Research Square

Preprints are preliminary reports that have not undergone peer review.
They should not be considered conclusive, used to inform clinical practice,
or referenced by the media as validated information.

Why choose nursing? Factors influencing undergraduate nursing students' career choice in a private university in the United Arab Emirates: a cross-sectional study

Samah Fayyed
Gulf Medical University
Seham Qaid
Gulf Medical University
Ahlam Salem Hasan
Gulf Medical University
Veena M Joseph
Priya Joseph
dr.priya.j@gmu.ac.ae

Gulf Medical University

Research Article

Keywords: Nursing students, Career choice, Motivation, Nursing workforce, Recruitment, United Arab Emirate

Posted Date: November 25th, 2026

DOI: https://doi.org/10.21203/rs.3.rs-11802593/v1

License: This work is licensed under a Creative Commons Attribution 4.0 International License.
Read Full License

Additional Declarations: No competing interests reported.

Abstract

Background

Understanding why students choose nursing can guide recruitment and retention in health systems facing nursing shortages, yet evidence from Gulf countries is scarce. We examined the factors influencing career choice among undergraduate nursing students in the United Arab Emirates (UAE) and their associations with student characteristics.

Methods

We conducted a cross-sectional survey at a private university in Ajman, UAE, from January to March 2026. A total of 145 students were selected by stratified random sampling with proportional allocation across the four years of the Bachelor of Science in Nursing programme. Participants completed the Scale of Nursing Career Choice (professional suitability and vital reasons subscales, scored 1–5) and a socio-demographic questionnaire. Associations were tested with Mann–Whitney and Kruskal–Wallis tests, with Benjamini–Hochberg false discovery rate (FDR) adjustment.

Results

All 145 selected students completed the survey. Professional suitability (mean 3.65, SD 0.91) scored higher than vital reasons (mean 3.31, SD 0.98). The highest-rated items were enjoying working with people and helping others and finding satisfaction in caring for others (both 3.84); opportunities to work abroad was the highest-rated vital reason (3.78). Family members were the main source of influence for 53.1% of students, and 53.8% reported that nursing was not their first-choice course. After FDR adjustment, first-choice status (both subscales), religion (vital reasons) and source of influence (professional suitability) remained associated with scores, with small to moderate effect sizes.

Conclusions

Caring values dominated career choice among these students, but pragmatic motives, including working abroad and job security, were also strong influences. Career guidance, early exposure to nursing and support for students who did not choose nursing first may strengthen recruitment and retention. These single-institution findings should be confirmed in multi-site and longitudinal studies.

Background

The global nursing workforce grew from about 27.9 million in 2018 to 29.8 million in 2023, but a shortfall of 5.8 million nurses remained, projected to fall to 4.1 million by 2030, with the largest gaps in the African and Eastern Mediterranean regions [1]. Earlier projections similarly identified Southeast Asia, the

Middle East and Africa as most affected [2]. Recruiting motivated students into nursing programmes, and keeping them there, is therefore a workforce priority for health systems worldwide.

Career choice in nursing is a complex decision. Systematic and integrative reviews describe intrinsic influences, such as the desire to help others and personal interest in healthcare, alongside extrinsic influences, including job security, remuneration and social perceptions of the profession [3, 4]. Self-determination theory proposes that intrinsically motivated individuals show greater engagement and persistence than those driven mainly by external rewards [5], which makes the balance between these motives relevant to retention as well as recruitment. Family and social influences also shape decisions: parental encouragement and the prospect of stable employment have been reported as important [6], whereas family opposition and seeing nursing as a fallback option act as barriers [7]. Among Generation Z students, passion for healthcare and the wish to help others remain central, but family guidance and social media increasingly contribute [8].

Most evidence comes from Western, Southeast Asian and African settings. In Gulf societies, career decisions are influenced by family approval, social status and labour-market factors [9], but studies of nursing students in the UAE are limited, particularly in private universities that enrol a culturally diverse student body.

Nurse education and recruitment also link source and destination health systems. The United Kingdom (UK), for example, has relied heavily on internationally educated nurses: in 2023–24, 49.4% of new joiners to the Nursing and Midwifery Council (NMC) register were educated outside the UK, falling to 26.4% in 2025–26 as the register reached a record 867,935 professionals [10]. Understanding the motivations of students in a multinational setting, including their interest in working abroad, informs recruitment, retention and international workforce planning in both source and destination countries.

The aim of this study was to assess the factors influencing nursing students' choice of nursing as their profession in a private university in the UAE. The objectives were to: (1) describe the influence of professional suitability and vital reasons on career choice; and (2) examine associations between these factors and selected student characteristics

Methods

Study design and setting

A quantitative, descriptive, cross-sectional survey was conducted in the College of Nursing of a private university in Ajman, UAE, which offers a Bachelor of Science in Nursing (BSN) programme across four academic years. The study is reported in line with the STROBE statement for cross-sectional studies [11].

Participants and sampling

The sampling frame comprised all 226 undergraduate nursing students enrolled at the time. Students in the BSN programme who gave written informed consent were eligible; those absent during data collection or who declined were excluded. The minimum sample size was calculated using the finite-population formula for a proportion [12]:

$$n = N \cdot Z^2 \cdot p(1 - p) / [E^2(N - 1) + Z^2 \cdot p(1 - p)]$$

where N = 226, Z = 1.96 (95% confidence), p = 0.5 (maximum variability, as no prior proportion was available) and E = 0.05 (margin of error). This gave a minimum of 142.5, rounded up to 143; 145 students were recruited to allow for incomplete responses.

Stratified simple random sampling with proportional allocation was used so that every academic year was represented. Within each year, students were drawn by lottery from the enrolment list: Year 1, 36 of 56; Year 2, 44 of 69; Year 3, 44 of 69; and Year 4, 21 of 32. All 145 selected students returned complete questionnaires.

Instruments

Students completed a researcher-developed socio-demographic questionnaire (age, religion, nationality, year of study, parental education and occupation, nursing professional in the family, whether nursing was the first-choice course, mode of admission and main source of influence) and the Scale of Nursing Career Choice (SNCC) [13]. The SNCC has 17 items rated from 1 (no influence) to 5 (greatest influence). Eleven items form the professional suitability subscale (personal qualities, values and attributes suited to nursing; possible score 11–55) and six form the vital reasons subscale (job security, financial stability, opportunities to work abroad, family influence, prestige and personal or family experience of healthcare; possible score 6–30). Subscale scores are reported as mean item scores (1–5). Higher scores indicate stronger influence.

To interpret means, five equal-width bands were used: 1.00–1.79 no influence; 1.80–2.59 slight; 2.60–3.39 moderate; 3.40–4.19 strong; 4.20–5.00 greatest influence. The SNCC was developed in Saudi Arabia and has been used in several countries; the original full-scale Cronbach's α was 0.85 [13]. Cronbach's α in the present sample was 0.82. Because the SNCC is an established instrument, no pilot study was conducted. The English-language items were reviewed by faculty for content relevance before use.

Data collection

Data were collected over eight weeks from January to March 2026. The research team explained the study in plain language, obtained written informed consent, and distributed an online questionnaire link during scheduled classes. Students completed the questionnaire electronically in the presence of the researchers, who checked that no items were left blank. Completion took 10–15 minutes.

Data analysis

Data were analysed using SPSS (IBM Corp., Armonk, NY). Categorical variables are presented as frequencies and percentages and SNCC scores as means with standard deviations and 95% confidence intervals. Because subscale scores are ordinal and non-normally distributed, associations with student characteristics were tested with the Mann–Whitney U test and the Kruskal–Walli's test, followed by Dunn's pairwise tests with Bonferroni correction [14] for significant omnibus results. Effect sizes were reported as $r = Z/\sqrt{N}$ for Mann–Whitney tests and $\varepsilon^2 = H/(N - 1)$ for Kruskal–Wallis tests [15, 16]; values of about 0.1, 0.3 and 0.5 (r) and 0.01, 0.06 and 0.14 (ε^2) were taken as small, medium and large. Statistical significance was set at $p < 0.05$ (two-sided). Because nine association tests were run, Benjamini–Hochberg false discovery rate (FDR) adjusted q-values were also calculated [17]; associations with $q < 0.05$ are described as robust and others as exploratory.

Ethical considerations

The study was approved by the university's Institutional Review Board and the Dean of the College of Nursing granted administrative permission (details are given in the Declarations). It followed the Declaration of Helsinki [18]. Participation was voluntary, written informed consent was obtained, and students could withdraw at any time without consequence. Responses were anonymous and analysed without identifiers; data are held securely, accessible only to the research team, for three years.

Results

Participants

Table 1 Characteristics of participants (n = 145)

Characteristic	Category	n	%
Age (years)	17–19	52	35.9
	20–22	75	51.7
	≥23	18	12.4
Nationality	UAE	20	13.8
	Non-UAE	125	86.2
Religion	Muslim	93	64.1
	Christian	41	28.3
	Other	11	7.6
Year of study	First	36	24.8
	Second	44	30.3
	Third	44	30.3
	Fourth	21	14.5
Father’s education	Secondary or below	39	26.9
	Diploma/technical	28	19.3
	Bachelor’s degree	62	42.8
	Master’s or above	16	11.0
Mother’s education	Secondary or below	48	33.1
	Diploma/technical	27	18.6
	Bachelor’s degree	58	40.0
	Master’s or above	12	8.3
Employment	Father employed	125	86.2
	Mother employed	70	48.3
Nursing professional in family	Yes	66	45.5
Nursing was first-choice course	Yes	67	46.2
	No	78	53.8
Mode of admission	Self-financed	116	80.0
	Ministry sponsored	16	11.0

Characteristic	Category	n	%
	Other	13	9.0
Main source of influence	Family members	77	53.1
	Personal experience with caring nurses	43	29.7
	Friends	15	10.3
	Career counselling	10	6.9

All 145 selected students were included in the analysis (response rate 100%). Table 1 shows their characteristics. Half (51.7%) were aged 20–22 years and most were non-UAE nationals (86.2%) and Muslim (64.1%). Students were spread across all four years, with the largest groups in Years 2 and 3 (30.3% each). Four in five (80.0%) were self-financed. Family members were the most common source of influence (53.1%), followed by personal experience with caring nurses (29.7%); few cited career counselling (6.9%) (Fig. 1A). Over half (53.8%) reported that nursing was not their first-choice course.

Percentages are of the 145 participants. Employment rows show the number of students whose father or mother was employed.

Factors influencing career choice

Professional suitability had a higher mean score (3.65, SD 0.91, 95% CI 3.50–3.80) than vital reasons (3.31, SD 0.98, 95% CI 3.15–3.47), a difference of 0.34 points (standardised difference about 0.36) (Fig. 1B). All 11 professional suitability items fell in the ‘strong influence’ band (Table 2; Fig. 2). The three highest-ranked items were enjoying working with people and helping others (mean 3.84), finding satisfaction in caring for others (3.84) and dedication to making a positive difference (3.82).

Among vital reasons, opportunities to work abroad (3.78) and job security (3.62) were rated as strong influences and ranked among the top eight of the 17 items overall. Financial stability (3.28), family influence (3.09) and personal or family experience of healthcare (3.08) were moderate influences, and prestige or status was lowest (3.01). The confidence intervals of the lowest-ranked vital-reasons items did not overlap those of the highest-ranked caring items.

Table 2 SNCC items ranked by mean score (n = 145; scale 1–5)

Rank	Item (subscale, SNCC item number)	Mean	SD	95% CI	Influence
1	I enjoy working with people and helping others (PS, item 3)	3.84	1.02	3.68–4.01	Strong
2	I find satisfaction in caring for others (PS, item 9)	3.84	1.10	3.66–4.02	Strong
3	I am dedicated to making a positive difference in people's lives (PS, item 11)	3.82	1.14	3.63–4.00	Strong
4	I am compassionate and empathetic by nature (PS, item 8)	3.78	1.11	3.59–3.96	Strong
5	I am interested in continuous learning and professional growth (PS, item 10)	3.78	1.14	3.59–3.96	Strong
6	Nursing provides opportunities to work abroad (VR, item 14)	3.78	1.10	3.60–3.96	Strong
7	I have a strong sense of responsibility (PS, item 6)	3.68	1.10	3.50–3.86	Strong
8	Nursing offers good job security (VR, item 12)	3.62	1.14	3.43–3.81	Strong
9	I believe nursing fits my personality and values (PS, item 2)	3.58	1.10	3.40–3.76	Strong
10	I prefer jobs that require teamwork and communication (PS, item 7)	3.49	1.17	3.30–3.68	Strong
11	I am emotionally suited for the demands of nursing (PS, item 4)	3.48	1.18	3.28–3.67	Strong
12	I can handle stress and emergency situations well (PS, item 5)	3.46	1.16	3.27–3.65	Strong
13	I have the personal qualities needed for nursing (PS, item 1)	3.44	1.12	3.26–3.63	Strong
14	I chose nursing for financial stability (VR, item 13)	3.28	1.24	3.07–3.48	Moderate
15	I was influenced by my family to choose nursing (VR, item 15)	3.09	1.37	2.86–3.31	Moderate
16	I was motivated by a personal or family experience in healthcare (VR, item 17)	3.08	1.31	2.86–3.29	Moderate
17	I chose nursing due to the prestige or status it offers (VR, item 16)	3.01	1.28	2.80–3.22	Moderate

PS = professional suitability; VR = vital reasons; CI = confidence interval.

Associations with student characteristics

Table 3 and Fig. 3 summarise the nine association tests. Students for whom nursing was their first-choice course scored higher than other students on both professional suitability (mean 3.85 vs 3.48; p = 0.009, r = 0.22) and vital reasons (3.53 vs 3.12; p = 0.018, r = 0.20); both remained significant after FDR adjustment (q = 0.039 and 0.041).

Religion was associated with vital reasons (H(2) = 11.82, p = 0.003, ε^2 = 0.08, q = 0.025): Christian students scored higher than Muslim students (3.62 vs 3.18; Dunn–Bonferroni adjusted p = 0.016), and neither differed significantly from the 'other' group (n = 11). Religion was not associated with professional suitability.

Source of influence was associated with professional suitability (H(3) = 10.79, p = 0.013, ε^2 = 0.07, q = 0.039), with the highest means among students citing career counselling (4.06) and personal experience with caring nurses (3.85), and the lowest among those citing family members (3.48). No, pairwise comparison remained significant after Bonferroni correction (for example, caring nurse's vs family: unadjusted p = 0.015, adjusted p = 0.087), so this finding is best viewed as exploratory in its detail. Source of influence was not associated with vital reasons.

Two associations were nominally significant but did not survive FDR adjustment and are treated as exploratory. Students with employed mothers scored higher on vital reasons than those with non-employed mothers (3.47 vs 3.16; p = 0.040, r = 0.17, q = 0.060). Age group was associated with vital reasons (p = 0.033, ε^2 = 0.05, q = 0.059): students aged 23 years or older scored lowest (2.83), significantly lower than those aged 20–22 years (3.46; adjusted p = 0.028), but not those aged 17–19 years (3.30). Age was not associated with professional suitability.

Table 3 Associations between SNCC subscale scores and student characteristics (n = 145)

Characteristic → subscale	Group mean scores	SD	Test and statistic	p	FDR q	Effect size
Mother's occupation → VR	Employed n = 70	3.47 SD 0.92	Mann–Whitney U = 3222.0, Z = 2.04	0.040	0.060	r = 0.17
	Not employed/other n = 75	3.16 SD 1.01				
First-choice course → PS	Yes n = 67	3.85 SD 0.96	Mann–Whitney U = 2011.5, Z = −2.62	0.009	0.039	r = 0.22
	No n = 78	3.48 SD 0.83				
First-choice course → VR	Yes	3.53 SD 1.04	Mann–Whitney U = 2079.0, Z = −2.36	0.018	0.041	r = 0.20
	No	3.12 SD 0.88				
Age group → PS	17–19	3.70	Kruskal–Wallis H (2) = 3.15	0.207	0.207	ε^2 = 0.02
	20–22	3.71				
	≥23: 3.27	3.37				
Age group → VR	17–19	3.30	Kruskal–Wallis H (2) = 6.83	0.033	0.059	ε^2 = 0.05
	20–22	3.46				
	≥23: 3.27	2.83				
Religion → PS	Muslim	3.57	Kruskal–Wallis H (2) = 4.85	0.088	0.114	ε^2 = 0.03
	Christian	3.83				
	Others	3.74				

Religion → VR	Muslim	3.18	Kruskal–Wallis H (2) = 11.82	0.003	0.025	ε² = 0.08
	Christian	3.62				
	Others	3.29				
Source of influence → PS	Caring nurses	3.85	Kruskal–Wallis H (3) = 10.79	0.013	0.039	ε² = 0.07
	Family	3.48				
	Friends	3.70				
	Career Counselling	4.06				
Source of influence → VR	Caring nurses	3.50	Kruskal–Wallis H (3) = 5.46	0.141	0.159	ε² = 0.04
	Family	3.24				
	Friends	3.13				
	Career Counselling	3.30				

PS = professional suitability; VR = vital reasons; FDR = false discovery rate (Benjamini–Hochberg). Group means are mean item scores (1–5).

Discussion

In this stratified sample of undergraduate nursing students in the UAE, caring values were the strongest influences on the decision to study nursing, ahead of practical considerations. Professional suitability outscored vital reasons, and the five highest-ranked items were all about helping and caring for others or personal growth. This is consistent with reviews and primary studies reporting that altruism and a wish to make a difference are central to why people choose nursing [3, 19–22], and with findings among Generation Z students [8]. Under self-determination theory, such intrinsic motives are the more favourable foundation for persistence [5]. However, SNCC responses are self-reported and socially desirable answers about caring are plausible, so these results describe stated motives rather than their effect on later retention.

Practical motives were not trivial. Opportunities to work abroad ranked sixth of 17 items, and job security eighth, whereas prestige ranked last. Concerns about the status and image of nursing have long been reported as a barrier to recruitment [3, 4], and the low rating of prestige here suggests that students see nursing as a caring vocation rather than a status-conferring career. Because 86.2% of participants were not UAE nationals, interest in working abroad may reflect mobility aspirations among a largely expatriate student body, although this study did not ask about intended destinations or retention. This matters on both sides of nurse migration: destination countries such as the UK have recruited heavily from overseas, and their dependence has shifted markedly in recent years [10], so workforce planners in

destination countries and in the Gulf, both need to understand what shapes the intentions of prospective nurses.

Family members were the most common source of influence, in line with the collective nature of career decisions in Gulf societies [9] and with reports from other settings that parental guidance matters [6]. Yet the item on being influenced by family scored only a moderate mean with the widest spread of any item (SD 1.37), suggesting that families inform decisions in very different ways, from supportive advice to pressure. Students who named family as their main influence had the lowest professional suitability scores, and those citing career counselling or caring nurses the highest. Pairwise differences did not survive correction, and the subgroups were small (career counselling, n = 10), so this should be tested in larger samples. It does, however, echo reports that choosing nursing through limited alternatives or external direction accompanies weaker perceived suitability [7, 23], and the fact that only 6.9% cited career counselling suggests an under-used route.

More than half of students had not chosen nursing first. First-choice students scored higher on both subscales, with small-to-moderate effects that remained after FDR adjustment. This differs from a Turkish study in which students entering nursing through limited entrance-examination scores reported higher vital reasons but lower suitability [23]. Our pattern may indicate that students who chose nursing deliberately endorse all motives more strongly, a general commitment effect, whereas other students are less strongly motivated by any single influence. Because the design is cross-sectional, the direction of association is uncertain, and we did not measure attrition. Even so, a majority of the cohort entering with lower motivation scores is a pointer for programme support.

The associations with religion and, tentatively, age and maternal employment should be interpreted cautiously. Christian students scored higher than Muslim students on vital reasons, and students aged 23 or over lower than those aged 20–22, but the effects were small, subgroups were uneven (11 students in the ‘other’ religion group; 18 aged 23 or over), and religion is likely to be a proxy for unmeasured factors such as nationality, migration pathways, family finances and sponsorship rather than a cause of motivation in itself. Associations for maternal employment and age did not survive multiplicity control and should be regarded as hypothesis-generating. We report both unadjusted and adjusted values so that readers can judge robustness.

Implications for health services and workforce policy

Four implications follow, subject to the limitations below. First, recruitment messages could lead with what students value most, caring and making a difference, while being honest about career security and mobility, which also motivate many applicants. Second, career guidance was under-used (6.9% cited it) and was associated with the highest suitability scores, although this was an exploratory finding; pre-entry guidance and structured exposure to nursing in partnership with hospitals could be expanded, with families, the most common influence, included in recruitment events. Third, student support should recognise that over half did not choose nursing first, and early mentorship and professional identity

activities may help these students develop commitment. Fourth, workforce planners should consider that opportunities to work abroad are a strong motive: retention strategies such as clear career ladders and development opportunities may be needed where international mobility is common, and international recruitment should be planned ethically with source countries in mind.

Strengths and limitations

Strengths include stratified random sampling with a calculated sample size, complete responses from all selected students, a widely used instrument, and reporting of effect sizes, confidence intervals and multiplicity-adjusted results. Limitations include the single-institution setting, which limits generalisability, and the cross-sectional, self-reported design. Questionnaires were completed in the presence of the researchers, which may have encouraged socially desirable responses. The SNCC was developed in Saudi Arabia and has not been formally validated in a UAE student population, although internal consistency in this sample was good ($\alpha = 0.82$). The nine tests were based on a modest sample with some very small subgroups. Several characteristics collected, such as nationality and parental education, were not analysed against SNCC scores, and unmeasured confounding is likely. Longitudinal, multi-site studies should examine whether motives predict progression and retention.

Conclusions

Undergraduate nursing students in this UAE university chose nursing mainly for caring and personal reasons, while opportunities to work abroad and job security were also strong influences. First-choice status, religion and source of influence were robustly associated with motivation scores, albeit with small to moderate effects. Strengthening career guidance, early exposure and support for students who did not choose nursing first may improve both recruitment and retention. Multi-site and longitudinal studies are needed to test whether these motives predict progression through the programme and retention in the workforce.

Abbreviations

BSN: Bachelor of Science in Nursing

CI: Confidence interval

FDR: False discovery rate

NMC: Nursing and Midwifery Council

PS: Professional suitability

SD: Standard deviation

SNCC: Scale of Nursing Career Choice

STROBE: Strengthening the Reporting of Observational Studies in Epidemiology

UAE: United Arab Emirates

UK: United Kingdom

VR: Vital reasons

Declarations

Ethics approval and consent to participate

The study was approved by the Institutional Review Board of Gulf Medical University, CON -STD-103-Dec 2025 dated 18th December. The Dean of the College of Nursing granted administrative permission. The study followed the Declaration of Helsinki. All participants gave written informed consent before taking part.

Clinical trial number

Not applicable.

Consent for publication

Not applicable.

Availability of data and materials

The datasets used and analysed during the current study are available from the corresponding author on reasonable request.

Competing interests

The authors declare that they have no competing interests.

Funding

This research received no specific grant from any funding agency.

Authors' contributions

SSSF, SMHQ and ASH contributed to the conduct of the study, data collection, data analysis and preparation of the initial manuscript under the supervision and guidance of VMJ and PJ. VMJ and PJ provided academic and methodological guidance throughout the research process, supervised the students, and critically reviewed and revised the manuscript. All authors read and approved the final manuscript.

Acknowledgements

Not applicable.

References

1. World Health Organization. State of the world's nursing 2025: investing in education, jobs, leadership and service delivery. Geneva: World Health Organization; 2025.
2. Boniol M, Kunjumen T, Nair TS, et al. The global health workforce stock and distribution in 2020 and 2030: a threat to equity and universal health coverage? BMJ Glob Health. 2022;7(6):e009316.
3. Wu LT, Low MMJ, Tan KK, Lopez V, Liaw SY. Why not nursing? A systematic review of factors influencing career choice among healthcare students. Int Nurs Rev. 2015;62(4):547–62.
4. Glerean N, Hupli M, Talman K, Haavisto E. Young peoples' perceptions of the nursing profession: an integrative review. Nurse Educ Today. 2017;57:95–102.
5. Ryan RM, Deci EL. Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. Am Psychol. 2000;55(1):68–78.
6. Mbavai JJ, Joseph M, Bayoh I, Bebeley SJ. Factors influencing the increase in the choice of nursing as career among students at the Department of Nursing, Njala University, Bo District, Southern Sierra Leone. J Clin Med Res. 2023;12(1):7–14.
7. Marcinowicz L, Owlasiuk A, Slusarska B, Zarzycka D, Pawlikowska T. Choice and perception of the nursing profession from the perspective of Polish nursing students: a focus group study. BMC Med Educ. 2016;16:243.
8. Lommi M, Ricci S, Ivziku D, et al. Factors influencing Generation Z Bachelor of Nursing Students' decision to choose nursing as a career: a pilot study. SAGE Open Nurs. 2024;10. https://doi.org/10.1177/23779608241242246.
9. Mohebi L, David SA. Exploring the factors affecting career choices of undergraduate Emirati students. SAGE Open. 2024;14(4). https://doi.org/10.1177/21582440241295814.
10. Nursing and Midwifery Council. The NMC register: 1 April 2025–31 March 2026. London: Nursing and Midwifery Council. 2026. https://www.nmc.org.uk. Accessed November 2026.
11. von Elm E, Altman DG, Egger M, et al. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. Lancet. 2007;370(9596):1453–7.
12. Lwanga SK, Lemeshow S. Sample size determination in health studies: a practical manual. Geneva: World Health Organization; 1991.
13. Al-Omar BA. Knowledge, attitudes and intention of high school students towards the nursing profession in Riyadh city, Saudi Arabia. Saudi Med J. 2004;25(2):150–5.
14. Dunn OJ. Multiple comparisons using rank sums. Technometrics. 1964;6(3):241–52.

15. Fritz CO, Morris PE, Richler JJ. Effect size estimates: current use, calculations, and interpretation. J Exp Psychol Gen. 2012;141(1):2–18.
16. Tomczak M, Tomczak E. The need to report effect size estimates revisited: an overview of some recommended measures of effect size. Trends Sport Sci. 2014;21(1):19–25.
17. Benjamini Y, Hochberg Y. Controlling the false discovery rate: a practical and powerful approach to multiple testing. J R Stat Soc Ser B. 1995;57(1):289–300.
18. World Medical Association. Declaration of Helsinki: ethical principles for medical research involving human subjects. JAMA. 2013;310(20):2191–4.
19. Mooney M, Glacken M, O'Brien F. Choosing nursing as a career: a qualitative study. Nurse Educ Today. 2008;28(3):385–92.
20. Eley D, Eley R, Bertello M, Rogers-Clark C. Why did I become a nurse? Personality traits and reasons for entering nursing. J Adv Nurs. 2012;68(7):1546–55.
21. Teresa-Morales C, Rodríguez-Pérez M, Ramos-Pichardo JD. Reasons for choosing and completing nursing studies among incoming and outgoing students: a qualitative study. Nurse Educ Today. 2023;125:105794.
22. Ait Ali D, Ncila O, Ouhhamou S, et al. Motivations driving career choices: insights from a study among nursing students. SAGE Open Nurs. 2024;10. https://doi.org/10.1177/23779608241255876.
23. Özkol Kılınç K, Çaylak Altun E, Sarıoğlu Kemer A, Öztürk H. Factors affecting the choice of profession of 1st grade nursing students. J Anatolia Nurs Health Sci. 2020;23(3):361–8.

Figures

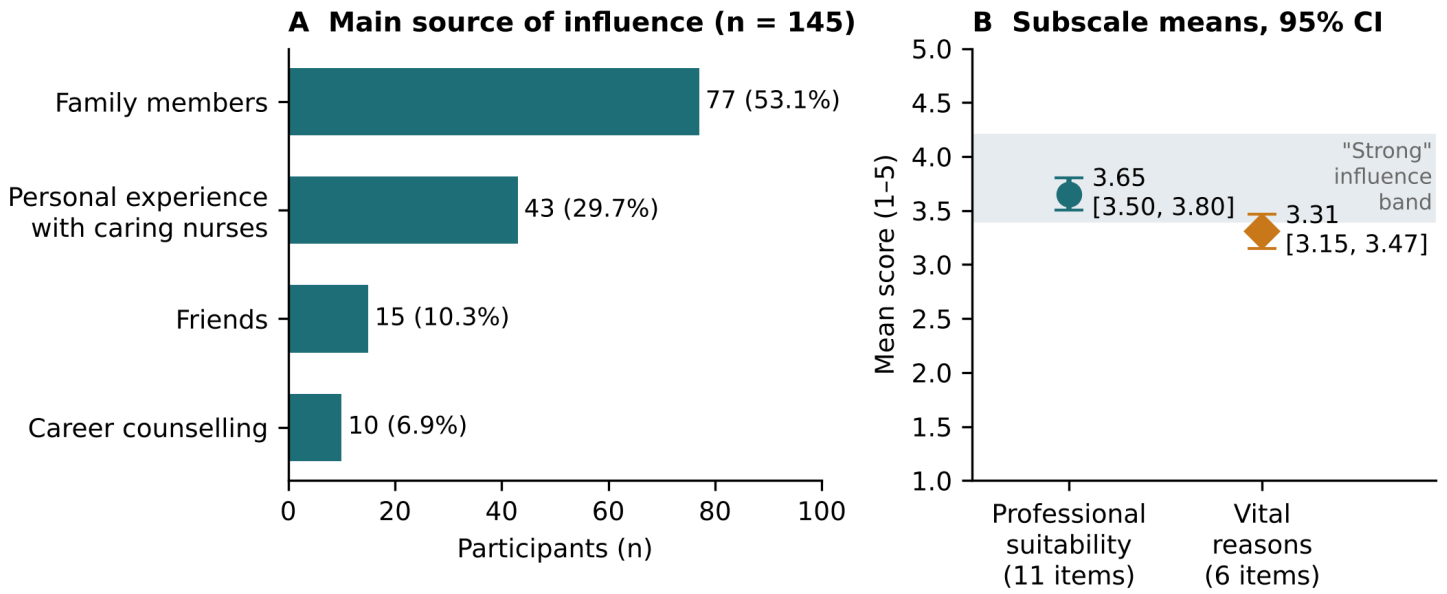


Figure 1

(A) Main source of influence on the decision to study nursing. (B) Mean scores on the SNCC subscales with 95% confidence intervals; the shaded band marks ‘strong influence’ (3.40–4.19).

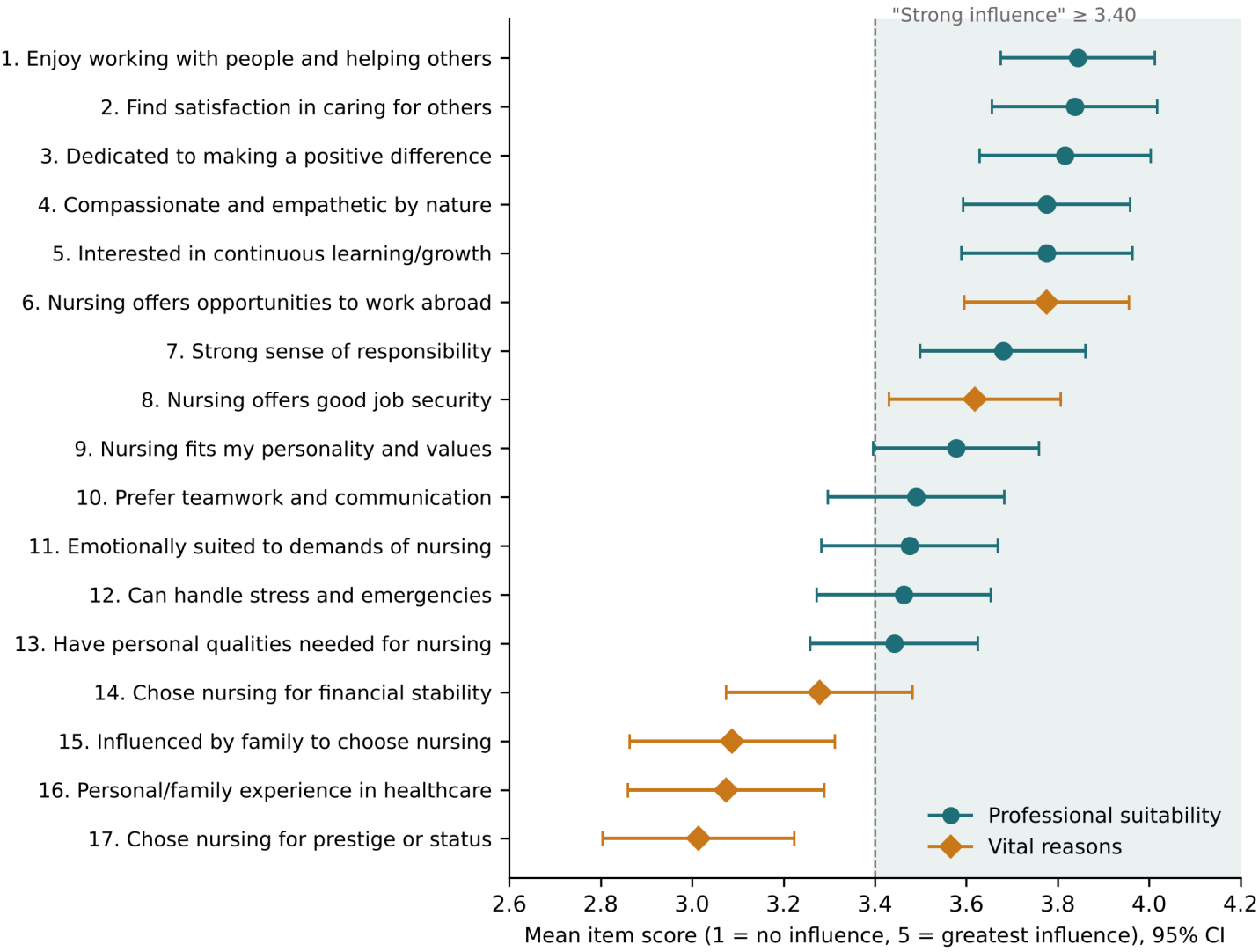


Figure 2

SNCC item means with 95% confidence intervals, ranked from highest to lowest. The dashed line marks the threshold for ‘strong influence’ (3.40).

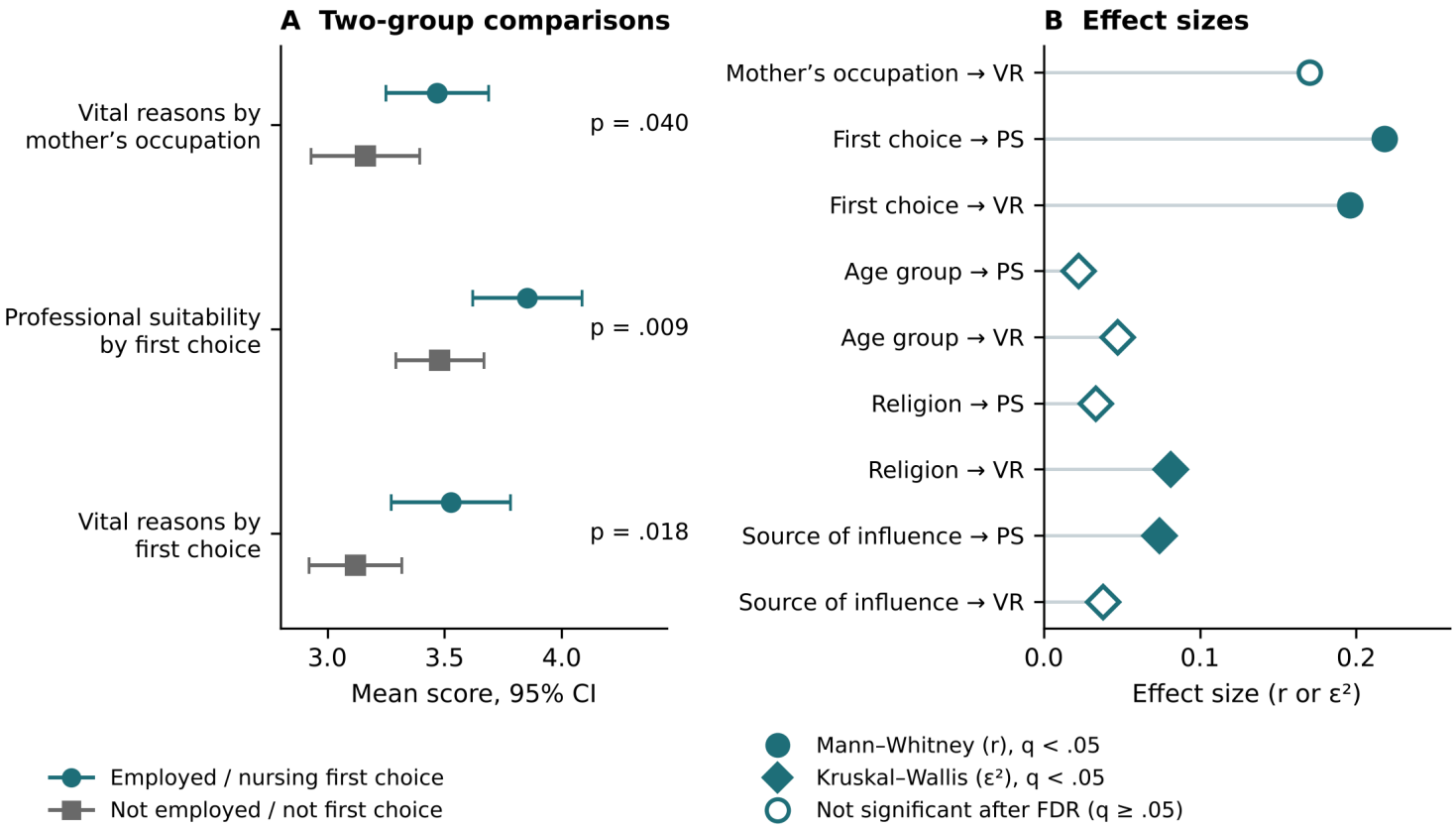


Figure 3

(A) Mean subscale scores with 95% confidence intervals for the two-group comparisons. (B) Effect sizes for all nine association tests; filled symbols indicate FDR q < 0.05.