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2016

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Publication Details

Zakaria, N., Yusuf, B. Noraini MohdNizam., Abdul Talib, A. & Zakaria, N. 2016, 'Developing cultural sensitivity among Malaysian registered nurses as self-initiated expatriates in Saudi hospitals', *Social Sciences (Pakistan)*, vol. 11, no. 20, pp. 4859-4864.

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Developing Cultural Sensitivity among Malaysian Registered Nurses as Self-Initiated Expatriates in Saudi Hospitals

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Abstract: This conceptual study explores the prerequisite to develop cultural sensitivity among Malaysian female Registered Nurses (RN) residing in Saudi Arabia who aim to become knowledge workers in the healthcare sectors. Key questions examined are: How do female RN knowledge workers acculturate themselves in a new environment and acquire cultural sensitivity? What adjustment processes were involved? In this study, we introduce a conceptual framework to explain this adjustment process and develop propositions to explain how female RN as knowledge workers adjust to a new environment where there is a large cultural distance between their home culture (Malaysia) and the host culture (Saudi Arabia). Using cultural adjustment theory we propose three classes of antecedents: individual, contextual and organizational.

Key words: Gender, knowledge workers, nurses, Cross-cultural Adjustment (CCA), Individual Antecedents (IA), Contextual Antecedents (CA), Organizational Antecedents (OA)

INTRODUCTION

Globalization is occurring across many industries with increasing frequency and magnitude and health care services are no exception. Over the past years, Malaysian government initiatives and strategic plans have been pushing rigorously towards providing excellence in their healthcare services and retaining highly talented and knowledge workers nurses since it is one of its highly prioritized industries identified. Evidently in the last 5 years or so, the private colleges have successfully produced 12,000 fully trained nurses which thus align with the government's vision. It was also reported that about 10-20% of Malaysia's 84,000 nurses work abroad in countries like Saudi Arabia, Australia and New Zealand. The nursing shortage in the Middle East began some three decades ago. The shortage of nurses in Middle Eastern countries is more acute because cultural norms and working conditions prevent local women from pursuing nursing as a career. This has led to Middle Eastern countries importing foreign nurses (Table 1).

This shortage of health-care workers, especially in sub-Saharan countries and the more or less systematic

Table 1: Malaysian-trained nurses in Malaysia and middle Eastern countries

Country	Number of Malaysian-trained nurses
United Arab Emirates	2,000
Saudi Arabia	7,000-8,000

Malaysia's economic relations with Saudi Arabia (Idris, 2007)

recruitment of health-care workers by developed countries is evidence of an imbalance in the health care industry (Kaelin, 2011). Each of these trends has contributed and continues to contribute, to a shift in demand for Registered Nurses (RNs). This increase in expatriate nurses is part of a larger process of feminizations women represent a growing segment of global migration, including housekeepers and child and elderly caregivers (Kaelin, 2011).

BACKGROUND: MALAYSIAN REGISTERED NURSES AS KNOWLEDGE WORKERS

There is a widespread trend for Malaysian female registered nurses (Malaysian RN) to choose working in Saudi Arabia rather other countries or locally. The primary reasons can be attributed to factors such very attractive remuneration and incentive packages offered, coupled

with a golden opportunity to gain international experience abroad. The attraction for expatriate nurses to work in Saudi Arabia is a tax-free salary, free accommodation, overtime pay set at 1.5 times salary, free medical care, 6-10 weeks' annual leave, 1-2 years contracts renewable for 10 years, plus at least one extra return air ticket on contract renewal. Families may accompany male recruits for specified positions and receive similar accommodation, travel and medical benefits; other GCC countries are more generous with family accommodation (Alsaqri, 2014). Nowadays, workings in Saudi Arabia's world-class hospitals have enticed female expatriates from wider geographical countries. Having world-class health amenities have proven to be the driving factor attracting foreign nursing expatriates where their presence are being well appreciated and affairs being well taken care by the authorities. In contrast, the remuneration packages for RN in Malaysia are not only deemed inferior or non-competitive, salaries are not offered according to their experience as often graduates are given parallel packages as of non-graduates. It thus demoralizes some RN too. Therefore, females may decide to leave the country because of restricted opportunities in their current organization and seek opportunities abroad (Andresen *et al.*, 2015). Malaysian nurses who returned to the home country are considered as invaluable assets of the country and a knowledge workers, bringing back years of knowledge, experience and training in the medical fields. Instead of putting them back in their forte, some should be redeployed to the health industries benefits. According to Bayley, nurses as knowledge workers able to brainstorm, thinking broadly, producing a new capability, assessing input in order to evaluate complex or conflicting priorities, making connections making connections and creating or modifying a strategy.

Differences in attitudes, practices and cultural values of any country pose strong challenges in addressing Cross Cultural Adjustment (CCA) issues among expatriates. Religion and the main sub-culture within a country obviously play a vital role in the formation of national culture. This can be seen in a country such as Saudi Arabia which practices strict religious values in their daily lives. Nevertheless, it is slightly different here in Malaysia as the country has three major ethnic races such as the Malays, Chinese and Indians. As culture shapes the norms, beliefs and values in any community, to change to a new culture is not an easy process, since those old values have been practiced from one generation to another. Cultural values in any society play a crucial role in shaping the daily lives. They facilitate choices, motivate ideas and guide behavior (Soontiens, 2007). It also sets up rules and regulations to society in

order to obtain stability and peace (Reisinger, 2009). What drives them to be able to quickly adjust to the unique Saudi Arabia social and religious architecture need to be studied further. Accordingly, there is a need for a greater understanding of different groups of self-initiated expatriates and how they respond to challenges in the host country context (Froese, 2012). This conceptual paper looks at the prerequisite development of cultural competency among Malaysian female Registered Nurses (RN) residing in Saudi Arabia who aim to become knowledge workers in the healthcare sectors. Thus, this paper aims to explore research questions such as: How do female RN knowledge workers acculturate themselves in a new environment and acquire cultural sensitivity? What adjustment processes were involved? In this study, we will introduce a conceptual framework to explain this adjustment process and develop propositions to explain how female RN as knowledge workers adjust to a new environment where there is a large cultural distance between their home culture (Malaysia) and the host culture (Saudi Arabia).

CROSS-CULTURAL ADJUSTMENT

Working and living abroad are not easy for the newly arrived Registered Nurses (RN) in particular from Malaysia to Saudi. Not only they need to be trained and learn on how to handle their tasks in a new healthcare environment with different procedures, processes and practices but they also need to deal with multicultural medical teams such as physicians and patients who come from diverse cultural backgrounds. Cross-cultural adjustment in its broadest sense is the adjustment of an individual to a new cultural, social and work environment (Davies *et al.*, 2015). According to many studies, the abundance of challenges faced by these expatriates both before and upon arrival in the foreign country has resulted in high failure rates. Cultural adjustment is not easy; it takes time to change one's way of life and meet new friends in a new environment. An expatriate needs to develop a deep interest in every element of the new culture so that he or she can adjust well and a genuine respect for the beliefs and culture of others is very important for this adjustment process to go smoothly. They also had to undergo a total change of lifestyle. For instance, they had to conform to a number of societal dictates: they had to wear the abaya (black robe) and headscarf, could not stay alone in an apartment without a male mahram and were not permitted to drive. Language was another difficulty as the language spoken in Saudi Arabia is Arabic. In addition, the Saudis have negative perceptions on women working alongside men in same

industry. In Saudi Arabia, any job interest in the nursing industry is less favored compared to other professions and therefore, it is not surprising to observe very little participation by both genders. Nursing is not generally viewed as a suitable profession for Saudi women (AlYami and Watson, 2014). Even in choosing life partners, female Saudi nurses will not be acceptable to male Saudis or to their immediate families.

Saudi men who choose nursing as profession face negative criticism from family and friends (Mahmoud, 2013). Extensive evidences have shown that the behaviors of providers and practitioners in the various settings constituting racial prejudice or biasness will impede the provision of culturally competent care which contributes to inequalities and disparity in health-cares (Pesquera *et al.*, 2008). Such unique prejudiced working environment conditions will put further pressure on the Malaysian Nurses to adjust in the new environment and be accepted by the community. Recent research suggests that the most promising theoretical explanation of women's low participation as expatriates is gender stereotyping reinforced within an isomorphic institutional framework (Cole and McNulty, 2011). All these situations challenge expatriates' cognitive, emotional and behavioral ability to adjust to the new work environment. Most previous studies on the acculturation and adjustment process were conducted on expatriates who were selected by their employer for working in a foreign country. This means that before they started working in a different country, they had been well prepared well trained and exposed to the culture of the host country. However, these Malaysian female expatriate nurses had no knowledge about Saudi culture before going there because they chose to quit their jobs and initiated the move to Saudi Arabia. In this situation, questions arise as to the level and kinds of cultural competency necessary for a profession like nursing (Kwong, 2011). Moreover, in the context of Saudi Arabia, very few studies have gathered in-depth descriptions of the acculturation process and what challenges the expatriate faced at each phase of the adjustment process.

A BRIEF LITERATURE REVIEW

In the healthcare industry, intercultural communication is perhaps the biggest challenge for expatriate female nurses working in Saudi Arabia because in Saudi Arabia the majority of patients speak Arabic. Healthcare providers, on the other hand, including nurses, are often more comfortable speaking in English. However, many Malaysian nurses do not speak English as their first language nor are they competent in Arabic

(AlMazrouei and Zacca, 2015). Such language barriers will impede effective intercultural communication between foreign healthcare providers and the local patients and medical teams in Saudi hospitals. Language barriers decrease patient satisfaction and compliance with medication (AlMazrouei and Zacca, 2015). To overcome communication problems, some Saudi governmental hospitals provide translation services between non-Arabic-speaking healthcare providers and patients. Differences in attitudes, practices and cultural values of any country pose strong challenges in addressing Cross Cultural Adjustment (CCA) issues among expatriates. Religion and the main sub-culture within a country obviously play a vital role in the formation of national culture. Malaysians exhibit its own distinct attitudes, practices and value. Cultural sensitivity enhances expatriates' cultural competencies and eases their cultural adjustment process. Factors such as communication ability, team building qualities and ability to handle local nationals were found to have a significant effect on expatriate adjustment and success in managing UAE organizations⁵ (AlMazrouei and Zacca, 2015). Cultural competencies among expatriate nurses are crucial in ensuring that services provided are adequate and satisfy the patients. Previous studies showed that necessary cultural competencies include good communication skills and quick adaption to a new culture. One important aspect of a culture is the language that is spoken (Kittler *et al.*, 2011). Since, every language has its own peculiarities in meaning and connotation, challenges include communication methods as well as the language spoken by native residents. The ability to speak the language of the host country is a cultural competency that confers distinct advantages.

Most of the nurses who worked in Saudi Arabia are made up of expatriates. These expatriates originated from the Philippines, India and Middle Eastern countries, thus their in-bound cultures also determine the levels and degrees of acceptance by other expatriates in Saudi Arabia. Filipinos, being the dominant foreign culture, typically determines the strengths of foreign culture in Saudis workplace and shapes the cultures of the local community as well. Multi-cultural background will also create a multi-language environment. This situation also inevitably increases the challenges to Malaysian Nurses in Saudi Arabia to adjust to the local culture albeit in a dominant foreign culture from the Philippines. As such besides having to understand the culture of the host country, the Malaysian Nurses also need to understand the cultures of other foreign nurses migrating to work in Saudi Arabia, in order to establish cultural harmony in the workplace. The phenomenon has been conceptualized

using several models, namely, acculturation, adjustment, adaptation and culture shock. In the substantive body of research on expatriate adjustment, the assumption is that a greater cultural dissimilarity gap between host and home culture, known as “Cultural Distance” (CD) will result in increased difficulties in cultural adjustment (Kwong, 2011). Many authors suggest that the more different the expatriate’s culture is from that of the host country, the more difficult the adjustment process will be (Kwong, 2011). Under the prevailing working environment and social situations in Saudi Arabia, women expatriates must adapt to rigid cultural norms; the degree of difficulty of compliance depends on the city in which they will be living. Cross cultural adjustment is basically known as the development of adaptation levels to live and work in the foreign country (Reinecke and Bernstein, 2013). Cross-cultural adjustment is defined as the extent to which individuals are psychologically comfortable living outside of their home country (Reinecke and Bernstein, 2013). Nurses should understand and acknowledge variations that define patients from different cultural settings (Felemban *et al.*, 2014). Cultural sensitivity of the nursing cultural requirements needs to be enhanced by the development of educational protocols for cultural competency for all nurses (Felemban *et al.*, 2014). By looking at the research on SIE registered nurses, this study aims to contribute to the field of cross-cultural management by bridging the gap between the literature on intercultural competence, cross-cultural adjustment and the process of acculturation of a specific profession, in this case registered nurses.

Other than that, the standard Operating Procedures (SOP) may defer from each country, even to the extent of pieces of medical equipment used every day (Leslie, 2011). Malaysian RN working in Saudi Arabia are categorized as Self-Initiated Expatriates (SIE), considered being able to work independently and self-sustainable. Although, they are well trained and being experts in their peer industry for several years (attaining expertise on the state-of-the-art equipment used daily or to the extent of being able to memorize the position of the equipment), this does not seem to be replicated in Saudi Arabia. Some of the medical equipment used coupled with the mode of packaging could be arranged differently in Saudi. Thus, certain amount of time may be needed by Malaysian nurses to adapt and familiarize themselves with new procedures and all SOPs developed in Saudi hospitals. A study conducted in 2012 covering a total number of 116 medical-surgery nurses in Saudi Arabia, discovered that 83% of these nurses were critical of the lack of flexibility in work hours, of job designs and of the overall working

environment; 78% were critical of heavy workloads and 65% were critical of supervision and unwarranted monitoring of their work (Almalki *et al.*, 2012).

Propositions: The concepts of cultural sensitivity and cultural competence can aid in understanding a new workplace culture. Cultural sensitivity is an important skill for expatriates as it helps them to successfully adjust to the culture of the host country. Cultural sensitivity refers to the ability of expatriates to make the necessary adjustments required by their new environment. The better they are able to deal with change, the more effectively they can adapt to differences; they become adaptive. If a person cultivates an open atmosphere of curiosity and respectful exchange, he or she will be able to handle intercultural power issues constructively (Reinecke and Bernstein, 2013). In cultural adjustment theory, expatriate personality is related to individual behavior and conditional factors, especially the ability to sustain living in new culture environment. The speed with which expatriates adapt to the new culture of their host country will have either a positive or negative impact on Cross-Cultural Adjustment (CCA). CCA has three components: work adjustment, interaction adjustment and general adjustment. The period of adjustment to the new culture also differs from one individual to another. Therefore, in this paper we propose three aspects that enable female SIEs nurses adjust which are based on: Individual Antecedents (IA) are the personal factors affecting the cultural adjustment process such as the expatriate’s ability to adjust and whether they have previous international work experience.

Proposition 1: Individual Antecedent (IA) such as previous international work experience of an expatriate would help female SIEs adjust (work, interact and general) more quickly to their host country. Contextual Antecedents (CA) refers to the time taken by the SIE for the adjustment process. In order to fully understand the acculturation process, we used the U-Curve Theory in the investigation. The period of cultural adjustment may vary depending on the individual. Contextual antecedents include length of stay in the country, novelty of the culture and level of spousal support (Reinecke and Bernstein, 2013).

Proposition 2: Time, novelty of the culture and spousal support of female SIE CCA (work, interact and general) is faster than assigned expatriates. Organizational Antecedents (OA) refers to roles played by employer in helping the expatriate adapt to the new culture. In line with previous literature reviewed in their meta-analysis,

four work role aspects can be differentiated: role clarity, role discretion or flexibility, role novelty and role conflict (Reinecke and Bernstein, 2013).

Proposition 3: Cross-cultural preparation has a relationship to CCA (work, interaction and general) among female SIE in host country.

CONCLUSION

This study will be of great utility to several stakeholders, namely the government and those in the healthcare industry, in fine-tuning strategic plans and human resource staffing policy for RN to be considered as knowledge workers who are employed abroad. For instance, assistance to expatriate nurses during the adjustment period will help them work efficiently in a new environment. More importantly, by doing so Saudi Arabia can benefit from the vast experience these nurses bring and use knowledge transfer to develop the nursing profession locally. For those who seek an international job market, the results of this study will provide insight into what they need to do so that they can be prepared mentally, emotionally and behaviorally to face new challenges. Most Malaysian nurses who returned to Malaysia after several years working in Saudi Arabia, were more likely to continue working in hospitals and private clinics. Future studies on CCA among expatriates should be expanded to other countries in Asia and the Middle East, since these regions are showing an increasing demand for female expatriates' knowledge workers to meet shortages in certain specialized sectors such as health care. Given these gaps, it is timely that a study should be conducted on Malaysian female nurses' adjustment processes in Saudi Arabia since they are highly considered as knowledge workers.

ACKNOWLEDGMENTS

This study was supported by the Fundamental Research Grant Scheme (FRGS), Ministry of Higher Education Malaysia which is awarded through Research Management and Innovation Center (RMIC) at Universiti Utara Malaysia, Sintok, Kedah, Malaysia.

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