



Experiences of Indonesian Nurses Facing Recognition Barriers in the Saudi Commission for Health Specialties: A Qualitative Study

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ABSTRACT

Background: Many Indonesian nurses working in Saudi Arabia failed to get the professional classification from the Saudi Commission for Health Specialties (SCFHS) based on their educational nursing background. **Purpose:** This research aims to explore the experiences of Indonesian nurses facing recognition barriers in the SCFHS policy on nursing bachelor's degrees obtained before 2014. **Methods:** A qualitative study was used in this research with a case study approach. Data was collected through focus group discussions with semi-structured interviews. The research subjects were 12 Indonesian nurses as participants with inclusion criteria being nurses still active and had been terminated from government and private hospitals in Saudi Arabia. Data analysis was guided by Colaizzi's method, followed by Taguette transcripts. **Results:** Three themes were identified from the data analysis: perceived unfairness, professional recognition, and classification issues. The first theme consisted of three sub-themes: disappointment, work contract, and salary. The second theme consisted of three sub-themes: nursing background, upgrading, and Indonesian nurses, and the third theme consisted of two sub-themes: failure and nurse specialist. **Conclusion:** Indonesian nurses who obtained bachelor's degrees in nursing before 2014 were rejected by SCFHS in terms of professional classification recognition. To minimize these obstacles, the Indonesian government must evaluate the implementation of the educational nursing system that is not recognized by SCFHS, while the Kingdom of Saudi Arabia could implement the SCFHS regulatory equity for Indonesian nurses. **Implications for Nursing:** The future of nurses' careers depends on the acceptance of the nursing education and passing the professional body policy to recognize the professional classification.

Keywords: Indonesian nurses, Saudi Arabia, SCFHS, Health policy, Recognition barriers.

What does this paper add?

1. Exploring the experience and perceptions of Indonesian nurses working in Saudi Arabia related to their difficulties in upgrading the classification.
2. Providing information about the Saudi Commission for Health Specialties (SCFHS) system and policy for foreign healthcare professionals.
3. Finding the best model on SCFHS regulation

compared with the real life of foreign nursing professionals in Saudi Arabia to enhance nursing quality.

Introduction

The international recognition of educational programs and curricula is very important in the workplace, especially for health professionals (Hardy et

al., 2021). The background of the healthcare system is more complicated, and variable, requiring more skilled, experienced and specialized nurses (Gharaibeh, 2022). Therefore, evidence of educational recognition includes not only degree certificates, but also training requirement. In terms of recognition, some countries have a policy to accept or reject the curriculum and provide additional courses to match the curriculum based on the education body in the country of issuance (Aljohani, 2020).

Indonesia is one of the countries in southeast Asia, which refers nurses to Middle Eastern countries such as Kuwait, UAE, Qatar, and Saudi Arabia (Yuko & Osuke, 2020). The high demand for nurses in Gulf countries, especially Saudi Arabia, has led to many positive outcomes, including transfer of nurses abroad, improved welfare, and increase in state revenue from foreign exchange (Tukayo et al., 2022). However, not all nurses recruited have a good fortune, since some of them experience unfairness related to their classification and registration based on the rules of the Saudi Commission for Health Specialties (SCFHS). Furthermore, Indonesian nurses who graduated before 2014 face the impact of this policy in Saudi Arabia. The registration process to obtain professional classification from the nursing board, known as the Saudi Nursing Licensure Examination (SNLE), was not accepted.

The regulation set by SCFHS in the issued guidelines, based on the scope of practice, categorize a bachelor's degree in nursing as a nurse specialist, while a diploma in nursing is categorized as a nurse technician (Fahrudin, 2023). Additionally, SCFHS recently established five scopes in nursing classification within the professional nursing ranks, such as healthcare assistant, nurse technician, and nurse specialist (Almalki et al., 2021). Moreover, the master and doctoral nursing programs are considered as nurse senior specialists and consultants (Hamadi et al., 2024). Those classifications are implemented to all nursing healthcare providers internationally and domestically by taking an exam before officially obtaining the professional registration (SCFHS, 2023).

The Indonesian National Nurses Association (INNA) in Saudi Arabia reported that most nurses in Saudi Arabia hold a bachelor's degree in nursing, with a percentage of 60%, while those with a diploma in nursing constitute around 30%, and master's degree holders in nursing and health allied sciences constitute

around 10% (Fahrudin et al., 2023). However, the number of nurses in Saudi Arabia currently stands at 400-600, distributed across 13 provinces (DPLN, 2022). In fact, the large number of nurses with bachelor's degrees in nursing has not been accompanied by recognition of those who obtained their degrees before 2014. The SCFHS board has classified them as nurse technicians, which is equivalent to the diploma nursing classification, even though, in terms of scope of practice, a bachelor's degree qualifies as a nurse specialist. In terms of nursing roles, technicians and specialists are two different types of nursing rank based on educational background and work experience.

A comparison of the educational curricula in Saudi Arabia and Indonesia reveals several similarities and differences in the core of nursing education. In Saudi Arabia, nursing education at the undergraduate level is divided into two categories; namely, a bachelor of nursing program with a four-year study duration followed by a one-year internship, and a diploma of nursing program with a two-year study duration, followed by a six-month internship (Elmorshedy et al., 2020). Currently, for master's degree, there is a 1-year study following two years of clinical experience, and for PhD in nursing, there are three years of study (Aljohani, 2020).

In Indonesia, there are three categories of nursing graduation; namely, a three-year diploma in nursing, a four-year bachelor of applied science in nursing, and a four-year bachelor of nursing followed by an additional one-year internship at a hospital and in the community. However, at the end of the internship, nurses must take the national nursing examination as recognized by the Ministry of Higher Education, Science and Technology (Hardy et al., 2021). Furthermore, the Indonesian curriculum for postgraduate study recognized a two-year master's degree in nursing followed by a one-year internship based on specialization: community, medical-surgical, maternity, pediatric, and management. In the doctoral nursing program, nurses must complete a four-year study (Ferry Efendi et al., 2018). Moreover, the differences between Indonesian and Saudi Arabian nursing education systems were clinical experience and years of study, especially in master and PhD qualifications.

To explore the fact that Indonesian nurses were not recognized based on INNA data, a structured interview has been conducted by teams randomly with three Indonesian nurses working in governmental and private

hospitals in Saudi Arabia on July 2, 2024. They explained that nurses with a bachelor's degree in nursing who graduated before 2014 were classified as nurse technicians by SCFHS. Additionally, efforts to upgrade their classification through the Mumaris Plus system as part of SCFHS account were not accepted. Consequently, their contracts could not be renewed, because all healthcare professionals, especially nurses, must be classified as nurse specialists in hospital settings. However, nurses from other nationalities have been granted a different classification. A structured interview conducted by a team with two nurses from Pakistan and one nurse from the Philippines on June 12, 2024 revealed that they were classified as nurse specialists. These nurses had educational backgrounds including diplomas and bachelor of science degrees in nursing obtained before 2014.

Based on the SCFHS blueprint, the nursing rank of a healthcare professional either as a technician or a specialist is determined by the nursing committee. Additionally, the general regulation specifies that bachelor's degree holders will be classified as nurse specialists, while diploma holders in nursing will be classified as nurse technicians. Furthermore, master's degree holders will be classified as nurse senior specialists, and PhD degree holders will be classified as nurse consultants. The analysis based on the interviews and SCFHS regulations revealed differences in decision-making regarding the recognition of nurse classification. As a result, nurses with bachelor's degree were not recognized as nurse specialists and instead, they worked as nurse technicians. The scope of practice changed based on their classification, and the policy for determining the level of nursing classification in Saudi Arabia remained unclear. The impact of this policy was perceived to be unfair from the perspective of Indonesian nurses.

Furthermore, there has been no research examining the impact of the SCFHS policy on bachelor's degree graduates, particularly Indonesian nurses, since 2018 when the system formed in Saudi Arabia. Further qualitative studies are necessary to provide a deeper understanding, based on the perspective of nurses and the SCFHS regulations. This research will involve focus group discussions using semi-structured interviews to explore the experience of Indonesian nurses who failed to obtain nurse classification based on their educational background and the SCFHS policy.

Methods

Research Design

This study used a qualitative method with a case study approach. Focus group discussions with semi-structured interviews were conducted in this research to explore experience and perceptions of Indonesian nurses based on SCFHS policy in light of educational background.

Participants and Setting

The sampling technique used was purposive sampling by grouping participants according to selected criteria among the existing population taking Saudi Nursing Licensure Examination (SNLE). The selection of 12 nurses was carried out through a questionnaire in which nurses were asked to participate in this research. There were 45 nurses who filled out the form and 9 nurses were selected. The data was filtered according to the inclusion criteria with additional 3 nurses to reach the maximum variation of data saturation. The inclusion criteria were Indonesian nurses who work either in public or private hospitals, willing to become informants in this research, having experience for nursing classification unmatched, loading to rejection, and failed to upgrade the classification. Exclusion criteria were nurses who did not have an SCFHS license and were not willing to become informants in this research.

Study Procedure

Primary data was obtained from focus group discussions, and secondary data by studying literature related to Indonesian nurses in Saudi Arabia. Semi-structured interviews were conducted by filling out the informed consent form and collecting socio-demographic data, such as age, gender, marital status, level of education and years of experience. Interview guidelines were created to evaluate all research information using instruments in the form of cell phones, voice recorders and video recorders by Zoom. Focus group discussions (FGDs) were conducted through Zoom platform by dividing participants in two zoom rooms. The first room was for the 10 participants still working in Saudi Arabia, and the second room was for 2 participants who terminated from Saudi Arabia. Transcript data was collected after discussions of approximately 45 minutes in the first room, and 40 minutes in the second room, with a total of 85 minutes of group discussions. Coding was used for different respondents (e.g. Nurse 1, Nurse 2, Nurse 3, ... etc).

Data Analysis

The data was carefully analyzed using Colaizzi’s steps, which include: 1). Reading all Indonesian nurses’ data and understanding their experience. 2). Identifying and extracting sentences related to Indonesian experience on SCFHS recognition. 3). Interpreting and extracting significant statements. 4). Formulating meanings into themes and sub-themes, 5). Integrating themes and sub-themes with detailed descriptions. 6). Giving feedback and validation from those questions. The analysis was supported by Taguette software for transcripts including 1). Setting up and importing data project. 2). Highlighting the text to code and assigning a code by typing in a new code. 3). Accessing the code list and identifying themes, topics and sub-themes. 4). Utilizing the search function to find specific codes or text segments, and exporting the codes for further analysis. The main exploratory questions were used to guide the identification of themes and sub-theme within the data, as follows:

1. What was your experience with being rejected in the nursing classification by the SCFHS?
2. What are your thoughts on the SCFHS regulations?
3. How do you feel about accepting the regulations?

These questions were framing the analysis around the nurses’ experiences, perceptions and feelings regarding the SCFHS policy.

Rigor and Trustworthiness

According to Lincoln and Guba (1985), there are four criteria for assessing and improving the results of qualitative research, which refer to the principles of credibility, transferability, dependability and conformability (Utarini, 2022). The research principles were implemented by selecting Indonesian nurses’ data, conducting interviews and analyzing the SCFHS policy documents to ensure credibility. The background of Indonesian nurses was explained using data from the Indonesian National Nurses Association (INNA) to ensure transferability. The research was conducted with informed consent from the informants, providing them with information and explanation about the research flow, aims and time of the research as part of dependability. The results were recorded and written down on a consent sheet, ensuring conformability. The research began when the ethics clearance process was completed from the Medical and Health Research Committee (FK-KMK), Gadjah Mada University, and

research approval obtained from the Indonesian National Nurses Association (INNA) in Saudi Arabia.

Ethical Considerations

This study was approved by the Medical and Health Research Ethics Committee of the Faculty of Medicine, Public Health and Nursing, Gadjah Mada University (number KE-FK-1244-EC-2024).

Results

A total of 12 nurses participated in the research. The characteristics of the informants were: 8 female persons (66.6%) and 4 male persons (33.3%). The age was 30 years (58.3%), and 11 informants were married (91.7%). All informants graduated as bachelor’s degree holders in nursing (100%), and their work status was as follows: 10 nurses (83.3%) were active, and 2 informants terminated (16.7%) from Saudi Arabia (Table 1).

Table 1. Informants’ characteristics (N=12)

| Respondents’ Characteristics | n (%) |
|------------------------------|------------|
| Gender | |
| Male | 4 (33.3%) |
| Female | 8 (66.7%) |
| Age | |
| 30 years | 7 (58.3%) |
| 40 years | 5 (41.7%) |
| Marital Status | |
| Married | 11 (91.7%) |
| Single | 1 (8.3%) |
| Education | |
| Bachelor’s degree | 12 (100%) |
| Work Status | |
| Active | 10 (83.3%) |
| Terminated | 2 (16.7%) |

Table 2. Themes and sub-themes identified from the focus group discussions (N=12)

| Theme | Sub-themes |
|--------------------------|---------------------------------------------------------------|
| Perceived Unfairness | 1. Disappointment 2. Work Contract 3. Salary |
| Professional Recognition | 1. Nursing Background 2. Upgrading 3. Indonesian nurses |
| Classification Issues | 1. Nurse specialists 2. Failure |

The analysis was classified into three themes:

perceived unfairness, professional recognition, and classification issues. The first theme was formulated into three sub-themes: disappointment, work contract, and salary. The second theme was formulated into three sub-themes: nursing background, upgrading, and Indonesian nurses. In addition, the third theme was formulated into two sub-themes: nurse specialists and failure (Table 2).

1. Perceived Unfairness

The data was obtained in this study regarding unfairness among nurses in Saudi Arabia. There were different threats among foreign nurses, especially Indonesian nurses, who cannot apply for the nurse specialist rank. However, there were 3 sub-themes found during focus group discussions.

a. Disappointment

The impact of the regulation made the nurses disappointed:

“The regulation is not fair, because we graduated as similar as other foreign nurses from different countries, I have been disappointed” (Nurse 1).

“I have tried re-classification to get the classification based on my educational background, but it was rejected. It is not fair” (Nurse 2).

“I visited SCFHS representation office to clarify this matter, but the result was nothing. This is unfair” (Nurse 12).

b. Work Contract

Most of them during discussions mentioned having been unable to renew the work contract with the hospital:

“At the end of 2023, my license was as a nurse technician. I was able to work, but unfortunately, i could not renew my work contract, because the hospital requested termination or transfer to another workplace” (Nurse 3).

“I was classified as technician before placement in the hospital, but after one year, the hospital did not renew my work contract, because I could not upgrade my classification from the technician rank to the specialist rank twice” (Nurse 5).

c. Salary

“I was a nurse technician at that time, but I could continue to work even though the management decided

to reduce my salary by 10% to be less than the basic salary” (Nurse 1).

“I could not upgrade to the specialist rank as a bachelor nurse. I tried to find companies that accept a nurse technician rank, but I could not catch up, because the salary of a nurse technician was not as much as that of a nurse specialist” (Nurse 6).

Those sub-themes above were related to the key findings on the theme perceived unfairness, including disappointment with classification decisions, not renewing the work contract, and receiving less salary associated with the nursing rank.

2. Professional Recognition

Professional recognition was an important issue during discussions. Some of them graduated as bachelor of science holders in nursing, but their classification was not related to their background. Some of them mentioned:

a. Nursing Background

“I have graduated with a bachelor of nursing, but I tried many times to upgrade, but my trials were unsuccessful” (Nurse 7).

“I was a diploma nurse, continued my study to a bachelor’s degree holder in nursing, and got the Indonesian license with 10 years of experience, but SCFHS did not classify me as a nurse specialist. I really do not know what the SCFHS have verified” (Nurse 12).

“My background is a bachelor of nursing. When I proceeded to get my license, it was decided for me to be a nurse technician, even though the system mentions that nurse technicians are diploma holders and specialists are bachelor holders” (Nurse 11).

“I graduated in 2015 and have more than 2 years of experience. This means that I could have been ranked as a nurse specialist, but unfortunately, SCFHS decided to rank me as a nurse technician. I had to accept that and try upgrading later” (Nurse 10).

b. Upgrading

“I tried many times to upgrade education or work experience as the system mentioned, but I failed” (Nurse 8).

“I got rejection twice, and then I felt tired to re-submit for upgrading again” (Nurse 10).

“It was the same story as that of other nurses who want to upgrade. I hold a bachelor’s degree and a master’s certificate; my classification was changed to a bachelor of nursing, but not my rank as a specialist. I am

a nurse technician.” (Nurse 8).

c. Indonesian Nurses

“I tried to communicate with the SCFHS, but they informed me that all Indonesian nurses who obtained graduation before 2014 are classified as nurse technicians. I have the e-mail from the SCFHS until now” (Nurse 12).

“The SCFHS mentions that Indonesian nurses could not be classified as nurse specialist when their graduation is before 2014. It was funny; we have the same skills, but in terms of rank in the contract, we are treated differently” (Nurse 7).

“Why are Indonesian nurses treated differently? This is wrong. I suggest that the SCFHS revises its policy” (Nurse 9).

“I got an e-mail when I asked about the inequity of the regulation. They mentioned that Indonesian nurses who obtained graduation before 2014 could not be nurse specialists.” (Nurse 11).

The key findings from those statements above were related to educational recognition as nurse professionals. However, the issues related to the year of graduation, failure in upgrading the registration, and Indonesian nurses had an impact on the SCFHS policy.

3. Classification Issues

Classification in nursing is one of the steps during submission for license in the SCFHS. The role of classification is clear to divide nursing graduation into five ranks. However, in reality, the policy regarding nursing classification was different among foreign nurses. During focus group discussions, some of the nurses mentioned:

a. Nurse Specialists

“I have many Pakistani and Indian friends in the hospital who graduated with a diploma in nursing, but they got the nurse specialist rank. I cannot imagine that” (Nurse 8).

“Many Indian nurses in my hospital approved their classification by the SCFHS as nurse specialists even though they graduated before 2014, but Indonesian nurses do not accept that” (Nurse 10).

“Some nurses from the Philippines got the classification as nurse specialists even though they graduated before 2014” (Nurse 1).

“I graduated in 2015, but I was classified as a nurse technician. This is a regulation inequity” (Nurse 11).

b. Failure

“Upgrading classification as nurse specialists was not possible for Indonesian nurses, I tried many times to request for upgrading. The SCFHS mentioned that this is not possible” (Nurse 7).

“I moved to another hospital and found a job in Saudi Arabia even though my classification is as a nurse technician. My trials failed many times to upgrade” (Nurse 3).

“Having failed to achieve re-classification of the rank as specialist was a loss for me personally. The impact was not only on the scope of practice that I did, but also reducing my salary which was almost two thousand riyals” (Nurse 6).

“I failed 3 times in the upgrading process, which was not easy. I hope that the SCFHS regulators do not implement the regulation as they want, as the important thing is the qualification and not the year of graduation. The SCFHS needs to revise the regulation” (Nurse 9).

The classification issues raised by the nurses’ statements provided valuable insights into nursing classification, specifically highlighting the requirements for the nurse specialist rank and the consequences of failing to meet those requirements.

Discussion

Professional classification is the first step in Mumaris Plus system by the Saudi Commission for Health Specialties (SCFHS) before taking the exam and professional registration for healthcare workers who want to work in Saudi Arabia (Qannass & Ahmari, 2021). The results from Focus Group Discussions (FGDs) suggest that none of the informants was accepted in the classification based on the SCFHS regulation. However, in accordance with the study, a recent document verification conducted by the SCFHS clarified that nurse technicians and specialists are two distinct classifications of healthcare professionals (SCFHS, 2023). A nurse technician should have completed a two-year diploma program, while a nurse specialist should have obtained a bachelor’s degree in nursing, completing a four-year study (SCFHS, 2022). In fact, the implementation of the policy was far from reality, as the rank in the system was implemented interchangeably depending on the verification decision by the SCFHS.

Furthermore, a result from the FGD mentioned that all informants explained that the policy regarding Indonesian nurses who graduated before 2014 with a

background as a bachelor of nursing were classified as nurse technicians. The regulation implemented by the SCFHS as the regulatory body for registration and licensing of healthcare providers in Saudi Arabia was not applicable for Indonesian nurses. This gap was an instance of regulatory inequity by the nursing board toward the Indonesian nationality with educational backgrounds similar to those of other nationalities.

A recent study showed that the actual scope of practice among nursing staff in Saudi Arabia, based on the educational level as part of the nursing classification, years of experience, and work setting, revealed that there was no delineation for nursing classification among technicians, specialists, and senior nursing specialists in hospitals (Hamadi et al., 2024). In fact, those issues affected the scope of practice by healthcare professionals indirectly, because the implementation of classification decisions was not effective in delivering nursing practice in the workplace. The consideration of giving professional classification in nursing area needs an evaluation, because based on the research, the classification decisions in nursing and midwifery areas were not appropriately implemented.

The research survey conducted among health professions in Saudi Arabia, including medicine, dentistry, nursing, and pharmacology by the SCFHS, found that 95% of nurses and midwives, who form a group of healthcare professionals, are practicing their roles and responsibilities based on the classification rank (Alshamsan et al., 2024). In addition, the result showed that the system created by the SCFHS was developed and used by health professionals to improve the utilization of services provided to them, including the registration and classification processes. However, the research findings contrasted with the reality of nursing and midwifery classification in the system, especially for Indonesian nurses who obtained a bachelor's degree before 2014.

According to the results from the FGD, almost all informants failed and were unable to obtain the classification as a nurse specialist with a background of bachelor of nursing through the system. The impact of this decision was that Indonesian nurses were unable to work as nurse specialists based on their qualification, and the upgrading classification menu in the system was not implemented, even though some of them had tried to upgrade their classification either through education or work experience, but they failed.

Indonesian nurses also faced the policy of non-renewal of their nursing work contracts at hospitals where they worked. The contracts were agreed and signed for a maximum of two years and could be extended yearly, but this was not implemented for some nurses, especially those with nurse technician rank. During the FGDs, some nurses shared their feelings of unhappiness, frustration, and unfairness with the hospital policy, especially in workplaces under the Ministry of Health (MOH) in Saudi Arabia. The existence of Indonesian nurses in Saudi Arabia is quite different from the reality of nurse hiring as well. This contrasts with the fact that Saudi Arabia still face a domestic shortage of nurses and recruit more foreign nurses. Almost 68% of foreign healthcare professional work domestically compared to citizens with around 32% (Alluhidan et al., 2020).

Data from 2021 indicated that 196,795 nurses and 99,617 physicians were registered in Saudi Arabia for serving almost 39.5 million inhabitants (Mcmahon et al., 2024). However, the primary challenge identified to address the shortage is the high quality of foreign-trained nurses and the inadequate training provided within Saudi Arabia. To overcome these obstacles, the SCFHS could organize local and foreign healthcare professionals on an equal footing, foster collaboration, and provide training to ensure fairness and equality in implementing the regulation (Alluhidan et al., 2020). All healthcare workers, including foreign nurses, have genuine intentions to serve the Saudi people.

The latest issues about educational backgrounds among foreign nurses in Saudi Arabia were found during the FGDs. Most Indonesian nurses had a bachelor's degree in nursing, like other nationalities. In fact, the policy about education was detrimental for nurses who obtained their bachelor's degree before 2014, but in contrast, many foreign nurses from Pakistan who held a diploma in nursing with a three-year study were able to get the rank of nurse specialist. The comparison between nursing education in Pakistan and Indonesia differs in terms of curriculum and years of study. Recently, Pakistan's nursing education moved from diploma in nursing with a three-year program to baccalaureate degree to handle future demand in 2018 (Bibi, 2020). In Indonesia, most nursing education at the undergraduate level is divided into three categories; namely, a three-year diploma in nursing, a four-year bachelor of applied sciences in nursing, and a four-year

bachelor of nursing (Ferry Efendi et al., 2018). However, there is an additional one-year internship requirement in a hospital or community setting for those who completed the four-year bachelor of nursing program before taking the exit exam (Munir, 2013).

Based on the FGDs, many Indonesian nurses perceived unfairness regarding the policies implemented for them. Additionally, the career prospects for nurses in Saudi Arabia differ from those in other countries, such as Japan, Singapore, and Germany. The nurses were unhappy, because the impact of the policies forced them to choose between accepting a lower salary and working in a different scope of practice in nursing. However, the nursing platform for registration in Saudi Arabia, called Mumaris Plus, which organizes healthcare professionals, could not overcome the obstacles to reducing the unfairness in nursing classification acceptance, although feedback on the system indicated high levels of improvement (Alshamsan et al., 2024).

Moreover, there was no specific reason behind the decision of unacceptance of nurse graduation before 2014 for Indonesian nurses, despite the fact that the system clearly states otherwise. Some nurses received an e-mail specifically stating that Indonesian nurses could not reach the classification of nurse specialist with the qualifications obtained before 2014. This feedback has left nurses wondering and accepting the decision under different psychological conditions. To address this matter effectively, it is recommended that the Indonesian government conducts an evaluation of the policy, while the SCFHS re-evaluate the policy.

This study has a few limitations according to the participants who wanted to share their experiences of nursing classification rejection during their work in Saudi Arabia. In addition, the study's qualitative design has limitations in terms of the number of participants, data analysis and the scope for professional nurses only in Saudi Arabia, without comparison with other nurses

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from Middle Eastern countries. However, the recommendation from this research suggests that other researchers explore more about the implementation of the SCFHS policy in Saudi Arabia using different study designs to address the obstacles that healthcare professionals face in the country.

Conclusion

This research found that most Indonesian nurses who obtained a bachelor's degree in nursing before 2014 remained rejected by the Saudi Commission for Health Specialties (SCFHS) for professional classification recognition. In contrast, Indonesian nurses are still demanded in Saudi Arabia by private and governmental organizations. To achieve recognition of professional classification, both countries need to find a way to recognize the education systems, especially in nursing programs. The future of nursing careers depends on the acceptance of the nursing education and passing the steps by the professional body. To maintain the quality of practice and the legal standing of nursing, the Indonesian government must enhance the nursing system internationally, and evaluate those obstacles, while the Kingdom of Saudi Arabia should implement those policies equitably to all nurse professionals without boundaries for all nationalities.

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Conflict of Interests

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