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Job Satisfaction and Working Conditions among Indonesian Migrant Nurses in Kuwait and Saudi Arabia: A Cross-National Workforce Study

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ABSTRACT

Background: The migration of Indonesian nurses to Middle Eastern countries, particularly Kuwait and Saudi Arabia, requires specific attention to their working conditions, directly impacting well-being and retention. ***Purpose:*** This study aimed to compare job satisfaction and working conditions among Indonesian nurses working in Kuwait and Saudi Arabia. ***Methods:*** A comparative descriptive study was conducted involving 140 nurses, consisting of 70 nurses from Saudi Arabia and 70 nurses from Kuwait. The nurses were recruited using purposive sampling. Data was collected between June 2 and July 30, 2025 using the McCloskey Mueller Satisfaction Scale (MMSS). Descriptive statistic was applied to summarize satisfaction domain, and the Mann-Whitney U Test was used to examine differences between the two host countries. ***Results:*** The findings indicated no statistically significant difference in overall job satisfaction between nurses working in Kuwait and those working in Saudi Arabia ($p > 0.05$). The highest satisfaction score was observed in the dimension of responsibility and scheduling, while the lowest score was reported for co-worker support and rewards. Despite minor variations across subscales, the overall level of job satisfaction was moderate in both countries. ***Conclusion:*** Indonesian nurses working in Kuwait and Saudi Arabia experience similar levels of job satisfaction. These findings highlight the need for policy development and targeted support strategies to enhance the well-being and retention of Indonesian migrant nurses in both countries. ***Implications for Nursing:*** Healthcare management, professional bodies and policymakers may consider implementing intervention through professional development programs, evaluating contract implementation, and supporting intercultural training to improve workplace integration and overall job satisfaction.

Keywords: Indonesian nurses, Kuwait, Saudi Arabia, Working conditions, Job satisfaction.

What does this paper add?

1. It investigates job satisfaction among Indonesian nurses in Kuwait and Saudi Arabia.
2. It provides information about working conditions in host countries that influence policy development, retention and work stability among migrant nurses.
3. It evaluates host countries policies, regarding right protection and well-being of migrant nurses.

Introduction

Nurse migration has become increasingly prominent due to the growing demand for healthcare professionals worldwide (Maiyer et al., 2024). Both intrinsic and extrinsic factors motivate migrant nurses to migrate in pursuit of professional nursing development and career advancement (Villamin et al., 2025). Many regions, particularly high-income countries, have experienced

significant healthcare workforce shortages, notably in the Middle East, Europe, and East Asia (Raharto & Noveria 2020).

According to data from the Indonesian Ministry of Health in 2025, more than 581,105 nurses hold an active domestic practice license (MOH, 2025). However, fewer than 2% of Indonesian nurses pursue careers abroad, as reported by the Indonesian National Nurses Association (INNA). Notably, the majority of Indonesian migrant nurses are employed in Middle Eastern countries (Pradipta et al., 2023), including Saudi Arabia (554 nurses), Kuwait (300 nurses), UAE (105 nurses) and Qatar (53 nurses) (Fahruddin et al., 2025).

Saudi Arabia and Kuwait are among the most popular destinations for Indonesian migrant nurses, primarily driven by financial incentives, opportunities for professional advancement, and employment prospects within Muslim-majority countries that share cultural similarities (Tukayo et al., 2022). In addition, the accessibility of work visas and professional nursing recognition have further contributed to the attractiveness of these destinations. Nevertheless, these advantages remain inconclusive with regard to comparative evidence on working conditions and job satisfaction. Each country has distinct regulations, culture context, and healthcare systems that foreign nurses must adapt in order to deliver effective healthcare services (Kurniati et al., 2020).

Previous studies among Indonesian migrant nurses in Kuwait have reported moderate levels of stress influenced by environmental and organizational factors (Priyanto et al., 2022). Similarly, Indonesian nurses working in Saudi Arabia have experienced moderate workloads across various departments (Fahruddin et al., 2024), except in critical care areas, such as the emergency departments and intensive care units, where workload has significantly affected nurses' quality of life (Villagracia et al., 2025). Additionally, age and work experience have been shown to influence burnout levels among multi-cultural nurses working in tertiary hospitals in Saudi Arabia (Alotaibi et al., 2025).

Existing literature primarily indicates that migrant nurses in Saudi Arabia and Kuwait face various challenges that negatively affect their work-life balance. Work-related quality of life and work engagement are key determinants of nurses' well-being (Alasiry et al., 2025). Moreover, socio-demographic factors, including gender, income, marital status, and comorbidities, have been associated with nurses' working conditions (Almutairi et al., 2024). Perceived workload and the need to meet patients' cultural expectation have also been identified as significant challenges for migrant nurses in Saudi Arabia (Al-Nusair & Alnjadat, 2022).

Understanding and comparing the working conditions of Indonesian nurses in Saudi Arabia and Kuwait is essential, particularly in relation to nurse retention, job satisfaction, and performance outcomes. Factors, such as the work environment, cultural adaptation, and workload within healthcare settings influence nurses' decision to extend their employment contract (Uswatin et al., 2024). Furthermore, cross-country comparisons of these factors can provide valuable insight for strengthening support systems, developing evidence-based policies, and informing future recruitment strategies for Indonesian placement in both countries.

Despite the growing number of Indonesian nurses working in the Gulf region, empirical data comparing job satisfaction and working conditions, particularly between Kuwait and Saudi Arabia, remains limited. This study contributes to the existing literature that provides one of the first cross-national workforce representations in the global nursing workforce literature. However, findings that generate policy-relevant insights for workforce planning, migrant nurse protection, and retention strategies are important. Therefore, this study aims to assess and compare overall job satisfaction and working conditions among Indonesian migrant nurses working in Kuwait and Saudi Arabia. A comprehensive comparative analysis will examine the level of overall job satisfaction and working conditions among Indonesian migrant nurses in both host countries.

Materials and Methods

Study Design and Samples

This study used a quantitative comparative design to examine variables of job satisfaction and working conditions among Indonesian migrant nurses in Kuwait and Saudi Arabia. The inclusion criteria were: (1) having a nursing license, (2) being registered as INNA members, (3) a minimum of six months of continuous employment in Kuwait and Saudi Arabia. The exclusion criteria included nurses who were unable to participate, were newly hired with less than 6 months of experience, or those who did not have a nursing license. To reach the study objective among healthcare practitioners, we

conducted an online self-administered survey distributed through social media group from June 2, 2025, until July 30, 2025. We used STROBE guidelines for observational methodology and findings to ensure the research's clarity, transparency, and rigor.

The study population consisted of Indonesian nurses in Kuwait (N=150) and Saudi Arabia (N=554) based on the member of registration numbers by INNA in both countries. Due to the geographically dispersed nature of the nurses population and the absence of a complete sampling frame, probability sampling was not feasible. Therefore, a purposive sampling technique was used to select those nurses who met the pre-defined inclusion and exclusion criteria. A questionnaire was sent via WhatsApp group as controlled access points to the target population. From the eligible respondents, a total of 140 nurses were included in the final analysis, consisting of 70 participants from each country to enable balanced cross-country comparative analysis. This approach ensured the inclusion of information rich participants who were directly relevant to the study objectives.

Variables and Instruments

The dependent variable was job satisfaction, while the independent variables were work conditions. Country of employment was treated as a grouping variable. The Indonesian version of the McCloskey Mueller Satisfaction Scale (MMSS) survey was used as an instrument with validity (0.44-0.74), reliability (Cronbach alpha = 0.69-0.93), and internal consistency (0.49-0.79) with a high rate. The MMSS instruments consisted of 31 items divided into eight dimensions, including extrinsic rewards (3 items), scheduling (6 items), family and work balance (3 items), and co-worker support (2 items). In addition, satisfaction with interaction opportunities (4 items), developing professionally (4 items), public recognition (4 items), and responsibility (5 items) were used. The scoring scale was conducted on a 5-point Likert scale: (1) very dissatisfied, (2) dissatisfied, (3) neutral, (4) satisfied, and (5) very satisfied. The total score minimum and maximum values were adopted with the interpretation as follows: 31-70 = low satisfaction, 71-110 = moderate satisfaction, and 111-156 = high satisfaction (Juanamasta et al., 2023).

Data Analysis

Data was collected using Google Forms and managed by statistical analysis using STATA 16.9. Prior to analyses, data was screened for completeness, outliers, and entry errors. Missing values were minimal (<5%) and were handled using listwise deletion with no data imputation performed. Descriptive statistics were used to summarize participants' socio-demographic characteristics and MMSS domain scores with values of 0.10, 0.30, and 0.50 indicate small, moderate, and large effects. Categorical variables were presented as frequencies and percentages, while continuous variables were summarized using means and standard errors (SE) with 95% confidence intervals. Data distribution was assessed for normality using the Shapiro-Wilk test and visual inspection of histogram and Q-Q plots. As the assumptions of normality were not met ($p < 0.05$), non-parametric statistical tests were applied and the analytical model included a range of descriptive statistics. The level of statistical significance was set at $p < 0.05$. Effect size (r) for Mann-Whitney U Test was used to examine differences in job satisfaction between nurses in both countries.

Ethical Considerations

This study was conducted following ethical approval obtained from the Medical and Health Research Ethics Committee, Faculty of Medicine, Public Health and Nursing Universitas Gadjah Mada, Indonesia (Approval No. KE/FK/1197/EC/2025).

Results

The majority of nurses in Kuwait were over 40 years (45.7%), whereas in Saudi Arabia, nurses predominantly belonged to the 20-30 age range (40%). Female nurses were dominant in both countries, especially in Saudi Arabia (75.7%). The majority of nurses held a bachelor's degree in either Saudi Arabia (58.6%) or Kuwait (57.1%). A higher proportion of nurses were different in marital status, which is most of nurses in Kuwait were married (72.9%), while in Saudi Arabia (44.3%) were unmarried. Most of nurses in Kuwait had over 10 years of experience compared to nurses in Saudi Arabia with 1-5 years of experience. Regarding the income, both countries earned similar, but nurses in Kuwait showed a higher proportion of salary with > 250 KD (94.3%) compared with Saudi Arabia with > 3500 SAR (78.6%).

Table 1. Socio-demographic characteristics of Indonesian nurses working in Kuwait and Saudi Arabia (descriptive statistics; n= 140)

Variable	Category	Saudi Arabia (n = 70) %	Kuwait (n = 70) %
Age	20 - 30	28 (40.0)	13 (18.6)
	31 - 40	24 (34.3)	25 (35.7)
	> 40	18 (25.7)	32 (45.7)
Gender	Male	17 (24.3)	25 (35.7)
	Female	53 (75.7)	45 (64.3)
Education Level	Diploma	29 (41.4)	30 (42.9)
	Bachelor / Magister	41 (58.6)	40 (57.1)
Marital Status	Not Married	31 (44.3)	12 (17.1)
	Married	30 (42.9)	51 (72.9)
	Divorced	9 (12.9)	7 (10.0)
Work Experience	1 - 5 years	29 (41.4)	15 (21.4)
	6 - 10 years	20 (28.6)	14 (20.0)
	> 10 years	21 (30.0)	41 (58.6)
Salary	>3500 SAR / 250 KD	55 (78.6)	66 (94.3)
	<3500 SAR / 250 KD	15 (21.4)	4 (5.7)

Note: Values are presented as n(%).

Based on Table 2, the MMSS items with the highest mean score were found in the variable of responsibility, specifically the item regarding pride in your nursing profession (Mean = 3.06, SE = 0.07) and overall satisfaction with your current job (Mean = 2.82, SE = 0.07). The lowest score was for opportunities for promotion (Mean = 1.94, SE = 0.07), and satisfaction with night shift (Mean = 1.99, SE = 0.08).

Table 2. Mean and standard error of MMSS item scores among Indonesian migrant nurses (descriptive statistics)

Variable	Questions	Mean	SE
Extrinsic Rewards	Salary	2.45	0.08
	Satisfaction with night shift	1.99	0.08
	Satisfaction with overtime compensation	2.06	0.09
Scheduling	Work safety	2.68	0.07
	Schedule flexibility	2.45	0.09
	Work shift	2.22	0.08
	Long time work shift	2.63	0.08
	Total monthly days off	2.40	0.08
	Opportunity for promotion	1.94	0.07
Family and Work Balance	Opportunities for continuing education	2.08	0.08
	Opportunities to attend training	2.24	0.09
	Opportunities to attend seminars	2.17	0.08
Co-worker Support	Relationships with co-workers	2.75	0.07
	Immediate supervisor	2.41	0.08
Interaction Opportunities	Relationships with physicians	2.64	0.07
	Support from management	2.09	0.08
	Recognition for a job well done	2.18	0.08
	Autonomy in making work decisions	2.11	0.08
Professional Development	Trust and confidence your supervisor places in you	2.53	0.07
	Influence in unit-related policy decisions	2.12	0.07
	Time available to spend with your family	2.06	0.08
	Balance between work and personal life	2.28	0.08

Public Recognition	Ability to take vacation or leave	2.30	0.08
	General condition of your workplace	2.63	0.08
	Availability of necessary tools and equipment	2.68	0.08
	Reasonable workload	2.33	0.08
Responsibility	Clarity of your job description	2.34	0.08
	Communication with the rest of the healthcare team	2.68	0.06
	Opportunity to speak at important staff meetings	2.20	0.07
	Pride in your nursing profession	3.06	0.07
	Overall satisfaction with your current job	2.82	0.07

Table 3 indicates that the majority of nurses in both nations exhibited the highest score in the sub-scale of scheduling and responsibility. The lowest average scores were observed in co-worker support and extrinsic rewards.

Table 3. Mean job satisfaction sub-scale scores between Kuwait and Saudi Arabia (descriptive statistics)

Variable	Saudi Arabia		Kuwait	
	Mean (SE)	95% Confidence Interval	Mean (SE)	95% Confidence Interval
Extrinsic Rewards	5.56 (0.33)	4.895 - 6.219	7.46 (0.28)	6.898 - 8.016
Scheduling	14.28 (0.56)	13.165 - 15.406	14.36 (0.44)	13.488 - 15.226
Family and Work Balance	6.87 (0.32)	6.224 - 7.518	6.11 (0.28)	5.564 - 6.664
Co-worker Support	5.20 (0.21)	4.773 - 5.627	5.13 (0.19)	4.748 - 5.509
Interaction Opportunities	9.10 (0.38)	8.325 - 9.875	8.97 (0.33)	8.312 - 9.631
Professional Development	9.27 (0.37)	8.517 - 10.025	8.74 (0.31)	8.124 - 9.362
Public Recognition	9.95 (0.42)	8.871 - 10.529	10.20 (0.34)	9.524 - 10.876
Responsibility	13.27 (0.47)	12.338 - 14.204	12.93 (0.37)	12.192 - 13.665

Note: Scheduling and Responsibility show higher mean scores in both countries, while Co-worker Support and Extrinsic Rewards are consistently lower.

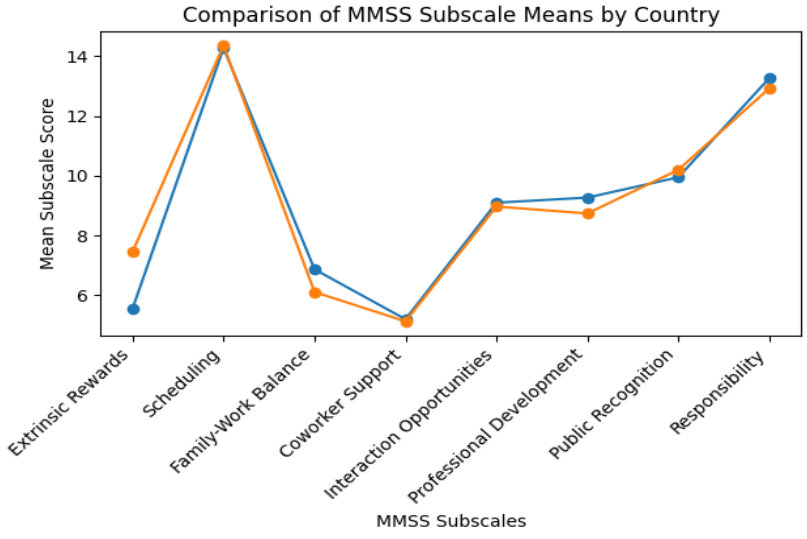

Figure 1. Descriptive comparison of MMSS sub-scale mean scores between Kuwait and Saudi Arabia

Table 4 presents the comparison of overall job satisfaction scores using the Mann-Whitney U test, which revealed no statistically significant difference in overall job satisfaction between Indonesian nurses in Kuwait and Saudi Arabia ($p = 0.922$; > 0.05). The effect size was negligible ($r = 0.01$), indicating a trivial

magnitude of difference between groups. Nurses in both Kuwait and Saudi Arabia reported moderate levels of job satisfaction. The mean score for nurses in Kuwait is 73.90, while the mean score for nurses in Saudi Arabia is 73.26.

Table 4. Comparison of overall job satisfaction scores based on work location using the Mann-Whitney U test

Work Location	Mean	Standard Deviation	95% Confidence Interval	P-value	Effect size (r)
Saudi Arabia (n = 70)	73.26	22.55	67.88 - 78.63	**0.922**	**0.01**
Kuwait (n = 70)	73.90	17.08	69.83 - 77.97		

Note: Mann-Whitney U Test; p = 0.05 (two-tailed).

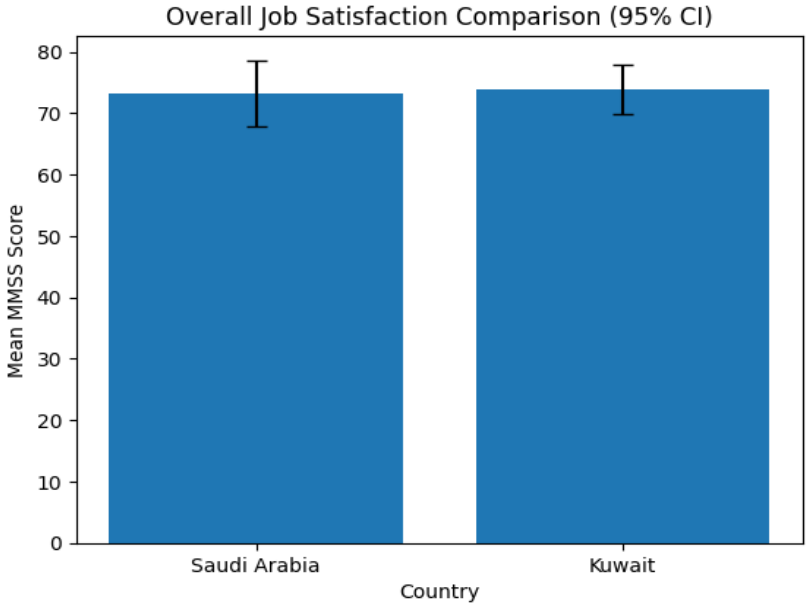

Figure 2. Comparison of overall job satisfaction scores based on work location (mean with 95% confidence interval)

Note: Overlapping confidence intervals indicate no meaningful difference in overall job satisfaction.

Discussion

The study found that Indonesian migrant nurses working in Kuwait and Saudi Arabia reported no statistically significant differences in overall job satisfaction. Both groups reported moderate levels of job satisfaction. These findings suggest that, despite differences in healthcare systems, cultural environment, and employment policies, the core determinants of job satisfaction and working conditions among Indonesian migrant nurses remain comparable.

The results highlighted three notable patterns: (1) moderate levels of job satisfaction among nurses in both Kuwait and Saudi Arabia; (2) co-worker support and extrinsic rewards were consistently rated as the lowest domains in both host countries; and (3) scheduling and responsibility received the highest satisfaction score among nurses.

Previous research has reported that migrant nurses in Gulf countries often share common workplace experiences related to organizational structures, contractual arrangements, and workload, which may reduce country-specific differences in job satisfaction (Almansour et al., 2020; Efendi et al., 2020). In contrast, other studies have demonstrated variations in job satisfaction and working conditions across host countries, particularly in relation to remuneration systems, staffing models, and professional recognition (Alkhateeb et al., 2025a; Hamadah, 2019).

Low Satisfaction with Co-worker Support and Extrinsic Rewards

One of the key findings of this study was that co-worker support and extrinsic rewards emerged as the lowest-rated satisfaction domains among Indonesian migrant nurses in Kuwait and Saudi Arabia. These findings contrast with several studies conducted in Saudi Arabia, which reported that nurses generally experienced highest satisfaction with co-worker support, while extrinsic rewards consistently received the lowest ratings (Bdair & Alshloul, 2021). Existing literature has emphasized that co-worker support plays a crucial role in fostering a positive and productive work environment, increasing nurses' intention to stay, enhancing emotional well-being, and reducing occupational stress (Dijkshoorn et al., 2024).

This discrepancy between the present finding and previous studies may be attributed to the migrant status of the study population. Strong peer relationships have been shown to increase nurses' intention to stay and improve job satisfaction. However, the findings indicate that Indonesian nurses in Kuwait and Saudi Arabia reported low satisfaction in this domain. Several factors may have contributed to this outcome, including work environments, communication barriers, and team dynamics. These challenges may reduce opportunities for informal peer support compared to those experienced by local nurses.

The present study also found that extrinsic rewards, particularly opportunities for promotion, reported low score sub-domains among Indonesian nurses in Kuwait and Saudi Arabia. These findings are consistent with previous research indicating that limited career pathways and restricted continuing professional development opportunities are key determinants of dissatisfaction among healthcare workers (Alkhateeb et al., 2025a). Foreign nurses often face structural barriers to promotion and differences in professional recognition within organizational hierarchies, which may limit advancement opportunities. However, some studies conducted in Saudi Arabia have reported a positive relationship between extrinsic motivations, including salary, promotion, working conditions and job satisfaction among foreign nurses (Fahd Al-Sabhan et al., 2022).

A study involving both local and foreign nurses in Saudi Arabia found that nationality influenced satisfaction levels, with foreign nurses reporting lower satisfaction with extrinsic rewards, but higher satisfaction with co-workers' support (Almansour et al., 2020). In Kuwait, self-comfort and well-being were found to influence nurses' perceptions of happiness and job satisfaction (Abdelaliem & Saed Boswihi, 2024). Additionally, earlier studies among Indonesian migrant nurses in Saudi Arabia revealed that job satisfaction varied across departments. Most nurses in the ward settings reported dissatisfaction, while those in other departments reported neutral satisfaction (Fahruddin et al., 2024). Similarly, Indonesian nurses in Kuwait reported high satisfaction with benefits and workplace conditions, which positively influenced their lived experiences (Efendi et al., 2020).

The inconsistencies between these findings and the present study may reflect differences in institutional policies, employment systems, hospital management practices, and career development opportunities for nurses in host countries.

High Satisfaction with Responsibility and Scheduling

In contrast to the lowest-rated domains, responsibility and scheduling received the highest satisfaction scores, reflecting professionalism, work autonomy, and predictable work schedules among Indonesian nurses in Kuwait and Saudi Arabia. Previous studies have demonstrated that clarity of roles and responsibilities is essential for effective communication among healthcare providers, enabling information sharing and collaborative decision making in patient care (Alkhateeb et al., 2025b). Moreover, inter-professional collaboration, including effective communication, plays a critical role in delivering high quality healthcare and ensuring optimal patient outcomes (Labrague et al., 2022).

Satisfaction with scheduling, including work hours, time flexibility, and work-life balance, was found to positively influence job satisfaction among nurses in both countries. This contrasts with studies conducted in Kuwait that identified shift scheduling as a major factor contributing to nurses' intention to leave their jobs (Hamadah, 2019). This discrepancy may be explained by differences in the staffing systems, job roles, and responsibilities within the current-study population.

Overall, compared with previous studies and contextual interpretation, this research reveals distinct patterns of job satisfaction and working conditions

among Indonesian migrant nurses in Kuwait and Saudi Arabia. While earlier studies identified co-worker support and extrinsic rewards as significant predictors of high job satisfaction and reported scheduling and responsibility as lower rated factors, the present findings demonstrate inverse patters. These results highlight the dynamic and context dependent realities faced by migrant nurses working abroad.

Actionable Recommendations for Hospital Management and Policymakers

The hospital manager has the responsibility to implement a structured peer-support and mentorship program to strengthen co-worker support among migrant nurses, particularly during locum contract. Training and orientation program should be extended beyond clinical induction to include team integration activities and to identify inter-personal challenges. In addition, management should establish a transparent recognition system to address dissatisfaction with extrinsic rewards. Overall hospital management should develop clear career pathways for migrant nurses, including leadership training in multi-cultural workforce to improve communication, trust and supervisory support.

Policymakers in either sending or receiving countries should strengthen bilateral agreements to include minimum standards for working conditions, professional development, fair remuneration, and protecting migrant rights. Regulatory bodies and nursing associations can use these findings to advocate for a standardized employment contract, including salary, overtime, days off, and work hours. To evaluate the implementation of policy between sending and host countries, collaboration and joint monitoring committees are needed to ensure the process and accountability.

Implications for Nursing

The findings indicate that co-worker support and extrinsic rewards are the lowest-rated domains, while responsibility and scheduling are the highest-rated domains of job satisfaction among Indonesian migrant nurses in Kuwait and Saudi Arabia. Healthcare organizations may consider implementing interventions that prioritize strengthening peer-support systems, mentoring programs and culturally sensitive teamwork initiatives to improve inter-personal integration in multi-cultural workplaces. However, the implications for nursing education related to the process of pre-departure and continuing education programs should incorporate training on inter-cultural communication, adaptation to diverse healthcare systems, and coping strategies for workplace challenges in host countries. In addition, the implications for nursing policy are that professional nursing associations and regulatory bodies can use this evidence to advocate for standardized employment conditions and structured support systems for migrant nurses. Moreover, future research should focus on examining organizational factors, leadership styles, and institutional policies needed for migrant nurses.

Strengths and Limitations

This study has several strengths, including that it provides one of the few cross-national quantitative comparisons of job satisfaction among Indonesian migrant nurses in Kuwait and Saudi Arabia. The use of a standardized and validated instrument (MMSS) with an Indonesian language version enhanced the reliability and comparability of the findings. Group size bias was reduced with balanced sample size across countries to strengthen the comparative analysis. However, this study has several limitations. The use of purposive sampling, self-administered questionnaires, and recruitment via WhatsApp may introduce selection and response biases. Furthermore, the cross-sectional design limits the ability to infer causal relationships between workplace factors and job satisfaction. Future research should include longitudinal studies and qualitative insights for a more profound understanding. In addition, comparative studies involving other Middle Eastern countries may provide a broader regional perspective and help assess how job satisfaction evolves in response to policy changes.

Conclusion

Indonesian nurses working in Kuwait and Saudi Arabia reported moderate levels of job satisfaction with low satisfaction with co-worker support and extrinsic rewards, reflecting challenges related to inter-personal integration and limited career advancement opportunities. In contrast, high satisfaction with responsibility and scheduling indicates strong role clarity, professional autonomy, and work-life balance, which should be maintained and further enhanced. By identifying gaps in working conditions, healthcare

institutions and policymakers can develop targeted strategies to improve the well-being and retention of Indonesian nurses in Middle Eastern countries. Ultimately, fostering a more sustainable migrant placement system may positively contribute to enhancing nurses' professional lives and their overall quality of life.

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Author Contributions

Study Design: **AF**. Data Collection: **RK**. Data Analysis: **AF**. Study Supervision: **RK**. Manuscript Writing: **NU**. Critical Review for Important Intellectual Content: **NU**.

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