values, the lower the probability that the woman in that household is gainfully...employed (p. 72). In Azza's case, even though traditional values were followed in the household in some areas (women could not travel alone, her marriage was arranged by her brother when she was 14), it appears that many of her family members supported the non-traditional view of women working outside the home. Her father/brother, the head of the family, supported her pursuit of employment rather than marriage when she first entered nursing school. She entered nursing with her sister and cousins, so it appears that these women family members may not have internalized traditional values of a woman working only in the home either, although perhaps they had issues of economic need, or were more strongly influenced by the need to contribute to country building.

Azza has lived her adult life in an urban area with education and employment nearby. This began when she entered nursing school. At the time, she was married and was expected to go to the rural village where her husband's family lived, but to attend nursing school she told him she was not willing to go to his village, which caused him to divorce her. She has stayed in urban areas with abundant opportunities for employment since then. This supports Spierings' (2015) conclusion that "the higher the level of urbanization of the area a woman lives in, the greater the probability that she is gainfully ... employed (p. 71).

According to Spierings (2015), "The greater the number of (young) children of a woman in the household, the lower the probability that she is gainfully ... employed (p. 71). Once Azza was married and had a child, her sisters supported her by helping her with caring for her one son, making it possible for her to work outside the home. Although early in her career, when her son

was very young, her husband was not helpful with child care, as time went by he became supportive. He addressed the impact of her career on the family in the following statement:

We do understand the type of work she is doing and the position she is in and we know the difficulty in this field, so we know that she is sometimes coming late to the house and sometimes it's daily and she has a long weekend. And we do understand; we try to live with that. It is there, we cannot ignore it.

Community. Several influences at the community level can be seen in Azza's life.

Perhaps the strong community/country desire for modernization and country building during the Omani Renaissance stimulated a change in traditional expectations of women working inside the home only, to the acceptance of women working outside the home in Omani society. Spierings' (2015) hypothesis that "the greater the labour demand at the societal level, the greater the probability that a woman is employed (p. 71)" offers a possible explanation why this cultural change may have taken place. Spierings also hypothesized that "the greater the strength of gender seclusion and segregation values, the lower the probability that a woman is employed (p. 58). The need for Omanis to work in all segments of the workforce to contribute to the modernization may have decreased the strength of gender seclusion and segregation values in Oman. This is a possible explanation for why the percentage of Omani nationals in the Omani nursing workforce is greater than the percentage of nationals in the nursing workforce in many other Muslim countries.

Country. Opportunities related to country building have had a profound impact on Azza's career development. Government policies for funding basic and advanced education, locally and abroad, gave her the chance to develop unique skills and knowledge to contribute to nursing in Oman. The policies that were intended to develop human resources within the

country as a component of modernization had a direct top-down influence on Azza's opportunities for employment and development. The Omanization policy has also opened more jobs and leadership positions for Omanis to develop Oman's national human resources (Aycan et al., 2007). While this policy has had a positive impact on Azza's (and other Omani's) opportunities for employment, it has negatively impacted opportunities for migrant workers in the Omani workforce. The policy may also have negatively impacted the likelihood of Omani women entering or staying in the nursing workforce because of the attitude of many expatriate nurses toward Omani nurses that Omanis have attained their positions because of nationality rather than skill.

Globe. Azza's employment has been influenced at the global level by the discovery of oil deposits in 1964 which enabled modernization of Oman. This time of economic growth provided micro and macro opportunities for women's employment in Oman. Additionally, at a global level Azza gained expertise that was not available within Oman through opportunities to study abroad. She was funded by the Omani government to study pediatric and neonatal nursing in the UK early in her career so that she could bring this expertise back to Oman as it was building its healthcare system. She later was funded to study for a Master's Degree in Nursing in Australia because there were no master's programs in Oman at the time. Her funded studies abroad were intended to raise human capital to improve healthcare in Oman, but also had a top-down influence on Azza's personal human capital, which according to Spierings (2015) increases the probability that a woman is employed.

Implications

The results of this study have potential implications at the individual level, organizational level, and the societal level. The study adds to the limited historical knowledge about what life

was like for Omani women during the Omani Renaissance. Knowledge about nursing history is relevant to understanding the past, informing the present, and influencing the future of nursing (Fairman & D'Antonio, 2013), therefore, Azza's account of the development of nursing and healthcare in Oman adds significant knowledge which can inform and influence nursing in Oman and elsewhere, particularly those undergoing rapid modernization. Prior to the current study, there were no studies that subjectively described what the nursing profession was like for individual nurses during this significant time in Omani history. Given that there are no other studies that describe the life of an Omani nursing student or nurse during this time, Azza's account of her career development also adds to the existing body of knowledge on Arab and Omani women's employment, as well as Omani nurses and the path to nurse leadership.

Life history methodology has rarely been used to understand the lives of nurses. This is the first known study of an Omani nurse using life history methodology. Studying the lives of ordinary nurses has the potential to give a fuller picture of motivations for nursing, values, and individual and institutional contexts. It also has the potential to examine how personal attributes and experiences shape nursing practice. Just as Casey (1993) argued that stories of the personal and professional lives of individual teachers are important to understanding education, I argue that studying the lives and careers of ordinary nurses globally is foundational to understanding the discipline of nursing.

Azza's story demonstrates how nurses can make contributions to solving health and healthcare problems, individually, and nationally. Stories of nurses and nurse leaders have the potential to inspire young persons, particularly women, to choose careers in nursing because of the power of nurses to change and save lives. Stories that inspire more young women to enter nursing and encourage nurses to stay in nursing, have the capacity to impact the global shortage

of nurses. *Nursing Now*, a collaboration between the World Health Organization and the International Council of Nurses, is a three-year global initiative (2018-2020), with the goal of improving health by raising the profile and status of nursing worldwide. The purpose of the initiative is to empower nurses to participate in confronting 21st Century health challenges and contribute to achieving Universal Health Coverage. The initiative aims to improve the status of nursing, enhance the influence of nurses and maximize their contributions to ensuring universal access to health and healthcare (Nursing Now.). Dissemination of life stories of nurses throughout the world has the potential to improve the status of nursing because nurses' stories establish the significant contributions of nurses to the provision of healthcare for all. Stories are an important means for enlightening those with limited exposure to healthcare, about the significant roles nurses play, particularly in developing countries where opportunities for exposure to healthcare are often limited. Stories of nurses' contributions are also a means of informing healthcare stakeholders so that the contributions of nurses are recognized and the influence of nurses within healthcare systems is enhanced.

The results of this study suggest that perseverance and resilience were personal qualities that helped Azza overcome barriers on her path to becoming a nurse and a leader. The results also suggest that Azza's desire and ability to advocate for the needs of others, as well as her need to care for others, aligns with a career in nursing, resulting in a sense of fulfillment. This sense of fulfillment likely serves as an enabling factor for her retention in the profession and her development as a nurse leader. It is important to identify qualities to help nurses overcome barriers and persevere in the profession and develop into nurse leaders. Once qualities that help nurses overcome barriers and persevere in the profession and develop into nurse leaders are

identified studies should be conducted to determine how to measure and develop these qualities in nursing education programs.

Knowledge about facilitators and barriers to choosing and staying in nursing can help nursing and healthcare policymakers put policies in place to continue to attract and retain nurses. For example, the current results suggest that policies that increased opportunities for educational development in nursing facilitated Azza's career growth, therefore institutional and government policies which increase these opportunities have the potential to serve as facilitators to retaining women in nursing in addition to expanding the profession, as a result of nurses being more highly developed. While results of the current study are not generalizable to all populations, they serve as a starting point for studying the impact of institutional and government policies which increase opportunities for growth and development on the lives of individual nurses and the nursing profession.

Azza's internal motivation, which was identified as being similar to the Western conceptualization of a calling to nursing, is another finding that has implications for several aspects of nursing. The concept of calling has not been studied in Omani or Arab nurses, so it is unclear whether it is conceptualized in the same way in this population as it is in Western cultures. Results from the current study suggest that persons who do not have knowledge about the nursing profession may enter the profession without a calling, then realize their calling once they study nursing and begin doing nursing work. Whether nurses have a calling could possibly have implications for patient perceptions of the quality and character of nursing care. Helping young people recognize a calling could impact recruitment and support of nursing students and practicing nurses. Because perceiving a calling has been linked to greater career commitment (Duffy & Dik, 2013), perhaps institutional support for identifying and supporting nurses with a

calling to nursing may have implications for the nursing workforce through recruitment and retention in nursing.

Spierings (2016) theoretical framework for understanding women's employment in Muslim countries was originally introduced in Chapter II to describe the holistic approach that would be used in conducting this research. Results from this study confirm that it is a sound framework from which to study women's employment in Muslim countries in general but can also be applied to women's employment in nursing specifically. The theory has the potential to provide theoretical support for future studies on the nursing workforce in Muslim countries particularly but is an appropriate framework for any nursing workforce study that examines influences on employment. It is a broad, encompassing approach to studying women's employment that allows for the complexity of influences specific to the nursing workforce.

Recommendations for Future Research

The results of this descriptive study present several prospects for future research. First and foremost, studying the lives and careers of nurses globally is foundational to understanding the discipline of nursing. Nursing scholars agree that the development of disciplinary knowledge is essential for advancement of the discipline of nursing and that ambiguity about a central unifying focus is a significant problem because disciplinary knowledge is integral to the development of nurse practitioners and researchers who can provide leadership in addressing key healthcare issues. Use of life history methodology to study the lives of ordinary nurses throughout the world has the potential to provide rich knowledge about the values of nurses and to identify similarities and differences in nursing practice and nurses within the context of differing cultures. Life histories focused on career development of nurse leaders in diverse cultures are an appropriate method to compare development of leaders across cultures.

Studies are needed to identify qualities needed by nurses to overcome barriers and persevere in the nursing workforce, and to develop into nurse leaders across cultures. Once these qualities are identified, studies should be conducted to determine how to measure and develop these qualities to improve retention in the profession. In the current study, perseverance and resilience were identified as attributes that have facilitated Azza's ability to persevere and develop into a nurse leader. Research in this area could be extended to determine the presence or absence of these attributes in other nurse leaders in Oman and other countries worldwide.

Results of the current study suggest that Azza possessed an internal motivation for developing as a nurse and nurse leader that is similar to the concept of a calling to nursing, even though she did not refer to it as such. A few qualitative studies of a calling have been conducted in Western populations of nurses (Carter, 2014; Newton, Kelly, Kremser, Jolly, & Billett, 2009; Prater & McEwen, 2006; White, K., 2002; Williamson, Health, & Proctor-Childs, 2013), however there have been no quantitative studies. There are currently several instruments that measure aspects of calling to any type of work, but none that are specific to a calling to nursing. Instruments to identify the presence of a calling to nursing need to be developed, then validated cross culturally. Further research is also needed to explore whether a calling to nursing can be identified across cultures. Research into whether there is a relationship between a calling to nursing and the quality or character of nursing care could also contribute important knowledge about nursing care in nurses with a calling to nursing.

The current study found that government policies designed to develop a local nursing workforce (e.g. Omanization, government funding for education) positively impacted Azza's development as a nurse leader. Studies to examine the effects of these policies on the quality and character of nursing care are vital for development of future policies. These studies should

employ varied methodologies to reveal the perspectives of patients, as well as empirical knowledge about patient outcomes. Studies about the effects of localization policies on the nursing work environment are also vital. Globally, it is essential to add to existing knowledge about the effects of localization policies within the context of nurse migration on and patients in source and destination countries.

Conclusion

In this chapter the findings of this study, which described the personal experience of being an Omani woman during the Omani Renaissance, choosing a career in nursing, and becoming a nurse leader in vivid detail, are summarized. Ways in which findings from the study confirm, dispute and extend studies on Arab women's employment and nursing in Oman are discussed. Means by which the conclusions can be used to address the needs of nursing practice are described and recommendations for further research are proposed.

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Appendices

Appendix A: Support Interviewee Demographic Information

(in the order the interviews took place)

Relationship	Role	Gender	Omani or Expatriate
Colleague/Mentor	Works in nursing directorate	Male	Expatriate
Colleague/Mentor	Works in nursing directorate	Female	Expatriate
Colleague/Friend/Mentor	MoH Retiree	Female	Omani
Colleague/Mentee	Works in nursing directorate	Female	Omani
Colleague	Faculty at SQU College of Nursing	Female	Expatriate
Colleague	Medical Administrator at SQUH	Male	Omani
Colleague	Nurse at SQUH	Male	Expatriate
Colleague	Nurse at SQUH	Female	Omani
Family	Husband	Male	Omani
Family	Son	Male	Omani
Colleague	Nurse at SQUH	Female	Omani
Colleague	Nurse at SQUH	Female	Omani
Family	Sister	Female	Omani

Appendix B: Key Participant Interview Guide

- Where and when were you born?
- Can you help me put together a genogram, so I can understand your family?
- Tell me about your childhood years.
- What was school like for you as a child?
- How would you say Oman has changed since you were young?
- Tell me about your marriage.
- Tell me about your time after graduation from secondary school.
- Tell me about your nursing career.
- How did you become a nurse leader?
- What has brought you the greatest satisfaction in life?

Appendix C: Support Participant Interview Guide

- What is your relationship to the primary participant?
- Describe your observations of the primary participant in her nursing career.
- Has the primary participant's nursing career ever had any effect on you?
- Describe the primary participant's most important contributions.
- What haven't we talked about related to the primary participant that you'd like to share?