**Home and expatriate nurses’ perceptions of job satisfaction: Qualitative findings**

**Abstract**

**Aim**: This paper is part of a larger doctoral study that investigated the impact of nationality on the job satisfaction of nurses and their intentions to leave Saudi Arabian government hospitals. The paper aims to gain an understanding of the impact of expatriate status on nurses’ perceptions, by comparing the factors that influence job satisfaction among home (Saudi) nurses to those that affect nurses recruited from other countries.

**Background**: Job satisfaction is a known predictor of nurse retention. Although there is a broad understanding of the factors that affect job satisfaction, little is known about how these vary between home and expatriate nurses working in countries which rely on a multicultural migrant workforce.

**Methods**: A descriptive qualitative approach was taken, in which 26 semi-structured interviews were conducted with nurses selected from different nationalities, all of whom were working in Saudi Arabian hospitals. Eight participants were Saudi Arabian, six were Filipino, four were Indian, four were South African, two were Jordanian and two were Malaysian.

**Findings**: Five themes were identified that differentiated the perceptions of expatriates regarding their job satisfaction from those of the home nurses: separation from family, language and communication, fairness of remuneration, moving into the future and professionalism.

**Conclusion:** Focusing on the enhancement of job satisfaction experienced by expatriate nurses can result in a healthier work environment and greater retention of these nurses.

**Implications for Nursing and Nursing Policy:** To enhance nurse retention, policy makers in countries with migrant nurses should address their socio-economic needs. This includes providing both greater access to their dependent family members, and language lessons and cultural orientation to reduce linguistic and cultural challenges.

**Key Words**: Health Service Management, Job satisfaction; Multi-Cultural Issues, Nursing Leadership, Recruitment and Retention

**Introduction**

The nursing workforce constitutes the largest category of healthcare workers and is fundamental for ensuring quality patient care and wellbeing (Burmeister et al. 2019). Consequently, recruiting and retaining a nursing workforce to meet safe staffing levels is a priority for many countries, particularly at a time when there is a global shortage of trained nurses (Both-Nwabuwe et al. 2018). To meet workforce demands, a number of nations have pursued recruitment policies that seek to attract trained nurses from overseas (Kingma 2018). These policies have been successful in boosting nurse numbers, but as the number of overseas nurses has increased they have also led to an increasingly multicultural workforce. This has introduced new challenges for healthcare providers in terms of how to meet the diverse needs of home and expatriate workers. With job satisfaction identified as a predictor of nurse retention, if policies or overseas recruitment are to remain successful it is important to understand the factors that both home and overseas nurse's perceive as important to their positive experiences of this diverse working environment.

Saudi Arabia is an example of a country in which a chronic shortage of home nurses has led to a highly multinational workforce (Ministry of Health **2018**). Cultural barriers that limit women’s access to jobs that involve contact between genders contribute to a shortages of nurses who are Saudi nationals (Al-Asfour et al. 2017). Turning to the expatriate workforce, Saudi Arabia, remains one of the most common destinations for migrant nurses alongside the United States, Canada, the United Kingdom, Ireland, Australia and New Zealand (Kingma 2018). The Saudi health sector employs significant numbers of nurses from several countries, mainly India and the Philippines. Ball (2004) reported that the historical reliance on non-Saudi nurses and the recruitment processes that evolved in light of the varying economic drivers of provider countries have led to inequalities in the treatment of expatriate nurses. More than 10 years after the report by Ball (2004), the survey results from this doctoral study revealed that expatriates were more satisfied than local Saudi nurses with some aspects of their jobs, such as development opportunities and relationships with colleagues, but less satisfied with others, such as extrinsic rewards and the ability to balance work and family lives (Almansour et al. 2020). However, less is known to date about the reasoning behind these findings or the issues influencing expatriate nurses’ perceptions of their work in this context.

With job satisfaction closely tied to recruitment and retention, an in-depth understanding of factors contributing to job satisfaction of both local and expatriate nurses working in a multicultural environment can be used to establish policies to enhance nurses' perceptions of their work. Research from other countries has identified factors that may be important to consider in relation to expatriate nurses job satisfaction (e.g., Viken et al. 2018; Li et al. 2014). Goh and Lopez (2016) found a supportive work environment is essential to enable migrant nurses in Singapore to engage in the decision-making related to their professional development and satisfaction. Pung et al. (2017) found that frequent use of English is a positive predictor to expatriate nurse’s satisfaction, and suggested prioritising the development of satisfactory English competency levels. In a recent review, Pung and Goh (2017) identified several challenges experienced by expatriate nurses while working abroad including orientation, communication challenges and professional and cultural differences. The data presented in this paper is part of a large mixed methods doctoral study which investigated the impact of nationality on nurses’ job satisfaction and intention to leave in Saudi Arabian government hospitals. This qualitative study, aimed to increase understanding of the factors influencing job satisfaction of overseas nurses working in Saudi Arabia comparing the perceptions of home and expatriate nurses.

# **Methods**

## **Design and participants**

A descriptive qualitative approach was taken, with semi-structured interviews conducted in three government hospitals, to explore the factors that influence nurses’ job satisfaction. This approach allows for exploration of phenomena, problems or issues relating to people’s experiences, perceptions and views (Kim et al. 2017). To be eligible to participate in the study, the inclusion criteria involved being a nurse working in any of the three selected hospitals during the study period (non-registered nurses and nursing students were excluded). The recruitment process for the interview involved a question from the survey part of this project, which asked any participant who was willing to take part in an interview to indicate their willingness by ticking a box and providing contact information.

Purposive sampling was used to explore a broader set of experiences of nurses from different cultures. Twenty-six nurses were selected from different nationalities based on the relative proportions of each nationality at each of the hospitals. As a result, eight participants were Saudi Arabian, six were Filipino, four were Indian, four were South African, two were Jordanian and two were Malaysian. Review of the data collected during the interviews identified that the factors affecting job satisfaction in respect to the comparison of Saudi and expatriate nurses appeared to have reached saturation as there were no new themes emerging in the interviews. The interviews were carried out between May 2014 and February 2015.

## **Data collection**

In-depth semi-structured interviews were conducted with each participant. Interviews were face to face and performed in a meeting room within the hospitals. No one else was present besides the interviewer and participant. The interviews were designed to gather information on the research questions, asking nurses directly about factors that impact their job satisfaction. Preliminary general questions were about what attracted the nurses to their profession. Follow-up questions were based on their answers to the questions in the interview and asked about the nurses’ personal experiences in their current role and their broader experience of working in hospitals.

## **Ethical consideration**

Before each interview commenced, the protocol and intentions of the interview were explained to each participant. The participants were informed of the nature of this doctoral study and its objectives, and no participant had any direct relationship with the authors. All participants were informed that the interviews were being voice-recorded, and that they could withdraw at any time. The interviews were recorded using two recording devices for backup, and each interview lasted approximately one hour. All participants confirmed their willingness to proceed with the interviews and signed consent forms. Ethical approval was granted by the University of Southampton, the Kingdom of Saudi Arabia’s Ministry of Health and hospital committees (ethics approval number 10413).

## **Data analysis**

As nurses came from several countries and had different mother languages, English was the accepted interlanguage. English is also the field language in Saudi Arabian healthcare settings. However, two Saudi nurses answered some questions in Arabic to ensure that they expressed their ideas fluently. The audio-recorded data were then transcribed into English or Arabic, according to the language of the interview, using computer word processing to enable computerised storage and organisation of the data. To analyse qualitative interviews, Van Nes et al. (2010) suggest maintaining the original language of the text for as long as possible when analysing interview transcripts, to avoid losses of meaning and enhance the validity of the qualitative data. Therefore, two bilingual researchers translated the Arabic codes, themes and quotations into English, and two other bilingual researchers translated the texts from English into Arabic. These four researchers worked with the principal investigator (HA) to settle differences and discuss any discrepancies until agreement had been reached. This method corresponds to the forward-backward translation model outlined by Brislin (1970). Esposito (2001) also notes that, unlike the set-in-stone protocol used for translating quantitative research, qualitative research involves dynamic processes. Polkinghorne (2007) recommends that interview data be considered valid when the original meanings of participants’ responses and the meanings interpreted in the study report are as close as possible.

The thematic analysis used in this study followed the thematic analysis framework of Braun and Clarke (2006). This guideline involves six steps: familiarising oneself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing a report (Braun & Clarke 2006). Coded data were arranged and grouped together based on similarities and relationships, and each category or cluster of topics was given a name. These interview excerpts are supported by the nurses' exact quotations, which provide adequate descriptions and allow readers to judge the quality of the interpretation of the data themselves. All authors were involved in data analysis. The principal investigator (HA), was responsible for data analysis and coding. The validity of this research was enriched by the other authors (MG) and (JP), who reviewed codes and the themes generated. The MAXQDA 12 software (Verbi Software, Berlin, Germany) was used to support the coding and storing of texts.

Data were grouped to compare the experiences of expatriate nurses with Saudi nurses. Whilst the local and expatriate nurses shared several factors that influence their job satisfaction, such as difficulties managing long shifts and relationships with physicians, this paper focuses on factors that appear to differentially influence satisfaction level based on whether a nurse is local or expatriate.

## **Rigor and Trustworthiness**

Trustworthiness has been offered as an appropriate means for judging the validity of a qualitative inquiry (Holloway & Galvin 2016). Holloway and Galvin (2016) suggested that the following four criteria be considered in establishing the trustworthiness of qualitative work: credibility, transferability, dependability and conformability. To further enhance credibility, interview transcripts were given to the participants, allowing them to verify their accuracy. To address transferability, the researchers provided a detailed description of the qualitative data, including the settings and the participants. Quotations from participants transcripts were presented, along with the researchers’ interpretations of those quotations, in order to provide a clearer depiction of the findings. To enhance dependability, the principal investigator conducted and taped all interviews with two recorders. All transcriptions were checked thoroughly to ensure word-for-word accuracy and were based on an interview guide that contained the interview questions. To maintain conformity, the six-step framework for analysis proposed by Braun and Clarke (2006) was used to deliver a consistent and correct interpretation of the information.

# **Findings**

Participants discussed a range of factors that influenced their job satisfaction. In many cases, these were shared by home and expatriate nurses (e.g., difficulties managing long shifts and relationships with physicians). However, this analysis focuses on the aspects of expatriate status in which being a local or an expatriate nurse seemingly influenced the levels of satisfaction they experienced in comparison to those of home nurses. Five clear themes were evident in this respect: separation from family, language and communication, fairness of remuneration, moving into the future and professionalism.

## ***Theme 1: Separation from family***

Almost all expatriate participants stated that being away from family and friends significantly affected their happiness while working in the Kingdom. They discussed with sadness how hard it was to live away from spouses, children and parents. Many indicated the challenge of seeking to have their spouse join them due to difficultly finding local employment. Expatriate nurses in Saudi Arabia are employed under either married or single contracts and often the difficulties in bringing their families with them were attributed to their single contract status. Married contracts were known to provide certain additional privileges and options such as treatment in the hospital for family members, family accommodation and air tickets for family members. Nurses with these contracts expressed more satisfaction whilst those without them felt relatively deprived.

*‘Family support is very important. When I was alone here before I was married, I always felt that I wanted to leave. I wanted to go as I missed my family in Malaysia. Why I have been able to stay for as long as 10 years, truly speaking, is as my husband has been with me.’* (Malaysian nurse, Hospital C)

*‘I want to be with my husband, it is hard to stay away from my family.’* (Filipino nurse, Hospital A)

## ***Theme 2: Language and communication***

Language barriers were cited by some nurses as a fundamental factor influencing their job satisfaction. Language barriers affect different groups of nurses in two different ways. The first aspect of the language barrier affected newly graduated Saudi nurses. English is the language used by staff in all cases, and those Saudi nurses noted that they were dissatisfied with their English. The new Saudi nurses stated that, although the nursing education curriculum was in English, it was difficult to communicate with expatriate nurses in a real-world setting, especially because their English listening and speaking skills were rudimentary. This issue was also verified by non-Saudi nurses, who said that newly graduated Saudi nurses typically have poor English causing difficulties in the workplace.

*’Although we studied nursing in English, we have difficulties understanding and speaking with non-Saudi co-workers. I think that offering advanced English classes would improve our communication skills.’* (Saudi nurse, Hospital B)

*‘Before Saudi nurses are sent to hospitals, they should be equipped with English skills. Although this is an Arabic-speaking country, our mode of writing and communication is English.’* (Indian nurse, Hospital B)

Additionally, non-Arab nurses face difficulties in communicating with patients and understanding their needs, especially because most patients speak only Arabic and do not understand English. Some nurses stated that language was a very large problem early in their careers in Saudi Arabia, because they came to the country with absolutely no Arabic and found it to be a very difficult language to learn. In this situation, nurses must rely on their other nurses or clerks who speak Arabic to understand and communicate with patients. One of the participants summarised:

*‘My first patient was an adult man, and he was crying from pain. I couldn’t speak to him. He was crying after an operation. He was a recovery patient. He was crying, and I couldn’t save him from pain as I couldn’t say anything to him.’* (South African nurse, Hospital A)

## ***Theme 3:Fairness of remuneration***

A lack of fairness in in relation to pay was indicated by almost all of the participants as affecting their job satisfaction. Participants stated they were aware that nurses received different wages based on their nationality. Some participants noted that at the point of recruitment they had been satisfied with their salary as the amount was attractive relative to earnings in their home country. However, this turned to dissatisfaction when they realised that similarly experienced co-workers from other countries working in the same positions received higher salaries. In some cases, they reported they were aware of nurses in higher positions receiving lower salaries than their staff nurses, a difference attributed according to their nationalities. Two nurses gave the following explanations regarding salary disparities based on nationality:

*‘There are different categories of salaries depending on from where you come. So it’s about the equity, OK? It’s not the amount; it’s the equity.’* (South African nurse, Hospital C)

*‘The Western nurses receive about four times the salaries of Filipino nurses. I think people who have the same capabilities, the same qualifications should be treated equally.’* (Saudi nurse, Hospital C)

Expatriate nurses are provided with accommodation as part of their remuneration package but the quality of this accommodation varied across the three hospitals included in the study, affecting daily life and satisfaction. Nurses at Hospital A and Hospital C reported having comfortable accommodation and recreational facilities with their own single rooms, and in some cases their own apartments. In contrast, those in the accommodation at Hospital B is of a poorer quality compared to those at Hospital A and Hospital C, and nurses were aware of these differences. These participants described having to share rooms, a lack of recreational facilities and poor maintenance of the building and equipment. The following quotes capture the different experiences.

*‘The room should be for only two occupants, but we have three. Also, there are no accommodation facilities. We don’t have recreation activities. It is not like at other hospitals. They have their own single rooms. They have a lawn tennis court, they have a volleyball court, and they have an outdoor pool.’* (Filipino nurse, Hospital B)

*‘I’ve got my own little apartment. Everything I have in the flat that they supply (furniture, crockery and everything) is great. The amenities that they have there for us (the swimming pool, the sauna, the steam room, the jacuzzi, tennis courts), everything that they have, the gym—everything is really, really, really nice.’* (South African nurse, Hospital C)

## ***Theme 4: Moving into the future***

One of the important factors that are relevant to expatriate status job satisfaction among nurses is moving into the future, since expatriate nurses indicated more difficulties than local nurses in pursuing higher education and identified a lack of long-term security. Expatriate nurses believed that pursing higher education in nursing would enable them to secure better salaries and more job opportunities. They expressed frustration at the lack of opportunities for further education because they could not enrol in Saudi public universities. As one participant commented:

*‘As expatriate nurses, we need opportunities to study here. For example, there is a university here, which could give us master’s degrees, so we could work and also study. This would also give us an opportunity to be on a good career pathway.’* (Filipino nurse, Hospital B)

Expatriate nurses noted that because of the lack of long-term security, such as difficulties in acquiring permanent residency in Saudi Arabia, they would need to retire somewhere else. Two participants gave the following representative statements about the lack of security for expatriate nurses in the Kingdom:

*‘Saudi Arabia is not a forever place. That is why I think it would be a good thing to have a couple of years at home to get some benefits at home before I retire.’* (South African nurse, Hospital A)

*‘There are a lot of Filipino nurses who stay here until they reach the age of retirement and go home.’* (Filipino nurse, Hospital A)

## ***Theme 5: Professionalism***

A lack of professionalism among some newly employed Saudi nurses was discussed as a critical factor causing job dissatisfaction among the rest of the nurses. Some participants gave detailed explanations of their frustrations with the work habits among those nurses. Participants discussed various issues, including avoiding working night shifts, and on weekends, leaving work early, exhibiting laziness, being tardy and not showing passion for the work.

*‘Some newly employed Saudi nurses are not serious about their jobs. They are not fully equipped for their nursing profession. They leave work early, do not like working on weekends. That is the situation that we are experiencing here.’* (Indian nurse, Hospital B)

# **Discussion**

This study identified a number of important themes which aid understanding of the differential perceptions of job satisfaction of home and expatriate nurses in Saudi Arabian hospitals. Being away from family members is an important factor, and the perceptions of local and expatriate nurses inevitably varied with regard to this aspect of their job satisfaction. Such perceptions increase the possibility that some expatriate nurses may leave their work in Saudi Arabia to go to countries where their families may join them.This finding is consistent with the systematic review on expatriate nurses conducted by Viken et al. (2018). They found that ‘Being an outsider at work’ was a key aspect that affected expatriate nurses’ work experiences. Li et al. (2014) has noted that living away from home without family support can often lead to feelings of isolation and frustration. In a related study, Alonso-Garbayo and Maben (2009) found that Saudi Arabia was considered a stepping stone by expatriates who later migrated to the United Kingdom; it can therefore be argued that some expatriate nurses use Saudi Arabia as a way to migrate to other countries.

Language barriers also affected the sense of autonomy among local and expatriate nurses in two different ways. First, expatriate nurses who were non-Arab experienced difficulties in communicating with patients who could only speak Arabic. Those expatriate nurses showed a desire to understand the patients’ languages, to be able to provide appropriate and safe care. In a study they did that was based in Singapore, Pung and Goh (2017) suggested that the provision of language lessons could assist expatriate nurses with communication skills in their destination countries and therefore help them to provide better care. A simialr approach may benefit expatriates working in Saudi Arabia. In addition, some newly employed Saudi nurses confused their difficulties in communicating with expatriate nurses in real-world settings with their own low levels of English, even though English is the language of instruction for nursing in the Saudi universities. This is compounded by a perceived lack of professionalism in some newly employed nurses who were reported to leave work early and lack any passion for the nursing profession. Support for this percpetion was reported by Altakroni et al. (2019) who found that a majority of local Saudi nurses preferred not to work night shifts and about 40% did not want to accompany patients in ambulances. Both language barriers and lack of professionalism warrant further investigation, to examine the impact of these variables on patient safety and satisfaction. Furthermore, they also have implications for the provision of translators in hospital services as well as the nature of the local nurse education curricula and the cultural factors that have led to the reported lack of professionalism in local Saudi nurses.

In line with Alonso-Garbayo and Maben (2009), the present study found that the amount of nurses’ salaries in Saudi Arabia’s government hospitals was competitive compared to their home countries. In the present study, however, nurses felt dissatisfied with the disparity of wages according to nationality. This was compounded by the differences in the quality and location of hospital accommodation, which affects privacy, the quality of home life, social freedom and availability of outdoor activities. Consistent with the relative deprivation theory (Easterlin 1995), expatriate nurses experience perceptions of intra-group inequality when they learn of these pay and living conditions which impacts on their job satisfication. One theme idenitifed in this study related to the future opportunities expatriate nurses saw for themselves in Saudi Arabia. Many were unclear of their future and attributed this to such reasons as having more difficulty than local nurses to pursue higher education and their lack of long-term security. Other research has shown that pursuing higher education and career development opportunities is important for nurse job satisfaction (Lu et al. 2019). In Saudi Arabia, pursuing a higher degree in nursing is only available to local nurses, with very limited opportunities for expatriates. Expatriate nurses also lack long-term security in Saudi Arabia with difficulties in obtaining permanent residency in the kingdom, therefore they must either return home or migrate to another country. Although not reported by respondants in the present study, other research has shown that lack of job security can also affect the mental health inof nurses and lead to depression, anxiety and stress (Saquib et al. 2019).

## **Limitations and strengths of this study**

The valuable findings of this study increase understanding of the perceptions of home and expatriate nurses working in Saudi Arabia with regard to job satisfaction and also add to the wider existing literature on the experiences of expatriate nurses. The research has taken measures, such as peer and member checking, stringent data analysis, and interpretation procedures, in order to enhance the interpretative rigor and trustworthiness of the findings (Holloway & Galvin. 2016). However, it is important to conduct research into understanding home and expatriate nurses’ perceptions of job satisfaction in other settings/countries to obtain a better understanding of the factors that influence their satisfaction. This is important because the laws of migration, culture and economic status as well as the laws in Saudi Arabia are different from those in other parts of the world, such as in western countries. In addition, the numbers of national and expatriate participants in this study differed because the initial research plan was to explore the perceptions of nurses from different cultures by recruiting participants from the main nationalities employed at the research site. Hence, it was not possible to draw comparisons among the nationality groups within the expatriate group. Future research should investigate these differences more fully.

# **Conclusion**

This paper has reported on the factors that influence perceptions of job satisfaction experienced by home and expatriate nurses in Saudi Arabian hospitals with a particular focus on where expatriate status is related to those perceptions. Five themes were explored: separation from family, language and communication, fairness of remuneration, moving into future and professionalism. These findings identify difficulties for the expatriate group which negatively impact on their job satisfaction with implications for their intention to stay. Focusing on the enhancement of job satisfaction experienced by local and expatriate nurses can result in a healthier work environment and greater retention of nurses

## **Implications for nursing & nursing policy**

This study emphasised the importance of improving nurses’ satisfaction within a range of job aspects. Policy makers in countries with migrant nurses should consider the socio-economic aspects of their staff and how to ensure equality between staff members. Areas that might be considered include: supporting the access of expatriate nurses to their dependent family members; ensuring sophisticated procedures for recruitment, effective induction programs and orientation workshops to help expatriate nurses understand the culture and enhance language skills; provide an equitable reward system; review migration laws; and consider a competitive pension and long-term security plan for expatriate nurses who are interested in permanently remaining in the receiving country.

In addition, further collaboration and integration between hospitals and universities in Saudi Arabia is needed to enhance professionalism in future local Saudi nurses. Such interventions should be evidenced based and evaluated. Future research should consider local and expatriate nurses’ job satisfaction in countries that have a different culture, different migration laws and different healthcare systems. The findings of the study may have implications for other countries employing large numbers of nurses from other countries to ensure that differences based on expatriate status are understood and incorporated into policies to support staff. Future research is should be considered to explore the impact of multi-cultural staff on patient satisfaction and outcomes in this context and other countries.

**Conflict of interest**: No conflict of interest has been declared by the authors.

**Funder**: Funding for this research is from the University of Ha’il, Saudi Arabia

**References**

Al-Asfour, A., Tlaiss, H.A., Khan, S.A. & Rajasekar, J. (2017) Saudi women’s work challenges and barriers to career advancement. *Career Development International*, **22** (2), 184-199. <https://doi.org/10.1108/CDI-11-2016-0200>

Almansour, H., Gobbi, M., Prichard, J. & Ewings, S. (2020) The association between nationality and nurse job satisfaction in Saudi Arabian hospitals. *International Nursing Review,* **67** (3), 420-426. <https://doi.org/10.1111/inr.12613>

Alonso-Garbayo, A. & Maben, J. (2009) Internationally recruited nurses from India and the Philippines in the United Kingdom: the decision to emigrate. *Human Resources for Health,* **7** (37), 1-11. <https://doi.org/10.1186/1478-4491-7-37>

Altakroni, H., et al. (2019) Healthcare productivity, and its sociodemographic determinants, of Saudi female nurses: a cross-sectional survey, Al-Qassim, Saudi Arabia, 2017. *International Journal of Health Sciences*, **13** (6), 19-25

Ball, R. E. (2004) Divergent development, racialised rights: globalised labour markets and the trade of nurses—The case of the Philippines. *Women's Studies International Forum,* **27** (2), 119-133. <https://doi.org/10.1016/j.wsif.2004.06.003>

Both-Nwabuwe, J., Dijkstra, M., Klink, A., & Beersma, B. (2018) Maldistribution or scarcity of nurses? the devil is in the detail. *Journal of Nursing Management,* **26** (2), 86-93. <https://doi.org/10.1111/jonm.12531>

Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology,* **3** (2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>

Brislin R. W. (1970) Back-translation for cross-cultural research. *Journal of Cross-cultural Psychology,* **1** (3), 185-216. <https://doi.org/10.1177/135910457000100301>

Burmeister, E. A., et al. (2019) Determinants of nurse absenteeism and intent to leave: an international study. *Journal of Nursing Management,* **27** (1), 143-153. <https://doi.org/10.1111/jonm.12659>

Easterlin, R. (1995) Will raising the incomes of all increase the happiness of all? *Journal of Economic Behavior & Organization,* **27** (1), 35-47. <https://doi.org/10.1016/0167-2681(95)00003-B>

Esposito, N. (2001) From meaning to meaning: The influence of translation techniques on non-English focus group research. *Qualitative Health Research*, **11** (4), 568-579. <https://doi.org/10.1177/104973201129119217>

Goh, Y.-S., & Lopez, V. (2016) Job Satisfaction, work environment and intention to leave among migrant nurses in a multicultural society. *Journal of Nursing Management*, **24** (7), 893-901. <https://doi.org/10.1111/jonm.12395>

Holloway, I. & Galvin, K. (2016) *Qualitative Research in Nursing and Healthcare*, (4th Edition). Wiley‐Blackwell, Oxford.

Kim, H., Sefcik, J. S., & Bradway, C. (2017). Characteristics of qualitative descriptive studies: A systematic review. Research in Nursing & Health, 40 (1), 23-42. https://doi.org/10.1002/nur.21768

Kingma, M. (2018) *Nurses on the Move: Migration and the Global Health Care Economy*. Cornell University Press, London:. <https://doi.org/10.7591/9781501726590>

Li, H., Nie, W. & Li, J. (2014) The benefits and caveats of international nurse migration. *International Journal of Nursing Sciences,* **1** (3), 314-317. <https://doi.org/10.1016/j.ijnss.2014.07.006>

Lu, H., Zhao, Y., & While, A. (2019) Job satisfaction among hospital nurses: a literature review. *International Journal of Nursing Studies,* **94**, 21-31. <https://doi.org/10.1016/j.ijnurstu.2019.01.011>

Ministry of Health (2018) *Health statistical Year Book,* E-Book, Department of Statistics, Ministry of Health, Riyadh, Saudi Arabia.

Polkinghorne, D. E. (2007) Validity issues in narrative research. *Qualitative Inquiry*, **13** (4), 471-486. <https://doi.org/10.1177/1077800406297670>

Pung, L. X., & Goh, Y. S. (2017) Challenges faced by international nurses when migrating: an integrative literature review. *International Nursing Review*, **64** (1), 146-165.‏ <https://doi.org/10.1111/inr.12306>

Pung, L.X., Shorey, S. & Goh, Y.-S. (2017) Job Satisfaction, demands of immigration among international nursing staff working in the long-term care setting: A cross-sectional Study. *Applied Nursing Research*, **36**, 42-49. <https://doi.org/10.1016/j.apnr.2017.05.008>

Saquib, J., et al. (2020) Job insecurity, fear of litigation, and mental health among expatriate nurses. *Archives of Environmental & Occupational Health*, **75** (3), 144-151. <https://doi.org/10.1080/19338244.2019.1592093>

Van Nes, F., Abma, T., Jonsson, H., & Deeg, D. (2010) Language differences in qualitative research: is meaning lost in translation?. *European Journal of Ageing*, **7**(4), 313-316. <https://doi.org/10.1007/s10433-010-0168-y>

Viken, B., Solum, E. M., & Lyberg, A. (2018) Foreign educated nurses’ work experiences and patient safety—A systematic review of qualitative studies. *Nursing Open*, **5** (4), 455-468. <https://doi.org/10.1002/nop2.146>