



**PERCEIVED BARRIERS AND CHALLENGES AMONG MIGRANT NURSES
WORKING IN THE MIDDLE EAST: A SCOPING REVIEW**

Fifi Dwi Andika WD*, Hana Rizmadewi Agustina, Kurniawan Yudianto

Faculty of Nursing, Universitas Padjadjaran, Jl. Raya Bandung Sumedang KM 21, Jatinangor, Sumedang,
Jawa Barat 45363Indonesia.

*fifi23004@mail.unpad.ac.id

ABSTRACT

The Middle East is experiencing a significant shortage of nursing professionals, a situation exacerbated by various factors including rapid population growth, economic challenges, and healthcare demands. The movement of migrant nurses toward the Middle East has led many migrants to work as a nurse. While the influx of migrant nurses has had positive impacts on healthcare delivery, it has also introduced a range of challenges and barriers that affect both the nurses and the healthcare systems they support. Understanding these barriers and challenges among migrant nurses in the Middle East is essential to maintain retention that will lead to a decrease in the rate of migrant nurse turnover. There is a range of factors that contribute to barriers and challenges; however, summarizing these factors related to barriers and challenges among migrant nurses in the Middle East countries are none up to now. Purpose to identify, integrate, and summarize barriers and challenges among migrant nurses in the Middle East countries. Methods: This review applied the methodological framework for scoping reviews proposed by Arksey and O'Malley, and it is documented according to the PRISMA-ScR checklist. Searches were conducted across four electronic databases: Ebscohost, Science Direct, PubMed- and Google Scholar to locate primary research and gray literature published from 2005 to 2024. Titles and abstracts were screened based on inclusion and exclusion criteria, followed by a review of the full-text articles. The extracted data were summarized, and the findings were synthesized. There are several factors contributing for barriers and challenges experienced among migrant nurses working in middle east. These factors are categorized into three levels: the macro level, the meso level, and the micro level. By conducting research on the barriers and challenges faced by migrant nurses in the Middle East, stakeholders can work towards creating a more supportive, equitable, and sustainable healthcare environment that benefits both healthcare professionals and the communities they serve.

Kata kunci: barrier; challenge; migrant nurses; middle east

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INTRODUCTION

It is essential to focus on both the quantity and quality of healthcare workers to ensure the effective delivery of healthcare coverage. Adequate staffing levels are critical to meet the growing demands of patient care, while high standards of professional competence and skill are necessary to provide high-quality, accurate healthcare services (Alameddin et al., 2017). Nurses are one of the professional healthcare providers who comprise nearly half of the total health workforce (WHO,2020). Unfortunately, the nursing sector continues to face a significant shortage (WHO, 2020; Both- Nwabuwe et al., 2018; Mathieu et al., 2022). Factors contributing to this shortage include high levels of burnout, an aging population, impeded by culture, and insufficient educational and professional support for nursing staff (WHO, 2020; Adhikari and Smith, 2023; Alsadaan, 2021; OECD, 2024).

The nursing shortage also has profound implications for healthcare delivery in the Middle East countries (Alhusain, Sun, & Larson, 2016). For instance, the percentage of local nurses working in the United Arab Emirates (UAE) is only 6%, Kuwaiti nurses are only 3.4% of the total nurses working in Kuwait, and 38.8% of Saudi nationals are working in the healthcare sector (MOH, 2018; Saudi Health Council, 2019; Ajwad et al., 2022; WHO Kuwait, 2023; Wehbe-Alamah et al., 2024). The increasing population, life expectancy, and sedentary lifestyle, the shifting trend toward non-communicable diseases, and the lowest rates of local nurse production among WHO regions due to stigma from society and constrained by culture are some factors contributing to this shortage (Fatimah & Deepa, 2008; Saudi Health Council, 2019; WHO, 2020). However, globalization has opened up the labor market, allowing nurses and other health professionals to look for better opportunities. Hence, overseas recruitment is inevitable for Middle Eastern countries to address their nursing shortage.

Even though international nursing recruitment offers a solution to this shortfall, it is only a temporary measure. Moreover, while immediate relief will be provided, this solution creates problems for their healthcare system. The heavy dependence on expatriate nurses is the primary issue raised due to international nurse migration. One of the primary problems associated with this reliance is the potential for instability in healthcare delivery, such as during war and pandemics. For example, many foreign nurses fled from Kuwait during the war in 1990 (PHR, 1991; Shehabi, 2015), and migrated out of Middle Eastern countries during Covid 19 (Pallivathukkal et al., 2021). Therefore, Middle Eastern countries need to find the underlying issues contributing to the scarcity of local nursing professionals.

Although some Middle Eastern countries have tried to establish ways to reduce the dependency on migrant nurses such as the establishment of Saudi Vision 2030, up until now more than half of the nursing workforce in Middle Eastern countries are still foreign nurses (Alsufyani et al., 2020; WHO Kuwait, 2023). Furthermore, the migration of these foreign nurses to the Middle East has resulted in a number of issues. In order to identify and summarize the obstacles faced by foreign nurses in the Middle Eastern countries, as well as to offer suggestions for advancements, our goal is to carry out a scoping review. This aim of this study is to identify, integrate, and summarize barriers and challenges among migrant nurses in the Middle East countries.

METHOD

This study applied the scoping review methodology established by Arksey and O'Malley (2005). This method is especially effective for mapping existing literature, identifying knowledge gaps, emphasizing key concepts, examining the methods used in previous research, and steering future investigations (Munn et al., 2018). As outlined by Arksey and O'Malley (2005), scoping review allows for the inclusion of various study methods to capture the extent and summarize the existing body of research. Thus, this approach is well-suited for investigating the difficulties and issues faced by migrant nurses in the Middle East. Arksey and O'Malley (2005) also note that scoping studies do not typically include a critical evaluation of the quality of evidence or perform formal appraisals. Therefore, this review did not include a critical assessment of the included studies. The scoping review process follows five specific phases, as outlined by Arksey and O'Malley (2005).

After analyzing the full texts, the study identifies and categorizes the barriers and challenges faced by migrant nurses in the Middle East into three levels: macro (national factors), meso (professional factors), and micro (personal factors) (Young R, 2010; Hajian et al., 2020).

While the migration of nurses to the Middle East contributes to mitigating workforce shortages in high-income countries, it also results in significant issues for the migrant nurses themselves. This review aims to systematically compile and summarize these challenges, providing insights and recommendations for improving the conditions of migrant nurses in the region.

Identifying Research Question

This scoping review addresses the research question: What factors contribute to the challenges and barriers experienced by migrant nurses working in the Middle East? This question is central to understanding the various dimensions of difficulties faced by this workforce. The aim is to systematically identify and map out these challenges across different levels. By exploring this question, the review seeks to provide a comprehensive overview of the barriers encountered by migrant nurses, thereby informing policymakers, healthcare institutions, and other stakeholders about potential areas for intervention and improvement.

Identifying Relevant Studies

A prior search was conducted to collect previous registered reviews on this topic on search database Science Direct, Ebscohost, PubMed and grey literature. We extensively searched electronic databases (Science Direct, Ebscohost, PubMed and QUT Australia) dating from 2005 until 2024. The keywords used were challenges, barriers, migrant nurses, Middle East, and we extend our keyword to countries in middle east such as Jordan, Saudi Arabia, Oman, U.A.E, and Kuwait. Grey literature was performed using google scholar. Reference list of included articles was scanned in case they are correlated with this study. We included studies if they matched these criterias: (1) any issues concerned about migrant nurses working in middle east; (2) focusing on barriers and challenges among migrant nurses working in middle east; and (3) studies carried out only in middle-east countries with any design of research. After the prior screening, the included studies were analyzed for significance and potential duplication. The details of the articles such as author, country of the study, sample, method of research, and major findings were obtained.

Selecting Relevant Papers

The inclusion criteria included: (1) explored challenges and barriers among migrant nurses in the Middle East; (2) published in English language between 2005 and 2024; and (3) primary research, review, and grey literature. In this study, only on non-migrant nurses were excluded. For studies that involved a sample of both migrant and non-migrant nurses, studies were included if the migrant population was 80% or more of the total sample. After removing duplicates, articles were screened.

Charting the Data

Data charting was managed to address the review question. Data extracted from each study included: (1) author(s); (2) year of study publication; (3) country of study; (4) aim; (5) methods; (6) sample; (7) result; and (8) findings.

Summarizing and reporting the result

In this review, factors determined from qualitative studies were emerging themes as stated in the studies, while factors determined from quantitative studies were inserted in the table if they were statistically significant.

RESULTS

A systematic search across relevant databases yielded a total of 385 titles and abstracts. After removing duplicates, 300 titles and abstracts were subjected to an initial screening process. This initial screening resulted in the exclusion of 20 titles and abstracts due to reasons such as irrelevance to the research question, insufficient focus on migrant nurses, or a lack of emphasis on barriers and challenges specific to the target population. Consequently, 60 titles and abstracts were singled out for full-text review. The full-text review process further refined the selection, leading to the exclusion of 46 articles. Ultimately, 14 studies met the inclusion criteria and were selected for analysis (Table 1). The following flowchart (Figure 1) illustrates the screening process and study selection pathway, representing the selection process.

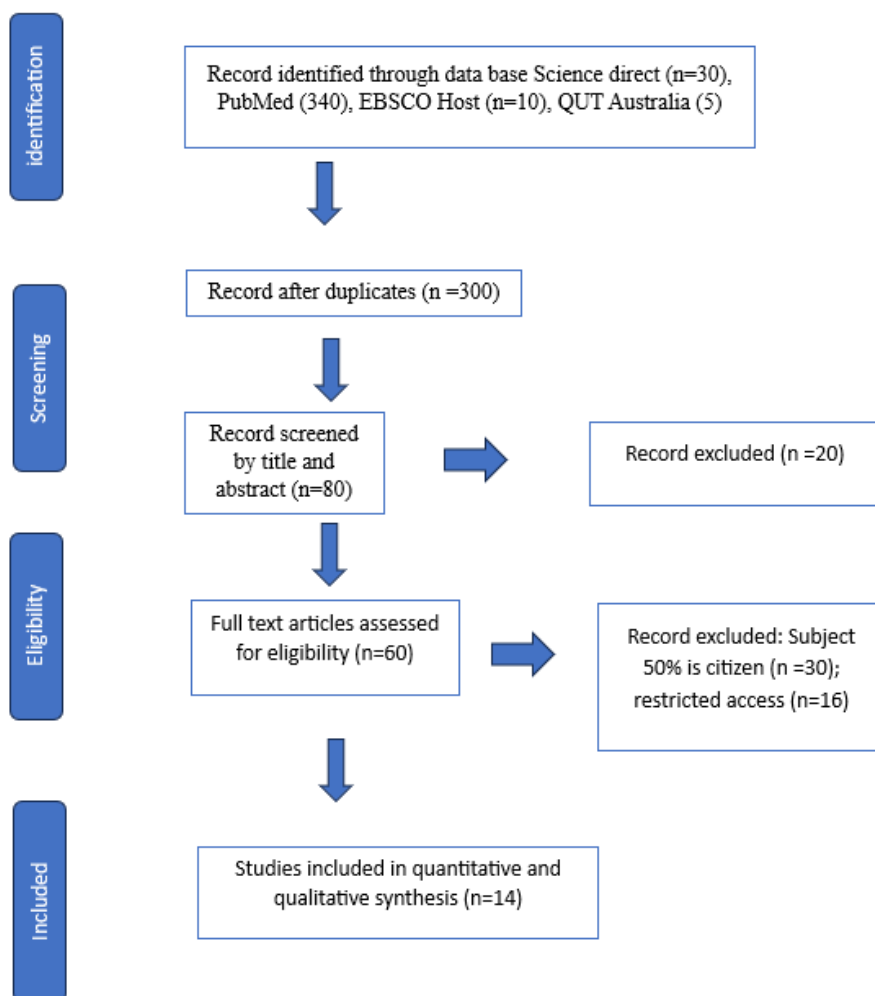


Figure 1. PRISMA-SCR diagram

All 12 studies included in this scoping review summarize the barriers and challenges faced by migrant nurses in the Middle East. Table 1 categorizes these studies into 6 qualitative descriptive, 1 mixed-method, 1 descriptive exploratory, 1 case study, and 5 cross-sectional designs, conducted in the UAE, Kuwait, and Saudi Arabia. This table outlines each study's objectives, methods, main findings, and the specific challenges reported, highlighting both the difficulties experienced by migrant nurses and their impact on patient care.

Table 1.
Scoping review charted literature

No	Authors	Origin	Aim	Sample size	Method	Outcome	Challenge and barrier
1	Oakley, Grealish, Coyne (2020)	UAE	To identify the experiences of migrant nurses caring for Muslim patients in a palliative unit	9	Qualitative thematic analysis: semi-structured interview	3 themes emerged: Developing communication skills, relationship is strengthened with time, seeking meaning through collaborative relationships	communication
2	Ferry Effendi et al. (2020)	Kuwait	To explore the experience of Indonesian nurses working in Kuwait.	21	Qualitative thematic analysis: semi structured interview	5 themes: Expanding career prospects; Engaging in the local culture; Added value for Muslims; Language barrier; and homesickness.	Language barriers, homesickness, cultural barrier
3	Alosaimi and Ahmad (2016)	KSA	To inquire the challenges facing migrant nurses working in the Kingdom of Saudi Arabia (KSA)	20	Qualitative	Themes: the incapacity to do nursing duties due to religious, cultural, and language factors.	Language and cultural barriers
4	Bommel (2011)	Saudi Arabia	To inquire the life experience of migrant nurses at CCU tertiary - referred hospital	63	Qualitative phenomenology study: semi structured interview	3 themes: language, culture, and religion Islam	Language barriers, cultural barriers, and religious diversity
5	Sidumo, Ehlers and Hattingh (2010)	Saudi Arabia	To assessed the Saudi cultural knowledge of the non-Muslim nurses working in the OB unit	50	Descriptive, exploratory study design	non-Muslim nurse insufficient knowledge about Muslim practices concerning cultural things related to woman during pregnancy and after	non-Muslim nurses lacked knowledge about Muslim practices and cultures concerning obstetric department
6	Al abdulaziz, Moss, and Copnell (2017)	Saudi Arabia	To explore family-centered care (FCC) in the Saudi context from the perspectives of pediatric nurses.	234 (quantitative) 10 (qualitative)	mix method : Explanatory sequential design	participants had inadequate understanding and knowledge about FCC; barriers applying FCC: language, hospital policies, communication, and cultural issues	barriers applying FCC: language, hospital policies, communication, and cultural issues
7	Abudari, Hazeim and Ginete (2016)	Saudi Arabia	to seek experience of non-Muslime nurse caring for palliative patient and family	10	Qualitative descriptive	3 themes emerged: family matters, end-of life practices, and nursing challenges	Inadequate knowledge about culture regarding palliative care
8	Bit-Lian, Abu Bakar, and	Saudi Arabia	to investigate cultural working	135 respondents	Cross sectional study	physical and mental tiredness (40.7%); Cultural and	loaded nursing work-load, cultural

No	Authors	Origin	Aim	Sample size	Method	Outcome	Challenge and barrier
	Saeidin (2020)		environment, and cultural and communication barriers among non-Saudi RN			communication barriers due to difficult nursing tasks (33.3%), loaded nursing workload (34.1%), and inadequate of information and skills in communication (37.0%).	communication barriers, lack of information and skills in communication
9	Almutairi (2012)	Saudi Arabia	To explore the influence of cultural diversity on the quality and safety of patient care	319 (Saudi Arabia 17 nurses; Asia 98% of participant)	Case study method	Barriers: ethnocentric viewpoints, limited educational preparation, inadequate Arabic language skill, and dependent on someone else to deliver health care messages due to limited Arabic language skill	Language and cultural barriers
10	Salvador et al (2021)	Saudi Arabia	to identify the experiences of RN working in Saudi Arabia	21 (5 of them are Saudi national)	Qualitative phenomenology analysis: semi structured interview	colleague become unfair and violence, Socio-cultural divergence towards healthcare workers, and Violence from outside influences and affects the workplace	Workplace violence due to different language, different culture, seniority.
11	Alkhatami, et al (2010)	Saudi Arabia	To investigate the perceived nursing care delivered by non-Arabic speaking nurses (NASN)	116	Cross sectional survey	The ability to speak Arabic language is important for delivering high quality of care. NASN avoid (50%) or end conversation (70%) due to language barriers.	language
12	Alanazi and Yates (2022)	Saudi Arabia	To investigate factors relating to job dissatisfaction in Hail's public hospitals	197	A descriptive cross-sectional	Low chance promotion: the main causes of job dissatisfaction among the expat nurses (p-value < 0.00)	Very low chance promotion
13	Allallah, Baker, and AlMuharr aq (2022)	Saudi Arabia	To determine the connection between workplace bullying and turnover of nurses	347 (73 is Saudi national)	Correlational cross sectional	High rate of bullying in the workplace (33.4%), high rate of turnover (31.7%), positive correlation (p < 0.001) between workplace bullying and turnover	Workplace bullying (physical intimidating, related to work, and personal)
14	Almazan, Albougami, and Alamri (2019)	Saudi Arabia	To determine connection between work-related stress and demographic of nurses	178 (77 is Saudi national)	Descriptive cross sectional	Nurses have moderate stress level regarding work-related, and high correlation between nationality and stress level due to work	Stress level correlated with nationality (different culture, different language, distance with family)

The following table (Table 2) categorizes the main barriers and challenges into several key domains: macro-level, meso-level, and micro-level. At the macro level, significant barriers include national policies and cultural practices. At the meso level, workplace dynamics and professional challenges, such as language barriers and communication issues, are frequently reported. At the micro level, personal adaptation issues, such as homesickness and difficulties in adjusting to the local culture, are prominent concerns.

Table 2.

Main Categorization of Barriers and Challenges Faced by Migrant Nurses in the Middle East

Domain	Challenges and Barriers
Macro-Level: National factors	
National Policies	Hospital Policies
Religious Practices	Religious diversity, Muslim practices and culture, understanding of Islam as religion, gender
Cultural Norms	culture, Family-centered care, cultural care
Meso-Level: Professional factors	
Workplace Dynamics	Communication barriers, coworker violence, workplace violence, job specification.
Professional Growth	Not getting promotion, escalating career prospects, education
Cultural Challenges	Cultural diversity issue, language barriers, language (as a professional tool in clinical situation)
Micro-Level: Personal factors	
Personal Adaption	Homesickness, immersing in the local culture, relationship, language barriers (as a personal barrier), body language, and cultural gestures.

The findings from these studies indicate that migrant nurses face a range of challenges that significantly impact their work effectiveness in the Middle East. These challenges, including communication difficulties, cultural barriers, and institutional policies, highlight the need for strategic interventions to improve their work experience. Addressing these barriers not only supports migrant nurses but also enhances the overall quality of patient care in these diverse and demanding environments. Therefore, the development of targeted policies and support systems is crucial for improving healthcare outcomes in the region. Future research should focus on identifying and implementing effective solutions to support migrant nurses more effectively.

DISCUSSION

This scoping review provides a comprehensive overview of the multifaceted challenges faced by migrant nurses in the Middle East, categorized into macro-level, meso-level, and micro-level domains. The findings underscore the complexity of these challenges and highlight the need for targeted strategies to improve the work environment and overall job satisfaction of migrant nurses in this region. At the macro level, which encompasses national factors and broad systemic issues, national policies and cultural practices significantly impact the experiences of migrant nurses. Hospital policies and national regulations shape the working conditions and professional expectations placed on these nurses. For instance, the nursing workforce in Saudi Arabia is predominantly composed of non-Saudi nurses, primarily from the Philippines and India, with Saudi nurses constituting only 38% of the total workforce (Van Bommel, 2011; MOH Saudi Arabia, 2018). Similarly, in the United Arab Emirates (UAE), Emirati nurses make up only 4% of the workforce, with the majority being migrant workers from countries such as the Philippines, Pakistan, and others (Wehbe-Alamah et al., 2024). This shortage underscores the need for policies that address the unique barriers faced by migrant nurses.

Religious practices and cultural norms further complicate the situation. Migrant nurses often encounter difficulties in understanding and adhering to local Islamic practices due to their

own diverse religious backgrounds. This issue is compounded by varying interpretations of Islamic principles across different contexts (Yusuf, Zakaria, & Abdul-Mutalib, 2021). For example, Sidumo, Ehlers, and Hattingh (2010) found that 58% of non-Muslim nurses in Saudi Arabia were unaware that Muslims practice burying the placenta at home. Conversely, the nurses in Abudari, Hazeim, and Ginete (2016) were unable to perform a comprehensive cultural assessment due to a lack of formal education on the subject. Nonetheless, they primarily focused on cultural care maintenance, such as positioning a patient's bed to face the Qibla in Mecca, assisting with prayer preparations, and allowing traditional medicine practices without judgment or questioning their benefits. Effective policies must accommodate these diverse needs while respecting local cultural and religious contexts.

At the meso level, which encompasses professional factors and organizational dynamics, significant barriers such as workplace dynamics and growth opportunities are evident. Communication barriers are a major concern, as the inability of many migrant nurses to speak Arabic fluently impacts their interactions with patients and colleagues (Alshammari, 2014; Aldossary, While, & Barriball, 2008). This language gap affects the quality of patient care and impedes nurses' ability to perform their duties effectively. Furthermore, workplace violence, including physical, verbal, and cyber abuse, remains persistent in healthcare settings across the Middle East. For instance, substantial proportions of nurses have reported experiencing workplace violence in Jordan and Lebanon, with rates of 75% and 64.8%, respectively (Alameddine et al., 2015; Bashtawy & Aljezawi, 2016). A study conducted at a Saudi university hospital found that nearly half of the 360 nursing personnel surveyed had experienced violence within the past 12 months, according to the Massachusetts Survey on Workplace Violence (Alkorashy & Al Moalad, 2016). This violence or abuse can originate not only from colleagues but also from patients and their families. Additionally, a study by Alhusain et al. (2020) revealed that non-Arabic-speaking healthcare workers are more likely to be exposed to violence compared to Arabic speakers. Unfortunately, awareness of these issues is often lacking, particularly in specialized areas such as operating rooms and emergency departments (Chipps et al., 2013). These issues underscore the need for policies that enhance communication skills and address workplace violence effectively.

Professional growth opportunities for migrant nurses are also limited at this level. They frequently encounter barriers to career advancement and recognition of their qualifications. Additionally, migrant nurses may experience role ambiguity and increased responsibilities without sufficient support (Almalki, 2011). Often, when they first arrive in the host countries, they face a high workload that exceeds their prior experience. This situation is exacerbated by the high level of responsibility expected in their roles, which differs significantly from what they encountered in their home countries, compounded by their recent graduation and lack of experience (Almalki, 2011). Furthermore, migrant nurses may be assigned to roles such as head nurse without adequate educational preparation, simply due to the general shortage of nurses (Almalki, 2011). These factors highlight the need for clear job specifications and equitable career development opportunities to support migrant nurses effectively.

On the micro level, which focuses on personal factors and individual experiences, personal adaptation challenges are significant. Homesickness and the emotional strain of being away from family contribute to stress and impact job performance (Effendi, 2020). The cultural distance between home and host countries exacerbates these difficulties, making adjustment more challenging (Caligiuri, 2007). Language and cultural barriers can be mitigated through pre-departure education programs that teach basic Arabic language skills and cultural norms of the host country. While some countries, such as the Philippines, Nepal, and Indonesia, have

implemented such programs, their effectiveness has been limited due to inadequate focus on the host country's language and culture. For instance, the Indonesian government provides only a two-hour seminar on the culture of the destination country without language instruction (Sumas, 2020). Therefore, these courses should be mandated by the recruitment agencies in the migrant nurses' home countries and must be comprehensive. Additionally, upon arrival, healthcare facilities should provide further orientation to assist with the transition of migrant nurses into their new work environment. Implementing mandatory education on language and cultural aspects would support this transition process effectively.

Addressing these challenges requires a multi-faceted approach. Policies should be designed to support the professional and personal needs of migrant nurses, including language and cultural training both before and after arrival, as well as strategies to prevent and address workplace violence. Creating a supportive environment that ensures role clarity and provides opportunities for career advancement is essential for improving job satisfaction and performance. Future research should investigate the effectiveness of interventions aimed at addressing these challenges. Comparative studies across different Middle Eastern countries could offer valuable insights into regional variations and the effectiveness of specific policies and programs. Additionally, research examining the impact of cultural competence training and support systems on job satisfaction and patient care outcomes would be beneficial. In summary, the challenges faced by migrant nurses in the Middle East are multifaceted and span macro, meso, and micro levels. Addressing these barriers through comprehensive policies and targeted support measures is crucial for enhancing the work experience of migrant nurses and improving the quality of healthcare delivery in the region.

CONCLUSION

There is a shortage nurses in the Middle East. The high dependence on expatriate nurses is a major issue due to international nurse migration. The main issued has been determined by this scoping study based on the main barrier and challenges encountered by migrant nurses, which are categorized into the macro, meso, and micro level. At the macro level, national policies, religious practices and cultural norms are the barriers for migrant nurses to cultural adaptation sand understanding local practices. The meso level reflecting the professional difficulties faced by healthcare institution, including poor communication, limited prospects for career growth, and work place violence. At me micro level, personal problems like homesickness affect migrant nurse's experience. In order to solve this complex issue, a comprehensive approach is required such as improved policy frameworks, cultural competences training, and enhanced support systems. Developing such strategies will impact both migrant nurses and overall quality of healthcare delivery in the region.

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