

Implications Of Workload And Work Environment Among Expatriate Healthcare Workers In Saudi Arabia: Narrative Review

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Abstract

This narrative review explores the challenges faced by expatriate healthcare workers in Saudi Arabia, focusing on workload, work environment, and their impact on well-being and job satisfaction. Berry's acculturation theory provides the theoretical framework, examining how expatriate healthcare workers adapt to the cultural norms and healthcare practices in the sociocultural setup of Saudi Arabia. The examined literature evidence shows that the expatriate healthcare workers face a plethora of challenges regarding workload and work environment, including high workload, long working hours, inadequate staffing, improper recruitment practices, cultural differences, poor living conditions and social support. This review further noted that proper coping mechanisms and support systems should be availed to the expatriate health workers, including professional support, language training, and improved working conditions.

Keywords: Expatriate health workers, Work load, Coping mechanisms, Cultural adaptations, Saudi Arabia.

Introduction

The Saudi Arabian healthcare system has experienced significant evolution over the past two decades. Through the Ministry of Health, the Saudi government provides 60% of healthcare services free of charge, and the private healthcare sector provides the remaining 40%. The World Healthcare Organization underlined the Saudi healthcare system as one with well-equipped hospitals, and a different report ranked the Saudi healthcare system 29th globally on matters concerning efficiency (Batayneh et al., 2019). Numerous studies have identified several challenges and weaknesses in the same system, including the shortage of healthcare workers and the quality of healthcare.

According to Saquib et al. (2019), the rapid growth of the Saudi population and the increasing prevalence of non-communicable diseases, such as obesity and diabetes, the recruitment, retention, training, and performance of nurses has become prominently recognized as a crucial issue in shaping Healthcare delivery. The government aimed to address these issues by increasing the number of workers including employment of expatriate healthcare workers. A recent report indicated that the Saudi government aimed to hire foreign healthcare workers to address the workforce shortage issue. The government aimed at hiring young nurses without focusing on their experiences (Batayneh et al., 2019).

Additionally, the government provides scholarships for healthcare students who may later serve in Arabian medical facilities for three years as a contract followed by a bidding process for the next contract. Most employment is on a contract basis through agencies based in home countries (Nashi Masnad Alreshidi et al., 2021). The government aims to create employment for foreign nurses, which also plays a critical role in knowledge transfer, improving experience, and providing scholarships. Expatriate workers in Saudi, however, face numerous challenges, including living expenses, cultural differences, religious issues, heavy workload, insufficient clinical experiences, negative public image, and lack of competency in English and Arabic (Nashi Masnad Alreshidi et al., 2021). This narrative review examines the implications of workload and work environment among expatriate healthcare workers in Saudi Arabia.

Theoretical framework

The present review was based on Berry's acculturation theory in 1974 (Berry, 2019). According to his acculturation model, he categorizes individual adaptation strategies in two dimensions. The first dimension concerns the retention or rejection of an individual's native culture, and the second dimension concerns the adoption or rejection of the host culture (Berry, 2019). The two dimensions further precipitate four acculturation strategies, including assimilation, which happens when individuals adopt the cultural setup or norms of a dominant host culture over their original culture. The other strategy is the separation that occurs when individuals reject the dominant or host culture in favor of preserving their culture of origin. Separation is often facilitated by immigration to ethnic enclaves (Phinney et al., 2022). The third strategy is integration, which happens when individuals can adopt the cultural norms of the dominant or host culture while maintaining their culture of origin. Integration leads to and is often synonymous with biculturalism. The final strategy is marginalization, which occurs when individuals reject their culture of origin and the dominant host culture (Ward, 2020).

		Value and Maintain Native Culture	
		YES	NO
Value and Maintain Host Culture	YES	Integration	Assimilation
	NO	Separation	Marginalization

Source: (Berry, 1992)

Numerous studies have proposed that people's acculturation strategies can differ between their private and public areas of life (Safdar et al., 2019). Acculturation theory applies to understanding the challenges faced by expatriate healthcare workers as they adjust to the cultural norms, healthcare practices, and social environment in Saudi Arabia. For example, it can surface the attributes of expatriate workers in Saudi Arabia by identifying whether the workers integrate and assimilate marginalized from their host countries' cultural

norms. Expatriate workers who assimilate and integrate the Saudi culture tend to be productive and confident. At the same time, those who fail to accept the new cultural norms are separated and marginalized, leading to high turnover. In this case, the workers feel unfit to work in the country, hence negative attitudes towards the system and poor quality of services (Choy et al., 2021).

Implication of Workload and Work Environment on Expatriate healthcare workers in Saudi Arabia

Expatriate healthcare workers face numerous challenges in the host country, promoting varied implications on the work environment and job satisfaction. Studies have indicated increased foreign healthcare worker turnover (Choy et al., 2021). The workload was the most significant cause of expatriate nursing turnover. Other studies have acknowledged other contributing factors that promote the wellbeing of foreign healthcare workers in Saudi Arabia; these include leadership style, hospital facilities, interpersonal relationships, housing facilities and services, and professional growth (Batayneh et al., 2019). When the named factors are not equilibrated for better working expatriate nurses, they tend to withdraw from service provision or deliver low quality (Saqib et al., 2019). High workload, increased working hours, poor wages, and sub-standard housing facilities mediate between foreign workers' turnover intentions (Van der Laken et al., 2019). Long working hours and workload have been promoted by Saudi's increasing population alongside the increasing prevalence of non-communicable diseases, including diabetes and obesity. The Saudi healthcare system has been heavily relying on expatriate nurses. Still, it fails to address the associated cultural, working, and social challenges, leading to a diminished desire for foreign nurses to work in the country (Almansour et al., 2020; Almutairi et al., 2015). Studies show that high workload and extended working hours contribute to fatigue and promote depression levels, leading to poor wellbeing of the nurses, both expatriates and locals (H Almansour et al., 2020).

Saudi's healthcare system has heavily relied on expatriate healthcare providers for a long time, which has led to increased unresolved crises (Saqib et al., 2019). According to studies, how the professionals are recruited poses challenges; the

workers are normally recruited by agencies based in countries like the Philippines and India, with few control systems in place to ensure proper compliance with standards. A Saudi study indicated that Most expatriate nurses come from either India (26%) or the Philippines (37%) as there is a ready source of nurses who are prepared to work in Saudi Arabia (Batayneh et al., 2019). because of improper mechanisms, workers are sometimes recruited to work in departments like emergency and theatre halls where their knowledge is inadequate. This aspect demoralizes workers, leading to increased medical errors and the general public's poor recognition of foreign workers (Yehya et al., 2020).

On most occasions, expatriate nurses are discouraged by the workload allocation process (Alharbi et al., 2020). According to a survey by Saquib et al. (2020), foreign nurses are assigned duties in the intensive care unit and maternity wards. Their placement in such units is because they (expatriates) may not have been selected appropriately by recruitment agencies. Moreover, the requirements for nurses are great because average quality is tolerated, leading to the disappointment of host nurse leaders and doctors. This contributes to poor interpersonal and working relationships between foreign healthcare workers and the native medical profession (Husam Almansour et al., 2022). Yasin et al. (2024) underline that poor interpersonal and working relationships among healthcare workers have an ominous implication on the workers' psychological and social wellbeing, leading to elevated stress levels among expatriate healthcare workers.

Cultural differences have significantly affected expatriate healthcare workers' performance and job dissatisfaction (Oakley et al., 2019). As directed by Berry (1992), a foreigner may reject cultural change and stick to their own culture and beliefs. After the medical professionals have been recruited and integrated into Saudi's healthcare system, culture plays a negative role in their service delivery. As noted by Batayneh et al. (2019), most expatriate healthcare workers in Saudi Arabia are recruited from other countries whose values, norms, and beliefs differ from those of the Saudi culture. Having left their home country's environment, these healthcare workers try to adapt to the new working and social environment and culture, which may affect them negatively (Oakley et al., 2019). Saudi Arabia is primarily dominated by Islamic culture; for this

reason, there is a crisis of language and adherence to cultural norms and practices. Additionally, cultural incompetence and inadequate knowledge can cause expatriate healthcare workers to overlook the significance of Islamic cultural principles in the healthcare system and patient care quality (Zakaria et al., 2023).

A study conducted by (Balante et al., 2021) informed that expatriate nurses find it challenging to understand the cultural requirements of their Saudi patients. Similarly, it is asserted that expatriate nurses tend to impose their cultural norms while providing healthcare services to native patients (Choi et al., 2019). This approach may have a disadvantageous effect on patients and impede their nursing care. Nonetheless, foreign nurses must recognize the importance of strong extended family ties, the protection of women, an omnipotent deity, and honour (Thirlwall et al., 2021). Furthermore, the patients' and their families' values and beliefs should be strongly considered when providing patient care. Part of the issue here is that expatriate nurses have limited knowledge of Saudi Arabia's cultural beliefs, specifically about Healthcare service provision, which needs rectification (Alotaibi et al., 2023).

Job specialization is one of the factors providing healthcare workers with improved job satisfaction. However, this is not the case for the expatriate nurses in Saudi Arabia. According to a study by (Alsadaan et al., 2021), one of the major factors contributing to the high workload and nurses' dissatisfaction is that when recruited, they are forced to participate in non-nursing activities and tasks. This complex issue is precipitated by the inadequate number of management and ancillary personnel (Saquib et al., 2020). When expatriate nurses are assigned non-clinical activities and responsibilities, they feel undermined and disrespected. These extra roles add to their nursing responsibilities, leading to increased workload. As Husam Almansour et al. (2023) suggest, extra activities and elevated workload adversely impact the performance, satisfaction, and quality of services and, consequently, high turnover among expatriate nurses.

Varma et al. (2021) established a positive relationship between expatriates' burnout and work environment stress. The study outlines that the primary sources of expatriate stress include conflict with physicians and workload. Workload promotes

work-related stress. The absence of doctors and physicians adds extra work to the already overwhelmed expatriate workers in the hospital. Bludau (2021) noted that expatriate nurses do not report doctors and nurses due to the fear of being sidelined. For this reason, most foreign healthcare workers work under stress and fail to adapt to the new work environment, resulting in job dissatisfaction.

Healthcare workers face tremendous challenges in the delivery of services. Addressing social and personal needs is critical to keep them motivated and accepted in a medical facility or healthcare system (Alsadaan et al., 2021; Sharma et al., 2020). However, most foreign medical professionals must cope with poor housing conditions and high living expenses (Alsadaan et al., 2021). Studies have underlined high turnover among expatriates due to unaddressed accommodation and living standards provided by the host's health ministry (Zawawi et al., 2020). In Saudi Arabia, for instance, the Ministry of Health used to accommodate healthcare workers and their families but later ceased to accommodate their families. Recruited workers must cater to their families or leave them in their native countries.

(Alshareef et al., 2020) directs that healthcare workers must spend time with their families, including their families; this plays a role in reducing stress levels. Since most expatriates work on contracts without guaranteed renewal, they must save their income to cater to their families' needs. Improper accommodation and living expenses policies promote dissatisfaction among the expatriates, leading to slow adaption and turnover (Alshareef et al., 2020). Contract employment policy also propagates job insecurity among the expatriates. This adversely affects the perception of foreign workers in that they put in little effort to learn present cultural principles since their time of work and stay is very short (Billah et al., 2021).

Communication is critical in healthcare institutions and facilities (Malik et al., 2020). Effective communication and the quality of information exchange depend on the language of communication in use (Alanazi et al., 2022; Bozionelos, 2009). Accordingly, the level and type of communication are key aspects of nursing practice and patient care outcomes. Language barriers between expatriates and local caregivers are critical workplace interaction issues. In Saudi Arabia, for

instance, most people, patients, and their families speak Arabic. English is also used, but few individuals in the country can communicate effectively in English as a second language. Language differences prove a major challenge to expatriates as they contribute to communication breakdowns, leading to frustration when they fail to assimilate into contemporary society (Albougami et al., 2019). Communication between a patient and expatriates becomes difficult, leading the health caregiver to withdraw and look for an environment that suits their language of communication (Alshmemri et al., 2021). A Saudi study showed that Most expatriates are not competent in speaking Arabic.

Similarly, expatriates may not be competent in speaking and comprehending English, which adds further complexity. When expatriates fail to communicate with their clients due to language barriers, it adds an extra level of complexity and increased dissatisfaction, which clearly promotes burnout intentions and turnover (Alotaibi et al., 2023). Local nurses may be assigned to interpret for expatriates, which tends to increase the local nurses' workload. The absence of an interpreter for an expatriate may precipitate undue work stress (Alkhamees et al., 2022; Zawawi & Al-Rashed, 2020).

Coping Mechanisms and Support Systems

Most expatriates suffer from acculturation and occupational stress. Living and working in the host country is more stressful for foreign healthcare workers than native workers. They need to stay in a country with a different cultural background than they are used to. Working abroad requires adjustment to the host country (Ogodo, 2019). The process of adapting to a new environment is pain-taking. Still, many expatriates have developed a self-driven attitude and are willing to fit in the new country. These workers seek professional support from senior healthcare providers and global agencies (Saquib et al., 2019). Acculturation has been easier for the nurses who adequately completed medical courses as they have the principles and guidelines of respecting people's norms and beliefs. Studies have shown that those workers who find it difficult to adapt to the new workplaces often withdraw and turn to substance abuse due to increased stress (Albejaidi et al., 2019; Saquib et al., 2019).

Language is not a major problem for most expatriates since agencies mostly specify language as a qualification. However, those who encounter this problem must pay a colleague to help interpret the communication when the hospital fails to provide interpreters (Almansour et al., 2020). Governments have played a critical role in ensuring that the image of foreign healthcare workers is better among the general public. Similarly, the working conditions in the healthcare facilities have been improved to help diminish occupational stress among the expatriates while bettering job satisfaction. Employment agencies also focus on recruiting younger individuals who can learn a second language while offering services. Initiatives for gradual development have been implemented to ensure that non-native speakers continue learning and adapting to new working environments (Ali, 2018). Hospital heads and departmental managers have played a critical role in encouraging expatriates and improving their sense of belonging, reducing depression and acceptable interpersonal relationships. Improved interpersonal relationships among colleagues and constant encouragement from family and friends positively elevate one's motivation and increase job satisfaction and performance. Constant social support reduces conflicts and improves communication and working culture (Sheela et al., 2019). Social support has been a key player in ensuring expatriates fit into the new culture less easily (Khedher et al., 2020; Labrague et al., 2022; Van der Laken et al., 2019).

Scholars and policymakers in the Kingdom of Saudi Arabia have proposed several initiatives to support expatriates. One such initiative is the Saudis' Vision 2030 healthcare objectives (Albejaidi & Nair, 2019; Elsheikh et al., 2018). The initiative aims to improve healthcare facilities and equipment while increasing the number of healthcare workers to reduce workload. The agendas are well documented in the National Transformation Program adopted in 2016. (Al-Hanawi et al., 2019). Additionally, the government aims to introduce Special Talent Residency, which targets executives and professionals specializing in healthcare, science, and research. The program intends to attract individuals with unique skills and experiences who can contribute to knowledge and technology transfers and enrich Saudi Arabia's cultural landscape (Alluhidan et al., 2020). The Ministry of Health, under the Saudization policy, has

established programs that aim to educate both local expatriates and local nurses to equip them for better service delivery and language and elevate professional ethics at the workplace (Almutairi et al., 2015; Alsadaan et al., 2021)

Conclusion

Saudi's healthcare system has significantly improved while addressing most service-related issues. However, the subject of personnel shortage is still debatable. Similarly, the image of healthcare caregivers is still poor among the public. The health ministry has heavily relied on expatriates from the Philippines and India to remedy the shortage of healthcare providers. Expatriate caregivers, while in Saudi Arabia, face tremendous challenges, leading to increased depression, fatigue, and job dissatisfaction, leading to burnout and turnover. Literature has shown that major issues include language differences, high workload, long working hours, poor residential conditions, low wages, extra non-clinical duties, and improper communication due to ineffective interpersonal and working interactions. While most of these challenges are inevitable, expatriate healthcare workers have tried to fit in through resilience and integration into the new system.

Many expatriate healthcare workers fail to adapt and survive in such a challenging environment and withdraw from service provision to the host country. In the worst scenarios, expatriates failing to cope with the workplace have higher levels of occupational stress, leading to substance abuse leading to poor service provision, and increased rehabilitation costs by the health ministry. In a country with an increasing population and rising non-communicable diseases like Saudi Arabia, the health ministry must establish mechanisms that attract and maintain expatriate healthcare professionals. The Saudi healthcare system needs to ensure a better stay for expatriates through constant support, equipping healthcare facilities, providing continuous development, and helping in promoting both public and workplace relationships. Literature has outlined several challenges with limited interventions to address them, and it is recommended that further research be undertaken to provide effective initiatives that promote the wellbeing of expatriate nurses. Accordingly, further scrutiny should ensure that the recruitment procedure provides better

opportunities for expatriate healthcare workers to adapt/assimilate to the new working environment.

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